Dear Clinician:

Welcome to Pri-Med Updates, continuing education for primary care health care providers that’s focused on clinically relevant, practice and patient-care issues from nationally recognized experts.

Curriculum for Pri-Med Updates activities is comprised of practice-based topics derived from a comprehensive needs assessment and feedback from you and your colleagues—timely sessions designed to support your patients’ diagnoses, treatment, and management. We welcome your questions and encourage you to participate in the audience response portion of this activity.

After the sessions, be sure to take advantage of our other offerings—designed to complement the learning you’ll take away from this Pri-Med Updates. For example, you can go online to pri-med.com and interact with thought leaders through our Online CME Expert Perspectives.

Whether you are a first-time attendee or a seasoned Pri-Med veteran, our goal remains the same: to give you a complete and targeted educational experience, one that lets you make informed decisions with greater confidence and deliver the highest levels of quality care.

Thank you for joining us at Pri-Med Updates. We look forward to meeting you and hearing your input throughout the program. If you have any questions about Pri-Med, please visit us on the Web at www.pri-med.com or share your feedback via e-mail at updates@pri-med.com.

Sincerely,

John M. Connolly
Chief Executive Officer
Pri-Med

Marissa Seligman, PharmD
Chief Clinical & Regulatory Affairs Officer
& Senior Vice President
Pri-Med Institute
LEARNER BILL OF RIGHTS

Pri-Med Institute recognizes that you are a life-long learner who has chosen to engage in continuing medical education to identify or fill a gap in knowledge, skill, or performance. As part of Pri-Med Institute’s duty to you as a learner, you have the right to expect that your continuing medical education experience will include:

Content that:
- Is driven and based on independent survey and analysis of learner needs
- Promotes improvements or quality in health care
- Is current, valid, reliable, accurate, and evidence-based
- Offers balanced presentations that are free of commercial bias for, or against, a product/service
- Is vetted through a process that resolves any conflicts of interests of planners and faculty
- Is driven and based on learning needs, not commercial interests
- Addresses the stated objectives or purpose
- Is evaluated for its effectiveness in meeting the identified educational need

A learning environment that:
- Is based on adult learning principles that support the use of various modalities
- Supports learners’ ability to meet their individual needs
- Respects and attends to any special needs of the learners
- Respects the diversity of groups of learners
- Is free of promotional, commercial, and/or sales activities

Disclosure of:
- Relevant financial relationships planners, teachers, and authors have with commercial interests related to the content of the activity
- Commercial support (funding or in-kind resources) of the activity
Thursday, December 11, 2008

To access the full set of presented slides, please visit [www.pri-med.com/30PIT08B/syllabus](http://www.pri-med.com/30PIT08B/syllabus) and click on the “Print Syllabus” link.

6:30 - 7:30 AM  
**Registration and Continental Breakfast**

7:30 - 7:45 AM  
**Opening Remarks**

7:45 - 9:00 AM  
**Session 1: Optimal Management of Asthma: Use the Right Tools**  
Dennis E. Doherty, MD, FCCP

9:00 - 9:15 AM  
**Exhibits/Networking Break**

9:15 - 10:30 AM  
**Session 2: Integrating Insulin and New Therapies Into Type 2 Diabetes Management: Current Answers to Key Questions**  
Philip Levy, MD, MACE  
Lawrence S. Phillips, MD  
Eugene E. Wright Jr, MD

10:30 - 11:45 AM  
**Session 3: Insomnia Pharmacotherapy: A Practical Guide for Primary Care**  
David N. Neubauer, MD  
Paul Doghramji, MD

11:45 AM - 12:30 PM  
**Complimentary Lunch**

12:30 - 1:45 PM  
**Session 4: Using Combination Therapy to Improve Atherogenic Lipid Abnormalities and Reduce Residual Cardiovascular Risk**  
Peter Alagona, MD  
Sergio Fazio, MD, PhD

1:45 - 3:00 PM  
**Session 5: The Primary Care-Cardiology Partnership to Ensure Optimal Patient Outcomes in Acute Coronary Syndrome**  
Joseph C. Booth, MD, FAAFP  
Benjamin Scirica, MD

**Workshop:**  
Inhaler Basics: Teaching Patients Proper Technique  
Heather Butker, RRT  
Danielle Gray, RRT  
Larkin Misplay, RRT  
Tricia Worley, RRT

*This session will run during the designated breaks and lunches throughout the course of the activity. Seating is limited and available on a first come, first served basis. Attendees will receive credit for attending one workshop only.*
Friday, December 12, 2008

To access the full set of presented slides, please visit www.pri-med.com/30PIT08B/syllabus and click on the “Print Syllabus” link.

