M.J. Powers & Co. Continuing Education

PSYCHIATRY DRUG ALERTS

Target Audience
This activity is intended for physicians and other healthcare providers who are involved with or have an interest in the management of psychiatric disorders.

Learning Objectives

- Recognize and implement new approaches to the treatment of psychiatric disorders.
- Determine appropriate treatment selection for psychiatric disorders.
- Identify and appropriately prescribe medications or other therapeutic interventions for various psychiatric disorders.
- Recognize, avoid, and manage drug side effects and drug interactions.

Activity Code 18MP02S / Exam #44

Issues to be included . . . . . July–December 2018

Release date . . . . . January 2019

Exam must be returned by . . . . . June 30, 2020

Upon completing this activity as designed and achieving a passing score of 70% or higher on the post-test examination, participants will receive a letter of credit awarding *AMA PRA Category 1 Credit(s)*™ and the test answer key four (4) weeks after receipt of the post-test and registration/evaluation form.

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1. Read the learning objectives and review ***Psychiatry Drug Alerts***, Volume XXXII, July 2018 through December 2018 (6 issues) and complete the post-test.
2. Complete the enclosed registration/evaluation form and record your test answers in the boxes using either pen or pencil.
3. Mail the form to **M.J. Powers & Co. Publishers, 45 Carey Ave, Ste 111, Butler, NJ 07405; scan and email it to cme@alertpubs.com; or fax it to 973-898-1201.**

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Trish Elliott, Executive Editor, M.J. Powers & Co. Publishers, Butler, NJ
Tara Hausmann, Associate Editor, M.J. Powers & Co. Publishers, Butler, NJ

Contributing Editors
Bennett Silver, MD, Private Practice, Springfield, NJ
Kate Casano, MSHyg, M.J. Powers & Co. Publishers, Butler, NJ
Donna Foehner, Assistant Editor, M.J. Powers & Co. Publishers, Butler, NJ

Consulting Editor and CME Reviewer
This activity was reviewed for relevance, accuracy of content, and balance of presentation by Steven J. Schleifer, MD, Clinical Professor of Psychiatry, Rutgers-New Jersey Medical School, Newark, NJ.

Disclosure Declarations
Kate Casano has no relevant financial relationships.
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Phone: (973) 898-1200 Email: cme@alertpubs.com

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PSYCHIATRY DRUG ALERTS

1. The FDA approved a new injectable aripiprazole formulation (*Aristada Initio*) to be used in combination with a single dose of oral aripiprazole (*Abilify*) plus any available dose of long-acting injectable aripiprazole lauroxil (*Aristada*) on day 1 to initiate treatment for schizophrenia. The new regimen produces relevant aripiprazole levels within _____ days of initiation.

A. 4
B.14
C. 21

7/18, pg. 49

****

2. In a long-term follow-up comparing outcomes in children of breastfeeding women who were and were not taking psychotropic medications, exposed children demonstrated normal growth, and developmental milestones were all within the normal range.

A. True
B. False

7/18, pgs. 49–50

****

3. In a population-based case-control study in patients with schizophrenia, risk of chronic kidney disease (CKD) was significantly increased in the patients taking:

A. No antipsychotic
B. Second-generation antipsychotics (alone or in combination)
C. First-generation agents only
D. None of the above

7/18, pgs. 50–51

4. In this study, the relationship between second-generation antipsychotics and CKD _____dose related.

A. Was
B. Was not

7/18, pgs. 50–51

****

5. In a randomized trial comparing adjunctive levothyroxine, T4, and placebo in patients with refractory rapid cycling bipolar disorder, patients taking levothyroxine spent significantly _____, compared with the pretreatment period.

A. Less time in a depressed state
B. Less time in a mixed state
C. More time euthymic
D. All of the above

7/18, pgs. 51–52

6. In this study, between-group comparisons showed that favorable mood changes in patients who received levothyroxine were significantly superior to placebo for time spent:

A. In a depressed state
B. In a mixed state and a depressed state
C. Euthymic
D. Euthymic and in a mixed state

7/18, pgs. 51–52

****

7. In a population-based study of anticholinergic drugs and dementia incidence, a dose-response relationship was evident for drugs with established and clinically relevant anticholinergic effects.

