

CME Test Questions

CHRONIC INSOMNIA

1. **The primary consequence of transient insomnia is**
- poor sleep hygiene
 - another disorder
 - daytime napping
 - insufficient sleep
2. **Chronic insomnia occurs in ~ ___ of the population.**
- 5%
 - 10%
 - 30%
 - 35%
3. **Patients with prolonged periods of wakefulness before, after, or during sleep are likely to have at least one of the following:**
- depression
 - cardiovascular disease
 - apnea
 - REM behavior disorder
4. **One of the hallmarks of chronic insomnia is excessive daytime sleepiness.**
- True
 - False
5. **The most common comorbidity of insomnia is**
- depression
 - increased rate of accidents
 - sexual dysfunction
 - pain
6. **Effective pharmacologic treatment of insomnia in patients with major depression is most rapidly and reliably accomplished by combining _____**
- an antidepressant with a hypnotic
 - a sedating antidepressant with behavioral treatment
 - psychotherapy and a hypnotic
 - an antihistamine and sleep hygiene
7. **Use of antihistamines as sleep aids is not recommended because of their**
- morning hangover and anticholinergic effects
 - loss of efficacy with prolonged use
 - potential risks when used with analgesics
 - all of the above
8. **Herbal and homeopathic preparations are not recommended for chronic insomnia because of**
- unproven efficacy and safety
 - risk of addiction and potential side effects
 - lack of quality control, unproven efficacy, and potential adverse side effects
 - diminishing tolerance with use
9. **Which of the following medications appear to be most beneficial for the treatment of chronic insomnia?**
- Antihistamines
 - BZRAs
 - SSRIs
 - Tricyclic antidepressants
10. **For greatest efficacy, a hypnotic should be taken**
- 1 hour before bedtime
 - only when the patient feels sleepy
 - just before getting into bed
 - with red wine

11.

The success of stimulus control therapy depends on

- a. limiting the amount of time a patient spends awake in bed and the bedroom
- b. keeping a detailed sleep diary
- c. controlling sleep deprivation
- d. use of relaxation techniques

12.

The various cognitive therapies for insomnia are based on the observation that patients with chronic insomnia

- a. use alcohol and stimulants excessively
- b. lead a stressful lifestyle
- c. have negative thoughts and beliefs about their sleep difficulties
- d. have an underlying medical or psychiatric disorder

13.

Treatment gains in cognitive behavioral therapy are best maintained or improved with which follow-up schedule?

- a. 1 to 6 months
- b. 3 to 6 months
- c. 6 months to 2 years
- d. on as-needed basis

14.

In addition to primary insomnia for adults, cognitive behavior therapy for chronic insomnia has been studied and found to be efficacious in which of the following special populations?

- a. Psychiatric patients (mixed)
- b. Chronic pain
- c. Cancer patients
- d. All of the above

15.

Which sentence best describes the effectiveness of sleep hygiene education used as a monotherapy for chronic insomnia?

- a. Sleep hygiene alone is an effective intervention for insomnia.
- b. Sleep hygiene is as effective as relaxation therapy for insomnia.

- c. Sleep hygiene is not an effective monotherapy for chronic insomnia.
- d. Sleep hygiene is as effective as stimulus control therapy for insomnia.

16.

Clinicians should refer to the *DSM-IV* for diagnostic criteria applying to insomnia occurring during a woman's menstrual cycle or in pregnancy.

- a. True
- b. False

17.

Which of the following should NOT be considered in the clinical management of insomnia occurring in a woman's premenstrual phase?

- a. Treatment with SSRIs
- b. Treatment with a short-term sedative/hypnotic medication
- c. A PSG to establish a correct diagnosis of cause
- d. Cognitive behavior therapy

18.

Insomnia in peri- or postmenopausal women can be usually attributed to

- a. declining estrogen levels
- b. an underlying medical condition
- c. depression
- d. poor sleep hygiene

19.

Which of the following is recommended for the treatment of insomnia associated with depression in women?

