M.J. Powers & Co. Continuing Education

PSYCHIATRY DRUG ALERTS

Target Audience
This activity is intended for physicians and other healthcare providers who are involved with or have an interest in the management of psychiatric disorders.

Learning Objectives

- Recognize and implement new approaches to the treatment of psychiatric disorders.
- Determine appropriate treatment selection for psychiatric disorders.
- Identify and appropriately prescribe medications or other therapeutic interventions for various psychiatric disorders.
- Recognize, avoid, and manage drug side effects and drug interactions.

Activity Code 19MP02S / Exam #46

Issues to be included . . . . . July–December 2019

Release date . . . . . January 2020

Exam must be returned by . . . . . June 30, 2021

Upon completing this activity as designed and achieving a passing score of 70% or higher on the post-test examination, participants will receive a letter of credit awarding *AMA PRA Category 1 Credit(s)*™ and the test answer key four (4) weeks after receipt of the post-test and registration/evaluation form.

Accreditation
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In order to obtain CME/CEU credit, participants are required to complete all of the following:

1. Read the learning objectives and review ***Psychiatry Drug Alerts***, Volume XXXIII, July 2019 through December 2019 (6 issues) and complete the post-test.
2. Complete the enclosed registration/evaluation form and record your test answers in the boxes using either pen or pencil.
3. Mail the form to **M.J. Powers & Co. Publishers, 45 Carey Ave, Ste 111, Butler, NJ 07405; scan and email it to cme@alertpubs.com; or fax it to 973-898-1201.**

PSYCHIATRY DRUG ALERTS

1. A cohort study found that risk of preterm delivery and other placenta-mediated complications are elevated in women treated with lithium or mood-stabilizing anticonvulsants during the first half of pregnancy. However, after adjustment for treatment indication, risk was no longer elevated, suggesting that the increase is associated with the underlying illness rather than the medications.

A. True
B. False

7/19, pgs. 49–50

2. Risk of these complications was _____ in study participants who continued to fill prescriptions for lithium or mood-stabilizing anticonvulsants during the second half of pregnancy, compared with those who stopped taking the medication.

A. Higher
B. Lower
C. Unchanged

7/19, pgs. 49–50

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3. Clinical guidelines provide conflicting recommendations on antidepressant dosing. However, imaging studies indicate that about 80% serotonin transporter occupancy occurs at minimum therapeutic doses of SSRIs and venlafaxine; higher doses do not increase this proportion and occupancy above 80% does not confer increased efficacy.

A. True
B. False

7/19, pgs. 50–51

4. According to the results of a systematic review and meta-analysis, to provide the optimal balance between antidepressant efficacy and tolerability, commonly prescribed agents should be used at the low-to-medium end of the licensed dosing range. For SSRIs, dose-related efficacy peaked and acceptability was optimized in the range of _____ fluoxetine equivalents.

A. 5–15
B. 20–40
C. 30–60
D. 70–80

7/19, pgs. 50–51

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5. A marked increase in total clozapine plasma concentrations into toxic ranges has been reported in patients with inflammation, and clinical guidelines call for decreasing the clozapine dose by _____ in these patients.

A. One-third
B. Three-quarters
C. Half
D. None of the above

7/19, pgs. 51–52

6. However, the increased plasma concentrations in these patients are generally not accompanied by toxic adverse effects. The results of a laboratory experiment suggest that because the change is associated with decreased levels of unbound clozapine (i.e., the pharmacologically active fraction), lowering the dose in patients with inflammation may increase risk of:

A. Agranulocytosis
B. Noncompliance
C. Drug interactions
D. Psychiatric deterioration

7/19, pgs. 51–52

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7. Evidence has suggested a possible relationship between inflammation and depression; because they have strong antiinflammatory properties, statins have been evaluated as potential depression treatments, but results have been mixed. Results of a recent meta-analysis _____ the use of statins as adjuncts to SSRI therapy in patients with major depressive disorder.

