

CBDCE CDCES July 1, 2024
Version 1.2.2 - Quiz Questions with
Answers

Assessment

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1.

Which of the following tools should the diabetes educator use to assess a patient's health literacy?

The Test of Functional Health Literacy Assessment

Their own clinical judgment and personalized assessment of the patient's health literacy

Any tool that the diabetes educator has developed or accessed and believes would adequately assess the patient's health literacy

The Diabetes Empowerment Scale

Correct answer: The Test of Functional Health Literacy Assessment

Assessment of a patient's health literacy is best performed by using a validated tool. The Test of Functional Health Literacy Assessment is a validated tool for screening or evaluating a patient's health literacy. While there are other validated tools available, it is incorrect to use any tool unless it has been clinically validated or unless the diabetes educator is assessing the tool as part of a clinical trial. The diabetes educator should rely on validated tools, not on their own clinical judgment and assessment. The Diabetes Empowerment Scale is a validated tool that can screen or evaluate diabetes self-efficacy, not health literacy.

2.

Which of the following statements is ACCURATE about the risk of diabetes associated with opioid abuse?

The risk for diabetes associated with opioid abuse is not well characterized.

Opioid abuse significantly increases the risk of type 2 diabetes.

Opioid abuse does not increase the risk of type 2 diabetes occurring.

Opioid abuse increases the risk of other addictive behaviors that have been shown to increase the risk of type 2 diabetes.

Correct answer: The risk for diabetes associated with opioid abuse is not well characterized.

The risk for diabetes associated with substance abuse is not well characterized, and it is not known whether the use of illegal substances increases the risk of diabetes. While alcohol misuse may increase the risk of diabetes, this risk has not been shown to be present with opioid misuse.

3.

A patient with deafness has just been diagnosed with type 2 diabetes.

Which of the following is MOST LIKELY to be necessary for this patient?

Assessment of the patient's preferred learning method

Having an American Sign Language interpreter available during any education

A specialized blood glucose monitor

Specialized equipment for drawing and administering insulin

Correct answer: Assessment of the patient's preferred learning method

A deaf patient will require adjustments in how they are taught information. The diabetes educator should assess the patient's preferred learning method. Not everyone with deafness can communicate using American Sign Language and their preferred learning method must be assessed prior to using an ASL interpreter. A specialized blood glucose monitor or specialized equipment for drawing and administering insulin is not necessary for those who are deaf.

4.

Samantha is a 16-year-old girl who was diagnosed with type 1 diabetes when she was 6 years old. Her mother is overanxious about Samantha's diabetes.

Which of the following statements is ACCURATE related to this situation?

Samantha has not learned self-management of her diabetes because her mother has done everything for her

Samantha is unconcerned about her diabetes and seldom thinks about it

Samantha is becoming independent with her diabetic regimen and manages her condition well

Samantha's mother feels that the dietary restrictions are too difficult to follow and allows Samantha to eat whatever she wants

Correct answer: Samantha has not learned self-management of her diabetes because her mother has done everything for her

The overanxious parent does everything for the child. He or she is in complete control, creating an overanxious child who becomes dependent on the parent and is not capable of managing his or her own diabetes.

The diabetic child of an overanxious parent is frequently also overanxious, rather than unconcerned, and does not learn self-management, rather than becoming independent with their diabetic regimen. The overindulgent parent, rather than the overanxious parent, feels sorry for the child and feels the dietary restrictions are too difficult to follow.

5.

A registered dietitian is working with a 45-year-old male patient with type 2 diabetes. The patient has an A1C of 9.0% and has been advised to make lifestyle changes to improve his glycemic control.

Which of the following statements by the patient MOST indicates that they are ready to change their behavior?

"What kind of lifestyle changes will lower my A1C?"

"Isn't there any way to lower my A1C without having to fundamentally change my lifestyle?"

"My wife won't be happy to find out that my A1C is worse."

"I've been going to the gym every week."

Correct answer: "What kind of lifestyle changes will lower my A1C?"

Asking about lifestyle changes that will lower their A1C indicates that the patient has an interest in learning more, potentially indicating that they are ready to change their behavior. Asking if there is a way to avoid having to make lifestyle changes indicates resistance to changing behaviors. The patient's wife's perspective on the patient's A1C could be a motivator for changing their behavior; however, this cannot be determined by their statement. Expressing their current lifestyle, even if it is healthy, does not indicate readiness to change behaviors.

6.

The family of a child who has been newly diagnosed with type 1 diabetes practices a culture in which the mother is responsible for any caregiving activities and the father is not. The patient's parents indicate they would like to follow this cultural norm while caring for their child.

Which of the following approaches should the diabetes educator use when discussing the patient's care with the family?

Discuss the implications of not having the father involved in the patient's care, but respect their decision

Avoid discrimination by providing the same teaching that they would to any other family

Explain why their cultural norms are inappropriate and that it is in the patient's best interests for the father to be involved in their care

Put in a referral to Child Protective Services if the father refuses to be involved in the patient's care.

Correct answer: Discuss the implications of not having the father involved in the patient's care, but respect their decision

While it is considered ideal to have both parents involved in the patient's care, the family's cultural wishes should be respected as long as they do not endanger the health or well-being of the patient. As the patient's mother is willing to take on the patient's care, the patient will receive the care they need. Culturally-sensitive teaching adapted for an individual family is not discriminatory. While it is likely in the patient's best interests to have both parents involved in their care, the diabetes educator should not pass judgment on the family's cultural practices. A referral to Child Protective Services is inappropriate unless the parents' care or neglect of the child represents a danger to their health or well-being. This is not the case if the family is willing to provide care within their cultural norms.

7.

Which of the following describes the MOST important rationale for assessing the psychosocial status of a patient with type 2 diabetes?

Psychosocial status affects compliance with adherence to treatments

Patients with type 2 diabetes are at a high risk of depression and suicidal ideation

Type 2 diabetes often causes psychosocial disorders that must be quickly recognized

Assessing the psychosocial status of a patient with type 2 diabetes is not necessary

Correct answer: Psychosocial status affects compliance with adherence to treatments

A patient's psychosocial status affects their compliance with adherence to treatments. For this reason, it is important that their psychosocial status is routinely evaluated. While there is a small statistical increase in suicidal ideation and depression with type 2 diabetes, this is not the main rationale for assessing the psychological status of patients with this condition. type 2 diabetes could cause psychosocial disorders; however, this does not occur "often."

8.

The nurse is assessing a diabetic patient for changes in the skin and joints. The nurse notes failure of the palmar surfaces of the interphalangeal joints to approximate.

This is typical in a patient with which of the following conditions?

Diabetic cheiroarthropathy

Scleredema

Diabetic dermopathy

Necrobiosis lipoidica

Correct answer: Diabetic cheiroarthropathy

Painless limited mobility of the small and large joints, which can be demonstrated by the failure of the palmar surfaces of the interphalangeal joints to approximate, known as the "prayer sign," is present in diabetic cheiroarthropathy. Thickened skin is also observed in this condition, primarily in individuals with moderate to severe joint disease.

Scleredema is a thickening of the skin due to the deposition of glycosaminoglycans, especially hyaluronic acid, within the dermis. Diabetic dermopathy is characterized by multiple hyperpigmented macules on the extensor surface of the distal lower extremities. Necrobiosis lipoidica is characterized by red-brown to violet plaques that enlarge and frequently become yellow and may ulcerate.

9.

The nurse is assessing the treatment plan and attitudes toward treatment of a newly diagnosed type 2 diabetic. The nurse is aware:

With the appropriate supports, intensifying treatment early in the disease course has the potential to slow disease progression

A treatment to failure approach increases the patient's willingness to take part in their own care

Treatment failure serves to stimulate patients to higher levels of compliance

The majority of patients with type 2 diabetes are able to attain glycemic targets with first-line oral agents in addition to a diet and exercise regimen

Correct answer: With the appropriate supports, intensifying treatment early in the disease course has the potential to slow disease progression

Intensifying treatment early in the disease course (with appropriate supports) has the potential to slow disease progression and empower patients by improving disease-based efficacy and self-esteem.

A treatment to failure approach has the potential to reduce, rather than increase, the patient's willingness to take an active part in their own care. Treatment failure serves to reinforce negative attitudes about treatment efficacy and will potentiate non-adherence rather than compliance to the treatment regimen. A majority of patients with type 2 diabetes are unable, rather than able, to attain glycemic targets with first-line oral agents in addition to a diet and exercise regimen.

10.

During the physical examination of a patient with peripheral arterial disease, vascular insufficiency in the lower extremities is suggested by all the following EXCEPT:

Dependent pallor

Absence of hair growth

Cool dry skin

Dystrophic nails

Correct answer: Dependent pallor

The evaluation of a patient with peripheral arterial disease (PAD) relies on meticulous history, physical exam, non-invasive testing, and imaging studies. The physical exam will include visual inspection of both the feet and legs and palpation of the peripheral pulses. Vascular insufficiency can be suggested by dependent rubor and pallor on elevation.

Other signs suggestive of vascular insufficiency include absence of hair growth, cool dry skin and dystrophic nails.

11.

Which of the following statements made by a patient with type 2 diabetes requires the MOST urgent follow-up?

"I'm tired of dealing with this diabetes. Sometimes I wish I was dead."

"I have run out of my medication and cannot afford more."

"The stress in my life makes me feel like I cannot control my mood. Sometimes I lash out at others."

"I've decided that I'm going to give treating my diabetes a two-week break."

Correct answer: "I'm tired of dealing with this diabetes. Sometimes I wish I was dead."

A patient stating that they wish they were dead is an indicator of suicidal ideation and requires immediate follow-up.

Other disease related problems, such as a desire to stop treating oneself or running out of medication are urgent to address, but are not as important as addressing suicidal ideation. Having stress is a less urgent issue than having suicidal ideation.

