# **Continuing Medical Education**

### Exams are available online only at cme.psychiatryonline.org

#### INFORMATION TO PARTICIPANTS

OBJECTIVES. After evaluating a specific journal article published in the American Journal of Psychiatry, participants should be able to demonstrate an increase in their knowledge of clinical medicine. Participants should be able to understand the contents of a selected research or review article and to apply the new findings to their clinical practice.

PARTICIPANTS. This program is designed for all psychiatrists in clinical practice, residents in Graduate Medical Education programs, medical students interested in psychiatry, and other physicians who wish to advance their current knowledge of clinical medicine.

EXPLANATION OF HOW PHYSICIANS CAN PARTICIPATE AND EARN CREDIT. In order to earn CME credit, subscribers should read through

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CREDITS. The APA designates this educational activity for a maximum of 1 AMA PRA Category 1 Credit<sup>TM</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The American Psychiatric Association (APA) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education (CME) for physicians.

**Estimated Time to Complete: 1 Hour** 

Begin date March 1, 2007 - End date February 28, 2009

#### **EXAMINATION QUESTIONS**

Select the single best answer for each question below.

# The Effectiveness of Assertive Community Treatment for Homeless Populations With Severe Mental Illness: A Meta-Analysis

Craig M. Coldwell and William S. Bender Am J Psychiatry 2007; 164:393–399

QUESTION 1. Assertive community treatment is distinguished from standard case management by which of the following?

- A. Coordination through primary care providers
- B. Intensive care for court-ordered supervision
- C. Low client/staff caseloads for more intensive contact
- D. Shared 24-hour coverage via ER partnerships

QUESTION 2. Which of the following is a demonstrated advantage of assertive community treatment over standard case management:

- A. Reduced suicide and violence
- B. Lower cost of administration
- C. Frequent preventive hospitalizations
- D. Reduced symptom severity

QUESTION 3. What is the purpose of the funnel plot used in this study comparing the cohort size and effect difference?

- A. To determine cost-effectiveness of an experimental treatment
- B. To assess a subject's level of psychosis
- C. To calculate a summary effect difference across studies
- D. To assess for publication bias across studies

#### **EVALUATION QUESTIONS**

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**STATEMENT 1.** The activity achieved its stated objectives

- 1. Strongly agree
- 2. Agree
- 3. Neutral
- 4. Disagree
- Strongly disagree

**STATEMENT 2.** The activity was relevant to my practice.

- 1. Strongly agree
- 2. Agree
- 3. Neutral
- 4. Disagree
- 5. Strongly disagree

STATEMENT 3. I plan to change my current practice based on what I learned in the activity

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**STATEMENT 4.** The activity validated my current practice.

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**STATEMENT 5.** The activity provided sufficient scientific evidence to support the content presented.

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**STATEMENT 6.** The activity was free of commercial bias toward a particular product or company.

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## **EXAMINATION QUESTIONS**

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### Schizophrenia and Co-Occurring Substance Use Disorder

Alan I. Green et al.

Am J Psychiatry 2007; 164:402-408

QUESTION 1. Persons with schizophrenia are most commonly observed to have substance use disorders involving which of the following?

- A. Benzodiazepines or other prescribed sedatives
- B. Cannabis only
- C. Alcohol and/or cannabis
- D. Methamphetamine and/or cocaine

QUESTION 2. The reward circuitry dysfunction model of the co-occurrence of schizophrenia and a substance use disorder proposes that substances have which of the following effects?

- A. Increase in neuronally based signal detection in dopamine-mediated circuitry
- B. Increase in antipsychotic efficacy resulting in reduction of psychotic symptoms
- Reduction of monoamine activity resulting in reduced dopaminergic tone
- D. Enhancement of cognitive effects of antipsychotics on mesolimbic pathways

QUESTION 3. Patients with co-occurring substance use disorder and schizophrenia are most likely to reduce their substance use with which of the following interventions?

- A. Close pharmacologic management with referral to substance use specialist
- B. Individualized adjunctive pharmacotherapies such as bupropion or acamprosate
- C. Assertive community treatment and supported employment,
- D. Integrated treatment with a cognitive behavioral or contingency management component

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# Effects of Antipsychotic Medications on Psychosocial Functioning in Patients With Chronic Schizophrenia: Findings From the NIMH CATIE Study

Marvin S. Swartz et al. Am J Psychiatry 2007; 164:428–436

QUESTION 1. Regarding the superiority of second vs. first generation antipsychotics as measured on the Quality of Life Scale of psychosocial functioning, existing evidence demonstrates:

- A. Equivocal findings due to design limitations in existing studies
- B. Superiority of first generation antipsychotics
- C. Superiority of second generation antipsychotics
- D. Equivocal findings only between the different second generation agents

QUESTION 2. The strongest positive predictor of improvement in psychosocial functioning was which of the following?

- A. Lower baseline Quality of Life Scale score
- B. Lower baseline neurocognitive functioning
- C. Absence of extrapyramidal symptoms at baseline
- D. Greater negative symptoms at baseline

QUESTION 3. Within-group comparisons of psychosocial functioning among patients receiving olanzapine, risperidone, perphenazine, and ziprasidone showed which of the following outcomes?

- A. No improvement with any medication until the 18 month assessment
- B. Marked variation between medications at all time points
- C. Comparable improvement across medications at 12 months
- D. Improvement with all medications at 6 months that later regressed

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