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 19MP01S / Exam #45

Issues to be included . . . . . January–June 2019

Release date . . . . . July 2019

Exam must be returned by . . . . . December 31, 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.

Accreditation
M.J. Powers & Co. Publishers is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

M.J. Powers & Co. Publishers designates this enduring material for a maximum of 12 *AMA PRA Category 1 Credits*.™ Physicians should claim only the credit commensurate with the extent of their participation in the activity.

In order to obtain CME/CEU credit, participants are required to complete all of the following:

1. Read the learning objectives and review ***Psychiatry Drug Alerts***, Volume XXXIII, January 2019 through June 2019 (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.**

For Additional Information or Questions

M.J. Powers & Co. Publishers
Phone: (973) 898-1200 Email: cme@alertpubs.com

CME credit for this activity can be claimed through December 31, 2020.

PSYCHIATRY DRUG ALERTS

1. The antiviral agent amantadine is known to have _____ and is sometimes prescribed off label to improve cognition in various disorders.

A. Antipsychotic effects
B. Neuroprotective effects
C. Metabolic adverse effects
D. All of the above

1/19, pgs. 1–2

2. In a placebo-controlled trial of fluvoxamine plus either amantadine or placebo in patients with moderate-to-severe OCD, significantly greater improvement was observed in Yale-Brown Obsessive Compulsive Scale (Y-BOCS) scores with:

A. Placebo
B. Amantadine

1/19, pgs. 1–2

3. In this study, patients who received amantadine demonstrated a significantly larger reduction in the Y-BOCS _____ score(s).

A. Obsession
B. Compulsive
C. Avoidance
D. All of the above

1/19, pgs. 1–2

****

4. In a randomized open study in patients whose depression did not remit with venlafaxine, which strategy was more effective than adding mirtazapine?

A. Increasing the venlafaxine dosage
B. Switching to mirtazapine
C. Adding imipramine
D. Switching to imipramine

1/19, pg. 2

5. During randomized treatment in this study, remission was achieved by _____% of the imipramine group and 39% of the adjunctive mirtazapine group.

A. 46
B. 59
C. 63
D. 71

1/19, pg. 2

****

6. While there is limited data regarding interactions between antiretroviral agents and antipsychotics (particularly first-generation agents), many of these drugs are also metabolized by the CYP450 system, and the potential for interactions exists.

A. True
B. False

1/19, pgs. 3–4

7. An important consideration when coprescribing antipsychotics and antiretrovirals is the potential for psychiatric symptom exacerbation. Non-nucleoside reverse transcriptase inhibitors (NNRTIs), in particular _____ have been associated with adverse effects such as psychosis, nightmares, and insomnia.

A. Nevirapine
B. Delavirdine
C. Efavirenz

1/19, pgs. 3–4

****

8. In a retrospective cohort study of the effects of benzodiazepines in veterans with PTSD, compared with non-use, use of these agents was associated with increased risk of:

A. Suicide attempts and suicidal ideation
B. Completed suicide
C. Most types of health care utilization
D. All of the above

1/19, pg. 5

9. Benzodiazepines can provide short-term symptomatic relief in PTSD, but they are not effective in treating the core symptoms of the disorder and are associated with worsening of:

A. Overall symptom severity
B. Anxiety and aggression
C. Substance abuse and social function
D. All of the above

1/19, pg. 5

****

10. A pooled analysis of manufacturer-sponsored trials was undertaken to clarify the effects of adjunctive brexpiprazole on patient function in resistant depression. Compared with placebo, patients who received brexpiprazole showed significantly greater improvement in the mean total Sheehan Disability Scale (SDS) score.

A. True
B. False

1/19, pgs. 5–6

11. The patients who received brexpiprazole showed larger improvement than the placebo patients in the social life and _____ SDS function measures.

A. Work/studies
B. Self-care
C. Family life
D. All of the above

1/19, pgs. 5–6

****

12. In a matched cohort of older patients, rates of hip fracture were higher among those who received a prescription for an antidepressant than those who did not. Risk was greatest:

A. In the period before the start of treatment
B. During treatment
C. A year after starting treatment

1/19, pgs. 6–7

13. Regardless of whether the association is causal, the authors urge caution when prescribing antidepressants for older people as there is the potential for other serious adverse effects. According to an editorial, if an antidepressant is warranted, clinicians should avoid prescribing _____ agents and use a careful dose-escalation schedule.