A. Support
B. Do not support

7/19, pg. 52

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8. According to the American Psychiatric Association, there is no scientific evidence supporting the use of medical marijuana for any psychiatric indication. There is however, evidence of a strong association between cannabis use and onset and/or worsening of psychiatric disorders, particularly in adolescents. Despite this guidance, medical marijuana has been approved in many states for psychiatric indications including:

A. Tourette's disorder and autism
B. PTSD and anxiety
C. Agitation in Alzheimer's disease
D. All of the above

7/19, pg. 53

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9. In a placebo controlled trial, the cannabis agonist nabiximols, delivered via nasal spray, was _____ in treatment-seeking patients with cannabis dependence.

A. Not effective
B. Moderately effective
C. Significantly effective

7/19, pgs. 53–54

10. In the study, patients who received nabiximols reported significantly fewer days of illicit cannabis use than those who received placebo. However, _____ did not differ between the groups.

A. Cravings
B. Withdrawal symptoms
C. Cannabis-related problems
D. All of the above

7/19, pgs. 53–54

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11. Results of a large case-control study indicate that strong anticholinergic drugs are associated with increased risk of dementia. Specific anticholinergic drug categories associated with increased risk include all of the following *except*:

A. Antidepressants
B. Antipsychotics
C. Antihistamines
D. Antiparkinson agents

7/19, pgs. 54–55

12. For anticholinergics as a whole, the association _____ associated with cumulative exposure.

A. Was
B. Was not

7/19, pgs. 54–55

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13. In patients with moderate-to-severe Alzheimer's disease, the synthetic oral THC analogue nabilone (*Casamet*) was moderately effective at reducing:

A. Confusion
B. Agitation
C. Paranoia
D. All of the above

7/19, pgs. 55–56

14. In the study, the most common adverse effect of nabilone, which usually improved with a dose reduction, was:

A. Headache
B. Dizziness
C. Constipation
D. Sedation

7/19, pgs. 55–56

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15. In a randomized controlled trial of patients with schizophrenia but no significant immune or inflammatory conditions, serum levels of the inflammatory marker(s) _____ were significantly higher in patients with schizophrenia than in controls.

A. Interleukin-1β
B. Interleukin-6
C. Tumor necrosis factor–α
D. All of the above

8/19, pgs. 57–58

16. Study patients treated with risperidone and 200 mg/day adjunctive minocycline demonstrated significantly greater reductions than those who received adjunctive placebo in all inflammatory markers *except*:

A. Tumor necrosis factor–α
B. Interleukin-6
C. Interleukin-1β
D. None of the above

8/19, pgs. 57–58

17. At 3 months, both the 100 and 200 mg/day minocycline groups showed significantly greater improvement than the placebo group in scores on the trail making test and in verbal fluency.

A. True
B. False

8/19, pgs. 57–58

18. After adjustment for risperidone dosage and duration of illness, improvements in information processing speed and _____ showed a significant correlation with decreases in IL-1β and IL-6 in the 200 mg/day minocycline group.

A. Working memory
B. Verbal and visual learning and memory
C. Attention and vigilance
D. All of the above

8/19, pgs. 57–58

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19. In a placebo-controlled trial in 200 reproductive-aged women with severe schizophrenia, adjunctive transdermal estradiol significantly improved scores on a range of symptom measures including the Positive and Negative Syndrome Scale and the Montgomery Asberg Depression Rating Scale. However, improvements were limited to women _____ than the median age of 38 years.

A. Younger
B. Older

8/19, pgs. 58–59

20. Reported adverse effects in estradiol-treated women included breast discomfort and weight gain, but long-term safety of estradiol is a concern, particularly for women with preexisting _____ and those with a past or present diagnosis of breast cancer.

A. Endometriosis
B. Type 2 diabetes
C. Fibromyalgia
D. Cardiovascular risks

8/19, pgs. 58–59

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21. The influence of smoking on some psychotropics (e.g., clozapine, fluvoxamine, mirtazapine, olanzapine) is well documented. Analysis of a therapeutic drug monitoring database found that despite receiving higher doses, patients who smoked cigarettes also had significantly lower serum concentrations of duloxetine than nonsmokers.

A. True
B. False

8/19, pgs. 59–60

22. The results indicate that smoking status should be evaluated in patients who are prescribed duloxetine, as smokers may require higher maintenance doses than nonsmokers. In addition, smoking cessation by a patient receiving a stable dose will likely be followed by a _____ increase in duloxetine concentrations.