6:30 - 7:30 AM  Registration and Continental Breakfast

7:30 - 7:45 AM  Opening Remarks

7:45 - 9:00 AM  Session 6: Fibromyalgia: Dispelling Myths, Improving Management
Martin J. Bergman, MD
Allan Gibofsky, MD, JD

9:00 - 9:15 AM  Exhibits/Networking Break

9:15 - 10:30 AM  Session 7: Overactive Bladder: Improving Outcomes, Preserving Quality of Life
Louis Kuritzky, MD
Pamela I. Ellsworth, MD

10:30 - 10:45 AM  Exhibits/Networking Break

10:45 AM - 12:00 PM  Session 8: Vasodilatory β-Blockade: Clinical Implications and Pleiotropic Effects
Elijah Saunders, MD
Steven N. Singh, MD

12:00 - 1:15 PM  Session 9: What Every Practitioner Should Know About Incretin Hormones: Evolving Treatment Strategies for Type 2 Diabetes
Frank Lavernia, MD
John L. Leahy, MD

Workshop:  Inhaler Basics: Teaching Patients Proper Technique
Heather Butker, RRT
Danielle Gray, RRT
Larkin Misplay, RRT
Tricia Worley, RRT

This session will run during the designated breaks and lunches throughout the course of the activity. Seating is limited and available on a first come, first served basis. Attendees will receive credit for attending one workshop only.

Sessions with this symbol have related Online activities. See full list following agenda or visit www.pri-med.com to reinforce your learning and earn additional CME credits.

[Please note that session titles and speaker names were current at time of syllabus printing deadline.]
Management of Hypertension in African Americans
Hypertension affects an estimated 50 million Americans, a number that is expected to increase as the population ages. This is a particularly pressing issue in African-American patients, who sustain a disproportionately high occurrence of hypertension-related complications. Listen in as an expert in the field discusses new treatment options for this patient population.
www.pri-med.com/activity/125080

What Every Practitioner Should Know About Incretin Hormones Evolving Treatment Strategies for Type 2 Diabetes
Type 2 diabetes is a progressive disease marked by continually declining beta cell function, so over time there will be a need to step up treatment. As illustrated in a newly-posted case study on Pri-Med.com, incretin-based therapies provide another avenue that clinicians can use to achieve better glycemic control in their patients.
www.pri-med.com/activity/117144

A 75-Year-Old Woman with Nocturia and Forgetfulness
The average patient with overactive bladder deals with its symptoms of urinary urgency and leaking for more than 3 years before seeking treatment. A new case study on Pri-Med.com provides several surprisingly simple and discrete questions that can expedite the diagnosis and treatment of this very common problem.
www.pri-med.com/activity/115881

Optimally Reducing Residual Cardiovascular Disease Risk in a Patient With Atherogenic Dyslipidemia
Statin therapy and lifestyle changes are first steps in the management of dyslipidemia, but this combination may not be sufficient to address low HDL-C and high triglycerides. As illustrated in a newly-posted case on Pri-Med.com, clinicians should be mindful of residual CVD risk, even when LDL-C is at goal.
www.pri-med.com/activity/117673

New Asthma APGAR Tools for Improving Asthma Management
Guidelines for asthma management have been developed, but despite their proven ability to reduce health care utilization and improve patient outcomes, they have not been well implemented among primary care practices. UCLA’s Dr Leonard Fromer comments on a new tool designed to improve implementation of asthma guidelines within the primary care setting.
www.pri-med.com/activity/124057

For more Online CME from Pri-Med visit www.pri-med.com
Pri-Med gratefully acknowledges the following organizations for providing educational grants or financial support at the time of print for this activity. Any additional support will be disclosed by the activity moderator at the start of the educational activity and made available in print at the registration table:

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Allergan Inc.
Daiichi Sankyo, Inc. and Eli Lilly and Company
Forest Pharmaceuticals, Inc.

GlaxoSmithKline.
Merck & Co., Inc.
Novo Nordisk Inc.
Takeda Pharmaceuticals North America, Inc.

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M|C Communications, LLC

Pri-Med Institute gratefully acknowledges the following organizations for contributing as education partners for Pri-Med Updates:

The Academy for Continued Healthcare Learning
Accelmed
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Haymarket Medical
Scienza Healthcare Education
Strategic Medical Initiatives, LLC
Vindico Medical Education

Pri-Med recognizes the following healthcare Partners for helping to make clinicians aware of this program:

Aetna
American Academy of Nurse Practitioners
American Society of Hypertension, Inc.

