

## Evaluation and Treatment of Mood Disorders in Primary Care: Review Questions

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### QUESTIONS

Choose the single best answer for each question.

- 1. A 45-year-old man visits his primary care physician because of 1 month of mild depressive symptoms including dysphoria, anhedonia, hypersomnia, poor energy, and difficulty concentrating. He reports no precipitating event. He states that he was diagnosed with bipolar I disorder approximately 20 years ago by a psychiatrist and has been taking lithium carbonate 300 mg 3 times per day since that time. The patient denies suicidal ideation. What is the first step in the management of this patient?**

  - Discontinue lithium
  - Increase lithium to 1200 mg/day
  - Check the lithium level
  - Start a selective serotonin reuptake inhibitor (SSRI)
  - Start bupropion
- 2. A 23-year-old woman reports symptoms of psychomotor agitation, racing thoughts, severe insomnia, anxiety, panic, severe irritability, and extreme depression. She denies any prior psychiatric history. Her mother has bipolar disorder, and her father has panic disorder. What is this patient's most likely diagnosis?**

  - Panic disorder
  - Bipolar disorder
  - Schizophrenia
  - Psychotic depression
  - Generalized anxiety disorder
- 3. A 19-year-old woman has experienced approximately 2 weeks of insomnia, rapid speech, euphoria, high energy, and mild delusions. Her primary care physician decides to prescribe lithium. She is not taking any other medications. What test must be performed before starting the medication?**

  - Electroencephalogram
  - Spinal tap
  - Brain magnetic resonance imaging
  - Minnesota Multiphasic Personality Inventory
  - Pregnancy test
- 4. What criteria must be met before an antidepressant trial can be considered unsuccessful?**

  - Treatment at maximum therapeutic dose for 4 to 5 weeks
  - Treatment at maximum therapeutic dose for 9 to 10 weeks
  - Treatment at maximum therapeutic dose for 3 months
  - Treatment with at least one half of the maximum therapeutic dose for 4 weeks
  - Treatment with an antidepressant and psychotherapy for 2 months
- 5. Cognitive behavioral psychotherapy without an antidepressant would be an appropriate treatment in which of the following patient scenarios?**

  - A 35-year-old woman with severe depression who does not want to take medication
  - An 18-year-old man with both depression and obsessive-compulsive disorder
  - A 45-year-old man with mild major depression and significant psychosocial stress
  - A 58-year-old man who has failed adequate trials of 2 different SSRIs and has a 20-year history of recurrent depression
  - Cognitive behavioral therapy alone would never be appropriate

*(turn page for answers)*

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### ANSWERS AND EXPLANATIONS

1. **(C) Check the lithium level.** The patient is suffering from bipolar depression. The American Psychiatric Association recommends that for a patient with a breakthrough depressive episode who is currently taking a mood stabilizer, the first step is to optimize the dose and blood level of maintenance medications.<sup>1</sup> Checking the lithium level must be done first, followed by dose optimization. Discontinuing lithium is not appropriate, and increasing the lithium dosage without first checking the level could result in toxicity. Initiation of antidepressant therapy with either a SSRI or bupropion should not be considered unless optimization of lithium therapy fails because either can induce mania.
2. **(B) Bipolar disorder.** The most likely diagnosis is bipolar I disorder. The patient's symptoms are consistent with an episode of mixed depression and mania. Psychomotor agitation, racing thoughts, severe insomnia, anxiety, panic, and severe irritability are all symptoms suggestive of a mixed episode.<sup>2,3</sup> Also, the patient has a high genetic risk for bipolar disorder because she has a first-degree relative with the illness. The patient is not experiencing psychotic symptoms; therefore, psychotic depression and schizophrenia are incorrect. The patient is having anxiety and panic, but because of her severe mood symptoms, a primary diagnosis of an anxiety disorder is incorrect.
3. **(E) Pregnancy test.** There is a risk of birth defects if lithium is administered to a pregnant woman during the first trimester of pregnancy.<sup>4</sup> Therefore, all women must have a pregnancy test before the initiation of therapy. An electroencephalogram, spinal tap, and magnetic resonance imaging would not be required unless there were symptoms suggesting a nonpsychiatric etiology. An Minnesota Multiphasic Personality Inventory or other psychologic testing would not be necessary prior to starting lithium.
4. **(A) Treatment at maximum therapeutic dose for 4 to 5 weeks.** The most common clinical mistakes that lead to an unsuccessful antidepressant trial are inadequate medication dosage (ie, too low) and/or inadequate trial duration (ie, too short).<sup>5</sup> A patient must be treated with the maximum recommended dose for at

least 4 weeks before an antidepressant is considered ineffective.<sup>5</sup> A trial of 9 to 10 weeks, 3 months, or one half of the maximum therapeutic dose would be incorrect. Psychotherapy may be an effective adjunctive treatment but is not considered a factor in the determination of medication response.

5. **(C) A 45-year-old man with mild major depression and significant psychosocial stress.** An evidence-based psychotherapy, such as cognitive behavioral therapy, is an appropriate treatment without an antidepressant for mild-to-moderate major depression.<sup>6</sup> This is especially true in cases where the patient is suffering from significant psychosocial stress. While clinicians must accept the choice of a woman with severe depression who does not want to take medication, every effort should be made to overcome her resistance. An individual with both obsessive-compulsive disorder and depression is very likely to receive benefit from an antidepressant for both conditions. A patient who has failed adequate trials of 2 different SSRIs should be prescribed another class of antidepressant.<sup>5</sup>

### REFERENCES

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