Continuing Medical Education

Exams are available online only at cme.psychiatryonline.org

INFORMATION TO PARTICIPANTS

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EXPLANATION OF HOW PHYSICIANS CAN PARTICIPATE AND EARN CREDIT. In order to earn CME credit, subscribers should read through

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Estimated Time to Complete: 1 Hour Begin date August 1, 2006 – End date July 31, 2008

EXAMINATION QUESTIONS

Select the single best answer for each question below.

Chronic Depression in Bipolar Disorder

Rif S. El-Mallakh and Anoop Karippot Am J Psychiatry 2006; 163:1337–1341

QUESTION 1. Which of the following statements about the treatment of acute bipolar depression is true:

- A. Antidepressants are ineffective for the treatment of bipolar depression.
- B. Antidepressants are effective in the short-term management of bipolar depression.
- C. Mood stabilizers are more effective than antidepressants in the management of bipolar depression.
- D. Antipsychotics are more effective than antidepressants in the management of bipolar depression.

QUESTION 2. Randomized clinical trials examining the role of antidepressants in the prevention of depressive relapses in bipolar patients have found:

- A. Antidepressants do not appear to prevent depressive relapses in bipolar patients.
- B. Antidepressants do prevent depressive relapses in bipolar patients.
- C. Antidepressants prevent depressive relapses in bipolar patients only when co-administered with mood stabilizers.
- D. Such studies have yet to be performed.

QUESTION 3. Which of the following statements about the potential adverse consequences of long-term use of anti-depressants is true:

- A. Only tricyclic antidepressants have been associated with manic induction.
- B. Mood stabilizers appear to fully protect patients from antidepressant-associated destabilization.
- C. Antidepressants are associated with manic-induction, rapid cycling, and irritable dysphoria in bipolar patients
- D. Long-term use of antidepressants is not associated with adverse consequences in type II bipolar patients

EVALUATION QUESTIONS

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STATEMENT 1. The activity achieved its stated objectives

- 1. Strongly agree
- 2. Agree
- 3. Neutral
- 4. Disagree
- Strongly disagree

STATEMENT 2. The activity was relevant to my practice.

- 1. Strongly agree
- 2. Agree
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- 4. Disagree
- 5. Strongly disagree

STATEMENT 3. I plan to change my current practice based on what I learned in the activity.

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- 4. Disagree5. Strongly disagree

STATEMENT 5. The activity provided sufficient scientific evidence to support the content presented.

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- 5. Strongly disagree

STATEMENT 6. The activity was free of commercial bias toward a particular product or company.

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EXAMINATION QUESTIONS

Select the single best answer for each question below.

Relapse to Opiate Use After Treatment of Chronic Hepatitis C With Pegylated Interferon and Ribavirin

Annette M. Matthews et al.

Am J Psychiatry 2006; 163:1342-1347

QUESTION 1. In patients receiving methadone maintenance therapy for heroin dependence during interferon treatment, which of the following methadone dose changes is most commonly needed?

- A. Methadone should be discontinued before the start of treatment because there is a critical drug interaction between interferon and methadone.
- B. Patients can commonly be maintained on 5–10 mg less methadone because interferon decreases heroin craving.
- C. There is usually no need to change the methadone dose.
- D. Patients commonly need a 5–10 mg/ day increase in methadone to help decrease craving but usually can re-

turn to taking their previous dose after treatment with interferon is complete.

QUESTION 2. What is the most common etiology of newly acquired cases of hepatitis C in the United States?

- A. Blood transfusions before 1994
- B. Intravenous drug use
- C. Receiving tattoos with improperly sanitized needles
- D. Unprotected intercourse with someone who has the hepatitis C virus

QUESTION 3. The 2002 NIH Consensus Development Conference on the Management of Hepatitis C recommended which of the following:

A. As per the 1997 conference, patients with hepatitis C virus must be absti-

- nent from opioid use for 6 months before antivirus therapy should be considered.
- B. That all patients with comorbid substance use disorders, past or present, should be excluded from antiviral therapy.
- C. That treatments for hepatitis C be extended to groups previously thought to be at high risk, including those with a history of substance abuse.
- D. That substance use behavior not be considered when assessing patients for treatment candidacy.

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EXAMINATION QUESTIONS

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Primary Mania Versus HIV-Related Secondary Mania in Uganda

Etheldreda Nakimuli-Mpungu et al. Am J Psychiatry 2006; 163:1349–1354

QUESTION 1. Among patients presenting to Uganda's only psychiatric referral hospital, which of the following represents the rate of HIV diagnosis among patients with first-episode mania compared to those presenting with a recurrent episode of previously diagnosed mania?

- A. The rate of HIV was the same in both groups.
- B. The rate of HIV was two times higher in the recurrent episode group.
- C. The rate of HIV was three times higher in the first-episode group.
- D. The rate of HIV was non-significantly lower in the first episode group.

QUESTION 2. What percentage of HIV-positive patients with first-episode secondary mania had CD4 counts below 350 cells/mm³?

- A. Less than 30%
- **B.** Over 50%
- C. Between 90-95%
- D. None of the patients

QUESTION 3. Using the Young Mania Rating Scale to compare HIV-negative patients with primary mania to HIV-positive patients with first-episode secondary mania, which of the following is true?

- A. HIV-positive patients had less manic symptoms
- B. HIV-negative patients had less manic symptoms
- C. Both groups had the same severity of manic symptoms
- D. HIV-positive patients had more severe psychotic symptoms

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