CIGNA HealthCare
Pennsylvania Medical Society
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**Pri-Med Institute**
Identifying the needs of health care professionals and ensuring these needs are met with world-class educational programs is the goal of Pri-Med Institute. Accredited by the ACCME and ACPE and approved as a provider of contact hours by the AANP and ANCC, Pri-Med Institute (PMI) is an integral part of Pri-Med educational programs. From needs assessment to accreditation to partnering with content collaborators, Pri-Med Institute ensures that Pri-Med continuing education programs are high-quality credited learning experiences for participants, faculty speakers, and supporters alike.

Pri-Med Institute sponsors conferences as well as other innovative forms of distance education in order to contribute to the continuing professional development of health care providers. The offerings are intended to enhance physicians’ and other health care professionals’ ongoing professional development and influence their clinical practice behaviors for the purpose of improving health outcomes.

**Pri-Med Institute Disclosure Information**

**Medical Advisory Board Financial Disclosure**
George Mejicano, MD has nothing to disclose.
Victor Diaz, MD has nothing to disclose.
Stephen Goldfinger, MD has nothing to disclose.
Michael Bloch, MD is a member of speakers bureaus for AstraZeneca Pharmaceuticals LP, Novartis Pharmaceuticals Corporation, Pfizer Inc., and sanofi-aventis US; and receives research support from AstraZeneca Pharmaceuticals LP and Novartis Pharmaceuticals Corporation. He also receives honorarium from Pfizer Inc. and sanofi-aventis U.S.
Zorba Paster, MD is a member of speakers bureaus for Ortho-McNeil, Pfizer Inc., and Takeda Pharmaceuticals North America Inc., and receives research support from Pfizer Inc., Takeda Pharmaceuticals North America Inc., Aventis, and Endo Pharmaceuticals.

**PMI Clinical Staff, University of Wisconsin School of Medicine and Public Health Expert and Tufts Health Care Institute Peer Reviewer Financial Disclosure**
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Pri-Med clinical staff and University of Wisconsin School of Medicine and Public Health and Tufts Health Care Institute expert content reviewers have provided financial disclosure. Carolyn Skowronske, PMI Clinical Editor, has disclosed that she owns stock in Merck. All others have no financial disclosure or conflicts of interest to resolve for each of the sessions related to this activity.

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- Content peer review by external topic expert
- Content validation by external topic expert and internal Pri-Med Institute clinical editorial staff
General Information

The purpose of Pri-Med Updates is to enable you to:
• Narrow the gap between research and practice by learning the most current guidelines and evidence-based medicine
• Enhance your ability to diagnose and manage common health problems with clinical pearls, examples, and case studies that are immediately applicable to your primary care practice
• Compare your patient care practices with those of your colleagues and draw on the experience of expert faculty to help you improve your patients’ quality of life, encourage the adoption of health-promoting behaviors, reduce hospitalization rates, and avoid unnecessary subspecialty consults

Accreditation Statement:
Pri-Med Institute is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Designation Statement:
Pri-Med Institute designates this educational activity for a maximum of 11.50 AMA PRA Category 1 credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

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If you have lost your badge, forgotten to bring your badge or the badge has been prepared incorrectly, please go to the On-Site Registration area where a new badge will be prepared.

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Pri-Med Institute and M|C Communications, LLC are not responsible for lost or misplaced belongings. Please be sure to remove all personal items from the session room at the end of each day. Any items left in the session room will be brought to the hotel lost and found.
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1. Please locate the evaluation form for Day #1 of the program in the back pocket of the syllabus. There is one evaluation for each day of continuing education offered. You will be provided with a separate evaluation form for Day #2 when you check in at the registration table tomorrow morning. Fill out only those sections of the evaluation for which you attend.
2. Put your name and badge number on all evaluation forms.
3. Designate the type of credit you seek and sign. Please do not fill out more than one certification statement.
4. Be sure to fill out the amount of credit you are claiming within the certification statement. The amount of credit being sought must coincide with the session evaluations completed; please use the following table as a guide:

<table>
<thead>
<tr>
<th>Number of Sessions attended</th>
<th>If claiming AMA category 1 credit, please claim the following total credits</th>
<th>If claiming AANP nursing contact hours, please claim the following total contact hours (pharmacology hours):</th>
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<td>1.25 (0.625)</td>
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<tr>
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<tr>
<td>4</td>
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<tr>
<td>5</td>
<td>6.25</td>
<td>6.25 (3.125)</td>
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<td>6</td>
<td>7.50</td>
<td>7.50 (3.750)</td>
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<tr>
<td>7</td>
<td>8.75</td>
<td>8.75 (4.375)</td>
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<td>8</td>
<td>10.00</td>
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<tr>
<td>9</td>
<td>11.25</td>
<td>11.25 (5.625)</td>
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<tr>
<td>*10</td>
<td>11.50</td>
<td>11.50 (5.750)</td>
</tr>
</tbody>
</table>

*This session will run during the designated breaks and lunches throughout the course of the activity. Seating is limited and available on a first come, first served basis. Attendees will receive credit for attending one workshop only.

