

CME/CE POSTTEST

PCC Visuals Vol. 2 No. 4 September 2003
Diagnosing and Treating Attention-Deficit/Hyperactivity Disorder in Adults

Physicians

Participants may receive up to 1 Category 1 credit toward the American Medical Association Physician's Recognition Award by reading the material in this *PCC Visuals* and correctly answering at least 70% of the questions in the Posttest that follows.

Go to psychiatrist.com/cmehome to take this Posttest online and earn credit immediately.

Or

1. Read each question carefully and circle the answer on the Registration Form.
2. Type or print the registration information in the spaces provided and complete the evaluation.
3. Send the Registration Form to the address or fax number listed on the Registration Form.

All replies and results are confidential. Answer sheets, once graded, will not be returned. Unanswered questions will be considered incorrect and so scored. The Physicians Postgraduate Press, Inc. Office of Continuing Medical Education will keep only a record of participation, which indicates the completion of the activity and the designated number of Category 1 credits that have been awarded. Correct answers to the Posttest will be made available to the participants of this activity upon request after the submission deadline.

Accreditation Statement

Physicians Postgraduate Press, Inc. is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Pharmacists and Pharmacy Technicians

This program (# 032-999-03-060-H01) is approved for 1 hour (0.1 CEU) of continuing pharmaceutical education credit. A score of 70% on the examination is required to receive CE credit.

Go to <http://www.rxed.org/umce> to take this Posttest online and earn credit immediately.

Or

1. Read every question carefully and circle the correct corresponding answer on the Registration Form.
2. Type or print your full name and address and phone, fax, and Social Security numbers in the spaces provided.
3. Send the completed Registration Form to The University of Mississippi. No payment is necessary as this CE activity is free.
4. For a credit certificate to be issued, answers must be postmarked by the deadline shown on the Registration Form.

All replies and results are confidential. Answer sheets will be graded and returned along with a certificate of completion. Unanswered questions will be considered incorrect and so scored.

Certifying Institution

The University of Mississippi School of Pharmacy is



approved by the American Council on Pharmaceutical Education as a provider of continuing pharmaceutical education.

1. ____% of women and ____% of men with attention-deficit/hyperactivity disorder (ADHD) have a lifetime diagnosis of at least 2 anxiety disorders.
 - a. 10, 12
 - b. 25, 32
 - c. 30, 33
 - d. 52, 45
2. Which of the following is *not* an advantage for primary care physicians in diagnosing and treating ADHD in adults?
 - a. May know the history of the patient and his or her family, including whether anyone in the family has ADHD
 - b. Can easily keep track of the patient's accidents and illnesses and their frequency
 - c. Have several validated screening tools that they or patients can easily and quickly administer
 - d. Can assess the patient's ADHD when the patient comes in for other treatment
3. Which of the following is a lesson that can be learned about ADHD in adults from the case of Patient 2?
 - a. Patients with ADHD might have difficulty remembering to take pills 3 or more times a day
 - b. ADHD cannot be diagnosed until other psychiatric disorders have been treated
 - c. Adults who take antidepressants generally experience substantial improvement in ADHD symptoms
 - d. Impairment associated with ADHD often substantially declines when patients enter adulthood
4. Symptoms of ADHD must have been present from childhood and evolved little over time for the diagnosis to be made in an adult.
 - a. True
 - b. False
5. Psychosocial treatment for residual impairment associated with ADHD should include all of the following *except*:
 - a. Helping patients find ways of modifying their environments to reduce impairment
 - b. Using simple, focused therapies
 - c. Suggesting support groups or group therapy
 - d. Encouraging patients not to rely on others for organization and time
6. Therapeutic targets for adults with ADHD should be _____.
 - a. Set without regard to the opinions of patients because they generally have poor insight into their illness
 - b. Limited to 3 or 4 objective goals that the patient can easily monitor
 - c. Assessed with rating scales administered to patients and a family member
 - d. Monitored only until the best medication and dose for the patient has been determined
7. Treatment of some comorbid psychiatric disorders such as substance use disorder should take precedence over treatment for ADHD.
 - a. True
 - b. False

CME/CE REGISTRATION FORM

PCC Visuals Vol. 2 No. 4 September 2003
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Registrant Information (print or type)

Name _____

Social Security Number (for CME or CE credit recording purposes) _____

Degree _____ Specialty _____

Affiliation _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-Mail _____

Answer Bank: Circle the one correct answer for each question.

1. a b c d
2. a b c d
3. a b c d
4. a b
5. a b c d
6. a b c d
7. a b

Type of Professional/Setting

- 1 Please select the title that most accurately describes your profession:**
- Physician Pharmacy technician
 Pharmacist

- 2 Physicians: Please indicate your practice setting.**
- Hospital Private practice
 Resident Intern

- 3 Pharmacists and Pharmacy Technicians: Please indicate your practice setting.**
- Independent Chain
 Hospital Other

Physicians' Activity Evaluation

Please evaluate the effectiveness of this CME activity by answering the following questions.

1. Was the educational content relevant to the stated educational objective? Yes No
2. Did this activity provide information that is useful in your clinical practice? Yes No
3. Was the format of this activity appropriate for the content being presented? Yes No
4. Did the method of presentation hold your interest and make the material easy to understand? Yes No
5. Achievement of educational objective:
 - A. Enabled me to discuss the phenomenology of ADHD in adults. Yes No
 - B. Enabled me to describe the process for assessing ADHD in adults. Yes No
 - C. Enabled me to choose a strategy for managing an adult with ADHD. Yes No
 - D. Enabled me to review the literature on the relationship of substance abuse and ADHD in adults. Yes No
 - E. Enabled me to discuss the role of the primary care physician in diagnosing and managing ADHD in adults. Yes No
6. Did this CME activity provide a balanced, scientifically rigorous presentation of therapeutic options related to the topic, without commercial bias? Yes No
7. Does the information you received from this CME activity confirm the way you presently manage your patients? Yes No
8. Does the information you received from this CME activity change the way you will manage your patients in the future? Yes No
9. Please offer comments and/or suggested topics for future CME activities.

10. How much time did you spend completing this CME activity? _____

Pharmacists' and Pharmacy Technicians' Activity Evaluation

Please circle the number that best reflects your opinion of the following statements, using the rating scale above the questions.

Comments: _____

- | | | | |
|---|-----------|--------------|-----------------------|
| 1 = Strongly agree | 2 = Agree | 3 = Disagree | 4 = Strongly disagree |
| 1. The program objective was met. | | | 1 2 3 4 |
| 2. The program content was useful and relevant. | | | 1 2 3 4 |
| 3. The program was educational and not promotional. | | | 1 2 3 4 |
| 4. How long did it take you to complete the lesson? | | | ____ hr ____ minutes |

Physicians' Submission Instructions

Tear out and mail the Registration Form to:
Physicians Postgraduate Press, Inc.
Office of Continuing Medical Education
P.O. Box 752870
Memphis, TN 38175-2870

You may fax the Registration Form to:
Office of CME at 901-751-3444

Submit online at: www.psychiatrist.com/cmehome

Questions? Call 1-800-489-1001, ext. 8

Deadline: September 30, 2005

Pharmacists' Submission Instructions

Tear out and mail the Registration Form to:
University of Mississippi
Bureau of Pharmaceutical Services
P.O. Box 337
University, MS 38677

You may fax the Registration Form to:
Office of Continuing Education at 662-915-5696

Submit online at: www.rxed.org/umce

Questions? Call 662-915-7080 or e-mail thebureau@olemiss.edu

Deadline: September 30, 2004

No payment is necessary as this CME/CE activity is free.