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- Fava explained that in order for a patient with depression to be considered in remission, he or she must be symptom-free.**
 - True
 - False
- Fava noted that the Sequenced Treatment Alternatives to Relieve Depression (STAR*D) trials found that about _____ of patients achieved remission with antidepressant monotherapy.**
 - One fourth
 - One third
 - One half
 - Three quarters
- According to Fava, which of the following is a rationale for using folate supplementation to treat depression?**
 - Folate is well tolerated
 - Folate may speed the onset of action of antidepressants
 - Folate may help alleviate residual symptoms
 - All of the above
- According to Rush, a majority of patients with major depressive disorder (MDD) _____ after an initial medication treatment.**
 - Achieve symptom remission
 - Experience a worsening of symptoms
 - Report no adverse events
 - Do not achieve symptom remission
- Rush articulated a need for lengthier studies of remission as some patients may achieve remission 8 weeks or longer after treatment initiation.**
 - True
 - False
- According to Rush, _____ of patients remitted after 4 treatment steps in the STAR*D study.**
 - One quarter
 - One third
 - Two thirds
 - About half
- According to Papakostas, research has shown that, while most side effects first appear during the initial 2 weeks of treatment, the majority of patients continue to experience the same side effect 75 to 105 days later.**
 - True
 - False
- Papakostas reported that research of side effects of selective serotonin reuptake inhibitors found that _____ was rated the most bothersome side effect reported by patients.**
 - Nausea
 - Insomnia
 - Sexual dysfunction
 - Weight gain
- According to Papakostas, research of rare adverse events, such as the emergence and/or worsening of suicidal ideation, is deficient because such studies require _____ and long follow-up times.**
 - Research subjects
 - Large sample sizes
 - Appropriate treatment options
 - Available researchers and clinicians
- Shelton noted that, of outpatients treated for MDD, about _____% respond to antidepressant monotherapy, and about _____% of those achieve remission.**
 - 10; 80–100
 - 20; 60–80
 - 50; 50–70
 - 90; 30–40



11. If antidepressant monotherapy proves ineffective, sequenced treatment steps utilizing augmentation strategies will not be beneficial to patients, according to Shelton.
- True
 - False
12. Shelton recommended considering _____ when examining rates of remission with various treatments.
- Intolerance rates
 - Safety
 - Treatment adherence
 - All of the above
13. Zajecka cited data from the STAR*D study that suggested that intolerance to treatment:
- Increases over time with each new treatment level
 - Decreases over time with each new treatment level
 - Is caused by psychiatric and medical comorbidities
 - None of the above
14. According to Zajecka, which of the following early-onset antidepressant side effects are transient?
- Weight gain, sedation, and sexual dysfunction
 - Dry mouth, constipation, and memory problems
 - Nausea, insomnia, diarrhea, and anxiety
 - Sexual dysfunction, asthenia, and weight gain
15. According to Zajecka, all of the following strategies could be appropriate for a patient who is responding to an antidepressant but who is experiencing asthenia *except*:
- Switch antidepressant
 - Augment with stimulants
 - Augment with methylfolate
 - Raise the dose of the current antidepressant
16. According to Mischoulon and Raab, which of the following is a possible reason for folate deficiency?
- Inadequate dietary intake
 - Physical conditions such as short-bowel syndrome, pregnancy, or leukemia
 - Genetic polymorphisms
 - All of the above
17. How may folate potentially contribute to depression, according to Mischoulon and Raab?
- High levels of serum folate may render antidepressants ineffective
 - Low levels of serum folate may lead to a deficiency of dopamine, serotonin, and norepinephrine
 - Low levels of folate may lead to elevated levels of SAMe
 - None of the above
18. Mischoulon and Raab stated that all of the following are ways in which folate supplementation may potentially slow the progression of dementia *except*:
- Lowering levels of homocysteine
 - Facilitating 1-carbon metabolism
 - Inhibiting neurogenesis
 - None of the above



Circle the one correct answer for each question.

- 1. a b 10. a b c d
- 2. a b c d 11. a b
- 3. a b c d 12. a b c d
- 4. a b c d 13. a b c d
- 5. a b 14. a b c d
- 6. a b c d 15. a b c d
- 7. a b 16. a b c d
- 8. a b c d 17. a b c d
- 9. a b c d 18. a b c d

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Deadline for submission

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No payment is necessary as this activity is free.

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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. Did this activity enable me to achieve the educational objectives?
 - A. Understand the limitations of current antidepressant monotherapy in terms of efficacy and tolerability. Yes No
 - B. Discuss the role of folate in depression and dementia. Yes No
 - C. Select the most appropriate augmentation strategy to maximize efficacy and tolerability for specific patients. 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
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