A. Gradual but significant
B. Moderate but progressive
C. Rapid and considerable
D. Slow but continuous

8/19, pgs. 59–60

****

23. Despite important potential advantages, very few FDA-approved drugs are available for transdermal delivery. However, transdermal formulations of _____ are currently in development for treatment of schizophrenia.

A. Clozapine and olanzapine
B. Aripiprazole and asenapine
C. Cariprazine and chlorpromazine
D. Lurasidone and iloperidone

8/19, pgs. 60–61

24. In addition to the few transdermal formulations approved for psychiatric indications (i.e., methylphenidate, selegiline, rotigotine, rivastigmine), several transdermal medications including _____ are used off-label in the treatment of psychiatric disorders.

A. Clonidine
B. Testosterone
C. Scopolamine
D. All of the above

8/19, pgs. 60–61

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25. In a multicenter, manufacturer-sponsored, open-label study, adjunctive treatment with brexpiprazole was both safe and well tolerated for up to 6 months in patients with _____ depression.

A. Treatment-resistant
B. Atypical
C. Postpartum
D. Bipolar

8/19, pgs. 61–62

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26. A multicenter, acute-phase, 8-week controlled trial did not support the efficacy of adjunctive riluzole in patients with treatment-resistant major depression. However, in a 12-week open-label extension of the study, _____% of patients who did not initially achieve response did so following extension-phase treatment.

A. 71
B. 52
C. 37
D. 24

8/19, pgs. 62–63

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27. Hypothermia is a rare but potentially fatal adverse effect of antipsychotic drug use. According to a review of reported cases, all of the following *except* _____ appear to be predisposing factors.

A. Presence of hypothyroidism
B. Recent drug initiation or dosage increase
C. Concurrent antidepressant treatment
D. Advanced age

8/19, pgs. 63–64

****

28. Several lines of evidence have implicated glutamatergic dysfunction in schizophrenia. In a clinical experiment, MRI scans showed riluzole _____ levels of glutamate metabolites (Glx) in the anterior cingulate cortex of patients with treatment-resistant schizophrenia.

A. Increases
B. Decreases

9/19, pgs. 65–66

29. The study also found that higher baseline levels of Glx are negatively associated with _____ in patients with resistant schizophrenia.

A. Positive symptoms only
B. Both positive and negative symptoms
C. Cognitive symptoms only
D. Both negative and cognitive symptoms

9/19, pgs. 65–66

30. A previous study showed adding riluzole to risperidone significantly improved negative symptoms in treatment-resistant schizophrenia; however other drugs targeting glutamatergic neurotransmission have had disappointing results.

A. True
B. False

9/19, pgs. 65–66

****

31. Although the direction of the association is unclear, patients with psychiatric disorders are more likely to meet criteria for obesity than those without. Results of a retrospective study suggest that treatment with _____ interfere(s) with weight loss in these patients.

A. Antidepressants
B. Antipsychotics
C. Combined antidepressants and antipsychotics
D. None of the above

9/19, pgs. 66–67

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32. In a phase 2 study, the investigational GABA-A receptor modulator SAGE-217 was significantly more effective than placebo at reducing moderate-to-severe depression. After 2 weeks of SAGE-217 treatment, _____% of patients were rated as at least much improved on the Clinical Global Impression–Improvement Scale (odds ratio compared with placebo, 8.6).

A. 79
B. 57
C. 42
D. 27

9/19, pgs. 67–68

33. Common adverse effects of SAGE-217 treatment included all of the following *except*:

A. Headache
B. Somnolence
C. Suicidal ideation
D. Dizziness

9/19, pgs. 67–68

****

34. The FDA has approved istradefylline for use during off periods in patients with Parkinson's disease. The agent should not be used:

A. During pregnancy
B. With levodopa-carbidopa
C. In men
D. In patients aged >65 years

9/19, pg. 68

****

35. In a group of patients whose psychotic depression remitted with combined sertraline and olanzapine, those who continued the antipsychotic experienced fewer _____ relapse events over 36 weeks than those switched to placebo.