A. Anticholinergic
B. Sedating
C. Both of the above

1/19, pgs. 6–7

****

14. According to the updated Risk Evaluation and Mitigation Strategy (REMS) Program for clozapine, outdated ANC values will only prevent a certified pharmacy from dispensing clozapine if the most recent value indicates _____ neutropenia and the prescriber has not submitted a treatment rationale to the REMS program.

A. Mild
B. Moderate or severe
C. Life-threatening
D. Any of the above

1/19, pgs. 7–8

****

15. Results of phase 3 studies and a long-term safety study indicate that treatment with esketamine nasal spray (*Spravato*), in addition to a newly initiated oral antidepressant, produced _____ improvement in adults with treatment-resistant depression.

A. Clinically relevant
B. Rapid
C. Sustained
D. All of the above

2/19, pg. 9

16. According to the FDA Psychopharmacologic Drug Advisory Committee and Drug Safety and Risk Management Advisory Committee, the risk–benefit profile of esketamine nasal spray _____ favorable in patients with treatment-resistant depression.

A. Is
B. Is not

2/19, pg. 9

****

17. According to the results of a meta-analysis, although the absolute risk is small, exposure to SSRIs or SNRIs during pregnancy is associated with increased risk of persistent pulmonary hypertension of the newborn (PPHN). The analysis indicates this is a class effect of SSRIs and that among the agents, _____ may be the safest option because it crosses the placenta in a lower percentage than other SSRIs.

A. Citalopram
B. Sertraline
C. Fluoxetine
D. Escitalopram

2/19, pgs. 9–10

****

18. Results of a placebo-controlled trial suggest that olanzapine alone is a sufficient treatment for anorexia nervosa in adults.

A. True
B. False

2/19, pgs. 10–11

19. In the study, olanzapine treatment produced significantly greater _____ than placebo.

A. Reductions in Yale-Brown Obsessive Compulsive Scale scores
B. Improvements in global functioning
C. Weight gain
D. All of the above

2/19, pgs. 10–11

****

20. Anxiety is present in >10% of patients with HIV, and severe anxiety is predictive of non-adherence to antiretroviral therapy (ART). According to a comprehensive review, when concomitant anxiolytic and ART are required, benzodiazepines that are not dependent on CYP metabolism, such as _____, are recommended.

A. Diazepam and clonazepam
B. Alprazolam and clobazam
C. Diazepam and alprazolam
D. Lorazepam and oxazepam

2/19, pgs. 11–12

21. According to the same review, the prevalence of bipolar disorder is nearly 4-times higher in adults with HIV than in the general population, and patients with bipolar disorder are more likely to engage in behaviors that increase their risk of acquiring HIV. When a patient receiving ART requires a concomitant mood stabilizer, _____ may be the best option because its lack of cytochrome P450 effects makes it unlikely to cause hepatically-mediated interactions.

A. Lamotrigine
B. Lithium
C. Divalproex
D. Carbamazepine

2/19, pgs. 11–12

22. In addition to pharmacokinetic interactions, there is the potential for ART regimens to augment expected adverse events of anxiolytics and mood stabilizers. In particular, benzodiazepines pose a concern for excessive sedation, and mood stabilizers for _____, constipation, nausea, vomiting, dizziness, and somnolence.

A. Hypotension
B. Headache
C. Dry mouth
D. Confusion

2/19, pgs. 11–12

****

23. In a small placebo-controlled trial, the investigational fatty acid amide hydroxylase (FAAH) inhibitor PF-04457845 reduced _____ in men seeking treatment for cannabis dependence.

A. Withdrawal symptoms
B. Cannabis use
C. Self-reported depression, anxiety, and irritability
D. All of the above

2/19, pg. 13

****

24. According to an analysis of data from a Swedish national medical registry, treatment with a statin, an L-type calcium channel antagonist, or metformin reduces rates of psychiatric hospitalization and _____ in adults with bipolar disorder, schizophrenia, or nonaffective psychosis.

