



International Journal of Gerontology

journal homepage: <http://www.sgecm.org.tw/ijge/>



CME for 16.3

- Which of the following statements regarding frailty in the elderly is true?
 - The phenotype model and the cumulative deficit model are designed to identifying frailty.
 - The phenotype model was used to measure frailty among older hospitalized patients by capturing the heterogeneity in aging.
 - The cumulative deficit model, frailty is caused by cumulative decline across multiple physiological systems.
 - The phenotype model uses five criteria, that are, weight loss, exhaustion, low physical activity, slowness and weakness.
 - All of the above are true.
- Which of the following statements in the elderly is true?
 - The prevalence rate of frailty varies among geographical regions, so its understanding has no impact on clinical practice.
 - Frailty is significantly higher in women compared with men.
 - The association between the frailty prevalence rate and the participants' age is significant.
 - The higher a person's frailty level, the more likely they are to experience adverse outcomes.
 - One's frailty is variable and reversible.
- By 2022, which country has the largest percentage of older adults in the world?
 - India
 - Japan
 - Taiwan
 - Turkey
 - Thailand
- Which of the following statements regarding the management of dyslipidemia in the elderly is NOT true?
 - According to the current American and European guidelines for management of dyslipidemia, high-intensity statin (HIS) is recommended in high-risk patients in elderly.
 - Elevation of serum LDL-C levels is prevalent in elderly and is likely due to the aging-related physiological changes.
 - Studies showed that aggressive use of statin is associated with intensive LDL-C lowering and decreased risk of ASCVD.
 - The prescription and attainment rates of statin have been shown to increase with age.
 - Ezetimibe should be considered when the target LDL-C goal is not reached.
- Which of the following statements about lung cancer is true?
 - The epidermal growth factor receptor (EGFR) driver mutation accounts for non-squamous NSCLC in 50%–60% of Asian patients.
 - Tyrosine kinase inhibitors (TKIs) are the mainstream of treatment for patients having advanced NSCLC with EGFR mutations.
 - Afatinib increases overall survival in lung cancer; however, treatment-related adverse events in the elderly are a concern for physicians.
 - Afatinib can be safely used in both young and elderly patients, and old age should not be the only reason to exclude the elderly from using it.
 - All of the above.

Issue date: July 1st, 2022

Expiration date: October 31st, 2022

Volume 16 Issue 2 Answers:

- (D)
- (C)
- (A)
- (E)
- (D)