5. Before you leave the program, hand in your evaluation materials to a Pri-Med staff member at the registration table. Time-stamped evaluation forms will be accepted by mail if postmarked within five (5) business days of the program’s completion. Unfortunately, we cannot accept evaluation forms by fax.
6. Within 4 weeks following the program, certificates will be posted online to Pri-Med Member Account holders at www.pri-med.com (log in to your account and visit the CME Tracker to print out a copy of your certificate).
7. If you have questions about, or corrections to, your certificate after you have downloaded it, please call: 1 - 877- 4PRIMED

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- Print and download your certificate as soon as it’s ready
- Print a summary of credits earned to submit to licensing board
- Enter non-Pri-Med CME activities for a complete summary of all of your credits earned through the year

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   * Our improved “Forgot My Password” management can help you retrieve a forgotten username or password.

2. Scroll down to “Credit Summary” at the bottom of the page and click “View All.”

3. Once logged in, you’ll see your “Summary of Credits Earned.” Click on “Print Certificate.” After opening your certificate, you can print it and/or save it to your computer.

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**Pri-Med Conference & Exhibition**

For over 14 years, Pri-Med Conference & Exhibition has provided continuing medical education on the best available patient care practices as well as insights into the latest advances in research, treatment protocols, and technology that physicians will need to deliver cutting-edge medical care. Over the course of Pre-Conference Symposia Day* and 3 Core Program days, Pri-Med Conference & Exhibition provides a diverse spectrum of learning opportunities from national experts in 1 place, offering up to 30 AMA PRA Category 1 Credit(s)™.

**Pri-Med Updates and Conference & Exhibition Locations**

<table>
<thead>
<tr>
<th>CITY</th>
<th>DATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pri-Med East</td>
<td>Boston, MA</td>
</tr>
<tr>
<td>Pri-Med Mid-Atlantic</td>
<td>Baltimore, MD</td>
</tr>
<tr>
<td>Pri-Med South</td>
<td>Fort Lauderdale, FL</td>
</tr>
<tr>
<td>Pri-Med Midwest</td>
<td>Rosemont, IL</td>
</tr>
<tr>
<td>Pri-Med Southwest</td>
<td>Houston, TX</td>
</tr>
<tr>
<td>Pri-Med West</td>
<td>Anaheim, CA</td>
</tr>
</tbody>
</table>

**Pri-Med Updates – The Next Generation**

Pri-Med Updates is designed to reflect the practitioner’s patient appointment schedule. The curriculum is composed of different sessions, each focused on a specific clinical condition and each presented by nationally recognized speakers. Sessions include didactic presentations as well as interactive, case-based learning opportunities. Earn complimentary AMA PRA Category 1 Credit(s)™ or AANP contact hours.

**Fall 2008**

<table>
<thead>
<tr>
<th>CITY</th>
<th>DATES</th>
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<tr>
<td>Atlanta, GA</td>
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<tr>
<td>Charlotte, NC</td>
<td>September 3-4</td>
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<tr>
<td>Chicago, IL</td>
<td>December 2-3</td>
</tr>
<tr>
<td>Dallas, TX</td>
<td>September 23-24</td>
</tr>
<tr>
<td>Dearborn, MI</td>
<td>October 28-29</td>
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<tr>
<td>Los Angeles, CA</td>
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<td>Melville, NY</td>
<td>November 19-20</td>
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<tr>
<td>Minneapolis, MN</td>
<td>September 19</td>
</tr>
<tr>
<td>New Orleans, LA</td>
<td>October 23-24</td>
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<td>Oakbrook, IL</td>
<td>October 30-31</td>
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<td>Orlando, FL</td>
<td>November 6-7</td>
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<tr>
<td>Philadelphia, PA</td>
<td>November 4-5</td>
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<td>Phoenix, AZ</td>
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<td>Pittsburgh, PA</td>
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<td>October 22</td>
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<td>Princeton, NJ</td>
<td>September 4-5</td>
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<tr>
<td>San Jose, CA</td>
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<tr>
<td>Seattle, WA</td>
<td>September 26</td>
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<tr>
<td>St Louis, MO</td>
<td>November 13-14</td>
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<tr>
<td>Tampa, FL</td>
<td>December 4</td>
</tr>
<tr>
<td>Washington, DC</td>
<td>October 16-17</td>
</tr>
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</table>