12.

Which of the following methods BEST evaluates comprehension of education provided by a diabetes educator?

Having the patient teach the material back to the educator

Asking the patient to identify anything they didn't understand

Having the patient review written materials in addition to oral education, then contact the educator with any questions

Providing a written, scored exam for the patient to complete

Correct answer: Having the patient teach the material back to the educator

Having the patient teach the material back to the educator allows the educator to best assess the patient's comprehension. A written exam may not address every aspect of teaching and cannot be easily individualized. Asking the patient to identify anything they didn't understand, whether during the visit or after reviewing materials, is not effective, as it does not identify areas that the patient may not understand they have deficits in.

13.

A nurse is working with the parents of a 9-year-old child who has had type 1 diabetes since he was 5 years old.

Which of the following statements made by the parents indicates that more teaching may be needed?

"Our son is able to correctly measure his sliding scale doses of insulin."

"Our son is able to test his own blood sugar."

"Our son is able to give his own insulin injections with our supervision."

"Our son has a 504 Plan in place at school."

Correct answer: "Our son is able to correctly measure his sliding scale doses of insulin."

For those children who are prepubescent and have been diabetic for some time, parents may be lulled into thinking their child is capable of taking on his or her own diabetic care. The nurse should gently remind parents that, while most children are capable of performing some tasks, they are not emotionally ready to assume total responsibility for their care. A nine-year-old child should not be charged with the responsibility of correctly measuring the amount of insulin for a sliding scale dose of insulin. Children in this age group are also not able to comprehend the serious consequences of giving themselves too little or too much insulin.

Almost all diabetic children at this age can use a simple glucometer and give themselves insulin injections with supervision. All school-aged children should have a 504 Plan in place at school to ensure the child will be able to participate in all activities while having his or her diabetic needs met.

14.

A nurse is talking to a 16-year-old girl who has type 1 diabetes at a follow-up appointment. The girl states, "My blood glucose levels are always high. I'm just a failure."

This statement is an example:

Of negative and unrealistic thinking

Of schizophrenic thought processes

Of suicidal ideation that requires immediate hospitalization

That demonstrates neurocognitive difficulties

Correct answer: Of negative and unrealistic thinking

Many children experience hopelessness around diabetes because they have incorrect or unhelpful beliefs or engage in negative self-talk. Clinicians can help youth with milder symptoms of depression by probing for the youth's thoughts about diabetes.

Examples of negative and unrealistic thinking include statements such as:

- "If I don't get my diabetes under control now, I'll never control it."*
- "Unless I keep my blood glucose between 90 and 110, I'll develop horrible complications."*
- "I'll never get my diabetes under control, so why bother?"*
- "I'm a failure because my blood glucose levels are always high."*

This statement is unhelpful, negative self-talk, rather than healthy, positive self-talk. While the statement does require further assessment, it does not include any indication of thought of self-harm or require immediate hospitalization, or any indication of the disorganized thought processes typical with schizophrenia. Neurocognitive difficulties result in problems with executive functioning; there is no evidence to support that in this question.

15.

Which of the following examples of nonadherence to medical recommendations is MOST LIKELY in a 32-year-old male with type 2 diabetes?

Failing to follow recommendations related to nutritional intake

Failing to take ordered medications

Failing to regularly check blood sugar levels

Failing to incorporate break days into an exercise routine

Correct answer: Failing to follow recommendations related to nutritional intake

The most common type of nonadherence in patients with type 2 diabetes (T2D) is failing to follow recommendations for nutrition and exercise.

While failing to incorporate break days into an exercise routine is related to exercise, nonadherence is typically related to inadequate, not excessive, exercise. Failing to take ordered medications and monitor blood glucose levels is common in patients with T2D, but not as common as nonadherence to nutritional and exercise recommendations.

16.

Which of the following technological tools is MOST important to cover when educating a patient who is newly diagnosed with type 1 diabetes?

Continuous glucose monitor

Fitness tracker

Sleep monitor

Blood pressure monitor

Correct answer: Continuous glucose monitor

It is most important for a patient with type 1 diabetes to understand how to use a Continuous Glucose Monitor (CGM) if one is being used. This device has immediate safety implications if the patient misutilizes it, or fails to understand the relevance of the data it provides. Fitness trackers, sleep monitors, and blood pressure monitors may all be technologies used with this patient. However, none of these tools have the safety implications that a CGM does.

17.

A diabetes educator wishes to assess a patient's diabetes self-efficacy.

Which of the following approaches is BEST?

Find and use a validated clinical assessment tool designed specifically for evaluating diabetes self-efficacy

Use their own clinical judgment and individualized assessment of the patient

Recognize that diabetes self-efficacy is subjective and cannot be empirically evaluated

Ask the patient to describe their feelings about their diabetes self-efficacy in their own words

Correct answer: Find and use a validated clinical assessment tool designed specifically for evaluating diabetes self-efficacy

A clinically validated assessment tool, such as the Diabetes Empowerment Scale, should be used to evaluate the patient's diabetes self-efficacy. The clinician should not depend on their own clinical judgment and individualized assessment of the patient. It is possible to empirically evaluate a patient's diabetes self-efficacy, even though the concept may be somewhat subjective.

18.

Which of the following statements by a patient newly diagnosed with type 1 diabetes is MOST IMPORTANT to address?

"I can't stand needles."

"I'm glad I have good health insurance."

"My father had diabetes too."

"Will this shorten my life expectancy at all?"

Correct answer: "I can't stand needles."

Needle phobia is an important phenomenon that affects patients' willingness to comply with treatment. This statement indicates that needle phobia may be present and should be addressed. Good health insurance will generally cover diabetic treatment. A family history of diabetes does increase the risk of diabetes developing; however, if the patient has already been diagnosed, this statement is not particularly important. The patient's question about life expectancy should be addressed; however, it is more important to address a concern that may impact their adherence to treatment.

19.

Which of the following is NOT an important part of assessing a patient's general health history?

Current vital signs

Allergies to medications

Family history

History of medical problems

Correct answer: Current vital signs

Current vital signs are part of a patient assessment, not of a patient's health history. Past vital signs, however, may be considered part of their health history. Allergies to medications, family history of disease, and the patient's own history of medical problems are all part of the patient's general health history.

20.

According to the Transtheoretical Model (TTM) of behavior change, which stage BEST describes an individual who is not yet considering making a change but is aware of the problem behavior?

Precontemplation

Contemplation

Preparation

Action

Correct answer: Precontemplation

In the Transtheoretical Model (TTM) of behavior change, precontemplation describes the stage in which individuals are not yet considering making a change. They may be aware of the problem behavior but are not yet ready or willing to take action. In the contemplation stage, individuals are considering making a change. They are weighing the pros and cons of changing the problem behavior, which indicates a higher level of readiness to change compared to precontemplation. In the preparation stage, individuals have decided to make a change and are planning to take action. They may be taking small steps towards the desired change, which demonstrates a higher level of readiness to change. In the action stage, individuals have already made a significant change to their behavior.

21.

The diabetes educator is providing teaching to a patient with advanced retinopathy.

Which of the following teaching materials are BEST for this patient?

It depends on the patient's preferred learning method

Materials written in Braille

Materials that are auditory instead of visual

Any materials that are routinely used

Correct: It depends on the patient's preferred learning method

A patient with advanced retinopathy will likely have severe visual impairment, making some teaching materials that are routinely used impractical for the patient. Materials written in Braille can be appropriate if the patient reads Braille; however, not all patients with visual impairments can read Braille. Materials that are auditory instead of visual may be preferred as well. Ultimately, however, it will depend on the patient's preferred learning method.

22.

Which of the following tools would be LEAST effective in screening for or evaluating depression?

Mini-Mental State Examination, 2nd ed.

Patient Health Questionnaire

Beck Depression Inventory-II

Children's Depression Inventory

Correct answer: Mini-Mental State Examination, 2nd ed.

Validated psychosocial screening and evaluation tools are most effective if used to screen for or evaluate the conditions they were specifically designed for. The Mini-Mental State Examination, 2nd ed. is intended for screening and evaluating mental status in general, not depression specifically. The Patient Health Questionnaire, Beck Depression Inventory-II, and Children's Depression Inventory are all tools specifically for screening for or evaluating depression.

23.

Which of the following statements related to continuous blood glucose monitors is TRUE?

They measure interstitial glucose levels approximately every 5 minutes

They measure interstitial glucose levels approximately every hour

They measure blood glucose levels approximately every 15 minutes

They are used only by individuals with an insulin pump

Correct answer: They measure interstitial glucose levels approximately every 5 minutes

Continuous glucose monitoring systems (CGMSs) test interstitial glucose levels approximately every 5 minutes for 72 hours or longer, at which time the sensor must be changed and the information is transmitted to a receiver or an insulin pump that displays the results.

CGMSs measure interstitial glucose levels approximately every 5 minutes, not every 15 minutes or every hour. People with type 1 or type 2 can use CGMSs, with or without an insulin pump.

24.

When developing a curriculum for providing education for a patient newly diagnosed with type 2 diabetes, which of the following is an important consideration?

The more time the diabetes educator spends with the patient, the more effect education will have

Education is most effective when the patient schedules time to study the condition by themselves

Meeting more frequently than once a month does not provide any increased effectiveness to education

Meeting with patients too frequently must be avoided due to the risk of patient burnout

Correct answer: The more time the diabetes educator spends with the patient, the more effect education will have

Research indicates that the more time the diabetes educator spends with the patient, the more effect the education will have. Education that is more structured and provided by a knowledgeable clinician will be more effective than less-structured self-study. Meeting more frequently than once a month can be more efficacious for some patients. Burnout is not the primary concern when scheduling education; the effectiveness of the education is.

25.

