



CME POST-TEST

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EXPIRATION DATE: MAY 2025

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MAJOR DEPRESSIVE DISORDER IN ADOLESCENTS

1. What percentage of adolescents ages 12 to 17 years experienced a major depressive episode during 2022, as estimated by the 2022 National Survey on Drug Use and Health?
 - a. 13.9%
 - b. 15.7%
 - c. 17.5%
 - d. 19.5%
2. What percentage of adolescents see a PCP at least once a year, and what percentage of those visits involved biopsychosocial concerns, school performance, or behavioral concerns?
 - a. 50%, 25%
 - b. 65%, 35%
 - c. 75%, 50%
 - d. 90%, 50%
3. Which of the following factors has research indicated may all contribute to MDD in adolescents?
 - a. family history of depressive disorders, significant life changes, trauma, bullying, only child in a family, sexual orientation or gender identity confusion, and race
 - b. family history of depressive disorders, significant life changes, trauma, bullying, lack of social support, sexual orientation or gender identity confusion, and race
 - c. family history of depressive disorders, socioeconomic status, trauma, bullying, lack of social support, sexual orientation or gender identity confusion, and race
 - d. family history of depressive disorders, significant life changes, trauma, bullying, lack of social support, maternal age over 35 years, and race
4. Mental well-being changes in adolescents associated with COVID-19 were more likely to affect which population groups?
 - a. females and patients from higher-income areas
 - b. males and patients from higher-income areas
 - c. females and patients from lower-income areas
 - d. males and patients from lower-income areas
5. Based on the available evidence, what is the recommendation for routine screening for MDD in patients younger than age 12 years?
 - a. Screening should start as early as age 8 years.
 - b. No recommendation exists for routine screening of patients younger than age 12 years.
 - c. All users of social media younger than age 12 years should be screened.
 - d. The USPSTF and AAP advocate for routine screening of patients for MDD starting before age 10 years.

ACUTE LIVER FAILURE

6. Which of the following is *not* associated with ALF?
 - a. hepatic encephalopathy
 - b. variceal bleeding
 - c. coagulopathy
 - d. hyperammonemia
7. What is the most common cause of ALF in the United States?
 - a. acetaminophen overdose
 - b. viral hepatitis
 - c. alcohol
 - d. Wilson disease
8. Common systemic complications associated with ALF include
 - a. cerebral edema, hypotension, and intraparenchymal hemorrhage.
 - b. hypotension, intraparenchymal hemorrhage, and acute kidney injury.
 - c. cerebral edema, hypotension, and acute kidney injury.
 - d. acute kidney injury, intraparenchymal hemorrhage, and hypertension.
9. Which statement is correct about treating ALF?
 - a. NAC is only indicated in acetaminophen-induced ALF.
 - b. NAC can be used to manage NAI-ALF.
 - c. Fomepizole has been shown in case reports to be ineffective as an adjunct to NAC in acetaminophen-induced ALF.
 - d. IV dosing of NAC usually divides 600 mg/kg over 48 hours via a two- or three-bag regimen.
10. Which statement is correct about initial resuscitation to maintain adequate renal and cerebral perfusion?
 - a. Administer crystalloids initially to attain a mean arterial pressure (MAP) goal of 45 to 55 mm Hg, and escalate to vasopressor support as appropriate.
 - b. Administer crystalloids initially to attain a MAP goal of 55 to 65 mm Hg, and escalate to vasopressor support as appropriate.
 - c. Administer crystalloids initially to attain a MAP goal of 65 to 75 mm Hg, and escalate to vasopressor support as appropriate.
 - d. Administer crystalloids initially to attain a MAP goal of 75 to 85 mm Hg, and escalate to vasopressor support as appropriate.



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