



## ***The CCB Science 2 Service Distance Learning Program<sup>®</sup>***

*Please complete all required information and fax to 203.284.9500*

*For questions or assistance with the program, please email Jeff at [JQuamme@ctcertboard.org](mailto:JQuamme@ctcertboard.org)*

### ***S2S Course 2042 TIP 49 Incorporating Alcohol Pharmacotherapies into Medical Practice Module 1 POST-TEST***

1. Which of the following is a barrier to receiving treatment for AUDs?
  - a) stigma
  - b) employment concerns
  - c) cost
  - d) all of the above
  
2. Annual economic costs of AUDs in the United States has been estimated at:
  - a) \$185 million
  - b) \$200 million
  - c) \$300 million
  - d) \$1 billion
  
3. \_\_\_\_\_ may reduce post acute withdrawal symptoms that may lead to a return to drinking.
  - a) naltrexone
  - b) disulfiram
  - c) acamprosate
  - d) none of the above
  
4. Beneficial effects of medication assisted treatment for AUDs include:
  - a) preventing full blown relapses
  - b) supporting gains from psychosocial treatment
  - c) allowing brain cell to re adapt to a normal state
  - d) all of the above
  
5. The problems associated with AUDs are more widespread than many primary care providers have realized.
  - a) True
  - b) False
  
6. The most common and persistent side effect of acamprosate is \_\_\_\_\_.
  - a) sexual dysfunction
  - b) diarrhea
  - c) nausea
  - d) vomiting
  
7. Evidence suggests that acamprosate is most effective for patients who:
  - a) are motivated for complete abstinence
  - b) wish to reduce their drinking
  - c) who have already had a long period of sobriety
  - d) none of the above



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8. In patients 65 and older, acamprosate:
  - a) has not been tested
  - b) is safe and effective
  - c) is contraindicated
  - d) is best at a reduced dose
  
9. The length of time a patient takes acamprosate is determined by the:
  - a) prescribing physician
  - b) patient
  - c) specialty treatment provider
  - d) all of the above
  
10. The disulfiram-alcohol reaction usually begins \_\_\_\_\_ after alcohol is ingested.
  - a) immediately
  - b) 10-30 minutes
  - c) 45 min to 1 hour
  - d) 1-1 1/2 hours
  
- 11) Alcohol ingestion may produce unpleasant symptoms for up to \_\_\_\_\_ after the last dose of disulfiram is taken.
  - a) 3 days
  - b) 1 week
  - c) 10 days
  - d) 2 weeks
  
12. The capacity to arrange for ongoing supervision if disulfiram ingestion may be limited in a/an \_\_\_\_\_ setting.
  - a) inpatient
  - b) intermediate care
  - c) primary care
  - d) residential
  
13. An insert in the disulfiram package warns that it should never be administered to a patient who is in a state of alcohol intoxication without \_\_\_\_\_.
  - a) hospitalizing the patient
  - b) presence of trained medical personnel
  - c) the patient's full knowledge
  - d) none of the above
  
14. TIP 49 outlines important steps physicians should take prior to prescribing disulfiram. Which of the following is NOT mentioned?
  - a) obtain informed consent
  - b) wait until the BAL is .000
  - c) perform liver and kidney function tests
  - d) admit the patient to a specialty treatment program.



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15. If a patient can drink alcohol without problems when compliant with his dose, the dose may be increased up to no more than \_\_\_\_\_ per day.

- a) 250 mg
- b) 500 mg
- c) 275 mg
- d) 750 mg

16. TIP 49 states that disulfiram therapy is absolutely contraindicated in pregnant women.

- a) True
- b) False

17. TIP 43 states that for patients who have successfully completed disulfiram therapy, it may be appropriate to restart the medication when \_\_\_\_\_.

- a) recovery supports are not available
- b) they stop going to 12 step meetings
- c) facing anticipated high-risk relapse situations
- d) all of the above

18. Disulfiram appears to have \_\_\_\_\_ clinical efficacy in maintaining abstinence in individuals with AUDs.

- a) modest
- b) well documented
- c) no
- d) statistically significant