For a complete list of Pri-Med events or to register, visit www.pri-med.com or call 877-477-4633.
Clinical Focus in Cardiovascular Risk

Join faculty from the American College of Cardiology Foundation (ACCF) in this 3½-hour session focused on cardiovascular risk stratification and evidence-based primary prevention approaches and strategies. The ACCF, the leading cardiovascular educator, recognizes the pivotal role that primary care physicians play in managing the burden of cardiovascular disease and developed this interactive, case-based program to help improve patient outcomes. Earn up to 3.5 complimentary AMA PRA Category 1 Credit(s)™ or AANP contact hours.

Co-sponsored by Pri-Med Institute and the American College of Cardiology Foundation

Diabetes In Depth

Diabetes In Depth is a CME program designed to meet the education and practice needs of clinicians who regularly diagnose and manage patients with diabetes. At every session, leading experts will provide world-class information on the comorbidities and risk factors associated with diabetes. Earn up to 8.5 complimentary AMA PRA Category 1 Credit(s)™ or AANP contact hours.

Presented in collaboration with the American Diabetes Association

Pri-Med Clinical Focus in ADHD

Pri-Med Clinical Focus in ADHD is a 3-hour, in-depth session dedicated to innovations in attention-deficit/hyperactivity disorder management. The curriculum will feature case-based patient simulation provided by a faculty composed of primary care physicians, psychiatrists, and pediatricians. Earn up to 3 complimentary AMA PRA Category 1 Credit(s)™ or AANP contact hours.

Online CME

Over 300 no-cost online CME activities covering key therapeutic topics in primary care help extend the learning of topics presented at live programs. Thoroughly examine any topic through 4 learning formats: patient case studies, clinical reviews, expert perspectives, and slide lecture series.

Certified for Category 1 Credit toward the AMA Physician’s Recognition Award. Select activities are certified for AANP contact hours, which includes hours of pharmacology.

Print CME

Primary care–focused CME publications available online:

Pri-Med in Practice, a 12- to 16-page newsletter covering key topics in primary care.


Pri-Med Hospital CME, poster-sized CME designed to promote improvements in hospital care.

For a complete list of Pri-Med events or to register, visit www.pri-med.com or call 877-477-4633.
STATE OF THE UNION:
PENNSYLVANIA HEALTH FACTS

Totals for the Top Ten Causes of Death** for Pennsylvania, 2005

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause of Death</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>128,447</td>
</tr>
<tr>
<td>1</td>
<td>Diseases of the Heart</td>
<td>35,896</td>
</tr>
<tr>
<td>2</td>
<td>Malignant Neoplasms (Cancer)</td>
<td>29,355</td>
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<tr>
<td>3</td>
<td>Cerebrovascular Disease (Stroke)</td>
<td>7,581</td>
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<tr>
<td>4</td>
<td>Chronic Lower Respiratory Diseases</td>
<td>6,111</td>
</tr>
<tr>
<td>5</td>
<td>Accidents</td>
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</tr>
<tr>
<td>6</td>
<td>Diabetes</td>
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<tr>
<td>7</td>
<td>Alzheimer’s Disease</td>
<td>3,414</td>
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<tr>
<td>8</td>
<td>Nephritis, Nephritic Syndrome, and Nephrosis</td>
<td>3,071</td>
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<tr>
<td>9</td>
<td>Influenza and Pneumonia</td>
<td>3,039</td>
</tr>
<tr>
<td>10</td>
<td>Septicemia</td>
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</tr>
</tbody>
</table>

** Data based on continuous file of records received from the States and does not include contributory diagnoses


Comparison of Health Statistics: Pennsylvania vs. US

Cigarette Smoking Rate by Gender, 2007

<table>
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<tr>
<th></th>
<th>PA%</th>
<th>vs.</th>
<th>US%</th>
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<tbody>
<tr>
<td>Male</td>
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<tr>
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Number of Deaths: Rate per 100,000 Population by Race/Ethnicity, 2004