A. Extrapyramidal effects
B. Self-harm
C. Treatment nonadherence
D. Cognitive dysfunction

2/19, pgs. 14–15

****

25. Cariprazine has demonstrated acute and relapse-prevention effects in patients with schizophrenia. According to a post-hoc analysis of clinical trial data, nearly _____ of patients who achieve remission with the drug can be expected to sustain remission for at least 6 months with continued treatment.

A. Three-quarters
B. Two-thirds
C. Half
D. One-third

2/19, pgs. 15–16

****

26. The FDA has approved intravenous brexanolone (*Zulresso*) as the first agent specifically indicated for treatment of postpartum depression. Due to risk of _____ and sudden loss of consciousness, the drug will only be available through a Risk Evaluation and Mitigation Strategy (REMS) program with restricted distribution.

A. Dizziness
B. Excessive sedation
C. Injection site reaction
D. All of the above

3/19, pg. 17

****

27. According to a retrospective chart review, veterans had modestly better PTSD outcomes when treated with:

A. An SSRI
B. An opioid
C. Buprenorphine–naloxone
D. None of the above

3/19, pgs. 17–18

28. In these patients, PTSD symptom scores decreased by 24% with buprenorphine–naloxone and by 16% with opioids; scores increased slightly with SSRI treatment.

A. True
B. False

3/19, pgs. 17–18

****

29. A review of spontaneous posts to an internet discussion forum found antidepressant discontinuation-associated brain zaps–described as electric shocks within the skull sometimes accompanied by dissociation, vertigo, and a buzzing sound–found _____ accounted for about one-fourth of the occurrences, which is disproportionate to its prescribing frequency.

A. Fluoxetine
B. Bupropion
C. Venlafaxine
D. Duloxetine

3/19, pgs. 18–19

30. The causal mechanism of brain zaps is unknown, but they appear to be related in part to how rapidly antidepressant activity diminishes in the brain after discontinuation. Patients reported using many methods to get relief from the symptoms (e.g., exercise, relaxation, and various supplements); _____ seemed effective.

A. Most
B. None

3/19, pgs. 18–19

****

31. Substance use disorders are an important concern in patients with HIV. Clinically significant interactions between methadone and most antiretroviral (ART) classes are uncommon, however, individual agents can affect methadone metabolism. While most combinations do not require methadone dosage adjustments, clinical guidelines recommend increasing methadone to avoid opioid withdrawal symptoms when it is used in combination with:

A. Ritonavir
B. Abacavir or nelfinavir
C. Elvitegravir
D. Efavirenz or nevirapine

3/19, pgs. 19–20

32. In patients receiving treatment with buprenorphine for opioid dependence, guidelines recommend against coadministration of buprenorphine with unboosted atazanavir and close monitoring of patients receiving ART regimens that include ritonavir, which can produce a significant _____ in buprenorphine plasma levels.

A. Increase
B. Decrease

3/19, pgs. 19–20

33. Of the 4 agents FDA-approved to maintain abstinence in alcohol use disorders (i.e., acamprosate, disulfiram, oral naltrexone, intramuscular naltrexone), none have significant CYP effects, and coadministration with ART regimens is generally considered to be safe. However, coadministration of _____ has been shown to negate the efficacy of disulfiram, and the lopinavir–ritonavir combination product contains ethanol, and coadministration with disulfiram could lead to a disulfiram-like reaction.

A. Nevirapine
B. Atazanavir
C. Darunavir
D. All of the above

3/19, pgs. 19–20

34. In addition to pharmacokinetic interactions, concurrent use of substance use disorder medications and ART regimens can have compounding effects, which can include:

A. Liver enzyme elevations
B. Hepatotoxicity
C. QT prolongation
D. All of the above

3/19, pgs. 19–20

****

35. In a preliminary randomized trial in patients with opioid use disorder, compared with oral naltrexone, patients who received the long-acting injectable formulation _____ following detoxification.