Which of the following results is NOT a potential indicator of metabolic syndrome?

Fasting glucose 105 mg/dl

Blood pressure 132/89

HDL cholesterol 39 mg/dl

Waist circumference 105 cm

Correct answer: Fasting glucose 105 mg/dl

A fasting glucose greater than or equal to 110 mg/dl is a potential indicator of metabolic syndrome. Other potential indicators of metabolic syndrome include blood pressure greater than or equal to 130/85, HDL cholesterol equal to or less than 40 mg/dl in men and 50 mg/dl in women, and a waist circumference greater than or equal to 102 cm in men and 88 cm in women.

26.

What is the BEST approach for a medical-surgical nurse to take when providing diabetes education to a patient who has a learning disability?

Collaborate with someone specialized in providing education to those with learning disabilities

Ensure that a caregiver is present with the patient when providing teaching

Avoid discrimination by providing education the same way they would other patients

Have the doctor provide the diabetes education

Correct answer: Collaborate with someone specialized in providing education to those with learning disabilities

The nurse will need to collaborate with someone who is better able to provide an individualized care plan by accommodating the patient's learning disability.

Passing on the task of education to a doctor is not the best course of action. Ensuring a caregiver is present will not help the patient to better learn the materials. Providing patient-specific education is not discriminatory.

27.

The nurse is assessing a client with treatment-induced small fiber neuropathy. The nurse is aware:

Many clients with this condition experience orthostatic hypotension

Patients at risk for developing this condition should be encouraged to raise their A1C goals

This condition is experienced only by patients with type 2 diabetes

This is a painless form of diabetic neuropathy that has a gradual onset of worsening symptoms

Correct answer: Many clients with this condition experience orthostatic hypotension

Autonomic symptoms and signs, including orthostatic hypotension, are a prominent feature of treatment-induced small fiber neuropathy (SFN), sometimes referred to as "insulin neuritis."

The unlikely risk of developing treatment-induced SFN is not a valid reason to discourage attaining A1C levels approaching normal. The condition is experienced by patients with either type 1 or type 2 diabetes, and it is a painful SFN with a sudden onset.

28.

A patient tells their diabetes educator that they have slow autoimmune diabetes. Which of the following does the diabetes educator recognize?

This condition is a subtype of diabetes in which autoimmune destruction of islet cells occurs slowly

This is a term used interchangeably with type 1 diabetes

The patient likely misunderstood something when the pathology of their type 1 diabetes was explained to them

This is a term used interchangeably with type 2 diabetes

Correct answer: This condition is a subtype of diabetes in which autoimmune destruction of islet cells occurs slowly

This condition is a subtype of diabetes in which autoimmune destruction of islet cells occurs slowly. 5–15% of patients diagnosed with type 2 diabetes are actually found to be positive for islet antibodies and may have this condition. Slow autoimmune diabetes is not a term used interchangeably with type 1 or type 2 diabetes.

29.

Peer conformity often peaks near the end of the:

Older elementary school years (8-11 years old)

Preschool and early-elementary school years (4-7 years old)

Early adolescence (12-15 years old)

Later adolescence and young adulthood (16-22 years old)

Correct answer: Older elementary school years (8-11 years old)

Peer conformity often peaks at the latter end of the older elementary school years (8-11 years old). This drives some children to hide having diabetes out of fear of seeming "different." Children with diabetes, in the process of making these social comparisons, need to develop a strong positive self-image.

In the preschool and early-elementary years, children begin to use cause-effect thinking. They may blame themselves for having the disease or see injections or restrictions as punishments. In early adolescence, changes occur typically in five areas: physical development, family dynamics, school experiences, cognitive development, and social networks. In later adolescence and young adulthood, children are moving into adulthood with multiple transitions, including economic, geographic, social, and emotional.

30.

Which of the following statements made by a patient with newly diagnosed type 2 diabetes BEST indicates an understanding of diabetes teaching?

"Changing my lifestyle decisions is the best plan for me."

"I don't necessarily need to exercise more because I can take medication that helps to control my blood sugars."

"If I don't start exercising regularly and following a more healthy diet, I will have to start taking insulin."

"My genetics are primarily responsible for me developing this disease."

Correct answer: "Changing my lifestyle decisions is the best plan for me."

The best initial treatment plan for a patient who is newly diagnosed with type 2 diabetes includes improving lifestyle behaviors.

While blood sugar can be managed through medication, it is initially better to focus on lifestyle changes than it is to depend on medical management. While diet and exercise can help to improve type 2 diabetes symptoms, failure to make these lifestyle changes does not mean that insulin use will be necessary. Genetics plays a role in the development of type 2 diabetes; however, lifestyle decisions play a more important role.

31.

Which of the following statements related to diabetes and mental illness is NOT correct?

Individuals with type 2 diabetes are more likely than those with type 1 diabetes to suffer from poor outcomes related to depression

The neuroendocrine changes involved in depression may be risk factors for diabetes

People with diabetes are up to twice as likely as those without it to suffer from depression

Depression in diabetes is associated with poor glycemic control and problems with adherence to self-care regimens

Correct answer: Individuals with type 2 diabetes are more likely than those with type 1 diabetes to suffer from poor outcomes related to depression

Individuals with type 1 diabetes, whose self-care behaviors are more vulnerable to the effects of depression, are more likely to experience poor outcomes.

Independent of the psychological effects of the disease, there is growing evidence that the neuroendocrine changes involved in depression are themselves risk factors for the development of physiological illnesses such as diabetes. Research has indicated that people with diabetes are up to twice as likely as those without it to suffer from depression. Depression is associated with poor glycemic control and problems with adherence to self-care regimens related to medications, exercise, smoking cessation and diet.

32.

Which of the following statements by a patient indicates they are MOST ready to change their behaviors relating to exercise?

"I think exercise could make a big difference in how I feel long-term."

"I am ready to change my eating habits. Can you help me?"

"I've been exercising for 30 minutes a day most days for the past two weeks!"

"Can you explain how exercise will help improve my diabetes?"

Correct answer: "I think exercise could make a big difference in how I feel long-term."

Someone who sees the value of change is most likely to change their behaviors. Readiness to change eating habits does not necessarily transfer to readiness to change exercise habits. Someone who has already changed their behaviors relating to exercise does not exhibit readiness to change behaviors. Someone exploring the value of changing their behaviors is getting closer to being ready to change, but does not yet exhibit readiness to change behavior.

33.

Which of the following patients is MOST at risk of developing mental health problems related to diabetes?

An eight-year-old male with type 1 diabetes

A 14-year-old female with type 2 diabetes

A 25-year-old female with type 1 diabetes

A 66-year-old male with type 2 diabetes

Correct answer: An eight-year-old male with type 1 diabetes

Children and adolescents with type 1 diabetes are at a significant risk of developing mental health disorders, with an overall prevalence of 40% to 50%, potentially the leading morbidity in children with type 1 diabetes.

Adults and those with type 2 diabetes are at a lower risk of mental health complications.

34.

Which of the following validated screening and evaluation tools would be BEST for assessing life stress?

Family Environment Scale

Mini-Mental State Examination, 2nd ed.

Center for Epidemiologic Studies Depression Scale

Zung Self-Rating Anxiety Scale

Correct answer: Family Environment Scale

There are several validated psychosocial screening and evaluation tools; however, the correct tool must be applied for the correct purpose. The Family Environment Scale is intended to evaluate life stress and would be an appropriate tool. The Center for Epidemiologic Studies Depression Scale screens and evaluates depression, and the Zung Self-Rating Anxiety Scale screens and evaluates anxiety. Both anxiety and depression can be manifestations of life stress, but do not necessarily indicate that life stress is the underlying issue. The Mini-Mental State Examination, 2nd ed. tool evaluates mental status in general, not life stress specifically.

35.

Which of the following should the diabetes educator anticipate in a patient who has just been diagnosed with type 2 diabetes?

Low self-esteem and a feeling of reduced self-efficacy

An initially high motivation to treat the condition that quickly wears off

The patient's initial mood and perspective will shape their motivation throughout the disease

The patient's emotional state will be completely unpredictable and must be assessed immediately

Correct answer: Low self-esteem and a feeling of reduced self-efficacy

A diagnosis of type 2 diabetes often follows a prolonged period of trying to lose weight and make lifestyle changes. A diagnosis of type 2 diabetes is often seen as a failure, providing the patient with low self-esteem and a feeling of reduced self-efficacy. Patients' initial emotional states may vary; however, they are somewhat predictable. Patients do not commonly experience an initially high motivation that quickly wears off given that they have been attempting to treat and prevent the condition prior to diagnosis. The patient's mood and perspective will fluctuate throughout the disease.

36.

Which of the following is a PRIMARY advantage of incorporating telemedicine into diabetes care?

Enhanced access to healthcare professionals

Increased patient autonomy

Reduced need for diabetes medications

There is no advantage to incorporating telemedicine into diabetes care

Correct answer: Enhanced access to healthcare professionals

The primary advantage of incorporating telemedicine into diabetes care is that it improves the accessibility of healthcare professionals for patients. Increased patient autonomy may be a benefit in some situations. However, for some patients, it may cause increased dependence on healthcare providers as they are more readily accessible. Telemedicine does not reduce the need for diabetes medications.

37.

The nurse has been asked to assess a diabetic with an ulcer on the lower leg. The nurse is aware:

Non-limb-threatening infections are associated with shallow ulcers, minimal cellulitis and minimal tissue necrosis

Broad-spectrum antibiotic therapy is indicated for monomicrobial infections

Surgical intervention is rarely indicated for limb-threatening infections

In limb-threatening infections, the clinically recommended duration of antibiotic therapy is approximately one week or less, considering the clinical response

Correct answer: Non-limb-threatening infections are associated with shallow ulcers, minimal cellulitis and minimal tissue necrosis

Diabetic foot infections with ulcers are common and can be broadly divided into two categories: non-limb-threatening and limb-threatening. Non-limb-threatening infections are associated with shallow ulcers, minimal cellulitis, minimal or no tissue necrosis, and no systemic symptoms.

