

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: Diagnosis and Treatment of a Patient With Both Psychotic and Obsessive-Compulsive Symptoms

Faculty: Carolyn I. Rodriguez, M.D., Ph.D., Cheryl Corcoran, M.D., Helen Blair Simpson, M.D., Ph.D.

Affiliations: New York State Psychiatric Institute

Disclosures: Dr. Rodriguez has received research support from NARSAD, the New York Office of Mental Health Policy Scholar Program, and NIMH. Dr. Corcoran has received research support from NARSAD, the Lieber Center for Schizophrenia Research, the Sackler Foundation, the Irving Center for Translational Research, NIMH. Dr. Simpson has been a member of the scientific advisory board for Jazz Pharmaceuticals, has received donated medication from Janssen for an NIMH-funded study, and received an unrestricted grant from Neuropharm to explore novel medications for obsessive-compulsive disorder. Dr. Simpson has received research support from NARSAD and NIMH.

Discussion of unapproved or investigational use of products*: Yes

Title: Incidence and Predictors of Suicide Attempts in DSM-IV Major Depressive Disorder: A Five-Year Prospective Study

Faculty: K. Mikael Holma, M.D., Tarja K. Melartin, M.D., Ph.D., Jari Haukka, Ph.D., Irina A.K. Holma, M.D., T. Petteri Sokero, M.D., Ph.D., Erkki T. Isometsä, M.D., Ph.D.

Affiliation: Mood, Depression, and Suicidal Behavior Unit, National Institute for Health and Welfare, Helsinki, Finland (all authors); Department of Psychiatry, Helsinki University Central Hospital, Helsinki, Finland (E.T.I.)

Disclosures: Dr. Melartin has served as an invited lecturer at symposia sponsored by Eli Lilly, Lundbeck, Servier, and Wyeth; she has received honoraria for participating in the planning of educational meetings sponsored by AstraZeneca, Eli Lilly, Lundbeck, and Pfizer; and she has received funding from Bristol-Myers Squibb, Eli Lilly, and Lundbeck to attend scientific meetings. Dr. Haukka has participated in research collaboration with Janssen-Cilag. Dr. Sokero has participated in symposia sponsored by Lundbeck and Schering Plough. Dr. Isometsä has received honoraria from AstraZeneca, Bristol-Myers Squibb, Eli Lilly, Lundbeck, Orion Pharma, and Pfizer for lecturing, chairing, and participating in the planning of educational meetings; and he has received funding from Eli Lilly and GlaxoSmithKline to attend scientific meetings. Drs. Mikael Holma and Irina Holma report no financial relationships with commercial interests.

Discussion of unapproved or investigational use of products*: No

Title: Association of Autistic-Like and Internalizing Traits During Childhood: A Longitudinal Twin Study

Faculty: Victoria Hallett, M.Sc., Angelica Ronald, Ph.D., Fruhling Rijdsdijk, Ph.D., Francesca Happé, Ph.D.

Affiliations: Social, Genetic, and Developmental Psychiatry Centre, Institute of Psychiatry, Kings College London, London (V.H., F.R., F.H.); Centre for Brain and Cognitive Development, School of Psychology, Birkbeck College, London (A.R.).

Disclosures: The authors report no financial relationships with commercial 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 July 1, 2010 – End date June 30, 2012

EXAMINATION QUESTIONS

Select the single best answer for each question below.

Diagnosis and Treatment of a Patient With Both Psychotic and Obsessive-Compulsive Symptoms

Carolyn I. Rodriguez et al.

Am J Psychiatry 2010; 167:754-761

QUESTION 1. The presence of obsessive-compulsive symptoms or comorbid obsessive-compulsive disorder (OCD) in a person with schizophrenia has been associated with which of the following?

- A. Poor prognosis and significantly higher risk of suicide attempts
- B. Good prognosis and significantly lower risk of suicide attempts
- C. Good prognosis but no difference in risk of suicide attempts
- D. Poor prognosis but no difference in risk suicide attempts

QUESTION 2. First-line treatments for OCD include all except which of the following?

- A. serotonergic reuptake inhibitors (SRIs)
- B. cognitive behavior therapy using exposure and response prevention therapy (ERP)
- C. antipsychotic monotherapy
- D. combined SRI and cognitive behavior therapy using ERP

QUESTION 3. Which of the following best describes the typical onset of OCD and schizophrenia?

- A. OCD tends to occur at a much later age of onset than schizophrenia
- B. Subsyndromal symptoms may occur in adolescence with OCD but not with schizophrenia
- C. After the onset of OCD, the occurrence of psychosis during SRI treatment confirms the presence of comorbid schizophrenia
- D. Age at onset is similar for both OCD and schizophrenia

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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Incidence and Predictors of Suicide Attempts in DSM–IV Major Depressive Disorder: A Five-Year Prospective Study

K. Mikael Holma et al.

Am J Psychiatry 2010; 167:801-808

QUESTION 1. Based on earlier studies, which of the following represents a risk factor for both suicide attempts and completed suicide?

- A. male gender
- B. psychotic symptoms
- C. anxiety disorders
- D. impulsive traits

QUESTION 2. In the current study, which of the following was the strongest predictor of risk for suicide attempts?

- A. number of previous depressive episodes
- B. presence of neuroticism
- C. months spent in a major depressive episode
- D. number of negative life events

QUESTION 3. Which of the following was observed to be significantly greater in patients not attempting suicide compared to those who did attempt suicide?

- A. Extroversion
- B. Size of social network
- C. Being employed
- D. Cluster C symptoms

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Association of Autistic-Like and Internalizing Traits During Childhood: A Longitudinal Twin Study

Victoria Hallet et al.

Am J Psychiatry 2010; 167:809-817

QUESTION 1. The association between autistic-like and internalizing traits was compared between middle and late childhood in twin pairs. What pattern was seen in the **intraclass twin correlations**?

- A. Scores for monozygotic twins were significantly higher than dizygotic twins for both traits at both timepoints.
- B. Scores for monozygotic twins were significantly higher than dizygotic twins for autistic-like traits but not internalizing traits.
- C. Scores for monozygotic twins were significantly higher than dizygotic twins for internalizing traits but not autistic-like traits.
- D. There were no significant differences between monozygotic and dizygotic twin pairs for either trait at either timepoint.

QUESTION 2. In the analyses of the influence of autistic-like traits on later internalizing traits, which of the following showed the strongest association with internalizing traits at the second timepoint?

- A. Repetitive behaviors
- B. Communication skills
- C. Social skills
- D. None of the autistic-like subscales were significantly associated.

QUESTION 3. With regard to *autistic-like* traits scores, which of the following statements best describes the pattern for boys relative to girls?

- A. Girls scored higher than boys at both timepoints.
- B. There were no differences between boys and girls at either timepoint.
- C. Boys scored higher than girls at timepoint 2 only.
- D. Boys scored higher than girls at both timepoints.

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