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 18MP01S / Exam #43

Issues to be included	January–June 2018
Release date	August 2018
Exam must be returned by	December 31, 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.

Accreditation
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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 XXXII, January 2018 through June 2018 (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.**

PSYCHIATRY DRUG ALERTS

1. Results of a systematic review and meta-analysis suggest that the newer antidepressants levomilnacipran, vilazodone, and vortioxetine do not differ significantly in efficacy from:

A. Each other
B. Older second-generation antidepressants
C. Older second-generation antidepressants or each other
D. Tricyclic antidepressants

1/18, pgs. 1–2

2. While the safety analysis was based on limited evidence, the newer antidepressants had similar rates of overall adverse events and related discontinuation relative to other second-generation agents.

A. True
B. False

1/18, pgs. 1–2

****

3. In a randomized trial in patients with major depressive disorder, ketamine infusion resulted in rapid reduction in:

A. Manic symptoms
B. Auditory hallucinations
C. Suicidal ideation
D. All of the above

1/18, pgs. 2–3

****

4. In a phase-II clinical trial of intranasal esketamine in patients with treatment-resistant depression, efficacy was significantly greater with esketamine than placebo and was:

A. Dose related
B. Not dose related

1/18, pgs. 3–4

5. Improvement was maintained over the 8-week follow-up phase _____ additional ketamine.

A. With
B. Without

1/18, pgs. 3–4

****

6. In a proof-of-concept study in healthy men with no psychiatric disorder, olanzapine plus the opioid antagonist samidorphan was associated with significantly less weight gain than olanzapine monotherapy: 4.8 lbs versus _____ lbs over 3 weeks of treatment.

A. 5.4
B. 5.9
C. 6.6
D. 6.8

1/18, pgs. 4–5

****

7. Results of a study conducted by the International Pregnancy Safety Study Consortium indicate that amphetamine exposure during pregnancy is associated with an increase in congenital cardiac malformations.

A. True
B. False

1/18, pgs. 5–6

8. In this study, methylphenidate exposure during pregnancy was associated with a 28% increase in risk of:

A. Anotia/microtia
B. Spina bifida
C. Cardiac malformations
D. All of the above

1/18, pgs. 5–6

****

9. In a pooled analysis of the manufacturer's registration trials, the incidence of valbenazine-associated treatment-emergent cardiovascular adverse events was _____ and similar with valbenazine and placebo.

A. Low
B. High

1/18, pgs. 6–7

****

10. In a randomized trial, treatment with transdermal estradiol plus progesterone reduced depressive symptoms during the menopause transition; however, subgroup analysis showed that the benefits of the hormone therapy were confined to women in:

A. Early perimenopause
B. Late perimenopause
C. Early postmenopause

1/18, pgs. 7–8

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11. According to the American Psychiatric Association guideline, _____ is recommended as first-line treatment in patients with moderate or severe alcohol use disorder.

A. Gabapentin
B. Gabapentin or topiramate
C. Naltrexone or acamprosate
D. A benzodiazepine or SSRI

2/18, pgs. 9–10

12. Lower quality evidence suggests that disulfiram may be used in patients who:

A. Have a goal of achieving abstinence
B. Can understand the risks of alcohol consumption while taking the drug
C. Prefer disulfiram
D. All of the above

2/18, pgs. 9–10

13. Topiramate has shown moderate effect sizes in alcohol use disorder, but harms include:

A. Cognitive dysfunction and weight gain
B. Dizziness and weight loss
C. Somnolence and dizziness
D. Cognitive dysfunction, dizziness, and weight loss

2/18, pgs. 9–10

****

14. In a randomized withdrawal study in patients with bipolar I disorder who initially experienced response to asenapine, maintenance therapy with the drug prevented recurrence of a mood episode.

A. True
B. False

2/18, pgs. 10–11

15. In this study, the number needed to treat to prevent any mood episode recurrence was_____, and treatment appeared to be more effective at preventing manic episodes than depressive or mixed episodes.