Broad-spectrum antibiotic therapy is indicated for polymicrobial infections, rather than monomicrobial infections. Surgical evaluation, and often intervention, is essential for limb-threatening infections. In limb-threatening infections, the clinically recommended duration of antibiotic therapy is around 2 to 4 weeks, considering the clinical response. In non-limb-threatening, the course of antibiotic therapy is at least 1 to 2 weeks duration, depending on the clinical situation.

38.

A patient tells their diabetes educator, "I'm very religious." The diabetes educator understands that which of the following is TRUE?

The patient is likely to have a more positive outcome than the average patient

The patient is likely to have beliefs that will suppress their interest in learning about diabetes

The patient is likely to psychologically adapt to their diagnosis; however, their outcome will likely be the same as most patients

The patient is likely to neglect conventional treatments in favor of spiritual or supernatural interventions

Correct answer: The patient is likely to have a more positive outcome than the average patient

Religiosity is a predictor of better psychological adjustment to illnesses and predicts better medical outcomes. While certain beliefs may suppress an individual's interest in learning about diabetes or cause them to neglect conventional treatments in favor of spiritual or supernatural interventions, this is relatively atypical. The impact the patient's religious beliefs may have on care should be evaluated; however, they are overall more likely to lead to a positive outcome.

39.

Which of the following methods should a clinician use to assess for a tabletop sign?

Have the patient place their palms on a flat surface

Have the patient place their palms together

Tap the patient's wrists

Have the patient walk at least ten feet on their tip toes

Correct answer: Have the patient place their palms on a flat surface

A tabletop sign is assessed by having a patient place their palms on a flat surface, such as a tabletop, and evaluating if their palms touch the surface. This assessment allows for assessment of diabetic cheiroarthropathy.

Having the patient place their palms together is an example of prayer sign, and is also used to assess diabetic cheiroarthropathy. Tapping the patient's wrists is an example of Tinel sign and is used to assess for carpal tunnel syndrome. Walking ten feet on tip toes may be used to assess for coordination, but is not associated with a particular clinical sign.

40.

A client has just been diagnosed with type 2 diabetes and the nurse is completing instructions related to hypoglycemia.

Which of the following questions would be BEST for the nurse to ask the client to assess the client's understanding of the instructions?

"What would you do if you started to sweat and shake?"

"Do you understand what to do if you start to feel shaky?"

"Do you understand how to use your glucometer?"

"Do you understand what to do if you start to urinate more than usual?"

Correct answer: "What would you do if you started to sweat and shake?"

Using open-ended questions is the best way to assess understanding.

To get useful feedback from clients, questions that can be answered with yes or no responses should be avoided. Even when asked if they understand what has been said, they are really not "verbalizing understanding" when they simply nod their heads or say "yes."

41.

Which of the following statements made by a patient being educated by a diabetes educator indicates a knowledge deficit?

"30 minutes of physical activity every day won't actually do anything to help me."

"I just don't want to have to do 30 minutes of physical activity every day."

"I can't do 30 minutes of physical activity every day because it hurts my back too much."

"I don't know where I'll find the time to do 30 minutes of physical activity every day."

Correct answer: "30 minutes of physical activity every day won't actually do anything to help me."

The statement that physical activity every day won't actually do anything to help the patient indicates a lack of knowledge about the benefits of exercise. Saying that they don't want to have to do 30 minutes of physical activity every day indicates a lack of desire, not a knowledge deficit. Indicating that they can't engage in physical exercise due to pain demonstrates a physical limitation, not a knowledge deficit. Saying that they don't know where they'll find the time indicates a lack of time management, not a knowledge deficit.

42.

The nurse has been asked to assess a client who is living at home with his wife. The client has recently been diagnosed with diabetic radiculoplexus neuropathy. The nurse is aware:

This condition typically affects the lumbosacral area

This condition affects only type 1 diabetics

This condition mainly affects people who are 25 to 35 years old

The client is likely to be very weak, but free from pain

Correct answer: This condition typically affects the lumbosacral area

Diabetic radiculoplexus neuropathy (DRPN), also called proximal motor neuropathy, most often presents with a lumbosacral distribution. Less frequently, it can present in a cervical or thoracic distribution.

DRPN is thought to affect ~1% of patients with diabetes and includes those who are typically middle age or older, are more likely to have type 2 diabetes, and may be otherwise asymptomatic. DRPN typically presents over days with severe proximal pain that involves the low back, hip and anterior thigh. The pain may be severe at times and is followed by progressive weakness. The pain and weakness spread in a progressive manner over weeks to months involving nearby and contralateral segments.

43.

Which of the following statements made by a patient with newly diagnosed type 2 diabetes indicates the need for further teaching?

"Psychological monitoring may be necessary for the first three years after my diagnosis."

"Type 2 diabetes increases the risk of psychological problems developing."

"Psychological problems increase the risk of type 2 diabetes developing."

"My psychological risks depend on my developmental stage and social context."

Correct answer: "Psychological monitoring may be necessary for the first three years after my diagnosis."

Psychological monitoring will be necessary routinely following a diagnosis of type 2 diabetes (T2D) on an ongoing basis, not just for the next three years.

T2D and psychological issues are reciprocal, each increases the risk for the other. An individual patient's psychological risks do depend on their developmental stage and social context.

44.

The nurse is assessing a diabetic patient for changes in the skin. Eruptive, tendinous, tuberous and planar are types of _____.

Cutaneous xanthomas

Lipodystrophies

Granuloma annulare

Diabeticorum

Correct answer: Eruptive, tendinous, tuberous and planar are types of cutaneous xanthomas.

Cutaneous xanthomas are reflections of hypercholesterolemia or hypertriglyceridemia. There are several types of cutaneous xanthomas, including eruptive, tendinous, tuberous and planar.

Most patients with lipodystrophy have lipoatrophy, and this is divided into two major forms: total (generalized) and partial. Granuloma annulare is typically described as localized or generalized or disseminated. Diabeticorum is a term sometimes used for the condition known as necrobiosis lipoidica.

45.

Which of the following A1C values is considered to indicate prediabetes?

6.2%

5.7%

6.5%

5.5%

Correct answer: 6.2%

An A1C greater than 5.7% and less than 6.5% is defined as prediabetes. An A1C value of 5.7% or lower is not considered prediabetes. An A1C value of 6.5% or higher indicates diabetes, not prediabetes.

46.

The nurse is assessing a client who has type 2 diabetes and who has been diagnosed with depression. The nurse is aware:

Women are about 70% more likely than men to suffer from depression

Selective serotonin reuptake inhibitors increase the risk of moderate to severe hyperglycemia

Tricyclic antidepressants require special dietary restrictions

Bupropion causes weight gain

Correct answer: Women are about 70% more likely than men to suffer from depression

According to the National Institute of Mental Health, about 17% of individuals will experience depression at some point during their lives, with women being about 70% more likely than men to suffer from depression.

Selective serotonin reuptake inhibitors can increase the risk of hypoglycemia, and are not typically associated with hyperglycemia; MAOIs, not tricyclic antidepressants, require special dietary restrictions; Bupropion does not cause weight gain and may even lead to weight loss.

47.

Which of the following is LEAST important to assess when providing technology-based teaching materials and tools to a patient with diabetes?

The year the patient was born

The patient's ability to learn and use new technologies

The patient's ability to access technologies

The patient's preferences when it comes to technology

Correct answer: The year the patient was born

While those who are older may find it more difficult to use some technologies, this is not necessarily the case. Rather than assessing age, the diabetes educator should assess the patient's ability to learn and use new technologies. It is also important to assess the patient's ability to access technologies and their learning preferences.

48.

A campaign in the Parma area of Italy to prevent diabetic ketoacidosis (DKA) in children ages 6 to 14 years confirmed which of the following as being the MOST important symptom for the early diagnosis of type 1 diabetes?

Enuresis

Weight loss

Polydipsia

Oliguria

Correct answer: Enuresis

In the Parma area of Italy, Vanelli et al. implemented a highly successful diabetic ketoacidosis (DKA) prevention program in children ages 6 to 14 years. A poster showing the classic symptoms of diabetes and highlighting the special significance of nocturnal enuresis (involuntary urination) in a previously dry child was displayed in schools. This intervention resulted in a decrease in the cumulative frequency of DKA in new-onset diabetes from 78% during the 4-year period before initiation to 12.5% during the subsequent 8 years after the information about diabetes was presented, confirming that enuresis is the most important symptom for the early diagnosis of type 1 diabetes.

49.

A patient with type 2 diabetes whose blood sugars are poorly controlled is found to have not been taking their insulin as prescribed. When asked about their poor adherence to their prescribed treatment, the patient states "I am afraid of becoming addicted to insulin."

Which response by the diabetes educator is BEST?

"What makes you think that you could become addicted to insulin?"

"Addiction to insulin is very rare, and the benefits outweigh the risk in your situation."

"Lets discuss insulin alternatives that may work for you."

"Addiction to insulin is impossible. You should take the insulin as prescribed without worrying about addiction."

Correct answer: "What makes you think that you could become addicted to insulin?"

Insulin is not an addictive substance; however, some patients may be under the misconception that it is. Discussing insulin alternatives implies that the patient's understanding is correct. It is incorrect to state that addiction to insulin is rare, as it does not occur. The correct response is to explore the patient's reasons for believing this incorrect concept, addressing these beliefs, and providing the patient with correct information.

Telling the patient that addiction is impossible and to follow medical instructions fails to address the patient's reasons for believing incorrect information and could come across as dismissive.

