Bipolar Disorder in Adults – Evidence Based Practice

Questions from Module A

1) To diagnose a hypomanic episode, the period of persistently elevated, expansive, or irritable mood must last at least _____ days.
   a) 4
   b) 14
   c) 24
   d) 40

2) To diagnose a mixed episode, the criteria must be met both for a _____ episode and for a _____ episode.
   a) major depressive, psychotic
   b) psychotic, neurotic
   c) neurotic, manic
   d) manic, major depressive

3) All the following are common discontinuation symptoms for antidepressants EXCEPT
   a) diarrhea
   b) anorexia
   c) insomnia
   d) irritability

4) It is recommended that patients with _____ are inappropriate for care in the primary care setting.
   a) anxiety
   b) obsessive behaviors
   c) insomnia
   d) delirium

5) Because the medications used to treat mania and mixed episode may have significant side effects, they are usually not started at a full therapeutic dose.
   a) True
   b) False

6) Which is NOT one of the recommended medications for a patient with mania to start with?
   a) lithium
   b) valproate
   c) gabapentin
   d) carbamazepine
7) Which has been the gold standard treatment for mania for the last three decades?
   a) lithium  
   b) risperidone  
   c) carbamazepine  
   d) topiramate

8) Medications for mania and mixed episode will often take _____ before they start to show a significant positive effect.
   a) 5 to 10 hours  
   b) 5 to 10 days  
   c) 9 to 12 days  
   d) 15 to 30 days

9) Patients with mania who have been without any significant symptoms of mania for _____ should be considered to be in full remission.
   a) 2 weeks  
   b) 2 months  
   c) 12 months  
   d) 2 years

10) Patients experiencing mania and mixed episode are at increased risk for _____ which can complicate or confuse the clinical picture.
    a) catatonia  
    b) cardiac problems  
    c) substance abuse  
    d) vocational crisis

11) According to Peet & Peters (1995) medications such as _____ and _____ may be associated with secondary mania.
    a) antidepressants, stimulants  
    b) stimulants, corticosteroids  
    c) corticosteroids, barbiturates  
    d) barbiturates, antidepressants

Questions from Module B

12) In order to meet the diagnostic criteria for Bipolar Depressive Episode, their must have been at least one
    a) manic episode  
    b) mixed episode  
    c) hypomanic episode  
    d) any of the above
13) Suicide completion rates in patients with bipolar I disorder may be as high as
   a) 2 - 5%
   b) 5 - 10%
   c) 10 - 20%
   d) 20 - 30%

14) Delirium is also known as
   a) organic brain syndrome
   b) organic psychosis
   c) acute confusional state
   d) all the above

15) _____ and _____ should be considered for treatment of BD depression, but
   its adverse effects places this combination as a second-line treatment.
   a) Lamotrigine, Lithium
   b) Lithium, Olanzapine
   c) Olanzapine, Fluoxetine
   d) Fluoxetine, Lamotrigine

16) According to Post (2004), symptomatic bipolar disorder patients spend, on
   average, _____ of their time in a depressive phase compared with _____ in a
   manic/hypomanic phase.
   a) 11%, 33%
   b) 50%, 25%
   c) 25%, 50%
   d) 33%, 11%

17) Medications for depression may take up to _____ to demonstrate initial
   effectiveness, and up to _____ weeks to demonstrate their full efficacy.
   a) 6 weeks, 8 - 12 weeks
   b) 8 weeks, 12 - 16 weeks
   c) 3 months, 4 - 6 months
   d) 6 months, 9 - 12 months

18) Medication adherence is consistently low for those with bipolar disorder,
   around _____ on average, and poor insight into the illness is a factor.
   a) 40%
   b) 50%
   c) 60%
   d) 70%
19) Following remission of the depressive episode, it is appropriate to consider withdrawing antidepressant treatment after _____.
   a) 1 - 2 weeks
   b) 2 - 4 weeks
   c) 2 - 4 months
   d) 4 - 6 months

20) All the following are mentioned by Jamison et al. (1979) as factors influencing treatment adherence EXCEPT
   a) vocational concerns
   b) illness denial
   c) psychosis
   d) feeling depressed

21) Medications other than antipsychotics commonly used in BD may cause
   a) hypothyroidism
   b) polycystic ovarian syndrome
   c) skin disorders
   d) all the above