A. 2
B. 5
C. 8
D. 19

2/18, pgs. 10–11

****

16. In a preliminary controlled study in women with anorexia nervosa, treatment with relamorelin was associated with:

A. Accelerated gastric emptying
B. Modest weight gain
C. Accelerated gastric emptying and modest weight gain

2/18, pgs. 11–12

****

17. Results of short-term antipsychotic studies have suggested that _____ has the most benign metabolic profile.

A. Quetiapine
B. Risperidone
C. Ziprasidone
D. Aripiprazole

2/18, pgs. 12–13

18. A study was conducted to compare the metabolic effects of ziprasidone, aripiprazole, and quetiapine in patients with first-episode psychosis. After 1 year of follow-up, there were no differences among the 3 medication groups with regard to metabolic outcomes.

A. True
B. False

2/18, pgs. 12–13

****

19. According to results of a nationwide retrospective cohort study from Taiwan, a history of frequent low-grade upper respiratory infections is associated with incidence of:

A. OCD
B. Depression
C. Psychosis
D. Anxiety symptoms

2/18, pgs. 13–14

20. In this study, responsiveness to antidepressant medications differed significantly according to status of repeated low-grade infections, with higher rates of _____ among those with recurrent infections.

A. Responsive depression
B. Difficult-to-treat depression
C. Suicidal ideation
D. Comorbid bulimia nervosa

2/18, pgs. 13–14

****

21. In a randomized trial conducted in U.S. military veterans at 12 VA medical centers, treatment of PTSD-related nightmares with prazosin _____ significantly more effective than placebo.

A. Was
B. Was not

2/18, pgs. 14–15

****

22. Results of a meta-analysis suggest that silexan reduces subthreshold _____ symptoms.

A. Manic
B. Depressive
C. OCD
D. Anxiety

2/18, pgs. 15–16

23. Silexan appears to be well tolerated; predominant adverse effects include:

A. Belching
B. Allergic skin reactions
C. Dyspeptic symptoms
D. All of the above

2/18, pgs. 15–16

****

24. In spite of an FDA warning about risk of serotonin syndrome with concomitant use of triptans and SSRIs/SNRIs, analysis of 14 years of data showed that in >19, 000 patients who received both drug types, _____% experienced extrapyramidal symptoms.

A. 0.01
B. 0.26
C. 0.61
D. 1.09

3/18, pgs. 17–18

25. Using a strict, conservative case definition, the incidence of serotonin syndrome in this population was _____ per 10,000 person-years.

A. 0.6
B. 0.89
C. 1.24
D. 1.83

3/18, pgs. 17–18

****

26. According to a combined analysis of 5 clinical trials, mifepristone can reduce _____ symptoms in patients with psychotic depression.

A. Cognitive
B. Negative
C. Positive
D. Cognitive and negative

3/18, pgs. 18–19

27. In the 5 trials analyzed, efficacy was limited to study patients who had:

A. A score of ≥8 on the BPRS
B. Relatively high plasma levels
C. Taken a mifepristone dosage >300 mg/day
D. All of the above

3/18, pgs. 18–19

****

28. In a population-based, naturalistic study in patients with schizophrenia, those who were given a stimulant prescription experienced improved functional outcomes, but this effect was largely confined to:

A. Patients taking concomitant benzodiazepines
B. Patients over age 50 years
C. Men
D. Women

3/18, pgs. 19–20

29. Despite concerns that stimulants could worsen positive symptoms by increasing the availability of synaptic dopamine in the limbic system, the study findings regarding hospitalization suggest they did not.

A. True
B. False

3/18, pgs. 19–20

****

30. In the preliminary trial in patients with bipolar disorder I, II, or NOS, _____ was effective as adjunctive treatment of bipolar depression.

A. Aspirin
B. Minocycline
C. Aspirin plus minocycline
D. Neither aspirin nor minocycline

3/18, pgs. 20–21

31. Interest in drugs with antiinflammatory activity as treatment for bipolar depression is increasing. Aspirin and minocycline were investigated in this preliminary study because they:

A. Penetrate the brain
B. Are well tolerated
C. Act by different antiinflammatory mechanisms
D. All of the above

3/18, pgs. 20–21

****

32. In a small randomized trial of augmentation of risperidone with fluvoxamine in patients with schizophrenia, negative symptom improvement was significantly greater with:

A. Placebo
B. Fluvoxamine

3/18, pg. 21

33. Among the subdomains of the Scale for the Assessment of Negative Symptoms (SANS), improvement was seen in:

A. Poverty of speech
B. Attention deficit
C. Curbing of interests
D. All of the above

3/18, pg. 21

****

34. In a systematic review and network meta-analysis of efficacy and tolerability of 21 antidepressants in major depression, all study medications were more effective than placebo at producing response. Relative to placebo, _____ had the highest odds ratio for response.