50.

Which of the following is ACCURATE regarding using computer-based protocols for IV insulin infusion protocols over using paper-based protocols?

Computer-based protocols result in a higher percentage of blood glucose measurements in the target range

Computer-based protocols have no significant advantage over paper-based protocols

Computer-based protocols virtually eliminate severe hypoglycemic episodes

Computer-based protocols do not require clinicians to calculate dosing themselves

Correct answer: Computer-based protocols result in a higher percentage of blood glucose measurements in the target range

Computer-based protocols result in a higher percentage of blood glucose measurements in the target range and in fewer incidences of severe hypoglycemia. While they reduce incidences of severe hypoglycemia, they do not eliminate these episodes. Computer-based protocols may assist clinicians in calculating dosing but it does not eliminate the need for clinicians to attend to dosing calculation.

51.

Which of the following age-related changes add to the risk of abnormal glucose metabolism in the elderly?

Higher fat-to-muscle ratio with a central distribution of fat

An increase in adiponectin

Increases in mitochondrial oxidative activity

Increased levels of testosterone in men

Correct answer: Higher fat-to-muscle ratio with a central distribution of fat

Aging causes structural and functional changes in skeletal muscles, which form the basis of change in body composition and metabolic abnormalities such as insulin resistance. Higher fat-to-muscle ratio with a central distribution of fat, and lack of physical activity, are common with aging and contribute to higher risk of diabetes.

An increase in adiponectin, which is an adipocytokine known to increase insulin sensitivity, has been found to be associated with lower risk of diabetes in older men and women. Reductions, rather than increases, in mitochondrial oxidative activity contribute to insulin resistance in the elderly. Increased levels of testosterone in women, and decreased levels of testosterone in men, are associated with higher risk of insulin resistance and diabetes in the elderly.

52.

The diabetic educator is creating a teaching plan for newly diagnosed diabetics. Which of the following inclusivity considerations should be taken when developing a diabetes teaching plan?

Teaching plans should be developed with alternative teaching methods for patients with hearing and seeing disabilities

Teaching plans should be developed so that the same teaching plan can be used for patients with hearing and seeing disabilities

While developing teaching plans tailored for patients with hearing and seeing disabilities is nice, it is not essential

There are so many potential learning barriers that different teaching methods cannot be developed for each one

Correct answer: Teaching plans should be developed with alternative teaching methods for patients with hearing and seeing disabilities

It is very important to develop alternative teaching methods for patients with hearing and seeing disabilities that accommodate these disabilities.

A one-size-fits-all approach is not recommended. Providing teaching that accommodates disabilities is not just nice, it is an essential consideration. There are many potential learning barriers, but teaching plans should account for each potential learning barrier.

53.

Which of the following is MOST LIKELY to be a component of diabetes-specific physical assessment?

Assessment of a patient's feet

Assessment of a patient's hands

Assessment of a patient's heart rate

Assessment of a patient's oxygen saturation

Correct answer: Assessment of a patient's feet

Peripheral neuropathy increases the risk of foot injuries that goes unnoticed. Assessment of a patient's feet should be a component of diabetes-specific physical assessment. Assessment of a patient's hands is unlikely to be a diabetes-specific physical assessment. Assessment of a patient's blood pressure could be a diabetes-specific assessment; however, assessment of heart rate and oxygen saturation are not specific to the pathology of diabetes.

54.

Which of the following in the health history of a 7-year-old patient is MOST LIKELY to support a suspicion that the patient has type 1 diabetes?

The patient had a recent influenza infection

The patient's mother has type 2 diabetes

The patient has a history of asthma

The patient is overweight

Correct answer: The patient had a recent influenza infection

Infection can initiate an autoimmune reaction that can lead to the development of type 1 diabetes. A familial history of type 2 diabetes is more likely to increase the risk of the patient developing type 2 diabetes, not type 1 diabetes. A history of asthma or being overweight are not relevant to the risk of developing type 1 diabetes when compared to a recent infection.

55.

A patient with type 2 diabetes tells the diabetes educator, "I know I should eat healthier and exercise more, but I just can't find the motivation."

Which of the following responses is BEST?

"What do you find motivates you for other aspects of life?"

"Sometimes we have to do things that we don't feel like."

"Let me tell you how you can eat better and exercise more while disrupting your life as little as possible."

"We will revisit lifestyle changes once you find the motivation to change."

Correct answer: "What do you find motivates you for other aspects of life?"

If the patient is not ready to learn because they lack motivation, the diabetes educator should help them identify factors that can motivate them to change. Exploring existing motivators is a good first step in this approach. Telling the patient that they should make changes while feeling unmotivated or postponing changes until motivation spontaneously occurs are not good approaches. Providing education for strategies that are not disruptive do not address the underlying lack of motivation for change.

56.

An adolescent girl has just been diagnosed with diabetes. The need for cognitive learning is demonstrated when she asks which of the following questions?

"What is glucose?"

"Can I still play basketball?"

"How do I give myself a shot?"

"How often do I poke my finger?"

Correct answer: "What is glucose?"

The acquiring of knowledge or understanding helps to develop concepts rather than skills or attitudes and is a basic learning task in the cognitive domain.

The acquiring of values and self-realization, such as playing basketball, is in the affective domain. The acquiring of skills and tasks, such as checking blood sugars and learning to give insulin injections, is involved in psychomotor learning.

57.

Which of the following statements about the use of a continuous glucose monitor (CGM) is FALSE?

Because of their utility, CGMs are widely used by type 1 diabetics in the United States

CGMs create a risk of alarm fatigue that can lead to untreated hypoglycemia

CGMs are used to modify weight-loss behaviors

CGMs can be used by children and adolescents

Correct answer: Because of their utility, CGMs are widely used by type 1 diabetics in the United States

CGMs are only used by about 10% of type 1 diabetics in the United States. This is due to a variety of reasons, including inaccuracy, discomfort, and increased burden associated with managing the disease.

CGMs do create a risk of alarm fatigue, especially if the alarms are set too close to normal values. CGMs have been shown to provide feedback that encourages positive lifestyle changes. CGMs can be used by children and adolescents with the correct training and supervision.

58.

A diabetes educator is working with a newly diagnosed patient who speaks Portuguese as their first language and speaks limited English as their second language.

Which of the following strategies is BEST for improving the patient's understanding of diabetes self-management?

Find and provide diabetes education materials in Portuguese

Assign the patient to a diabetes educator who speaks Portuguese fluently

Provide easily accessible diabetes education materials written in Spanish because it is very similar to Portuguese

Use a Portuguese translator while providing education and provide materials in English, knowing the patient understands it

Correct answer: Find and provide diabetes education materials in Portuguese

The correct strategy is to provide diabetes education materials in the language that the patient understands the best. Having a Portuguese translator present while providing education is correct; however, materials should also be in the patient's first language. While Spanish and Portuguese have similarities, it is not ideal to substitute for another language, even if there are some similarities. Assigning the patient to a diabetes educator who speaks Portuguese fluently would be ideal; however, it is unlikely that someone who is fluent in Portuguese will be consistently available and this intervention is not practical. Utilizing a translator is sufficient in this situation.

59.

Which of the following is the BEST rationale for involving family members in the assessment of a patient with type 2 diabetes?

It provides insights into how to practically implement care strategies

There is a possibility that another family member also has Type 2 diabetes

It is helpful for the entire family to understand how to emotionally support the patient

The patient's family is responsible for ensuring the patient's adherence to treatment

Correct answer: It provides insights into how to practically implement care strategies

Assessment of a patient's family unit allows for a better understanding for planning "how-to" strategies. While it is helpful for the entire family to understand how to emotionally support the patient, this is not the best rationale for involving family members in the assessment. While it is more likely that other family members will develop type 2 diabetes, assessing their health is not part of the assessment. While the patient's family should support the patient's adherence to treatment, it is ultimately the patient's responsibility if they are a competent adult.

60.

Which of the following factors identified during a needs assessment is MOST LIKELY to affect how a diabetes educator plans education for a patient?

Age

Gender

Race

Genetics

Correct answer: Age

Advanced age impacts how a patient should consider managing their diabetes and their risk of diabetes. Advanced age also significantly increases the likelihood of barriers to effective education when compared to other factors. Gender, race, and genetics are less likely to impact how education is planned for this patient.

61.

Which of the following is likely to be the MOST significant challenge to learning when teaching Diabetes Self-Management Education (DSME) to a diverse group of patients?

Language and cultural barriers

Limited access to technology

Time constraints during appointments

Unwillingness to change habits

Correct answer: Language and cultural barriers

While limited access to technology, time constraints during appointments, and unwillingness to change habits can all potentially impact the effectiveness of DSME, language and cultural barriers are likely to be the most significant challenges when teaching a diverse group of patients. Language barriers can prevent patients from fully understanding the educational materials and hinder their ability to ask questions or express concerns. Cultural barriers can lead to misunderstandings or resistance to adopting new behaviors, as they may conflict with traditional beliefs or practices. The more diverse the group of patients is, the more likely language and culture are to be a potential barrier to education.

62.

Which of the following is ACCURATE regarding assessing the preferred learning style of a patient with deafness?

The diabetes educator should assess their preferred learning style using open-ended questions

Their preferred learning style will be limited to written materials and communication via American Sign Language

The diabetes educator does not need to assess their preferred learning style

Their preferred learning style will not be limited by their deafness

Correct answer: The diabetes educator should assess their preferred learning style using open-ended questions

Someone with deafness will face some limitations in how they learn materials; however, there are still many different teaching options. The diabetes educator should assess their preferred learning style using open-ended questions. Their preferred learning style will not be limited to written materials and communication via American Sign Language, potentially including videos with subtitles, demonstrations, role-playing, and many other learning techniques that can be adapted for someone with deafness.

