



## PRIMARY CARE CONFERENCES

EXCEPTIONAL CME | EXTRAORDINARY LOCATIONS

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### **INTERNAL MEDICINE FOR PRIMARY CARE: NEPHROLOGY/NEUROLOGY/PULMONOLOGY**

**Charleston, South Carolina – Francis Marion Hotel  
August 28 – 30, 2020**

**Friday, August 28th:**

**7:00 am – 7:30 am**

**Registration and Hot Breakfast**

**7:30 am – 8:30 am – Neurology**

**Prevention and Management of Cerebrovascular Disorders**

Epidemiology; identifying the high-risk patient; treatment effects; transient neurological deficit – carotid, vertebrobasilar; non-specific cerebral symptoms. Treatment options; new developments in stroke and in technology; time course of infarction; promising treatments; interim approach; acute stroke intervention

**8:30 am – 9:30 am – Neurology**

**Alzheimer's Disease & Other Dementias**

Definition; statistics; neurological changes of normal aging; pathology; etiological theories; vascular dementias; investigations; social issues; symptomatic treatment; research therapies

**9:30 am – 9:40 am**

**Coffee Break**

**9:40 am – 10:40 am – Neurology**

**Sleep Disorders**

Epidemiology; assessing sleep patterns; causes and treatment of insomnia; causes, evaluation and treatment of sleep apnea; symptoms and treatment of narcolepsy

**10:40 am – 11:40 am – Pulmonology**

**Asthma**

The medical impact of asthma; fundamental role of inflammation, with possible scarring and irreversible loss of lung function; practical points of diagnosis; goal setting management based on levels of severity; risk factors for mortality and treatment in the acute setting; management options for the difficult to control asthmatic patient

**11:40 am – 12:40 pm – Pulmonology**

**Controversies in the Treatment of Common Respiratory Infections**

Acute and chronic bronchitis; pneumonia (community versus hospital-acquired); role of the Pneumonia Severity Index score in determining indication for hospitalization; cost-effective use of antibiotics; clinical significance of drug resistance; guidelines for management

**12:40 pm**

**Session Adjourns**

**Saturday, August 29th:**

**7:00 am – 7:30 am**

**Hot Breakfast**

**7:30 am – 8:30 am – Pulmonology**

**Everything You Need to Know About COPD**

Definition; pathophysiology; early detection and intervention; risk reduction; management update including new modalities (including lung volume reduction surgery) and the role of inhaled corticosteroids and domiciliary oxygen

**8:30 am – 9:30 am – Pulmonology**

**A Primary Care Approach to Lung Cancer Screening and Pulmonary Nodules**

Appropriate use of the new lung cancer screening recommendations; Fleischner Society guidelines and American College of Chest Physician Lung Cancer guidelines; approach to definitive evaluation and management strategies

**9:30 am – 9:40 am**

**Coffee Break**

**9:40 am – 10:40 am – Neurology**

**Evaluating Weakness**

Using the history and physical examination to distinguish weakness from non-specific symptoms; characteristics of neurological diseases that produce weakness; presentations of representative diseases of the nervous system

**10:40 am – 11:40 am – Nephrology**

**Electrolyte Case Discussion**

Hypokalemia and disturbances of acid-base homeostasis are frequently encountered in the outpatient and inpatient setting. Correct diagnosis requires the understanding of associated hormonal regulatory mechanisms and the integration of information from clinical history/exam with serum and urinary markers. This presentation will allow the practicing clinician to initiate appropriate therapy based on a stepwise diagnostic approach.

**11:40 am – 12:40 pm – Nephrology**

**Kidney, Bone and Heart—A Challenging Trifecta**

Cardiovascular calcifications are highly prevalent in patients with kidney disease and contribute to morbidity and mortality. In recent years, the complex pathophysiologic changes occurring in the bony tissue of patients with kidney disease have been recognized as important factors in vascular calcifications. Early recognition of this disorder is becoming an important component of the care of CKD patients.

**12:40 pm**

**Session Adjourns**

**Sunday, August 30th:**

**7:00 am – 7:30 am**

**Continental Breakfast**

**7:30 am – 8:30 am – Nephrology**

**Proteinuria and Hematuria**

Hematuria and proteinuria are two of the most common abnormalities in routine urinalysis that require further evaluation by providers. There is a broad spectrum of disease that can give rise to blood and protein in the urine ranging from benign to rapidly progressive kidney failure. This presentation will discuss the detection, diagnosis and management of these findings including when to ask a specialist for help.

**8:30 am – 9:30 am – Nephrology**

**Over-the-Counter Preparations and the Kidney**

Over-the-counter herbal preparations are frequently used by patients as an alternative to prescription medications. While often perceived as safe, several preparations and compounds have been identified to possess significant nephrotoxic properties. In addition, some preparations might harbor unsuspected risks when used by patients with preexisting renal disease.

**9:30 am**

**Conference Adjourns**

### **Target Audience**

This program is targeted to office-based primary care providers and other health professionals with updates in primary care medicine

### **Learning Objectives**

Upon completion of this program, participants should be better able to:

- Identify herbal preparations with the potential to cause nephrotoxicity
- Describe treatment options for hematuria and glomerulonephritis
- Identify the pathophysiology and diagnostic approach of asthma, COPD and common respiratory infections
- Design treatment strategies reflective of current evidence-based medicine for asthma, COPD and common respiratory infections
- Perform a range of pulmonary diagnostics and be better prepared to handle pulmonary nodules and lung cancer
- Utilize prevention and treatment strategies for cerebrovascular disorders
- Discuss the spectrum of sleep disorders and current management strategies Discuss evidence-based management options for Alzheimer's disease
- Utilize history and physical examination to distinguish weakness from non-specific symptoms

### **Learning Outcome**

To provide updates in primary care medicine to office based providers

### **Disclosure of Conflicts of Interest**

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### ABIM MOC Recognition

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### American Osteopathic Association

These programs are approved for 12 hours in Category 2-A by the American Osteopathic Association.

### Canadian Physicians

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AAPA accepts certificates of participation for educational activities certified for Category I credit from AOACCME, Prescribed credit from AAFP, and *AMA PRA Category 1 Credit(s)*<sup>™</sup> from organizations accredited by ACCME or a recognized state medical society. Physician assistants may receive a maximum of 12 hours of Category I credit for completing this program.

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This activity is designated for 3.5 ANCC pharmacotherapeutic contact hours.

The American Academy of Nurse Practitioners (AANP) Certification Board recognizes and accepts continuing education (CE) contact hours from activities approved by AMA, ACCME, ANCC, AANP, AAFP and AACN.

Provider approved by the California Board of Registered Nursing, Provider Number 12299, for 12 contact hours.

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Universal Program Number: 0816-0000-20-098-L01-P

Participants will be required to sign in at the start of the program and/or complete a program evaluation form.

Credits will be uploaded into CPE Monitor within 60 days of the activity.

This activity is certified as Knowledge-based CPE.