

Chapter 42. Attention-Deficit/Hyperactivity Disorder, Self-Assessment Questions

1. Which of the following statements about ADHD is *true*?
 - A. Prevalence is much higher in girls than boys during grade school.
 - B. ADHD is a diagnosis confined to children that should not be used in adolescents or adults.
 - C. Patients with ADHD frequently have other comorbidities such as conduct disorder.
 - D. Dysfunction of the neurotransmitter serotonin is thought to be crucial in the pathology of ADHD.
 - E. According to the *DSM-5* diagnostic criteria for ADHD, symptoms of inattention and/or hyperactivity or impulsivity must be present before 6 years of age.
2. Management strategies for minimizing the side effects of stimulant medication in ADHD patients might include:
 - A. Administering a stimulant dose after meals if decreased appetite is occurring
 - B. Changing to longer-acting stimulant in the case of rebound symptoms
 - C. Changing to clonidine or guanfacine if severe motor tics occur
 - D. Monitoring blood pressure periodically in an adult ADHD patient
 - E. All of the above
3. A 9-year-old girl was diagnosed with ADHD 6 months ago and has not responded to drug therapy. She was prescribed methylphenidate for 3 months and then switched to dextroamphetamine for 3 months. What ADHD medication(s) would be appropriate to switch this girl to now?
 - A. Mixed salts of amphetamine
 - B. Imipramine
 - C. Atomoxetine

D. A or C

E. Fluoxetine

4. After a third trial with a stimulant medication, the above 9-year-old girl still has not responded to therapy. Which of the following would be a rational step in therapy?

A. Lisdexamfetamine

B. Extended-release guanfacine

C. Atomoxetine

D. B or C

E. A or C

5. Appropriate medication counseling for the parent of a child with ADHD might include:

A. Stating that growth delay has been documented with stimulant use, but the evidence is controversial

B. Advising administration of a stimulant dose earlier in the day if the child is experiencing insomnia at bedtime

C. Stressing that there is no evidence linking treatment of ADHD patients with stimulants to a greater likelihood of substance abuse later in life

D. Mentioning that stimulants may be used, albeit cautiously, if the child also has a well-controlled seizure disorder.

E. All of the above

6. Extended-acting formulations of methylphenidate have been developed in order to:

A. Overcome the problem of a drug with a long duration of effect that frequently leads to adverse effects

B. Minimize the prescription costs associated with the use of short-acting and intermediate-

acting methylphenidate formulations

C. Avoid the need for administration of a second dose of methylphenidate while children with ADHD are at school

D. Minimize the potential for insomnia at bedtime

E. Match the proven superior efficacy of nonstimulant medications (atomoxetine, bupropion, clonidine, and guanfacine) in treating symptoms of ADHD

7. A patient is newly diagnosed with ADHD. Upon review of the patient's medical history, it was noted that the patient has a 3-year history of seizures. Which of the following ADHD medications should be avoided in this patient?

A. Methylphenidate

B. Bupropion

C. Atomoxetine

D. Clonidine

E. Paroxetine

8. Clonidine or guanfacine are sometimes used as adjuncts to stimulants in treating patients with ADHD in order to accomplish which of the following:

A. Lessen sedation

B. Increase blood pressure

C. Decrease seizure risk

D. Control aggressive or disruptive behavior

E. Achieve a quicker onset of therapeutic effect

9. When initiating stimulant therapy, which of the following parameters should be assessed before treatment is initiated and at every follow-up visit:

- A. ECG, weight, blood pressure, and pulse
- B. Electroencephalogram, hyperactivity and impulsiveness in the classroom, blood pressure, and pulse
- C. Neuroimaging study, stomach ache, weight, and pulse
- D. Height, weight, blood pressure, and pulse
- E. Liver function tests, attentiveness to family chores, weight, and blood pressure

10. A 5-year-old boy has received a newly confirmed diagnosis of hyperactive/impulsive ADHD.

The preferred initial treatment for this boy would be which of the following:

- A. Train the parents to establish a reward/consequence system for his behavior
- B. Short-acting methylphenidate (Methylin) given twice daily
- C. Extended-acting methylphenidate (Concerta) given once daily
- D. Guanfacine (Intuniv) given once daily
- E. Bupropion SR given twice daily

11. Which of the following statements about stimulant use in patients with ADHD is true?

- A. Chronic use of stimulants will negatively affect growth and final height of children when they reach adulthood.
- B. Stimulant use has been shown to decrease appetite in children.
- C. Alcohol and substance abuse is more prevalent in patients who have been treated with stimulants.
- D. If a patient fails to respond to one stimulant, there is no need to try a different stimulant because of a high likelihood of nonresponse.
- E. Stimulants should never be used in patients with motor tics.

12. A patient has been newly diagnosed with ADHD and comorbid depression. Which of the

following is most proven to be beneficial in treating both ADHD and depression?

- A. Methylphenidate
- B. Guanfacine
- C. Bupropion
- D. Atomoxetine
- E. Clonidine

13. A 21-year-old woman with ADHD works as a waitress and has trouble paying for her prescription medication because of a lack of third-party coverage. She takes methylphenidate (Methylin ER) 40 mg (two 20-mg tablets) every morning with breakfast just before going to work, which begins at 8:00 AM. Inattentiveness to her customer requests early in her shift is getting her in trouble. She seems to function much better in the later morning and afternoon. The most cost-effective change to make to this woman's ADHD medication regimen would be to:

- A. Switch her to lisdexamfetamine (Vyvanse), 30-mg capsule every morning.
- B. Add a 10-mg dose of regular-release short-acting methylphenidate to her present regimen in the morning.
- C. Switch her to methylphenidate (Daytrana), 30-mg patch daily for 9 hours.
- D. Add atomoxetine (Strattera), 10-mg capsule every morning to her present regimen.
- E. Switch her to methylphenidate (Concerta), 36-mg tablet every morning.

14. The potential advantage of using atomoxetine instead of a stimulant for the treatment of ADHD includes which of the following:

- A. Less risk of hepatotoxicity
- B. Reduced risk of suicide
- C. Decreased risk of abuse

D. Less cost of treatment

E. Avoidance of potential drug–drug interactions

15. A symptom of inattentive ADHD (as opposed to hyperactive or impulsive ADHD) might include:

A. Being easily distracted from an activity

B. Running around the class room when it is not appropriate

C. An inability to sit for extended periods

D. Answering questions prematurely

E. Cramming or shoving in line when waiting for one's turn

Answers

1. C

2. E

3. D

4. D

5. E

6. C

7. B

8. D

9. D

10. A

11. B

12. C

13. B

14. C

15. A