<table>
<thead>
<tr>
<th></th>
<th>PA</th>
<th>vs.</th>
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<tbody>
<tr>
<td>White</td>
<td>799</td>
<td></td>
<td>786</td>
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<tr>
<td>Black</td>
<td>1049</td>
<td></td>
<td>1027</td>
</tr>
<tr>
<td>Other</td>
<td>355</td>
<td></td>
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Number of Diabetes Deaths: Rate per 100,000 Population by Race/Ethnicity, 2005

<table>
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<th>vs.</th>
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<tr>
<td>White</td>
<td>22</td>
<td></td>
<td>23</td>
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<tr>
<td>Black</td>
<td>34</td>
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<tr>
<td>Other</td>
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Pri-Med Institute Health Facts
December 2008
Number of Heart Disease Deaths: Rate per 100,000 Population by Race/Ethnicity, 2004

<table>
<thead>
<tr>
<th></th>
<th>PA</th>
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<tr>
<td>White</td>
<td>222</td>
<td>213</td>
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<tr>
<td>Black</td>
<td>267</td>
<td>281</td>
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<tr>
<td>Other</td>
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<td>123</td>
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Number of Stroke and other Cerebrovascular Disease Deaths: Rate per 100,000 Population by Race/Ethnicity, 2004

<table>
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<tbody>
<tr>
<td>White</td>
<td>46</td>
<td>48</td>
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<tr>
<td>Black</td>
<td>61</td>
<td>70</td>
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<td>Other</td>
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Overweight and Obesity Rate by Race/Ethnicity, 2007

<table>
<thead>
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<th></th>
<th>PA%</th>
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<tbody>
<tr>
<td>White</td>
<td>30</td>
<td>59</td>
</tr>
<tr>
<td>Black</td>
<td>70</td>
<td>69</td>
</tr>
<tr>
<td>Hispanic</td>
<td>67</td>
<td>62</td>
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<tr>
<td>Asian/ Pacific Islander</td>
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<tr>
<td>American Indian/ Alaska Native</td>
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<tr>
<td>Other</td>
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<td>60</td>
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Number of Cancer Deaths: Rate per 100,000 Population by Race/Ethnicity, 2004

<table>
<thead>
<tr>
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<th>PA</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>196</td>
<td>189</td>
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<tr>
<td>Black</td>
<td>243</td>
<td>232</td>
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<td>Other</td>
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<td>115</td>
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Percent of Mothers Beginning Prenatal Care in the First Trimester by Race/Ethnicity, 2004

<table>
<thead>
<tr>
<th></th>
<th>PA%</th>
<th>US%</th>
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</thead>
<tbody>
<tr>
<td>White</td>
<td>78</td>
<td>89</td>
</tr>
<tr>
<td>Black</td>
<td>56</td>
<td>77</td>
</tr>
<tr>
<td>Hispanic</td>
<td>56</td>
<td>78</td>
</tr>
<tr>
<td>Total</td>
<td>73</td>
<td>84</td>
</tr>
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</table>

Statistical Sources for facts and figures:
4) United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Compressed Mortality File (CMF) compiled from 2005, Series 20, No. 2K 2008 on CDC WONDER On-line Database.
5) United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Compressed Mortality File (CMF) compiled from 1999-2004, CDC WONDER On-line Database.
7) United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Compressed Mortality File (CMF) compiled from 1999-2004, CDC WONDER On-line Database.
Epidemiology Profiles

Acute Coronary Syndrome

- Coronary heart disease (CHD) caused 1 in 5 US deaths in 2004.
  - Single largest killer of American men and women
  - 50% of men and 64% of women who die suddenly of CHD had no previous symptoms
- While in-hospital acute myocardial infarction (MI) mortality declined by more than 15% in the last decade, it remains approximately 10%.
- Mortality increases for every 30 minutes that elapse before an ST-segment elevation myocardial infarction patient is treated.
- In the United States, approximately 850,000 drug-eluting stents (DES) are used each year.
  - Average number of stents per patient: 1.45
  - 60% of DES usage is off-label
- The number of discharges with ACS from hospitals in 2005 was 772,000.
  - Of these, an estimated 448,000 are male and 324,000 were female.
  - This figure was derived by adding the first-listed inpatient hospital discharges for MI 683,000) to those for unstable angina (89,000)
- When including secondary discharge diagnoses in 2005, the corresponding numbers of inpatient hospital discharges were:
  - 1.41 million unique hospitalizations for ACS
  - 838,000 for MI
  - 558,000 for unstable angina
  - 17,000 hospitalizations received both diagnoses
- A range of study estimates indicates that at least 29% and as much as 47% of ACS patients have ST-elevation MI.
- Comorbidities are typically more frequent in women; previous coronary disease and typical anginal pain on admission are more frequent in men.


