

MANAGEMENT AND PREVENTION OF UPPER GI BLEEDING

LEARNING OBJECTIVES

1. Apply an understanding of the pathophysiology and risk factors for upper gastrointestinal (GI) bleeding to patient care.
2. Evaluate the most recent guidelines for management and prevention of upper GI bleeding.
3. Devise a plan to effectively manage acute GI bleeding and optimize treatment responses in the individual patient.
4. Design plans for the prevention of upper GI bleeding caused by commonly associated risk factors.

INFLAMMATORY BOWEL DISEASE

LEARNING OBJECTIVES

1. Classify the severity of Crohn disease (CD) and ulcerative colitis (UC) on the basis of clinical features and endoscopic and biopsy findings.
2. For an individual patient, design an optimal pharmacotherapy plan for CD or UC.
3. Analyze risk factors for the development of adverse effects related to the treatment of CD or UC and develop a plan to avoid these effects.
4. Develop a pharmacotherapy plan for the treatment of complications of CD or UC.
5. Evaluate the role of adjunctive agents in the treatment of inflammatory bowel disease (IBD).
6. For an individual patient, design a health maintenance plan including appropriate surveillance, prophylaxis, and treatment of potential complications of IBD.
7. Apply evidence from the primary literature on adherence issues during induction versus maintenance of remission of CD or UC.

IRRITABLE BOWEL SYNDROME

LEARNING OBJECTIVES

1. Assess methods used to diagnose irritable bowel syndrome (IBS) and its associated common comorbidities.
2. Distinguish which aspect of its multifactorial pathophysiology might prompt the development of IBS in a given patient.
3. Analyze the role of nonpharmacologic modalities in the treatment of IBS.
4. Distinguish advantages and disadvantages of different methods for measuring outcomes in trials of IBS treatment.
5. Construct a nonpharmacologic and pharmacologic treatment plan for the patient with IBS.

MANAGEMENT OF CONSTIPATION AND POSTOPERATIVE ILEUS

LEARNING OBJECTIVES

1. Using patient characteristics including age and etiology of constipation, apply available evidence to achieve optimal outcomes in the treatment of constipation.
2. Develop a pharmacotherapy plan that uses recently approved drugs to treat acute constipation, including opioid-induced constipation and postoperative ileus (POI).
3. Assess the potential risks of lubiprostone, methyl-naltrexone, and alvimopan and how these risks affect a patient's treatment plan.
4. Identify the risks and benefits of newer treatment options for POI, including gum chewing and alvimopan, and apply that information to a specific patient case.