

M.J. Powers & Co. Continuing Education

PSYCHIATRY DRUG ALERTS

Target Audience

This activity is intended for physicians and other healthcare providers who are involved with or have an interest in the management of psychiatric disorders.

Learning Objectives

- Recognize and implement new approaches to the treatment of psychiatric disorders.
- Determine appropriate treatment selection for psychiatric disorders.
- Identify and appropriately prescribe medications or other therapeutic interventions for various psychiatric disorders.
- Recognize, avoid, and manage drug side effects and drug interactions.

Activity Code 17MP02S / Exam #42

Issues to be included July–December 2017

Release date February 2018

Exam must be returned by June 30, 2019

Upon completing this activity as designed and achieving a passing score of 70% or higher on the post-test examination, participants will receive a letter of credit awarding *AMA PRA Category 1 Credit(s)*[™] and the test answer key four (4) weeks after receipt of the post-test and registration/evaluation form.

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In order to obtain CME/CEU credit, participants are required to complete all of the following:

1. Read the learning objectives and review *Psychiatry Drug Alerts*, Volume XXXI, July 2017 through December 2017 (6 issues) and complete the post-test.
2. Complete the enclosed registration/evaluation form and record your test answers in the boxes using either pen or pencil.
3. Mail the form to **M.J. Powers & Co. Publishers, 45 Carey Ave, Ste 111, Butler, NJ 07405; scan and email it to cme@alertpubs.com; or fax it to 973-898-1201.**

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Disclosure Declarations

Kate Casano has no relevant financial relationships.

Trish Elliott has no relevant financial relationships.

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PSYCHIATRY DRUG ALERTS

1. In a nested case-control analysis of data extracted from the U.K. Clinical Practice Datalink, prolactin-elevating antipsychotics _____ associated with an elevated risk of endometrial cancer compared with prolactin-sparing antipsychotics.

- A. Were
- B. Were not

7/17, pgs. 49–50

2. Risk was slightly elevated, although nonsignificantly, in women under menopausal age and in those aged:

- A. 50–55 years
- B. 51–74 years
- C. 75 years or older

7/17, pgs. 49–50

3. Pharmacological modulation of inflammation may reduce symptoms of depression in patients with mood disorders. Minocycline, a second-generation tetracycline that readily crosses the blood-brain barrier, has anti-inflammatory activity independent of its antibiotic effects.

- A. True
- B. False

7/17, pgs. 50–51

4. In a pilot study of adjunctive minocycline in patients with bipolar depression, minocycline was associated with a significant reduction in mean Montgomery Asberg Depression Rating Scale (MADRS) score during treatment. Response rates ranged from 22% to _____%, depending on the measure.

- A. 27
- B. 30
- C. 33
- D. 40

7/17, pgs. 50–51

5. The neurohormone allopregnanolone increases throughout pregnancy and decreases rapidly upon child-birth; failure of GABA receptors to adapt to the decrease may contribute to postpartum depression. Brexanolone is a proprietary form of allopregnanolone that can be administered intravenously to produce stable serum concentrations equivalent to _____ levels.

- A. Third-trimester
- B. Second-trimester
- C. First-trimester
- D. Pre-pregnancy

7/17, pgs. 51–52

6. In a multicenter, placebo controlled trial of women with postpartum depression, study patients who received brexanolone experienced a mean _____-point reduction in HAM-D score, compared with a nearly 9-point reduction in the placebo group.

- A. 18
- B. 19
- C. 20
- D. 21

7/17, pgs. 51–52

7. According to a meta-analysis of clinical trials, treatment with psychostimulants may reduce depression symptom severity in patients with major depressive disorder, but not in those with bipolar disorder.

- A. True
- B. False

7/17, pgs. 52–53

8. In the analysis of 21 studies, _____ was/were significantly superior to placebo at reducing depressive symptoms.

- A. Adjunctive stimulants only
- B. Stimulant monotherapy only
- C. Both adjunctive therapy and monotherapy

7/17, pgs. 52–53

9. Insulin resistance has been associated with Alzheimer’s-like biomarkers, reduced activation of cerebrocortical insulin receptors, and decreased cerebral glucose metabolism that correlates with memory impairment. Treatment with metformin, an insulin _____, may be a promising alternative approach for patients with Alzheimer’s disease.