A. Remained in treatment longer
B. Had fewer opioid-positive screens
C. Attended more therapy sessions
D. All of the above

3/19, pgs. 20–21

****

36. A network meta-analysis supports all of the following as first-line pharmacotherapy for generalized anxiety disorder except:

A. Venlafaxine
B. Vortioxetine
C. Duloxetine
D. Escitalopram

3/19, pgs. 21–22

37. The analysis found _____ was most effective at reducing Hamilton Rating Scale for Anxiety (HAM-A) scores but was associated with high rates of premature study withdrawal.

A. Vilazodone
B. Paroxetine
C. Quetiapine
D. Pregabalin

3/19, pgs. 21–22

****

38. According to the results of an observational study, adding a/an _____ appears to be the best choice for patients with schizophrenia for whom monotherapy with a second-generation antipsychotic is insufficient.

A. Benzodiazepine
B. Antidepressant
C. Mood stabilizer
D. Additional antipsychotic

3/19, pgs. 22–23

****

39. Despite the advantages of long-acting injectable antipsychotics in providing consistent medication exposure, patients may experience breakthrough symptoms. Potential causes for these breakthrough symptoms can include:

A. Low plasma drug levels
B. Comorbid medical illness
C. Improper administration technique
D. All of the above

3/19, pgs. 23–24

****

40. In a randomized trial in patients with schizophrenia, adding the investigational opioid antagonist samidorphan to olanzapine treatment produced 37% less weight gain than olanzapine alone. However, effects were seen only in patients who did not experience early weight gain during a 1-week olanzapine lead-in.

A. True
B. False

4/19, pgs. 25–26

****

41. Antipsychotic-induced hyperprolactinemia is common in patients with schizophrenia. According to an analysis of combined data from brexpiprazole clinical trials, prolactin levels increased slightly in patients treated with the agent who had initially normal values and _____ in those whose pretreatment values were above the upper limit of normal.

A. Increased substantially
B. Were unchanged
C. Decreased

4/19, pgs. 26–27

42. In long-term studies, a shift in prolactin from within the normal range to >3 times upper limit of normal occurred in _____% of women receiving brexpiprazole. The proportion of patients with a shift of this magnitude was negligible in women in the acute studies and in men.

A. 5.3
B. 9.2
C. 15.6
D. 28.1

4/19, pgs. 26–27

****

43. In a population-based cohort study of >62,000 patients with schizophrenia followed for a median of 14 years, the overall risk for _____ was significantly lower during periods of antipsychotic polypharmacy than monotherapy.

A. Death
B. All-cause hospitalization
C. Psychiatric rehospitalization
D. All of the above

4/19, pgs. 27–28

44. In the study, clozapine was associated with the lowest rate of psychiatric rehospitalization of any monotherapy, and the combination of _____ was the only polypharmacy superior to clozapine monotherapy.

A. Clozapine and aripiprazole
B. Clozapine and risperidone
C. Aripiprazole and quetiapine
D. Risperidone and quetiapine

4/19, pgs. 27–28

****

45. In a clinical trial, cariprazine treatment reduced depressive symptoms in patients with bipolar I disorder. At study week 6, rates of treatment response with cariprazine were about _____%.

A. 15
B. 35
C. 50
D. 70

4/19, pgs. 28–29

46. However, in the study, active treatment was associated with significantly higher rates of treatment-emergent mania, weight gain, and metabolic changes than placebo.

A. True
B. False

4/19, pgs. 28–29

****

47. In a group of patients with treatment-resistant depression, a single ketamine infusion produced response (i.e., ≥50% improvement in Montgomery-Asberg Depression Rating Scale score) in 27%. Repeated ketamine infusions (3/week for 2 weeks) produced additional improvement in symptoms and nearly 60% of patients achieved response. Following weekly maintenance infusions for 4 weeks, _____% of these patients maintained response.

A. 20
B. 46
C. 66
D. 91

4/19, pgs. 29–30

48. The most common adverse effects of ketamine infusions were cardiorespiratory effects, numbness or tingling, dissociation, dizziness, and visual disturbances. These effects were:

A. Transient
B. Cumulative

4/19, pgs. 29–30

****

49. Ketamine infusion has rapid and substantial antidepressant effects; however, the benefits are transient. In a randomized controlled trial of continuation therapy in patients with treatment-resistant depression, adding lithium to continuing ketamine infusions _____ patients' initial response.