A. True
B. False

7/18, pgs. 52–53

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8. The investigational drug roluperidone (MIN-101) has been shown to improve negative symptoms of schizophrenia. Results of a post-hoc analysis of a manufacturer-sponsored trial suggest possible secondary benefits on:

A. Positive symptoms
B. Cognitive performance
C. Attention
D. All of the above

7/18, pg. 54

9. Roluperidone has specific affinities for the sigma-2, 5-HT2a and α1-adrenergic receptors and lacks the anticholinergic and antihistaminergic activity associated with other medications that can worsen cognitive function in patients with schizophrenia.

A. True
B. False

7/18, pg. 54

****

10. According to a review and meta-analysis of vesicular monoamine transporter-2 (VMAT-2) inhibitors for treatment of tardive dyskinesia, robust evidence supports:

A. Tetrabenazine and valbenazine
B. Deutetrabenazine and valbenazine
C. Tetrabenazine and deutetrabenazine
D. None of the above

7/18, pgs. 54–55

11. Due to its short half-life of about 5 hours, tetrabenazine has large variations in drug levels that have off-target effects such as sedation, acute motor syndromes, and _____; deutetrabenazine and valbenazine appear to lack these effects.

A. Depression and suicidality
B. Orthostatic hypotension
C. Dementia

7/18, pgs. 54–55

****

12. It has been suggested that folic acid may improve schizophrenia symptoms by decreasing levels of:

A. Glutamic acid
B. Homocysteine
C. Methionine
D. All of the above

8/18, pgs. 57–58

13. In a meta-analysis of 7 randomized, controlled trials, supplementation with folic acid:

A. Resulted in at least small decreases in PANSS total score
B. Was not superior to placebo on PANSS total score
C. Resulted in greater improvement than placebo in PANSS negative symptoms
D. All of the above

8/18, pgs. 57–58

****

14. In a phase II clinical trial in patients with treatment-resistant major depression, adjunctive low-dose cariprazine showed _____ benefit.

A. No
B. Modest
C. Statistically significant
D. Large, significant

8/18, pgs. 58–59

****

15. In a randomized multi-site trial in patients with depression who had inadequate response to 1–3 antidepressants during the current episode, treatment with adjunctive brexpiprazole was associated with a significantly larger change from baseline in MADRS score than placebo. Significant differences were evident beginning in the _____ week of treatment.

A. Second
B. Third
C. Fourth
D. Fifth

8/18, pgs. 59–60

16. Among secondary endpoints in this study, brexpiprazole was statistically superior to placebo in patients with _____ and in those who experienced a ≥25% improvement during antidepressant monotherapy.

A. DSM-5 anxious distress
B. Comorbid ADHD
C. Atypical depression
D. All of the above

8/18, pgs. 59–60

****

17. According to a systematic review and meta-analysis, maternal use of antidepressant medication during pregnancy has a small negative effect on motor development in offspring. Although developmental scores in the exposed children generally fell within the normal range and abnormalities were not discernable on clinical examination, monitoring of exposed children may be prudent.

A. True
B. False

8/18, pgs. 60–61

****

18. For antidepressant nonresponse, current guidelines recommend switching antidepressants, augmenting with a second-generation antipsychotic or lithium, or increasing the initial antidepressant dose. Surveys show that nearly half of clinicians prefer to _____ in cases of nonresponse.

A. Switch antidepressants
B. Augment with an antipsychotic or lithium
C. Increase the initial antidepressant dose
D. None of the above

8/18, pg. 61

19. Results of a meta-analysis of randomized controlled trials suggest that increasing the dose of an SSRI _____ effective in patients with unipolar major depression and initial treatment failure.

