Module 12. Psychiatric Disorders

EDUCATIONAL OBJECTIVES

Upon completion of this activity, participants will be better able to:

1. Discuss the epidemiology and pathophysiology of common psychiatric disorders
2. Explain the basic approach to treatment for common psychiatric disorders
3. Discuss appropriate monitoring parameters for psychiatric medications discussed in this module
4. Demonstrate effective patient counseling skills for patients with a psychiatric disorder discussed in this module

Post-Test/Rationale

1. Which of the following is likely the most appropriate first-line treatment option for a 26-year-old woman who is 12 weeks pregnant and is experiencing mild depression?
   A. electroconvulsive therapy (ECT)
   B. bupropion
   C. fluoxetine
   D. psychotherapy***

Correct answer: D
Psychotherapy is a preferred option for treating depression in pregnant women. While psychotherapy may not be appropriate in all cases; in women with mild depression, use of psychotherapy can minimize the potential risks associated with antidepressants.

2. Which of the following SSRIs is most likely to have interactions with drugs metabolized by CYP2D6?
   A. sertraline
   B. fluoxetine***
   C. citalopram
   D. escitalopram

Correct answer: B
Fluoxetine is primarily metabolized by CYP2D6 and CYP2C19. Both fluoxetine and paroxetine are considered strong inhibitors of CYP2D6 and could increase the plasma exposure of drugs metabolized by CYP2D6. Other available SSRIs are metabolized via other CYP enzymes.

3. The most important counseling point for a patient diagnosed with depression who is being treated with an antidepressant for the first time is:
   A. expected side effects of medication treatment
   B. explanation of the prescribed dosing regimen
   C. how long it takes for the antidepressant to have some effect on symptoms of depression***
   D. risk of side effects with the medication
Correct answer: C
Antidepressants are not expected to augment depression for several weeks after initiating treatment. Explanation of this delay in effect is important to keep patients motivated to continue their treatment for an adequate trial of the medication. Abrupt discontinuation may result in a sudden worsening of symptoms or in withdrawal symptoms.

4. GM is a 34-year-old recently diagnosed with bipolar disorder-I. GM is currently experiencing a first episode of mania requiring drug therapy. The most appropriate treatment for GM at this time is:
   A. lamotrigine
   B. valproic acid plus risperidone
   C. clozapine
   D. lithium***

Correct answer: D
Initial therapy for bipolar disorder-I is based on the patient’s presenting symptoms. For patients presenting with mania, monotherapy with lithium, valproic acid, or SGAs (not including clozapine) are preferred therapy. Thus, lithium would be the most appropriate option for this patient. While valproic acid and risperidone are preferred agents, the use of a two-drug regimen should be reserved for patients who have already been treated with monotherapy and achieved a partial response.

5. True/False. As needed or “PRN” benzodiazepines are the treatment of choice for patients with panic disorder.
   A. true
   B. false***

Correct answer: B
The pharmacologic treatment of choice in panic disorder is SSRIs. The use of as needed benzodiazepines is not recommended due to concerns of dependence or reliance on the agent. If benzodiazepines are used, they should be initiated on a scheduled, short-term basis in patients where an immediate anti-anxiety effect is needed.

6. MK, a 54-year-old man with diabetes and hypertension, has recently developed difficulties with sleeping. MK’s physician asks you for a recommendation for treatment. The main problem MK has been experiencing is falling asleep. The physician states that MK is having a number of life issues that are very stressful (including a possible job layoff and an impending divorce). What is the best recommendation for MK at this time?
   A. triazolam
   B. eszopiclone
   C. zolpidem
   D. education on techniques such as sleep hygiene and relaxation***

Correct answer: D
Nonpharmacologic or behavioral therapies are the main treatment approaches for both primary and secondary insomnia. These include sleep hygiene, relaxation, stimulus control, and sleep restriction.

7. True/False. Therapy with SSRIs has been shown to be effective for treatment of anorexia nervosa and is considered first line.
   A. true
   B. false***

Correct answer: B
Pharmacologic therapy is not a first-line treatment for eating disorders. The use of SSRIs has been examined in eating disorders, but the evidence is mainly limited to the treatment of bulimia nervosa and only for short-term use during initial treatment.

8. Which of the following statements regarding clozapine for the treatment of schizophrenia is true?
   A. It is considered first-line treatment of all patients with schizophrenia.
   B. It requires periodic monitoring of white blood cells.***
   C. It has the lowest risk of metabolic adverse events.
   D. It has the lowest risk of drug interactions of the antipsychotics.

Correct answer: B
Clozapine is reserved for use in patients not responding to initial SGA therapy or in patients who are at risk for suicide or who are violent. Clozapine is reserved for later stages of treatment due to its risk of metabolic adverse events, dose-related seizures, and agranulocytosis. Due to its adverse effect profile, weekly monitoring of white blood cells is required for all patients for the first 6 months of treatment. Clozapine is also associated with a significant number of drug interactions.

9. A patient experiencing distressing memories or dreams about a past traumatic event, which interfere with normal daily functioning will most likely be diagnosed with:
   A. generalized anxiety disorder
   B. panic disorder
   C. post-traumatic stress disorder***
   D. social anxiety

Correct answer: C
Key criteria for the diagnosis of post-traumatic stress disorder include patients who have been exposed to a serious or traumatic event which leads to distressing memories or dreams which interfere with normal daily functioning. Other anxiety disorders are not associated with a previous exposure to a serious or traumatic event.

10. Use of buprenorphine/naloxone as long-term management to prevent relapse of substance abuse is most appropriate for a patient with a history of:
    A. benzodiazepine abuse
    B. inhalant abuse
C. opioid abuse***
D. stimulant abuse

**Correct answer: C**
For individuals with opioid dependence, methadone, clonidine, naltrexone, and buprenorphine/naloxone can be used for long-term management. Buprenorphine/naloxone is not indicated for the other substance abuse disorders.