



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 627–630.

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You can listen to highlights of *The American Journal of Psychiatry* by downloading a monthly free .mp3 audio file from our web site (<http://ajp.psychiatryonline.org/misc/audio.dtl>) or by subscribing to the AJP Audio podcast at iTunes or other feed reader (e.g., NewzCrawler, FeedDemon, Bloglines, Google Reader). Presented by Deputy Editor Dr. Susan Schultz or by Editorial Director Michael Roy, each month's audio lasts approximately 30 minutes and covers several research articles, the Treatment in Psychiatry feature, and one or two editorials.



Coming in the June 2009 issue*

THE AMERICAN JOURNAL OF PSYCHIATRY

*Cognitive Effects of Antipsychotic Drugs in First-Episode Schizophrenia and Schizophreniform Disorder:
A Randomized, Open-Label Clinical Trial (EUFEST)*

M. Davidson, S. Galderisi, M. Weiser, N. Werbeloff, W.W. Fleischhacker, R.S. Keefe, H. Boter, I.P.M. Keet, D. Preliceanu, J.K. Rybakowski, J. Libiger, M. Hummer, S. Dollfus, J.J. López-Ibor, L.G. Hranov, W. Gaebel, J. Peuskens, N. Lindefors, A. Riechler-Rössler, and R.S. Kahn

Prenatal Exposure to Maternal Infection and Executive Dysfunction in Adult Schizophrenia

A.S. Brown, S. Vinogradov, W.S. Kremen, J.H. Poole, R.F. Deicken, J.D. Penner, I.W. McKeague, A. Kochetkova, D. Kern, and C.A. Schaefer

Randomized, Double-Blind, Placebo-Controlled Study of Paliperidone Extended-Release and Quetiapine in Inpatients With Recently Exacerbated Schizophrenia

C.M. Canuso, B. Dirks, J. Carothers, C. Kosik-Gonzalez, C.A. Bossie, Y. Zhu, C.V. Damaraju, A.H. Kalali, and R. Mahmoud

Reduced Caudate and Nucleus Accumbens Response to Rewards in Unmedicated Individuals With Major Depressive Disorder

D.A. Pizzagalli, A.J. Holmes, D.G. Dillon, E.L. Goetz, J.L. Birk, R. Bogdan, D.D. Dougherty, D.V. Iosifescu, S.L. Rauch, and M. Fava

You now have an opportunity to earn CME credits by reading articles in *The American Journal of Psychiatry*. Three articles in this issue each comprise a short course for up to 1 hour category 1 CME credit each. The course consists of reading the article and answering three multiple-choice questions with a single correct answer. CME credit is issued only online. Readers who want credit must subscribe to the AJP Continuing Medical Education Course Program (cme.psychiatryonline.org), select *The American Journal of Psychiatry* at that site, take the course(s) of their choosing, complete the evaluation form, and submit their answers for CME credit. There is no minimum threshold score necessary for the credit. A link from the question to the correct answer in context will be highlighted in the associated article. A certificate for each course will be generated upon successful completion.

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: Insight, Transference Interpretation, and Therapeutic Change in the Dynamic Psychotherapy of Borderline Personality Disorder

Faculty: Glen O. Gabbard, M.D., and Mardi J. Horowitz, M.D.

Affiliations: Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine, Houston (G.O.G.); the Department of Psychiatry, University of California, San Francisco (M.J.H.).

Disclosures: The authors report no competing interests.

Discussion of unapproved or investigational use of products*: No

Title: Psychopathology During Childhood and Adolescence Predicts Delusional-Like Experiences in Adults: A 21-Year Birth Cohort Study

Faculty: James Scott, M.B.B.S., F.R.A.N.Z.C.P., Graham Martin, M.D., F.R.A.N.Z.C.P., Joy Welham, M.A.P.S., William Bor, M.B.B.S., F.R.A.N.Z.C.P., Jake Najman, Ph.D., Michael O'Callaghan, M.B.B.S., F.R.A.C.P., Gail Williams, Ph.D., Rosemary Aird, Ph.D., John McGrath, M.D., Ph.D.

Affiliation: Child and Youth Mental Health Service, Royal Children's Hospital, Herston, Queensland, Australia (J.S.); the Department of Psychiatry, the School of Population Health, University of Queensland (G.M., J.N., G.W., J.M.); the Queensland Centre for Mental Health Research, the Park Centre for Mental Health, Wacol, Queensland (J.W.); the Mater Children's Hospital, South Brisbane, Australia (W.B.); and the School of Public Health, Queensland University of Technology, Kelvin Grove, Queensland (R.A.).

Disclosures: All authors report no competing interests.

Discussion of unapproved or investigational use of products*: No

Title: Long-Term Use of Antidepressants for Depressive Disorders and the Risk of Diabetes Mellitus

Faculty: Frank Andersohn, M.D., René Schade, M.D., Samy Suissa, Ph.D., Edeltraut Garbe, M.D., Ph.D.