- A. Producer
- B. Sensitizer
- C. Blocker
- D. Mimetic

7/17, pgs. 53–54

10. In a pilot study of metformin in patients with Alzheimer’s disease, there were no changes in CSF markers of the disease; however, cognitive testing showed significant improvement in a measure of:

- A. Language
- B. Motor speed
- C. Executive function
- D. All of the above

7/17, pgs. 53–54

11. In a registry-based observation study of patients treated for schizophrenia, the lowest rates of rehospitalization were found for oral clozapine and for long-acting injectable (LAI):

- A. Paliperidone
- B. Perphenazine
- C. Olanzapine
- D. All of the above

7/17, pgs. 54–55

12. Oral flupenthixol (not available in the U.S.) and _____ were associated with the highest rates of rehospitalization.

- A. Quetiapine
- B. Olanzapine
- C. Paliperidone
- D. All of the above

7/17, pgs. 54–55

13. A large, Medicaid-based, retrospective cohort study found that while the risk of lithium-associated cardiac malformations exists, it is much _____ than suggested by earlier data.

- A. Larger
- B. Smaller

7/17, pgs. 55–56

14. A dose-response analysis found lithium-associated risk of cardiac malformation is not dose related.

- A. True
- B. False

7/17, pgs. 55–56

15. In a randomized trial comparing the effects of 12 weeks of clozapine monotherapy with clozapine plus fluvoxamine, both treatments had similar clinical effects.

- A. True
- B. False

8/17, pgs. 57–58

16. Patients in the clozapine monotherapy group gained an average of 5.5 lbs over the 12 weeks, compared 1.5 lbs in the clozapine-plus-fluvoxamine group. However caution is warranted when using this strategy to blunt the effects of clozapine weight gain because fluvoxamine can substantially _____ clozapine levels.

- A. Decrease
- B. Increase

8/17, pgs. 57–58

17. In a randomized trial in patients with hypochondriasis, rates of response were 44% for fluvoxamine monotherapy, _____% for fluvoxamine plus CBT, 40% for CBT alone, and 30% for placebo.

- A. 34
- B. 39
- C. 45
- D. 47

8/17, pgs. 58–59

18. All 3 treatment groups were associated with a faster rate of symptom decline than placebo.

- A. True
- B. False

8/17, pgs. 58–59

19. The American Psychiatric Association consensus statement on the use of ketamine strongly recommends that the relative benefit of each ketamine infusion be weighed against the potential risks of longer-term exposure and the lack of published evidence for prolonged efficacy with ongoing administration. Potential adverse effects associated with chronic, high-frequency ketamine use include all of the following except:

- A. Cystitis
- B. Cognitive impairment
- C. Potential abuse
- D. Extreme irritability

8/17, pgs. 59–60

20. Most reports in the literature detail IV ketamine use at 0.5 mg/kg per 40-minute infusion. However, dose adjustment may be required for patients with _____, in whom greater hemodynamic changes have been observed.

- A. Age greater than 60 years
- B. Diabetes
- C. Body mass index of 30 or higher
- D. All of the above

8/17, pgs. 59–60

21. A new once-daily triple-bead mixed amphetamine salts formulation (*Mydayis*) has received FDA approval for the treatment of ADHD in adults and adolescents aged ≥ 13 years. In clinical trials, the agent was shown to significantly improve symptoms for up to _____ hours.

- A. 12
- B. 16
- C. 18
- D. 24

8/17, pg. 60

22. In a phase-IIB clinical trial of the experimental drug MIN-101 in patients with schizophrenia, after 12 weeks of treatment, MIN-101 produced significantly greater improvement than placebo in mean Positive and Negative Syndrome Scale (PANSS) negative factor scores in a dose-dependent fashion. The improvement in negative symptoms observed with MIN-101 treatment was independent of the improvement in depression.

- A. True
- B. False

8/17, pgs. 60–61

23. In this trial, MIN-101 was well tolerated and did not result in:

- A. Weight gain or suicidality
- B. Prolactin elevation
- C. Extrapyramidal symptoms
- D. All of the above

8/17, pgs. 60–61

24. In a large study conducted by the VA in patients with depression unresponsive to a first-line antidepressant, augmentation with _____ was modestly superior to switching to bupropion monotherapy in bringing about remission.

- A. Fluvoxamine
- B. Aripiprazole
- C. Escitalopram
- D. Paliperidone

8/17, pgs. 61–62

25. The secondary outcome of response, defined as a reduction of 50% or more in the Quick Inventory of Depressive Symptomatology (QIDS) score, occurred in _____% of patients who received augmentation with aripiprazole, compared with 62% of patients who were switched to bupropion.

