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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.

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 Assocation 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 Assocation is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Information on Courses

Title: Effectiveness of Mental Health Screening and Coordination of In-Theater Care Prior to Deployment to Iraq: A Cohort Study

Faculty: Christopher H. Warner, M.D., George N. Appenzeller, M.D., Jessica R. Parker, Psy.D., Carolynn M. Warner, M.D., Charles W. Hoge, M.D.

Affiliations: U.S. Army, Command and General Staff College, Fort Leavenworth, Kansas (C.W.); U.S. Army Medical Activity, Fort Wainwright, Alaska (G.N.A.); Behavioral Medicine, Winn Army Community Hospital, Fort Stewart, Georgia (J.R.P.); Warrior Health, Winn Army Hospital, Fort Stewart, Georgia (C.M.W.); Psychiatry and Behavioral Sciences, Walter Reed Army Institute of Research, Silver Spring, Maryland (C.W.H.).

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

Discussion of unapproved or investigational use of products*: No

Title: Evaluation of Functionally Meaningful Measures for Clinical Trials of Cognition Enhancement in Schizophrenia

Faculty: Michael F. Green, Ph.D., Nina R. Schooler, Ph.D., Robert S. Kern, Ph.D., Fred J. Frese, Ph.D., Wendy Granberry, Pharm.D., Philip D. Harvey, Ph.D., Craig N. Karson, M.D., Nancy Peters, R.N., M.B.A., Michelle Stewart, Ph.D., Larry J. Seidman, Ph.D., John Sonnenberg, Ph.D., William S. Stone, Ph.D., David Walling, Ph.D., Ellen Stover, Ph.D., Stephen R. Marder, M.D.

Affiliations: Semel Institute for Neuroscience and Human Behavior, University of California, Los Angeles (M.F.G.); Psychiatry & Behavioral Sciences, SUNY Downstate Medical Center (N.R.S.); VA Greater Los Angeles Healthcare System (R.S.K.); GlaxoSmithKline (W.G.); Emory University (P.D.H.); Merck (C.K.); Sanofi-Aventis (N.P.); Pfizer (M.S.); Department of Psychiatry, Harvard Medical School/Beth Israel Deaconess Medical Center (L.J.S., W.S.); Uptown Research (J.S.); Collaborative Neuroscience Network, Inc., Garden Grove, California (D.W.); NIMH (E.L.S.); Department of Psychiatry & Biobehavioral, University of California, Los Angeles (S.R.M.).

Disclosures: Dr. Green has served as a consultant for Abbott Laboratories, Astellas, Cypress, Dainippon Sumitomo Pharma, GlaxoSmithKline, Lundbeck, Otsuka, Sanofi-Aventis, Takeda, Teva, and Wyeth and has been a speaker for Janssen-Cilag, Otsuka, and Sunovion. Dr. Schooler has received research support or served as a consultant or speaker for Abbott Laboratories, AstraZeneca, Bristol-Myers Squibb, Dainippon Sumitomo Pharma, Eli Lilly, Hoffmann-La Roche, Janssen Cilag-Spain, Lundbeck, Merck, OrthoMcNeil Janssen, Pfizer, and Schering Plough. Dr. Kern has served as a consultant for Otsuka. Dr. Granberry is an employee of GlaxoSmithKline. Dr. Harvey has served as a consultant for Abbott, Cypress, Eli Lilly, Merck, Johnson & Johnson, Solvay, Dainippon Sumitomo Pharma America, and Wyeth and has received research support from AstraZeneca. Dr. Karson is an employee of Merck. Ms. Peters is an employee of Sanofi-Aventis. Dr. Stewart is an employee of Pfizer. Dr. Sonnenberg has provided clinical trial or consulting services for Abbott, Bristol-Myers Squibb, Cephalon, Dainippon Sumitomo Pharma, Eli Lilly, Enviro, Forest, Johnson & Johnson, Lundbeck, Novartis, Otsuka, Pfizer, Shire, Solvay, Sanofi-Aventis, and Takeda. Dr. Stone has received research support from Ortho-McNeil Janssen Scientific Affairs. Dr. Walling has provided clinical trial or consulting services to Abbott, Alexza, AstraZeneca, BrainCell, Cephalon, Dainippon Sumitomo Pharma, Eisai, Eli Lilly, Forest, GlaxoSmithKline, Johnson & Johnson, Lundbeck, Memory Pharmaceuticals, Novartis, Otsuka, Pfizer, Roche, Sepracor, Shire, Solvay, Sanofi-Aventis, Takeda, Toyama, Vanda, and Wyeth and has served as a consultant or speaker for Abbott, GlaxoSmithKline, Janssen, Novartis, and Otsuka. Dr. Marder has been a consultant for Wyeth, Otsuka, Pfizer, Schering Plough, Lundbeck, and Sanofi-Aventis. The other authors report no financial relationships with commercial interests.

