

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: Cross-Cultural Evaluation of Maternal Competence in a Culturally Diverse Society
Faculty: Mary V. Seeman, M.D.

Affiliations: Centre for Addiction and Mental Health, Department of Psychiatry, University of Toronto

Disclosures: Dr. Seeman has received speaking honoraria and travel funds from Pfizer.

Discussion of unapproved or investigational use of products*: None

Title: Premorbid IQ in Schizophrenia: A Meta-Analytic Review

Faculty: Kristen A. Woodberry, M.S.W., A.M., Anthony J. Giuliano, Ph.D., Larry J. Seidman, Ph.D.

Affiliation: Department of Psychology, Harvard University (K.A.W.); Department of Psychiatry, Harvard Medical School, Boston (A.J.G., L.J.S.); and the Massachusetts Mental Health Center Division of Public Psychiatry, Beth Israel Deaconess Medical Center, Boston (A.J.G., L.J.S.).

Disclosures: The authors report no competing interests.

Discussion of unapproved or investigational use of products*: None

Title: Cost-Effectiveness of Treatments for Adolescent Depression: Results From TADS

Faculty: Marisa Elena Domino, Ph.D., Barbara J. Burns, Ph.D., Susan G. Silva, Ph.D., Christopher J. Kratochvil, M.D., Benedetto Vitiello, M.D., Mark A. Reinecke, Ph.D., Jeremy Mario, M.B.A., John S. March, M.D., M.P.H.

Affiliations: Department of Health Policy and Administration, School of Public Health, University of North Carolina at Chapel Hill (M.E.D., J.M.); Department of Psychiatry and Behavioral Sciences, Duke University School of Medicine (B.J.B.); The Clinical Research Institute and the Department of Child and Adolescent Psychiatry, Duke University Medical Center (S.G.S., J.S.M.); Department of Psychiatry, University of Nebraska Medical Center (C.J.K.); Division of Services and Intervention Research, National Institute of Mental Health (B.V.); and the Department of Psychiatry and Behavioral Sciences, Northwestern University (M.A.R.).

Disclosures: Dr. Kratochvil receives grant support from Eli Lilly, Ortho-McNeil, Shire, Abbott, Pfizer, Somerset, Cephalon, and NIMH; he has been a consultant for Eli Lilly, AstraZeneca, Abbott, and Pfizer; and he is currently receiving medication at no cost from Eli Lilly for a study. Dr. March owns stock in MedAvante and has been a consultant for Pfizer, Wyeth, Eli Lilly, and GlaxoSmithKline; he has received research support from Eli Lilly and has served on data safety monitoring boards for AstraZeneca and Johnson & Johnson; he is currently receiving medication at no cost from Pfizer and Eli Lilly for a study; and has received royalty payments for the Multidimensional Anxiety Scale for Children. 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.

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Estimated Time to Complete: 1 Hour

Begin date May 1, 2008 – End date April 31, 2010

EXAMINATION QUESTIONS

Select the single best answer for each question below.

Cross-Cultural Evaluation of Maternal Competence in a Culturally Diverse Society

Mary V. Seeman, M.D.

Am J Psychiatry 2008; 165:565-568

QUESTION 1. Which of the following statements reflects current best practice in parenting risk assessments for mentally ill mothers?

- A. Multiple sources of information
- B. Evaluation carried out over several sessions
- C. Evaluation of response to treatment
- D. All of the above

QUESTION 2. Which of the following affects children least?

- A. Maternal illness
- B. Poverty
- C. Social isolation
- D. Poor nutrition

QUESTION 3. Which of the following is not part of postpartum Chinese tradition?

- A. Avoiding cold foods
- B. Avoiding strangers
- C. Regular walks
- D. Wine

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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EXAMINATION QUESTIONS

Select the single best answer for each question below.

Premorbid IQ in Schizophrenia: A Meta-Analytic Review

Kristen A. Woodberry, M.S.W., A.M.
Am J Psychiatry 2008; 165:579-587

QUESTION 1. Which one of the following is consistent with the conclusions of this meta-analysis regarding the characteristics of IQ measures among persons with premorbid schizophrenia?

- A. Individuals who develop schizophrenia have, on average, higher premorbid IQs than individuals who do not develop schizophrenia.
- B. Longitudinal studies including both pre- and post-morbid measures of IQ in schizophrenia suggest that IQ does not decline over time.
- C. Studies of premorbid IQ in schizophrenia consistently report a moderate deficit in premorbid IQ, roughly one-half standard deviation below healthy comparison subjects.
- D. Male subjects who develop schizophrenia have lower premorbid IQ scores than female subjects who develop schizophrenia.

QUESTION 2. Which of the following best describes the observations regarding verbal and nonverbal IQ domains?

- A. The nonverbal domain is consistently more impaired than the verbal domain.
- B. No significant difference in effect size was found by verbal versus nonverbal domains.
- C. There is increased impairment in the verbal domain only during the premorbid period.
- D. None of the above

QUESTION 3. Which of the following statements most accurately reflects available evidence from studies with repeated measures of IQ in schizophrenia samples?

- A. Relative to comparison samples, schizophrenia samples show significantly greater impairment in IQ after illness onset than in the premorbid stage.
- B. On average, individuals who develop schizophrenia demonstrate a decline in IQ relative to controls years before illness onset.
- C. Premorbid IQ in schizophrenia is increasingly impaired during adolescence relative to childhood.
- D. All of the above.

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Cost-Effectiveness of Treatments for Adolescent Depression: Results From TADS

Marisa Elena Domino et al.

Am J Psychiatry 2008; 165:588-596

QUESTION 1. Which of the following results were found in the TADS 12-week cost-effectiveness analyses?

- A. None of the TADS treatments was considered cost-effective.
- B. Both fluoxetine and combination treatment were more cost-effective than placebo.
- C. Only CBT was cost-effective.
- D. The paper did not determine the cost-effectiveness of TADS treatments.

QUESTION 2. Which of the following is true of clinical outcome measures used in the analyses?

- A. The study examined improvements in quality-adjusted life years (QALY) units only and did not evaluate symptomatic improvement.
- B. The study examined symptomatic improvements on the Children's Depression Rating Scale-Revised only.
- C. The study looked at costs per improvement on the Children's Depression Rating Scale-Revised score and translated those improvements into QALYs for comparisons to other studies.
- D. The study examined improvements in the Children's Depression Rating Scale-Revised score for CBT only and used QALYs for fluoxetine and combination treatment.

QUESTION 3. The study may understate the benefits from combination treatment for which of the following reasons?

- A. More adolescents experience clinical depression than were examined in the study.
- B. The cost of fluoxetine is lower than indicated.
- C. The full range of improvements from treatment was not captured by the Children's Depression Rating Scale-Revised and might have been greater with combination treatment.
- D. Combination treatment was reserved for adolescents with greater Children's Depression Rating Scale-Revised scores.

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