

Child & Adolescent Psychiatry 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) Buspirone is FDA approved for treatment of anxiety in adults, and case reports have suggested it may be effective in younger patients. However, a literature review identified only 2 randomized trials of the agent for pediatric anxiety, and both studies were conducted nearly 2 decades ago. A reanalysis of the data from those studies, which were unpublished, _____ buspirone's efficacy in children and adolescents.

Supported	0.00 %
Did not support	11.11 %
Could neither support nor refute	88.89 %

2) Adverse events in these 2 studies were minimal, and _____ was the only event significantly elevated relative to placebo.

Lightheadedness	100.00 %
Weight loss	0.00 %
Insomnia	0.00 %
Nausea	0.00 %

3) Results of a clinical trial in adolescents with manic or mixed-episode bipolar disorder suggest that _____ is the best predictor of response and remission with olanzapine.

Absence of comorbidity	0.00 %
Family support	0.00 %
Socioeconomic status	0.00 %
Early improvement	100.00 %

4) In this study, statistical calculations identified an optimal cutoff point of a 35.5% reduction in Young Mania Rating Scale score during week _____ as having the greatest accuracy in predicting ultimate response.

1	100.00 %
2	0.00 %
6	0.00 %
8	0.00 %

5) These observations suggest that initial treatment of mania with olanzapine should be reevaluated in patients who do not show substantial improvement within the first week.

True	100.00 %
False	0.00 %

6) In an analysis of clinical trial data of fluoxetine in pediatric depression, children and adolescents whose depression was successfully treated with the drug had an increased risk of relapse if they had comorbid _____ at baseline and higher levels of residual symptoms after acute treatment.

Anxiety	0.00 %
Dysthymia	100.00 %
ADHD	0.00 %
OCD	0.00 %

7) In this study, gender was a moderator of relapse in fluoxetine-treated patients, with a nearly 9-fold greater risk of relapse in _____ who continued the drug.

Boys	0.00 %
Girls	100.00 %

8) This study also identified some factors that could help identify patients who would benefit from _____ and treatment tailored to their specific risk factors.

Benzodiazepines	0.00 %
Added aripiprazole	0.00 %
Additional psychoeducation	100.00 %
All of the above	0.00 %

9) Fasoracetam is an investigational mGluR activator. Copy number variants in the mGluR gene network occur in an estimated 11% of children with _____, about 10 times the frequency in unaffected children.

Executive dysfunction	0.00 %
ADHD	100.00 %
Autism spectrum disorder	0.00 %
Major depression	0.00 %

10) In a phase I trial, study subjects taking fasoracetam showed clinical improvement on all 4 efficacy measures. When patients were stratified into 3 tiers according to specific mGluR variants, the 2 highest-risk tiers had significantly _____ Clinical Global Impression (CGI) Improvement and Severity responses than the group with less severe mutations.

Larger	100.00 %
Smaller	0.00 %

11) The new mixed-amphetamine salts formulation, SHP465 (Mydayis), contains _____ types of drug-releasing beads that provide immediate and delayed release.

2	0.00 %
3	100.00 %
4	0.00 %
5	0.00 %

12) In a clinical trial in children and adolescents with ADHD, SHP465 was:

Effective	11.11 %
Ineffective	0.00 %
Effective but poorly tolerated	0.00 %
Effective and well tolerated	88.89 %