

QUIZ CORNER 1405 ANSWERS

Hypertension

1. In a standard 3- or 7-day home blood pressure monitoring (HBPM) protocol, when should blood pressure be measured each day?

A. After breakfast and after dinner, before taking antihypertensive medications

✓ B. Before breakfast and before going to bed, before taking antihypertensive medications

C. Before breakfast and before going to bed, after taking antihypertensive medications

D. In the morning and evening, regardless of meals or medication timing



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2. A woman with diabetes has office blood pressure readings of 140/86 and 142/88 mmHg. Her average home blood pressure is 132/82 mmHg. What is the most appropriate initial management?

A. Lifestyle modification alone; reassess in 6 months

B. Lifestyle modification plus initiation of a single-pill combination of two antihypertensive medications; follow up in 1 month

✓ C. Lifestyle modification plus antihypertensive monotherapy; follow up in 1 month

D. Calculate the 10-year cardiovascular risk before deciding whether to start antihypertensive therapy



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3. An older man with hypertension, diabetes, and stable ischemic heart disease is taking a single-pill combination of amlodipine/valsartan 5/80 mg. His average blood pressure is 142/88 mmHg. During coronary angiography for chest pain, he is incidentally found to have significant right renal artery stenosis. He has normal LVEF, no heart failure symptoms, stable serum creatinine (0.9 mg/dL), and no proteinuria. What is the most appropriate management?

- ✓ A. Optimize antihypertensive therapy and aggressively control cardiovascular risk factors
- B. Continue the current antihypertensive regimen and perform renal artery angioplasty
- C. Intensify antihypertensive therapy and perform renal artery angioplasty
- D. Perform additional functional testing to assess perfusion of the affected kidney before deciding on treatment



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4. Which type of blood pressure device is recommended for both office and home blood pressure measurement?

✓ A. Validated automated oscillometric devices for both office and home blood pressure measurement

B. A mercury auscultatory device for office measurement and a validated automated device for home measurement

C. Auscultatory devices for both office and home blood pressure measurement

D. Any commercially available blood pressure device, provided it is used correctly



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5. Which of the following patients is least likely to require evaluation for a secondary cause of hypertension?

✓ A. A patient taking amlodipine/valsartan/hydrochlorothiazide 5/160/12.5 mg whose blood pressure remains above goal

B. A 28-year-old woman with newly diagnosed hypertension

C. A 70-year-old man with hypertension confirmed by home blood pressure monitoring (average BP 128/88 mmHg)

D. A patient with previously normal home blood pressure readings who develops a sudden increase in blood pressure over the past week



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6. Which of the following patients is least likely to be a high-priority candidate for screening for primary aldosteronism?

- A. A patient with resistant hypertension
- B. A patient with diuretic-induced hypokalemia
- C. A patient with hypertension and obstructive sleep apnea
- ✓ D. A patient with stage 2 hypertension



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7. Which of the following best reflects the current exercise recommendations for adults with hypertension?

A. Regular aerobic exercise only; avoid isometric resistance exercise

B. Perform 90–150 minutes of aerobic exercise per week and limit isometric resistance exercise to 1–2 sessions per week

✓ C. Perform a balanced exercise program that includes about 150 minutes of aerobic exercise per week plus isometric resistance exercise approximately 3 sessions per week

D. Exercise is recommended as a healthy lifestyle measure but has only a modest effect on blood pressure and is not considered part of antihypertensive treatment



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8. A 40-year-old man with obesity, a history of smoking, and a sedentary lifestyle is newly diagnosed with hypertension. His average 24-hour ambulatory blood pressure is 130/82 mmHg. What is the most appropriate initial management?

- A. Lifestyle modification alone, with reassessment in 3–6 months
- B. Lifestyle modification plus initiation of antihypertensive monotherapy, with follow-up in 1 month
- ✓ C. Lifestyle modification plus initiation of a single-pill combination of two antihypertensive medications, with follow-up in 1 month
- D. Lifestyle modification plus initiation of two antihypertensive medications as separate pills, with follow-up in 1 month



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9. A 55-year-old woman has the following clinical profile: blood pressure 138/82 mmHg, total cholesterol 199 mg/dL, HDL-C 42 mg/dL, eGFR 91 mL/min/1.73 m², BMI 32 kg/m², current smoker, no diabetes, no antihypertensive or lipid-lowering therapy, HbA1c 5.9%, and no albuminuria. According to the PREVENT calculator, what is her estimated 10-year risk of total cardiovascular disease?

- A. 3.1%
- B. 5.8%
- ✓ C. 8.2%
- D. 10.8%



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10. A middle-aged woman with hypertension is taking losartan, amlodipine, and hydrochlorothiazide as separate medications. After emotional stress, she records a markedly elevated blood pressure at home and presents to the emergency department. She is asymptomatic, and her physical examination is unremarkable except for a blood pressure of 180/100 mmHg. What is the most appropriate management?

- A. Admit the patient for intravenous antihypertensive therapy**
- B. Administer a sublingual antihypertensive medication to rapidly lower the blood pressure**
- C. Reassure the patient, prescribe a short-acting antihypertensive medication, and arrange early follow-up**
- ✓ D. Consider an anxiolytic if appropriate, optimize her antihypertensive regimen with an SPC, and arrange routine early outpatient follow-up with a HBPM**



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Dyslipidemia

11. A 65-year-old man is a current smoker with hypertension. His LDL-C is 96 mg/dL, and his estimated 10-year ASCVD risk is 10.9% based on the PREVENT calculator. What is the most appropriate lipid management strategy?