- A. 65
- B. 69
- C. 71
- D. 74

8/17, pgs. 61–62

26. In a large, well-controlled longitudinal study of suicidal behavior in patients with bipolar disorder, hazard ratios for suicide-related events significantly favored:

- A. Lithium over divalproex
- B. Divalproex over lithium
- C. Neither agent over the other

8/17, pgs. 63–64

27. In this study, suicide risk with lithium monotherapy was the same as risk with lithium–valproate combination therapy.

- A. True
- B. False

8/17, pgs. 63–64

28. In a placebo-controlled withdrawal trial of lisdexamfetamine in patients with moderate-to-severe binge eating disorder, the number of binge-eating days per week decreased from 4.8 at baseline to _____ after 12 weeks of lisdexamfetamine.

- A. 2.4
- B. 1.9
- C. 0.65
- D. 0.13

9/17, pgs. 65–66

29. During the randomized withdrawal phase, relapse occurred in 5 patients receiving lisdexamfetamine and in _____ receiving placebo.

- A. 8
- B. 13
- C. 29
- D. 42

9/17, pgs. 65–66

30. Among atypical antipsychotics, asenapine has a unique activity profile, with potent antagonism for dopamine, serotonin, noradrenaline, and histamine receptors. Asenapine has no affinity for muscarinic receptors, thus it has minimal potential to induce:

- A. Nausea/vomiting
- B. Anticholinergic effects
- C. Hair loss
- D. All of the above

9/17, pgs. 66–67

31. In an extension study in adult patients with schizophrenia, asenapine was associated with more weight gain than olanzapine.

- A. True
- B. False

9/17, pgs. 66–67

32. In a large observational study of lithium drug levels in pregnancy, the average lithium dose was _____ during the second and third trimesters.

- A. Decreased
- B. Increased

9/17, pgs. 67–68

33. The results of this study suggest that lithium blood levels should be monitored closely (e.g., every 3 weeks) until the 34th week of pregnancy, at least weekly until delivery, and then _____ for the first 2 postpartum weeks.

- A. Every 12 hours
- B. Daily
- C. Twice weekly
- D. Weekly

9/17, pgs. 67–68

34. Memantine acts as an uncompetitive NMDA receptor blocker, like ketamine, and also has neuroprotective effects, making it a candidate for treatment of _____ in schizophrenia.

- A. ADHD
- B. Depression
- C. Cognitive effects
- D. Hallucinations

9/17, pgs. 68–69

35. In a placebo-controlled trial in patients with schizophrenia, treatment with adjunctive memantine was associated with improvement in:

- A. General psychopathology
- B. Depression
- C. Positive and negative symptoms
- D. All of the above

9/17, pgs. 68–69

36. According to the results of a pairwise and network meta-analysis, there is little evidence that treatment recommendations for second-generation antipsychotics can be based on differences in:

- A. Efficacy
- B. Adverse effects
- C. Patient preference

9/17, pgs. 69–70

37. Based on these results, until better evidence becomes available, treatment decisions should be guided mainly by adverse effects.

- A. True
- B. False

9/17, pgs. 69–70

38. In a pooled analysis of prospective studies in a large population of drug-naïve patients with first-episode psychosis, which 3 antipsychotic drugs were considered by investigators to be pro-akathisia:

- A. Haloperidol, ziprasidone, olanzapine
- B. Risperidone, quetiapine, ziprasidone
- C. Aripiprazole, ziprasidone, quetiapine
- D. Haloperidol, risperidone, aripiprazole

9/17, pgs. 70–71

39. In this analysis, _____ was/were considered non-akathisia.

- A. Ziprasidone
- B. Olanzapine
- C. Quetiapine
- D. All of the above

9/17, pgs. 70–71

40. Results of a hospital-based retrospective study indicate that in patients taking the antibiotic linezolid, incidence of serotonin syndrome is low and not increased with concomitant use of serotonin reuptake inhibitors.

- A. True
- B. False

9/17, pgs. 71–72

41. In a population-based observational study, adults with comorbid ADHD and substance use disorders were prescribed a 40% higher stimulant dose than those with ADHD alone. Compared with patients with no substance use disorder, the odds of receiving a methylphenidate dosage >72 mg/day were significantly higher in patients with the comorbidity at:

- A. 1 year
- B. 2 years
- C. 3 years
- D. Both 1 and 2 years

10/17, pgs. 73–74

42. In this study, the stimulant dose stabilized over time, suggesting that the patients with substance use disorder _____ experiencing continuously increasing tolerance.

