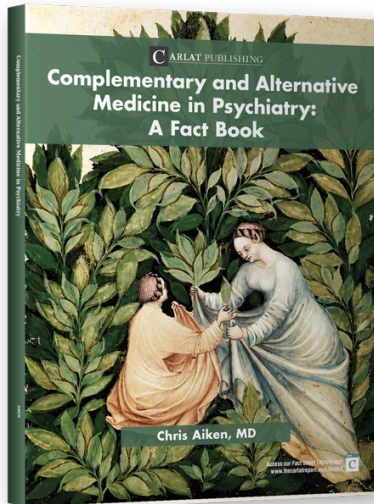




Complementary and Alternative Medicine in Psychiatry: A Fact Book, First Edition (2026)

CME Post-Test Study Guide
Complete online at www.thecarlatreport.com

Learning Objectives

Upon completion of this activity, participants will be able to:

1. Apply evidence-based principles for integrating CAM therapies into psychiatric practice.
2. Identify lifestyle and mind-body interventions with clinically meaningful psychiatric benefits.
3. Recognize dosing thresholds and safety considerations for commonly used nutraceuticals.
4. Evaluate the evidence and safety profile of botanical treatments for psychiatric symptoms.
5. Recognize the evidence base and appropriate use of synthetic and multi-ingredient supplements in psychiatric practice.
6. Recognize CAM therapies with insufficient or mixed evidence for psychiatric use.

Questions

- 1. A large, randomized trial of the MIND/Mediterranean-style diet in older adults found which result for cognitive decline?**
 - a. It significantly slowed cognitive decline compared with control
 - b. It failed to prevent cognitive decline
 - c. It worsened cognitive decline compared with control
 - d. It was never tested for this outcome
- 2. Which diet has the most robust clinical support in depression?**
 - a. Ketogenic diet
 - b. Mediterranean diet
 - c. Gluten-free diet
 - d. Calorie-restricting diet
- 3. A patient with depression who has not responded well to an antidepressant is also willing to exercise regularly. What does trial evidence suggest about this option?**
 - a. Exercise is less effective for depression than antidepressants
 - b. Exercise can be an effective adjunctive treatment when antidepressants have failed
 - c. Exercise does not work when an antidepressant has failed
 - d. Exercise's benefit is limited to mild, subclinical symptoms
- 4. A patient with anorexia nervosa asks whether strength training or yoga is safe to add to treatment. What does the evidence support?**
 - a. Any structured exercise is contraindicated due to compulsive exercise risk
 - b. Only aerobic exercise is safe in this population
 - c. Strength training and yoga can improve well-being, and possibly eating pathology, with no significant risk of harm
 - d. Exercise should be delayed until weight is fully restored
- 5. When recommending blue-light-blocking glasses for evening use in a patient with bipolar disorder or insomnia, what specification should a clinician look for?**
 - a. Any lens labeled "blue light blocking"
 - b. Lenses tinted yellow or amber, regardless of filtering density
 - c. Photochromic lenses that darken outdoors
 - d. Lenses with a melanopic daylight filtering density greater than 1.0
- 6. In older adults, what cognitive effect has aromatherapy been shown to produce?**
 - a. No measurable effect on memory or cognition
 - b. A modest but measurable improvement in memory/cognition scores
 - c. Improvement only when combined with prescription cognitive enhancers
 - d. A worsening of cognitive scores due to sedation
- 7. Although aromatherapy improved anxiety and depression in randomized trials, what is the main limitation in applying this data to practice?**
 - a. The studies did not involve DSM-diagnosed disorders
 - b. Most studies enrolled older adults
 - c. The trials excluded patients with medical illness
 - d. Nearly half of the trials were negative

- 8. For managing agitation in a patient with dementia, where does massage therapy rank among available interventions?**
- It has no demonstrated benefit and should not be used
 - It is effective only when paired with antipsychotic medication
 - It worsens agitation due to overstimulation
 - It is among the more effective interventions for reducing agitation
- 9. In a head-to-head trial for panic disorder, how did aerobic exercise compare with clomipramine?**
- Exercise was more effective than clomipramine
 - Exercise was less effective than clomipramine, though still better than placebo
 - Exercise and clomipramine were equally ineffective
 - Exercise was not tested against any medication
- 10. In a patient with bipolar disorder, what does the evidence support regarding exercise's effect on manic symptoms?**
- Exercise reliably improves depressive, anxiety, and manic symptoms equally
 - Exercise is contraindicated in bipolar disorder due to a risk of triggering mania
 - Exercise only benefits bipolar disorder as monotherapy, never adjunctively
 - Exercise improves depressive and anxiety symptoms but has not been shown to help manic symptoms
- 11. A patient with depression asks whether a nature walk would meaningfully help compared to a walk through the city. How should the evidence be characterized?**
- No difference has ever been found between nature and urban walks
 - Nature walks are proven equivalent to antidepressant medication
 - Nature walks show a large effect on mood, sleep, and rumination, but the supporting trials are of low quality
 - Benefits are limited to physical fitness, with no effect on mood
- 12. A patient wants to try high-dose vitamin B6 (pyridoxine) for premenstrual symptoms. At what dose range has clear-cut neuropathy actually been documented, informing a safer upper limit?**
- Only doses below the standard multivitamin amount
 - Moderate doses in the 300-1,000 mg range
 - Only at very high doses, roughly 1,000-6,000 mg
 - Any dose above the RDA carries equal, well-established risk
- 13. Which form of folate has the most robust evidence in depression?**
- Folic acid
 - Folinic acid
 - A combination of all three forms
 - L-Methylfolate
- 14. In which patient groups is routine screening for iron deficiency most clinically justified based on prevalence data?**
- Adult men over 40
 - Teenage girls and menstruating women
 - Postmenopausal women
 - Prepubertal children of either sex

