

# Primary Care Pearls

## from 10 Trending CME/CE Courses on Pri-Med.com

As a clinician during this challenging time, it's critical that you have access to timely, reliable information. In the face of the pandemic, Pri-Med has developed new courses on COVID-19 and other relevant topics each week to meet the educational needs of today's primary care clinicians. While COVID-19 topics have been trending, learners are completing courses across many therapeutic areas. Included in this review are key takeaways from the top free CME/CE courses your clinician colleagues are completing on Pri-Med.com.



# The Heart of the Matter: Primary and Secondary Prevention of Cardiovascular Disease in T2DM



Archana R. Sadhu, MD, FACE

Charles Vega, MD, FAAFP

Recorded June 26, 2020

- ▶ If patients have ASCVD or are at risk for ASCVD, the addition of GLP-1 RA or SGLT2 inhibitors is recommended, regardless of A1c.
  - GLP-1 RAs with proven CV benefit include liraglutide, sc semaglutide, and dulaglutide.
- ▶ If patients have HF or CKD, the addition of SGLT2 inhibitors or GLP-1 RA is recommended, regardless of A1c.
  - All SGLT2 inhibitors have shown HF benefits.
- ▶ Use the **SHARE** model for shared decision-making with patients when adjusting the treatment regime.

**SEEK** your patient's participation.

**HELP** your patient explore and compare treatment options.

**ASSESS** your patient's values and preferences.

**REACH** a decision with your patient.

**EVALUATE** your patient's decision.

[View the Full CME/CE Course ▶](#)

# Atrial Fibrillation Update



Ty J. Gluckman, MD, FACC, FAHA

Recorded August 4, 2020

- ▶ Atrial fibrillation is a common condition with a prevalence that is expected to increase significantly over the next 10 years.
- ▶ It is associated with a significantly increased risk of stroke, regardless of whether the patient is symptomatic.
- ▶ The risk of stroke and systemic embolism should be assessed in all patients, regardless of the treatment approach pursued.
- ▶ Preference is now given to direct oral anticoagulants over warfarin for most patients in need of oral anticoagulant therapy.
- ▶ Left atrial appendage closure represents an alternative means to reduce thromboembolic risk, particularly among those at heightened bleeding risk.

[View the Full CME/CE Course ▶](#)

# A Head Start on Migraine: Emerging Approaches to Acute Management



Jessica Ailani, MD, FAHS, FAAN  
M. Susan Burke, MD, FACP  
Rashmi B. Halker Singh, MD, FAHS, FAAN

Recorded June 26, 2020

- ▶ A good history and exam can differentiate migraine from other headaches.
- ▶ Triptans are first-line medications and come in non-oral forms.
- ▶ Avoid opioid- and barbiturate-containing medications.
- ▶ Remember to try nonpharmacologic and self-management measures.
- ▶ Gepants (ubrogepant and rimegepant) and ditans (lasmiditan) are effective new oral options for patients with vascular disease or for those who don't find triptans helpful.
- ▶ Neuromodulation devices are approved, but they have unclear efficacy.

[View the Full CME/CE Course ▶](#)

# Mental Health During COVID-19: How to Prepare for a Crisis



**Shirah Vollmer, MD**

Recorded July 23, 2020



Discuss limiting media consumption to one hour per day as well as avoiding media before sleep.



Inquire about changes in the patient's relationship with substance use during the pandemic.



Ask patients what they think about online mental health services compared with in-person services.



Deep breathing, meditation, and mindfulness can help patients relax their bodies.



Ask questions based on the patient's symptom history. For example, "I know in the past you have struggled with obsessive thinking. How is that going for you now?"

[View the Full CME/CE Course ▶](#)

# Updates for Primary Care Clinicians: Pearls from the American Diabetes Association Scientific Sessions



Martin J. Abrahamson, MD, FACP

Charles Vega, MD, FAAFP

Recorded July 30, 2020

- ▶ Flash glucose monitoring (FGM) and continuous glucose monitoring (CGM) have come of age and are being used more frequently, especially in insulin-treated people.
- ▶ In addition to monitoring A1c, we now review “time in range” in people who use CGM.
- ▶ CGM has been shown to help reduce A1c by increasing time in range and reducing hypoglycemia, regardless of the type of insulin delivery employed.
- ▶ CGM and FGM have been shown to improve A1c in people with type 2 diabetes who inject basal insulin or no insulin at all.

