Continuing Medical Education

Exams are available online only at cme.psychiatryonline.org

INFORMATION TO PARTICIPANTS

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PARTICIPANTS. This program is designed for all psychiatrists in clinical practice, residents in Graduate Medical Education programs, medical students interested in psychiatry, and other physicians who wish to advance their current knowledge of clinical medicine.

EXPLANATION OF HOW PHYSICIANS CAN PARTICIPATE AND EARN CREDIT. In order to earn CME credit, subscribers should read through the material presented in the article. After reading the article, complete the CME quiz online at cme.psychiatryonline.org and submit your evaluation and study hours (up to 1 AMA PRA Category 1 Credit™).

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Estimated Time to Complete: 1 Hour

Begin date September 1, 2006 – End date August 31, 2008

EXAMINATION QUESTIONS

Select the single best answer for each question below.

SSRI-Associated Sexual Dysfunction

Richard Balon

Am J Psychiatry 2006; 163:1504-1509

QUESTION 1. Which of the following symptoms of sexual dysfunction has long been associated with depressive symptomatology?

A. Decreased libido
B. Priapism
C. Delayed orgasm
D. Dyspareunia

QUESTION 2. SSRIs are most commonly associated with which of the following sexual dysfunctions?

A. Decreased libido
B. Impaired erection
C. Delayed ejaculation
D. Postcoital headache

QUESTION 3. The only evidence-based management strategy for antidepressant-associated erectile dysfunction is which of the following?

A. Reducing the dose of antidepressant
B. Adding bupropion
C. Introducing drug holidays
D. Adding a phosphodiesterase-5 inhibitor

EVALUATION QUESTIONS

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STATEMENT 1. The activity achieved its stated objectives
1. Strongly agree
2. Agree
3. Neutral
4. Disagree
5. Strongly disagree

STATEMENT 2. The activity was relevant to my practice.
1. Strongly agree
2. Agree
3. Neutral
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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STATEMENT 4. The activity validated my current practice.
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STATEMENT 5. The activity provided sufficient scientific evidence to support the content presented.
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EXAMINATION QUESTIONS

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A Comparison of Lithium and T_3 Augmentation Following Two Failed Medication Treatments for Depression: A STAR*D Report

Andrew A. Nierenberg et al.

Am J Psychiatry 2006; 163:1519-1530

QUESTION 1. Lithium compared with T_3 augmentation after two failed antidepressant treatments showed which of the following outcomes regarding remission rates?

A. There was no statistically significant difference between lithium and T_3.
B. Lithium was associated with significantly greater remission rate than T_3.
C. T_3 was associated with significantly greater remission rate than lithium.
D. Augmentation did not result in remission from depression with either drug.

QUESTION 2. Which of the following was observed in comparing side effects between lithium and T_3 augmentation?

A. More participants withdrew from the study due to side effects with T_3.
B. A greater frequency of side effects was observed with lithium.
C. The frequency of side effects was the same between T_3 and lithium.
D. Side effect differences between agents were dependent on depression severity.

QUESTION 3. In this study of antidepressant augmentation, the median lithium blood level (meq/liter) among the subset of participants on lithium augmentation who were tested was:

A. 0.4
B. 0.8
C. 0.6
D. 1.0

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EXAMINATION QUESTIONS

Select the single best answer for each question below.

Tranylcypromine Versus Venlafaxine Plus Mirtazapine Following Three Failed Antidepressant Medication Trials for Depression: A STAR*D Report

Patrick J. McGrath et al.

Am J Psychiatry 2006; 163:1531-1541

QUESTION 1. In the STAR*D Level 4 study, the approximate overall rate of remission from treatments studied for patients who had not responded to, or were intolerant of, three previous antidepressant treatments was about:

A. 2%
B. 10%
C. 40%
D. 52%

QUESTION 2. In the STAR*D Level 4 study, how did the tolerability of tranylcypromine and the combination of venlafaxine and mirtazapine compare?

A. There was no difference in tolerability.
B. Tranylcypromine was better tolerated than was the combination.
C. The venlafaxine/mirtazapine combination was better tolerated.
D. The study did not report differences in medication tolerability.

QUESTION 3. The STAR*D Level 4 study suggested which of the following regarding treatment response and side effects between tranylcypromine and the combination of venlafaxine and mirtazapine?

A. A higher rate of exiting treatment with tranylcypromine despite no difference in side effect frequency may reflect a greater level of discomfort in using MAOIs in clinical practice.
B. Lack of response to previous treatment with venlafaxine predicted poor response to the combination of venlafaxine and mirtazapine.
C. Response to tranylcypromine was better than the venlafaxine and mirtazapine combination in patients who exhibited atypical features.
D. Neither the venlafaxine and mirtazapine combination nor tranylcypromine can be given safely in primary care settings.

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