Continuing Medical Education

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Information to 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.

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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: National Trends in the Antipsychotic Treatment of Psychiatric Outpatients With Anxiety Disorders

Faculty: Jonathan S. Comer, Ph.D., Ramin Mojtabai, M.D., Ph.D., M.P.H., Mark Olfson, M.D., M.P.H.

Affiliations: Center for Anxiety and Related Disorders, Department of Psychology, Boston University, Boston (J.S.C.); the Department of Mental Health, Bloomberg School of Public Health, and Department of Psychiatry, Johns Hopkins University, Baltimore, Md. (R.M.); Department of Psychiatry, College of Physicians and Surgeons, Columbia University and New York State Psychiatric Institute, New York (M.O.).

Disclosures: Dr. Mojtabai has received research funding and consulting fees from Bristol-Myers Squibb. In the past 36 months, Dr. Olfson has received research grants to Columbia University from AstraZeneca, Bristol-Myers Squibb, and Eli Lilly; he has also served on a speakers' bureau for Janssen. Dr. Comer reports no financial relationships with commercial interests.

Discussion of unapproved or investigational use of products*: Yes

Title: Cognitive-Behavioral Therapy for Depression in Parkinson's Disease: A Randomized, Controlled Trial

Faculty: Roseanne D. Dobkin, Ph.D., Matthew Menza, M.D., Lesley A. Allen, Ph.D., Michael A. Gara, Ph.D., Margery H. Mark, M.D., Jade Tiu, Psy.M., Karina L. Bienfait, Ph.D., Jill Friedman, Ph.D.

Affiliations: Departments of Psychiatry and Neurology, University of Medicine and Dentistry of New Jersey–Robert Wood Johnson Medical School, Piscataway, N.J.

Disclosures: Dr. Dobkin has received research support from the National Institutes of Health/National Institute of Neurological Disorders and Stroke. Dr. Menza has received research support from AstraZeneca, Boehringer Ingelheim, Bristol-Myers Squibb, Forest Laboratories, GlaxoSmithKline, Lilly, the National Institutes of Health/National Institute of Neurological Disorders and Stroke, Pfizer, Sanofi-Aventis, Sepracor, Takeda, and Wyeth; he has served as a consultant to GlaxoSmithKline, Kyowa, Lilly Research Laboratories, the National Institutes of Health/National Institute of Neurological Disorders and Stroke, Pfizer, Sepracor, and Takeda; and he has served as a speaker for Sanofi-Aventis. Dr. Allen has received research support from the National Institute of Mental Health and Sepracor. Dr. Gara has received research support from the National Institute of Mental Health. Dr. Mark has received research support from Cephalon, Kyowa, and the National Institutes of Health/National Institute of Neurological Disorders and Stroke; and she has served as a speaker for Allergan, Boehringer Ingelheim, GlaxoSmithKline, and Valeant. Dr. Bienfait was a postdoctoral fellow at the Robert Wood Johnson Medical School (2007–2009) while this study was in progress; upon completion of her fellowship, she accepted a position with Merck, where she is currently employed. Ms. Tiu and Dr. Friedman report no financial relationships with commercial interests.

Discussion of unapproved or investigational use of products*: No

Title: Association of the Alzheimer's Gene *SORL1* With Hippocampal Volume in Young, Healthy Adults

Faculty: Janita Bralten, M.S., Alejandro Arias-Vásquez, Ph.D., Remco Makkinje, B.S., Joris A. Veltman, Ph.D., Han G. Brunner, M.D., Ph.D., Guillén Fernández, M.D., Ph.D., Mark Rijpkema, Ph.D., Barbara Franke, Ph.D.

Affiliations: Department of Human Genetics and Department of Cognitive Neurosciences, Radboud University Nijmegen Medical Centre, Nijmegen, the Netherlands (R.M., J.V., H.B.); Department of Psychiatry and the Centre for Cognitive Neuroimaging, Donders Institute for Brain, Cognition and Behavior, Radboud University Nijmegen Medical Center, Nijmegen, the Netherlands (J.B., A.A-V., G.F., M.R., B.F.)