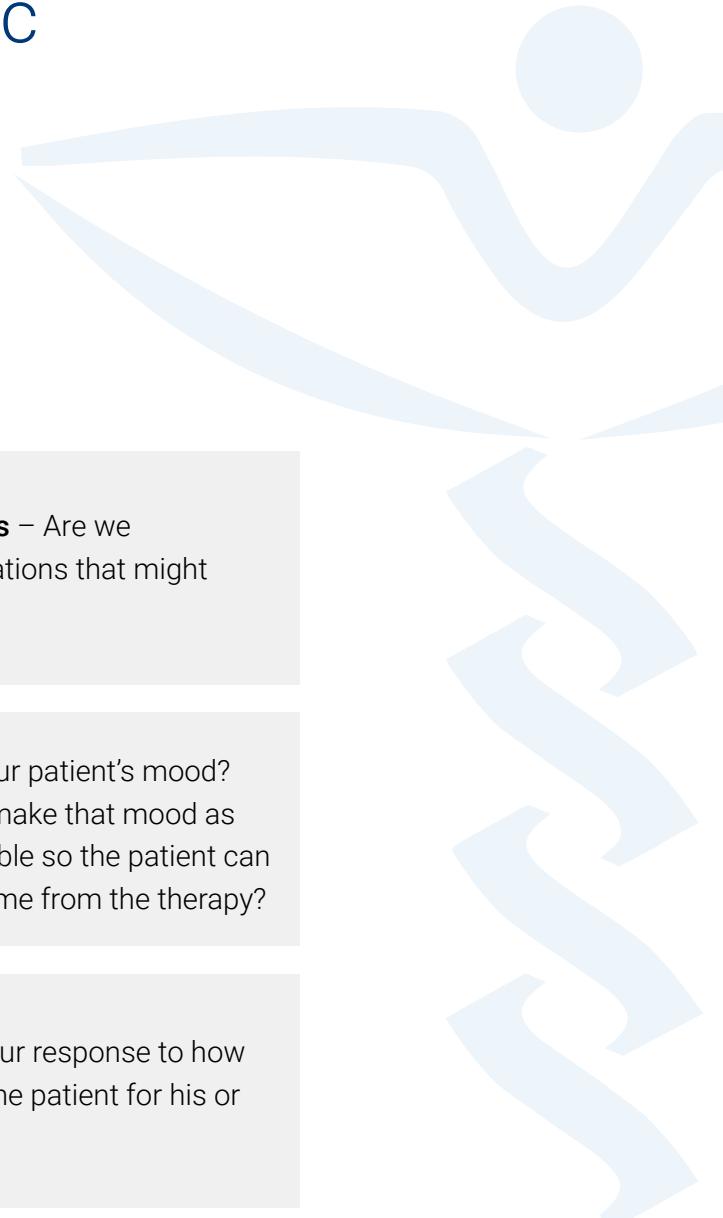
[View the Full CME/CE Course ▶](#)

# Pain Points: Nonpharmacologic Management in Older Adults



Katherine E. Galluzzi, DO, CMD, FACOFP

Recorded May 30, 2020



When treating pain in older individuals, think about the six A's:

1

**Analgesia** – How much pain do they have, and how much relief are we able to get for that pain?

2

**Activity** – This can be measured by activities of daily living.

3

**Adverse events or effects** – Is the individual having bad side effects or problems with the medication or the modalities that we're using?

4

**Aberrant behaviors** – Are we prescribing medications that might be diverted?

5

**Affect** – What is our patient's mood? How can we help make that mood as beneficial as possible so the patient can get the best outcome from the therapy?

