



CME POST-TEST

All post-tests must be completed and submitted online.

EXPIRATION DATE: FEBRUARY 2023

Earn Category I CME Credit by reading both CME articles in this issue, reviewing the post-test, then taking the online test at <http://cme.aapa.org>. Successful completion is defined as a cumulative score of at least 70% correct. This material has been reviewed and is approved for 1 hour of clinical Category I (Preapproved) CME credit by the AAPA.

SKIN CANCER IN IMMUNOSUPPRESSED PATIENTS

- Which of the following are independent factors that contribute to skin cancer risk?
 - personal history of sun exposure, family history, and age
 - personal history of sun exposure, exposure to toxic chemicals, and age
 - personal history of sun exposure, race, and age
 - personal history of sun exposure, family history, and race
- Which post-transplantation patients are most at risk of dying from skin cancer?
 - White women over age 50 years with a heart or lung transplant
 - White men over age 50 years with a liver transplant
 - White women under age 40 years with a kidney transplant
 - White men over age 50 years with a heart or lung transplant
- Which of the following may be considered high-risk medications associated with the development of post-transplant skin cancers?
 - prednisone, azathioprine, and hydrochlorothiazide
 - prednisone, azathioprine, and chlorthalidone
 - prednisone, azathioprine, and lisinopril
 - prednisone, azathioprine, and atenolol
- Following a baseline full-body skin examination, all patients with immunosuppression should have regular full-body skin examinations by a dermatologist or PA in dermatology how often?
 - every 4 to 8 months
 - every 6 to 12 months
 - every 9 to 15 months
 - every 12 to 24 months
- Which lifestyle modifications can reduce the modifiable skin cancer risk factors in post-transplant patients?
 - aggressive sun protection
 - weight loss
 - emulsifier creams
 - avoidance of chlorinated swimming pools

BODY-FOCUSED REPETITIVE BEHAVIORS

- What is the definition of a BFRB?
 - unconsciously buttoning and unbuttoning a shirt button
 - excessive shampooing of the hair resulting in scalp irritation
 - obsessive concern about a birthmark
 - habitual nongrooming behaviors that rise to the level of causing distress
- Which two BFRBs are listed in the *DSM-5*?
 - onychotillomania and trichotillomania
 - trichotillomania and morsicatio labiorum
 - trichotillomania and excoriation disorder
 - rhinotillexomania and trichotillomania
- According to the *DSM-5*, trichotillomania is recurrent hair pulling resulting in hair loss; patients also must meet which other diagnostic criteria?
 - the patient has never attempted to stop the hair pulling behavior
 - the hair pulling or hair loss cannot be attributed to another medical condition
 - the hair pulling can be better explained by the symptoms of another mental disorder
 - drug therapy has not been successful in treating the hair pulling behavior
- What is the highest reported prevalence rate for excoriation disorder when using standard diagnostic criteria?
 - 2.4%
 - 4.5%
 - 5.4%
 - 6.5%
- Which of the following is the gold standard treatment for BFRBs?
 - habit reversal therapy
 - counseling for anxiety
 - beta-blockers
 - SSRIs