

### Chapter 38. Major Depressive Disorders, Self-Assessment Questions

1. Which of the following SSRIs requires up to a 5-week washout period because of the long half-life of its potent active metabolite?
  - A. Escitalopram
  - B. Fluvoxamine
  - C. Fluoxetine
  - D. Sertraline
2. Which of the following symptoms is most likely to improve within approximately 1 week of starting treatment?
  - A. Depressed mood
  - B. Suicidal thoughts
  - C. Anhedonia
  - D. Sleep
3. Of the following combinations of medications, which one would you want to avoid?
  - A. Fluoxetine-lithium
  - B. Fluoxetine-phenelzine
  - C. Citalopram-valproic acid
  - D. Citalopram-aripiprazole

4. A 26-year-old man with a history of depression has been taking sertraline 200 mg/day for 12 weeks with no response. The patient has no other complications. The physician asks for your recommendation. The most reasonable recommendation would be to:
- A. Increase sertraline
  - B. Add fluoxetine
  - C. Switch to amitriptyline
  - D. Change to venlafaxine
  - E. Decrease sertraline
5. Which of the following is a dangerous combination?
- A. MAOI-lorazepam
  - B. MAOI-acetaminophen
  - C. MAOI-meperidine
  - D. MAOI-ziprasidone
6. A 23-year-old married white woman comes to the outpatient psychiatric clinic complaining of decreased sleep, decreased appetite, decreased concentration, depressed mood, thoughts of death, and lack of interest in activities for 6 weeks' duration. She has no history of psychiatric illness and takes no medications except for Ortho-Tri Cyclen Lo daily. Based upon the patients symptoms, choose the best medication to treat this patient.
- A. Nefazodone 100 mg po twice daily

- B. Paroxetine 20 mg po daily
  - C. St. John's wort 300 mg po three times daily
  - D. Amitriptyline 25 mg at bedtime
7. A 36-year-old man is admitted to the hospital for a severe methicillin-resistant *Staphylococcus aureus* diabetic foot infection and is started on linezolid 600 mg IV every 12 hours. His medication profile includes paroxetine 40 mg every morning, trazodone 100 mg at bedtime as needed for sleep, and metformin 1000 mg po twice daily. After 3 days on these medications, the patient becomes agitated, confused, and diaphoretic and develops myoclonic jerks. Which of the following is the most likely diagnosis?
- A. Overdose of metformin
  - B. Bacterial meningitis
  - C. Neuroleptic malignant syndrome
  - D. Serotonin syndrome
8. A 46-year-old woman presents to the psychiatric outpatient clinic for follow-up treatment of major depression. She is currently on paroxetine 10 mg at bedtime, which she started taking 2 months ago when admitted to the psychiatric hospital for suicidal ideation. During the interview, she says that she does not think the medication is working because she is just as depressed as she was before taking the medication and has recently started drinking eight to 10 beers daily to alleviate the depression. Before this episode, she was sober for 4 years. Which of the following treatment strategies would be the appropriate choice for this patient?

- A. Stop the paroxetine and start nefazodone 100 mg po twice daily
  - B. Increase the dose of paroxetine to 20 mg po at bedtime
  - C. Stop the paroxetine and start duloxetine 20 mg/day
  - D. Continue the paroxetine at the same dose for a longer period of time to evaluate whether she will respond or not
9. Which of the following is a flaw in the monoamine hypothesis of depression?
- A. Concentrations of neurotransmitters are reduced in the synaptic cleft
  - B. A switch to a different class of antidepressants does not improve response
  - C. Antidepressant response is associated with a therapeutic level of the medication
  - D. Antidepressant effects on neurotransmitters do not temporally correspond to response.
10. A 26-year-old patient with a first episode of depression has been treated with duloxetine 60 mg twice daily for the past 4 months. The patient would like to discontinue treatment. The patient should be told that they need at least \_\_\_\_\_ full months of antidepressant therapy after reaching full remission.
- A. 3
  - B. 6
  - C. 9
  - D. 12

11. Which of the side effects of trazodone for the treatment of depression is most frequently observed?

- A. Hematuria
- B. Delayed orgasm
- C. Priapism
- D. Orthostasis

12. An antidepressant that may be dangerous in overdose is

- A. Mirtazapine
- B. Amitriptyline
- C. Fluoxetine
- D. Escitalopram

13. A 28-year-old man with a history of depression has been taking sertraline 200 mg daily for 12 weeks with no response. The patient has no other complaints. The physician asks for your recommendation. The most reasonable recommendation would be to:

- A. Increase sertraline
- B. Add fluoxetine
- C. Switch to amitriptyline
- D. Change to venlafaxine

14. AS is an 18-year-old woman hospitalized for the fourth time for major depressive disorder. On this occasion, AS was admitted for suicidal ideation. Her other symptoms include loss of appetite, insomnia, decreased energy, increased agitation, and anhedonia for the past 2 months. Although she did well her first semester of college, AS “partied: a lot and broke up with a new boyfriend. Two months ago, AS refused to go back to college after the winter holidays. She does not have any other medical problems. AS’s mother and grandfather have a history of bipolar illness, and her father has a history of substance abuse. AS’s symptoms meet the criteria for major depressive disorder based upon the fact that she has:

- A. A history of mania
- B. A history of substance abuse
- C. Felt suicidal and had four target symptoms for more than 10 days
- D. Had a loss of pleasure and four target symptoms for more than 2 weeks.

15. A 38-year-old male is diagnosed with major depressive disorder by his general practitioner. His symptoms include depressed mood, insomnia, decreased appetite, and poor concentration. He denies suicidal ideation. The patient remembers that his mother and brother responded well to venlafaxine in the past, and he would like to try the same medication. Which of the following monitoring parameters would be the most important to follow on this medication?

- A. Blood pressure
- B. White blood cell count

C. Electrocardiogram

D. Potassium levels

**Answers**

1. C
2. D
3. B
4. D
5. C
6. B
7. D
8. B
9. D
10. B
11. D
12. B
13. D
14. D
15. A