- a. A sedating antidepressant
- b. A nonsedating antidepressant with a sedating antidepressant
- c. A hypnotic with a nonsedating antidepressant
- d. None of the above

20.

The clinical evaluation of an elderly patient with a sleep complaint should always begin with

- a. a detailed sleep history and a thorough physical examination
- b. multiple sleep latency assessment

- c. recording of the sleep-wake pattern using an actigraph
- d. sleep testing

21.

Sleep initiation problems in the elderly patient can be caused by

- a. anxiety
- b. drug interactions
- c. learned sleep-preventing behavior
- d. all of the above

22.

All of the following are true regarding sleep architectural changes in the elderly EXCEPT

- a. Less time is spent in the deeper levels of sleep (slow-wave sleep).

- b. Sleep latency increases.
- c. An overall reduction in nocturnal sleep time occurs.
- d. Total REM sleep increases.

23.

Important questions to ask the bed partner about the patient's sleep habits include

- a. Are there any unusual nocturnal spells?
- b. Are there any choking episodes/apnealike spells?
- c. Are there any leg jerks at night?
- d. All of the above

CME Test Answer Sheet and Evaluation Form for CHRONIC INSOMNIA

Volume 5 Number 3

Release Date of Activity: 9/30/03
Expiration Date of Activity for AMA/PRA credit: 9/30/05
Estimated Time to Complete this Activity: 8 Hours

Please Print

Name _____

Address _____

City _____ State _____ ZIP _____

Degree _____ Specialty _____

Please indicate amount of time spent on this activity:

AMA/PRA Category 1 credit (maximum 8 hours): _____ hrs _____ min spent on activity

CME TEST

(Please circle correct answers)

- | | | | | | |
|------------|------------|-------------|-------------|-------------|-------------|
| 1. a b c d | 5. a b c d | 9. a b c d | 13. a b c d | 17. a b c d | 21. a b c d |
| 2. a b c d | 6. a b c d | 10. a b c d | 14. a b c d | 18. a b c d | 22. a b c d |
| 3. a b c d | 7. a b c d | 11. a b c d | 15. a b c d | 19. a b c d | 23. a b c d |
| 4. a b | 8. a b c d | 12. a b c d | 16. a b | 20. a b c d | |

COURSE EVALUATION: Please rate the overall course on a scale from 1 to 5, with 1 the lowest and 5 the highest.

1. How well did the material explain the epidemiology, characteristics, and consequences of insomnia? 1 2 3 4 5
2. How well did the material identify and discuss recommended pharmacologic approaches for treating chronic insomnia? 1 2 3 4 5
3. How well did the material discuss cognitive behavior therapy for treating chronic insomnia? 1 2 3 4 5
4. How well did the material explain the common causes of insomnia in women and recommended treatment approaches? 1 2 3 4 5
5. How well did the material explain the common causes of insomnia in geriatric patients and recommended treatment approaches? 1 2 3 4 5
6. Were the articles appropriate to the topic of this issue of Clinical Cornerstone?
 Yes No Comments: _____
7. Did you find the information presented to be objective, fair, balanced, and free of commercial bias?
 Yes No Comments: _____

8. Give at least one example of how the content of this publication will be of use in your clinical practice.

9. When you receive literature that is accredited for AMA/PRA CME versus literature that is not accredited for CME, which are you more likely to review?

CME Non-CME Does not matter

10. If CME certification is important to you, where do you prefer it come from?

Professional Society Medical School/Hospital Private CME provider Does not matter

11. Do you have any recommendations to improve this publication?

12. What topics would you suggest for future issues?

CME INSTRUCTIONS

This issue of Clinical Cornerstone® provides 8 free Category 1 CME credits. To receive FREE CME credit, forward the self-corrected Test Answer Sheet and Evaluation Form to the address shown below. (Refer to p. ii for CME Information.)

Office of Continuing Medical Education
Excerpta Medica, Inc.
Department CC-5.3
105 Raider Boulevard, Suite 101
Hillsborough, NJ 08844-1528
Fax: 908-874-5633

Responses for AMA/PRA credit must be submitted by September 30, 2005.