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Information for Participants

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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™).

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Estimated Time to Complete Course: 1 hour

Begin Date for Course: March 1, 2008

End Date for Course: February 28, 2010

Information on Courses

Title: A Depressed Adolescent at High Risk of Suicidal Behavior
Faculty: Benedetto Vitiello, M.D., Jane L. Pearson, Ph.D.
Affiliation: Division of Services and Intervention Research, NIMH
Disclosures: The authors report no competing interests.
Discussion of unapproved or investigational use of products*: None

Title: Augmentation of Behavior Therapy With D-Cycloserine for Obsessive-Compulsive Disorder
Faculty: Sabine Wilhelm, Ph.D., Ulrike Buhlmann, Ph.D., David F. Tolin, Ph.D., Suzanne A. Meunier, Ph.D., Godfrey D. Pearlson, M.D., Hannah E. Reese, M.A., Paul Cannistraro, M.D., Michael A. Jenike, M.D., Scott L. Rauch, M.D.
Affiliations: Massachusetts General Hospital (S.W., U.B., P.C., M.A.J.); Institute of Living (D.F.T., S.A.M.); Hartford Hospital (G.D.P.); Harvard University (H.E.R.); McLean Hospital (S.L.R.)
Disclosures: Dr. Wilhelm currently receives research support from the NIMH and Forest (medication only) and royalties from Guilford Press and New Harbinger Publications. Dr. Tolin receives research support from NIMH and royalties from Oxford University Press. Dr. Rauch receives research funding through Massachusetts General Hospital (Medtronics, Cyberonics, and Cephalon); honoraria from Neurogen, Sepracor, Cyberonics and Novartis during the past 12 months; funding of postdoctorate fellows from Pfizer, and consulting fees from Novartis. Drs. Meunier and Pearlson receive current research support from NIMH. The remaining authors report no competing interests.
Discussion of unapproved or investigational use of products*: Yes

Title: The Prospective Course of Rapid-Cycling Bipolar Disorder: Findings from the STEP-BD
Faculty: Christopher D. Schneck, M.D., David J. Miklowitz, Ph.D., Sachiko Miyahara, M.S., Mako Araga, M.S., Stephen Wisniewski, Ph.D., Laszlo Gyulai, M.D., Michael H. Allen, M.D., Michael E. Thase, M.D., Gary S. Sachs, M.D.
Affiliations: Department of Psychiatry, University of Colorado Health Sciences Center (C.D.S., M.H.A); Department of Psychology, University of Colorado at Boulder (D.J.M.); University of Pittsburgh School of Public Health (S.M., M.A., S.W.); Department of Psychiatry, University of Pennsylvania (L.G.); Department of Psychiatry, University of Pittsburgh Medical Center (M.E.T.); Department of Psychiatry, Massachusetts General Hospital (G.S.S.).
Disclosures: Dr. Wisniewski has served as a consultant to Case Western University, Cyberonics, ImaRx Therapeutics, Bristol-Myers Squibb, and Organon. Dr. Gyulai has provided CME lectures for Abbott Laboratories; and an NIMH-funded clinical trial in which he participates receives risperidone from Janssen. Dr. Allen has received research support from Abbott, Alexza, Bristol-Myers Squibb, and Pfizer; he has served on the speakers bureaus of AstraZeneca, Bristol-Myers Squibb, and Pfizer; and he has been a consultant for Abbott, Alexza, Bristol-Myers Squibb, and Pfizer. Dr. Thase has served as an advisor or consultant to AstraZeneca, Bristol-Myers Squibb, Cephalon, Cyberonics, Eli Lilly, GlaxoSmithKline, Janssen, MedAvante, Neuronetics, Novartis, Organon, Sepracor, Shire, Supernus, and Wyeth; he has also served on the speakers bureaus of AstraZeneca, Bristol-Myers Squibb, Cyberonics, Eli Lilly, GlaxoSmithKline, Organon, Sanofi-Aventis, and Wyeth; he has provided expert testimony for Jones Day (Wyeth litigation) and Phillips Lytle (GlaxoSmithKline litigation); he is a shareholder with MedAvante; he receives income from royalties and/or patents with American Psychiatric Publishing, Guilford Publications, and Herald House; and his wife is the senior medical director for Advogent. Dr. Sachs has received research support from Abbott, AstraZeneca, Bristol-Myers Squibb, Eli Lilly, GlaxoSmithKline, Janssen, Memory Pharmaceuticals, NIMH, Novartis, Pfizer, Repligen, Shire, and Wyeth; he has served on the speakers bureaus of Abbott, AstraZeneca, Bristol-Myers Squibb, Eli Lilly, GlaxoSmithKline, Janssen, Memory Pharmaceuticals, Novartis, Pfizer, Sanofi-Aventis, and Wyeth; he has served as an advisory board member or consultant for Abbott, AstraZeneca, Bristol-Myers Squibb, Cephalon, CNS Response, Elan Pharmaceuticals, Eli Lilly, GlaxoSmithKline, Janssen, Memory Pharmaceuticals, Merck, Novartis, Organon, Pfizer, Repligen, Sanofi-Aventis, Shire, Sigma-Tau, Solvay, and Wyeth; and his spouse is a shareholder with Concordant Rater Systems. Drs. Schneck, Miklowitz, and Miyahara and Ms. Araga 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.

