

Mindful Continuing Education

Psychotherapeutic Medication Guidelines for Adults

1. Since serious mental health conditions are chronic in nature, a long-term management plan is essential, and it should include each of the following components EXCEPT:

- A. Integrate care of psychiatrists and primary care providers and evaluate threats to continuity of care
 - B. Select maintenance medications that have a low relative risk of weight gain and metabolic syndrome and monitor physical health parameters/medication side effects
 - C. Use criterion-based care to measure symptoms, side effects, and adherence, and incorporate multifaceted treatment decision-making with patients and caregivers
 - D. Perform a psychosocial assessment, assess social support system, and give patients tools/support for recovery and self-management
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Measurement-Based Care

2. The integration of measurement scales into routine clinical practice is recommended as a means for assessing symptom severity during initial evaluation/treatment, when medication changes are implemented, and/or when the patient reports a change in symptoms.

- A. True
 - B. False
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Treatment with Antipsychotic Medication

3. Selection of antipsychotic medication with well-informed patients should be made on the basis of prior individual treatment response, side-effect experience, medication side-effect profile, and

- A. Current level of functioning
 - B. Long-term treatment planning
 - C. Acute efficacy
 - D. Psychiatric and medical comorbidities
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Achieving Optimal Outcomes with Currently Available Antipsychotics

4. In order to achieve optimal outcome with antipsychotic medications, experts recommend beginning with a systematic 3 to 8-week trial of one antipsychotic with ideal dosing, and if an inadequate response occurs, it should be followed with systematic trial of combination therapy with alternative antipsychotics at adequate dose and duration.

- A. True**
 - B. False**
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Treatment of Acute Bipolar Disorder-Depression

5. The primary goals of care for bipolar disorder with depression are remission, maintenance of response, prevention of relapse, and full functional recovery.

- A. True**
 - B. False**
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Pharmacological Treatment of Acute Bipolar Mania

6. Mania comprises a medical emergency in adults with bipolar I disorder, and scientific evidence indicates that the medications most likely to offer therapeutic benefit in mania are:

- A. Lithium, divalproex, and atypical agents**
 - B. Carbamazepine and lamotrigine**
 - C. Aripiprazole, asenapine, and olanzapine**
 - D. Quetiapine and lamotrigine**
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Treatment of Major Depressive Disorder

7. Initial treatment of major depressive disorder includes treatment options such as evidence-based psychotherapy and a 4-8 week monotherapy trial of a selective serotonin reuptake inhibitor (SSRI), serotonin-norepinephrine reuptake inhibitor (SNRI), or vortioxetine.

- A. True**
 - B. False**
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Non-Psychotic Major Depression

8. Compelling evidence indicates that selective serotonin reuptake inhibitors (SSRIs) are superior in efficacy to other classes of antidepressants, and that with insufficient response, switching medication is consistently the preferred therapeutic avenue over combining medication.

- A. True**
 - B. False**
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9. Which of the following is NOT an accurate statement about treatment for schizophrenia?

- A. The primary objectives in the treatment of schizophrenia are to reduce the frequency and severity of psychotic exacerbation, ameliorate a broad range of symptoms, and improve functional capacity and quality of life**
 - B. Treatment for schizophrenia includes medication as well as a range of psychosocial interventions, and antipsychotics are the cornerstone of pharmacological treatment for the disorder**
 - C. While the efficacy of numerous antipsychotic agents in the treatment of schizophrenia is broadly similar, there are significant differences in their side-effect profiles**
 - D. Risperidone is unique in that it is more effective than other antipsychotics in treating positive symptoms in otherwise treatment-refractory patients and reducing suicidality in schizophrenia**
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Pharmacological Treatment of Schizophrenia: Antipsychotic Update and Guidance for Best Practice

10. Optimal individualized pharmacological treatment of schizophrenia requires an understanding of the nature of schizophrenia, how available treatments compare, and:

- A. How to maintain psychiatric and medical well-being**
 - B. How to best educate and monitor patients**
 - C. How to use available treatments optimally**
 - D. How to maintain positive response and patient safety**
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Treatment of Mood Disorders During Pregnancy

11. The optimal goals of treating mood disorders during pregnancy include maintaining optimal functioning of the mother, managing risk of medication exposure to the infant,

and individualized consideration of risk/benefit ratio for treatment options.

- A. True**
 - B. False**
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12. The most consistent risk seen in studies of SSRIs in pregnancy is low birth weight or prematurity, which is reported to affect 10-20% of babies whose mothers used antidepressants in latter pregnancy.

- A. True**
 - B. False**
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