

International Journal of Gerontology

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CME for 19.2

- 1. According to the review article titled "The Impacts of Negative Pressure Wound Therapy on Patients with Cancer Surgical Wounds: Systematic Review and Meta-Analysis", negative pressure wound therapy may offer benefits such as decreased postoperative infection in which type of cancer patients?
 - (A) Colorectal cancer
 - (B) Ovarian cancer
 - (C) Esophageal cancer
 - (D) Breast cancer
 - (E) Pancreatic cancer
- 2. Which of the following statements about miR-4428 is true?
 - (A) miR-4428 can differentiate between senile BPH patients and healthy individuals with high sensitivity and specificity, making it a valuable diagnostic biomarker for BPH.
 - (B) miR-4428 is a non-coding RNA associated with disease.
 - (C) Multiple studies confirm that miR-4428 is significantly upregulated in malignant tumor tissues, such as lung adenocarcinoma, non-small cell lung cancer, and papillary thyroid carcinoma.
 - (D) Inhibition of miR-4428 could significantly decrease cell proliferation and increase the apoptosis rate.
 - (E) All of the above.
- 3. Which of the following statements about infective endocarditis in the older population is NOT true?
 - (A) Streptococci have been recognized as the most common cause of infective endocarditis (IE) in the older population, with Viridans group streptococci being the most common IE-related Streptococcus species.
 - (B) IE in the younger population has a higher mortality rate compared to the older population.
 - (C) Surgical intervention may be indicated for candidates that meet the criteria, such as severe heart failure, severe valve dysfunction, recurrent systemic embolization, large mobile vegetations, prosthetic valve infection, invasion beyond the valve leaflets, or persistent sepsis despite adequate antibiotic therapy.
 - (D) Human infections caused by S. suis can have various manifestations, including bacteremia, meningitis, arthritis, bronchopneumonia, and infective endocarditis.
 - (E) S. suis infections in humans have been linked to occupational exposure in individuals involved in the swine industry or those consuming undercooked pork products.
- 4. Which of the following statements is incorrect regarding the relationship between metabolic syndrome and the incidence of stroke?
 - (A) Metabolic syndrome is recognized as a significant risk factor for ischemic stroke; however, it does not appear to be associated with an increased risk of hemorrhagic stroke.

- (B) Continual implementation of preventive strategies and management of metabolic syndrome, such as weight regulation, dietary adjustments, and exercise modifications, might mitigate stroke risk.
- (C) Central obesity and insulin resistance are the primary causes of atherosclerotic changes in blood vessels; such alterations are key components of metabolic syndrome.
- (D) Although hypertension is considered the "least metabolic" component of metabolic syndrome, it serves as a more potent risk factor for stroke than the other components. Approximately 50% of hypertensive individuals exhibit insulin resistance or hyperinsulinemia, conditions that contribute to endothelial dysfunction and ultimately lead to vasoconstriction.
- (E) Recent research has revealed an intricate interplay between metabolic syndrome and various cerebral pathologies, mainly attributable to dysregulated cytokine production and chronic inflammation in the adipose tissues of individuals with metabolic syndrome. Several inflammatory cytokines and mediators, including interleukin-6 and tumor necrosis factor, are well-documented drivers of vascular inflammation.
- 5. Which of the following statements about the elderly is true?
 - (A) Older adults may internalize negative emotions, such as uncertainty and depression, due to chronic illness.
 - (B) Strengthening social support systems and promoting physical activity through daily activities can enhance social engagement and mental health in the elderly.
 - (C) Marital status, diabetes mellitus (DM), and thrombocytopenia have been identified as independent risk factors for mortality in patients hospitalized for pressure injuries in the palliative care unit.
 - (D) The most common factors precipitating pressure injuries are low body mass, high inflammatory biomarkers, low cardiac output, immobilization, and hemodynamic instability, such as hypotension.
 - (E) All of the above.

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- 1. (C)
- 2. (E)
- 3. (C)
- 4. (B)
- 5. (A)