QUESTIONS ON THE PRESENTATION

"Pharmacogenetic Tests in Psychiatry" (12-01-15). Select the single best choice.

1. Genotyping for HLA-B*1502 before starting carbamazepine:

    A. Can help prevent Stevens-Johnson Syndrome in patients with Asian ancestry.

    B. Is particularly important in Chinese who have a prevalence of this allele of 10-15%.

    C. Should be done in Indians who have a prevalence of this allele of 2-4%.

    D. All of the above are correct.

2. Genotyping for CYP2D6 and CY2C19:

    A. Can help patients on quetiapine.

    B. Is particularly important in patients taking tricyclic antidepressants.

    C. Provides exactly the same information as therapeutic drug monitoring (blood levels).

    D. All of the above are correct.

3. Genotyping tests determine CYP2D6*1 allele by default after excluding tested abnormal alleles.

    A. True

    B. False

4. Abnormally high concentrations for a clomipramine dose can be explained by:

    A. CYP2D6 PM genotype.

    B. CYP2C19 PM genotype.

    C. Co-prescription with fluoxetine.

    D. All of the above are correct.

5. The prevalence of CYP2D6 ultrarapid metabolizers (UMs) is:

    A. Around 1-2% in the US.

    B. Highest in North Africa.

    C. Between 1-5% in European Caucasians.

    D. All of the above are correct.

6. Tricyclic antidepressants are wide therapeutic window drugs.

A. True

B. False

7. Atomoxetine is mainly metabolized by CYP2D6.

A. True

B. False

8. The CYP2C19*17 allele:

A. Has been associated with increased CYP2C19 expression.

B. Is considered to be associated with CYP2C19 UM phenotype when present twice in the same individual (CYP2C19*17/*17).

C. Has not been studied enough in psychiatric drugs to understand its clinical relevance well.

D. All of the above are correct.

9. The CYP2D6 gene can be characterized as:

A. Impossible to induce.

B. Polymorphic.

C. Prone to being doubled or otherwise multiplied.

D. All of the above are correct.

10. Patients who are both CYP2D6 poor metabolizers and CYP2C19 poor metabolizers:

A. Are very rare: <1/1000 in all races.

B. Are poor metabolizers of TCAs, venlafaxine, fluoxetine and paroxetine.

C. Are poor metabolizers of citalopram and escitalopram.

D. All of the above are correct.