Test User got *18* of *18* possible points on the Buprenorphine Training Activity v4.0 For Physicians Post-Test.
Total score: 100 %

Question Results

Question #1 of 18:

Multiple choice question

According to the Drug Addiction Treatment Act, which of the following statements is true?

✗ Advanced practice registered nurses that have a DEA number to prescribe narcotics, are eligable to get a waiver to prescribe buprenorphine.

✓ PCPs can become certified to use buprenorphine for maintenance or detoxification.

✗ Physician assistants and nurse practitioners can also become certified to prescribe buprenorphine.

✗ All of the above statements are true.

Response:

Physicians who already had a DEA waiver to prescribe narcotics can now prescribe buprenorphine.

PCPs can become certified to use buprenorphine for maintenance or detoxification.

✓ **Feedback:**

Correct. This topic is discussed on DATA 2000.

Physician assistants and nurse practitioners can also become certified to prescribe buprenorphine.

All of the above statements are true.

Question #2 of 18:

Multiple choice question

Which of the following is true regarding tapering and discontinuing of buprenorphine?

✓ It is generally easier to go from 12 mg to 10 mg of buprenorphine than from 2 mg to 0 mg.

✗ Most patients are ready to start tapering off of buprenorphine after they complete a year of maintenance treatment.

✗ If buprenorphine is discontinued, a taper over 48 hours is recommended

✗ Risk of relapse is low if tapering off of buprenorphine is extended over a month.

Response:

✓ It is generally easier to go from 12 mg to 10 mg of buprenorphine than from 2 mg to 0 mg.

Feedback:

Correct. This topic is discussed on Tapering Protocol.

Most patients are ready to start tapering off of buprenorphine after they complete a year of maintenance treatment.

If buprenorphine is discontinued, a taper over 48 hours is recommended

There is little chance of relapse if tapering off of buprenorphine is extended over a month.

Question #3 of 18:

Multiple choice question

Which of the following is an allowable exception to the disclosure/confidentiality rules for patients being treated with buprenorphine?

✓ Patient information may be shared among staff members, including the record-keeping and billing departments.

✗ If the patient has a criminal record, the treatment facility has the right to notify the police in case future problems arise.

✗ In medical emergencies, the patient's treatment information may be disclosed to the patient's family.

✗ In cases of a patient suspected of an unrelated crime, the perpetrator may be identified to the police as receiving substance abuse treatment.

Response:

✓ Patient information may be shared among staff members, including the record-keeping and billing departments.

Feedback:

Correct. This topic is discussed on General Confidentiality Rules.

If the patient has a criminal record, the treatment facility has the right to notify the police in case future problems arise.

In medical emergencies, the patient's treatment information may be disclosed to the patient's family.

In cases of child abuse or neglect, the perpetrator may be identified as receiving substance abuse treatment.

Question #4 of 18:

Multiple choice question

Random urine testing is recommended at what interval for patients who are in the maintenance phase of buprenorphine treatment for opioid use disorder?

✗ Every two weeks

✓ Once a month

✗ Twice a year or whenever patients are suspected of noncompliance

✗ Routine urine testing is not recommended

Response:

Every two weeks

Once a month

✓ **Feedback:**

Correct. This topic is discussed on Urine Testing.

Twice a year or whenever patients are suspected of noncompliance

Urine testing is not recommended

Question #5 of 18:

Multiple choice question

Ned Reece, age 14, has been diagnosed recently as having opioid use disorder. Your best estimate is that he has met criteria for this diagnosis for about 9 months. He has no prior history of treatment for opioid use disorder.

Which of the following is the most appropriate treatment for Ned?

✗ Inpatient observation

✓ Medication-free treatment

✗ Methadone

✗ Buprenorphine

✗ Any of the above are appropriate

Response:

Inpatient observation

Medication-free treatment

✓ **Feedback:**

Correct. This topic is discussed on Appropriateness of Buprenorphine for Adolescents.

Methadone

Buprenorphine

Any of the above are appropriate

Question #6 of 18:

Multiple choice question

Patient Brenda Taylor, age 36, is quitting her misuse of hydrocodone plus acetaminophen. She has had her first dose of generic, sublingual combination buprenorphine/naloxone to start treatment for opioid use disorder.

If she is typical of most patients, what target dose of buprenorphine is she most likely to need?

✗ 6 mg to 10 mg

✓ 12 mg to 16 mg

✗ 18 mg to 22 mg

✗ 24 mg to 28 mg

Response:

6 mg to 10 mg

12 mg to 16 mg

✓ **Feedback:**

Correct. This topic is discussed on Buprenorphine Product Formulations Comparison.

