

The purpose of this quiz is to provide a convenient means for osteopathic physicians to assess their understanding of the scientific content in this supplement (No. 5, Volume 107, September 2007) to *JAOA—The Journal of the American Osteopathic Association*.

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Alternatively, osteopathic physicians can send a downloaded portable document file (pdf) copy of this completed form with their AOA number and full name to the following mailing address or fax number by March 31, 2009.

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For each of the questions below, place a checkmark in the box provided next to your answer so that you can easily verify your answers against the correct answers, which will be published in the October 2007 issue of the *JAOA*.

1. Most cancer patients will become addicted when they start receiving opioids on a chronic basis for pain management.

- (a) True
- (b) False

2. The follow-up visit after the initiation of opioid treatment should be in

- (a) 2 weeks
- (b) 1 month
- (c) 3 months
- (d) when the patient decides to come in
- (e) as needed

3. During initiation of opioid therapy, the best osteopathic physical examination will include

- (a) active and passive motion testing; strength testing
- (b) strength testing; neurologic testing
- (c) neurologic testing; active and passive motion testing
- (d) structural and postural assessment; neurologic testing; strength testing
- (e) active and passive motion testing; strength testing; neurologic testing; and structural and postural assessment

4. The 2002 Institute of Medicine report, "Unequal Treatment" states:

- (a) Discrimination by providers has a deleterious effect on the health status of people of color.
- (b) Differences in health status can be explained for the most part, by socioeconomic status.
- (c) Physicians with higher board scores are less likely to discriminate in their care.
- (d) Gender differences in healthcare status have been eliminated in the United States.
- (e) The health status for all ethnic groups is improving.

5. The Controlled Substance Act (CSA) prohibits

- (a) telehealth and Internet prescribing of controlled substances
- (b) patient treatment with controlled substances without a patient evaluation and diagnosis
- (c) physicians from prescribing any medications to their family members
- (d) direct administration of controlled substances by a physician
- (e) transport of controlled substances by a physician

6. The Drug Abuse Treatment Act of 2000 (DATA 2000) allows

- (a) any provider with a Drug Enforcement Administration (DEA) certification to prescribe methadone hydrochloride for the treatment of patients with opioid dependence
- (b) any provider with a DEA certification to prescribe buprenorphine hydrochloride for opioid dependence
- (c) any physician with a DEA certification to prescribe injectable buprenorphine for the treatment of patients with opioid dependence
- (d) any physician with a DEA DATA 2000 waiver to prescribe sublingual buprenorphine for the treatment of patients with opioid dependence.

7. Physicians with a DEA DATA 2000 waiver may provide

- (a) office-based opioid therapy care to as many as 100 patients simultaneously after 1 year of waiver status
- (b) care to opioid-dependent patients and exclude the nonpharmacologic care intentionally
- (c) office-based methadone treatment to ambulatory patients with opioid dependence
- (d) sublingual buprenorphine care to more than 30 patients at any time in their first year of eligibility

8. Buprenorphine has a

- (a) higher lipophilicity than naloxone
- (b) lower μ -receptor binding than methadone
- (c) higher μ -receptor binding than morphine
- (d) κ -receptor agonist activity
- (e) faster dissociation from the μ receptor than hydrocodone

9. Naloxone is in the buprenorphine hydrochloride-naloxone hydrochloride combination sublingual tablet to

- (a) displace endogenous opioids when taken as prescribed
- (b) prevent intravenous diversion of the medication
- (c) decrease the likelihood of buprenorphine overdose
- (d) strengthen the effect of buprenorphine at the μ receptor
- (e) improve the taste of the sublingual preparation

10. When inducting a patient on sublingual buprenorphine, the patient

- (a) must be off of all benzodiazepines
- (b) may take injectable buprenorphine for withdrawal symptoms
- (c) must be off of high-dose (80 mg/d) methadone therapy for 1 day
- (d) may take tramadol to decrease the opioid withdrawal symptoms
- (e) must be in opioid withdrawal

11. Sublingual buprenorphine

- (a) is prohibited for use in the inpatient medical setting during opioid withdrawal
- (b) can be prescribed by an advanced registered nurse practitioner in the ambulatory setting
- (c) may be substituted with injectable buprenorphine for opioid withdrawal
- (d) may be used off label to treat patients for pain
- (e) is associated with a higher complication rate than heroin in pregnant patients

12. Which of the following is not a sign of opioid withdrawal?

- (a) yawning
- (b) diarrhea
- (c) bradycardia
- (d) piloerection
- (e) rhinorrhea

13. A licensed physician with an unrestricted DEA registration may

- (a) prescribe a schedule II medication without evaluating the patient
- (b) prescribe a schedule II medication over the phone to a pharmacy
- (c) prescribe a schedule II medication only with a triplicate prescription (as of September 2007)
- (d) prescribe a schedule II medication to treat a patient for opioid dependence
- (e) prescribe a schedule II medication after examining the patient and making an appropriate diagnosis

14. When discovering that a patient has diverted schedule II medications for other drugs, the physician

- (a) must have the individual arrested
- (b) should stop prescribing all medications to the patient
- (c) must report the diversion to the DEA
- (d) should stop prescribing all schedule II medications to the patient
- (e) may treat the patient for drug addiction with schedule II medications

15. In the past decade, the greatest increase in a substance abuse problem in adolescents has been use of which drug?

- (a) marijuana
- (b) pharmaceutical opiates
- (c) alcohol
- (d) nicotine

16. The osteopathic medical profession offers the only board examination available for addiction medicine for primary care physicians.

- (a) True
- (b) False

17. There is currently a consistent core curriculum for all osteopathic medical students for the study of addiction medicine.

- (a) True
- (b) False