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 the material presented in the article. After reading the article, complete the CME quiz online at cme.psychiatryonline.org and submit your evaluation and study hours (up to 1 AMA PRA Category 1 Credit™).

CREDITS. The APA designates this educational activity for a maximum of 1 AMA PRA Category 1 Credit™. 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 May 1, 2007 – End date April 30, 2009

EXAMINATION QUESTIONS

Select the single best answer for each question below.

Assessment of Testamentary Capacity and Vulnerability to Undue Influence

Kenneth I. Shulman et al.

Am J Psychiatry 2007; 164:722-727

QUESTION 1. Which of the following reflects an essential component of testamentary capacity?

A. Equal distribution to biological children
B. Absence of deficits on neurocognitive testing
C. Ability to convey one's wishes clearly and consistently
D. Consistency with prior wills

QUESTION 2. Which of the following statements reflects current understanding of the role of cognitive tests in assessing testamentary capacity?

A. Lawyers should be encouraged to use cognitive screening tests with their clients prior to drafting a will.
B. The clock-drawing test is a sensitive indicator of testamentary capacity.
C. Testing may help identify subtle impairments that might predispose an individual to undue influence.
D. The MMSE provides an estimate of executive function necessary for testamentary capacity.

QUESTION 3. In U.S. jurisdictions, the doctrine of insane delusion:

A. Is separate from testamentary capacity
B. Specifies that delusions negate testamentary capacity.
C. Must include a firm clinical diagnosis
D. Specifies that the delusion must be persistent

EVALUATION QUESTIONS

This evaluation form is adapted from the MedBiquitous Journal-Based Continuing Education Guidelines 28 November 2005. This evaluation will appear online at the end of each CME course. Participants **must** *complete this evaluation in order to receive credit. Select the response which best indicates your reaction to the following statements about this activity.*

STATEMENT 1. The activity achieved its stated objectives
1. Strongly agree
2. Agree
3. Neutral
4. Disagree
5. 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.
1. Strongly agree
2. Agree
3. Neutral
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STATEMENT 4. The activity validated my current practice.
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4. Disagree
5. Strongly disagree

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

Select the single best answer for each question below.

Differences in Brain Glucose Metabolism Between Responders to CBT and Venlafaxine in a 16-Week Randomized Controlled Trial

Sidney H. Kennedy et al.

Am J Psychiatry 2007; 164:778-788

QUESTION 1. Response to both CBT and venlafaxine in this study was associated with:

A. Reduced glucose metabolism in the orbitofrontal and medial prefrontal cortices
B. Global increase in cortical glucose metabolism.
C. Increased glucose metabolism in the globus pallidus and brain stem.
D. Global decrease in cortical glucose metabolism.

QUESTION 2. Altered metabolic activity in the subgenual cingulate in response to treatment may be characterized by which of the following?

A. Decreased metabolic activity in medication responders
B. Decreased metabolic activity in CBT responders
C. Increased metabolic activity in medication responders.
D. No change in metabolism with either treatment.

QUESTION 3. A possible explanation for the observed changes in glucose metabolism at the cellular level is an alteration in which of the following?

A. Glutamate signaling
B. Conversion of glucose to glutamate
C. GABAergic neurotransmission
D. Reactive gliosis

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Estimated Time to Complete: 1 Hour

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EXAMINATION QUESTIONS

Select the single best answer for each question below.

A Stepped Care Strategy Using Buprenorphine and Methadone Versus Conventional Methadone Maintenance in Heroin Dependence: A Randomized Controlled Trial

Johan Kakko et al.

Am J Psychiatry 2007; 164:797-803

QUESTION 1. In comparing methadone treatment for heroin dependence to stepped treatment initiated with buprenorphine/naloxone that is escalated to methadone if needed, which of the following treatment outcomes was observed?

A. The methadone-only treatment group showed greater retention.
B. The stepped treatment group had greater treatment retention.
C. Both the methadone and stepped treatment groups were the same in clinical outcome measures.
D. The methadone treatment had greater retention but fewer negative urine samples.

QUESTION 2. Buprenorphine is thought to have a safety advantage compared to methadone for which of the following reasons?

A. Lack of active metabolites of buprenorphine reduces its effects on respiratory depression
B. Decreased overdose risk compared to methadone because of its partial agonist properties at ì-opioid sites
C. Renal clearance of buprenorphine facilitates rapid metabolism and reduced risk of side effects
D. There is no mechanism for a potential safety advantage of buprenorphine over methadone

QUESTION 3. Using the Addiction Severity Index, the study found clinical improvement following the six months of treatment. Which of the following characterizes the clinical changes observed?

A. Both treatment groups demonstrated a signficant reduction in drug-related problems over time.
B. Improvement on the Addiction Severity index correlated with duration of heroin use
C. Gender differences predicted reductions in drug-related problems over time.
D. Drug-related problems improved but occupation problems did not improve with treatment.

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Continued from page A36

OCTOBER

October 2–5, 60th Institute on Psychiatric Services, American Psychiatric Association, Chicago, IL. Contact: Jill Gruber, APA Annual Meetings Dept., 1000 Wilson Blvd., Ste. 1825, Arlington, VA 22209; (703) 907-7815.

October 28–November 2, 55th Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Chicago. Contact: AACAP, 3615 Wisconsin Avenue, N.W., Washington, DC 20016-3007; (202) 966-7300 (tel), (202) 966-2891 (fax), meetings@aacap.org (e-mail), www.aacap.org (web site).

November 23–28, Canadian Psychiatric Association 58th Annual Meeting, Vancouver, British Columbia, Canada. Contact: 260-441 MacLaren Street, Ottawa, ON K2P 2H3, Canada; (800) 267-1555 (tel), (613) 234-9857 (fax), cpa@medical.org (e-mail).

FEBRUARY 2009

February 25–March 1, American College of Psychiatrists Annual Meeting, Tucson, AZ. Contact: 122 South Michigan Avenue, Suite 1360, Chicago, IL 60603; (312) 662-1020 (tel), (312) 662-1025 (fax), angel@ACPsych.org (e-mail).

MAY

May 16–21, 162nd Annual Meeting of the American Psychiatric Association, San Francisco. Contact: Cathy Nash, APA Annual Meetings Dept., 1000 Wilson Blvd., Ste. 1825, Arlington, VA 22209; (703) 907-7822.