Asthma

- In 2005, an estimated 11.2% of people (32.6 million) had ever been diagnosed with asthma during their lifetime.
  - 10.7% of adults, or 23 million, had a lifetime asthma diagnosis, compared to 12.7% of children, or 9 million
  - 12.2 million Americans, including 3.8 million children under the age of 18, had an asthma attack in 2005.
- While the overall prevalence of asthma was 40% higher in females than males in 2005, the prevalence of asthma was 30% higher in boys than girls among children ages 0 to 17 years.
- Asthma affects daily productivity:
  - In 2004, asthma accounted for an estimated 14.5 million lost work days in adults
  - Asthma is the leading cause of school absenteeism attributed to chronic conditions, accounting for an estimated 12.8 million lost school days in children in 2005
- The annual direct health care cost of asthma is approximately $14.7 billion.
  - Prescription drugs account for the largest single direct cost at $6.2 billion
- Indirect costs, such as lost productivity, add another $5 billion, for a total of $19.7 billion.
- In 2004, there were 14.7 million outpatient asthma visits to physician offices and hospital outpatient departments, or 508 per 10,000 people.
- In 2005, an estimated 1.8 million emergency room visits were attributed to asthma.
- Asthma is the third leading cause of hospitalization in children under the age of 15.
  - In 2005, approximately 32.6% of all asthma hospital discharges occurred in children under 15 years of age
- In 2004, 3780 individuals died from asthma, or 1.3 per 100,000 people.
- Of these deaths, an estimated 64% occurred in women.
**Diabetes**

- Out of entire US population (303 million) in 2007:
  - Undiagnosed diabetes: 5.7 million
  - Diagnosed type 1 diabetes: 1.2 – 2.4 million
  - Diagnosed type 2 diabetes: 21.2 – 22.4 million
  - Additional 57 million with prediabetes
- Diabetes and complications are the seventh leading cause of death in the United States.
- 1.6 million new cases diagnosed each year (in US citizens >20 years of age).
- The risk for death among people with diabetes is about twice that of people without diabetes:
  - Heart disease is the leading cause of diabetes-related deaths (68%); adults with diabetes have rates about 2 to 4 times higher than those without
  - The risk of stroke is 2 to 4 times higher among people with diabetes
  - Other complications: hypertension, blindness, kidney disease, nervous system disease, amputations, dental disease, pregnancy complications
- There is a shrinking gap in diabetes diagnosis: out of over 23 million Americans with diabetes, almost 1/4 go undiagnosed.
- Costs associated with diabetes:
  - Total (direct and indirect): $174 billion
  - Direct medical costs: $116 billion
  - Indirect costs: $58 billion (disability, work loss, premature mortality)

**Dyslipidemia**

- Coronary heart disease (CHD) continues to be the leading cause of mortality and a significant cause of morbidity among North Americans
  - In 1999, CHD claimed 529,659 lives
  - This translates to 1 out of 5 deaths in the United States
- Mortality due to atherosclerosis:
  - Most common in men
  - Most common in African Americans, then whites, then Hispanics; lower in other groups (Asian, American Indian, etc.)
- 100 million American adults have TC values of ≥200 mg/dL; 35 million have levels of ≥240.
  - Unfortunately, less than half are correctly assessed for heart disease risk
- Adult Americans with low-density lipoprotein (LDL)≥130 mg/dL:
  - Non-Hispanic whites: 44% men, 37% women
  - Non-Hispanic blacks: 36% men, 35% women
  - Mexican Americans: 44% men, 31% women
- Adult Americans with high-density lipoprotein (HDL)<40 mg/dL:
  - Non-Hispanic whites: 35% men, 12% women
  - Non-Hispanic blacks: 23% men, 11% women
  - Mexican Americans: 34% men, 15% women
- Prevalence of hypertriglyceridemia in the United States:
  - 200-499mg/dL: 13%
  - ≥500 mg/dL: 13%
- Direct and indirect costs associated with CHD total $403.1 billion.
- Cholesterol screening increased from 67% in 1991 to 71.8% in 1999.
Fibromyalgia

- Fibromyalgia, a condition characterized by chronic widespread pain, affected about 5 million individuals in the United States in 2005, or about 2% of the population.
  - About seven times as many women as men have fibromyalgia.
  - There are 1.8 million physician office visits per year for the condition.
  - Most diagnoses of fibromyalgia occur in middle age and become more prevalent as age advances.
- The average medical costs for a person with fibromyalgia are about $6,000 per year.
- People with fibromyalgia are hospitalized about once every three years.
- Adults with fibromyalgia are 3.4 times more likely to have major depression than those without the condition.
- Fibromyalgia symptoms can include fatigue, trouble sleeping, morning stiffness, headaches, painful menstrual periods, numbness in hands and feet, and problems with thinking and memory.
- The cause of the disorder is unknown, but it may be triggered by acute illness or injury, or a genetic predisposition.
- Fibromyalgia caused or contributed to around 23 deaths per year from 1979 to 1998, according to Centers for Disease Control and Prevention data.