A. Prolonged
B. Did not prolong

4/19, pgs. 30–31

****

50. Some research has suggested that early initiation of levodopa could modify the course of Parkinson's disease. However, a randomized delayed-start trial found no difference(s) in _____ between patients who received early- or delayed-start levodopa.

A. Disability and quality of life
B. Symptom progression
C. Cognitive function and depression
D. All of the above

4/19, pgs. 31–32

51. Despite positive results from clinical trials, use of estrogens and selective estrogen receptor modulators as adjunctive treatment in patients with schizophrenia is uncommon. Estradiol, a major form of estrogen, is a neuroactive steroid that enters the brain and interacts with the _____ system(s), with possible neuroleptic effects similar to second-generation antipsychotics.

A. Dopaminergic
B. Serotonergic
C. Glutamatergic
D. All of the above

5/19, pgs. 33–34

****

52. According to a literature review, with age- and gender-appropriate physical health monitoring, adjunctive estrogen can be considered for women from post-puberty to post-menopause. Adjunctive SERMs appear to be promising but require further research.

A. True
B. False

5/19, pgs. 33–34

****

53. Results of a large cohort study suggest that women treated with antidepressants or anxiolytics in early pregnancy have a 3-fold increase in risk of preeclampsia. Risk appears to be _____ in women who discontinued the drugs before the 16th gestational week.

A. Intensified
B. Unchanged
C. Attenuated

5/19, pgs. 34–35

54. The study also found preeclampsia risk _____ increased in women with unmedicated depression or anxiety, but not to a significantly greater degree than in those without the disorders.

A. Was
B. Was not

5/19, pgs. 34–35

****

55. In a manufacturer-sponsored study of patients with depression that was well controlled with citalopram, paroxetine, or sertraline but who were experiencing treatment-emergent sexual dysfunction, switching to _____ improved sexual function without sacrificing antidepressant efficacy.

A. Agomelatine
B. Ketamine
C. Atomoxetine
D. Vortioxetine

5/19, pgs. 35–36

56. The study results suggest the switch may be particularly effective in patients whose sexual dysfunction is associated with _____ treatment.

A. Paroxetine
B. Sertraline
C. Citalopram
D. Any of the above

5/19, pgs. 35–36

****

57. Although further research is needed, a comprehensive review suggests that medication-related changes in cortical excitability and plasticity can influence outcomes of brain stimulation in patients with psychiatric disorders.

A. True
B. False

5/19, pgs. 36–37

****

58. Following safety concerns raised by a postmarketing review, a population-wide case-control study was undertaken to clarify suicide risk associated with zolpidem (*Ambien*) use in combination with other agents. The study found patients receiving zolpidem with _____ were at increased risk, compared with those receiving zolpidem alone.

A. An antidepressant only
B. An opioid only
C. A benzodiazepine only
D. An antidepressant and a benzodiazepine

5/19, pgs. 37–38

59. In the same patient sample, a case-crossover analysis, which assesses acute trigger effects in association with short-term exposure, found significantly increased risk with all drug combinations, relative to zolpidem monotherapy.

A. True
B. False

5/19, pgs. 37–38

****

60. The serotonergic drug flibanserin (*Addyi*), approved to treat generalized hypoactive sexual desire disorder in premenopausal women, carries a boxed warning contraindicating its use with alcohol because of the possibility for severe _____. However, a safety review suggests alcohol need not be completely avoided by women taking the drug, provided temporal precautions are followed.

A. Agranulocytosis
B. Liver damage
C. Hypotension and syncope
D. None of the above

5/19, pg. 38

****

61. CYP2D6 metabolizer status (e.g., poor, intermediate, rapid) can affect drug pharmacokinetics. According to the results of a retrospective study, CYP2D6 genotyping prior to initiating treatment with aripiprazole or risperidone could:

A. Minimize titration time
B. Prevent inefficacy due to under dosing
C. Reduce the incidence of adverse effects
D. All of the above

5/19, pgs. 38–39

****

62. If untreated, agitation in pregnancy can lead to adverse outcomes such as premature delivery, low birth weight, growth retardation, postnatal death, and spontaneous abortion. According to a review, which of the following could be an appropriate treatment for acute agitation in a pregnant woman?

