



American Board of Psychiatry and Neurology, Inc.

A Member Board of the American Board of Medical Specialties (ABMS)

Sample Article: Psychiatry

Citation:

Author: El-Mallakh RS, Vöhringer PA, Ostacher MM

Title: [Antidepressants Worsen Rapid-Cycling Course in Bipolar Depression: A STEP-BD Randomized Clinical Trial](#)

Journal: Journal of Affective Disorders

Edition: 2015; 184:318-321

Questions:

- 1) This study found that for patients with bipolar I disorder with rapid cycling who are currently stable on a mood stabilizer and an antidepressant, when compared with patients who are not given an antidepressant, continued use of an antidepressant is likely to lead to
 - a. improvement in both the patient's depressive and manic episodes
 - b. increased manic episodes despite improvement in the number of depressive episodes
 - c. no difference in the outcome seen with either group
 - d. a need for increased doses of the mood stabilizer to maintain stabilization
 - e. **an increased number of depressive episodes**

Key: E

- 2) Although the mechanism of the effect is unknown, the authors hypothesize that the induction of rapid cycling in bipolar I subjects may be related to a particular variant in which of the following genes?
 - a. **Serotonin transporter (SLC6A4)**
 - b. Norepinephrine transporter (SLC6A2)
 - c. Catechol O-methyltransferase (COMT)
 - d. Monoamine oxidase A (MAOA)
 - e. Dopamine receptor type 2 (DRD2)

Key: A

- 3) A 31-year-old man with a history of bipolar I disorder with rapid cycling presented to the clinic with a depressive episode and was treated with sodium valproate and sertraline. After one month, the patient is symptom free. According to the article by El-Mallakh and colleagues, which of the following would be the best choice for maintenance treatment now that the patient is stabilized?
- a. Maintain the current medications at the current doses.
 - b. Continue the sodium valproate but discontinue the sertraline.**
 - c. Discontinue both medications and start quetiapine.
 - d. Continue both medications but add olanzapine.
 - e. Discontinue the medications and begin a course of cognitive behavior therapy.

Key: B

- 4) A patient with bipolar I disorder with rapid cycling reports worsening depression despite have had a past positive response to citalopram. The patient has been taking lithium and citalopram for the past three months at average recommended doses and the lithium is at a therapeutic range. According to the article by El-Mallakh and colleagues, which of the following approaches to treating the patient's current depressive episode is best supported by the available literature?
- a. Increase citalopram to a maximum safe dose
 - b. Continue citalopram but increase the lithium to a maximum safe dose
 - c. Discontinue citalopram and start bupropion**
 - d. Discontinue lithium and start aripiprazole
 - e. Continue the current medications but add olanzapine to the regimen.

Key: C

- 5) Which of the following is a valid limitation of this study?
- a. The study did not assess whether the bipolar patients had cyclothymic temperament that may confound findings.**
 - b. The study did not utilize high enough n size for statistical significance.
 - c. Between group analysis was used however within-group analysis was not.
 - d. Number of recurrent episodes was assessed as a total number without dividing this number into individual depressive and manic episodes.
 - e. A posteriori reasoning should have been used as opposed to a priori reasoning given the retrospective nature of this study.

Key: A



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Sample Article: Child and Adolescent Psychiatry

Citation:

Author: Murphy TK, Lewin AB, Storch EA, et al.

Title: [Practice parameter for the assessment and treatment of children and adolescents with tic disorders](#)

Journal: Journal of the American Academy of Child & Adolescent Psychiatry

Edition: 2013; 52(12): 1341-1359

Questions:

- 1) According to this Practice Parameter, a tic is defined as
 - a. a repetitive, purposeful action performed to avoid worry
 - b. an involuntary, slow, intermittent muscle contraction that causes abnormal postures
 - c. an impulsive, rapid, recurrent behavior meant to reduce feelings of boredom or apathy
 - d. a sudden, fast, recurrent, nonrhythmic vocalization or motor movement**
 - e. a voluntary but covert movement in response to unpleasant feelings of inner restlessness