A. Is
B. Is not

8/18, pg. 61

****

20. Results of a meta-analysis of short-term, manufacturer-sponsored, placebo-controlled trials indicate that vortioxetine is associated with statistically significant improvement in most HAM-D _____ items.

A. Agitation
B. Work and activities
C. Somatic
D. Obsessional

8/18, pgs. 61–62

21. In the subset of study patients with a high level of anxiety, significant effects were observed for vortioxetine on HAM-D:

A. Early and middle insomnia
B. General somatic and somatic anxiety symptoms
C. Genital symptoms
D. All of the above

8/18, pgs. 61–62

****

22. According to a longitudinal series of surveys of American adults, the estimated prevalence of depression is 4.7% in patients taking no medications with depression as a labeled adverse effect, compared with _____% for those taking ≥3 medications with depression as a labeled adverse effect.

A. 6.9
B. 9.2
C. 15.3
D. 21.5

8/18, pgs. 62–63

23. Commonly used screening instruments for depression do not include evaluation of prescribed medications that have depression as an adverse effect.

A. True
B. False

8/18, pgs. 62–63

****

24. In a placebo-controlled trial, patients who received treatment with escitalopram for depression following acute coronary syndrome had a/an _____ incidence of cardiovascular events in the subsequent 8 years.

A. Increased
B. Reduced

8/18, pgs. 63–64

****

25. In a study based on anonymous data from a medical-cannabis user app, individuals who used cannabis to relieve negative affect reported _____ reductions in depression, anxiety, and stress.

A. Moderate and long-lasting
B. Substantial
C. Temporary
D. Substantial but temporary

9/18, pgs. 65–66

****

26. Available reproductive safety data _____ suggest second-generation antipsychotics as a class are major teratogens.

A. Do not
B. Do

9/18, pg. 66

27. According to a preliminary analysis of data from a registry of second-generation antipsychotic exposures in pregnancy, exposure to quetiapine during pregnancy is associated with _____ risk of fetal malformations.

A. Significantly increased
B. Moderate
C. Little, if any
D. No

9/18, pg. 66

****

28. Brexanolone is a proprietary formulation of allopregnanolone, an endogenous progesterone metabolite that modulates GABA-A receptors. Perinatal fluctuations in this hormone have been implicated in the pathophysiology of:

A. Bipolar disorder
B. Major depression
C. Postpartum depression
D. Postpartum psychosis

9/18, pg. 67

29. In an analysis of 2 phase III clinical trials, Hamilton Rating Scale for Depression (HAM-D) scores were significantly reduced with brexanolone relative to placebo at _____ hours post-infusion and all subsequent time points in 1 study and from 48 hours in the other.

A. 18
B. 24
C. 30
D. 60

9/18, pg. 67

****

30. In a small placebo-controlled trial in patients with alcohol dependence, treatment with prazosin was associated with significantly greater reduction in _____, compared with placebo.

A. Number of drinks per week
B. Alcohol craving
C. Heavy drinking days
D. Number of drinks per week and heavy drinking days

9/18, pg. 68

31. In this study, prazosin was also associated with abstinence from drinking alcohol.

A. True
B. False

9/18, pg. 68

****

32. Serotonergic antidepressants (SRIs) with high serotonin transporter binding affinity may place patients at higher bleeding risk than agents with low or intermediate affinity. All of the following *except* _____ have low affinity.

A. Mirtazapine
B. Trazodone
C. Citalopram
D. Bupropion

9/18, pg. 69

33. According to a nonsystematic literature review, agents with low serotonin transporter binding affinity or _____, which has a mechanism independent of serotonin, may be prudent choices in patients with bleeding risk who require antidepressants.

A. Vortioxetine
B. Vilazodone
C. Escitalopram
D. Bupropion

9/18, pg. 69

****

34. In a secondary analysis of data from a clinical trial of lurasidone in patients with major depression and subthreshold manic symptoms, the study drug was associated with significant improvement in sexual function, relative to placebo.

