“PSYCHOPHARMACOLOGY OF BIPOLAR DISORDER IN CHILDREN, ADOLESCENTS, ADULTS, AND THE ELDERLY” (A039)

2010 Videoconference Series
Quiz for General CEUs, Act 48, CADC/CCDP, CPRP, NBCC, PCHA, Psychologist, and Social Work/LPC/LMFT Continuing Education Credit (2.0 credit hours)

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Pittsburgh, PA 15213

TRUE/FALSE – Please indicate whether the statements below are true or false.
1. Most recent studies indicate that a significant minority, if not a majority, of manic depression patients suffer a chronic, relapsing illness.
   A. True
   B. False

2. In treating elders with pharmacotherapy, elders are less susceptible to drug-induced adverse events.
   A. True
   B. False

3. Mental health professionals often focus upon treatment of hypo/manic episodes because of associated disruptive behavior.
   A. True
   B. False

4. Pharmacotherapy of acute bipolar depression in late-life has not been adequately studied.
   A. True
   B. False

MULTIPLE CHOICE – Please select the BEST answer.
5. In treating bipolar mania, among patients of mixed ages, predictors of good responses to treatment include:
   A. Late age of onset
   B. Severity of manic episodes
   C. History of past suicide attempts
   D. All of the above

6. Approved medications for the treatment of mania include:
   A. Lithium
   B. Divalproex
   C. Olanzapine
   D. A & B only
   E. All of the above
7. **Why treat bipolar disorder patients with adjunctive psychotherapy?**
   A. Increase adherence to drug regimens
   B. Enhance social and occupational functioning
   C. Increase trauma associated with the disorder
   D. A & B only
   E. All of the above

8. **Lithium side effects for children/adolescents include:**
   A. Toxicity
   B. Renal and thyroid problems
   C. Acne, weight gain, tremors
   D. All of the above

9. **Best practice medication management of co-morbid ADHD in bipolar youth should:**
   A. Never include the use of stimulant medication
   B. Start with atomoxetine because it is proven to have reduced risk of inducing mania
   C. Start with stimulant treatment before use of antimanic medications
   D. Use slow titration of stimulant after mood stabilization with antimanic medications
   E. A & B only

10. **In suicidality in bipolar depression:**
    A. Suicide rates in bipolar disorder are 15 times general population rates
    B. Suicide and suicidal behavior occur most commonly during depressed episodes
    C. Both A & B are true statements
    D. Both A & B are false statements

11. **What kinds of medication treatment happen in the “real world?”**
    A. Polypharmacy generally the rule rather than the exception
    B. Adherence complicated by needing both child and parent onboard and developing independence of teens
    C. Less than one third of adolescents are fully adherent to med regimens
    D. All of the above

12. **Pharmacotherapy of pediatric bipolar disorders include:**
    A. Start with “test dose” then quickly escalate dosage
    B. Be patient and systematic
    C. If there is a prominent psychosis, stop medication
    D. Consider adding a medication if a combination is not working

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APPLICATION/VALIDATION SHEET FOR CONTINUING EDUCATION CREDIT FOR General CEUs, Act 48, CADC/CCDP, CPRP, NBCC, PCHA, Psychologists, and Social Work/LPC/LMFT (2.0 CREDIT HOURS)

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☐ Act 48: Educators (please complete Act 48 packet) ☐ CAC/CCDP: Certified Addiction Counselor
☐ CEU: General Continuing Education Credit ☐ CPRP: Certified Rehabilitation Practitioners
☐ NBCC: National Board of Certified Counselors ☐ PCHA: Personal Care Home Administrators
☐ Psychologist ☐ SW/LPC/LMFT: Social Work (LCSW, MSW)

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