

## 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](http://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. 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 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](http://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:** Prescription Pain Medication Dependence

**Faculty:** Carrie L. Dorrill, Ph.D., Drew A. Helmer, M.D., Thomas R. Kosten, M.D.

**Affiliations:** Addictions Research Division, Department of Psychiatry, Baylor College of Medicine (C.L.D., T.R.K.); Michael E. DeBakey Veterans Affairs Medical Center, Baylor College of Medicine, Houston, Tex. (D.A.H.)

**Disclosures:** Dr. Kosten has been a consultant to Reckitt-Benckizer Pharma, which manufactures a buprenorphine/naloxone combination (Suboxone) in the United States. The other authors report no financial relationships with commercial interests.

**Discussion of unapproved or investigational use of products\*:** Yes

**Title:** The Impact of National Health Care Reform on Adults With Severe Mental Disorders

**Faculty:** Rachel L. Garfield, Ph.D., Samuel H. Zuvekas, Ph.D., Judith R. Lave, Ph.D., Julie M. Donohue, Ph.D.

**Affiliations:** Department of Health Policy and Management, University of Pittsburgh Graduate School of Public Health, Pittsburgh (R.L.G., J.R.L., J.M.D.); Agency for Healthcare Research and Quality, Rockville, Md. (S.H.Z.)

**Disclosures:** Dr. Lave receives grant or research support from Highmark Blue Cross Blue Shield. The other authors report no financial relationships with commercial interests.

**Discussion of unapproved or investigational use of products\*:** No

**Title:** Association of Cerebrovascular Events With Antidepressant Use: A Case-Crossover Study

**Faculty:** Chi-Shin Wu, M.D., M.Sc., Sheng-Chang Wang, M.D., M.Sc., Yu-Cheng Cheng, M.Sc., Susan Shur-Fen Gau, M.D., Ph.D.

**Affiliations:** Department of Psychiatry, National Taiwan University Hospital, Taipei (C-S.W., S-S-F.G.); Division of Mental Health and Substance Abuse Research, Institute of Population Health Sciences, National Health Research Institutes, Taipei (S-C.W., Y-C.C.); Department of Psychiatry, National Taiwan University College of Medicine (S-S-F.G.)

**Disclosures:** Dr. Wu has received speaking honoraria from Eli Lilly and travel funds from Astellas. Dr. Gau has received speaking honoraria and travel funds from Eli Lilly, has been an investigator in two clinical trials from Eli Lilly, and has received speaking honoraria from Janssen and AstraZeneca. The other 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 May 1, 2011 – End date April 30, 2013

## EXAMINATION QUESTIONS

Select the single best answer for each question below.

### Prescription Pain Medication Dependence

Carrie L. Dodrill et al.

Am J Psychiatry 2011; 168:466–471

**Learning Objective.** The participant will recognize tools for the assessment and implementation of maintenance treatments for patients with drug dependence.

**Subject Node.** Pain Medicine; Substance Use Disorder

1. A factor associated with lower rates of prescription opiate abuse includes:

- A. prior substance abuse
- B. other mental illness
- C. male gender
- D. somatization

2. The UNCOPE is an acronym for six items that assess problem drug use. Which of the following is an item from the UNCOPE indicative of possible abuse?

- A. using the drug for an eye-opener
- B. using more of a drug than intended
- C. thinking about increasing use
- D. avoiding thinking about the drug

3. Which of the following is an advantage of prescribing the buprenorphine/naloxone combination?

- A. Naloxone reduces buprenorphine's diversion and intravenous abuse.
- B. It is more effective than methadone for the most highly dependent patients.
- C. Naloxone is associated with greater patient preference and adherence.
- D. There is no advantage of the combination over monotherapy.

## 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
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- 5. Strongly disagree

**STATEMENT 3.** I plan to change my current practice based on what I learned in the activity.

- 1. Strongly agree
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- 1. Strongly agree
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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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Exams are available online only at [cme.psychiatryonline.org](http://cme.psychiatryonline.org)

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## EXAMINATION QUESTIONS

Select the single best answer for each question below.

### The Impact of National Health Care Reform on Adults With Severe Mental Disorders

Rachel L. Garfield et al.

Am J Psychiatry 2011; 168:486–494

**Learning Objective.** Participants will become conversant in the implications of health care reform on the rate of insured and the use of mental health services.

**Subject Node.** Medical Education and Training

1. Which type of insurance coverage is the newly-insured population with severe mental disorders most likely to have after health reform implementation?

- A. Medicaid
- B. Medicare
- C. Other
- D. Private coverage

2. The number of estimated new mental health service users after reform is *lower* than the number of estimated *newly-insured* with mental disorders after reform because

- A. Not all newly-insured with mental disorders will use services.
- B. Some newly-insured with mental disorders were already service users.
- C. The likelihood of service use has nothing to do with insurance coverage.
- D. Both a and b

3. The scope of benefits available to newly-insured Medicaid beneficiaries may fail to meet the needs of persons with severe mental disorders for which of the following reasons?

- A. Medicaid currently provides only limited behavioral health benefits.
- B. States will only be required to provide coverage on par with private insurance benefits.
- C. PPACA offers no guidelines for states on how to structure the scope of benefits for newly-insured Medicaid beneficiaries.
- D. States have already decided to limit Medicaid behavioral health benefits for newly-eligible beneficiaries with substantial mental health needs

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### Association of Cerebrovascular Events With Antidepressant Use: A Case-Crossover Study

Chi-Shin Wu et al.

Am J Psychiatry 2011; 168:511–521

**Learning Objective.** The learner will recognize the role of antidepressant medications in the risk for stroke.

**Subject Node.** Mood Disorders

1. Which of the following is true about the association between antidepressant medications and stroke?

- A. Antidepressants may induce bleeding complications.
- B. Antidepressants have antiplatelet effects that reduce the risk of ischemic stroke.
- C. Depression is not an independent risk factor for stroke.
- D. Longer term use of antidepressants increases the risk of stroke over time.

2. When examining the interactions of patient characteristics on risk of stroke with antidepressant use, which of the following was observed in this study?

- A. New antidepressant users had a lower stroke risk than long-term users.
- B. Increasing age was associated with greater stroke risk in antidepressant users.
- C. There was no interaction between age and antidepressant use on the risk of stroke.
- D. Stroke risk was negatively associated with medical illness severity on the Charlson comorbidity index.

3. Regarding the relationship between stroke risk and antidepressant use, which of the following was observed?

- A. There is a dose-response relationship between stroke risk and average daily dose.
- B. High potency inhibitors of the serotonin transporter were associated with lower risk.
- C. High-potency inhibitors of the norepinephrine transporter were associated with higher risk.
- D. Tricyclic antidepressants were associated with a higher risk than selective serotonin reuptake inhibitors.

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