6

**Action** – This is your response to how you're evaluating the patient for his or her pain.

[View the Full CME/CE Course ▶](#)

# Pain Points: Non-Steroidal Anti-Inflammatories in Clinical Practice



Oscar A. de Leon-Casasola, MD

Recorded August 20, 2020

- ▶ Current guidelines position NSAIDs as first-line therapy for low back pain.
- ▶ The Osteoarthritis Research Society International recommends oral nonselective NSAIDs for the treatment of all osteoarthritis phenotypes.
- ▶ COX-2 selective oral NSAIDs were deemed appropriate for individuals without comorbidities and for multiple joint osteoarthritis without moderate-to-severe comorbidity risk.
- ▶ The 2020 American College of Rheumatology Guidelines strongly recommend oral NSAIDs for knee, hip, and/or hand osteoarthritis. However – and this is a very important issue – the risk of thromboembolic phenomenon and congestive heart failure significantly limits their long-term use in patients with high risk and potentially those with low risk.

[View the Full CME/CE Course ▶](#)

# COVID-19 Web Series Part 14:

## Pediatric Concerns and Multisystem Inflammatory Syndrome in Children



Ty J. Gluckman, MD, FACC, FAHA

Charles Vega, MD, FAAFP

Recorded July 21, 2020

- ▶ Compared with adults infected with COVID-19, children experience less dyspnea and nearly 20% are asymptomatic.
- ▶ Overall mortality < 1:1000 children with COVID-19.
- ▶ MIS-C was found in 0.14%. The mortality rate is 2%. Kawasaki-like syndrome has been found in 40%. The best treatment is not yet clear.
- ▶ The mechanisms underlying MIS-C are unclear and may be related to genetic differences in the host/immune response.
- ▶ Immune-mediated diseases with COVID-19 have also been reported in adults. While infrequent, they usually occur within one to two weeks of symptom onset.

[View the Full CME/CE Course ▶](#)

# COVID-19 Web Series Part 15:

## Revisiting Chloroquine/ Hydroxychloroquine and Proton Pump Inhibitors' Effect on Infection Risk



Ty J. Gluckman, MD, FACC, FAHA  
Charles Vega, MD, FAAFP

Recorded August 4, 2020

- ▶ While use of hydroxychloroquine has been associated with mixed outcomes in observational studies, all three large, randomized trials evaluating its effect on important outcomes in hospitalized COVID-19 patients have been stopped because of a lack of efficacy.
- ▶ In a single study of hospitalized patients with mild-to-moderate cases of COVID-19, hydroxychloroquine plus azithromycin conveyed no significant impact on clinical status.
- ▶ In a single study, hydroxychloroquine was shown to be ineffective as post-exposure prophylaxis for COVID-19.
- ▶ PPI, particularly high-dose PPI, may increase the risk of COVID-19. Taper therapy in patients on inappropriate long-term use. H2RA is not associated with higher risk.

[View the Full CME/CE Course ▶](#)

# Weight Loss Best Evidence 2020



Frank J. Domino, MD  
Recorded July 8, 2020



Kids should drink **water and whole milk**, not fruit juice.



**Avoid non-nutritive sweeteners**; one teaspoon of sugar is only 15 calories.



**Don't skip breakfast**: This increases the risk of obesity, CV disease, and all-cause mortality.



More than **8,000 steps/day** can decrease mortality, CV disease, and cancer risks.



Diets **high in fiber** are beneficial.



**Limit antibiotics** in the first five years of life unless absolutely necessary.



**One egg per day** is safe; for Asian populations, it is protective.



**Exercise**: Resistance is cardioprotective too.



The best diets for T2DM are **low-calorie** and **low-carb** meal replacements.

[View the Full CME/CE Course ▶](#)



Pri-Med has been a trusted CME/CE provider for 25+ years, offering free online courses and affordable in-person education to primary care clinicians across the U.S. We recognize it is critical that you have access to timely, reliable information, so we publish new online courses and host **live virtual programs** each week on Pri-Med.com to help you provide the best patient care during this time.

**Earn CME/CE credits with Pri-Med at no cost today** ►