

**CME POST-TEST****All post-tests must be completed and submitted online.**

EXPIRATION DATE: APRIL 2024

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TREATMENT-RESISTANT DEPRESSION**1. What is the single-year prevalence of MDD in the United States?**

- a. 4.1%
- b. 10.4%
- c. 14.1%
- d. 20.4%

2. What is the definition of treatment-resistant depression?

- a. Patients who have not achieved remission after a trial of four or more traditional antidepressants for 4 to 6 weeks at the maximally tolerated dose.
- b. Patients who have not achieved remission after a trial of two or more traditional antidepressants for 8 to 10 weeks at the maximally tolerated dose.
- c. Patients who have not achieved remission after a trial of three or more traditional antidepressants for 6 to 8 weeks at the maximally tolerated dose.
- d. Patients who have not achieved remission after a trial of two or more traditional antidepressants for 4 to 6 weeks at the maximally tolerated dose.

3. How has excessive glutamate release been shown to contribute to neuronal pathology?

- a. Overstimulation of synaptic NMDA receptors on the postsynaptic neuron leads to calcium overload intracellularly.
- b. Glutamate that enters the extrasynaptic space has the capability of binding to dopamine receptors.
- c. In the extrasynaptic space, glutamate can bind to microglial cells, promoting neuron hyperexcitability.
- d. Understimulation of synaptic NMDA receptors on the postsynaptic neuron leads to calcium overload intracellularly.

4. Which are potential causes of neuroinflammation?

- a. Psychosocial stressors, early life adversity, hypoxia, head trauma, and alcohol use disorder.
- b. Psychosocial stressors, early life adversity, hypoxia, head trauma, and ischemia.
- c. Psychosocial stressors, early life adversity, obesity, head trauma, and ischemia.
- d. Psychosocial stressors, vitamin D deficiency, hypoxia, head trauma, and ischemia.

5. Of all available medications, which drug is thought to have the most direct effect on the glutamate system, appears effective in treating depression, and is well-tolerated?

- a. topiramate
- b. memantine
- c. lamotrigine
- d. fluoxetine

HYDROCEPHALUS IN CHILDREN**6. The Congress of Neurological Surgeons estimates that hydrocephalus occurs in as many as**

- a. 1 in every 50 children in the United States.
- b. 1 in every 250 children in the United States.
- c. 1 in every 500 children in the United States.
- d. 1 in every 5,000 children in the United States.

7. What is the earliest complaint in patients with ICP elevation?

- a. vomiting
- b. diplopia
- c. the setting sun sign
- d. severe headache

8. The mainstay of *in utero* screening for hydrocephalus includes:

- a. fetal ultrasound and head circumference monitoring
- b. antenatal MRI and maternal lumbar puncture
- c. antenatal MRI and head circumference monitoring
- d. fetal radiograph and head circumference monitoring

9. What is the American Academy of Pediatrics recommendation for occipitofrontal circumference measurements for all children early in life?

- a. Measure occipitofrontal circumference at least four times during the first 24 months of life.
- b. Measure occipitofrontal circumference at least six times during the first 24 months of life.
- c. Measure occipitofrontal circumference at least eight times during the first 24 months of life.
- d. Measure occipitofrontal circumference at least ten times during the first 24 months of life.

10. In the primary care setting, what occipitofrontal circumference finding is clinically significant and warrants referral to pediatric neurosurgery for further evaluation?

- a. greater than 1 standard deviation from average or greater than the 68th percentile for a given age and sex
- b. greater than 2 standard deviations from average or greater than the 95th percentile for a given age and sex
- c. greater than 3 standard deviations from average or greater than the 97th percentile for a given age and sex
- d. greater than 4 standard deviations from average or greater than the 99.99th percentile for a given age and sex