



The CCB Science 2 Service Distance Learning Program[®]

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For questions or assistance with the program, please email Jeff at JQuamme@ctcertboard.org

S2S Course 2042 TIP 49 Incorporating Alcohol Pharmacotherapies into Medical Practice Module 2 POST-TEST

1. Drinking alcohol enhances _____ opioid activity.
 - a) respiratory
 - b) endogenous
 - c) androgynous
 - d) heterogenous

2. Short term naltrexone treatment is linked to a:
 - a) lower percentage of drinking days
 - b) fewer drinks per drinking day
 - c) more days of abstinence
 - d) all of the above

3. The average maintenance dose of naltrexone, as noted in TIP 49 is:
 - a) 12.5 mg/day
 - b) 25 mg/day
 - c) 50 mg/day
 - d) 37.5 mg/day

4. Studies have shown that the use of naltrexone for adolescents with AUDs:
 - a) is safe and effective
 - b) is contraindicated
 - c) needs additional research
 - d) is widely recommended

5. Naltrexone is considered to be an FDA pregnancy category c medication. This means that _____.
 - a) the effects on the fetus are unknown.
 - b) there are no harmful effects on the fetus.
 - c) there are significant harmful effects to the fetus.
 - d) none of the above

6. According to TIP 42, the consensus panel recommends liver functions tests be performed:
 - a) prior to beginning naltrexone.
 - b) At intervals during naltrexone treatment.
 - c) LFTs are not recommended
 - d) both a and b



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7. According to TIP 49, appropriate periodic or targeted dosing may include:
- a) holidays
 - b) vacations
 - c) personal tragedies
 - d) all of the above
8. It is necessary to taper the dose of naltrexone prior to discontinuation.
- T F
9. Pharmacological interventions, such as naltrexone, in and of themselves, do not constitute comprehensive treatment.
- a) True
 - b) False
10. As noted in TIP 49, the effectiveness of oral naltrexone may be limited by _____.
- a) lack of prescription insurance coverage
 - b) rapid metabolism
 - c) patient noncompliance
 - d) both b and c
11. Injectable naltrexone plasma levels tend to peak at two times, approximately 2 hours after injection and then _____ later.
- a) 12-24 hours
 - b) 48-72 hours
 - c) 5 days
 - d) 7 days
12. After receiving an injection, a therapeutic naltrexone blood level is maintained for _____.
- a) two weeks
 - b) four weeks
 - c) eight weeks
 - d) three months
13. O'Malley and colleagues (2007) conducted a study which determined that injectable naltrexone reduced both the number of drinking days and number of heavy drinking days in patients with as little as _____ abstinent.
- a) 24 hours
 - b) 48 hours
 - c) 4 days
 - d) 7 days
14. Which of the following is NOT identified by TIP 49 as a side effect of injectable naltrexone?
- a) dizziness
 - b) increased appetite
 - c) injection site reactions
 - d) nausea



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15. The monthly cost of injectable naltrexone is _____ than that of oral naltrexone.
- a) significantly higher
 - b) significantly lower
 - c) about the same
 - d) varies depending upon geographical area
16. The black box warning on Vivitrol reports that adverse events of a suicidal nature, including _____ were infrequent during clinical trial, but more common than in patients treated with a placebo.
- a) suicidal ideation
 - b) suicide attempts
 - c) completed suicides
 - d) all of the above
17. The experience of the consensus panel suggests that patients who return for their monthly injectable naltrexone _____.
- a) need less mutual aid groups
 - b) reduce their 12 step attendance
 - c) drop out of psychosocial support networks
 - d) continue to participate in treatment
18. According to TIP 49, _____, identifying and treating patients with AUDs has the potential to improve the healthcare of many primary care patients.
- a) screening
 - b) encouraging
 - c) assessing
 - d) medicating
19. According to TIP 49, medications present health care providers a unique way to _____ treatment.
- a) initiate
 - b) enhance
 - c) encourage
 - d) discontinue
20. TIP 49 reports that a thorough physical exam can often _____ clinician suspicions of an AUD.
- a) disprove
 - b) identify
 - c) corroborate
 - d) rule out
21. Biomarker/s which may reflect the presence of an AUD is/are:
- a) CDT
 - b) AST
 - c) GGT
 - d) All of the above



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22. According to TIP 49, _____ is appropriate for use when there are risk factors for poor medication adherence.

- a) oral naltrexone
- b) acamprosate
- c) disulfiram
- d) injectable naltrexone

23. Any pharmacological treatment for alcohol dependence should be used _____ psychosocial treatment.

- a) as a replacement for
- b) as an adjunct to
- c) after completion of
- d) both a and c

24. TIP 49 identifies a concern about concurrent use of naltrexone and disulfiram because of the possibility of _____.

- a) increased cholesterol count
- b) elevated GGT results
- c) additive liver toxicity
- d) cardiac arrest

25. Medical Management (MM) provides structure and materials for clinicians to _____.

- a) provide educational materials
- b) support efforts to change drinking habits
- c) make recommendations for behavior changes
- d) all of the above

26. Although some AA members may have negative attitudes toward medications, the organization itself supports appropriate medication use.

T F

27. The medications discussed in TIP 49 _____ a withdrawal syndrome.

- a) cause
- b) contribute
- c) are not associated with
- d) none of the above

28. Assessing a patient's response to medication includes the _____.

- a) efficacy of the medication
- b) cost of the medication
- c) side effects of the medication
- d) a and c only



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29. ASAM identifies _____ "Adult Detoxification" levels of placement.

- a. 3
- b. 5
- c. 7
- d. none of the above

30. _____ remain the medication of choice in treating withdrawal from alcohol.

- a. benzodiazepines
- b. tricyclic antidepressants
- c. SSRI's
- d. analgesics