Psychiatry Alerts Drug 2019 Self-Assessment Module 9: 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.

•	stamatergic dysfunction in schizophrenia. In a clinical
	_ levels of glutamate metabolites (Glx) in the anterior
cingulate cortex of patients with treatment-res Increases	0.00 %
	100.00 %
Decreases	100.00 %
2) The study also found that higher baseline lev	vels of Glx are negatively associated with in
patients with resistant schizophrenia.	
Positive symptoms only	0.00 %
Both positive and negative symptoms	0.00 %
Cognitive symptoms only	0.00 %
Both negative and cognitive symptoms	100.00 %
treatment-resistant schizophrenia; however ot	isperidone significantly improved negative symptoms in her drugs targeting glutamatergic neurotransmission have
had disappointing results.	100.00 %
True - ·	100.00 %
False	0.00 %
	unclear, patients with psychiatric disorders are more likely Results of a retrospective study suggest that treatment
Antidepressants	0.00 %
Antipsychotics	0.00 %
Combined antidepressants and antipsychotics	0.00 %
None of the above	100.00 %
none of the above	100.00 //
effective than placebo at reducing Hamilton Ro	receptor modulator SAGE-217 was significantly more ating Scale for Depression (HAM-D) scores in patients with
moderate-to-severe depression.	0.00 %
MAO-B	0.00 %
GABA-A	100.00 %
Serotonin-1A	0.00 %
Dopamine-D4	0.00 %

	% of patients were rated as at least much improved on
the Clinical Global Impression–Improvement Sc	
79	100.00 %
57	0.00 %
42	0.00 %
27	0.00 %
7) Common adverse effects of SAGE-217 treatm	
Headache	0.00 %
Somnolence	0.00 %
Suicidal ideation	100.00 %
Dizziness	0.00 %
8) The FDA has approved a new agent, istradefy Parkinson's disease. The agent should not be us	
During pregnancy	100.00 %
With levodopa-carbidopa	0.00 %
In men	0.00 %
In patients aged >65 years	0.00 %
those who continued the antipsychotic experier those switched to placebo.	ssion remitted with combined sertraline and olanzapine, need fewer relapse events over 36 weeks than
Depressive	0.00 %
Psychotic	0.00 %
Total	0.00 %
All of the above	100.00 %
	ity of relapse events occurred in the first weeks of anzapine continuation group were distributed throughout
2	0.00 %
6	0.00 %
12	100.00 %
16	0.00 %
and previous research has suggested broadly si	st-line treatments for generalized anxiety disorder (GAD), milar efficacy for pharmacological and psychological of a network meta-analysis of monotherapies for treatment more effective than other treatment options.
Psychological therapies	0.00 %
Pharmacotherapy	100.00 %
Self-help interventions	0.00 %
None of the above	0.00 %

12) While bupropion and mirtazapine appeared evidence supports SSRIs and SNRIs, and	ared to have the greatest antianxiety effects, the strongest was/were not found to be effective.	
Benzodiazepines	0.00 %	
Second-generation antipsychotics	0.00 %	
The serotonin modulators trazodone, vilazodone, and vortioxetine	12.00 %	
All of the above	88.00 %	
13) According to the results of a randomized	d head-to-head comparison of risperidone, aripiprazole, and	
	hizophrenia, may be a better initial choice than	
aripiprazole for many patients as it demons Risperidone	strated greater efficacy without inferior tolerability. 100.00 %	
aripiprazole for many patients as it demons	trated greater efficacy without inferior tolerability.	
aripiprazole for many patients as it demons Risperidone	strated greater efficacy without inferior tolerability. 100.00 % 0.00 %	
aripiprazole for many patients as it demons Risperidone Olanzapine	strated greater efficacy without inferior tolerability. 100.00 % 0.00 %	
aripiprazole for many patients as it demons Risperidone Olanzapine 14) However, aripiprazole may be preferred	trated greater efficacy without inferior tolerability. 100.00 % 0.00 % I when is a priority.	
aripiprazole for many patients as it demons Risperidone Olanzapine 14) However, aripiprazole may be preferred Avoiding adverse neurological effects	trated greater efficacy without inferior tolerability. 100.00 % 0.00 % I when is a priority. 0.00 %	
aripiprazole for many patients as it demons Risperidone Olanzapine 14) However, aripiprazole may be preferred Avoiding adverse neurological effects Controlling auditory hallucinations	trated greater efficacy without inferior tolerability. 100.00 % 0.00 % when is a priority. 0.00 % 0.00 %	