63.

Which of the following BEST describes the rationale for assessing a patient's general health history prior to providing education about the benefits of exercising after being diagnosed with type 2 diabetes?

The information obtained will be necessary to adapt teaching methods and content

The information is necessary to identify factors that will limit the patient's ability to exercise

Assessing the patient's general health history is not necessary in this situation

Assessing the patient's general health history is important for billing purposes

Correct answer: The information obtained will be necessary to adapt teaching methods and content

The patient's general health history may reveal information that requires teaching methods to be adapted or requires changes in what is taught so that it adapts to the patient's unique situation. While it is true that the patient's general health history may identify factors that will limit the patient's ability to exercise, this rationale is too limited in its scope. Assessing the patient's general health history is important for promoting effective, individualized teaching, not for billing purposes.

64.

A patient who has just been diagnosed with type 2 diabetes tells the diabetes educator that they are unable to read.

Which of the following responses is BEST?

"What way do you find works best for learning new materials?"

"I will find teaching materials in Braille."

"I'll give you written instructions to take home. Can you find someone to read them to you?"

"I will provide you with video instructions that you can watch and listen to."

Correct answer: "What way do you find works best for learning new materials?"

Even if the patient were able to read, the diabetes educator should assess the patient's preferred learning style. Video instruction may be a good method of instruction; however, the patient's preferred learning style should first be assessed. The patient's inability to read does not necessarily indicate they are blind and Braille is not likely necessary. Having another person read their instructions to them is only appropriate if it is their preferred learning style.

65.

Robert is a 17-year-old boy who was diagnosed with type 1 diabetes when he was 8 years old. His parents are extremely perfectionistic about their goals for Robert's diabetic management.

Which of the following statements is MOST LIKELY true related to this situation?

Robert's parents are excessively concerned with his diabetes management

Robert's parents feel sorry for him

Robert's parents are not active participants in his diabetic regimen

Robert's parents do everything for him related to his diabetes

Correct answer: Robert's parents are excessively concerned with his diabetes management

The perfectionist parent is overly concerned with diabetes management. When the child is young, parents may obtain success with discipline but, as the child grows into an adolescent, he may rebel against the parent and the diabetic regimen.

The overindulgent parent feels sorry for the child; the indifferent parent is not an active participant in the diabetic regimen; the overanxious parent does everything for the child.

66.

The nurse is assessing psychosocial factors in a client newly diagnosed with type 2 diabetes. All the following statements are true EXCEPT:

Religiosity has been shown to be a predictor of better psychological adjustment to illness but to predict worse medical outcomes

A key component of health literacy resides in patient-caregiver communication

Community-based services provided by culturally equivalent providers have shown promise in improving medical outcomes in patients with type 2 diabetes

Finances are central to patient adherence to the care regimen

Correct answer: Religiosity has been shown to be a predictor of better psychological adjustment to illness but to predict worse medical outcomes

Religious and cultural beliefs can influence patients to adopt a variety of roles in and attitudes about medical care and outcomes. Optimistic bias, the tendency to minimize the possibility of negative outcomes, may confer risk or protective effects on medical outcomes depending on whether it results in a patient seeking information and executing protective behaviors. Religiosity, however, has been shown to be a predictor of better psychological adjustment illness and to predict better medical outcomes, particularly in minority populations.

A key component of health literacy resides in patient-caregiver communication. Community-based services provided by culturally equivalent providers have shown promise in improving medical outcomes in patients with type 2 diabetes. Finances are central to patient adherence to the care regimen. Lack of resources is often a direct barrier to successful care.

67.

A patient who is blind is being discharged with a new diagnosis of type 1 diabetes.

Which of the following statements by the patient requires additional intervention by the discharging nurse?

"I can't give myself my own insulin, but my son will come help me with my insulin administration every morning."

"I will purchase a talking glucometer."

"I have someone who will help me order the supplies that I need."

"There are community resources designed to help me."

Correct answer: "I can't give myself my own insulin, but my son will come help me with my insulin administration every morning."

If the patient requires assistance with administering insulin, having insulin administered only once a day will not effectively manage his blood glucose levels.

A talking meter is ideal for someone who is blind. There are community resources available for the blind. Having someone help order supplies is appropriate for this patient.

68.

The nurse is assessing a child with type 1 diabetes for executive dysfunction. All the following are known to increase a child's vulnerability to neurocognitive decline EXCEPT:

Obesity

Diabetic ketoacidosis

Diabetic retinopathy

Profound hypoglycemia

Correct answer: Obesity

Children with diabetes are at risk for developing mild to moderate executive dysfunction, attention problems, and slower processing speed as early as 2 years post diagnosis. The following risk factors are known to increase a child's vulnerability to neurocognitive decline:

- *Early onset of diabetes (i.e., within the first 5-7 years of life)*
 - *Diabetic ketoacidosis (DKA) especially DKA with cerebral edema and recurrent DKA*
 - *Diabetic retinopathy and other microvascular complications*
 - *Profound hypoglycemia*
-

69.

The nurse is assessing the interactions between a diabetic client and her parents. The nurse is aware:

Children who live in a family environment where there is a high level of parent involvement generally have better adherence and glycemic control

Conflict is especially common in families with teenagers due to the developmentally inappropriate drive for greater autonomy in adolescence

A greater amount of parental involvement leads to greater conflict in families with a diabetic teenager

Interventions to improve teamwork in a family should most often revolve around improving the teenager's compliance

Correct answer: Children who live in a family environment where there is a high level of parent involvement generally have better adherence and glycemic control

Family conflict around diabetes management is one of the strongest predictors of poor adherence and poor glycemic control. High levels of conflict that precede diabetes diagnosis predict poorer glycemic control over the next 4 years. Conversely, children living in supportive family environments with a high level of parental involvement generally have better adherence and glycemic control.

Conflict is especially common in families with teenagers due to the developmentally appropriate, not inappropriate, drive for greater autonomy in adolescence. A greater amount of parental involvement does not lead to greater conflict; instead, it appears to be the type and quality of involvement that determines whether it is perceived by the adolescent as helpful or intrusive. Interventions to improve teamwork in a family should most often revolve around improving communication, not the teenager's compliance.

70.

Which of the following factors is LEAST likely to inhibit a patient's self-management of diabetes?

Religious beliefs that emphasize community over solitude

Cultural beliefs that disease is supernatural punishment

Employment in a job that highly values productivity

Living three hours from the nearest city

Correct answer: Religious beliefs that emphasize community over solitude

Religious beliefs, ethnic culture, and living environments can either contribute or hinder a patient's ability to self-manage their diabetes. Factors that increase community and support, such as religious beliefs that emphasize community over solitude, will promote a patient's support systems and enhance their management of their diabetes.

Cultural beliefs or workplace environments that encourage patients to conceal their diagnosis will inhibit self-management of their diabetes. Being physically distanced from the potential support and resources of urban areas may also inhibit self-management of diabetes.

71.

The nurse is assessing a client for chronic complications associated with type 1 diabetes. The patient has a history of hypertension stage 1. To obtain an accurate blood pressure on this client, the nurse completes all the following EXCEPT:

Checks the blood pressure in both arms and, if there is a difference, records the lower pressure

Has the client sit quietly for at least 5 minutes before checking the blood pressure

Makes sure both of the client's feet are on the floor when the blood pressure is taken

Makes sure the client's arm is flexed at the elbow, relaxed, and at the level of the heart when the blood pressure is taken

Correct answer: Checks the blood pressure in both arms and, if there is a difference, records the lower pressure

The blood pressure should be checked in both arms and, if there is a difference, the higher rather than the lower pressure should be recorded.

If a person's blood pressure goes up at the doctor's office, it may be due to "white coat hypertension." The blood pressure should be repeated at the end of the visit. When taking a client's blood pressure, ask them not to smoke, exercise, or consume anything with caffeine for at least 30 minutes prior to having their blood pressure checked.

72.

Which of the following statements by a pediatric diabetes patient's caregiver MOST requires further assessment?

"Sometimes I let him skip his insulin once in a while if he's been doing well at it for several days."

"He only checks his blood glucose three times a day."

"He always complains when he has to cover extra carbohydrates with insulin."

"Sometime I let him have extra sweets as a reward for consistently covering his extra carbohydrates with insulin."

Correct answer: "Sometimes I let him skip his insulin once in a while if he's been doing well at it for several days."

Missing insulin should be a trigger for additional assessment. Even if used as a reward for adherence to treatment, it is not recommended and could be a sign that burnout is starting to develop. Checking blood glucose less than three times a day and failing to cover extracarbohydrates should also trigger additional assessment for burnout.

73.

A 45-year-old male with type 2 diabetes presents for a routine follow-up appointment. Which of the following aspects of their health history is MOST relevant for assessing diabetes management and potential complications?

Previous diagnosis of hypertension

Childhood asthma

History of allergy to latex

Previous diagnosis of Chrones disease

Correct answer: Previous diagnosis of hypertension

Hypertension is a critical aspect of a patient's health history to consider when managing diabetes because it often coexists with diabetes and can significantly increase the risk of developing diabetes-related complications, such as cardiovascular disease, kidney damage, and retinopathy. Childhood asthma is not related to diabetes management or the risk of developing diabetes-related complications. A history of allergy to latex may indicate the need for modifications to equipment used in the healthcare environment, but is not related to diabetic complications. A previous diagnosis of Chrones disease is also not related to diabetes management or the risk of developing diabetes-related complications.

74.

Which of the following is LEAST LIKELY to require immediate changes if noted after replacing a paper-based IV insulin infusion protocol with a computer-based one?

