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Or

1. Read each question carefully and circle the answer on the Registration Form.
2. Type or print the registration information in the spaces provided and complete the evaluation.
3. Send the Registration Form to the address or fax number listed on the Registration Form.

All replies and results are confidential. Answer sheets, once graded, will not be returned. Unanswered questions will be considered incorrect and so scored. The CME Institute of Physicians Postgraduate Press, Inc. will keep only a record of participation, which indicates the completion of the activity and the designated number of Category 1 credits that have been awarded. Correct answers to the Posttest will be made available to the participants of this activity upon request after the submission deadline.

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1. **Experts agreed that antipsychotic medication should not be used to treat any of the following conditions *except*:**
  - a. Panic disorder
  - b. Insomnia
  - c. Motion sickness
  - d. Psychotic major depression
2. **The use of antipsychotics as a first-line treatment in dementia with agitation and delusions was recommended by \_\_\_\_\_ of the experts.**
  - a. 60%
  - b. 50%
  - c. 94%
  - d. 35%
3. **The target doses for antipsychotic medication were higher for older patients with schizophrenia than for older patients with other psychiatric disorders.**
  - a. True
  - b. False
4. **Atypical antipsychotics were preferred over conventional antipsychotics for the treatment of late-life schizophrenia.**
  - a. True
  - b. False
5. **Most of the experts recommended aripiprazole, olanzapine, quetiapine, and risperidone as first-line treatments for late-life schizophrenia.**
  - a. True
  - b. False
6. **Antipsychotics were strongly recommended in the treatment of mild mania.**
  - a. True
  - b. False
7. **Experts recommended that \_\_\_\_\_ should be avoided in the treatment of elderly patients who have QTc prolongation.**
  - a. Low- and mid-potency conventional antipsychotics
  - b. Risperidone and olanzapine
  - c. Aripiprazole and ziprasidone
  - d. Clozapine and quetiapine
8. **For patients with obesity, diabetes mellitus, and/or dyslipidemia, the experts recommended avoiding all of the following *except*:**
  - a. Risperidone
  - b. Mid-potency conventional antipsychotics
  - c. Clozapine
  - d. Olanzapine
9. **\_\_\_\_\_ was a first-line treatment recommendation for patients with Parkinson's disease.**
  - a. Ziprasidone
  - b. Aripiprazole
  - c. Risperidone
  - d. Quetiapine
10. **One drug combination that the experts felt physicians should either avoid or be very cautious when using is:**
  - a. Clozapine and carbamazepine
  - b. Ziprasidone and a selective serotonin reuptake inhibitor (SSRI)
  - c. Risperidone and a tricyclic antidepressant (TCA)
  - d. High-potency conventional antipsychotic and olanzapine

- 11. The experts' ratings indicated that the average optimal follow-up interval after starting an antipsychotic in an elderly patient was:**
- 2 months
  - 10 days
  - 1 week
  - 3 months
- 12. Experts rated \_\_\_\_ as the treatment of choice in the treatment of psychotic major depression.**
- A mood stabilizer alone
  - A mood stabilizer plus an antipsychotic
  - An antipsychotic plus an antidepressant
  - An antipsychotic alone
- 13. \_\_\_\_ was recommended as a first-line treatment for neuropathic pain.**
- An anticonvulsant
  - An antipsychotic
  - A beta blocker
  - An SSRI
- 14. Omnibus Budget Reconciliation Act regulations for long-term care facilities specify that an attempt should be made to taper or discontinue antipsychotic treatment at least:**
- Once a year
  - Every 4 months
  - Every 6 months
  - Every 10 months
- 15. Ninety percent of experts rated the use of an antipsychotic as an appropriate first-line treatment for elderly patients with delusional disorder.**
- True
  - False
- 16. The experts' recommendations made in *Using Antipsychotic Agents in Older Patients* should be viewed as an expert consultation and weighed in conjunction with other information about the individual clinical situation.**
- True
  - False

# CME REGISTRATION FORM

Using Antipsychotic Agents in Older Patients

## Circle the one correct answer for each question.

- |            |             |
|------------|-------------|
| 1. a b c d | 9. a b c d  |
| 2. a b c d | 10. a b c d |
| 3. a b     | 11. a b c d |
| 4. a b     | 12. a b c d |
| 5. a b     | 13. a b c d |
| 6. a b     | 14. a b c d |
| 7. a b c d | 15. a b     |
| 8. a b c d | 16. a b     |

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## Deadline for submission

For a credit certificate to be issued, please complete this Registration Form no later than January 31, 2006. Online submissions will receive credit certificates immediately. Faxed or mailed submissions will receive credit certificates within 6 to 8 weeks.

## Payment

No payment is necessary as this activity is free.

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1. Was the educational content relevant to the stated educational objectives?    Yes    No
2. Did this activity provide information that is useful in your clinical practice?    Yes    No
3. Was the format of this activity appropriate for the content being presented?    Yes    No
4. Did the method of presentation hold your interest and make the material easy to understand?    Yes    No
5. Achievement of educational objectives:
  - A. Enabled me to identify older patients who are likely to benefit from treatment with atypical antipsychotics.    Yes    No
  - B. Enabled me to summarize the opinions of a group of experts on the appropriate intervals of follow-up after initiating, titrating the dose of, or stabilizing a patient with an atypical antipsychotic agent.    Yes    No
  - C. Enabled me to discuss potential drug-drug interactions that may lead to adverse effects in older patients.    Yes    No
6. Did this CME activity provide a balanced, scientifically rigorous presentation of therapeutic options related to the topic, without commercial bias?    Yes    No
7. Does the information you received from this CME activity confirm the way you presently manage your patients?    Yes    No
8. Does the information you received from this CME activity change the way you will manage your patients in the future?    Yes    No
9. Please offer comments and/or suggested topics for future CME activities.  
\_\_\_\_\_  
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