- 15. Two randomized trials tested low-dose lithium for prevention of cognitive decline in older adults with mild cognitive impairment. What was the overall result?**
- a. Both trials were clearly positive, supporting routine use
 - b. One trial was positive and one was negative — evidence remains inconclusive
 - c. Both trials were clearly negative, ruling out benefit
 - d. Only one trial has ever been conducted
- 16. In which substance use disorder is magnesium most useful?**
- a. Alcohol use disorder
 - b. Opioid use disorder
 - c. Cannabis use disorder
 - d. Cocaine use disorder
- 17. Which type of omega-3 fatty acid is more effective in depression?**
- a. DHA omega-3
 - b. Omega-3 and omega-7 combination
 - c. EPA omega-3
 - d. ALA omega-3
- 18. A pregnant patient with insomnia asks about melatonin. How should a clinician frame current guidance?**
- a. Melatonin is proven safe in pregnancy and can be recommended without reservation
 - b. Guidelines currently advise avoiding it due to insufficient data, though emerging evidence suggests possible fetal benefit
 - c. Melatonin is contraindicated in pregnancy due to confirmed teratogenicity
 - d. Melatonin should be avoided only in the third trimester
- 19. A clinician is deciding whether to recommend probiotics for a generally healthy patient, given rare reports of bacterial overgrowth and sepsis in immunocompromised patients. How should this risk inform the decision?**
- a. Avoid probiotics in all patients given the sepsis risk
 - b. Risk is largely confined to immunocompromised patients; probiotics help prevent bacterial overgrowth in most patients
 - c. Sepsis risk is common enough to require baseline blood cultures before starting probiotics
 - d. Only single-strain products avoid this risk entirely
- 20. In a controlled trial of zinc supplementation for anorexia nervosa, what was the key finding?**
- a. Zinc had no effect on weight compared with placebo
 - b. Zinc caused clinically significant weight loss
 - c. Zinc only helped patients with confirmed zinc deficiency
 - d. Zinc led to roughly twice the weight gain seen with placebo
- 21. A patient taking L-methylfolate and vitamin B12 for depression asks whether adding SAME would boost the antidepressant effect. What should inform your answer?**
- a. Combining these is dangerous and should be avoided
 - b. This combination has been proven to outperform any single agent
 - c. The combination is safe, but whether it adds any synergistic antidepressant benefit is unproven
 - d. B-vitamins can block the antidepressant mechanism of SAME

- 22. Trials of citicoline for mood and cognition in cocaine or methamphetamine use disorder show promising results. What limits confidence in generalizing these findings?**
- a. Half the trials were negative
 - b. Nearly all supporting trials come from the same two research centers, and benefits diminished over time
 - c. The trials were uncontrolled
 - d. The trials excluded patients with comorbid mood disorders
- 23. Which compound is thought responsible for the pro-cognitive and antidepressant effects of colorful fruits and vegetables?**
- a. Saponins
 - b. Flavonoids
 - c. Alkaloids
 - d. Negative ions
- 24. Standardized lavender extract (Silexan) outperformed paroxetine and equaled lorazepam for GAD in trials. What limits confidence in generalizing this finding widely?**
- a. The trials were unblinded
 - b. The comparisons were indirect
 - c. Most of the research was industry-sponsored and from a single research center
 - d. The trials had high drop-out rates
- 25. Early case reports raised concern about gynecomastia in adolescent boys from topical lavender oil due to possible estrogenic effects. What do more recent studies show?**
- a. They confirmed clear endocrine-disrupting effects, supporting the original concern
 - b. They found the effect only occurs with oral, not topical, use
 - c. They did not find endocrine-disrupting effects, easing the original safety concern
 - d. They were inconclusive and offered no new information
- 26. Which phytochemical improves depression and arthritis?**
- a. Curcumin
 - b. Ginkgo
 - c. Saffron
 - d. L-Theanine
- 27. A patient with mild liver enzyme elevation is worried about starting ashwagandha because of reports of hepatotoxicity. What did the largest short-term safety trial show?**
- a. No laboratory abnormalities and fewer side effects than placebo over two months in healthy adults
 - b. No significant liver enzyme elevation in the majority of healthy users
 - c. Too small to draw any safety conclusions
 - d. Confirmed thyroid hormone elevation as the primary safety signal
- 28. When counseling a patient about cannabis use, what should a clinician keep in mind about today's products?**
- a. THC and CBD content in marijuana has remained essentially unchanged since the 1990s
 - b. THC content has risen substantially while CBD content has fallen, changing the risk profile of current products
 - c. CBD content has risen while THC has fallen, making today's cannabis safer
 - d. Potency changes only affect edibles, not smoked forms