A. True
B. False

9/18, pg. 70

35. The analysis showed that improvements in sexual function were largely due to improvements in:

A. Depression
B. Manic symptoms
C. Comorbid anxiety
D. None of the above

9/18, pg. 70

****

36. In a controlled trial in elderly patients with recurrent depression, tianeptine was associated with significant reduction in depressive symptoms. A total of _____% of patients who were given tianeptine experienced HAM-D response.

A. 42
B. 47
C. 55
D. 60

9/18, pgs. 71–72

37. Which of the following statements is/are true about tianeptine, which is not marketed in the U.S. but can be obtained online as a dietary supplement?

A. Unlike most antidepressants, it is not metabolized by the hepatic cytochrome P450 system
B. It has little liability for drug interactions
C. Excessively high doses (e.g., up to a gram/day) can lead to euphoria and a high
D. All of the above

9/18, pgs. 71–72

****

38. In a preliminary, open-label study, use of transdermal nicotine patches produced rapid and robust antidepressant effects in nonsmoking patients with late-life depression. In the study, significant improvements were evident beginning at:

A. Day 5
B. Week 2
C. Week 3
D. Week 10

10/18, pgs. 73–74

39. In this study, cognitive improvement was correlated with change on the MADRS. Statistically significant improvement was observed in:

A. Working memory
B. Immediate recall
C. Both working memory and immediate recall
D. Cognitive performance on the Conners Continuous Performance Test

10/18, pgs. 73–74

****

40. According to an analysis of adverse-event data, oseltamivir (*Tamiflu*) prophylaxis is associated with a _____ increase in psychiatric adverse events.

A. Small, statistically insignificant
B. Small, but statistically significant
C. Moderate
D. Large, statistically significant

10/18, pgs. 74–75

41. Severe psychiatric adverse events occurred on more days with oseltamivir than placebo; however, the absolute difference between the 2 was small.

A. True
B. False

10/18, pgs. 74–75

****

42. In the largest randomized trial to date of adjunctive minocycline in patients with schizophrenia, study treatment did not produce added improvement in _____ in patients with recent-onset psychosis.

A. Symptoms
B. Functional status
C. Inflammatory markers
D. All of the above

10/18, pgs. 75–76

43. Minocycline has _____ actions that have attracted attention as potential treatments for several psychiatric disorders, including schizophrenia.

A. Neuroprotective
B. Antiinflammatory
C. Both neuroprotective and antiinflammatory

10/18, pgs. 75–76

****

44. Results of a dose-ranging trial of IV ketamine suggest that its antidepressant efficacy is not dose related.

A. True
B. False

10/18, pgs. 76–77

45. Relative to lower doses, significantly greater efficacy was observed with:

A. 0.1 mg/kg
B. 0.1 and 0.2 mg/kg
C. 0.5 mg/kg
D. 0.5 and 1.0 mg/kg

10/18, pgs. 76–77

****

46. In a preliminary, placebo-controlled trial, repeated administration of adjunctive oral ketamine produced remission in nearly 30% of patients with treatment-resistant depression. Ketamine was well tolerated; transient adverse effects included blood pressure increases and:

A. Dizziness
B. Drowsiness
C. Euphoria
D. All of the above

10/18, pgs. 77–78

****

47. In a randomized comparison study, patients whose depression responded to _____ experienced a more than 95% decrease in suicidal thoughts, according to the Montgomery-Asberg Depression Rating Scale.

A. CBT
B. Antidepressant medication
C. Either CBT or medication

10/18, pgs. 78–79

48. In this study, among nonresponders to either treatment, suicidal thoughts were less frequent in the _____ group than the other group.

A. Antidepressant medication
B. CBT

10/18, pgs. 78–79

****

49. Following an extensive postmarketing review of deaths and serious adverse events, the FDA has concluded that the benefits of pimavanserin treatment for patients with Parkinson's disease psychosis continue to outweigh the risks.

A. True
B. False

10/18, pg. 79

****

50. A meta-analysis of placebo controlled trials indicates that fluvoxamine is an effective treatment for social anxiety disorder in adults. The number of serious adverse events _____ differ between the fluvoxamine and placebo groups.

