## Child & Adolescent Psychiatry Alerts 2019 Self-Assessment Module 4: 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 the Monarch external trigeminal nerve stimulation (eTNS) system as the first nonpharmacological option for in-home treatment of ADHD in unmedicated children. Neuroimaging studies have shown that eTNS increases activity in brain regions known to be associated with:

| Attention           | 0.00 %   |
|---------------------|----------|
| Emotion             | 0.00 %   |
| Behavior regulation | 0.00 %   |
| All of the above    | 100.00 % |

2) Clinical trial results suggest that eTNS produces significant improvement in symptoms of moderate-to-severe ADHD, but response may take up to 4 weeks. Common adverse effects of eTNS treatment include all of the following except:

| Drowsiness and difficulty sleeping | 0.00 %   |
|------------------------------------|----------|
| Headache and fatigue               | 0.00 %   |
| Decreased appetite                 | 100.00 % |
| Teeth clenching                    | 0.00 %   |

3) The eTNS system delivers a low-level electrical pulse to the branches of the trigeminal nerve via a small patch placed on a patient's forehead, and should not be used by patients with an active implantable pacemaker, active implantable neurostimulators, or body-worn devices such as insulin pumps.

| True  | 100.00 % |
|-------|----------|
| False | 0.00 %   |

4) In a randomized trial in children with autism spectrum disorder, compared with a control intervention, use of a Google Glass wearable artificial intelligence-based vision system produced significant improvement on the Vineland Adaptive Behavioral Scales-II (VABS-II) \_\_\_\_\_\_ subscale(s).

| Communication        | 0.00 %   |  |
|----------------------|----------|--|
| Socialization        | 100.00 % |  |
| Maladaptive behavior | 0.00 %   |  |
| All of the above     | 0.00 %   |  |

5) In a controlled trial of the investigational dopamine and norepinephrine transporter inhibitor dasotraline, the 4 mg/day dosage was significantly more effective than placebo at improving scores on the ADHD Rating Scale—IV (ADHD-RS-IV) \_\_\_\_\_ subscale(s) in children with at least moderately severe ADHD.

| Inattentive only                 | 0.00 %   |
|----------------------------------|----------|
| Hyperactive only                 | 0.00 %   |
| Both inattentive and hyperactive | 100.00 % |
| None of the above                | 0.00 %   |

| 6) The most frequently reported adverse effects of dasotraline were insomnia (18.5%), decreased appetite (17%), weight loss (7%), and irritability (5%). However, some patients, particularly younger children with |   |  |  |
|---|---|--|--|
| lower body weights, experienced mild to moderate, tra   |   |  |  |
| Psychosis-like events   | 100.00 %  |  |  |
| Hypotension   | 0.00 %  |  |  |
| Tachycardia   | 0.00 %  |  |  |
| Sleep disturbances  | 0.00 %  |  |  |
| Sicep distarbances  | 0.00 /6   |  |  |
| 7) Unlike stimulants, dasotraline does not produce mar  | ked peak and trough effects. It is absorbed slowly,   |  |  |
| with a time to peak concentration and an elim   | ination half-life of >2 days.                         |  |  |
| 15–30 minute  | 0.00 %  |  |  |
| 1–2 hour  | 0.00 %  |  |  |
| 4–5 hour  | 0.00 %  |  |  |
| 10-12-hour  | 100.00 %  |  |  |
| 8) According to results of the Avon Longitudinal Study o  | of Parents and Children (ALSPAC), established risk    |  |  |
| factors for suicidal thoughts or nonsuicidal self-harm (e   | .g., depression, impulsivity, hopelessness) are not   |  |  |
| the same factors that predict the transition to making o  | a suicide attempt.                                    |  |  |
| True  | 100.00 %  |  |  |
| False   | 0.00 %  |  |  |
| 9) The study found may be particularly useful   | in identifying adolescents who are more likely to     |  |  |
| attempt suicide.  |   |  |  |
| Cannabis or other illicit substance use   | 33.33 %   |  |  |
| Insufficient sleep  | 0.00 %  |  |  |
| Nonsuicidal self-harm   | 0.00 %  |  |  |
| All of the above  | 66.67 %   |  |  |
| 10) A large cohort study confirmed a dose-related incre   | ase in the incidence of type 2 diabetes associated    |  |  |
| with use of second-generation antipsychotics in adoles  |   |  |  |
| agents were examined, only was not associate  |   |  |  |
| Risperidone   | 0.00 %  |  |  |
| Paliperidone  | 100.00 %  |  |  |
| Quetiapine  | 0.00 %  |  |  |
| Aripiprazole  | 0.00 %  |  |  |
| 11) In addition to dose, other factors found to be associ   | ated with increased diabetes risk in this             |  |  |
| population included all of the following except:  |   |  |  |
| Duration of exposure  | 0.00 %  |  |  |
| Diagnosis of schizophrenia or major affective disorder  | 0.00 %  |  |  |
| Gender  | 100.00 %  |  |  |
| None of the above   | 0.00 %  |  |  |
| 12) Results of a large, population-based cohort study co  | onfirm that the measles, mumps, rubella (MMR)         |  |  |
| vaccination does not increase risk of autism in children  |   |  |  |
| the results indicate that the vaccine does not lead to cla  | usters of cases with onset shortly after vaccination. |  |  |

100.00 %

0.00 %

**True** False