18 mg to 22 mg

24 mg to 28 mg

Question #7 of 18:

Multiple choice question

Which of the following psychiatric disorders is the most prevalent psychiatric disorder that is diagnosed among those with opioid dependence?

✓ Major depression

✗ Bipolar disorder

✗ Generalized anxiety disorder

✗ Prevalence rates are about the same for all 3 psychiatric disorders

Response:

Major depression

✓ **Feedback:**

Correct. This topic is discussed on Depression.

Bipolar disorder

Generalized anxiety disorder

Prevalence rates are about the same for all 3 psychiatric disorders

Question #8 of 18:

Multiple choice question

Alejandro Garcia, age 29, presents for his check-up slightly late. In the waiting room, he appears nervous and avoids contact with other patients and with staff. In the examination room, Mr. Garcia is very distracted and restless and appears to have a cold. When asked how he feels, he says that he 'is stressed' and that his 'stomach kinda hurts'. This behavior is not typical for him.

Which of the following is most consistent with Mr. Garcia's signs and symptoms?

✗ Opioid intoxication

✓ Opioid withdrawal

✗ Anxiety disorder

✗ Agoraphobia

✗ Both agoraphobia and opioid withdrawal

Response:

Opioid intoxication

Opioid withdrawal

✓ **Feedback:**

Correct. This topic is discussed on Tolerance and Withdrawal.

Anxiety disorder

Agoraphobia

Both agoraphobia and opioid withdrawal

Question #9 of 18:

Multiple choice question

Which of the following would be contraindicated as a treatment for anxiety for a patient on buprenorphine maintenance?

✓ A benzodiazepine

✗ An antidepressant

✗ A referral for psychiatric counseling

✗ None of the above are contraindicated

Response:

A benzodiazepine

Feedback:

Correct. This topic is discussed on Drug Interactions.

An antidepressant

A referral for psychiatric counseling

None of the above are contraindicated

Question #10 of 18:

Multiple choice question

After several weeks of apparently successful buprenorphine therapy, Ms. Reznick, age 32, shows up late for a follow-up appointment and is obviously intoxicated. Physical examination reveals newer needle tracks on her arm. Questioning Ms. Reznick confirms that for the last few days, she has been using heroin, but she wishes to continue treatment.

Which of the following is the best treatment response?

Withdraw the patient from buprenorphine gradually over 30 days.

Transfer the patient immediately to a methadone program.

Increase intensity of outpatient counseling and consider increasing her buprenorphine maintenance dose.

Admit her to an inpatient facility for opioid detoxification.

Response:

Withdraw the patient from buprenorphine gradually over 30 days.

Transfer the patient immediately to a methadone program.

Increase intensity of nonpharmacological outpatient counseling/therapy and consider increasing her buprenorphine maintenance dose.

Feedback:

Correct. This topic is discussed on Managing Problem Behaviors.

Admit her to an inpatient facility for opioid detoxification.

Question #11 of 18:

Multiple choice question

Caleb Sutton, age 39, is seeking help for moderate opioid use disorder, primarily taking oxocodone. You have determined that he is a suitable candidate for buprenorphine therapy and are about to begin induction. Mr. Sutton presents to your office on schedule. He is visibly agitated and has an irritable demeanor. He dabs at his runny nose and teary eyes frequently. His eyes are overly dilated, and despite the warm weather, he appears to have goose bumps. When questioned, he affirms that he has not taken an opioid since the day before.

Which of the following is a reasonable action to take next?

Observe him in the office for another 2 hours to confirm that he is in withdrawal.

Give the patient an initial dose of 4 mg buprenorphine (sublingual tablets) and observe his response.

Give the patient an initial dose of 16 mg buprenorphine (sublingual tablets) and observe his response.

✗ Have him take a single half dose of oxycontin immediately to reduce his symptoms to a more tolerable level

Response:

Observe him in the office for another 2 hours to confirm that he is in withdrawal.

✓ Give the patient an initial dose of 4 mg buprenorphine (sublingual tablets) and observe his response.

Feedback:

Correct. This topic is discussed on Induction: Day 1.

Give the patient an initial dose of 16 mg buprenorphine (sublingual tablets) and observe his response.

Advise him to take some oxycontin because he is in withdrawal

Question #12 of 18:

Multiple choice question

Which of the following patients is the BEST candidate for office-based buprenorphine treatment?

