

Thank you for taking the post-quiz questions provided by the speakers from the Arizona Psychiatric Society 2016 Annual Meeting. The courtesy copy below has been highlighted to indicate the correct answers. If you have any questions, please contact Teri ([teri@azmed.org](mailto:teri@azmed.org)).

**“Marijuana: Evidence from Both Sides,” Michael Dekker, DO**

1. Side effects of cannabis use can include all of the following except:
  - a. Psychotic symptoms
  - b. Decreased intraocular pressure
  - c. Supraventricular Tachycardia
  - d. Neoplasms
2. In response to medical cannabis health care providers should:
  - a. Avoid the conversation
  - b. Inform the patient that all cannabis use is contraindicated
  - c. Know the risks and benefits to cannabis use
  - d. Encourage medical cannabis use
3. What medications in particular can be mixed with cannabis safely?
  - a. Propranolol
  - b. Olanzapine
  - c. Trileptal
  - d. Lithium

**Care of Gender Non-Conforming Children, Transgender Youth, and Young Adults, Johanna Olson, MD, and Aydin Olson-Kennedy, MSW, ACSW**

1. The appropriate age for initiating puberty suppression in a young person with gender dysphoria is:
  - a. 9-10 years
  - b. 11-13 years
  - c. 14-16 years
  - d. Tanner stage 2-3
  - e. Tanner stage 4-5
2. Which of the following psychiatric diagnoses are children and youth with gender dysphoria commonly exist?
  - a. Depression
  - b. Anxiety
  - c. ADHD
  - d. OCD
  - e. BPD
  - f. All of the above
3. A child cannot be sure of their gender:
  - a. Until they experience puberty
  - b. Until full myelination of the frontal lobe
  - c. Until they have experienced sexual intimacy
  - d. If they have experienced sexual trauma
  - e. None of the above

**“Delirium,” Ole J. Thienhaus, MD**

1. Which of the following statements is true regarding hypo active delirium?
  - a. It is by far the most common type of delirium
  - b. Its prognosis is better than that of hyperactive delirium
  - c. It is an indication for prescription of methylphenidate
  - d. Its diagnosis is frequently missed in the ICU
  - e. It is easily quantified by the Confusion Assessment Method (CAM)
  
2. Which of the following is true with respect to the cognitive impairment associated with delirium?
  - a. It is self-limited to the duration of the acute delirious state
  - b. It typically does not affect concentration
  - c. It can permanently worsen pre-existing cognitive deficits
  - d. It can be contained by prompt administration of donepezil
  - e. It is indicative of incipient brain stem involvement
  
3. Which of the following statements is accurate in regards to pharmacological interventions in delirium?
  - a. A short-acting benzodiazepine is the first choice to treat agitation in delirium
  - b. Haloperidol is no more dangerous and no less effective than second generation antipsychotics in treating delirium
  - c. Choline raid blockade can effectively reverse core symptoms of delirium
  - d. The use of opioid analgesics is contraindicated in delirium
  - e. The administration of any medication to delirious patients requires substitute consent by a competent third party

**“Understanding Clinical Psychopharmacology: The Past, the Present, and the Likely Future,” Sheldon H. Preskorn, MD**

1. How many generations of antipsychotics have there been:
  - a. one
  - b. two
  - c. three
  - d. four
  
2. What percentage of patients with major depressive disorder have a form which is not fully responsive to biogenic amine antidepressants?
  - a. 15%
  - b. 30%
  - c. 45%
  - d. 60%

3. Which of the following drugs is not a derivative of chlorpromazine?

- a. clozapine
- b. haloperidol
- c. imipramine
- d. quetiapine

**“Pharmacogenetics / Pharmacogenomics: What, Why, When, How and Clinical Relevance,” Sheldon H. Preskorn, MD**

1. Which of the following statements is true?

- a. 4% of US patients on an antidepressant are genotypically a CYP 2D6 poor metabolizer
- b. 28% of US patients on an antidepressant are phenotypically a CYP 2D6 poor metabolizer
- c. Both a and b
- d. Neither a nor b

2. Which of the statements is not true?

- a. As of 10/23/15, there were over 135 drugs with genetic information in their label.
- b. As of 10/23/15, over 30 of these drugs were central nervous system (CNS) drugs with the vast majority being labeled as psychiatric medications.
- c. The most common genetic information in the package label for psychiatric medication concerns pharmacodynamic (i.e., mechanism of action) information.
- d. You can find information about which drugs have genetic information in their label from the following website, [www.fda.gov/Drugs/ScienceResearch/ResearchAreas/Pharmacogenetics/ucm083378.htm](http://www.fda.gov/Drugs/ScienceResearch/ResearchAreas/Pharmacogenetics/ucm083378.htm).

3. Pharmacogenetic information in the label might be intended to offer guidance on which of the following?

- a. Selection of a drug for efficacy
- b. Gender differences in drug response
- c. Avoidance of risk
- d. Identification of special genetic populations
- e. Dosing guidance

**Clinical Psychopharmacology and Medical Malpractice Involving the Use of Psychiatric Medications, Sheldon H. Preskorn, MD**

1. What are the four D's in a medical malpractice lawsuit?

- a. Drug, Diagnosis, Dose, Duration
- b. Drug, Dereliction, Damages, Direct cause
- c. Duty, Dereliction, Damages, Direct Cause
- d. Duty, Derelictions, Drug, Direct Cause
- e. Duty, Drug, Dereliction, Damages

2. An adverse outcome can be due to:
  - a. Drug and dose chosen
  - b. The patient receiving the dose and drug
  - c. The concomitant medications the patient is taking
  - d. All of the above
  - e. None of the above
  
3. What laboratory tests can be helpful in the practitioner's decision-making?
  - a. genotyping
  - b. assessment of phenotype status
  - c. level of the prescribed drug
  - d. a and b
  - e. and c
  - f. b and c
  - g. All of the above
  - h. None of the above