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Answers to Pretest: 1. b 2. a

Vergouwen et al.

pp. 1415–1420

1. In patients suffering from depression who were prescribed antidepressants, observational studies found discontinuation rates of ____% to ____% at 3 months.
 - a. 10%; 25%
 - b. 24%; 33%
 - c. 44%; 52%
 - d. 60%; 45%
2. Control groups were treated with “usual care.” In most cases, usual care for depression involved prescription of antidepressant medication and 4 to 5 visits during the first 3 months of treatment.
 - a. True
 - b. False
3. Three primary care studies tested an education intervention to enhance adherence. How many of these studies demonstrated differences in adherence between groups ?
 - a. 0
 - b. 1
 - c. 2
 - d. 3

4. Of the 11 primary care studies testing collaborative care interventions, ____ studies demonstrated significant improvements in rates of adherence, and ____ studies demonstrated significant improvement in depression outcome.

- a. 5; 7
- b. 7; 9
- c. 9; 10
- d. 10; 9

5. In primary care studies testing collaborative care interventions, Katon et al. demonstrated clinical benefits in outcome in:

- a. Major and minor depression
- b. Major but not minor depression
- c. Minor but not major depression
- d. Neither minor nor major depression

Keck and McElroy

pp. 1426–1435

6. Elmslie et al. found that, compared with a community sample, patients with bipolar disorder:

- a. Had significantly higher physical activity
- b. Consumed fewer calories due to mood episodes
- c. Had significantly higher total daily sucrose intake and percentage of energy derived from carbohydrates
- d. Had significantly higher consumption of dietary protein

7. McElroy et al. found that, compared with European patients with bipolar disorder, American patients:

- a. Had significantly higher mean body mass index and rates of obesity and extreme obesity
- b. Had higher rates of treatment with lithium
- c. Had higher rates of treatment with carbamazepine
- d. Were significantly less sedentary

8. Fagiolini et al. found that ____ and ____ interacted to increase the risk of weight gain in patients with bipolar disorder.

- a. Repeated depressive episodes, repeated courses of pharmacotherapy for depressive episodes
- b. Recurrent psychotic symptoms, treatment with antipsychotic agents
- c. Maintenance treatment with divalproex, higher divalproex plasma concentrations
- d. Repeated manic episodes, repeated courses of pharmacotherapy for manic episodes

9. Weight gain associated with maintenance treatment with lithium was found to:

- a. Occur gradually and continually with ongoing treatment
- b. Occur primarily during the first 2 years of treatment
- c. Occur mainly in patients with low baseline BMI
- d. Occur mainly in older patients

10. Proposed mechanisms of olanzapine-associated weight gain include:

- a. Blockade of orexin neurons in the lateral hypothalamic/perifornical area
- b. H₁ receptor agonism
- c. 5-HT_{2C} receptor antagonism
- d. Activation of noradrenergic receptors



REGISTRATION FORM

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Circle the one correct answer for each question.

- | | |
|------------------------|------------------------|
| 1. a b c d | 6. a b c d |
| 2. a b | 7. a b c d |
| 3. a b c d | 8. a b c d |
| 4. a b c d | 9. a b c d |
| 5. a b c d | 10. a b c d |

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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. Achievement of educational objectives:
 - A. Enabled me to summarize results of intervention trials to improve patient antidepressant medication adherence. ☐ Yes ☐ No
 - B. Enabled me to discuss risk factors for overweight and obesity, as well as prevention and treatment of weight gain, in the bipolar disorder population. ☐ 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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