A patient using the new protocol experiences an episode of severe hypoglycemia

Fewer blood glucose measurements are within the target range than were in the previous protocol

Clinicians report they are saving time because the computer does all the dosing calculation work for them

The protocol is reported to be effective; however, the computer is not saving data correctly

Correct answer: A patient using the new protocol experiences an episode of severe hypoglycemia

While a computer-based protocol should reduce episodes of severe hypoglycemia, it will not completely eliminate them. One episode is not an indicator that the protocol needs to be changed. A computer-based protocol should increase the percentage of blood glucose measurements within the target range; a decrease indicates change is needed.

Clinicians may find a computer-based protocol easier or more efficient, but it should not completely replace their insulin dosing. A technical error that results in data not being saved does need to be addressed.

75.

Which of the following pediatric patients and their family would be LEAST likely to have difficulties learning how to control the patient's diabetes?

A 10-year-old male whose father is an attorney and travels frequently

An eight-year-old male with type 1 diabetes whose mother has Crohn's disease

A 14-year-old female with type 2 diabetes whose parents are getting divorced

An 18-month-old female with type 1 diabetes whose parents both work from home

Correct answer: A 10-year-old male whose father is an attorney and travels frequently

Pediatric patients with psychosocial and sociodemographic risk factors at diagnosis are more likely to have poor glycemic control, have diabetes-related emergency room visits, and have DKA in the first four years of diagnosis. These risk factors include having other family members with a chronic physical or mental illness, preexisting family conflict or poor communication between family members, and having type 1 diabetes as an infant or toddler. Crohn's disease is a chronic physical illness that would distract from the patient's care. Divorce certainly disrupts family communications.

Having one parent who travels frequently does not increase psychosocial or sociodemographic risk factors.

76.

Which patient is at the GREATEST risk for conflict within their family unit relating to the care of their diabetes?

A 16-year-old female whose focus is on volleyball

A 55-year-old male whose mother is beginning to show signs of dementia

A four-year-old female who has just been diagnosed with type 1 diabetes

A 24-year-old female who is trying to get pregnant

Correct answer: A 16-year-old female whose focus is on volleyball

One of the most common areas of conflict around disease management is for adolescent patients who are becoming more autonomous.

While a child being diagnosed with diabetes or a patient having to deal with a decline in an elderly parent both cause stressors in the family unit, these stressors are unlikely to affect management of one's diabetes. An adult patient attempting to get pregnant is not at risk for conflict within their family unit in most situations.

77.

The nurse is assessing a type 1 diabetic child's readiness to learn in preparation for the teaching session. The nurse is aware:

An appropriate responsibility for a child who is five years old might be to tell his parents if he does not feel well

A child who is five years old is primarily concerned with their body image

A child who is 10 years old should be primarily responsible for their insulin administration with parental oversight

Parents should begin teaching a 14-year-old how to do some tasks related to diabetes care, only if they are interested

Correct answer: An appropriate responsibility for a child who is five years old might be to tell his parents if he does not feel well

A five- to eight-year-old child's views and understanding of diabetes are limited and concrete. Diabetes misconceptions are common at this age. Children at this age are generally cooperative with diabetes-related tasks and can take responsibility by telling their parents when they don't feel well.

A child who is 12-14 years old is concerned with his or her body image and struggles with peer pressure. Young teens, not 10-year-olds, can be expected to do tasks with parental oversight. Most children who are 9-11 years old can begin learning how to do some tasks related to their diabetic care if they are interested.

78.

Which of the following diabetic populations is MOST LIKELY to require day-to-day assistance with activities?

Adults 75 years old and older

Newly diagnosed diabetics

Teenagers

Those with a diagnosis of type 1 diabetes

Correct answer: Adults 75 years old and older

Adults 75 years old and older are likely to require assistance with day-to-day activities and are twice as likely as younger populations to require this assistance. Newly diagnosed diabetics may require more assistance, however, not to the extent that older adults do. While very young children require assistance with day-to-day activities relating to their diabetic care, independence should be encouraged for teenagers. Those with a diagnosis of type 1 diabetes do not necessarily require significantly more day-to-day assistance with activities than those with type 2 diabetes.

79.

Which statement by the patient prior to beginning a visit with the diabetes educator MOST indicates readiness to learn?

"I've written a list of questions I want to go over."

"My spouse said that I should specifically ask you how to improve the effectiveness of my time exercising. Can we go over that today?"

"I want to get my blood sugar levels down."

"How long do you think it will be before my A1C is below 7?"

Correct answer: "I've written a list of questions I want to go over."

Creating a list of specific questions indicates that the patient is ready and interested in learning. Asking about a topic that their spouse wanted to know does not indicate readiness to learn on behalf of the patient. A desire to achieve a good outcome or asking how long it will take to achieve a good outcome may or may not indicate readiness to learn.

80.

Which of the following is needle phobia MOST LIKELY to affect a patient with type 2 diabetes?

Their willingness to begin using insulin

Their willingness to test their blood glucose levels regularly

Their willingness to engage in any forms of treatment

Needle phobia creates psychological discomfort, but does not affect adherence to recommended treatments

Correct answer: Their willingness to begin using insulin

Needle phobia is considered a significant barrier for patients with type 2 diabetes who need to begin using insulin. It might affect their willingness to test their blood glucose levels but not to the same extent that it does their willingness to use insulin. Needle phobia does not typically affect willingness to use non-needle-based therapies.

81.

In the context of diabetes education, which of the following BEST describes the concept of "learning readiness" for a client?

The patient's willingness and ability to learn and engage with the educational material

The patient's previous experience with diabetes education programs

The patient's ability to perform self-care tasks related to diabetes management

The patient's adherence to a prescribed diabetes treatment plan

Correct answer: The patient's willingness and ability to learn and engage with the educational material

Learning readiness refers to a patient's mental, emotional, and physical preparedness to engage with and absorb new information. In the context of diabetes education, learning readiness encompasses the patient's attitudes towards learning, developmental level, and perceived learning needs. Previous experience with diabetes education programs, the ability to perform self-care tasks related to diabetes management, and adherence to a prescribed diabetes treatment plan do not specifically address learning readiness.

82.

A patient with type 2 diabetes is preparing to begin a regular exercise program. Prior to this, a complete history and physical is performed.

Which of the following aspects of this exam is MOST important for the clinician to review?

Long-term complications of diabetes

Glycemic control

Previous history of participation in exercise programs

Prior cardiac history

Correct answer: Long-term complications of diabetes

Reviewing long-term complications of diabetes is most important prior to starting a regular exercise program. While prior cardiac history may be part of this, this answer is too narrow and any long-term complications of diabetes should be reviewed. Glycemic control could correlate with long-term complications of diabetes; however, assessing for complications is more important than assessing glycemic control. Previous history of participation in exercise programs may be important to assess, but not as important as existing long-term complications of diabetes.

83.

Which of the following teaching methods does the diabetes educator anticipate being MOST important for teaching a patient with type 2 diabetes how to administer insulin therapy?

Demonstration

Discussion

Verbal instruction

Written materials

Correct answer: Demonstration

While demonstration, discussion, verbal instruction, and written materials may all be employed for teaching this patient, a demonstration will provide a tangible and visual example of how to perform this skill, which is primarily tactile. For this reason, a demonstration will be the most important of the teaching methods listed.

84.

The nurse is caring for a 76-year-old client who has had type 2 diabetes for the past 15 years.

All the following conditions potentially affect glucose metabolism in the elderly EXCEPT:

Decreased adiposity

Decreased muscle mass

Coexisting illnesses

Decreased physical activity

Correct answer: Decreased adiposity

Increased adiposity, rather than decreased adiposity, affects abnormal glucose metabolism in the elderly.

The differences between older patients and younger patients with diabetes primarily stem from the pathophysiology of aging combined with alteration in glucose metabolism. In addition, conditions associated with aging such as coexisting illnesses, increased adiposity, decreased muscle mass, decreased physical activity, and effect of medications used to treat comorbidities further affect abnormal glucose metabolism in the elderly.

85.

Which of the following is LEAST LIKELY to be a potential cause of depression in a patient with type 2 diabetes?

The use of substances to cope with the diagnosis

Complications associated with the disease

Difficulty following medical advice

Difficulty accessing care

Correct answer: The use of substances to cope with the diagnosis

While some patients may use substances to cope with the diagnosis, this is not a common cause of depression that should be anticipated by the diabetes educator. Complications associated with the disease, difficulty following medical advice, and difficulty accessing care are all common causes of depression that should be anticipated and may be considered "normal" to some degree for those with diabetes.

86.

Which of the following is the BEST response if a patient with diabetes discloses that they are having thoughts of self harm during a routine office visit?

Call emergency services to take the patient to an emergency room for further evaluation

Provide the patient with therapeutic coping mechanisms they can use to overcome these thoughts

Refer the patient to a psychiatrist as soon as possible

Evaluate if the patient is at risk of committing suicide

Correct answer: Call emergency services to take the patient to an emergency room for further evaluation

A patient who is having thoughts of self harm requires emergent psychiatric evaluation, as this indicates a risk of a suicide attempt occurring.

There is no further evaluation needed to determine if there is a suicide risk. A psychiatric referral is beneficial, but is unlikely to provide the timely, emergent care required. The patient requires psychiatric treatment beyond what can be provided during a routine office visit.

87.

Which factor should the diabetes educator assess to determine if routine screening for diabetes is necessary for a patient?

Age

Gender

Race

Diet

Correct answer: Age

Routine screening for diabetes is indicated for asymptomatic patients if they are 35 years old or older. Gender, race, and diet are not factors that will determine the need for routine testing by themselves. If a patient is overweight, then other factors, such as being part of a high-risk race, may become necessary to consider.

Previously, ADA recommended all adults 45 years or older regardless of weight and risk be screened for prediabetes and type 2 diabetes. In 2022, ADA lowered the screening age to 35 years. Additionally, ADA recommends that adults at any age with overweight or obesity and with at least one risk factor for type 2 diabetes receive glucose testing.