A. Depressive
B. Psychotic
C. Total
D. All of the above

9/19, pgs. 68–70

36. In the group switched to placebo, the majority of relapse events occurred in the first _____ weeks of randomized treatment, while relapses in the olanzapine group were distributed throughout the 36-week trial.

A. 2
B. 6
C. 12
D. 16

9/19, pgs. 68–70

****

37. SSRIs, SNRIs, and CBT are widely used as first-line treatments for generalized anxiety disorder, and previous research has suggested broadly similar efficacy for pharmacological and psychological treatments. However, according to the results of a network meta-analysis of monotherapies in generalized anxiety disorder _____ is/are more effective than other treatment options.

A. Psychological therapies
B. Pharmacotherapy
C. Self-help interventions
D. None of the above

9/19, pgs. 70–71

38. While bupropion and mirtazapine appeared to have the greatest antianxiety effects, the strongest evidence supports SSRIs and SNRIs, and _____ was/were not found to be effective.

A. Benzodiazepines
B. Second-generation antipsychotics
C. The serotonin modulators trazodone, vilazodone, and vortioxetine
D. All of the above

9/19, pgs. 70–71

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39. According to the results of a head-to-head comparison of risperidone, aripiprazole, and olanzapine in patients with first-episode schizophrenia, _____ may be a better initial choice than aripiprazole for many patients as it demonstrated greater efficacy without inferior tolerability.

A. Risperidone
B. Olanzapine

9/19, pgs. 71–72

40. However, aripiprazole may be preferred when _____ is a priority.

A. Avoiding adverse neurological effects
B. Controlling auditory hallucinations
C. Preventing short-term weight gain
D. Averting drug interactions

9/19, pgs. 71–72

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41. In a manufacturer-sponsored trial, adding pimavanserin, an atypical antipsychotic with a unique mechanism of action, to an SSRI or SNRI that had failed to produce adequate improvement in depression was significantly more effective than adding placebo beginning at what time point?

A. The first weekly follow-up
B. Following 5 weeks of treatment
C. Following 10 weeks of treatment
D. After 6 months

10/19, pgs. 73–74

42. Pimavanserin was well tolerated in the study, with dry mouth, nausea, and headache each affecting about 10% of treated patients. The agent was not associated with:

A. Metabolic dysregulation
B. Sexual dysfunction
C. Extrapyramidal symptoms
D. All of the above

10/19, pgs. 73–74

****

43. Evidence supports the use of oral testosterone therapy for hypoactive sexual desire disorder/dysfunction (HSDD) in _____, according to a global consensus statement endorsed by multiple national womens' health agencies.

A. Premenopausal women
B. Postmenopausal women
C. All women regardless of menopausal status
D. None of the above

10/19, pgs. 74–75

44. If testosterone therapy is prescribed for HSDD, oral formulations should be used at dosages that approximate physiological testosterone concentrations in premenopausal women. Because injectables, pellets, and other formulations can produce supraphysiological blood concentrations, the panel does not recommend their use.

A. True
B. False

10/19, pgs. 74–75

45. Although most women will not experience serious adverse effects of testosterone therapy, deep vein thrombosis and negative effects on cholesterol levels are possible. Furthermore, use should be undertaken cautiously in women with _____ and those with a history of breast cancer.

A. Depression
B. Endometriosis
C. High cardiometabolic risk
D. Impaired cognitive function

10/19, pgs. 74–75

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46. A large meta-analysis found few clinically relevant differences in overall efficacy between available antipsychotics. However, calculated standardized mean differences between active treatment and placebo indicate _____ has the strongest effect on negative symptoms.

A. Lurasidone
B. Clozapine
C. Risperidone
D. Haloperidol

10/19, pgs. 75–77

47. Risk for adverse effects varied widely across the agents studied. In general, newer antipsychotics produced less sedation than older agents. Among the atypicals, relative risk for sedation was lowest with:

A. Cariprazine
B. Ziprasidone
C. Quetiapine
D. Asenapine

10/19, pgs. 75–77

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48. Combined data from manufacturer-sponsored trials of adjunctive brexpiprazole in patients with depression suggest the agent is associated with small effects on lipids and glucose metabolism and _____ weight gain. Brexpiprazole is also less likely than other atypicals to produce activating or sedating adverse effects and has no clinically relevant effect on prolactin, electrocardiogram, vital signs, or other laboratory parameters.

