

Pre-test and Post-test
Annual Conference October 11, 2011
A Comprehensive Approach to Late Life Depression

Please put your pre-test answers in the space to the left of each question and your post-test answers in the space to the right of each question. Be sure to complete the questions on both sides of this sheet.

Name: _____

**Pre-Test
Answer**

**Post-test
Answer**

- _____ 1. All of the following are reasons that late life depression is underdiagnosed and undertreated EXCEPT: _____
- A. Older adults do not seek psychiatric treatment
 - B. Most older adults present mainly with depressed mood
 - C. Difficulty differentiating depression from other medical conditions
 - D. Aging stereotypes (“older age is associated with lack of pleasure”)
- _____ 2. What are the two psychosocial interventions that have consistently shown evidence of efficacy? _____
- A. Cognitive Behavioral Therapy (CBT) and Problem Solving Therapy (PST)
 - B. Problem Solving Therapy (PST) and Reminiscence Therapy
 - C. Psychodynamic Psychotherapy and Supportive Psychotherapy
 - D. Cognitive Behavior Therapy (CBT) and Interpersonal Psychotherapy (IPT)
- _____ 3. Cognitive Behavioral Therapy (CBT) _____
- A. Has limited efficacy in older persons
 - B. Attempts to identify and confront cognitive distortions
 - C. Focuses on problem solving to relieve depression
 - D. Is less effective than Reminiscence Therapy in treating depression in older persons
- _____ 4. The recommended approach to using DSM-IV symptom criteria in diagnosing major depression in patients with comorbid medical illness is to: _____
- A. Not count symptom criteria that may be due to the medical illness
 - B. Count all DSM-IV symptom criteria regardless of potential cause
 - C. Substitute non-somatic criteria (such as crying, hopelessness, loss of libido) in place of the somatic symptom criteria that may be due to the medical diseases
 - D. Use a depression rating scale instead of the DSM-IV criteria
- _____ 5. Collaborative/enhanced depression care interventions have improved depression outcomes in large randomized trials in all of the following medical conditions EXCEPT: _____
- A. Coronary artery disease
 - B. Cancer
 - C. Chronic pulmonary disease
 - D. Chronic pain
 - E. Stroke
- _____ 6. Compared to depression, anxiety is: _____
- A. Half as prevalent in primary care patients
 - B. More likely to be associated with suicide
 - C. Less responsive to SSRI antidepressant therapy
 - D. Diagnostically split into more DSM-IV disorders

Pre-test and Post-test continued on back of sheet →

- _____ 7. Which of the following represents an adequate trial for an antidepressant drug in a 72 year old male: _____
- A. Fluoxetine 40 mg/day for 6 weeks
 - B. Mirtazapine 30 mg/day for 8 weeks
 - C. Sertraline 25 mg for 12 weeks
 - D. Citalopram 20 mg for 12 weeks
- _____ 8. Which of the following should NOT be part of counseling patients about antidepressant drugs: _____
- A. "Don't drink while taking this drug."
 - B. Mention common adverse effects and what to do if they occur
 - C. "Don't stop your medication as soon as your symptoms improve."
 - D. Antidepressants are not "uppers" and are not addicting
- _____ 9. When switching antidepressant drugs, which one of the following switches should be done most slowly: _____
- A. Paroxetine → mirtazapine
 - B. Fluoxetine → bupropion
 - C. Sertraline → bupropion
 - D. Citalopram → venlafaxine
- _____ 10. In older adults, risk factors for suicide include: _____
- A. Social isolation
 - B. Medical illness
 - C. Disability
 - D. Depression
 - E. All of the above
- _____ 11. Asking someone about suicidal thoughts will increase their risk of suicide: _____
- A. True
 - B. False
- _____ 12. It is essential to have a protocol in place that specifies action steps for different levels of suicide risk before screening older adults for suicidal thoughts. _____
- A. True
 - B. False