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Estimated Time to Complete: 1 Hour
Begin date March 1, 2008 – End date February 28, 2010

EXAMINATION QUESTIONS

Select the single best answer for each question below.

A Depressed Adolescent at High Risk of Suicidal Behavior

Benedetto Vitiello and Jane L. Pearson
Am J Psychiatry 2008; 165:323-328

QUESTION 1. From the analyses conducted by the Food and Drug Administration (FDA) of data from treatment studies of antidepressants, the FDA concluded that antidepressant use is associated with which of the following?

A. Increased reports of suicidal behavior and completed suicide in adolescents and young adults
B. Decreased reports of suicidal ideation in children, adolescents and young adults up to age 24
C. Increased reports of suicidal ideation and behavior in children, adolescents and young adults up to age 24
D. Increased reports of suicidal behavior only with selective serotonin reuptake inhibitor antidepressants

QUESTION 2. Based on the Treatment for Adolescents with Depression Study (TADS), considering both potential benefit and risk, the most effective treatment for youths with major depression is which of the following?

A. Fluoxetine with cognitive-behavioral therapy
B. Cognitive-behavioral therapy without medication
C. Fluoxetine alone
D. All of the above are equally effective

QUESTION 3. Regarding the treatment of depressed adolescents who have risk factors for suicide, which of the following conclusions reflects current research evidence?

A. Controlled studies of depressed suicidal youth have identified a single best way to reduce suicide risk
B. Treatment should aim at reducing depression and should address individual malleable risk factors
C. Antidepressant medications should be avoided in treating depressed suicidal adolescents
D. Cognitive-behavioral therapy is ineffective in depressed suicidal adolescents and may increase risk

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
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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 4. The activity validated my current practice.
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STATEMENT 5. The activity provided sufficient scientific evidence to support the content presented.
1. Strongly agree
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4. Disagree
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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.

Augmentation of Behavior Therapy With D-Cycloserine for Obsessive-Compulsive Disorder

Sabine Wilhelm et al.

Am J Psychiatry 2008; 165:335-341

QUESTION 1. N-methyl-D-aspartic acid (NMDA) receptor agonists, such as the partial agonist D-cyloserine, may have therapeutic effects through which of the following actions?

A. Causing transient sedation
B. Improving judgment
C. Enhancing extinction effects
D. Inducing hypervigilance

QUESTION 2. The results of this study showed that D-cyloserine augmentation of behavior therapy resulted in lower OCD symptoms compared to placebo at which of the follow-up visits?

A. One month follow-up
B. Mid-treatment
C. Post-treatment
D. None of the visits

QUESTION 3. The present study is consistent with other reports regarding the timing of the dose of D-cycloserine, which of the following reflects the most effective time of dosing?

A. The dose should be given at least four hours after the behavior therapy session.
B. The dose should be given within shortly before the behavior therapy session.
C. The dose should be given each night at bedtime during the course of the behavior therapy.
D. The timing of the dose does not matter provided that compliance with the therapy occurs.

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The Prospective Course of Rapid-Cycling Bipolar Disorder: Findings from the STEP-BD

Christopher D. Schneck et al.
Am J Psychiatry 2008; 165:370-377

QUESTION 1. Which of the following likely contributes to the development of mood cycling in this study?

A. A family history of rapid cycling.
B. More severe depressive symptoms at study entry.
C. Younger age at study entry.
D. Female gender.

QUESTION 2. Which statement best describes the one-year outcome of patients who have a recent history of rapid cycling when compared to patients without a prior history?

A. They tend to have a lower likelihood of recurrent episodes due to more intensive treatment.
B. They are less likely to drop out of treatment.
C. They are more likely to experience multiple rapid cycling episodes during prospective follow-up.
D. They are no different than patients without a recent history of rapid cycling.

QUESTION 3. Antidepressant exposure was associated with worse cycling in this study, however a causal relationship cannot be inferred from this observation for which of the following reasons?

A. The study did not involve randomized controlled treatment
B. Other concomitant psychotropic medications were used in addition to antidepressants
C. The analysis did not control for dose and duration of antidepressant exposure
D. All of the above.

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