Key: D

- 2) A mother presents to the clinic with her 10-year-old son, who has been tapping his feet loudly at home and at church for the past year. This has caused repeated disruptions and she is frustrated. She explains that “He doesn’t do it at school with his friends. He knows how to control it.” During the history, it is noted that the mother shrugs her shoulders, suddenly, numerous times. She also frequently clears her throat. She says that she has done these behaviors for as long as she can remember. Based on this Practice Parameter, which of the following pieces of information is most appropriate to share with the boy’s mother?
 - a. A child with chronic tic disorder may be able to suppress tics volitionally for periods of time. Additionally, her son is at 10- to 100-fold increased risk of chronic tic disorder compared to the general population based on observations of the mother’s behavior.**
 - b. A child with chronic tic disorder will not be able to suppress tics, even in front of friends, so her son’s behavior is likely volitional. However, based on your observations of the mother’s behavior, the boy is at 10- to 100-fold increased risk of chronic tic disorder compared to the general population.
 - c. A child with foot tapping does not qualify for a diagnosis of a tic disorder due to the complexity of the movement. However, the mother’s shoulder shrugging is a simple motor tic and would increase the risk of simple motor tics in her child by 50% compared to the general population.

- d. A child with chronic tic disorder may be able to suppress tics volitionally for periods of time. The mother's throat clearing and shoulder shrugging do not qualify as tics, so her son is at the same risk of chronic tic disorder as the general population.
- e. A child with chronic tic disorder will never be able to suppress tics for prolonged periods of time. The mother's shoulder shrugging is a simple motor tic and her throat clearing is a simple phonic tic, so her son is at decreased risk of complex tics.

Key: A

- 3) The Comprehensive Behavioral Intervention for Tics (C-BIT) was a multi-site, randomized, controlled trial that supported the superiority of a specific behavioral intervention for Tourette disorder as compared to a psychosocial intervention received in the control group. According to the article, which of the following behavioral interventions did the C-BIT study find to be superior?
- a. Negative reinforcement
 - b. Habit reversal training**
 - c. Flooding
 - d. Exposure-response prevention
 - e. Positive reinforcement

Key: B

- 4) A father presents to clinic with his 14-year-old daughter, who was previously diagnosed with Tourette disorder. Her symptoms have worsened over time and she would like to initiate medication management. Her father wants only FDA-approved options. According to the Practice Parameter, what is the best advice for this patient and her father?
- a. There are no FDA-approved medications for Tourette disorder, but most clinicians use second-generation antipsychotics with good effect and limited adverse events.
 - b. Clonidine is FDA-approved for this indication, and it will also help with any symptoms of inattention in the patient.
 - c. Haloperidol and pimozide are FDA-approved options for Tourette disorder, however it is important to carefully consider the risks and benefits of these medications due to their adverse effect profiles.**
 - d. Aripiprazole and risperidone are FDA-approved for Tourette disorder, but weight gain is particularly common in adolescents who take these medications.
 - e. Olanzapine is not FDA-approved for Tourette disorder, but its neutral side effect profile makes it a good initial choice for this disease.

Key: C

5) An 8-year-old boy presents to clinic accompanied by his parents, who are concerned about their son's "hard blinking" over the past year. It is observed that the boy does appear to have a tic in which he blinks his eyes forcefully every 10 to 15 minutes. He denies being bothered by the behavior, and his parents agree that he seems to be oblivious to it. His teacher only noticed the blinking once the boy's parents asked him about it. On review of psychiatric symptoms, he does not meet criteria for any other psychiatric disorder. Based on the Practice Parameter, what is an appropriate next step for the treating the child?

- a. Provide psychoeducation on tic disorders. Explain that the boy's tic is not causing impairment or distress at this time, and watchful waiting is a fine approach.**
- b. Provide psychoeducation on tic disorders and a recommendation to initiate habit reversal training as soon as possible. Explain that the boy's tic is very likely to worsen if a behavioral therapy is not implemented in the near future.
- c. Explain the various FDA-approved and non-approved medication options for tic disorders but emphasize that pimozide is the best choice for the boy based on his symptom burden.
- d. Provide psychoeducation on attention-seeking behaviors and assess further for recent psychosocial stressors that could have caused this volitional behavior.
- e. Explain the various FDA-approved and non-approved medication options for chronic tic disorders but emphasize that clonidine is the best choice for the boy at this time.

Key: A