A. Diphenhydramine
B. Haloperidol
C. Lorazepam
D. All of the above

5/19, pgs. 39–40

63. Second-generation antipsychotics also appear to be safe for use in pregnancy, with no specific pattern of adverse outcomes.

A. True
B. False

5/19, pgs. 39–40

64. However, when medication is required, response should be monitored closely because pregnancy-related changes in drug distribution, metabolism, and clearance may require:

A. Increased fetal monitoring
B. Dosing modifications
C. Inpatient treatment
D. None of the above

5/19, pgs. 39–40

****

65. Clinical interviews are of limited accuracy in predicting worsening suicidal ideation during antidepressant treatment. In a study of patients newly treated with duloxetine, a model that combined _____ and 2 RNA markers that can be easily measured in peripheral tissue was found to be accurately predictive.

A. Patient age
B. CYP genotype
C. Baseline depression severity
D. All of the above

6/19, pgs. 41–42

****

66. In a placebo controlled trial of patients with moderate-to-severe treatment-resistant depression, twice weekly esketamine nasal spray plus a new oral antidepressant produced response in _____% of patients, compared with 52% of those who received an oral antidepressant plus placebo nasal spray.

A. 12
B. 38
C. 69
D. 84

6/19, pgs. 42–43

67. Results of the study are encouraging and there was no clear evidence of withdrawal after discontinuation. However, concerns about the use of esketamine nasal spray, including _____ remain.

A. Potential suicide risk
B. Length of treatment
C. Rapid relapse after discontinuation
D. All of the above

6/19, pgs. 42–43

****

68. In a placebo-controlled withdrawal trial, patients who had achieved stable response or remission with adjunctive esketamine nasal spray were randomly assigned to placebo or continued esketamine. Patients who continued using esketamine nasal spray weekly or every other week did not have a significantly lower risk of relapse than those switched to placebo.

A. True
B. False

6/19, pgs. 43–44

69. Relapse following antidepressant discontinuation can sometimes be attributed to antidepressant withdrawal. However, that was unlikely in this study because the _____ of esketamine precludes steady-state levels with intermittent dosing.

A. Short half-life
B. Low bioavailability
C. Primary metabolism pathway
D. All of the above

6/19, pgs. 43–44

****

70. An observational study of patients receiving monotherapy with lithium, valproate, olanzapine, quetiapine, or aripiprazole or a combination of the agents following a manic episode found those who received combination therapy had lower rates of all of the following except:

A. Treatment failure
B. Rehospitalization
C. Medication switches
D. Treatment discontinuation

6/19, pgs. 44–45

71. In the study, the combination of _____ was associated with the lowest failure rate and was the only combination associated with lower rehospitalization rates.

A. Olanzapine plus quetiapine
B. Lithium plus aripiprazole
C. Lithium plus valproate and olanzapine
D. Lithium plus valproate and quetiapine

6/19, pgs. 44–45

****

72. Benzodiazepines readily cross the placenta and have been identified at high concentrations in fetal tissues. According to the results of a case-control study, their use in early pregnancy _____ associated with increased risk of spontaneous abortion.

A. Is
B. Is not

6/19, pgs. 46–47

73. The study found risk was increased:

A. With benzodiazepines as a class
B. In a dose-dependent manner
C. With both long- and short-acting agents
D. All of the above

6/19, pgs. 46–47

****

74. Results of a retrospective study suggest that a combination of genomic markers and baseline symptom severity can accurately predict response to SSRI therapy in patients with depression. The predictive genomic markers were 2 single-nucleotide polymorphisms (SNPs) both of which are biomarkers for:

A. Plasma kynurenine
B. Oxidative stress
C. Immune and neuronal signaling
D. None of the above

6/19, pg. 47

75. An additional SNP, associated with plasma serotonin, was also found to be a significant predictor of SSRI response, but only in:

A. Men
B. Women

6/19, pg. 47

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: 19MP01S Test 45

_____
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 December 31, 2020 **CME Activity Code: 19MP01S Test 45**