A. Did
B. Did not

10/18, pgs. 79–80

****

51. Results of a nationwide case-control study suggest that most commonly prescribed benzodiazepines are associated with a dosed-related increased risk of pneumonia. After adjustment for potential confounders not included in the matching process, relative risk for pneumonia was significantly elevated with:

A. Midazolam and diazepam
B. Lorazepam and triazolam
C. Clonazepam and alprazolam
D. All of the above

11/18, pgs. 81–82

****

52. In a meta-analysis of placebo-controlled trials that reported on the effects of testosterone treatment on depression in men, the standardized difference between testosterone and placebo translated to a _____-point reduction in Beck Depression Inventory score.

A. 1.4
B. 2.2
C. 3.7
D. 4.1

11/18, pgs. 82–83

53. Response rates in this analysis were NOT affected by:

A. Patient age
B. Hypo- or eugonadal status
C. Baseline depression symptom severity
D. All of the above

11/18, pgs. 82–83

****

54. HIV is highly comorbid with mood, anxiety, and cognitive disorders, and clinicians are likely to encounter patients on complex regimens that include antiretrovirals and psychotropics. According to an extensive literature review, _____ psychotropic drugs can interact with antiretroviral therapy.

A. Very few
B. About half of
C. Most categories of
D. All

11/18, pgs. 83–84

55. Many antiretrovirals are metabolized by the hepatic cytochrome P450 (CYP450) system. The majority of _____ antidepressants are also extensively metabolized by the CYP450 system and have the potential to interact with antiretrovirals.

A. Newer
B. Older

11/18, pgs. 83–84

****

56. According to the results of an observational study, there _____ a clear age-related increase in the concentration/dose ratio of orally-administered olanzapine in patients aged ≥50 years.

A. Is
B. Is not

11/18, pg. 85

****

57. A task force was convened to review the literature and develop guidelines to address epidemiology, clinical presentation, antidepressant treatment, hormone therapy, and other therapies for women with perimenopausal depression. According to the recommendations, antidepressants and _____ should remain first-line treatments for depression during menopause.

A. Estrogen therapy
B. St John's wort
C. CBT and other proven psychotherapies

11/18, pgs. 85–86

58. _____ is the only antidepressant that has been investigated specifically in perimenopausal women, and it showed efficacy in short-term trials.

A. Sertraline
B. Desvenlafaxine
C. Citalopram
D. Bupropion

11/18, pgs. 85–86

****

59. A nonrandomized study retrospectively compared patients with bipolar disorder treated consecutively with either lacosamide or other antiepileptics. The patients who received lacosamide showed significantly greater improvement in _____ than patients who received other anticonvulsants, who had significantly larger improvements in general psychopathology.

A. Depression
B. Mania
C. Overall illness severity
D. Mania and overall illness severity

11/18, pgs. 86–87

60. In this study, cognitive adverse effects occurred significantly less often with the other anticonvulsants.

A. True
B. False

11/18, pgs. 86–87

****

61. A 51-year-old man with a history of substance-induced mood disorder admitted to crushing and insufflating gabapentin tablets in bingeing episodes. He described the "high" as characterized by increased _____, followed by a calm/relaxation similar to opioid intoxication.

A. Focus
B. Energy
C. Productivity
D. All of the above

11/18, pgs. 87–88

62. There have also been reports of gabapentin being used illicitly in combination with opioids and to potentiate the effects of:

A. Alcohol
B. Methylphenidate
C. Buprenorphine–naloxone
D. All of the above

11/18, pgs. 87–88

****

63. In a preliminary, placebo-controlled trial, the histaminergic agonist betahistine (not available in the U.S.) prevented weight gain in patients taking _____, but not other antipsychotic agents.

