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Information for Participants

Objectives: After evaluating a specific journal article, 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 CreditTM).

Credits: The APA designates this educational activity for a maximum of 1 AMA PRA Category 1 CreditTM. 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 Course: 1 hour

Begin Date for Course: January 1, 2008

End Date for Course: December 31, 2009

Information on Courses

Title: **Perimenopausal Depression**
Author: Barbara L. Parry
Affiliation: Department of Psychiatry, University of California, San Diego
Disclosures: None
Discussion of unapproved or investigational use of products*: Yes

Title: **Efficacy of Sibutramine for the Treatment of Binge Eating Disorder: A Randomized Multicenter Placebo-Controlled Double-Blind Study**
Authors: Denise E. Wilfley, Ph.D., Scott J. Crow, M.D., James I. Hudson, M.D., Sc.D., James E. Mitchell, M.D., Robert I. Berkowitz, M.D., Vicky Blakesley, M.D., Ph.D., B. Timothy Walsh, M.D.
Affiliation: Department of Psychiatry, Washington University School of Medicine (D.E.W); Department of Psychiatry, University of Minnesota (S.J.C.); the Department of Psychiatry, Harvard Medical School and Biological Psychiatry Laboratory, McLean Hospital (J.I.H.); Neuropsychiatric Research Institute, Fargo, N.Dak. (J.E.M.); Department of Psychiatry, Weight and Eating Disorders Program, University of Pennsylvania School of Medicine and the Department of Child and Adolescent Psychiatry, The Children's Hospital of Philadelphia (R.I.B.); Abbott Laboratories (V.B.); New York State Psychiatric Institute, Columbia University Medical Center (B.T.W.)
Disclosures: Dr. Crow has received research support from Abbott Laboratories, Eli Lilly, and Ortho McNeill; he has also served as a consultant to Eli Lilly. Dr. Hudson has received research support from Eli Lilly, OrthoMcNeil, and Forest Laboratories; he has also served as a consultant to Eli Lilly and Pfizer. Dr. Blakesley is an employee of Abbott Laboratories. Dr. Walsh has received research support from Abbott Laboratories. Dr. Berkowitz has received scientific advisory panel payment and research grants from Abbott Laboratories Drs. Wilfley and Mitchell report no competing interests.
Discussion of unapproved or investigational use of products*: Yes

Title: **Familial Risk Analyses of Attention Deficit Hyperactivity Disorder and Substance Use Disorders**
Authors: Joseph Biederman, M.D., Carter R. Petty, M.A., Timothy E. Wilens, M.D., Maria G. Fraire, B.A., Caitlin A. Purcell, B.A., Eric Mick, Sc.D., Michael C. Monuteaux, Sc.D., Stephen V. Faraone, Ph.D.
Affiliation: Department of Pediatric Psychopharmacology, Massachusetts General Hospital
Disclosures: Dr. Biederman has received research support from, has been a speaker for, or has been on the advisory boards for Shire, Eli Lilly, Pfizer, McNeil, Abbott, Neurosearch, Bristol-Myers Squibb, New River, Cephalon, Janssen, Novartis, UCB Pharma, Astra-Zeneca, Forest, Glaxo-Smith Kline, Neurosearch, the Stanley Medical Institute, the Lilly Foundation, the Prechter Foundation, NIMH, the National Institute of Child Health and Human Development, Cephalon, Novartis, and the National Institute on Drug Abuse. Dr. Wilens has received research support from, has been a speaker for, or has been on the advisory boards for Abbott, Ortho-McNeil, Eli Lilly, the National Institute on Drug Abuse, Neurosearch, Novartis, Shire, Glaxo-Smith Kline, and Pfizer. Dr. Eric Mick has received grant support from McNeil Pediatrics and NIMH and is a consultant for Janssen and Pfizer. Dr. Faraone has received research support from, has been a speaker for, or has been on the advisory boards for Eli Lilly, McNeil, Shire US, Novartis, Noven, Cephalon, NIMH, the National Institute of Child Health and Human Development, and the National Institute of Neurological Disorders and Stroke. The remaining authors report no competing interests.
Discussion of unapproved or investigational use of products*: None

* APA policy requires disclosure by CME authors of unapproved or investigational use of products discussed in CME programs. Off-label use of medications by individual physicians is permitted and common. Decisions about off-label use can be guided by scientific literature and clinical experience.