- A. Were
- B. Were not

10/17, pgs. 73–74

43. Results of a population-based study of elderly patients suggest that _____% of depression cases could be avoided by withdrawing proton pump inhibitors (PPIs) in this patient population.

- A. 5
- B. 9
- C. 10
- D. 14

10/17, pgs. 74–75

44. In this study, elderly patients taking H2-receptor antagonists or other antacids also had elevated depression scores and/or rates of depression.

- A. True
- B. False

10/17, pgs. 74–75

45. In an open-label, manufacturer-sponsored study, adjunctive iloperidone was associated with significant reductions in scores for _____ on the 42-item Bipolar Inventory of Symptoms.

- A. Depression
- B. Mania
- C. Irritability
- D. All of the above

10/17, pgs. 75–76

46. In this study, common adverse effects of iloperidone treatment were:

- A. Dry mouth and weight gain
- B. Increased heart rate and dizziness/lightheadedness
- C. Drowsiness/fatigue and body aches/muscle stiffness
- D. All of the above

10/17, pgs. 75–76

47. The results of a meta-analysis of placebo-controlled drug withdrawal trials in patients with anxiety disorders suggest that in patients with anxiety disorders, antidepressants should be continued for _____ to protect against relapse.

- A. 4 months
- B. 6 months
- C. 9 months
- D. 1 year

10/17, pgs. 76–77

48. According to a review, data from clinical trials suggest that ketamine, when used at subanesthetic doses to treat depression, _____ be safely combined with most conventional antidepressants.

- A. Can
- B. Can not

10/17, pgs. 77–78

49. Studies in small numbers of healthy volunteers have shown that rifampin reduces exposure to ketamine, and _____ increase(s) exposure.

- A. NSAIDs
- B. PPIs
- C. St. John's wort
- D. Ticlopidine and clarithromycin

10/17, pgs. 77–78

50. According to a Danish population-wide study, children exposed to antidepressants during gestation had increased rates of psychiatric disorders if their exposure occurred _____ pregnancy.

- A. Before
- B. As a new user during
- C. Before and during
- D. All of the above

10/17, pgs. 78–79

51. The risk did not differ in children exposed to SSRIs versus non-SSRI monotherapy, but it was greater in children whose mothers took a combination of SSRIs and non-SSRIs.

- A. True
- B. False

10/17, pgs. 78–79

52. In a placebo-controlled trial of methylphenidate in men with mild Alzheimer’s disease, patients who took the active drug had significantly greater improvement in the Apathy Evaluation Scale-Clinician version (AES-C) than the placebo group, beginning at week:

- A. 2
- B. 4
- C. 8
- D. 11

10/17, pgs. 79–80

53. Improvement in apathy, as measured on the AES-C, was followed in time by:

- A. Improved cognition
- B. Reduced caregiver burden
- C. Improved function
- D. All of the above

10/17, pgs. 79–80

54. The immune system has been identified as a novel target in the treatment of depression, and replicated evidence clearly supports the strategy. In a meta-analysis of preliminary studies, the tetracycline antibiotic minocycline, which has potent anti-inflammatory and neuroprotective effects, had significant antidepressant effects in patients with major depression.

- A. True
- B. False

11/17, pgs. 81–82

55. Results of a randomized trial suggest that pharmacogenetic-guided drug selection can improve treatment efficacy in patients with depression and/or anxiety. Pharmacogenetic testing produced the most robust results in patients with:

- A. Moderate depression
- B. Severe depression
- C. Anxiety

11/17, pgs. 82–83

56. Although there are no drugs FDA approved to treat delirium, results of a retrospective chart review indicate that the melatonin receptor agonist ramelteon may reduce the use of _____ for agitation in elderly inpatients with delirium.

- A. Sedatives
- B. Benzodiazepines
- C. Antipsychotics
- D. Physical restraints

11/17, pgs. 83–84

57. These results suggest that correcting circadian-rhythm disturbance _____ be a potential treatment for delirium.

- A. May
- B. May not

11/17, pgs. 83–84

58. In a 9-week randomized comparison trial of lithium and divalproex in older adults with bipolar mania, similar proportions of both groups:

- A. Did not complete 9 weeks of study treatment
- B. Used adjunctive risperidone
- C. Experienced sleepiness/sedation
- D. All of the above

11/17, pgs. 84–85

59. In this study, significant differences between the 2 drugs in Young Mania Rating Scale (YMRS) improvement, favoring lithium, were observed at week 3. Further analysis indicated that the difference in efficacy was limited to patients with a baseline YMRS score:

- A. >30
- B. <30
- C. >20
- D. <20

11/17, pgs. 84–85

60. Results of a study in older patients with depression who were taking venlafaxine suggest that antidepressant response may protect against an increase in _____ associated with SRI treatment.