A. Significant
B. Moderate
C. Very little

10/19, pgs. 77–78

****

49. The first-generation antipsychotic loxapine is the only antipsychotic formulated for intranasal administration to control acute agitation.

A. True
B. False

10/19, pg. 78

****

50. Results of a controlled trial in patients with both insomnia and depression indicate that, compared with placebo adding zolpidem to antidepressant therapy produces significantly greater improvement in:

A. Insomnia and depression
B. Insomnia, depression, and suicidal ideation
C. Insomnia only
D. None of the above

10/19, pgs. 78–79

****

51. According to data collected in the ongoing Quebec Pregnancy Cohort, risk of gestational diabetes is increased with:

A. All antidepressants
B. SNRIs and TCAs
C. SSRIs
D. None of the above

10/19, pgs. 79–80

52. When individual agents were assessed, risk was found to be increased only with venlafaxine and amitriptyline.

A. True
B. False

10/19, pgs. 79–80

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53. In contrast to an earlier study, a phase 3 randomized trial of cariprazine in patients with bipolar I depression found which cariprazine dosage(s) was/were significantly more effective than placebo at reducing depression?

A. 1.5 mg
B. 3 mg
C. Both 1.5 and 3 mg
D. Neither 1.5 nor 3 mg

11/19, pgs. 81–82

54. Common adverse events affecting 2–10% of patients treated with cariprazine included _____, while treatment-emergent mania occurred in <2% of those who received 1.5 mg/day cariprazine and in no patients who received the higher dosage.

A. Akathisia and restlessness
B. Nausea
C. Fatigue
D. All of the above

11/19, pgs. 81–82

****

55. The only FDA-approved treatment for postpartum depression is:

A. Paroxetine
B. ECT
C. Brexanolone
D. None of the above

11/19, pgs. 82–83

56. According to the results of a manufacturer-sponsored network meta-analysis, brexanolone appears to be superior to SSRIs–the most commonly used alternate agents–at improving postpartum depression:

A. Only at day 3
B. Up to week 4
C. At all time points
D. At no time point

11/19, pgs. 82–83

57. At the last follow-up, when SSRIs were expected to have reached their maximum efficacy, brexanolone was no longer statistically superior on the clinician-rated HAM-D, but remained significantly superior to placebo on the patient-rated Edinburgh Postnatal Depression Scale.

A. True
B. False

11/19, pgs. 82–83

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58. Compared with other second generation antipsychotics, risperidone causes larger and more frequent prolactin elevations, which are associated with reduced bone mineral density. In a cohort of >100,000 antipsychotic-treated patients, risperidone _____ associated with increased risk of osteoporotic fracture compared with first generation or other second generation antipsychotics.

A. Was
B. Was not

11/19, pgs. 83–84

****

59. According to an APA consensus statement, ketamine dose adjustments may be necessary for patients with resistant depression who have a body mass index (BMI) of ≥30. A secondary analysis of subject-level data from 2 small open-label studies of adjunctive ketamine infusion in resistant unipolar or bipolar depression suggests BMI also affects ketamine efficacy, with a higher BMI associated with _____ remission rates.

A. Higher
B. Lower

11/19, pgs. 84–85

****

60. Inflammation is a potential factor in the pathogenesis of major depression. Results of a meta-analysis indicate that antiinflammatory drugs, when used as _____, have a significant antidepressant effect.

A. Adjuncts to conventional antidepressants
B. Monotherapy
C. Either monotherapy or adjunctive treatment
D. None of the above

11/19, pgs. 85–86

61. In the analysis, the largest standardized mean difference between an antiinflammatory and placebo was found for:

A. Modafinil
B. Minocycline
C. Statins
D. Pioglitazone

11/19, pgs. 85–86

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62. With its novel mechanism of action, esketamine nasal spray has garnered considerable interest for the treatment of resistant depression. However, a meta-analysis of 3 esketamine clinical trials found an effect size of 0.28, which is similar to that previously reported for _____ and lower than those reported for the approved adjunctive treatments aripiprazole and quetiapine.