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

Discussion of unapproved or investigational use of products*: No

* APA 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 October 1, 2011 – End date September 30, 2013

EXAMINATION QUESTIONS

Select the single best answer for each question below.

National Trends in the Antipsychotic Treatment of Psychiatric Outpatients With Anxiety Disorders

Jonathan S. Comer et al.

Am J Psychiatry 2011; 168:1057–1065

Learning Objective. The participant will appreciate trends in pharmacologic practice for anxiety in the context of newly available second generation medications.

Subject Node. Anxiety

1. Which of the following best describes U.S. trends in the prescribing of first- and second-generation antipsychotic medications for outpatients with anxiety disorders between 1996 and 2007?

A. Both first- and second-generation antipsychotic prescribing increased.
B. First-generation antipsychotic prescribing did not change; second-generation antipsychotic prescribing increased.
C. First-generation antipsychotic prescribing decreased; second-generation antipsychotic prescribing increased.
D. There was no change in either first- or second-generation antipsychotic prescribing.

2. Which of the following outpatient groups with an anxiety disorder showed the largest proportionate increase in antipsychotic prescribing between 1996 and 2007?

A. Females
B. New patients
C. Privately insured patients
D. Patients with a comorbid psychotic disorder

3. Between 2004 and 2007, which of the following was the most common antipsychotic medication prescribed in outpatient visits in which an anxiety disorder was diagnosed?

A. Quetiapine
B. Olanzapine
C. Risperidone
D. Aripiprazole

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
2. Agree
3. Neutral
4. Disagree
5. Strongly disagree

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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EXAMINATION QUESTIONS

Select the single best answer for each question below.

Cognitive-Behavioral Therapy for Depression in Parkinson's Disease: A Randomized, Controlled Trial

Roseanne D. Dobkin et al.

Am J Psychiatry 2011; 168:1066–1074

Learning Objective. The participant will identify the role of cognitive behavioral therapy in reducing the negative effects of depression in Parkinson's disease.

Subject Node. Neurology

1. The CBT employed in this trial was tailored to the unique needs of the Parkinson's disease population in which of the following ways?

A. Stronger emphasis on anxiety management
B. Inclusion of a supplemental caregiver educational program
C. Stronger emphasis on behavioral management
D. All of the above

2. Why were caregivers of patients with Parkinson's disease included in the CBT protocol?

A. To facilitate the patients' practice of CBT techniques at home
B. To provide transportation
C. To conduct family therapy
D. To address caregiver depression and anxiety

3. CBT was associated with which of the following benefits for people with Parkinson's disease, relative to clinical monitoring with no new treatment?

A. Reduction in depression
B. Less motor decline
C. Reduction in anxiety
D. All of the above

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EXAMINATION QUESTIONS

Select the single best answer for each question below.

Association of the Alzheimer's Gene *SORL1* With Hippocampal Volume in Young, Healthy Adults

Janita Bralten et al

Am J Psychiatry 2011; 168:1083–1089

Learning Objective. The participant will recognize the influence of variation within a gene linked to Alzheimer's disease and its association with Alzheimer's related brain structures.

Subject Node. Dementia

1. The *SORL1* (sortilin receptor 1) gene examined in this study has been linked to Alzheimer's disease due to its influence on the production of which of the following proteins?

A. Amyloid beta
B. Hyperphosphorylated tau
C. Alpha synuclein
D. All of the above

2. The analysis of which of the following brain structures in healthy young adults revealed a significant gene-wide association for *SORL1*?

A. Left hippocampal volume only
B. Bilateral hippocampal volume
C. Right hippocampal volume only
D. The association was not present in young adults

3. Which of the following showed the most significant association with decreased hippocampal volume in SNP-by-SNP and haplotype analyses?

A. *SORL1* SNP rs668387
B. *SORL1* SNP rs593769
C. *SORL1* SNP rs661057
D. None of the above

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