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- Fava explained that in order for a patient with depression to be considered in remission, he or she must be symptom-free.**
  - True
  - False
- Fava noted that the Sequenced Treatment Alternatives to Relieve Depression (STAR\*D) trials found that about \_\_\_\_\_ of patients achieved remission with antidepressant monotherapy.**
  - One fourth
  - One third
  - One half
  - Three quarters
- According to Fava, which of the following is a rationale for using folate supplementation to treat depression?**
  - Folate is well tolerated
  - Folate may speed the onset of action of antidepressants
  - Folate may help alleviate residual symptoms
  - All of the above
- According to Rush, a majority of patients with major depressive disorder (MDD) \_\_\_\_\_ after an initial medication treatment.**
  - Achieve symptom remission
  - Experience a worsening of symptoms
  - Report no adverse events
  - Do not achieve symptom remission
- Rush articulated a need for lengthier studies of remission as some patients may achieve remission 8 weeks or longer after treatment initiation.**
  - True
  - False
- According to Rush, \_\_\_\_\_ of patients remitted after 4 treatment steps in the STAR\*D study.**
  - One quarter
  - One third
  - Two thirds
  - About half
- According to Papakostas, research has shown that, while most side effects first appear during the initial 2 weeks of treatment, the majority of patients continue to experience the same side effect 75 to 105 days later.**
  - True
  - False
- Papakostas reported that research of side effects of selective serotonin reuptake inhibitors found that \_\_\_\_\_ was rated the most bothersome side effect reported by patients.**
  - Nausea
  - Insomnia
  - Sexual dysfunction
  - Weight gain
- According to Papakostas, research of rare adverse events, such as the emergence and/or worsening of suicidal ideation, is deficient because such studies require \_\_\_\_\_ and long follow-up times.**
  - Research subjects
  - Large sample sizes
  - Appropriate treatment options
  - Available researchers and clinicians
- Shelton noted that, of outpatients treated for MDD, about \_\_\_\_\_% respond to antidepressant monotherapy, and about \_\_\_\_\_% of those achieve remission.**
  - 10; 80–100
  - 20; 60–80
  - 50; 50–70
  - 90; 30–40



11. If antidepressant monotherapy proves ineffective, sequenced treatment steps utilizing augmentation strategies will not be beneficial to patients, according to Shelton.
- True
  - False
12. Shelton recommended considering \_\_\_\_\_ when examining rates of remission with various treatments.
- Intolerance rates
  - Safety
  - Treatment adherence
  - All of the above
13. Zajecka cited data from the STAR\*D study that suggested that intolerance to treatment:
- Increases over time with each new treatment level
  - Decreases over time with each new treatment level
  - Is caused by psychiatric and medical comorbidities
  - None of the above
14. According to Zajecka, which of the following early-onset antidepressant side effects are transient?
- Weight gain, sedation, and sexual dysfunction
  - Dry mouth, constipation, and memory problems
  - Nausea, insomnia, diarrhea, and anxiety
  - Sexual dysfunction, asthenia, and weight gain
15. According to Zajecka, all of the following strategies could be appropriate for a patient who is responding to an antidepressant but who is experiencing asthenia *except*:
- Switch antidepressant
  - Augment with stimulants
  - Augment with methylfolate
  - Raise the dose of the current antidepressant
16. According to Mischoulon and Raab, which of the following is a possible reason for folate deficiency?
- Inadequate dietary intake
  - Physical conditions such as short-bowel syndrome, pregnancy, or leukemia
  - Genetic polymorphisms
  - All of the above
17. How may folate potentially contribute to depression, according to Mischoulon and Raab?
- High levels of serum folate may render antidepressants ineffective
  - Low levels of serum folate may lead to a deficiency of dopamine, serotonin, and norepinephrine
  - Low levels of folate may lead to elevated levels of SAMe
  - None of the above
18. Mischoulon and Raab stated that all of the following are ways in which folate supplementation may potentially slow the progression of dementia *except*:
- Lowering levels of homocysteine
  - Facilitating 1-carbon metabolism
  - Inhibiting neurogenesis
  - None of the above



**Circle the one correct answer for each question.**

- 1. a b                                    10. a b c d
- 2. a b c d                                11. a b
- 3. a b c d                                12. a b c d
- 4. a b c d                                13. a b c d
- 5. a b                                        14. a b c d
- 6. a b c d                                15. a b c d
- 7. a b                                        16. a b c d
- 8. a b c d                                17. a b c d
- 9. a b c d                                18. a b c d

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5. Did this activity enable me to achieve the educational objectives?
  - A. Understand the limitations of current antidepressant monotherapy in terms of efficacy and tolerability.     Yes     No
  - B. Discuss the role of folate in depression and dementia.     Yes     No
  - C. Select the most appropriate augmentation strategy to maximize efficacy and tolerability for specific patients.     Yes     No
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