A. Milnacipran
B. Escitalopram
C. Amitriptyline
D. Fluoxetine

3/18, pgs. 22–23

35. The highest dropout rates, a study marker for acceptability, were associated with amitriptyline, clomipramine, duloxetine, fluvoxamine, reboxetine, trazodone, and:

A. Venlafaxine
B. Sertraline
C. Fluoxetine
D. All of the above

3/18, pgs. 22–23

36. In this study, agents that emerged as combining a relatively high response rate and a low dropout rate included escitalopram, mirtazapine, and:

A. Paroxetine
B. Agomelatine
C. Sertraline
D. All of the above

3/18, pgs. 22–23

****

37. Safety data were analyzed from a multinational inferiority study comparing 3-month with 1-month long-acting injectable paliperidone. The results of this analysis show that the 3-month formulation had similar rates of local pain and reactions to the 1-month formulation.

A. True
B. False

3/18, pgs. 23–24

****

38. In a population-based cohort study in patients who had a diagnosis of chronic kidney disease (CKD) and also had a history of lithium or anticonvulsant exposure, continued use of lithium after diagnosis of mild CKD _____ increase the rate of progression to end-stage renal disease.

A. Did
B. Did not

4/18, pgs. 25–26

****

39. In a follow-up study in patients who received treatment for first-episode schizophrenia in a randomized maintenance trial, _____ discontinuation of maintenance therapy was associated with poor clinical outcomes at 10 years.

A. Early
B. Late

4/18, pgs. 26–27

40. The results of this study suggest that for patients who have had a full response, continuing antipsychotic medication for _____ after starting treatment may prevent relapse and reduce the risk of a poor outcome.

A. 6 months
B. 12 months
C. 24 months
D. 3 years

4/18, pgs. 26–27

****

41. Antipsychotics are likely associated with increased risk of venous thromboembolism (both deep vein thrombosis and pulmonary embolism), according to a review of observational studies. The highest risk of antipsychotic-associated VTE occurs during the first _____ of drug use.

A. 30 days
B. 6 weeks
C. 3 months
D. Year

4/18, pgs. 27–28

42. The etiology of antipsychotic-associated venous thromboembolism (VTE) is not known but is likely multifactorial. Risk for VTE can be estimated using a score that incorporates nonpsychiatric risk factors such as age and:

A. Obesity
B. Immobilization
C. Acute infection
D. All of the above

4/18, pgs. 27–28

****

43. In a preliminary placebo-controlled trial of adjunctive cannabidiol in patients with schizophrenia, PANSS _____ scores were decreased to a significantly greater degree with active treatment.

A. Total
B. Negative
C. Positive
D. All of the above

4/18, pgs. 28–29

44. In this study, adverse events:

A. Were mild
B. Were mostly gastrointestinal
C. Resolved without treatment
D. All of the above

4/18, pgs. 28–29

****

45. In a small, open-label study in patients with treatment-resistant depression, administration of psilocybin had:

A. Long-term beneficial effects and was well tolerated
B. Short-term beneficial effects but was not well tolerated
C. No effect but was well tolerated
D. No effect and was not well tolerated

4/18, pgs. 29–30

46. Of the 19 patients who completed 2 psilocybin treatments, 14 reported experiencing autobiographical visions, which were usually seen as:

A. Terrifying
B. Informative but terrifying
C. Fun
D. Insightful and informative

4/18, pgs. 29–30

****

47. Psychotic symptoms in Parkinson's disease are very similar to positive symptoms in schizophrenia.

A. True
B. False

4/18, pg. 30

48. Before initiating treatment for psychosis in patients with Parkinson's disease, medical illness and medication associations should be ruled out and addressed. If the symptoms continue to require treatment, pimavanserin (the only FDA approved medication for the indication) and _____ have convincing evidence of efficacy.