A. Olanzapine–fluoxetine
B. Cariprazine
C. Vortioxetine
D. ECT

11/19, pgs. 86–87

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63. The recent approval of intranasal esketamine for resistant depression provides a rapidly-acting option. However, because of the potential for sedation, dissociation, and abuse/misuse, use is restricted to approved healthcare settings. An investigational combination of the NMDA antagonist dextromethorphan with the norepinephrine–dopamine reuptake inhibitor bupropion (AXS-05), may provide similar effects with the benefits of oral administration and fewer adverse effects.

A. True
B. False

11/19, pgs. 87–88

64. Dextromethorphan has pharmacological properties similar to those of ketamine but is rapidly metabolized via cytochrome P450 isoenzymes. Bupropion and its metabolites inhibit the same isoenzyme, and coadministration with dextromethorphan significantly _____ dextromethorphan exposure.

A. Decreases
B. Increases

11/19, pgs. 87–88

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65. In a group of women with borderline personality disorder, intranasal oxytocin significantly improved which aspect(s) of social behavior?

A. Approach motivation only
B. Cognitive empathy only
C. Affective empathy and approach motivation
D. Cognitive and affective empathy

12/19, pgs. 89–90

66. The positive effects of intranasal oxytocin on social behavior were not correlated with its effects on mood, anxiety, anger, and distress.

A. True
B. False

12/19, pgs. 89–90

****

67. Withdrawal phenomena with antidepressants may be a more important and complex problem than current treatment guidelines imply. The symptoms typically appear within _____ of stopping an antidepressant or initiating a taper and can last for a prolonged period of time.

A. 6 months
B. 3 months
C. 2 weeks
D. 3 days

12/19, pgs. 90–91

68. Optimal tapering strategies to avoid withdrawal symptoms have not been determined, but switching patients to _____, which is less likely to cause withdrawal, may be helpful for some patients.

A. Paroxetine
B. Fluoxetine
C. Brexpiprazole
D. Vilazodone

12/19, pgs. 90–91

****

69. A synthesis of evidence from previously published meta-analyses did not find conclusive evidence supporting a significant association between antidepressants and commonly reported adverse health outcomes. However, the analysis did confirm that convincing evidence exists for a significant association between SSRI use and _____ as well as an association between antidepressant use and autism.

A. Risk of suicide in children and adolescents
B. Poor neonatal outcomes
C. ADHD in children exposed in utero
D. All of the above

12/19, pgs. 90–91

****

70. Sialorrhea may affect >30% of clozapine-treated patients; the reaction can _____ and potentially lead to clozapine noncompliance.

A. Cause dermatological complications
B. Negatively affect sleep
C. Increase risk for aspiration pneumonia
D. All of the above

12/19, pgs. 92–93

71. A review of published cases suggests that sublingual use of _____ may be an effective treatment for clozapine-associated sialorrhea.

A. Ofloxacin ear drops
B. Atropine eye drops
C. Triamcinolone ointment
D. None of the above

12/19, pgs. 92–93

****

72. According to a network meta-analysis, metabolic adverse effects vary widely across antipsychotic medications, but _____ appear to have the highest metabolic burden.

A. Brexpiprazole and asenapine
B. Quetiapine and sertindole
C. Aripiprazole and cariprazine
D. Clozapine and olanzapine

12/19, pgs. 93–95

73. According to the analysis, which of the following agents was not associated with significant weight gain?

A. Brexpiprazole
B. Cariprazine
C. Iloperidone
D. Quetiapine

12/19, pgs. 93–95

74. According to the study, greater symptom improvement is strongly associated with larger increases in body weight, BMI, total cholesterol, and LDL cholesterol, and with greater reductions in HDL cholesterol. However, this finding may reflect medication compliance, with poor compliance resulting in reduced efficacy and fewer metabolic effects.

A. True
B. False

2/19, pgs. 93–95

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75. A recent case report highlights the possibility for acute liver injury associated with rapid titration of:

A. Clozapine
B. Duloxetine
C. Esketamine
D. Vortioxetine

2/19, pgs. 95–96

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M.J. Powers & Co. Continuing Education

Psychiatry Drug Alerts - Activity Evaluation Form

Please note: Credit letters will be issued upon receipt of this completed evaluation form. The planning and execution of useful and educationally sound continuing education activities are guided in large part by input from participants. To assist us in evaluating the effectiveness of this activity, please complete this evaluation form. Your response will help ensure that future programs are informative and meet the educational needs of all participants. Thank you for your cooperation!