- A. Suicidal ideation
- B. Somnolence
- C. Markers of bone resorption

11/17, pgs. 85–86

61. The present results, while preliminary, support the hypothesis that accelerated bone loss in older individuals taking antidepressants is an effect of the drug, not of depression.

- A. True
- B. False

11/17, pgs. 85–86

62. In a randomized trial comparing extended-release naltrexone (once monthly injection) with buprenorphine–naloxone (daily dosing) for illicit opioid dependence, the treatments were similar with regard to all of the following except:

- A. Mean proportion of opioid-negative urine tests
- B. Mean number of days of heroin use
- C. Mean number of days of other illicit opioid use
- D. Craving/thoughts about illicit opioids/heroin

11/17, pgs. 86–87

63. Patients who received buprenorphine–naloxone had a higher level of satisfaction with treatment and were more likely to recommend it to others than the naltrexone group.

- A. True
- B. False

11/17, pgs. 86–87

64. An FDA advisory committee has recommended approval of an investigational once-monthly sustained-release buprenorphine injection (RBP-6000) for the treatment of moderate-to-severe opioid use disorder.

- A. True
- B. False

11/17, pgs. 87–88

65. In a 42-week extension of a phase-III clinical trial of valbenazine for tardive dyskinesia, _____ was/were sustained.

- A. Efficacy
- B. Safety
- C. Tolerability
- D. All of the above

12/17, pgs. 89–90

66. Ongoing psychiatric evaluation during the trial indicated that valbenazine _____ interfere with the action of antipsychotic or antidepressant medication.

- A. Did
- B. Did not

12/17, pgs. 89–90

67. Full remission is an important treatment goal in bipolar disorder because residual manic symptoms increase the risk of recurrence of:

- A. Depression
- B. Mania
- C. Both depression and mania

12/17, pgs. 90–91

68. An analysis of pooled data from the manufacturer-sponsored clinical trials was conducted to determine rates of response and remission for cariprazine in bipolar mania. According to multiple definitions of response and remission, cariprazine produced significantly higher rates of response and remission than placebo.

- A. True
- B. False

12/17, pgs. 90–91

69. Results of a phase-II study suggest that an investigational formulation of long-acting injectable risperidone provides therapeutic blood levels rapidly without a loading dose or oral supplementation. In the study, adverse effects were as expected for an injectable risperidone formulation and included mild or moderate hyperprolactinemia and:

- A. Injection-site pain, erythema, and induration
- B. Nausea and vomiting
- C. Insomnia
- D. None of the above

12/17, pgs. 91–92

70. In a cross-sectional study in 99 patients with treatment-resistant schizophrenia, 12 patients were found to have undetectable antipsychotic plasma levels and _____ had detectable but subtherapeutic levels.

- A. 15
- B. 20
- C. 23
- D. 31

12/17, pgs. 92–93

71. Clozapine is the only licensed treatment with proven efficacy in refractory schizophrenia, and levels should be investigated before prescribing it. _____ should be considered when other reasons for a low antipsychotic level have been excluded.

- A. Dose increases
- B. A switch to a different antipsychotic
- C. A drug holiday

12/17, pgs. 92–93

72. In a population-wide retrospective cohort study in patients with schizophrenia or schizoaffective disorder, drug-specific risks of constipation were increased for _____ and decreased for other second-generation agents.

- A. Quetiapine
- B. Olanzapine
- C. Clozapine
- D. All of the above

12/17, pgs. 93–94

73. Sertraline _____ improve depressive symptoms in patients with non-dialysis-dependent chronic kidney disease in a placebo-controlled trial.

- A. Did
- B. Did not

12/17, pgs. 94–95

74. In a population-based study, increased risk of new-onset seizure was associated with:

- A. SSRIs
- B. SNRIs
- C. Mirtazapine and bupropion
- D. All of the above

12/17, pgs. 95–96

75. Antidepressant-related seizure risk was highest for patients aged _____ years.

- A. <25
- B. <35
- C. >40
- D. >65

12/17, pgs. 95–96

M.J. Powers & Co. Continuing Education

Psychiatry Drug Alerts - Activity Evaluation Form

Please note: Credit letters will be issued upon receipt of this completed evaluation form. The planning and execution of useful and educationally sound continuing education activities are guided in large part by input from participants. To assist us in evaluating the effectiveness of this activity, please complete this evaluation form. Your response will help ensure that future programs are informative and meet the educational needs of all participants. Thank you for your cooperation!