- A. Lifestyle modification alone, with repeat lipid testing in 3 months
- B. Lifestyle modification & start atorvastatin 20 mg daily because his LDL-C is already below 100 mg/dL
- C. Lifestyle modification & start rosuvastatin 10 mg daily, targeting an LDL-C <70 mg/dL
- ✓ D. Lifestyle modification & start rosuvastatin 20 mg daily, targeting an LDL-C <70 mg/dL



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Dyslipidemia

12. A 62-year-old woman with well-controlled hypertension and a family history of premature coronary artery disease has an LDL-C of 115 mg/dL and triglycerides of 360 mg/dL with 10-year ASCVD risk of 7.1% based on the PREVENT calculator. Her coronary artery calcium (CAC) score is 0. What is the most appropriate lipid management strategy?

A. No lipid-lowering therapy is needed because the CAC score is 0

✓ B. Start a moderate-intensity statin (e.g., rosuvastatin 10 mg daily), targeting an LDL-C <100 mg/dL

C. Start a high-intensity statin (e.g., rosuvastatin 20 mg daily), targeting an LDL-C <70 mg/dL

D. Defer statin therapy and treat only the hypertriglyceridemia with prescription omega-3 fatty acids



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Dyslipidemia

13. A 45-year-old woman has an LDL-C of 210 mg/dL on two separate measurements after secondary causes of hypercholesterolemia have been excluded. When should cascade screening of first-degree relatives be initiated?

- A. Only if genetic testing confirms familial hypercholesterolemia (FH)
- B. Only after a clinical diagnosis of FH is established using accepted criteria
- ✓ C. She needs cascade screening, regardless of clinical or genetic confirmation of FH
- D. Only after homozygous familial hypercholesterolemia is confirmed



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14. A 38-year-old man with hypertension has a baseline LDL-C of 195 mg/dL after secondary causes have been excluded. He is treated with maximally tolerated rosuvastatin 40 mg plus ezetimibe 10 mg daily. After 3 months, his LDL-C is 79 mg/dL. What is the most appropriate next step?

A. Continue the current therapy because the LDL-C goal has been achieved

✓ B. Add a PCSK9 monoclonal antibody because the LDL-C goal is <70 mg/dL

C. Add inclisiran because the LDL-C goal is <70 mg/dL

D. Add bempedoic acid because the LDL-C goal is <55 mg/dL



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15. A 32-year-old man with diabetes and hypertension has an LDL-C of 72 mg/dL. His estimated 10-year ASCVD risk is 3.9% based on the PREVENT calculator. What is the most appropriate lipid management strategy?

- A. No statin therapy is indicated because he is younger than 40 years
- B. No statin therapy is indicated because his LDL-C is already <100 mg/dL
- ✓ C. Start a moderate-intensity statin despite his young age, low LDL-C, and low estimated cardiovascular risk
- D. Start a low-intensity statin because of his young age and low LDL-C



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16. A 68-year-old man with a history of myocardial infarction and hypertension is receiving lipid-lowering therapy. What are the recommended lipid treatment goals?

✓ A. $\geq 50\%$ reduction in LDL-C, LDL-C < 55 mg/dL & non-HDL-C < 85 mg/dL, optionally ApoB < 55 mg/dL

B. $\geq 50\%$ reduction in LDL-C, LDL-C < 70 mg/dL & non-HDL-C < 100 mg/dL, optionally ApoB < 70 mg/dL

C. LDL-C < 55 mg/dL only

D. LDL-C < 70 mg/dL only



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17. A 54-year-old woman with hypertension has an LDL-C of 105 mg/dL. Her coronary artery calcium (CAC) score is 8. What is the most appropriate lipid management strategy?

- A. No statin therapy is indicated because the CAC score is <10
- ✓ B. Start a moderate-intensity statin, targeting an LDL-C <100 mg/dL
- C. Start a high-intensity statin, targeting an LDL-C <70 mg/dL
- D. Lifestyle modification alone, with repeat CAC scoring in 5 years



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18. A 68-year-old man with chronic kidney disease (serum creatinine 1.4 mg/dL, eGFR 48 mL/min/1.73 m²) has an LDL-C of 81 mg/dL. What is the most appropriate lipid management strategy?

A. Statin therapy is not indicated because his LDL-C is already <100 mg/dL

B. Additional information is needed to calculate his cardiovascular risk before deciding on treatment

✓ C. Start a moderate-intensity statin

D. Obtain a coronary artery calcium (CAC) score before deciding whether to initiate statin therapy



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Dyslipidemia

19. A 52-year-old man with obesity, type 2 diabetes, a sedentary lifestyle, and regular alcohol consumption has an LDL-C of 82 mg/dL and a triglyceride level of 485 mg/dL. What is the most appropriate initial management?

- ✓ A. Intensive lifestyle modification, optimize diabetes management, initiate or optimize statin therapy, and repeat the lipid profile
- B. Intensive lifestyle modification, statin therapy, and fenofibrate
- C. Intensive lifestyle modification and fenofibrate
- D. Intensive lifestyle modification, statin therapy, and prescription omega-3 fatty acids



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20. What is the recommended approach to monitoring for statin-associated muscle and liver adverse effects?

A. Monitor creatine kinase (CK) and liver function tests (LFTs) routinely in all patients receiving statin therapy

B. Routine CK and LFT monitoring is not recommended, but coenzyme Q10 should be prescribed prophylactically for patients at high risk for statin-associated muscle symptoms

C. Routine CK and LFT monitoring is not recommended, but statins should be avoided in patients with muscle disease

✓ D. Routine CK and LFT monitoring is not recommended, and no dietary supplements, including coenzyme Q10, are recommended for the prevention or treatment of statin-associated muscle symptoms

