

Pseudobulbar Affect: Considerations for Managed Care Professionals

Release date: November 20, 2017
Expiration date: November 20, 2018

Physician Credit

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Sample of Online Posttest

Choose the best answer for each of the following:

- AR is a 65-year-old woman with traumatic brain injury (TBI) caused by a motor vehicle accident. She presents with complaints of uncontrollable outbursts of crying, even when she is feeling happy. The episodes tend to last seconds to minutes. Her friend suggested that she see her doctor about getting an antidepressant. Which of the following best describes the difference between episodes of major depression and pseudobulbar affect (PBA)-associated emotional episodes?**
 - PBA is associated with emotional symptoms, but depression is not.
 - PBA is associated with chronic neurological disease, but depression is not.
 - PBA episodes are shorter in duration compared with depressive episodes.
 - PBA episodes are less intense than depressive episodes.
- In those older than 18 years, more severe PBA symptoms were associated with Center for Neurologic Study-Lability Scale (CNS-LS) scores:**
 - <13, with the greatest percentage of impairment in TBI
 - ≥21, and greater percentage of impairment in TBI
 - ≥13, with the least percentage of impairment in TBI
 - <21, with no difference in percentage of impairment
- In the PBA Registry Series (PRISM) trial, which neurological condition was most commonly associated with symptoms suggestive of PBA?**
 - TBI
 - Amyotrophic lateral sclerosis (ALS)
 - Alzheimer disease (AD)
 - Parkinson disease (PD)
- In the PRISM study, worse mean QOL scores for patients with PBA symptoms were statistically significant in the following neurological conditions, except:**
 - TBI
 - Multiple sclerosis
 - ALS
 - PD
- Which of the following statements about the risk factors associated with the development of PBA is TRUE?**
 - Everyone is at equal risk of developing PBA.
 - There are no modifiable risk factors for PBA.
 - Treatment for ALS is a modifiable risk factor for PBA.
 - Primary stroke prevention is a modifiable risk factor for PBA.
- The combination drug product contains dextromethorphan and quinidine. What is the purpose of including quinidine in the formulation?**
 - Quinidine acts as a catalyst for dextromethorphan activity.
 - Quinidine increases dextromethorphan bioavailability via inhibition of p-glycoprotein.
 - Quinidine increases dextromethorphan bioavailability via inhibition of cytochrome P450 2D6.
 - Quinidine increases dextromethorphan bioavailability via inhibition of cytochrome P450 3A4.

7. FM is a 41-year-old man diagnosed with posttraumatic stress disorder. FM indicates that he has bouts of crying even when he does not feel sad and that these bouts have increased in frequency. After screening for PBA, FM was prescribed dextromethorphan/quinidine by his primary care physician at the recommended starting dose of 1 capsule daily for 7 days before increasing to the maintenance dose. What is the recommended maintenance dose?
- A. 2 capsules once daily
 - B. 1 capsule every 8 hours
 - C. 1 capsule every 12 hours
 - D. 2 capsules every 12 hours
8. What would be an alternative class of agents the prescriber could use off label to treat PBA for patient FM?
- A. Centrally acting α_2 adrenergic agonist (clonidine)
 - B. Tricyclic antidepressant (nortriptyline)
 - C. NMDA receptor antagonist (memantine)
 - D. Beta-blocker (propranolol)
9. The analysis by Rudolph et al showed that average total healthcare costs for patients with CNS-LS scores ≥ 21 were how much more than those with scores < 13 ?
- A. 31% more
 - B. 52% more
 - C. 94% more
 - D. 102% more
10. Drug-drug interactions are a concern with drugs that interact with the enzymes of the cytochrome P450 system and that inhibit the p-glycoprotein efflux transporter, as in the case of the dextromethorphan/quinidine formulation. The dose of which of the following drugs should be reduced when used concurrently with dextromethorphan/quinidine?
- A. Citalopram
 - B. Nortriptyline
 - C. Desipramine
 - D. Fluoxetine

SAMPLE POSTTEST