A. Haloperidol
B. Aripiprazole
C. Clozapine
D. Quetiapine

4/18, pg. 30

****

49. Results of a meta-analysis of long-term acute treatment trials suggest that depressive symptoms that do not initially respond to antidepressant monotherapy may continue to show improvement over _____ without a change in treatment.

A. 60 days
B. 3 months
C. 4 months
D. 6 months

4/18, pgs. 31–32

50. However, the likelihood of improvement after _____ of nonresponse is relatively small.

A. 8 weeks
B. 12 weeks
C. 4 months
D. 6 months

4/18, pgs. 31–32

51. Results of an observational study suggest that co-administration of quetiapine and venlafaxine could influence antidepressant action.

A. True
B. False

5/18, pgs. 33–34

****

52. In this analysis, comedication was associated with a 29.3% increase in levels of O-desmethylvenlafaxine and a 15.8% increase in the active moiety, indicating _____ venlafaxine clearance.

A. Increased
B. Reduced

5/18, pgs. 33–34

****

53. The FDA has issued a warning that lamotrigine can cause hemophagocytic lymphohistiocytosis (HLH), a rare but serious immune system reaction. HLH triggers an uncontrolled immune response that can lead to serious _____ issues.

A. Liver and kidney
B. Lung
C. Blood cell
D. All of the above

5/18, pg. 34

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54. A review of published case reports suggests that rechallenge with clozapine may be an option for patients who have stabilized following drug-induced neutropenia or neuroleptic malignant syndrome. Rechallenge after _____ or myocarditis is not advised.

A. Stevens-Johnson Syndrome
B. Toxic epidermal necrolysis
C. Agranulocytosis
D. All of the above

5/18, pg. 34

****

55. There is existing concern that clozapine-associated cardiovascular effects may increase mortality risk. However, the results of a meta-analysis of studies lasting more than a year indicate that continuous use of clozapine appears to be associated with _____ compared with other antipsychotics.

A. Reduced cardiovascular effects
B. Reduced mortality
C. Improved metabolic profile
D. None of the above

5/18, pg. 35

****

56. In a manufacturer-sponsored trial, a combined formulation of aripiprazole and sertraline was superior to sertraline plus placebo in patients with resistant depression. Aripiprazole–sertraline was significantly superior to placebo–sertraline for:

A. Decrease in mean MADRS score
B. Response
C. Remission
D. All of the above

5/18, pgs. 35–36

****

57. Mazindol is a _____ reuptake inhibitor that was previously introduced for treatment of obesity but withdrawn from the market because of low sales.

A. Serotonin
B. Noradrenaline
C. Dopamine
D. All of the above

5/18, pgs. 36–37

58. In a phase-II placebo-controlled trial, controlled-release mazindol was effective in adults with ADHD, with an effect size _____ stimulants.

A. Greater than
B. Comparable to
C. Lower than

5/18, pgs. 36–37

****

59. The FDA recently approved lofexidine hydrochloride, the first nonopioid medication for the alleviation of opioid withdrawal symptoms in adults in order to expedite abrupt discontinuation. The newly approved drug _____ a treatment for opioid use disorder.

A. Is
B. Is not

5/18, pgs. 37–38

****

60. In a large trial in a general population of smokers with or without established psychiatric disorders, smoking-cessation medications _____ associated with cardiovascular risk.

A. Were
B. Were not

5/18, pgs. 37–38

61. Results of this analysis did not differ for the period during treatment, during the 30 days after completion, or at 1 year, nor did they differ in patients in _____ cardiovascular risk categories.

A. Low
B. Medium
C. High
D. Any of the above

5/18, pgs. 37–38

****

62. Brexpiprazole and lurasidone are both believed to have neutral effects on weight, but there have been no head-to-head comparisons reported. In a network meta-analysis that compared placebo-controlled acute treatment trials in patients with schizophrenia, _____ was associated with somewhat less weight gain and better metabolic outcomes.

A. Brexpiprazole
B. Lurasidone

5/18, pg. 39

****

63. A comprehensive review of controlled augmentation studies in adults with ongoing psychotic symptoms despite an adequate trial of clozapine, identified aripiprazole, fluoxetine, and _____ as having the best evidence for efficacy.

