Opiate Use Disorder in Pregnancy – A Relook at Management
Options
Expires Saturday, October 10, 2020  Nursing  Craig V. Towers, M.D., FACOG

Examination

1. Which of the following statements is correct?
   a. Addiction means the drug needs to be taken to avoid withdrawal.
   b. Addiction means that higher and higher doses are ultimately needed in order to reach the same psychological and emotional affect.
   c. Tolerance means a person habitually or obsessively uses a drug.
   d. Dependence means a person habitually or obsessively uses a drug.
   e. Tolerance means that higher and higher doses are ultimately needed in order to reach the same psychological and emotional affect.

2. The United States consumes ________ of the opiates in the world?
   a. 100%
   b. 90%
   c. 80%
   d. 70%
   e. 60%

3. The data from ________ showed that deaths from drug overdoses exceeded deaths from motor vehicle accidents in the United States.
   a. 2015
   b. 2014
   c. 2013
   d. 2012
   e. deaths from drug overdoses have not surpassed deaths from motor vehicle accidents.

4. From 1999 to 2010 the drug overdose deaths from prescription opiate medications increased ________ in the United States.
   a. nine-fold
   b. five-fold
   c. three-fold
   d. two-fold
   e. did not significantly increase

5. Which of the following statements is TRUE?
   a. The mean hospital charge in the United States for treating one child with NAS is in the range of $60,000 with an annual healthcare cost exceeding a billion dollars.
   b. The mean hospital charge in the United States for treating one child with NAS is in the range of $100,000 with an annual healthcare cost exceeding a billion dollars.
   c. The mean hospital charge in the United States for treating one child with NAS is in the range of $60,000 with an annual healthcare cost exceeding a trillion dollars.
   d. The mean hospital charge in the United States for treating one child with NAS is in the range of $90,000 with an annual healthcare cost exceeding a billion dollars.
   e. The mean hospital charge in the United States for treating one child with NAS is in the range of $60,000 with an annual healthcare cost exceeding a million dollars.
6. One of the fallouts of public law 106-386 regarding "The Decade of Pain Control and Research – 2001 through 2010" passed by Congress in October 2000 was?
   a. a massive increase in the import of heroin into the United States.
   b. an objective test for determining that true pain exists.
   c. the opening of more than 3000 pain clinics across the United States.
   d. a stabilization in the number of opiate prescriptions distributed.
   e. an accurate way to truly measure a level of pain.

7. In evaluating the strength of opiate drugs, oxycodone is ____ times the strength of morphine.
   a. 40
   b. 7
   c. 4
   d. 1 1/2
   e. 60%

8. Which one of the following statements is FALSE regarding the benefits of drug maintenance therapy with either methadone or buprenorphine?
   a. To prevent a person with opiate use disorder from "craving" opiates.
   b. A "street" drug may be mixed or substituted with some other drug.
   c. To prevent a person with opiate use disorder from obtaining another dose of opiates that is often purchased illicitly off the "street".
   d. The purity of a the "street" drug can vary
   e. The plasma half-lives of these drugs are short, therefore they do not stay in the bloodstream for a long time.

9. Prenatal care of women with opiate use disorder is complicated because they can have all of the following EXCEPT?
   a. They are often unemployed.
   b. They have histories often complicated by physical, emotional, and/or sexual abuse.
   c. They often have poor nutritional status with poor weight gain.
   d. The reliability of their health and medical history is often high.
   e. They often have a low self-esteem.

10. Narcotic drugs are often categorized as?
    a. Category A
    b. Category B
    c. Category C
    d. Category D
    e. Category X

11. Which of the following statements is TRUE?
    a. Symmetric intrauterine growth restriction is related to the fetus and this is often constitutional.
    b. Asymmetric intrauterine growth restriction is related to chromosomal anomalies.
    c. Asymmetric intrauterine growth restriction often leads to polyhydramnios.
    d. Symmetric intrauterine growth restriction is felt to be caused by the placenta.
    e. Asymmetric intrauterine growth restriction is related to the fetus but is often not constitutional.

12. Which of the following statements is TRUE?
    a. Detoxification during pregnancy has not been recommended for 80 years.
    b. It has been recommended that detoxification during pregnancy not be performed due to a high risk for fetal distress and fetal demise.
    c. Drug maintenance programs use oxycodone and hydrocodone to assure drug purity.
    d. Drug maintenance programs assure drug purity but have not been shown to improve contact with the medical community.
    e. Drug maintenance programs use oxycodone and hydrocodone control dosages.
13. When examining the literature, the origin regarding the recommendation to not perform detoxification during pregnancy was related to?
   a. 5 prospective studies
   b. a prospective randomized trial
   c. a large metaanalysis
   d. 5 combined clinical trials
   e. 2 single case reports

14. The first study to report results on detoxification of a group of mothers during pregnancy that followed the long standing recommendation to not detox during pregnancy was?
   a. Dashe
   b. Towers
   c. Jones
   d. Stewart
   e. Maas

15. In the study by Jones et al. from 2008, which of the following statements is FALSE?
   a. The study conclusion was that methadone maintenance was better.
   b. The study involved 175 patients that were treated in a comprehensive care program over 7 years.
   c. Ninety-five women went through methadone assisted withdrawal either in a 3-day or 7-day program.
   d. Prenatal care visits were better in the detoxification group.
   e. The relapse rate in the detoxification group was 54%

16. The initial studies that evaluated detoxification during pregnancy prior to the recent study by Bell et al. published in 2016 were largely missed because they?
   a. They were published in 3 different journals over a span of 13 years.
   b. They were published in 4 different journals over a span of 8 years.
   c. They were published in 5 different journals over a span of 40 years.
   d. They were published in 5 different journals over a span of 23 years.
   e. They were published in 3 different journals over a span of 40 years.

17. In the study by Bell et al., the rate of NAS in the group that had inpatient detoxification but did not get into an intense behavioral health follow-up program was?
   a. 80%
   b. 70%
   c. 60%
   d. 50%
   e. 40%

18. In the study by Bell et al., the rate of NAS in the group that had inpatient detoxification but did not get into an intense behavioral health follow-up program was?
   a. That the best overall results were in the group that was incarcerated.
   b. That relapse is common if patients are not followed with intense behavioral health after detoxification is completed
   c. That detoxification during pregnancy was not harmful to the fetus.
   d. That if detoxification is performed and behavioral is not included, the success rate is very poor and is not recommended
   e. That combing the results of their study with the other 5 studies in the literature, that over 650 patients have been detoxed without any reported harm to the fetus.

19. Regarding the potential effects on the neonate besides NAS, the concern in some of the literature is a?
   a. A small head circumference
b. A confirmed increased risk for ASD and VSD  
c. A confirmed increased risk for gastroschisis  
d. A risk for limb reduction disorders  
e. A confirmed increased risk for spina bifida

20. **In the studies by Walhovd et al., they showed**?  
   a. A better outcome in pregnant women with opiate use disorder that were maintained in a drug treatment program.  
   b. A smaller head circumference in children that were detoxed in utero compared with those maintained on opiate medications throughout the pregnancy.  
   c. Smaller brain volumes in children that were exposed to opiates throughout the pregnancy and were treated for NAS post-delivery.  
   d. A higher rate of opiate use disorder in the children delivered of mothers that had opiate use disorder.  
   e. That opiate detoxification during pregnancy was related to fetal distress and stillbirth.