A. Olanzapine only
B. Clozapine only
C. Clozapine or olanzapine
D. None of the above

12/18, pgs. 89–90

****

64. Antidepressant tachyphylaxis is best defined as the loss of efficacy of an antidepressant that had a prior established response. According to a comprehensive review, independent risk factors for antidepressant tachyphylaxis include all of the following except:

A. Onset of depression later in life
B. Presence of comorbid anxiety
C. History of ≥3 previous depressive episodes
D. Presence of residual symptoms

12/18, pgs. 90–91

65. Patients with antidepressant tachyphylaxis typically present with alterations in energy level, motivation/interest, cognitive function, sleep disturbance, and sexual function, as opposed to depressed mood.

A. True
B. False

12/18, pgs. 90–91

****

66. Psychostimulants and antiretrovirals are likely to be coprescribed, in part because certain genotypes associated with development of ADHD may also increase risk of future HIV acquisition.

A. True
B. False

12/18, pgs. 91–92

67. Based on cytochrome P450 metabolism, _____ may be the most appropriate stimulant options for patients also receiving antiretroviral therapy.

A. Mixed amphetamine salts and guanfacine
B. Guanfacine and methylphenidate
C. Methylphenidate and lisdexamfetamine
D. Lisdexamfetamine and dexmethylphenidate

12/18, pgs. 91–92

68. Of particular concern in patients receiving treatment for comorbid ADHD and HIV is the potential for both stimulants and antiretrovirals to increase:

A. Appetite and weight
B. Sedation
C. Cardiovascular risks
D. All of the above

12/18, pgs. 91–92

****

69. According to an international consensus statement, although the use is off-label, baclofen (*Lioresal*) may be a promising _____ treatment for patients with alcohol use disorder.

A. First-line
B. Second-line

12/18, pgs. 92–93

****

70. Following an MI, patients with schizophrenia are about _____% less likely than those without to receive secondary prevention with cardioprotective drugs.

A. 5–10
B. 10–15
C. 20–25
D. 50–60

12/18, pgs. 93–94

71. According to a large retrospective study, mortality is reduced in patients with schizophrenia who receive cardioprotective therapy and the positive effects increase in proportion to the number of preventive drugs prescribed.

A. True
B. False

12/18, pgs. 93–94

****

72. Results of a preliminary controlled trial in patients with bipolar disorder indicate that adding _____ to a mood-stabilizing regimen produces the highest rate of depression response at 16 weeks.

A. Aspirin alone
B. *N*-acetylcysteine alone
C. Aspirin plus *N*-acetylcysteine
D. None of the above

12/18, pgs. 94–95

****

73. The European Network Adult ADHD organization consensus statement on the treatment of adult ADHD indicates that the disorder requires multimodal treatment. Stimulants are the recommended first-line pharmacotherapy for adult ADHD. However, _____ may trigger cardiac arrhythmias in patients with congenital heart disease and its use requires caution.

A. Atomoxetine
B. Guanfacine
C. Methylphenidate
D. Bupropion

12/18, pgs. 95–96

74. Although it may require up to 2 weeks for onset of action and up to 6 months to reach full effect, _____ may be a preferable alternative for patients with comorbid anxiety that could be exacerbated by stimulants.

A. Vortioxetine
B. Atomoxetine
C. Guanfacine
D. Desvenlafaxine

12/18, pgs. 95–96

75. The high rate of comorbidity in adults with ADHD leads to frequent combined pharmacotherapy and the risk for drug interactions; _____are generally contraindicated in patients receiving ADHD medications.

A. MAOIs
B. SSRIs
C. SNRIs
D. All of the above

12/18, pgs. 95–96

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M.J. Powers & Co. Continuing Education

Psychiatry Drug Alerts - Activity Evaluation Form

Please note: Credit letters will be issued upon receipt of this completed evaluation form. The planning and execution of useful and educationally sound continuing education activities are guided in large part by input from participants. To assist us in evaluating the effectiveness of this activity, please complete this evaluation form. Your response will help ensure that future programs are informative and meet the educational needs of all participants. Thank you for your cooperation!

