

Psychiatry Drug Alerts 2018 Self-Assessment Module 6: 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) 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.

ECT	0.00 %
Haloperidol	0.00 %
Quetiapine	0.00 %
Valproate	100.00 %

2) According to the review, memantine may be effective for:

Negative symptoms	100.00 %
Positive symptoms	0.00 %
Total psychotic symptoms	0.00 %

3) 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.

38	7.14 %
45	0.00 %
50	92.86 %
65	0.00 %

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

Pleasant smell	0.00 %
Noncoercive, noninvasive mode of administration	100.00 %
No adverse effects	0.00 %
All of the above	0.00 %

5) 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.

True	100.00 %
False	0.00 %

6) 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.

Aspirin	0.00 %
Omeprazole	0.00 %
Ethanol	0.00 %
Bupropion	100.00 %

7) 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.

Risperidone	0.00 %
Ziprasidone	0.00 %
Olanzapine	100.00 %
Aripiprazole	0.00 %

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

Quetiapine	92.86 %
Ziprasidone	0.00 %
Aripiprazole	0.00 %
All of the above	7.14 %

9) 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.

Does	0.00 %
Does not	100.00 %

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

True	92.86 %
False	7.14 %

11) 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:

Quetiapine	0.00 %
Gabapentin	0.00 %
Valproate	0.00 %
Lithium	100.00 %

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

Lithium	0.00 %
Quetiapine	100.00 %
Risperidone	0.00 %
Carbamazepine	0.00 %

13) 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:

Cause orthostatic hypotension	0.00 %
Produce short-term memory loss	7.14 %
Impair motor activities of daily living	92.86 %