

Psychiatry Drug Alerts 2018 Self-Assessment Module 4: 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 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.

Did	5.88 %
Did not	94.12 %

2) In this study, the absolute risk of progression to end-stage renal disease was 20% over the 10 years post diagnosis, with a significant difference between lithium and anticonvulsant exposure.

True	0.00 %
False	100.00 %

3) 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.

Early	100.00 %
Late	0.00 %

4) 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.

6 months	0.00 %
12 months	0.00 %
24 months	5.88 %
3 years	94.12 %

5) 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.

30 days	0.00 %
6 weeks	0.00 %
3 months	100.00 %
Year	0.00 %

6) 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:

Obesity	0.00 %
Immobilization	0.00 %
Acute infection	0.00 %
All of the above	100.00 %

7) 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.

Total	5.88 %
Negative	0.00 %
Positive	94.12 %
All of the above	0.00 %

8) In this study, adverse events:

Were mild	0.00 %
Were mostly gastrointestinal	0.00 %
Resolved without treatment	0.00 %
All of the above	100.00 %

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

Long-term beneficial effects and was well tolerated	100.00 %
Had short-term beneficial effects but was not well tolerated	0.00 %
Had no effect but was well tolerated	0.00 %
Had no effect and was not well tolerated	0.00 %

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

Terrifying	0.00 %
Informative but terrifying	5.88 %
Fun	0.00 %
Insightful and informative	94.12 %

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

True	0.00 %
False	100.00 %

12) 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.

Haloperidol	0.00 %
Aripiprazole	0.00 %
Clozapine	100.00 %
Quetiapine	0.00 %

13) 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.

60 days	0.00 %
3 months	100.00 %
4 months	0.00 %
6 months	0.00 %

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

8 weeks	0.00 %
12 weeks	100.00 %
4 months	0.00 %
6 months	0.00 %