

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 *AMA PRA Category 1 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 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 to provide continuing medical education for physicians.

Information on Courses

Title: Remission of Persistent Methamphetamine-Induced Psychosis After Electroconvulsive Therapy: Presentation of a Case and Review of the Literature

Faculty: David J. Grelotti, M.D., Gen Kanayama, M.D., Ph.D., Harrison G. Pope, Jr., M.D., M.P.H.

Affiliations: Department of Psychiatry, Massachusetts General Hospital and Department of Psychiatry, McLean Hospital (D.J.G.); the Department of Psychiatry, Harvard Medical School (D.J.G., G.K., H.G.P.); and the Biological Psychiatry Laboratory, McLean Hospital (G.K., H.G.P.)

Disclosures: The authors report no financial relationships with commercial interests.

Discussion of unapproved or investigational use of products*: Yes

Title: The Interpersonal Dimension of Borderline Personality Disorder: Toward a Neuropeptide Model

Faculty: Barbara Stanley, Ph.D., Larry J. Siever, M.D.

Affiliation: Department of Psychiatry, Columbia University College of Physicians and Surgeons (B.S.); and the Department of Psychiatry, Mount Sinai School of Medicine (L.J.S.).

Disclosures: The authors report no financial relationships with commercial interests.

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Title: Association of Poor Childhood Fear Conditioning and Adult Crime

Faculty: Yu Gao, Ph.D., Adrian Raine, D.Phil., Peter H. Venables, Ph.D., D.Sc., Michael E. Dawson, Ph.D., Sarnoff A. Mednick, Ph.D.

Affiliations: Departments of Criminology, Psychiatry, and Psychology, University of Pennsylvania, Philadelphia (Y.G., A.R.); the Department of Psychology, University of York, England (P.H.V.); and the Department of Psychology, University of Southern California, Los Angeles (M.E.D., S.A.M.).

Disclosures: All authors report no financial relationships with commercial interests.

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* 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 January 1, 2010 – End date December 31, 2012

EXAMINATION QUESTIONS

Select the single best answer for each question below.

Remission of Persistent Methamphetamine-Induced Psychosis After Electroconvulsive Therapy: Presentation of a Case and Review of the Literature

David J. Grelotti et al.

Am J Psychiatry 2010; 167:17-23

QUESTION 1. As a result of illicit methamphetamine use, a patient may present to the emergency room with psychosis as well as which of the following?

- A. Arrhythmia
- B. Pulmonary edema
- C. Seizures
- D. Any of the above

QUESTION 2. Sensitization or reverse tolerance refers to which of the following?

- A. Antipsychotic-treatment resistance among persons with methamphetamine psychosis.
- B. Incremental reduction in dose used over time among methamphetamine users.
- C. Rapid recurrence of psychotic symptoms upon re-exposure to methamphetamine.
- D. Remission of methamphetamine psychosis upon metabolism and elimination of the substance.

QUESTION 3. Which of the following statements represents the general concurrence of Japanese investigators based on their observations of methamphetamine abuse over 50 years?

- A. It can produce prolonged psychotic syndromes even in individuals who had no premorbid symptoms.
- B. Resistance to psychotic symptoms increases upon repeated re-exposure to methamphetamine.
- C. Most individuals with methamphetamine psychosis have delusions lasting longer than six months.
- D. Prolonged methamphetamine psychosis is nearly universally responsive to antipsychotic medications.

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.

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

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The Interpersonal Dimension of Borderline Personality Disorder: Toward a Neuropeptide Model

Barbara Stanley and Larry J. Siever
Am J Psychiatry 2010; 167:24-39

QUESTION 1. In this review, the third dimension of borderline symptomatology is noted to be a disturbance in interpersonal relatedness. This dimension includes avoidance of abandonment and which of the following?

- A. suicidal ideation
- B. affect dysregulation
- C. impulsiveness
- D. unstable relationships

QUESTION 2. Low basal opioid levels in borderline personality with a compensatory supersensitivity of opioid receptors may be associated with which of the following?

- A. excessive anxiety in social situations
- B. interpersonal sensitivity to rejection
- C. heightened relief with nonsuicidal self-injury
- D. tendency toward black and white thinking

QUESTION 3. Oxytocin is posited to play a role in interpersonal dysfunction in borderline personality disorder due to which of the following actions?

- A. mediating prosocial behavior and ascertainment of others' internal states
- B. heightening pain sensitivity in the context of self-injury
- C. increasing impulsivity and substance use behaviors
- D. none of the above

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Association of Poor Childhood Fear Conditioning and Adult Crime

Yu Gao et al.

Am J Psychiatry 2010; 167:56-60

QUESTION 1. This study involved an electrodermal fear conditioning paradigm, which reinforcement schedule was used?

- A. 50% partial-reinforcement
- B. 66% partial-reinforcement
- C. 80% partial-reinforcement
- D. 100% continuous reinforcement

QUESTION 2. Which of the following describes the relationship of criminal offending at age 23 and fear conditioning at age 3 years?

- A. Only male criminal offenders showed fear conditioning deficits at age 3 years.
- B. Only male criminals from adverse social background showed fear conditioning deficits.
- C. Criminals had fear conditioning deficits that were not explained by social adversity, ethnicity, or gender.
- D. There was no relationship between criminal offending and fear conditioning.

QUESTION 3. How was the criminal offending assessed in the current study?

- A. self-report criminal behavior
- B. official court records including all offenses
- C. official court records, excluding petty offenses
- D. self-report crimes and official court records

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