

Continuing Medical Education

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. This activity is sponsored by the American Psychiatric Association.

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 Credits™. 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 to provide continuing medical education for physicians.

Information on Courses

Title: Successful Retrieval of ECT Two Months After ECT-Induced Takotsubo Cardiomyopathy

Faculty: Laura Kent, M.D., Christi A. Weston, M.D., Ph.D., Eric J. Heyer, M.D., Ph.D., Warren Sherman, M.D., Joan Prudic, M.D.

Affiliations: Department of Psychiatry (L.K., C.A.W.) and Department of Biological Psychiatry (J.P.), New York State Psychiatric Institute, New York; Department of Anesthesia (E.J.H.) and Department of Cardiology (W.S.), Columbia Presbyterian Medical Center, New York.

Disclosures: All authors report no competing interests.

Discussion of unapproved or investigational use of products*: No

Title: Short-Term Psychodynamic Psychotherapy and Cognitive-Behavioral Therapy in Generalized Anxiety Disorder: A Randomized, Controlled Trial

Faculty: Falk Leichsenring, D.Sc., Simone Salzer, M.Sc., Ulrich Jaeger, M.Sc., Horst Kächele, M.D., Reinhard Kreische, M.D., Frank Leweke, M.D., Ulrich Rüger, M.D., Christel Winkelbach, D.Sc., Eric Leibing, D.Sc.

Affiliation: Department of Psychosomatics and Psychotherapy, Justus-Liebig-University Giessen, Giessen, Germany (F.Leichsenring, F. Leweke); the Department of Psychosomatic Medicine and Psychotherapy, Georg-August-University Goettingen, Goettingen, Germany (S.S., R.K., U.R., C.W., E.L.); the Asklepios Clinic, Tiefenbrunn, Germany (U.R.); and the Department of Psychosomatics and Psychotherapy, University of Ulm, Ulm, Germany (H.K.).

Disclosures: All authors report no competing interests.

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Title: Neuroanatomic Alterations and Social and Communication Deficits in Monozygotic Twins Discordant for Autism Disorder

Faculty: Shanti R. Mitchell, M.S., Allan L. Reiss, M.D., Danielle H. Tatusko, B.S., Ichiro Ikuta, M.D., Dana B. Kazmerski, B.S., Jo-Anna C. Botti, B.A., Courtney P. Burnette, Ph.D., Wendy R. Kates, Ph.D.

Affiliations: Department of Psychiatry and Behavioral Sciences, State University of New York Upstate Medical University, Syracuse (S.R.M., D.H.T., I.I., D.B.K., J.-A.C.B., W.R.K); Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Stanford, Calif. (A.L.R.); Vanderbilt University Kennedy Center, Nashville, Tenn. (C.P.B.)

Disclosures: Dr. Ikuta's father is an employee at Bristol-Myers Squibb. The remaining authors report no competing interests.

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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Estimated Time to Complete: 1 Hour

Begin date August 1, 2009 – End date July 31, 2011

EXAMINATION QUESTIONS

Select the single best answer for each question below.

Successful Retrieval of ECT Two Months After ECT-Induced Takotsubo Cardiomyopathy

Laura Kent et al.

Am J Psychiatry 2009; 166:857–862

QUESTION 1. Takotsubo cardiomyopathy is characterized by which of the following?

- A. Left ventricular hypokinesia and apical ballooning
- B. Irreversible loss of cardiac function
- C. Coronary artery disease
- D. Reduced systemic catecholamine release

QUESTION 2. Following the initial parasympathetic response to ECT associated with bradycardia, which of the following is the expected pattern for vital signs following ECT during the sympathetic response?

- A. low blood pressure, high heart rate
- B. high blood pressure, high heart rate
- C. low blood pressure, low heart rate
- D. high blood pressure, low heart rate

QUESTION 3. Which of the following properties of remifentanyl may make it beneficial for cardioprotection following ECT?

- A. It has relatively long acting properties
- B. It mitigates the increased heart rate associated with ECT
- C. It has anticholinergic properties
- D. It may reduce the seizure threshold but also reduce seizure duration

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 5. The activity provided sufficient scientific evidence to support the content presented.

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Short-Term Psychodynamic Psychotherapy and Cognitive-Behavioral Therapy in Generalized Anxiety Disorder: A Randomized, Controlled Trial

Falk Leichsenring et al.

Am J Psychiatry 2009; 166:875–881

QUESTION 1. Which symptoms are characteristic for generalized anxiety disorder?

- A. Symptoms of anxiety and distress in all social situations.
- B. Chronic, pervasive, and uncontrollable worry and somatic complaints.
- C. Symptoms of anxiety within specific situations.
- D. Distinctive avoidance behaviors.

QUESTION 2. What is the special focus of supportive-expressive therapy in the treatment of generalized anxiety disorder?

- A. The process of counter-transference.
- B. The connection between somatic symptoms and catastrophizing anticipations.
- C. The core conflictual relationship theme and its association with the patient's symptoms.
- D. The cognitive processes of worrying.

QUESTION 3. What are the outcome differences between the two treatment conditions observed in this trial?

- A. Cognitive-behavioral therapy (CBT) was superior in measures of trait anxiety, worrying and depression.
- B. Cognitive-behavioral therapy was superior in all measures of anxiety, but not in depression.
- C. Only the short-term psychodynamic treatment could reach stable effects during follow-up.
- D. There were no significant differences between the two treatment conditions on any measures.

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Neuroanatomic Alterations and Social and Communication Deficits in Monozygotic Twins Discordant for Autism Disorder

Shanti R. Mitchell et al.

Am J Psychiatry 2009; 166:917–925

QUESTION 1. In children with narrowly-defined autism, which of the following factors were the strongest predictors of severity of the autism phenotype?

- A. Smaller volumes of the dorsolateral prefrontal cortex and lower IQ scores.
- B. Larger volumes of the amygdala and the cerebellar vermis.
- C. Larger volumes of the dorsolateral prefrontal cortex and amygdala, and smaller volumes of the cerebellar vermis
- D. Larger volumes of the dorsolateral prefrontal cortex, smaller volumes of the cerebellar vermis, and lower IQ scores

QUESTION 2. Measures of neuroanatomic concordance between monozygotic twin pairs were lowest for which two brain regions?

- A. frontal lobe and whole brain volume
- B. dorsolateral prefrontal cortex and amygdala
- C. corpus callosum and cerebellar vermis
- D. amygdala and hippocampus

QUESTION 3. In which of the following brain volumes were NO differences observed between the children with autism, their co-twins and typically developing children?

- A. hippocampus
- B. total brain volume
- C. anterior body and genu of the corpus callosum
- D. dorsolateral prefrontal cortex

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