

Continuing Medical Education

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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 Credit™).

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

Information on Courses

Title: Preventing the Onset of Depressive Disorders: A Meta-Analytic Review of Psychological Interventions

Faculty: Pim Cuijpers, Ph.D., Annemieke van Straten, Ph.D., Filip Smit, Ph.D., Cathrine Mihalopoulos, B.B.Sc.(Hons), Aartjan Beekman, M.D., Ph.D.

Affiliations: Department of Clinical Psychology, Vrije Universiteit Amsterdam (P.C., A.v.S.); Trimbos Institute, Utrecht, the Netherlands (F.S.); School of Health and Social Development, Deakin University, Burwood, Australia (C.M.); Department of Psychiatry, Vrije Universiteit Medical Center, Amsterdam (A.B.).

Disclosures: The authors report no competing interests.

Discussion of unapproved or investigational use of products*: None

Title: Olanzapine in the Treatment of Low Body Weight and Obsessive Thinking in Women With Anorexia Nervosa: A Randomized, Double-Blind, Placebo-Controlled Trial

Faculty: Hany Bissada, M.D., Giorgio A. Tasca, Ph.D., Ann Marie Barber, M.A., Jacques Bradwejn, M.D.

Affiliation: Department of Psychiatry, The Ottawa Hospital (H.B., A.M.B.) and the University of Ottawa Department of Psychiatry (G.A.T.) and Faculty of Medicine (J.B.).

Disclosures: The authors report no competing interests.

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Title: Compulsive Hoarding: OCD Symptom, Distinct Clinical Syndrome, or Both?

Faculty: Alberto Pertusa, M.D., Miguel A. Fullana, Ph.D., Satwant Singh, M.Sc., Pino Alonso, M.D., Ph.D., José M. Menchón, M.D., Ph.D., David Mataix-Cols, Ph.D.

Affiliations: Division of Psychological Medicine, King's College London, Institute of Psychiatry, London (A.P., M.A.F., D.M.-C.); Department of Psychiatry, Hospital Universitari de Bellvitge, Barcelona, Spain (P.A., J.M.M.); Cognitive Behavioural Therapy at General Practice, The Graham Practice, Newham Primary Care, London (S.S.).

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* American Psychiatric Association 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 October 1, 2008 – End date September 30, 2010

EXAMINATION QUESTIONS

Select the single best answer for each question below.

Preventing the Onset of Depressive Disorders: A Meta-Analytic Review of Psychological Interventions

Pim Cuijpers et al.

Am J Psychiatry 2008; 165:1272–1280

QUESTION 1. Which of the following statements most accurately reflects the capability of preventive interventions to prevent or delay the onset of depressive disorders?

- A. Preventive interventions may reduce the incidence of depressive disorders by 22%.
- B. Preventive interventions may reduce the incidence of depressive disorders, but not significantly.
- C. Only interventions aimed at subjects who already have a depressive disorder are capable of reducing the incidence, while other types of prevention are not.

D. All types of preventive interventions reduce incidence of depressive disorders by at least 40%.

QUESTION 2. Which of the preventive interventions was most effective in reducing or delaying depressive illness?

- A. Cognitive behavioral interventions are more effective than other interventions
- B. All types of preventive interventions are equally effective.
- C. Interpersonal psychotherapy was significantly more effective than other preventive interventions.
- D. Cognitive behavioral and interventions based on interpersonal psychotherapy were both most effective.

QUESTION 3. Which of the following represents the number needed to treat to prevent the onset of a depressive disorder?

- A. 22
- B. 17
- C. 19
- D. 16

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.

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

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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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Olanzapine in the Treatment of Low Body Weight and Obsessive Thinking in Women With Anorexia Nervosa: A Randomized, Double-Blind, Placebo-Controlled Trial

Hany Bissada et al.

Am J Psychiatry 2008; 165:1281–1288

QUESTION 1. Which of the following best characterizes the effects of pharmacologic management in patients with anorexia nervosa during weight restoration?

- A. Selective serotonin reuptake inhibitors (SSRIs) predictably increase the rate of weight gain
- B. Standard neuroleptics are predictably effective in reducing psychological symptoms
- C. Pharmacologic interventions but not psychological treatments are effective in shortening length of stay
- D. Neither SSRIs nor standard neuroleptics have been predictably effective in increasing weight gain.

QUESTION 2. Which of the following subtypes of anorexia nervosa often has obsessional traits as a contributing factor?

- A. binge/purge subtype
- B. restricting subtype
- C. both subtypes have equal obsessional traits

QUESTION 3. Olanzapine's most likely mechanism of action is best described as which of the following?

- A. Selective serotonin reuptake inhibitor
- B. Selective serotonin-noradrenaline reuptake inhibitor
- C. Dopamine antagonist
- D. Serotonin-dopamine antagonist

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Compulsive Hoarding: OCD Symptom, Distinct Clinical Syndrome, or Both?

Alberto Pertusa et al.

Am J Psychiatry 2008; 165:1289–1298

QUESTION 1. Which of the following best describes the relationship between hoarding and OCD?

- A. Most patients with clinically significant hoarding behavior have OCD.
- B. Only a minority of patients with clinically significant hoarding behavior have OCD.
- C. OCD and compulsive hoarding appear to be independent but highly comorbid conditions.
- D. For most OCD patients with significant hoarding, the phenomenology of the behavior resembles OCD

QUESTION 2. Which of the following statements best describes the type of hoarded items as well as the motivations to hoard by the majority of people with the compulsive hoarding syndrome?

- A. Hoarding of rubbish due to self-neglect.
- B. Hoarding of common items (e.g., books) because of perceived value and emotional attachment to them.
- C. Hoarding of bizarre items because of superstitious thoughts.
- D. Hoarding of common items due to specific fears (e.g., something bad will happen).

QUESTION 3. According to the previous literature, which of the following has NOT been associated with the presence of hoarding symptoms in OCD patients?

- A. Reduced insight
- B. Reduced axis I and axis II comorbidity.
- C. Poor response to standard psychological and pharmacological treatments.
- D. A distinct genetic and neurobiological profile.

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