



Continuing Medical Education

Three articles in this issue form the basis of a short course with questions that can be answered for up to 1 hour of category 1 CME credit each by visiting <http://cme.psychiatryonline.org/> and clicking on “American Journal of Psychiatry CME.”

CME credit is issued only online, and a paid subscription to the AJP CME course program is required.

This month's courses appear on pages 381–384.

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Coming in the April 2009 issue*

THE AMERICAN JOURNAL OF PSYCHIATRY

Predictors of Spontaneous and Systematically Assessed Suicidal Adverse Events in the Treatment of SSRI-Resistant Depression in Adolescents (TORDIA) Study

D.A. Brent, G.J. Emslie, G.N. Clarke, J. Asarnow, A. Spirito, L. Ritz, B. Vitiello, S. Iyengar, B. Birmaher, N.D. Ryan, J. Zelazny, T.L. Mayes, M.B. Keller, G. Porta, L.L. DeBar, M. Onorato, J.T. McCracken, M. Strober, and R. Suddath

Can Clinicians Recognize DSM-IV Personality Disorders From Five-Factor Model Descriptions of Patient Cases?

B. Rottman, W-K. Ahn, C. Sanislow, and N. Kim

Identification of a Schizophrenia-Associated Functional Noncoding Variant in NOS1AP

N.S. Wratten, H. Memoli, Y. Huang, A.M. Dulencin, P.G. Matteson, M.A. Cornacchia, M.A. Azaro, J. Messenger, J.E. Hayter, A.S. Bassett, S. Buyske, J.H. Millonig, V.J. Vieland, and L.M. Brzustowicz

A Schizophrenia Gene Locus on Chromosome 17q21 in a New Set of Families of Mexican and Central American Ancestry: Evidence From the NIMH Genetics of Schizophrenia in Latino Populations Study

M. Escamilla, E. Hare, A.M. Dassori, J. Manuel Peralta, A. Ontiveros, H. Nicolini, H. Raventós, R. Medina, M.D., R. Mendoza, A. Jerez, R. Muñoz, and L. Almasy

*Can't wait? Visit ajp.psychiatryonline.org and click the “AJP in Advance” logo to see all articles uploaded in advance of print!

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INFORMATION TO PARTICIPANTS

OBJECTIVES. After evaluating a specific journal article published in the American Journal of Psychiatry, 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*TM).

CREDITS. The APA designates this educational activity for a maximum of 1 *AMA PRA Category 1 Credit*TM. 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: 1 Hour

Begin date March 1, 2009 – End date March 31, 2011

EXAMINATION QUESTIONS

Select the single best answer for each question below.

Psychiatric Evaluation and Follow-Up of Bariatric Surgery Patients

Marsha D. Marcus et al.

Am J Psychiatry 2009; 166:285–291

QUESTION 1. A 1991 NIH Consensus Panel recommended bariatric surgery for which of the following types of patients?

- A. All individuals with a body mass index (BMI) ≥ 40
- B. Only patients with a body mass index ≥ 40 and the presence of significant obesity-related comorbidity
- C. Individuals with a body mass index ≥ 40 and motivated, well-informed patients with a BMI 35–40
- D. Motivated, well-informed patients with a BMI ≥ 40 or BMI 35–40 with significant obesity-related comorbidity

QUESTION 2. The most common type of current psychiatric diagnosis among bariatric surgery candidates is

- A. Mood disorder
- B. Anxiety disorder
- C. Eating disorder
- D. Substance use disorder

QUESTION 3. The rapid emptying of the gastric pouch known as the dumping syndrome is characterized by which of the following?

- A. Early dumping occurs approximately three hours after a meal
- B. Late dumping is associated with hyperglycemia
- C. It occurs after ingestion of foods high in refined sugar or carbohydrates
- D. Dumping symptoms occur in a small minority of patients

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
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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.

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STATEMENT 6. The activity was free of commercial bias toward a particular product or company.

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Anticipatory Activation in the Amygdala and Anterior Cingulate in Generalized Anxiety Disorder and Prediction of Treatment Response

Jack B. Nitschke et al.

Am J Psychiatry 2009; 166:302–310

QUESTION 1. What is a cardinal symptom of generalized anxiety disorder?

- A. obsessions
- B. panic
- C. worry
- D. agitation

QUESTION 2. In this study using functional magnetic resonance imaging, patients with generalized anxiety disorder showed greater anticipatory activity in the bilateral dorsal amygdala during which of the following conditions?

- A. prior to aversive pictures only
- B. prior to neutral pictures only
- C. prior to both aversive and neutral pictures
- D. prior to neither aversive nor neutral pictures

QUESTION 3. Which of following statements reflects the treatment response to venlafaxine associated with anticipatory activity prior to aversive and neutral pictures observed in the pretreatment condition?

- A. Anticipatory amygdala activity is associated with better treatment response
- B. Anticipatory amygdala activity is associated with poorer treatment response
- C. Anticipatory anterior cingulate cortex activity is associated with better treatment response
- D. Anticipatory anterior cingulate cortex activity is associated with poorer treatment response

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Transdiagnostic Cognitive-Behavioral Therapy for Patients With Eating Disorders: A Two-Site Trial With 60-Week Follow-Up

Christopher G. Fairburn et al.

Am J Psychiatry 2009; 166:311–319

QUESTION 1. In this transdiagnostic cohort of patients with an eating disorder (who were not significantly underweight), what were the proportions of patients with bulimia nervosa and eating disorder not otherwise specified, respectively?

- A. 28% and 72%
- B. 38% and 62%
- C. 48% and 52%
- D. 58% and 42%

QUESTION 2. The control condition for this treatment study was an 8-week waiting list period preceding treatment. Which of the following best characterizes the symptomatic outcome in the wait list group?

- A. symptoms continued to worsen over time
- B. significant improvement in symptoms occurred over time
- C. symptom changes were similar to those seen with the simpler treatment
- D. symptom severity did not change significantly over time

QUESTION 3. A planned exploratory subanalysis revealed intriguing differences between the “focused” and “broad” forms of the enhanced CBT. These differences are best characterized by which of the following?

- A. The focused treatment was superior to the broad treatment overall.
- B. The broad treatment was superior to the focused treatment overall.
- C. The focused treatment was less effective than the broad treatment in the subgroup of patients with “complex” additional psychopathology.
- D. The broad treatment was more effective than the focused treatment in the subgroup of patients with “less complex” additional psychopathology

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