Psychiatry Drug Alerts 2018 Self-Assessment Module 3: Peer Comparison

You recently participated in an ABPN-approved Self-Assessment activity relevant to your specialty and/or subspecialty. This peer comparison report provides you with feedback on your performance, relative to your peers, on the test module. In order to recognize your current knowledge base and to identify specific topics where further study may be needed, please review your answers to the following questions and compare them with those of your peers.

1) 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.		
0.01	100.00 %	
0.26	0.00 %	
0.61	0.00 %	
1.09	0.00 %	
2) Using a strict, conservative case definition, the incidence per 10,000 person-years.	e of serotonin syndrome in this population was	
0.6	100.00 %	
0.89	0.00 %	
1.24	0.00 %	
1.83	0.00 %	
3) According to a combined analysis of 5 clinical trials, mife patients with psychotic depression.	epristone can reduce symptoms in	
Cognitive	0.00 %	
Negative	0.00 %	
Positive	100.00 %	
Cognitive and negative	0.00 %	
4) In the 5 trials analyzed, efficacy was limited to study pa	tients who had:	
A score of at least 8 on the BPRS	5.88 %	
Relatively high plasma levels	76.47 %	
Taken a mifepristone dosage higher than 300 mg/day	0.00 %	
All of the above	17.65 %	

5) 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:

Women	100.00 %
Men	0.00 %
Patients over age 50 years	0.00 %
Patients taking concomitant benzodiazepines	0.00 %

6) 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.		
True	100.00 %	
False	0.00 %	
7) In the preliminary trial in patients with bipolar disor treatment of bipolar depression.	der I, II, or NOS,	was effective as adjunctive
Aspirin	0.00 %	
Minocycline	0.00 %	
Aspirin plus minocycline	100.00 %	
Neither aspirin nor minocycline	0.00 %	
8) Interest in drugs with anti-inflammatory activity as and minocycline were investigated in this preliminary s		r depression is increasing. Aspirin
Penetrate the brain	0.00 %	
Are well tolerated	6.25 %	
Act by different anti-inflammatory mechanisms	0.00 %	
All of the above	93.75 %	
9) In a small randomized trial of augmentation of rispe schizophrenia, negative symptom improvement was si		
Placebo	0.00 %	
Fluvoxamine	100.00 %	
10) Among the subdomains of the Scale for the Assessi seen in:	ment of Negative Syn	nptoms (SANS), improvement was
Poverty of speech	0.00 %	
Attention deficit	0.00 %	
Curbing of interests	0.00 %	
All of the above	100.00 %	
11) In a systematic review and network meta-analysis major depression, all studies medications were more e to placebo, had the highest odds ratio for resp	ffective than placebo	
Milnacipran	0.00 %	
Escitalopram	5.88 %	
Amitriptyline	94.12 %	
Fluoxetine	0.00 %	

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

Venlafaxine	100.00 %
Sertraline	0.00 %
Fluoxetine	0.00 %
All of the above	0.00 %

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

Agomelatine	5.88 %
Sertraline	0.00 %
All of the above	94.12 %

14) 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.

True	100.00 %
False	0.00 %