

PSAP 2022 Book 1 (Cardiology)

Release date: January 18, 2022

BCPS test deadline: 11:59 p.m. (Central) on July 15, 2022.

ACPE test deadline: 11:59 p.m. (Central) on January 18, 2025.



Continuing Pharmacy Education (CPE) Credit: The American College of Clinical

Pharmacy is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of CPE.

PSAP Target Audience: The target audience for PSAP 2022 Book 1 (*Cardiology*) is pharmacotherapy specialists and advanced level clinical pharmacists encountering diverse cardiovascular patient populations.

Module I (5.0 CPE): 0217-0000-22-002-H01-P

Chapter: Heart Failure with Reduced Ejection Fraction

Learning Objectives

1. Distinguish phenotypic, structural, and functional classifications of heart failure to assess the stage of illness and delay disease progression.
2. Justify the incorporation of recently approved pharmacologic therapies for heart failure with reduced ejection fraction (HFrEF) into evidence-based therapies consistent with the American College of Cardiology's 2021 Expert Consensus Decision Pathway.
3. Develop a pharmacologic treatment plan for HFrEF that optimizes the use of traditional guideline-directed medical therapy.
4. Evaluate the role of inotropic agents and advanced therapeutic modalities available for patients with stage D heart failure.
5. Assess the potential benefit of pharmacologic therapies with recently expanded indications and promise for treatment of heart failure with preserved ejection fraction.

Chapter: Drug-Induced Cardiovascular Disease

Learning Objectives

1. Develop a treatment plan to monitor for cardiotoxicities associated with cancer therapies.
2. Apply cardio-oncology knowledge to prevent toxicities in patients with cancer.
3. Evaluate an individual patient's pharmacotherapy to distinguish drug-induced cardiovascular disease.
4. Develop a treatment plan for managing ventricular arrhythmias.
5. Account for potential cardiotoxicities when designing an individualized pharmacotherapy plan.

Module II (6.0 CPE): 0217-0000-22-003-H01-P

Chapter: Peripheral Arterial Disease

Learning Objectives

1. Assess patients for risk of peripheral arterial disease (PAD) and determine eligibility for cardiovascular risk reduction strategies.
2. Assess the role of antithrombotic therapy after revascularization for the management of PAD.
3. Evaluate the role of emerging therapies in the management of PAD.
4. Develop a treatment plan for patients with a diagnosis of PAD.
5. Design a treatment plan for patients who present with critical or acute limb ischemia.

Chapter: Antithrombotic Therapy in Cardiac Interventions

Learning Objectives

1. Apply the advances made in percutaneous coronary intervention and complications with coronary stenting to determine appropriate antithrombotic regimens.
2. Analyze recent literature surrounding the use of chemoreceptor P2Y₁₂ inhibitors and oral anticoagulants in patients with coronary artery disease and acute coronary syndromes.
3. Design a treatment plan for a patient with an indication for chronic anticoagulation who is undergoing percutaneous coronary intervention.
4. Distinguish between the various antithrombotic treatment regimens indicated for patients undergoing transcatheter valvular interventions.

Module III (5.0 CPE): 0217-0000-22-004-H01-P

Chapter: Management of Atrial Fibrillation

Learning Objectives

1. Evaluate various types of atrial fibrillation (AF), clinical features, and risk factors according to current literature and guideline recommendations.
2. Justify the place in therapy of oral anticoagulants in AF management.
3. Evaluate differences between rate- and rhythm-control strategies in AF management.
4. Assess nonpharmacologic therapies for stroke prevention and rhythm control in AF, together with clinical considerations surrounding anticoagulation, complications, and contraindications to these therapies.
5. Develop an appropriate treatment plan for AF management in special patient populations.

Chapter: Non-Statin Therapy for Dyslipidemia

Learning Objectives

1. Distinguish between the drug therapy recommendations of several of the latest and leading guidelines.
2. Justify recommendations for individualized non-statin therapy.
3. Evaluate the role and place in therapy of specific non-statin medications.
4. Develop a comprehensive plan to optimize non-statin therapy.

Module IV (5.5 CPE): 0217-0000-22-005-H01-P,

Interactive Case: Hyperlipidemia Management for Special Populations

Learning Objectives

1. Evaluate cardiovascular risk and complications to apply pharmacologic management strategies for hyperlipidemia in older adult patients.
2. Apply pharmacologic management strategies for hyperlipidemia in patients of various racial/ethnic backgrounds.
3. Apply pharmacologic management strategies for hyperlipidemia in patients with HIV infection.
4. Apply pharmacologic management strategies for familial hyperlipidemia.

Interactive Case: Anticoagulation in Special Populations

Learning Objectives

1. Evaluate available evidence pertaining to the use of oral anticoagulants in patients with antiphospholipid syndrome (APS).
2. Apply appropriate diagnostic modalities and construct an anticoagulant therapy plan for patients with suspected or confirmed heparin-induced thrombocytopenia.
3. Evaluate the risk-benefit of vitamin K antagonist and direct oral anticoagulant (DOAC) therapies in patients with renal impairment.
4. Assess the role of DOAC therapy in patients at extremes of weight.

Interactive Case: Cardiovascular Diseases in Pregnancy

Learning Objectives

1. Evaluate patient risk factors for cardiovascular complications during pregnancy and stratify according to the modified WHO pregnancy risk classes.
 2. Distinguish the physiologic and pharmacokinetic changes that occur in pregnancy.
 3. Assess hypertensive disorders of pregnancy and devise treatment plans throughout pregnancy.
 4. Develop an appropriate medical regimen for peripartum cardiomyopathy.
 5. Design safe and effective anticoagulant regimens during pregnancy.
 6. Develop pharmacotherapy to manage acute arrhythmia in the pregnant patient.
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