HTN

- Hypertension is the leading primary diagnosis in the United States, affecting about 73 million individuals.
  - 1 in 3 adults has hypertension.
  - In 2005, there were more than 44 million physician office visits for hypertension.
  - Almost one third of people with hypertension do not realize that they have it and it is estimated that about 90 percent of middle-aged adults will develop hypertension in the remainder of their lifetime.
  - Hypertension is more common in men than women up to age 45; from 45-54, the percentage is about the same and over age 54 women have hypertension in a much higher percentage than men.
  - The prevalence of hypertension in black Americans is among the highest in the world and is on the rise.
- The estimated direct and indirect cost of hypertension for 2008 is $69.4 billion.
- Hypertension is a major risk factor for heart disease, stroke, congestive heart failure, and kidney disease.
- Hypertension was listed as a primary or contributing cause of death in about 300,000 of approximately 2.4 million US deaths in 2004.
  - The 2004 overall death rate from hypertension was 18.1%. Death rates were 15.7% for white males, 51.0% for black males, 14.5% for white females and 40.9% for black females.


**Insomnia**

- Insomnia, defined as complaints of disturbed sleep in the presence of adequate opportunity and circumstance for sleep, is the most common sleep complaint across all stages of adulthood.
- Insomnia is characterized by 1 or more of the following sleep complaints:
  - Difficulty initiating sleep
  - Difficulty maintaining sleep
  - Waking too early in the morning
- 40 million-70 million people in the United States have insomnia.
  - As many as 1 in 10 Americans have chronic insomnia, and at least 1 in 4 experiences difficulty sleeping sometimes.
  - 54% of the population report at least 1 insomnia symptom a few nights per week.
  - While it affects males and females of all age groups, it is most common in the elderly (over the age of 60) and in women (after menopause).
- A number of factors can trigger insomnia, including advanced age, stress, environmental noise, poor sleep habits, and medication side effects.
  - Insomnia is often comorbid with other disorders, such as depression, as well as some cardiovascular, pulmonary, and gastrointestinal disorders.
- Direct costs of insomnia, including the amount spent on treatment, health care services, hospital and nursing home care, are estimated at nearly $14 billion annually.
  - Indirect costs such as work loss, property damage from accidents and transportation to and from health care providers, are estimated to be $28 billion.


**Overactive Bladder**

- Overactive bladder (OAB) is a group of lower urinary tract symptoms, including urinary frequency and urgency, which can occur with or without urinary incontinence.
- An estimated 34 million Americans are affected by the condition.
- Contrary to common belief, OAB is not caused by age, but age is considered a risk factor.
  - Other risk factors for urinary incontinence in both men and women include stroke, dementia, recurrent cystitis, bladder cancer, stool impaction, diabetes, chronic cough, and medications.
- The disorder affects 17% of men over the age of 60 and 15% to 50% of women of all ages.
- At least 1 in 10 people age 65 or older has urinary incontinence.
- A prevalent chronic condition, OAB is underreported by patients, as well as underdiagnosed and undertreated by primary care physicians.
  - It is estimated that only 2% of individuals living in the community and 5% of patients living in institutions seek treatment for OAB each year.
- The annual total cost for treating OAB in the United States is more than $12 billion, which is about comparable to the total costs for cervical, uterine, and breast cancer.
  - $2.85 billion dollars is spent on patients treated in institutions.
  - $9.17 is spent for OAB managed in the community.
- OAB can cause social, psychological, occupational, domestic, physical, and sexual problems.
  - Patients suffer from depression, low self-esteem, apathy, and guilt; feel that they are a burden their caregivers; and fear that they smell of urine.
  - In a recent survey of patients aged 40 to 60 years old, 38% of men and 22% of women expressed concern about interrupting meetings at work because of their symptoms.
  - 28% of those surveyed felt uncomfortable doing things away from home.
o 22% reported feeling uncomfortable with people they don’t know; 20% feel uncomfortable with those they do know.


