Post-Test Answer Rationale

1) Which of the following Long-Acting Injectable Antipsychotics (LAIA) requires coverage with an oral medication prior to the injection taking effect?
   A. Haloperidol decanoate
   B. Fluphenazine decanoate
   C. Paliperidone palmitate
   D. Aripiprazole monohydrate

   **Rationale:** Only aripiprazole monohydrate and risperidone LAI require use of oral supplementation during initiation of treatment.

2) Which of the following LAIA utilizes a dissolvable microsphere delivery system?
   A. Risperidone long-acting injection
   B. Olanzapine pamoate
   C. Fluphenazine decanoate
   D. Paliperidone palmitate

   **Rationale:** Only risperidone long-acting injection uses a dissolvable microsphere. Olanzapine pamoate and paliperidone palmitate are poorly soluble salts, and fluphenazine decanoate is a suspension in sesame seed oil.

3) Which of the following LAIA requires close monitoring for 3 hours after injection due to possible post-injection delirium sedation syndrome (PDSS)?
   A. Haloperidol decanoate
   B. Risperidone long-acting injection
   C. Olanzapine pamoate
   D. Aripiprazole monohydrate

   **Rationale:** Only olanzapine pamoate requires monitoring for PDSS.
4) Which of the following is the most significant factor for predicting relapse of psychosis?
   A. Family support
   B. Medication adherence
   C. Medication dosage
   D. Age at time of first psychotic event

*Rationale*: A three year follow-up study of first-episode schizophrenia patients found that medication adherence is the greatest predictor for relapse.

5) Current trends in the use of LAIA suggest the most prevalent use is in:
   A. Patients who have requested to receive a LAIA
   B. Patients who are veterans
   C. Patients who are homeless
   D. Patients with frequent hospitalizations and criminal activity

*Rationale*: Patients who were prescribed LAIA were more likely to have been hospitalized at the time of the first LAIA injection or within the previous 30 days, to have been arrested, to abuse illicit drugs, to have recently switched to oral antipsychotics or received augmentation of oral antipsychotics, and to have been recently treated with oral first generation antipsychotics.

6) With regard to MEMS cap studies, what is the average rate of non-adherence observed by MEMs cap measurements in patients using oral antipsychotic medications?
   A. Less than 10%
   B. About 30%
   C. About 50%
   D. About 80%

*Rationale*: Averaging the rates of adherence measured by MEMS cap studies by Byerly and colleagues, Remington and colleagues, and Yang and colleagues yields a result of 49.6%.

7) How many patients are offered a LAIA as a treatment option?
   A. Almost no patients
   B. About one-third of patients
   C. About two-thirds of patients
   D. Almost every patient

*Rationale*: A survey of psychiatrists found that only about 36% of clinicians offer their patients a LAIA as a treatment option.
8) What is the most common reason cited by physicians for not prescribing a LAIA?

A. Patient has adequate adherence to oral medication
B. Patient refuses to use an injectable medication
C. LAIA are not dependable for prevention of relapse
D. LAIA have too many adverse effects

**Rationale:** A survey of psychiatrists found that many psychiatrists felt LAIA treatment was unnecessary because their patients had adequate adherence to oral medication.

9) Which of the following statements is correct regarding patient perception of LAIA?

A. Patients are most afraid of loss of autonomy and injection site pain
B. Patients are most afraid of the stigmatizing nature of injections
C. Patients are most afraid of being forced to use LAIA by prescribers
D. Patients are fearful that the LAIA will not be as effective as oral medication

**Rationale:** A survey of schizophrenia patients found that the most common fears concerning LAIA use were a loss of autonomy and injection site pain.

10) With regard to medication adherence, patients who received psychosocial support in the form of assertive community treatment (ACT) were:

A. Significantly more adherent than those who were not in ACT
B. Slightly more adherent than those who were not in ACT
C. Equally adherent as those who were not in ACT
D. Less adherent than those who were not in ACT

**Rationale:** A study of Veterans Affairs patients found a significant improvement in medication adherence when veterans were enrolled and attending regular meetings for assertive community treatment.