✗ A patient who has been successfully maintained on methadone for 2 years without problems

✓ A patient with a 10-year history of heroin use who is finally ready to accept treatment

✗ A patient who takes oxycodone for chronic pain and is worried about becoming dependent

✗ None of the above are ideal candidates for office-based treatment

Response:

A patient who has been successfully maintained on methadone for 2 years without problems

A patient with a 10-year history of heroin use who is finally ready to accept treatment

Feedback:

Correct. This topic is discussed on Appropriateness for Office-Based Treatment With Buprenorphine.

A patient who takes oxycodone for chronic pain and is worried about becoming dependent

None of the above are ideal candidates for office-based treatment

Question #13 of 18:

Multiple choice question

Which patients should be screened routinely for substance use disorder?

All adults (age 18 and older)

All adults with a history of substance use disorder and/or psychiatric problems

Adolescents with a history of substance use disorder and/or psychiatric problems and all adults

All adolescents and adults

Response:

All adults (age 18 and older)

All adults with a history of substance use disorder and/or psychiatric problems

Adolescents with a history of substance use disorder and/or psychiatric problems and

all adults

All adolescents and adults

Feedback:

Correct. This topic is discussed on Screening.

Question #14 of 18:

Multiple choice question

Which statement is true about withdrawal from buprenorphine?

There is no known withdrawal syndrome when stopping buprenorphine if it has been taken sublingually.

Withdrawal from buprenorphine maintenance is more severe than withdrawal from a full agonist like methadone.

The time before withdrawal sets in is longer with physical dependence on buprenorphine than with physical dependence on full opioid agonists

All of the above statements are true.

Response:

There is no known withdrawal syndrome when stopping buprenorphine if it has been taken sublingually.

Withdrawal from buprenorphine maintenance is more severe than withdrawal from a full agonist like methadone.

Individuals dependent on buprenorphine can go longer between doses before withdrawal sets in than can individuals dependent on full opioid agonists, but they will still experience withdrawal when stopping the drug abruptly.

Feedback:

Correct. This topic is discussed on Pharmacokinetics: Affinity and Dissociation of Buprenorphine.

All of the above statements are true.

Question #15 of 18:

Multiple choice question

Which term best describes the neurological adaptation in which sensitivity to opioids decreases?

✗ Withdrawal

✗ Addiction

✗ Physical dependence

✓ Tolerance

Response:

Withdrawal

Addiction

Physical dependence

Tolerance

✓ **Feedback:**

Correct. This topic is discussed on Tolerance and Withdrawal.

Question #16 of 18:

Multiple choice question

Regarding treatment for opioid use disorder, which of the following is true?

✗ Patients can now be maintained on buprenorphine or methadone in office based opioid treatment

✓ At the end of 2016, over 35,000 providers were certified to prescribe buprenorphine

✗ As of 2010, approximately 12,000 physicians and physician assistants in the U.S. could prescribe either methadone or buprenorphine

✗ Of people entering buprenorphine treatment with opioid use disorder, around 20% report primarily using an opioid pain reliever only as opposed to around 80% using heroin.

Response:

Patients can now be maintained on buprenorphine or methadone in office based opioid treatment

As of 2015, approximately 29,000 physicians were certified to prescribe buprenorphine

✓ **Feedback:**

Correct. This topic is discussed on Prevalence of Treatment for Opioid Use Disorder.

As of 2010, approximately 12,000 physicians or physician assistants in the U.S. could prescribe either methadone or buprenorphine

Of people entering buprenorphine treatment, around 25% report primarily using a prescription opioid

Question #17 of 18:

Multiple choice question

Which of the following statements is true regarding heroin use and prescription drug misuse?

✗ The prevalence of prescription pain reliever overdose is significantly lower than heroin overdose.

✗ Heroin overdose deaths have decreased since around 2010.

✓ Prescription pain reliever misuse is more common than heroin use

✗ Heroin use is rarely seen among suburban, middle-class individuals

Response:

Heroin use is more common than non-medical use of pain relievers

Heroin use has steadily decreased in low socioeconomic, urban settings

Prescription drug misuse has increased in all settings

✓ **Feedback:**

Correct. This topic is discussed on Prevalence of Heroin vs. Prescription Opioid Misuse.

Heroin use has not increased among suburban, middle-class individuals

Question #18 of 18:

Multiple choice question

How does the risk of suicide in people who misuse opioids compare to those who do not?

✗ About the same

✓ Up to about a third higher

✗ Slightly lower

✗ About double, for heroin users only

Response:

Suicidality

Anxiety

PTSD

All of the above

✓ **Feedback:**

Correct. This topic is discussed on Mental Health & Opioid Use Disorder.