Affiliations: Bremen Institute for Prevention Research and Social Medicine, Bremen, Germany (F.A., E.G.); the Institute of Clinical Pharmacology and Toxicology, Charité-Universitätsmedizin, Berlin (R.S.); the Department of Epidemiology, Biostatistics, and Occupational Health, Faculty of Medicine, McGill University, Montreal (S.S.).

Disclosures: Dr. Andersohn reports no competing interests. Dr. Schade has received grant support from Bayer Schering Pharma AG. Dr. Suissa has received grant support from the Canadian Institute of Health Research, AstraZeneca Pharmaceuticals, Boehringer Ingelheim, Organon, and Wyeth, consulting fees from Bristol-Myers Squibb, Merck, GlaxoSmithKline, and Bayer Schering Pharma AG, and lecture fees from Boehringer Ingelheim and Pfizer. Dr. Garbe reports receiving consulting fees from Novartis Pharma AG and consulting fees and a grant for research from Bayer Schering Pharma AG.

Discussion of unapproved or investigational use of products*: No

* 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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INFORMATION TO PARTICIPANTS

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Estimated Time to Complete: 1 Hour

Begin date May 1, 2009 – End date April 30, 2011

EXAMINATION QUESTIONS

Select the single best answer for each question below.

Insight, Transference Interpretation, and Therapeutic Change in the Dynamic Psychotherapy of Borderline Personality Disorder

Glen O. Gabbard and Mardi J. Horowitz

Am J Psychiatry 2009; 166:517–521

QUESTION 1. When shown standardized photographs of faces, patients with borderline personality disorder tend to respond in which of the following ways?

- A. Attribute happy feelings to sad faces.
- B. Attribute anger to happy faces.
- C. Attribute positive qualities to neutral faces.
- D. Attribute negative qualities to neutral faces.

QUESTION 2. Which of the following forms of psychotherapy does NOT have demonstrated efficacy in randomized controlled trials for borderline personality disorder?

- A. Interpersonal therapy
- B. Systems Training for Emotional Predictability and Problem Solving
- C. Schema-focused therapy
- D. Transference-focused therapy

QUESTION 3. Which of the following best characterizes the use of mentalization-based therapy in the treatment of patients with borderline personality disorder?

- A. It emphasizes the provision of insight through transference interpretation.
- B. It cautions against transference interpretation, especially of anger, because it may destabilize the patient.
- C. It avoids focusing on the patient's current mental state.
- D. It attempts to decrease the patient's sense of self-agency.

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
- 2. Agree
- 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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- 4. Disagree
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Psychopathology During Childhood and Adolescence Predicts Delusional-Like Experiences in Adults: A 21-Year Birth Cohort Study

James Scott et al.

Am J Psychiatry 2009; 166:567–574

QUESTION 1. On average, what percent of the general population report psychotic-like experiences?

- A. 1%
- B. 5%
- C. 25%
- D. 50%

QUESTION 2. Delusional-like experiences at age 21 years are best predicted by which of the following variables?

- A. Youth self-report rating at age 14 years
- B. Maternal report at age 14 years
- C. Maternal report at age 5 years
- D. Depression at age 21 years

QUESTION 3. Delusional-like experiences were most likely to occur in young adults who have had which of the following?

- A. Persistently low levels of general psychopathology at 5 and 14 years.
- B. A relative improvement in levels of psychopathology from 5 years to 14 years.
- C. Significant fluctuations in levels of psychopathology from 5 to 14 years.
- D. Persistently high levels of psychopathology at 5 and 14 years.

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Long-Term Use of Antidepressants for Depressive Disorders and the Risk of Diabetes Mellitus

Frank Andersohn et al.

Am J Psychiatry 2009; 166:591–598

QUESTION 1. The increased risk of diabetes mellitus associated with antidepressant medications is best characterized by which of the following observations?

- A. It occurred after less than 12 months of therapy with selective serotonin reuptake inhibitors (SSRIs).
- B. An increased risk was only present for tricyclic agents, and not selective serotonin reuptake inhibitors.
- C. It occurred with long-term use of both tricyclic agents and SSRIs in moderate to high doses.
- D. It was only observed in patients with a high baseline body mass index.

QUESTION 2. Which of the following statements best characterizes observations regarding weight gain associated with the use of antidepressants?

- A. It occurs in patients treated with tricyclic agents, but not with SSRIs.
- B. Studies have suggested differences in the potential of individual SSRIs to cause weight gain.
- C. It is characterized by a constant increase in weight during the treatment.
- D. It has only been observed in observational studies, but not in randomized controlled trials.

QUESTION 3. This study detected antidepressant effects on the risk of diabetes mellitus after controlling for a variety of clinical factors, which of the following factors at baseline was the strongest predictor of new-onset diabetes?

- A. body mass index
- B. hyperlipidemia
- C. hypertension
- D. smoking

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