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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.

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Estimated Time to Complete Course: 1 hour

Begin Date for Course: February 1, 2008

End Date for Course: January 31, 2010

Information on Courses

Title: Impact of Clinical Training on Violence Risk Assessment

Faculty: Dale E. McNeil, Ph.D., John R. Chamberlain, M.D., Christopher M. Weaver, Ph.D., Stephen E. Hall, M.D., Samantha R. Fordwood, Ph.D., Renée L. Binder, M.D.

Affiliation: Department of Psychiatry, University of California, San Francisco

Disclosures: Dr. Chamberlain has been on the speakers bureaus of Bristol-Myers Squibb, Pfizer, and Wyeth. Dr. Hall has been on the speakers bureaus and consulted for Bristol-Myers Squibb, Eli Lilly, AstraZeneca, and Pfizer. The remaining authors report no competing interests.

Discussion of unapproved or investigational use of products*: None

Title: Diagnostic Crossover in Anorexia Nervosa and Bulimia Nervosa: Implications for DSM-V

Faculty: Kamryn T. Eddy, Ph.D., David J. Dorer, Ph.D., Debra L. Franko, Ph.D., Kavita Tahilani, B.S., Heather Thompson-Brenner, Ph.D., David B. Herzog, M.D.

Affiliations: Department of Psychiatry, Massachusetts General Hospital, Boston (K.T.E., D.J.D., K.T., D.B.H.); Department of Counseling and Applied Educational Psychology, Northeastern University, Boston (D.L.F.); and the Center for Anxiety and Related Disorders, Boston University, Boston (H.T.-B.).

Disclosures: The authors report no competing interests.

Discussion of unapproved or investigational use of products*: None

Title: Symptom Structure in Japanese Patients With Obsessive-Compulsive Disorder

Faculty: Hisato Matsunaga, M.D., Ph.D., Kensei Maebayashi, M.D., Kazuhisa Hayashida, M.D., Ph.D., Kenya Okino, M.D., Ph.D., Tokuzo Matsui, M.D., Ph.D., Tosiya Iketani, M.D., Ph.D., Nobuo Kiriike, M.D., Ph.D., Daniel J. Stein, M.D., Ph.D.

Affiliations: Department of Neuropsychiatry, Osaka City University Medical School (H.M., K.M., K.H., K.O., T.M., T.I., N.K.); Department of Psychiatry, Mount Sinai Medical School (D.J.S.).

Disclosures: Dr. Stein has received research grants and/or consultancy honoraria from AstraZeneca, Eli Lilly, GlaxoSmithKline, Johnson and Johnson, Lundbeck, Orion, Pfizer, Pharmacia, Roche, Servier, Solvay, Sumitomo, Tikvah, and Wyeth. All other authors report no competing interests.

Discussion of unapproved or investigational use of products*: None

* 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.

Exams are available online only at cme.psychiatryonline.org

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Estimated Time to Complete: 1 Hour

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

EXAMINATION QUESTIONS

Select the single best answer for each question below.

Impact of Clinical Training on Violence Risk Assessment

Dale E. McNiel et al.

Am J Psychiatry 2008; 165:195-200

QUESTION 1. The items described in the Historical, Clinical, and Risk Management–20 (HCR–20) are to be used in which of the following ways in the assessment of the potentially violent patient?

- A. Each item is rated in terms of severity so the clinician can detect gradations of violence risk
- B. HCR–20 items may be summed to estimate a cumulative risk of violence
- C. The clinician considers each core risk factor and uses his/her judgment in determining risk
- D. The HCR–20 is designed to quantify risk for research as opposed to clinical purposes

QUESTION 2. This article describes guidelines to assist in decision-making about violence risk based on the HCR–20. The approach used in these guidelines involves a memory aid that prompts the clinician to consider information about core risk factors. This approach is described as which of the following?

- A. Surrogate clinical assessment
- B. Structured diagnostic interview
- C. Substituted clinical judgment
- D. Structured professional judgment

QUESTION 3. The results of this study showed that training in violence risk assessment resulted in which of the following outcomes?

- A. Increased self-confidence but no objective changes in clinical documentation.
- B. Objective improvements in clinical documentation but no changes in self-confidence.
- C. Increased self-confidence and objective changes in clinical documentation.
- D. No changes in self-confidence or clinical documentation.

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
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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
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- 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
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EXAMINATION QUESTIONS

Diagnostic Crossover in Anorexia Nervosa and Bulimia Nervosa: Implications for DSM-V

Kamryn T. Eddy et al.

Am J Psychiatry 2008; 165:245-250

QUESTION 1. Longitudinal studies of anorexia nervosa and bulimia nervosa demonstrate crossover among diagnostic categories. Which of the following categories reflect the greatest likelihood of crossover?

- A. Between bulimia nervosa and the anorexia nervosa binge eating/purging subtype
- B. Between the anorexia nervosa restricting subtype and bulimia nervosa
- C. Between bulimia nervosa and anorexia nervosa, restricting subtype
- D. Between the restricting and the binge eating/purging anorexia nervosa subtypes

QUESTION 2. The most common longitudinal trajectory for patients with bulimia nervosa is which of the following?

- A. Partial or full recovery from symptoms
- B. Cross-over to anorexia nervosa, binge eating/purging subtype
- C. Occasional partial recovery and rare full recovery
- D. Cross-over to anorexia nervosa, restricting subtype

QUESTION 3. The relatively lower frequency of crossover as well as the differential rates of full recovery support the distinctiveness of which of the following diagnostic categories?

- A. The anorexia restricting and binge eating/purging subtypes appear distinct
- B. All eating disorder categories and subtypes appear distinct from each other
- C. Anorexia nervosa and bulimia nervosa appear diagnostically distinct
- D. There is no support for separable diagnostic categories

EVALUATION QUESTIONS

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EXAMINATION QUESTIONS

Symptom Structure in Japanese Patients With Obsessive-Compulsive Disorder

Hisato Matsunaga et al.

Am J Psychiatry 2008; 165:251-253

QUESTION 1. In a large sample of Japanese patients with obsessive-compulsive disorder, the authors found that symptom structure did not differ across cultures. In this study, what do they report as the most commonly observed obsession?

- A. Hoarding
- B. Counting
- C. Contamination
- D. Symmetry or exactness

QUESTION 2. Which of the following symptom clusters accounted for the largest degree of variance in this sample?

- A. Aggressive/checking
- B. Contamination/washing
- C. Hoarding
- D. Symmetry/repeating and ordering

QUESTION 3. The study authors comment on growing evidence that early-onset OCD is a unique subtype of OCD, characterized by a greater occurrence of which of the following symptoms?

- A. Contamination/washing
- B. Aggressive/checking
- C. Hoarding
- D. Symmetry/ordering compulsion

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