## Psychiatry Drug Alerts 2018 Self-Assessment Module 5: 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) Results of an observational study suggest that coadministration of quetiapine and venlafaxine could influence antidepressant action.

True	100.00 %	
False	0.00 %	
2) 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.		
Increased	0.00 %	
Reduced	100.00 %	
3) 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.		
Liver and kidney	0.00 %	
Lung	0.00 %	
Blood cell	0.00 %	
All of the above	100.00 %	
4) 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.		
ajtel or myodarates is not davised.		
Stevens-Johnson Syndrome	0.00 %	
	0.00 % 0.00 %	
Stevens-Johnson Syndrome		
Stevens-Johnson Syndrome Toxic epidermal necrolysis	0.00 %	
Stevens-Johnson Syndrome Toxic epidermal necrolysis Agranulocytosis	0.00 % 100.00 % 0.00 %  ovascular effects may increase mortality risk. hore than a year indicate that continuous use of	
Stevens-Johnson Syndrome Toxic epidermal necrolysis Agranulocytosis All of the above  5) There is existing concern that clozapine-associated cardio However, the results of a meta-analysis of studies lasting meta-analysis of studies	0.00 % 100.00 % 0.00 %  ovascular effects may increase mortality risk. hore than a year indicate that continuous use of	
Stevens-Johnson Syndrome Toxic epidermal necrolysis  Agranulocytosis All of the above  5) There is existing concern that clozapine-associated cardio However, the results of a meta-analysis of studies lasting meta-analysis of studie	0.00 % 100.00 % 0.00 %  ovascular effects may increase mortality risk. nore than a year indicate that continuous use of with other antipsychotics.	
Stevens-Johnson Syndrome Toxic epidermal necrolysis  Agranulocytosis All of the above  5) There is existing concern that clozapine-associated cardia However, the results of a meta-analysis of studies lasting in clozapine appears to be associated with compared Reduced cardiovascular effects	0.00 % 100.00 % 0.00 %  ovascular effects may increase mortality risk. fore than a year indicate that continuous use of with other antipsychotics.  0.00 %	
Stevens-Johnson Syndrome Toxic epidermal necrolysis Agranulocytosis All of the above  5) There is existing concern that clozapine-associated cardio However, the results of a meta-analysis of studies lasting in clozapine appears to be associated with compared Reduced cardiovascular effects  Reduced mortality	0.00 % 100.00 % 0.00 %  ovascular effects may increase mortality risk. fore than a year indicate that continuous use of with other antipsychotics.  0.00 % 100.00 %	

Monitoring	0.00 %
Surveillance	0.00 %
Both of the above	100.00 %
	d formulation of aripiprazole and sertraline was superior to t depression. Aripiprazole—sertraline was significantly superior
Decrease in mean MADRS score	0.00 %
Response	0.00 %
Remission	0.00 %
All of the above	100.00 %
8) Akathisia occurred in 12.9% of the aripiprazol The low incidence of akathisia, relative to other	le—sertraline group and 3.4% of the placebo—sertraline group. trials, may be due to:
The relatively low aripiprazole dose	92.86 %
Slow titration	0.00 %
Older treatment group	0.00 %
All of the above	7.14 %
<ol><li>Mazindol is a reuptake inhibitor hat withdrawn from the market because of low sale</li></ol>	was previously introduced for treatment of obesity but es.
Serotonin	0.00 %
Noradrenaline	0.00 %
Dopamine	0.00 %
All of the above	100.00 %
10) In a phase-II placebo-controlled trial, controlants.	lled-release mazindol was effective in adults with ADHD, with
Greater than	7.14 %
Comparable to	92.86 %
Lower than	0.00 %
	chloride, the first nonopioid medication for the alleviation of to expedite abrupt discontinuation. The newly approved drug
Is	7.14 %
ls not	92.86 %

6) Possible explanations for this result include superior efficacy, leading to improved function and self-care,

and closer clinical:

12) In a large trial in a general population of smokers with or without established psychiatric disorders, smoking-cessation medications associated with cardiovascular risk.		
Were	0.00 %	
Were not	100.00 %	
	iffer for the period during treatment, during the 30 days after completion, atients in cardiovascular risk categories.	
Low	0.00 %	
Medium	0.00 %	
High	0.00 %	
Any of the above	100.00 %	
14) 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.		
Brexpiprazole	7.14 %	
Lurasidone	92.86 %	