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Estimated Time to Complete: 1 Hour
Begin date January 1, 2008 – End date December 31, 2010

EXAMINATION QUESTIONS

Select the single best answer for each question below.

Perimenopausal Depression

Barbara L. Parry
Am J Psychiatry 2008; 165:23-27

QUESTION 1. Which of the following statements reflects current knowledge about major depressive episodes that occur during the perimenopausal period?

A. Depression risk during menopause is relevant only to women with pre-existing mood disorders.
B. Epidemiologic studies do not show that perimenopausal women are at risk for depression.
C. Perimenopausal depression is due primarily to psychosocial stressors.
D. Reproductive endocrine changes have been linked to perimenopausal depression.

QUESTION 2. Which of the following reflects the role of estrogen in the management of perimenopausal depression?

A. Estrogen replacement has been consistently shown as efficacious in monotherapy.
B. Estrogen may adjunctively enhance the effects of antidepressant among refractory patients.
C. Estrogen is now contraindicated in all cases due to increased breast cancer risk.
D. Most often estrogen treatment results in worsening of sleep disturbance.

QUESTION 3. Factors that may predispose women to developing a depressive disorder at menopause include which of the following?

A. History of premenstrual syndrome
B. Previous episodes of postpartum depression
C. Family history of a depressive disorder
D. All of the above

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
4. Disagree
5. Strongly disagree

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

STATEMENT 5. The activity provided sufficient scientific evidence to support the content presented.
1. Strongly agree
2. Agree
3. Neutral
4. Disagree
5. Strongly disagree

STATEMENT 6. The activity was free of commercial bias toward a particular product or company.
1. Strongly agree
2. Agree
3. Neutral
4. Disagree
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Estimated Time to Complete: 1 Hour

Begin date January 1, 2008 – End date December 31, 2010

EXAMINATION QUESTIONS

Select the single best answer for each question below.

Efficacy of Sibutramine for the Treatment of Binge Eating Disorder: A Randomized Multicenter Placebo-Controlled Double-Blind Study

Denise E. Wilfley et al.

Am J Psychiatry 2008; 165:51-58

QUESTION 1. What is the highest FDA-approved dose for sibutramine?

A. 10 mg/day
B. 15 mg/day
C. 20 mg/day
D. 25 mg/day

QUESTION 2. In the present study, which of the following was mentioned as a design-specific feature that may have contributed to the high placebo response?

A. Repeated contact with the project coordinators who were also the psychometric raters
B. The lengthy duration of the treatment
C. Participant expectation
D. Participants kept a diary to monitor binge eating episodes

QUESTION 3. This study observed which of the following outcomes in the comparison of sibutramine and placebo?

A. Sibutramine was associated with reduced binge frequency and greater weight loss.
B. Both sibutramine and placebo reduced binge frequency and weight to the same extent.
C. Both sibutramine and placebo reduced binge frequency, but more weight loss occurred with placebo.
D. Placebo treatment was associated with a greater reduction in binge frequency but increased weight.

EVALUATION QUESTIONS

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STATEMENT 6. The activity was free of commercial bias toward a particular product or company.
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Estimated Time to Complete: 1 Hour

Begin date January 1, 2008 – End date December 31, 2010

EXAMINATION QUESTIONS

Select the single best answer for each question below.

Familial Risk Analyses of Attention Deficit Hyperactivity Disorder and Substance Use Disorders

Joseph Biederman et al.

Am J Psychiatry 2008; 165:107-115

QUESTION 1. The association between ADHD and alcohol dependence is most consistent with which type of transmission?

A. Independent transmission
B. Family subtype
C. Variable expressivity
D. Family dose

QUESTION 2. The association between ADHD and drug dependence is most consistent with which type of transmission?

A. Independent transmission.
B. Family subtype.
C. Variable expressivity.
D. Family dose.

QUESTION 3. The preponderant drug of dependence in adolescents with ADHD was

A. Heroin.
B. Marijuana.
C. Ccocaine.
D. Inhalants.

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THE BRITISH JOURNAL OF PSYCHIATRY December 2007, VOL. 191

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