Program Objectives: Having completed this activity, you are better able to:	**Strongly Agree**				**Strongly Disagree**
Recognize and implement new approaches to the treatment of psychiatric disorders.	5	4	3	2	1
Determine appropriate treatment selection for psychiatric disorders.	5	4	3	2	1
Identify and appropriately prescribe medications or other therapeutic interventions for various psychiatric disorders.	5	4	3	2	1
Recognize, avoid, and manage drug side effects and drug interactions.	5	4	3	2	1

Overall Evaluation:	**Strongly Agree**				**Strongly Disagree**
The information presented increased my awareness/understanding of the subject.	5	4	3	2	1
The information presented will influence how I practice.	5	4	3	2	1
The information presented will help me improve patient care.	5	4	3	2	1
The information demonstrated current knowledge of the subject.	5	4	3	2	1
The program was educationally sound and scientifically balanced.	5	4	3	2	1
The program avoided commercial bias or influence.	5	4	3	2	1
Overall, the program met my expectations.	5	4	3	2	1

Based on information presented in the program, I will (please check one):

- ❑ Do nothing as the content was not convincing.
- ❑ Seek additional information on this topic.
- ❑ Do nothing. Barriers at my institution prevent me from changing my practice.
- ❑ Change my practice.
- ❑ Do nothing as current practice reflects program's recommendations.

If you anticipate changing one or more aspects of your practice as a result of your participation in this activity, please provide us with a brief description of how you plan to do so:_____

_____

_____

Please provide any additional comments pertaining to this activity and suggestions for improvement:_____

_____

_____

Please list any topics that you would like to be addressed in future educational activities:_____