Discussion of unapproved or investigational use of products*: No

Title: Correlation of Individual Differences in Schizotypal Personality Traits With Amphetamine-Induced Dopamine Release in Striatal and Extrastriatal Brain Regions

Faculty: Neil D. Woodward, Ph.D., Ronald L. Cowan, M.D., Ph.D., Sohee Park, Ph.D., M. Sib Ansari, Ph.D., Ronald M. Baldwin, Ph.D., Rui Li, Ph.D., Mikisha Doop, M.A., Robert M. Kessler, M.D., David H. Zald, Ph.D.

Affiliations: Psychiatry, Vanderbilt University School of Medicine (N.D.W., R.C., M.D.); Psychology, Vanderbilt University (S.P., D.Z.); Institute of Imaging Sciences, Vanderbilt University (M.S.A.); Radiology and Radiological Sciences, Vanderbilt University School of Medicine (R.B., R.L., R.M.K.)

Disclosures: Dr. Kessler holds a patent for the use of fallypride in human subjects. None of the other authors report any financial relationshipswith 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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INFORMATION TO PARTICIPANTS

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Estimated Time to Complete: 1 Hour

Begin date April 1, 2011 – End date March 31, 2013

EXAMINATION QUESTIONS

Select the single best answer for each question below.

Effectiveness of Mental Health Screening and Coordination of In-Theater Care Prior to Deployment to Iraq: A Cohort Study

Christopher H. Warner et al. • Am J Psychiatry 2011; 168:378–385

Learning Objective. The participant will understand how the rate of deployment-related psychiatric disorder is affected by mental health screening prior to deployment.

Subject Node. Posttraumatic Stress Disorder, Violence/Aggression

1. What were the key components of the predeployment mental health program outlined in the article?

- **A.** Mental health evaluation for all deploying service members, removal of highest-risk soldiers from deployment, and care coordination
- **B.** Primary care evaluation, removal of highest-risk soldiers from deployment, comprehensive tracking of all deployed soldiers
- **C.** Mental health evaluation for all soldiers, standardized criteria for identifying high-risk individuals, and care coordination
- **D.** Primary care evaluation, standardized criteria for identifying high-risk individuals, comprehensive tracking of all at-risk soldiers

2. Which of these conditions is most commonly reported at the time of deployment for a military service member taking a psychotropic medication?

- **A.** Chronic insomnia
- **B.** Chronic anxiety
- **C.** Attention deficit problems
- **D.** Psychotic disorders

3. Based on the brief information provided, which one of the following individuals would NOT be suitable for deployment to a combat zone?

- **A.** A 23-year-old man with major depressive disorder that was well controlled with an SSRI for 6 months
- **B.** A 21-year-old man with PTSD who has received a full course of exposure therapy with 3-month stability
- **C.** A 20-year-old man with bipolar disorder who experienced a manic episode 9 months ago
- **D.** A 25-year-old woman with a history of a suicide attempt at age 20

EVALUATION QUESTIONS

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

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EXAMINATION QUESTIONS

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Evaluation of Functionally Meaningful Measures for Clinical Trials of Cognition Enhancement in Schizophrenia

Michael F. Green et al.
Am J Psychiatry 2011; 168:400–407

Learning Objective. The participant will understand the process of validating functionally meaningful measures to be used in clinical trials of cognition enhancement in schizophrenia.

Subject Node. Schizophrenia and Other Psychotic Disorders

1. Which of the following statements is true about performance-based measures of functioning?

A. They are designed to be simulations of daily tasks of patients with schizophrenia.
B. The measures demonstrate what patients actually will do in the community.
C. The assessments take into account reports from informants.
D. They consider how satisfied the participant is about their capacities.

2. When performance-based functional measures are shortened, the brief versions have which of the following, compared with the full version?

A. Better relationship to cognitive performance and poorer practicality
B. Better reliability but poorer relationship to cognitive performance
C. Poorer reliability and poorer relationship to cognitive performance
D. Better practicality and better relationship to cognitive performance

3. Regarding the relationship between the coprimary measures and symptoms rated with the Positive and Negative Syndrome Scale, the largest correlations were seen with which of the following factors?

A. Positive symptoms
B. Disorganized thought
C. Negative symptoms
D. Uncontrolled hostility/excitement

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Correlation of Individual Differences in Schizotypal Personality Traits With Amphetamine-Induced Dopamine Release in Striatal and Extrastriatal Brain Regions

Neil D. Woodward et al.
Am J Psychiatry 2011; 168:418–426

Learning Objective. The participant will appreciate that differences in dopamine signaling thought to occur in psychotic disorders are also evident among those exhibiting schizotypal traits.

Subject Node. Schizophrenia and Other Psychotic Disorders, Brain Imaging

1. Which of the following groups were included in this study?

A. Schizophrenia
B. Bipolar disorder
C. Major depression
D. Healthy volunteers

2. In what area did the overall schizotypal traits correlate with the release of amphetamine-induced dopamine?

A. Striatum
B. Insula
C. Hippocampus
D. Temporal lobe

3. Which of the following specific dimensions of schizotypy was most strongly associated with amphetamine-induced dopamine release?

A. Cognitive-perceptual
B. Paranoid
C. Disorganized
D. Negative

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