Psychiatry Drug Alerts 2019 Self-Assessment Module 5: 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.

adjunctive treatment in patient	linical trials, use of estrogens and selective estrogen receptor modul with schizophrenia is uncommon. Estradiol, a major form of estroge he brain and interacts with the system(s), with possible neu	en, is a
similar to second-generation ar		
Dopaminergic	0.00 %	
Serotonergic	0.00 %	
Glutamatergic	0.00 %	
All of the above	100.00 %	
_	w, with age- and gender-appropriate physical health monitoring, ad m post-puberty to post-menopause. Adjunctive SERMs appear to be	-
True	100.00 %	
False	0.00 %	
	suggest that women treated with antidepressants or anxiolytics in preeclampsia. Risk appears to be in women who discontinue k. 0.00 % 0.00 %	
Attenuated	100.00 %	
4) The study also found preecla Was	psia risk increased in women with unmedicated depression 100.00 %	or anxiety.
Was not	0.00 %	
paroxetine, or sertraline but wh improved sexual function witho	study of patients with depression that was well controlled with cital were experiencing treatment-emergent sexual dysfunction, switchi	-
Agomelatine	0.00 %	
Ketamine	0.00 %	
Atomoxetine	0.00 %	
Vortioxetine	100.00 %	
6) The study results suggest the with treatment.	switch may be particularly effective in patients whose sexual dysfund	ction is associated
Paroxetine	0.00 %	
Sertraline	90.91 %	
Sertraline Citalopram		

7) 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.

True 100.00 % False 0.00 %

8) 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.

An antidepressant only

An opioid only

A benzodiazepine only

An antidepressant and a benzodiazepine

100.00 %

100.00 %

9) 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.

True 9.09 % **False** 90.91 %

10) 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.

Agranulocytosis 0.00 %
Liver damage 0.00 % **Hypotension and syncope** 100.00 %

None of the above 0.00 %

11) 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:

Minimize titration time 0.00 %

Prevent inefficacy due to under dosing 0.00 %

Reduce the incidence of adverse effects 0.00 %

All of the above 100.00 %

12) 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?

Diphenhydramine 9.09 %
Haloperidol 0.00 %
Lorazepam 0.00 %
All of the above 90.91 %

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

True 100.00 % False 0.00 %

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

Increased fetal monitoring	0.00 %	
Dosing modifications	100.00 %	
Inpatient treatment	0.00 %	
None of the above	0.00 %	