

Psychiatry Drug 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) In a randomized trial in patients with schizophrenia, adding the investigational _____ samidorphan to olanzapine treatment produced less weight gain than olanzapine alone.

Serotonin agonist	0.00 %
Glutamate receptor antagonist	0.00 %
Opioid antagonist	100.00 %
Dopamine blocker	0.00 %

2) Over the 12 study weeks, patients who received the olanzapine plus samidorphan gained 37% less weight than those who received olanzapine plus placebo. However, effects were seen only in patients who did not experience early weight gain during a 1-week olanzapine lead-in.

True	9.09 %
False	90.91 %

3) 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.

Increased substantially	0.00 %
Were unchanged	0.00 %
Decreased	100.00 %

4) 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.

5.3	100.00 %
9.2	0.00 %
15.6	0.00 %
28.1	0.00 %

5) 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.

Death	0.00 %
All-cause hospitalization	0.00 %
Psychiatric rehospitalization	18.18 %
All of the above	81.82 %

6) 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.

Clozapine and aripiprazole	100.00 %
Clozapine and risperidone	0.00 %
Aripiprazole and quetiapine	0.00 %
Risperidone and quetiapine	0.00 %

7) 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 _____%.

15	0.00 %
35	0.00 %
50	100.00 %
70	0.00 %

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

True	0.00 %
False	100.00 %

9) In a group of patients with treatment-resistant depression, a single ketamine infusion produced response (i.e., at least 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.

20	0.00 %
46	0.00 %
66	0.00 %
91	100.00 %

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

Transient	100.00 %
Cumulative	0.00 %

11) 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.

Prolonged	0.00 %
Did not prolong	100.00 %

12) 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.

Disability and quality of life	0.00 %
Symptom progression	9.09 %
Cognitive function and depression	0.00 %
All of the above	90.91 %