22) Electro-convulsive therapy is _____ in severely depressed patients.
   a) never indicated
   b) illegal
   c) over utilized
   d) probably underused

Questions from Module C

23) Patients who have had more than _____ manic episode or _____ or more depressive episodes should be encouraged to continue on life-long prophylactic treatment.
   a) 3, 1
   b) 2, 4
   c) 1, 3
   d) 4, 2

24) _____ or _____ should be considered as first-line maintenance treatment for adults with BD to delay/prevent the recurrence of mania.
   a) Lithium, olanzapine
   b) Olanzapine, haloperidol
   c) Haloperidol, ECT
   d) ECT, lithium
25) In maintaining remission for BD patients, which is unlikely to be beneficial or may be harmful?
   a) Olanzapine
   b) Carbamazepine
   c) Antidepressant monotherapy
   d) Valproate

26) An under-acknowledged aspect of long-term care of bipolar disorder is _____ relevant to both patient and provider.
   a) private insurance
   b) family involvement in therapy
   c) provider continuity
   d) psychopharmacological advances

27) Kilbourne et al. (2004) report that more than _____ of patients with BD were given a diagnosis of _____ or more chronic medical conditions.
   a) 1/4, 2
   b) 1/2, 4
   c) 1/3, 3
   d) 2/3, 5

28) Which has been high associated with BD, suggesting these conditions may share underlying pathophysiological links?
   a) diabetes
   b) sleep apnea
   c) chronic fatigue syndrome
   d) fibromyalgia

29) Co-occurring alcohol abuse or dependence is found in _____ of patients with a bipolar disorder.
   a) 46%
   b) 56%
   c) 66%
   d) 76%

Questions from Module D

30) Malkoff et al. (2000) found that in the months proceeding a manic onset, bipolar patients often experienced
    a) a drop in their glucose levels
    b) events that disrupted their sleep/wake rhythms
    c) binge drug or alcohol use
    d) a major depressive episode
31) Sajetovice et al., (2004) noted that effective therapies are _____ focused.
   a) budgeting  
   b) rewards  
   c) patient  
   d) pet therapy

32) In the Colom et al., (2003) study, relapses occurred earlier and more often among patients in the unstructured group ____ than in the structured group ____.
   a) 54%, 33%  
   b) 73%, 52%  
   c) 92%, 67%  
   d) 100%, 75%

33) CBT may be considered as an adjunct to pharmacotherapy for patients with BD who have had fewer than ____ previous BD acute episodes.
   a) 3  
   b) 6  
   c) 9  
   d) 12

34) Ball et al., (2006) found that CBT was effective for treating depressive symptoms for 6 and 12 months and effect increased with time.
   a) True  
   b) False

35) Clinicians help patients with _____ in IPSRT.
   a) keeping regular bed times  
   b) regularly exercising  
   c) communicating better with their spouse  
   d) all the above

36) Frank et al., (2005) found that IPSRT was less effective among patients with
   a) eating disorders  
   b) addictive personalities  
   c) medical comorbidities  
   d) Palm OS based smartphones

37) Which is not one of the four components family focused therapy should contain?
   a) parenting skills  
   b) psychoeducation about the nature, course and treatment of BD  
   c) initial assessment  
   d) communication and enhancement skills
38) FFT and pharmacotherapy have been found to delay recurrences above and beyond pharmacotherapy alone or pharmacotherapy with individual therapy.
   a) True
   b) False

39) CCMs may include all except
   a) clinical information systems
   b) decision support
   c) health care organization support
   d) mobile community outreach components

40) Kilbourne (2009) found that CCMs for bipolar disorder reduce affective symptoms and improve quality of life for those with co-occurring
   a) somatoform disorders
   b) anxiety disorders
   c) substance use
   d) axis II symptoms

Questions from Module E

41) All the following are recommendations for treating older adults with BD EXCEPT
   a) Valproate appears to be better tolerated than lithium
   b) Benzodiazepines should be used with caution
   c) Polypharmacy is the most effective approach
   d) The preferred treatment for those with acute mania is an atypical antipsychotic

42) Psychotherapeutic interventions are useful in older adults with depression, particularly
   a) interpersonal therapy
   b) psychodynamic therapy
   c) EMDR
   d) cognitive behavioral therapy