_____

_____

ANSWER SHEET

PSYCHIATRY DRUG ALERTS

45 Carey Ave., Ste 111, Butler, NJ 07405
Email: cme@alertpubs.com Fax: 973-898-1201

Activity Code: 18MP02S Test 44

_____
e-mail address (for credit notification)

	A	B	C	D		A	B	C	D		A	B	C	D
1	Ⓐ	Ⓑ	Ⓒ	Ⓓ	26	Ⓐ	Ⓑ	Ⓒ	Ⓓ	51	Ⓐ	Ⓑ	Ⓒ	Ⓓ
2	Ⓐ	Ⓑ	Ⓒ	Ⓓ	27	Ⓐ	Ⓑ	Ⓒ	Ⓓ	52	Ⓐ	Ⓑ	Ⓒ	Ⓓ
3	Ⓐ	Ⓑ	Ⓒ	Ⓓ	28	Ⓐ	Ⓑ	Ⓒ	Ⓓ	53	Ⓐ	Ⓑ	Ⓒ	Ⓓ
4	Ⓐ	Ⓑ	Ⓒ	Ⓓ	29	Ⓐ	Ⓑ	Ⓒ	Ⓓ	54	Ⓐ	Ⓑ	Ⓒ	Ⓓ
5	Ⓐ	Ⓑ	Ⓒ	Ⓓ	30	Ⓐ	Ⓑ	Ⓒ	Ⓓ	55	Ⓐ	Ⓑ	Ⓒ	Ⓓ
6	Ⓐ	Ⓑ	Ⓒ	Ⓓ	31	Ⓐ	Ⓑ	Ⓒ	Ⓓ	56	Ⓐ	Ⓑ	Ⓒ	Ⓓ
7	Ⓐ	Ⓑ	Ⓒ	Ⓓ	32	Ⓐ	Ⓑ	Ⓒ	Ⓓ	57	Ⓐ	Ⓑ	Ⓒ	Ⓓ
8	Ⓐ	Ⓑ	Ⓒ	Ⓓ	33	Ⓐ	Ⓑ	Ⓒ	Ⓓ	58	Ⓐ	Ⓑ	Ⓒ	Ⓓ
9	Ⓐ	Ⓑ	Ⓒ	Ⓓ	34	Ⓐ	Ⓑ	Ⓒ	Ⓓ	59	Ⓐ	Ⓑ	Ⓒ	Ⓓ
10	Ⓐ	Ⓑ	Ⓒ	Ⓓ	35	Ⓐ	Ⓑ	Ⓒ	Ⓓ	60	Ⓐ	Ⓑ	Ⓒ	Ⓓ
11	Ⓐ	Ⓑ	Ⓒ	Ⓓ	36	Ⓐ	Ⓑ	Ⓒ	Ⓓ	61	Ⓐ	Ⓑ	Ⓒ	Ⓓ
12	Ⓐ	Ⓑ	Ⓒ	Ⓓ	37	Ⓐ	Ⓑ	Ⓒ	Ⓓ	62	Ⓐ	Ⓑ	Ⓒ	Ⓓ
13	Ⓐ	Ⓑ	Ⓒ	Ⓓ	38	Ⓐ	Ⓑ	Ⓒ	Ⓓ	63	Ⓐ	Ⓑ	Ⓒ	Ⓓ
14	Ⓐ	Ⓑ	Ⓒ	Ⓓ	39	Ⓐ	Ⓑ	Ⓒ	Ⓓ	64	Ⓐ	Ⓑ	Ⓒ	Ⓓ
15	Ⓐ	Ⓑ	Ⓒ	Ⓓ	40	Ⓐ	Ⓑ	Ⓒ	Ⓓ	65	Ⓐ	Ⓑ	Ⓒ	Ⓓ
16	Ⓐ	Ⓑ	Ⓒ	Ⓓ	41	Ⓐ	Ⓑ	Ⓒ	Ⓓ	66	Ⓐ	Ⓑ	Ⓒ	Ⓓ
17	Ⓐ	Ⓑ	Ⓒ	Ⓓ	42	Ⓐ	Ⓑ	Ⓒ	Ⓓ	67	Ⓐ	Ⓑ	Ⓒ	Ⓓ
18	Ⓐ	Ⓑ	Ⓒ	Ⓓ	43	Ⓐ	Ⓑ	Ⓒ	Ⓓ	68	Ⓐ	Ⓑ	Ⓒ	Ⓓ
19	Ⓐ	Ⓑ	Ⓒ	Ⓓ	44	Ⓐ	Ⓑ	Ⓒ	Ⓓ	69	Ⓐ	Ⓑ	Ⓒ	Ⓓ
20	Ⓐ	Ⓑ	Ⓒ	Ⓓ	45	Ⓐ	Ⓑ	Ⓒ	Ⓓ	70	Ⓐ	Ⓑ	Ⓒ	Ⓓ
21	Ⓐ	Ⓑ	Ⓒ	Ⓓ	46	Ⓐ	Ⓑ	Ⓒ	Ⓓ	71	Ⓐ	Ⓑ	Ⓒ	Ⓓ
22	Ⓐ	Ⓑ	Ⓒ	Ⓓ	47	Ⓐ	Ⓑ	Ⓒ	Ⓓ	72	Ⓐ	Ⓑ	Ⓒ	Ⓓ
23	Ⓐ	Ⓑ	Ⓒ	Ⓓ	48	Ⓐ	Ⓑ	Ⓒ	Ⓓ	73	Ⓐ	Ⓑ	Ⓒ	Ⓓ
24	Ⓐ	Ⓑ	Ⓒ	Ⓓ	49	Ⓐ	Ⓑ	Ⓒ	Ⓓ	74	Ⓐ	Ⓑ	Ⓒ	Ⓓ
25	Ⓐ	Ⓑ	Ⓒ	Ⓓ	50	Ⓐ	Ⓑ	Ⓒ	Ⓓ	75	Ⓐ	Ⓑ	Ⓒ	Ⓓ

I attest that I have completed the Psychiatry Drug Alerts activity as designed.

❑ **Physicians:** I claim____ *AMA PRA Category 1 Credit(s)*™ for participating in this activity (1 credit for each hour of participation, not to exceed 12 credits).

❑ **Non-Physicians:** I claim (up to 1.2) _____Continuing Education Units (CEUs). One CEU is awarded for 10 contact hours of instruction.

Signature_____**Date**_____

Exam must be returned by June 30, 2020 **CME Activity Code: 18MP02S Test 44**