Program Objectives: Having completed this activity, you are better able to:	**Strongly Agree**				**Strongly Disagree**
Recognize and implement new approaches to the treatment of psychiatric disorders.	5	4	3	2	1
Determine appropriate treatment selection for psychiatric disorders.	5	4	3	2	1
Identify and appropriately prescribe medications or other therapeutic interventions for various psychiatric disorders.	5	4	3	2	1
Recognize, avoid, and manage drug side effects and drug interactions.	5	4	3	2	1

Overall Evaluation:	**Strongly Agree**				**Strongly Disagree**
The information presented increased my awareness/understanding of the subject.	5	4	3	2	1
The information presented will influence how I practice.	5	4	3	2	1
The information presented will help me improve patient care.	5	4	3	2	1
The information demonstrated current knowledge of the subject.	5	4	3	2	1
The program was educationally sound and scientifically balanced.	5	4	3	2	1
The program avoided commercial bias or influence.	5	4	3	2	1
Overall, the program met my expectations.	5	4	3	2	1

Based on information presented in the program, I will (please check one):

- ❑ Do nothing as the content was not convincing.
- ❑ Seek additional information on this topic.
- ❑ Do nothing. Barriers at my institution prevent me from changing my practice.
- ❑ Change my practice.
- ❑ Do nothing as current practice reflects program's recommendations.

If you anticipate changing one or more aspects of your practice as a result of your participation in this activity, please provide us with a brief description of how you plan to do so:_____

_____

_____

Please provide any additional comments pertaining to this activity and suggestions for improvement:_____

_____

_____

Please list any topics that you would like to be addressed in future educational activities:_____

_____

_____

ANSWER SHEET

PSYCHIATRY DRUG ALERTS

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Please enter your name and address

Activity Code: 19MP02S Test 46

e-mail address (for credit notification)

