

Child & Adolescent Psychiatry Alerts 2018 Self-Assessment Module 10: 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 16-year-old boy experienced symptoms of secondary Raynaud's phenomenon 1 week after being started on lisdexamfetamine. No physical cause was uncovered with screening for collagen diseases. Because secondary Raynaud's has been described with _____, lisdexamfetamine was stopped.

Lisdexamfetamine	0.00 %
Atomoxetine	0.00 %
ADHD	0.00 %
Other stimulants	100.00 %

2) In a population-based study, a history of ADHD was associated with a more-than 2-fold increased risk of:

Parkinson's disease	0.00 %
Diseases of the basal ganglia	0.00 %
Diseases of the cerebellum	0.00 %
All of the above	100.00 %

3) In this study, risk was further increased in the ADHD cohort by use of stimulants overall, and in particular:

Lisdexamfetamine	0.00 %
Dextroamphetamine	0.00 %
Methylphenidate	100.00 %
Lisdexamfetamine and dextroamphetamine	0.00 %

4) Risk was also more pronounced for basal ganglia and cerebellum disorders:

Before age 20 years	0.00 %
Before age 50 years	100.00 %
After age 50 years	0.00 %
After age 60 years	0.00 %

5) In a laboratory test of risk-seeking behavior, adolescent boys with conduct disorder made significantly _____ risky choices than healthy boys, with a large effect size.

Fewer	0.00 %
More	100.00 %

6) In this study, girls with conduct disorder _____ more risky choices than control females.

Did not make	100.00 %
Made	0.00 %

7) In a naturalistic treatment study of add-on rTMS for inpatients with DSM-IV mood or anxiety disorder, _____ had significant average improvement in depression and anxiety symptoms at 2- and 4-week follow ups.

The adolescent patients (under age 18 years)	0.00 %
The adult patients (aged 18–59 years)	0.00 %
The older patients (aged 60 years or older)	0.00 %
All of the above	100.00 %

8) In this study, decreases in HAM-D and HAM-A scores were significantly larger in:

The older adults than the younger groups	0.00 %
Adults than the younger and older age groups	0.00 %
Adolescent than older age groups	100.00 %

9) Compared with the other groups, the _____ had significantly higher rates of HAM-D and HAM-A response and remission.

Adolescents	100.00 %
Adults	0.00 %
Older adults	0.00 %

10) In a randomized, controlled trial, internet-delivered cognitive behavioral therapy (ICBT) was an effective treatment for pediatric:

Depression	0.00 %
OCD	0.00 %
Anxiety disorders	100.00 %
ADHD	0.00 %

11) In this study, ICBT was associated with greater improvement, compared with control treatment, in both clinician-rated functional impairment and parent-rated child anxiety symptoms.

True	100.00 %
False	0.00 %

12) ICBT is not recommended as a substitute for face-to-face therapy, it appears to be an acceptable alternative to increase for young patients:

With mild-to-moderate anxiety disorders	20.00 %
Without access to trained therapists	0.00 %
Both of the above	80.00 %

13) In a crossover study, treatment with the investigational dopamine D1 receptor antagonist ecopipam resulted in reduced symptoms of Tourette syndrome in children and adolescents. According to Clinical Global Impression-Severity ratings, the proportion of patients severely affected decreased from 98% at baseline to _____% after ecopipam treatment.

80	0.00 %
76	0.00 %
55	100.00 %
48	0.00 %

14) Unlike other D2 receptor antagonists, ecopipam did not cause _____ in this study.

Insomnia or weight loss	0.00 %
Weight gain	0.00 %
Movement disorders	0.00 %
Weight gain or movement disorders	100.00 %