Program Objectives:						Strongly Agree				Strongly Disagree
Having completed this activity, you are better able to:										
Recognize and implement new approaches to the treatment of psychiatric disorders.	5	4	3	2	1					
Determine appropriate treatment selection for psychiatric disorders.	5	4	3	2	1					
Identify and appropriately prescribe medications or other therapeutic interventions for various psychiatric disorders.	5	4	3	2	1					
Recognize, avoid, and manage drug side effects and drug interactions.	5	4	3	2	1					

Overall Evaluation:						Strongly Agree				Strongly Disagree
The information presented increased my awareness/understanding of the subject.	5	4	3	2	1					
The information presented will influence how I practice.	5	4	3	2	1					
The information presented will help me improve patient care.	5	4	3	2	1					
The information demonstrated current knowledge of the subject.	5	4	3	2	1					
The program was educationally sound and scientifically balanced.	5	4	3	2	1					
The program avoided commercial bias or influence.	5	4	3	2	1					
Overall, the program met my expectations.	5	4	3	2	1					

Based on information presented in the program, I will
(please check one):

- | | |
|---|---|
| <input type="checkbox"/> Do nothing as the content was not convincing. | <input type="checkbox"/> Change my practice. |
| <input type="checkbox"/> Seek additional information on this topic. | <input type="checkbox"/> Do nothing as current practice reflects program's recommendations. |
| <input type="checkbox"/> Do nothing. Barriers at my institution prevent me from changing my practice. | |

If you anticipate changing one or more aspects of your practice as a result of your participation in this activity, please provide us with a brief description of how you plan to do so: _____

Please provide any additional comments pertaining to this activity and suggestions for improvement: _____

Please list any topics that you would like to be addressed in future educational activities: _____

ANSWER SHEET

PSYCHIATRY DRUG ALERTS

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Activity Code: 17MP02S Test 42

e-mail address (for credit notification)

1	A	B	C	D	26	A	B	C	D	51	A	B	C	D
2	A	B	C	D	27	A	B	C	D	52	A	B	C	D
3	A	B	C	D	28	A	B	C	D	53	A	B	C	D
4	A	B	C	D	29	A	B	C	D	54	A	B	C	D
5	A	B	C	D	30	A	B	C	D	55	A	B	C	D
6	A	B	C	D	31	A	B	C	D	56	A	B	C	D
7	A	B	C	D	32	A	B	C	D	57	A	B	C	D
8	A	B	C	D	33	A	B	C	D	58	A	B	C	D
9	A	B	C	D	34	A	B	C	D	59	A	B	C	D
10	A	B	C	D	35	A	B	C	D	60	A	B	C	D
11	A	B	C	D	36	A	B	C	D	61	A	B	C	D
12	A	B	C	D	37	A	B	C	D	62	A	B	C	D
13	A	B	C	D	38	A	B	C	D	63	A	B	C	D
14	A	B	C	D	39	A	B	C	D	64	A	B	C	D
15	A	B	C	D	40	A	B	C	D	65	A	B	C	D
16	A	B	C	D	41	A	B	C	D	66	A	B	C	D
17	A	B	C	D	42	A	B	C	D	67	A	B	C	D
18	A	B	C	D	43	A	B	C	D	68	A	B	C	D
19	A	B	C	D	44	A	B	C	D	69	A	B	C	D
20	A	B	C	D	45	A	B	C	D	70	A	B	C	D
21	A	B	C	D	46	A	B	C	D	71	A	B	C	D
22	A	B	C	D	47	A	B	C	D	72	A	B	C	D
23	A	B	C	D	48	A	B	C	D	73	A	B	C	D
24	A	B	C	D	49	A	B	C	D	74	A	B	C	D
25	A	B	C	D	50	A	B	C	D	75	A	B	C	D

I attest that I have completed the Psychiatry Drug Alerts activity as designed.

Physicians: I claim ____ *AMA PRA Category 1 Credit(s)*TM for participating in this activity (1 credit for each hour of participation, not to exceed 12 credits).

Non-Physicians: I claim (up to 1.2) ____ Continuing Education Units (CEUs). One CEU is awarded for 10 contact hours of instruction.

Signature _____
Exam must be returned by June 30, 2019

Date _____
CME Activity Code: 17MP02S Test 42