

Psychiatry Drug Alerts 2019 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) 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.

Dizziness	0.00 %
Excessive sedation	100.00 %
Injection site reaction	0.00 %
All of the above	0.00 %

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

An SSRI	0.00 %
An opioid	0.00 %
Buprenorphine–naloxone	100.00 %
None of the above	0.00 %

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

True	100.00 %
False	0.00 %

4) 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.

Fluoxetine	0.00 %
Bupropion	0.00 %
Venlafaxine	100.00 %
Duloxetine	0.00 %

5) 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.

Most	0.00 %
None	100.00 %

6) 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:

Ritonavir	8.33 %
Abacavir or nelfinavir	0.00 %
Elvitegravir	0.00 %
Efavirenz or nevirapine	91.67 %

7) 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.

Increase	100.00 %
Decrease	0.00 %

8) 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.

Nevirapine	0.00 %
Atazanavir	100.00 %
Darunavir	0.00 %
All of the above	0.00 %

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

Liver enzyme elevations	0.00 %
Hepatotoxicity	0.00 %
QT prolongation	0.00 %
All of the above	100.00 %

10) 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.

Remained in treatment longer	41.67 %
Had fewer opioid-positive screens	0.00 %
Attended more therapy sessions	0.00 %
All of the above	58.33 %

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

Venlafaxine	0.00 %
Vortioxetine	100.00 %
Duloxetine	0.00 %
Escitalopram	0.00 %

12) 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.

Vilazodone	0.00 %
Paroxetine	8.33 %
Quetiapine	91.67 %
Pregabalin	0.00 %

13) 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.

Benzodiazepine	0.00 %
Antidepressant	100.00 %
Mood stabilizer	0.00 %
Additional antipsychotic	0.00 %

14) 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:

Low plasma drug levels	8.33 %
Comorbid medical illness	0.00 %
Improper administration technique	0.00 %
All of the above	91.67 %