- 29. A patient wants to use cannabis to help with insomnia and asks whether CBD would be a better option. What does the evidence suggest?**
- Both improve sleep identically on objective and subjective measures
 - CBD improves sleep initiation and quality, while cannabis improves subjective sleep complaints but worsens objective sleep measures
 - Neither has any effect on insomnia
 - Cannabis improves objective sleep measures more than CBD
- 30. A large share of the trial evidence supporting ginkgo for depression in vascular disease comes from where, and what does this mean for a US clinician?**
- Large US-based RCTs, supporting confident first-line use
 - Mostly Chinese-language trials identified through meta-analysis, which limits independent replication and product standardization
 - No trials exist for this specific indication
 - Trials were conducted exclusively in Europe with rigorous FDA-standard blinding
- 31. In direct comparison trials against SSRIs, how does St. John's wort perform for major depressive disorder?**
- Substantially less effective, with worse tolerability
 - Similar efficacy, generally with better tolerability
 - Substantially more effective in every trial
 - Not different from placebo in any trial
- 32. Chamomile has an official endorsement from a national health ministry for generalized anxiety disorder, yet this book rates the evidence only "possible." Why?**
- No randomized trials have been conducted
 - The trials were small
 - Results across randomized trials have been inconsistent despite the endorsement
 - Chamomile worsened anxiety in several trials
- 33. A patient asks whether Enlyte's "confirmed" rating for depression applies to them, since the pivotal trial only enrolled patients with an MTHFR gene variant. What should inform your answer?**
- The rating doesn't generalize — only patients with confirmed MTHFR mutations should try it
 - The trial excluded any patient with a folate-related gene variant
 - The rating is based on multiple large trials across genetically unselected populations
 - Most enrolled patients carried only one copy of the variant, which doesn't meaningfully impair folate metabolism, so the finding is relevant to most patients with depression
- 34. Trials of piracetam in children with dyslexia most consistently showed benefit in which domain?**
- Hyperactivity and impulsivity
 - Social communication skills
 - Sleep quality
 - Reading speed, reading comprehension, and verbal memory
- 35. A patient with schizophrenia and tardive dyskinesia (TD) asks about adding piracetam. What does the cited trial evidence support?**
- A randomized, placebo-controlled crossover trial found piracetam reduced TD symptoms
 - Piracetam worsens TD and should be avoided
 - Piracetam has only been studied in TD as an open-label case series
 - Piracetam is FDA-approved specifically for TD

- 36. A placebo-controlled trial of broad-spectrum micronutrients in children with ADHD found benefit primarily in which domain?**
- a. Irritability and emotional regulation, with results not universally positive across trials
 - b. Hyperactivity
 - c. Only hyperactivity, with no effect on other domains
 - d. Sleep-onset latency
- 37. For a patient with major depressive disorder interested in Chinese herbal medicine, how does xiao yao san (free and easy wanderer) compare with standard antidepressants in direct-comparison trials?**
- a. It shows similar efficacy, with faster onset and better tolerability
 - b. It is clearly less effective than antidepressants
 - c. It has never been compared directly to antidepressants
 - d. It is effective only as an antidepressant augmentation, never as monotherapy
- 38. A patient asks about using xiao yao san (free and easy wanderer) for depression after a recent stroke. How should the evidence be characterized?**
- a. It shows a consistent benefit for mood, sleep, and motor recovery, but the overall quality of evidence is low
 - b. It has never been studied in post-stroke depression
 - c. It is proven equivalent to fluoxetine with high-quality evidence
 - d. It worsens motor recovery despite improving mood
- 39. A patient asks about taking oral GABA supplements for anxiety. How should a clinician characterize the evidence?**
- a. GABA has confirmed efficacy in placebo-controlled psychiatric trials
 - b. Evidence is preliminary and inconsistent — it hasn't been tested in psychiatric populations, and one study even found increased anxiety
 - c. GABA reliably crosses the blood-brain barrier to raise brain GABA levels directly
 - d. GABA outperforms benzodiazepines with a superior safety profile
- 40. A patient mentions taking Prevagen (apoeaquorin) based on advertising claims about memory protection. What is the most accurate, evidence-based response?**
- a. Confirm that human trials show clear neuroprotective benefit
 - b. Recommend a higher dose, since absorption improves with dose escalation
 - c. Explain that while it showed benefit when infused directly into rat brains, it is poorly absorbed orally, likely explaining its failure in later animal and human studies
 - d. Note that lawsuits found the product contaminated with heavy metals