Bipolar Disorder: Advances in Psychotherapy

Questions from chapter 1

1) Which is characterized by one or more major depressive episodes with at least one hypomanic episode in which the patient’s functioning is not compromised severely enough to cause marked impairment in social occupational functioning?
   a) Bipolar I disorder
   b) Bipolar II disorder
   c) Cyclothymic disorder
   d) Bipolar disorder NOS

2) For a diagnosis of a mixed episode, the criteria for both a manic episode and for a major depressive episode nearly every day during at least a _____ period.
   a) 1 week
   b) 2 week
   c) 3 week
   d) 1 month

3) Approximately _____ of all patients with bipolar disorder present with an initial depressive phase episode.
   a) 20%
   b) 40%
   c) 60%
   d) 80%

4) The onset of bipolar disorder tends to occur around age
   a) 15
   b) 20
   c) 30
   d) 35

5) Bipolar II disorder can be viewed as more chronic with a greater prevalence of depressive episodes when compared with bipolar I.
   a) True
   b) False

6) Which is NOT true in the differential diagnosis of Bipolar Disorder versus Major Depressive Disorder?
   a) More acute onset (BD>MDD)
   b) More frequent episodes (BD>MDD)
   c) Greater likelihood of psychotic features (BD>MDD)
   d) Later age of onset (BD>MDD)

7) Which is NOT true in the differential diagnosis of Bipolar Disorder I versus Bipolar Disorder II?
   a) Marked impairment during episode (BD I > BD II)
   b) Higher level of comorbid anxiety disorders (BD I > BD II)
   c) More likely to return to baseline functioning between episodes (BD II> BD I)
   d) Cyclothymic temperament (BD II > BD I)
8) Which is NOT true in the differential diagnosis of Bipolar Disorder I versus Psychotic Disorders?
   a) Higher premorbid functioning (BD > PD)
   b) Insidious onset more likely (BD > PD)
   c) Grossly disorganized behaviors (PD > BD)
   d) During the episode, prominent affective, mood-related symptoms (BD > PD)

9) Anxiety disorders are ______ more likely to occur in bipolar patients than in the general population.
   a) 35
   b) 45
   c) 55
   d) 65

10) Which is a graphic tool that helps patients and therapists develop a retrospective look at the course of bipolar disorder?
    a) ADE
    b) CMF
    c) MDQ
    d) NIMH-LCM

11) Which is a 28-item self-report questionnaire designed to measure depressive symptomatology in both outpatient and inpatient populations?
    a) BDI-II
    b) HAM-D
    c) IDS-SR
    d) ASRM

Questions from chapter 2

12) Lithium has proven to be completely efficacious in less than _____ of patients who received treatment.
    a) 50%
    b) 60%
    c) 70%
    d) 80%

13) Effective strategies for improving medication compliance involved which 2 key components?
    a) behavioral tailoring and motivational interviewing
    b) motivational interviewing and family education
    c) family education and electronic reminders
    d) electronic reminders and behavioral tailoring

14) Family-based treatment approaches for bipolar disorder evolved from earlier findings as to the role of negative expressed emotion (EE) in families of those with
    a) schizophrenia
    b) personality disorders
    c) alcoholism
    d) anxiety disorders
15) Zaretsky (2003) stated that _____ appears to be the most broadly effective of bipolar psychosocial interventions.
   a) individual CBT
   b) family therapy
   c) inpatient treatment
   d) group therapy

Questions from chapter 3

16) Due to the vast amount of empirical data available, it is relatively easy to determine the optimal treatment for bipolar disorder.
   a) True
   b) False

Questions from chapter 4

17) For treatment of acute mania _____ plus a/an _____ or a high potency benzodiazepine is indicated.
   a) atypical antipsychotic, Prozac
   b) Prozac, anxiolytic
   c) anxiolytic, Lithium
   d) Lithium, atypical antipsychotic

18) Incorrect dosing can lead to Stevens-Johnson syndrome with
   a) Klonopin
   b) Lamictal
   c) Tegretol
   d) Depakote

19) To improve intervention adherence, in the initial weeks of therapy, patients should receive
   a) no show fines
   b) study notes
   c) wrist bands
   d) reminder calls

20) What is described as the *sine qua non* of therapy for bipolar patients?
   a) monitoring
   b) feedback
   c) family participation
   d) homework

21) Instead of “maladaptive thoughts”, the authors prefer the term
   a) faulty schemas
   b) disruptive worldview
   c) stinkin’ thinkin’
   d) unhelpful thoughts
22) Lewinshohn et al. (1986) demonstrated the relationship between depression and
   a) daily life events
   b) substance abuse
   c) the lack of goals
   d) sleep disturbance

23) Another term for “early warning signs” is
   i) prodromes
   ii) signposts
   iii) aura
   iv) inkling

24) Lam et al. (1999) suggest that coping strategies be individualized because of the
   unique relapse _____ for each patient.
   a) dna
   b) profile
   c) characteristics
   d) signature

25) Which is a strategy mentioned by Newman et al. (2002) to help the patient slow
    down and avoid reckless impulsive decision making?
   a) The turtle technique
   b) The spouse approval technique
   c) The 48 hour rule
   d) The lockbox method

26) Colom et al. (2003) found that _____ of subjects in the control group had a
    recurrence compared to _____ in the psychoeducational group.
   a) 78%, 53%
   b) 85%, 60%
   c) 92%, 67%
   d) 99%, 74%

27) Gutierrez and Scott (2004) state that which interventions appear to be more
    effective for bipolar depression?
   a) IPSRT and family-focused treatment
   b) family-focused treatment and CBT
   c) CBT and group therapy
   d) group therapy and IPSRT

28) Miklowitz et al. (1988) demonstrated that individuals with bipolar disorder returning
    from the hospital to _____ are at a higher risk for relapse and rehospitalizations.
   a) stressful family environments
   b) substance abusing peers
   c) unemployment
   d) a stressful workplace

29) Self-help support groups are not recommended for bipolar patients.
   a) True
   b) False
30) The National Comorbidity Study found that patients with bipolar disorder are almost _____ times more likely to attempt suicide than a non-clinical population.
   a) 5  
   b) 10  
   c) 20  
   d) 30

31) Which is not a factor identified by Slama et al. (2004) associated with a risk of attempted suicide in a sample of bipolar I and II patients?
   a) total number of depressive episodes  
   b) total number of major mood episodes  
   c) history of antidepressant-induced mania  
   d) late onset of the illness

32) Which does NOT have items that specifically assess for suicidality and hopelessness?
   a) IDS  
   b) HDRS  
   c) BDI-II  
   d) TAT

33) A review of the literature on bipolar disorder shows that almost _____ of patients are likely to have problems with medication adherence.
   a) 50%  
   b) 60%  
   c) 70%  
   d) 80%

34) In a large national trial, the STEP-BD program, _____ of eligible subjects with a bipolar I or bipolar II diagnosis were also diagnosed with a current substance use disorder.
   a) 5%  
   b) 10%  
   c) 15%  
   d) 20%