	A	B	C	D		A	B	C	D		A	B	C	D
1	Ⓐ	Ⓑ	Ⓒ	Ⓓ	26	Ⓐ	Ⓑ	Ⓒ	Ⓓ	51	Ⓐ	Ⓑ	Ⓒ	Ⓓ
2	Ⓐ	Ⓑ	Ⓒ	Ⓓ	27	Ⓐ	Ⓑ	Ⓒ	Ⓓ	52	Ⓐ	Ⓑ	Ⓒ	Ⓓ
3	Ⓐ	Ⓑ	Ⓒ	Ⓓ	28	Ⓐ	Ⓑ	Ⓒ	Ⓓ	53	Ⓐ	Ⓑ	Ⓒ	Ⓓ
4	Ⓐ	Ⓑ	Ⓒ	Ⓓ	29	Ⓐ	Ⓑ	Ⓒ	Ⓓ	54	Ⓐ	Ⓑ	Ⓒ	Ⓓ
5	Ⓐ	Ⓑ	Ⓒ	Ⓓ	30	Ⓐ	Ⓑ	Ⓒ	Ⓓ	55	Ⓐ	Ⓑ	Ⓒ	Ⓓ
6	Ⓐ	Ⓑ	Ⓒ	Ⓓ	31	Ⓐ	Ⓑ	Ⓒ	Ⓓ	56	Ⓐ	Ⓑ	Ⓒ	Ⓓ
7	Ⓐ	Ⓑ	Ⓒ	Ⓓ	32	Ⓐ	Ⓑ	Ⓒ	Ⓓ	57	Ⓐ	Ⓑ	Ⓒ	Ⓓ
8	Ⓐ	Ⓑ	Ⓒ	Ⓓ	33	Ⓐ	Ⓑ	Ⓒ	Ⓓ	58	Ⓐ	Ⓑ	Ⓒ	Ⓓ
9	Ⓐ	Ⓑ	Ⓒ	Ⓓ	34	Ⓐ	Ⓑ	Ⓒ	Ⓓ	59	Ⓐ	Ⓑ	Ⓒ	Ⓓ
10	Ⓐ	Ⓑ	Ⓒ	Ⓓ	35	Ⓐ	Ⓑ	Ⓒ	Ⓓ	60	Ⓐ	Ⓑ	Ⓒ	Ⓓ
11	Ⓐ	Ⓑ	Ⓒ	Ⓓ	36	Ⓐ	Ⓑ	Ⓒ	Ⓓ	61	Ⓐ	Ⓑ	Ⓒ	Ⓓ
12	Ⓐ	Ⓑ	Ⓒ	Ⓓ	37	Ⓐ	Ⓑ	Ⓒ	Ⓓ	62	Ⓐ	Ⓑ	Ⓒ	Ⓓ
13	Ⓐ	Ⓑ	Ⓒ	Ⓓ	38	Ⓐ	Ⓑ	Ⓒ	Ⓓ	63	Ⓐ	Ⓑ	Ⓒ	Ⓓ
14	Ⓐ	Ⓑ	Ⓒ	Ⓓ	39	Ⓐ	Ⓑ	Ⓒ	Ⓓ	64	Ⓐ	Ⓑ	Ⓒ	Ⓓ
15	Ⓐ	Ⓑ	Ⓒ	Ⓓ	40	Ⓐ	Ⓑ	Ⓒ	Ⓓ	65	Ⓐ	Ⓑ	Ⓒ	Ⓓ
16	Ⓐ	Ⓑ	Ⓒ	Ⓓ	41	Ⓐ	Ⓑ	Ⓒ	Ⓓ	66	Ⓐ	Ⓑ	Ⓒ	Ⓓ
17	Ⓐ	Ⓑ	Ⓒ	Ⓓ	42	Ⓐ	Ⓑ	Ⓒ	Ⓓ	67	Ⓐ	Ⓑ	Ⓒ	Ⓓ
18	Ⓐ	Ⓑ	Ⓒ	Ⓓ	43	Ⓐ	Ⓑ	Ⓒ	Ⓓ	68	Ⓐ	Ⓑ	Ⓒ	Ⓓ
19	Ⓐ	Ⓑ	Ⓒ	Ⓓ	44	Ⓐ	Ⓑ	Ⓒ	Ⓓ	69	Ⓐ	Ⓑ	Ⓒ	Ⓓ
20	Ⓐ	Ⓑ	Ⓒ	Ⓓ	45	Ⓐ	Ⓑ	Ⓒ	Ⓓ	70	Ⓐ	Ⓑ	Ⓒ	Ⓓ
21	Ⓐ	Ⓑ	Ⓒ	Ⓓ	46	Ⓐ	Ⓑ	Ⓒ	Ⓓ	71	Ⓐ	Ⓑ	Ⓒ	Ⓓ
22	Ⓐ	Ⓑ	Ⓒ	Ⓓ	47	Ⓐ	Ⓑ	Ⓒ	Ⓓ	72	Ⓐ	Ⓑ	Ⓒ	Ⓓ
23	Ⓐ	Ⓑ	Ⓒ	Ⓓ	48	Ⓐ	Ⓑ	Ⓒ	Ⓓ	73	Ⓐ	Ⓑ	Ⓒ	Ⓓ
24	Ⓐ	Ⓑ	Ⓒ	Ⓓ	49	Ⓐ	Ⓑ	Ⓒ	Ⓓ	74	Ⓐ	Ⓑ	Ⓒ	Ⓓ
25	Ⓐ	Ⓑ	Ⓒ	Ⓓ	50	Ⓐ	Ⓑ	Ⓒ	Ⓓ	75	Ⓐ	Ⓑ	Ⓒ	Ⓓ

I attest that I have completed the Psychiatry Drug Alerts activity as designed.

❑ **Physicians:** I claim____ *AMA PRA Category 1 Credit(s)*™ for participating in this activity (1 credit for each hour of participation, not to exceed 12 credits).

❑ **Non-Physicians:** I claim (up to 1.2) _____Continuing Education Units (CEUs). One CEU is awarded for 10 contact hours of instruction.

Signature_____ **Date**_____

Exam must be returned by June 30, 2021 **CME Activity Code: 19MP02S Test 46**