88.

Which of the following statements by a patient about their real-time continuous blood glucose monitor requires correction?

"I should base my insulin dose off the readings I get from my monitor."

"The result on the monitor may lag a few minutes behind real time."

"I can view the results of this monitor in real time."

"The sensor may become less sensitive over time as I use the monitor."

Correct answer: "I should base my insulin dose off the readings I get from my monitor."

Real-time continuous blood glucose monitors are approved to monitor and track blood glucose levels but are not to be used for dosing insulin. The result on the monitor may lag a few minutes behind real time because the interstitial fluid being sampled does not actually reflect blood glucose levels in the blood and is about 10–15 minutes behind blood levels. While the results of some continuous blood glucose monitors can only be viewed by healthcare personnel, real-time continuous blood glucose monitors can be accessed by the patient. The sensor may become less sensitive over time as the monitor is used, requiring it to be replaced.

89.

Which of the following is NOT a good example of using of technology to manage diabetes?

Using an app that helps the patient carefully track their intake of micronutrients

Using telehealth for non-urgent medical questions or concerns

Purchasing a blood glucose monitor that provides a measurement that is within 20% of true glucose

Purchasing a blood glucose monitor that is both accurate and precise

Correct answer: Using an app that helps the patient carefully track their intake of micronutrients

The ADA does not recommend tracking micronutrients in normal situations. Patients should be aware that there are many apps that may be available, but are not necessarily useful in managing their diabetes.

Using telehealth for non-urgent medical questions or concerns is appropriate. Blood glucose monitors that are both accurate and precise should be used. Glucometers should provide measurements that are within 20% of true glucose.

90.

Related to the prevalence of gestational diabetes mellitus, which of the following statements is TRUE?

In the United States, women of Asian extraction have a greater prevalence of gestational diabetes mellitus than African Americans

In the United States, non-Hispanic white women have a greater prevalence of gestational diabetes mellitus than women of Asian extraction

In the United States, Latinas have a greater prevalence of gestational diabetes mellitus than women of Asian extraction

Asian women who have gestational diabetes mellitus are more frequently obese than women of other ethnicities who have gestational diabetes mellitus

Correct answer: In the United States, women of Asian extraction have a greater prevalence of gestational diabetes mellitus than African Americans

Not all ethnic groups have the same prevalence of gestational diabetes mellitus (GDM), and members of different ethnic groups who have GDM have different prevalence of fetal over-growth. In the U.S., women of (especially East) Asian extraction were found to have greater prevalence of GDM than Caucasians, African Americans, and Latinas.

Women of Asian extraction have a greater prevalence of GDM than African American and Latina women. Asian women who have GDM are less frequently, rather than more frequently, overweight and obese than women of other ethnicities who have gestational diabetes mellitus, and have lower fasting and higher 2-hour post-glucose results on 75-gram glucose tolerance tests.

91.

Which of the following should the diabetes educator MOST anticipate will influence a patient's initial response to a new diagnosis of type 2 diabetes?

Discouragement after trying to prevent the disease

Shock and surprise at the new diagnosis

Lack of understanding about what type 2 diabetes is

Depression that often leads to suicidal ideation

Correct answer: Discouragement after trying to prevent the disease

A new diagnosis of type 2 diabetes often follows several months or even years of trying to prevent the disease through weight-loss attempts and attempted lifestyle changes. For this reason, discouragement is often experienced with a new diagnosis. Typically, the possibility of diagnosis has been anticipated, making shock and surprise less of a factor. Most patients already have some understanding of what type 2 diabetes is and have been trying to avoid it. Depression may be experienced; however, depression causing suicidal ideation is not a common response to a new diagnosis of type 2 diabetes and is not most likely to influence a patient's initial response to a new diagnosis.

92.

Which of the following statements made by a patient indicates that they understand how their insulin pump works?

"I can only use rapid-acting insulin in my pump."

"This pump will provide insulin whenever I am awake."

"Once the pump is started and working correctly, I'll only need to do anything with it once a week."

"This pump injects insulin right into my pancreas."

Correct answer: "I can only use rapid-acting insulin in my pump."

Insulin pumps only use rapid-acting insulin analogs. Insulin pumps are designed to administer insulin 24 hours a day, not just while awake. A new infusion set will need to be inserted every two to three days, not just once a week. An insulin pump does not inject insulin into the pancreas.

93.

Which of the following statements is ACCURATE regarding the psychosocial difficulties some children experience related to diabetes type 1?

Depression and anxiety often do not arise until 1-2 years after diagnosis

Depression occurs equally as often in boys with type 1 diabetes as it does in girls

Problems with adherence to the diabetic regimen often do not appear until at least five years after diagnosis

Problems with adherence to the diabetic regimen often appear within the three months after diagnosis

Correct answer: Depression and anxiety often do not arise until 1-2 years after diagnosis

Early identification of high-risk patients is critical to efforts at health promotion, and it is equally important to screen annually for psychosocial difficulties during regular clinic visits to catch later emerging problems. For example, depression and anxiety often do not arise until 1 to 2 years after diagnosis.

Depression is among the most common mental health concerns for youth with diabetes, with prevalence nearly double that of youth in general and much higher rates in girls than boys. Problems with adherence often first appear 3 to 4 years after diagnosis, not within the first three months or after five years.

94.

Which of the following is CORRECT about integrating role-playing into diabetes education?

Role-playing can be a helpful educational tool for any patient

Role-playing is not an appropriate method of diabetic education; however, demonstration may be

Role-playing is only useful when providing education to children and, sometimes, adolescents

Role-playing only has utility if it is also supplemented with written education

Correct answer: Role-playing can be a helpful educational tool for any patient

Role-playing is one of many instructional methods that can provide the patient with the information that they need to be successful in their diabetes self-care.

Role-playing is an appropriate form of diabetic education for any age group. While supplementing role-playing with written materials may be helpful, it is not necessary.

95.

A diabetes educator is working with a newly diagnosed patient with type 1 diabetes. Which of the following strategies BEST demonstrates the educator's ability to adapt to the patient's preferred learning style?

Ask the patient how they prefer to learn

Provide visual and written materials that contain both text and image-based materials

Use a standardized method of teaching that is evidence-based and designed for a diverse audience

Ask if the patient understands the teaching frequently while providing it

Correct answer: Ask the patient how they prefer to learn

Assessing what the patient's preferred learning style is will be an important first step in adapting education to fit the preferred learning style. Providing visual and written materials that contain both text and image-based materials may not fit some patients' preferred learning styles. Use a standardized method of teaching that is evidence-based and designed for a diverse audience is an example of a one-size-fits-all approach, not adaptation to preferred learning styles. Asking if the patient understands the teaching frequently while providing it will assess their comprehension and the efficacy of the learning style being used, but does not provide for adaptation to the patient's preferred learning style.

96.

Which of the following is the MOST important factor to consider when evaluating a patient with diabetes for learning readiness?

Current emotional state

Age of the patient

Duration the disease has been present

Socioeconomic status

Correct answer: Current emotional state

The patient's current emotional state is the most important factor to consider when evaluating a patient with diabetes for learning readiness. Their emotional state will affect their ability to absorb information and can disrupt learning readiness depending on the circumstances. The age of the patient, the length of time they have had the disease, and their socioeconomic status are much less likely to impact learning readiness than their current emotional state.

97.

Which of the following statements is ACCURATE related to the growth and development of the later adolescent and young adult (16-22 years old)?

By later adolescence, many teens have reached adult levels of intellectual functioning

By later adolescence, the development of the frontal lobes of the brain are complete

Socially motivated reward-seeking behavior mediated by changes in the limbic and striatal brain circuits decreases during late adolescence

As physiological growth and change decrease and stabilize in later adolescence, parent-adolescent conflicts over self-care increase compared to early adolescence

Correct answer: By later adolescence, many teens have reached adult levels of intellectual functioning

By later adolescence, many teens have reached adult levels of intellectual functioning, making them seem perfectly capable of taking the reins of diabetes management, but more parental involvement may be needed.

The development of the frontal lobes of the brain is not complete by later adolescence; it continues into the mid- to late-20s. At the same time, socially motivated reward-seeking behavior mediated by developmental changes in the limbic and striatal brain circuits also increases, rather than decreases, during this period. A consequence of these divergent rates of normal brain development is that many adolescents may be quite knowledgeable about diabetes but are unable to put their knowledge consistently into practice. As physiological growth and change decrease and stabilize in later adolescence, parent-adolescent conflicts over self-care also decrease, not increase.

98.

Which of the following should the diabetes educator NOT anticipate being a factor in an elderly patient with diabetes when compared to a younger patient?

Lack of efficacy using exercise to improve diabetes symptoms

A central distribution of fat

Lack of physical activity

Higher fat-to-muscle ratio

Correct answer: Lack of efficacy using exercise to improve diabetes symptoms

Exercise is still an efficacious strategy for improving diabetes symptoms in the elderly. A central distribution of fat, lack of physical activity, and higher fat-to-muscle ratio are all age-related considerations that a diabetes educator should take into account when planning education for elderly patients.

99.

A patient complains of needle phobia. Which of the following interventions by the diabetes educator is MOST LIKELY to help this patient?

Provide the patient with educational materials on how to improve their skills using needles

Explain that needle phobia will decrease the more needles are utilized

Refer the patient to a psychiatrist

There is nothing that the diabetes educator can do to help reduce needle-phobia

Correct answer: Provide the patient with educational materials on how to improve their skills using needles

Research shows that diabetes education and skills acquisition reduces patient's resistance to using needle-based therapies. Telling the patients to use needles more will not help with their immediate needle phobia. Referring the patient to a psychiatrist is not necessary, as there are interventions the diabetes educator can employ to help this patient.
