

Chronic Illnesses III

Learning Objectives for Metabolic Syndrome

1. Assess the role of abdominal obesity and insulin resistance in the development and pathophysiology of metabolic syndrome.
2. Assess the relationship between metabolic syndrome and the risk of cardiovascular disease and type 2 diabetes mellitus.
3. Diagnose metabolic syndrome using the most appropriate risk factor criteria.
4. Design an appropriate plan, including goals of therapy and integration of nondrug therapy, for treatment of the underlying and metabolic risk factors in metabolic syndrome.
5. Apply currently available consensus guidelines to the treatment of atherogenic dyslipidemia, hypertension, and glucose dysregulation in patients with metabolic syndrome.
6. Evaluate the potential role of pharmacotherapeutic agents that target the underlying pathophysiology of metabolic syndrome.

Learning Objectives for Diseases of the Aging Eye

1. Evaluate the effect that age-related macular degeneration (AMD) and glaucoma may have on patient health, quality of life, and comorbid conditions.
2. Design a comprehensive screening plan for patients at risk of developing a disease of the aging eye.
3. On the basis of patient presentation and findings on clinical examination, distinguish between the two most common diseases of the aging eye—glaucoma and AMD.
4. Develop a plan for preventing the progression of AMD and glaucoma in patients at risk using evidence-based recommendations.
5. Recommend therapeutic intervention(s) based on the pathophysiology, clinical presentation, and classification of both AMD and glaucoma.
6. Develop therapeutic treatment and monitoring plans for patients with AMD or glaucoma.

Learning Objectives for Pharmacotherapy Considerations in Palliative Care

1. Assess pharmacokinetic issues that occur with age or declining function in palliative care patients.
2. Evaluate factors affecting decisions to continue or discontinue drugs in palliative care patients.
3. Demonstrate an understanding of the potential adverse outcomes after discontinuation of maintenance or preventive drugs.
4. Justify the use of drugs that were previously considered inappropriate for a specific palliative care circumstance.
5. Evaluate literature as part of the decision-making process regarding drugs that most commonly create problems or adverse outcomes for patients in later stages of life or disease.