S2S 2002 TIP 43 Medication Assisted Treatment of Opioid Use Disorders
Module 2 POST-TEST

1. There is a direct correlation between the length of time and the number of appointments to complete admission to an OTP and the number of patients who actually enter treatment.
T F

2. Exemptions from SAMHSA's one year dependence rule include:
A) pregnant patients
B) patients released from corrections facilities within the last six months
C) previously treated patients (up to two years after discharge)
D) all of the above

3. A person younger than 18 must have had at least two documented attempts at detoxification or outpatient psychosocial treatment within 12 months to be eligible for opioid pharmacotherapy.
T F

4. If you are uncertain as to a patients eligibility (opioid dependence) the consensus panel recommends you should:
A) tell the patient to return when he/she can produce a positive urine toxicology screen
B) administer the Narcan challenge and observe
C) administer a low dose of methadone and observe
D) taking the patients word about their history

5. Patients should be assessed daily in the induction phase of MAT for signs of:
A) over medication
B) under medication
C) A and B
D) none of the above

6. A comprehensive assessment should include:
A) patient's values and assumptions
B) linguistic preferences
C) beliefs about health and well-being
D) all of the above

7. OTP staff not state licensed are excluded from the mandatory reporting of child abuse regulations.
T F

8. Based on estimates from 2000, approximately _____% of patients in MAT are homeless or living as transients upon admission to treatment.
A) 5
B) 10
C) 20
D) 25

9. Methadone maintenance treatment reduces:
A) criminality
B) non-compliance with HIV/AIDS therapy
C) mortality associated with opioid use
D) all of the above

10. Take home medication for patients on methadone can last up to:
A) 7 days
B) 14 days
C) 30 days
D) 60 days

11. Initial doses should be determined by:
A) previous treatment episodes
B) amount of money spent by patients on opioids
C) number of opioid episodes of use per day
D) none of the above

12. "Steady state" refers to the condition in which the level of medication in a patient's blood remains fairly steady because that drug's rate of intake:
A) equals the rate of breakdown and excretion
B) surpasses the rate of breakdown and excretion
C) is slower than the rate of breakdown and excretion
D) none of the above

13. The peak period for methadone is:
A) 1-2 hours after taking a dose
B) 2-4 hours after taking a dose
C) 4-6 hours after taking a dose
D) 6-8 hours after taking a dose

14. The trough period for methadone is approximately:
A) 2 hours after ingestion
B) 12 hours after ingestion
C) 24 hours after ingestion
D) 48 hours after ingestion

15. Patients who wake up sick after the first few days of opioid therapy:
A) need a dose increase
B) need split doses
C) need time for tissue stores to reach a steady state
D) need time for tissue stores to reach a trough state

16. Regulations limit the first dose of methadone to no more than 30 milligrams.
T F

17. If withdrawal symptoms persist after 2-4 hours of the initial dose of methadone, medication can typically be supplemented with another:
A) 5-10 mg
B) 15-20 mg
C) 25-30 mg
D) all of the above

18. LAAM must never be given on two consecutive days because its extended duration of action can result in toxic blood levels leading to fatal overdose.
T F

19. The desired responses to medication that usually reflect optimal dosage include:
A) prevention of opioid withdrawal for 24 hours or longer
B) elimination of opioid cravings
C) blockade of euphoric effects of self- administered opioids
D) all of the above

20. Emesis refers to:
A) nausea
B) vomiting
C) constipation
D) sweating

21. Only doses lost to witnessed emesis should be replaced.
T F

22. Using medication dosage as a consequence is appropriate.
T F

23. The maintenance stage of opioid pharmacotherapy begins when:
A) a patient is responding to medication treatment
B) routine dosage adjustments are no longer needed
C) A and B
D) none of the above

24. Methadone is most often diverted to individuals:
A) for recreational purposes
B) for casual use
C) who lack access to OTP
D) for increased income