A. ECT
B. Haloperidol
C. Quetiapine
D. Valproate

6/18, pgs. 41–42

64. According to the review, memantine may be effective for:

A. Negative symptoms
B. Positive symptoms
C. Total psychotic symptoms

6/18, pgs. 41–42

****

65. In a randomized head-to-head comparison, inhaled loxapine had a more rapid onset of action than IM aripiprazole in patients with acute agitation associated with bipolar I disorder or schizophrenia. The median time to onset of action was 60 min for IM aripiprazole and _____ min for inhaled loxapine.

A. 38
B. 45
C. 50
D. 53

6/18, pgs. 42–43

66. In addition to the more rapid action than IM injection, inhaled loxapine may have other advantages that are relevant to treating agitation, including:

A. Pleasant smell
B. Non-coercive, noninvasive mode of administration
C. No adverse effects
D. All of the above

6/18, pgs. 42–43

****

67. A review of phase-I safety data compiled by the drug manufacturer indicates that vortioxetine can be administered without adjustments to the recommended dosage in most patient populations and there are few clinically significant potential drug interactions.

A. True
B. False

6/18, pgs. 43–44

68. However, it is recommended that the vortioxetine dose be reduced by half when given with _____ or other strong inhibitors of CYP2D6, such as fluoxetine, paroxetine, or quinidine.

A. Aspirin
B. Omeprazole
C. Ethanol
D. Bupropion

6/18, pgs. 43–44

****

69. According to the results of a cohort study in women who received antipsychotic treatment before pregnancy, those who continued taking some antipsychotics during pregnancy had an elevated risk of gestational diabetes, compared with those who stopped. The highest risk was associated with _____ and was dose-related.

A. Risperidone
B. Ziprasidone
C. Olanzapine
D. Aripiprazole

6/18, pgs. 44–45

70. After adjustment for a large number of covariates, risk for gestational diabetes was also elevated for:

A. Quetiapine
B. Ziprasidone
C. Aripiprazole
D. All of the above

6/18, pgs. 44–45

****

71. Compared with other antipsychotics, switching to aripiprazole _____ appear to be associated with increased risk of psychotic worsening, according to a meta-analysis of randomized trials.

A. Does
B. Does not

6/18, pgs. 45–46

72. However, switching to aripiprazole was associated with a significantly increased likelihood of discontinuation for lack of efficacy.

A. True
B. False

6/18, pgs. 45–46

****

73. In a nationwide cohort study, after sensitivity analysis, the drug treatment for bipolar disorder associated with the lowest rate of rehospitalization due to mental or physical illness was:

A. Quetiapine
B. Gabapentin
C. Valproate
D. Lithium

6/18, pgs. 46–47

74. The most commonly prescribed antipsychotic, _____, was only modestly effective at reducing psychiatric hospitalization.

A. Lithium
B. Quetiapine
C. Risperidone
D. Carbamazepine

6/18, pgs. 46–47

****

75. According to the results of a pooled analysis of 2 randomized controlled trials in patients taking levodopa for Parkinson's disease, sustained-release amantadine is associated with significant reductions in dyskinesia and total daily "off" time and does not worsen the underlying Parkinson's disease or:

A. Cause orthostatic hypotension
B. Produce short-term memory loss
C. Impair motor activities of daily living

6/18, pgs. 47–48

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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: Having completed this activity, you are better able to:	**Strongly Agree**				**Strongly Disagree**
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):

- ❑ Do nothing as the content was not convincing.
- ❑ Seek additional information on this topic.
- ❑ Do nothing. Barriers at my institution prevent me from changing my practice.
- ❑ Change my practice.
- ❑ Do nothing as current practice reflects program's recommendations.

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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Email: cme@alertpubs.com Fax: 973-898-1201

Activity Code: 18MP01S Test 43

_____
e-mail address (for credit notification)

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

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

❑ **Physicians:** I claim____ *AMA PRA Category 1 Credit(s)*™ 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_____**Date**_____

Exam must be returned by December 31, 2019 **CME Activity Code: 18MP01S Test 43**