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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 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: Gabapentin Combined With Naltrexone for the Treatment of Alcohol Dependence
Faculty: Raymond F. Anton, M.D., Hugh Myrick, M.D., Tara M. Wright, M.D., Patricia K. Latham, Ph.D., Alicia M. Baros, Ph.D., L. Randolph Waid, Ph.D., Patrick K. Randall, Ph.D.
Affiliations: Medical University of South Carolina, Institute of Psychiatry (R.F.A., H.M., T.M.W., P.K.L., A.M.B., L.R.W., P.K.R.)
Disclosures: Dr. Anton has received grant support or served as a consultant or on scientific advisory boards for Abbott Laboratories, Alkermes, Eli Lilly, GlaxoSmithKline, Hythiam, Johnson & Johnson, Lundbeck, Merck, Novartis, Organon, and Schering-Plough. Dr. Myrick has served on speakers bureaus for Bristol-Myers Squibb and Alkermes. The other authors report no financial relationships with commercial interests.
Discussion of unapproved or investigational use of products*: Yes

Title: Association of Predeployment Gaze Bias For Emotion Stimuli With Later Symptoms of PTSD and Depression in Soldiers Deployed in Iraq
Faculty: Christopher G. Beevers, Ph.D., Han-Joo Lee, Ph.D., Tony T. Wells, M.A., Alissa J. Ellis, M.A., Michael J. Telch, Ph.D.
Affiliations: Department of Psychology, University of Texas at Austin (C.G.B., T.T.W., A.J.E., M.J.T.); Department of Psychology, University of Wisconsin–Milwaukee (H-J.L.)
Disclosures: All authors report no financial relationships with commercial interests.
Discussion of unapproved or investigational use of products*: No

Title: A Prospective 2-Year Study of Emergency Department Patients With Early-Phase Primary Psychosis or Substance-Induced Psychosis
Faculty: Robert E. Drake, M.D., Ph.D., Carol L.M. Caton, Ph.D., Haiyi Xie, Ph.D., Eustace Hsu, M.A., Prakash Gorroochurn, Ph.D., Sharon Samet, Ph.D., L.C.S.W., Deborah S. Hasin, Ph.D.
Affiliations: Dartmouth Medical School and Dartmouth Psychiatric Research Center, Lebanon, N.H. (R.E.D., H.X.); the Department of Psychiatry and the Mailman School of Public Health, Columbia University, New York (E.H., P.G., S.S.); and the New York State Psychiatric Institute, New York (C.L.M.C., D.S.H.)
Disclosures: All authors report no financial relationships with commercial interests.
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* 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 July 1, 2011 – End date June 30, 2013

EXAMINATION QUESTIONS

Select the single best answer for each question below.

Gabapentin Combined With Naltrexone for the Treatment of Alcohol Dependence

Raymond F. Anton et al.
Am J Psychiatry 2011; 168:709–717

Learning Objective. The participant will appreciate the relative differences between pharmacologic strategies in the treatment of alcohol abuse.

Subject Node. Substance Use Disorders

1. Which of the following represents the mechanism by which gabapentin is thought to be useful in reducing symptoms of alcohol withdrawal and preventing relapse?

A. GABA modulation may reduce cue-craving much like naltrexone.
B. Gabapentin-induced somnolence may reduce obsessive drinking behavior.
C. Gabapentin may augment the effects of naltrexone by inhibiting its metabolism.
D. It may normalize GABA deficits and glutamate excess underlying alcohol withdrawal.

2. During the first six weeks of treatment, which of the following measures best reflect the improvement observed with the naltrexone-gabapentin combination compared to the other groups?

A. lower scores on the Obsessive Compulsive Drinking Scale
B. fewer drinks per drinking day
C. significantly more positive % carbohydrate-deficient transferring (CDT) values
D. longer time to relapse but only in patients with no history of withdrawal

3. Which of the following was observed in this study regarding sleep quality?

A. The groups differed significantly in sleep quality over the course of the study.
B. Poor sleep quality had no association with heavy drinking.
C. The naltrexone-gabapentin group reported better sleep quality than the other groups during the gabapentin phase.
D. The Profile of Mood States predicted both poor sleep and poor treatment outcome.

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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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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Association of Predeployment Gaze Bias For Emotion Stimuli With Later Symptoms of PTSD and Depression in Soldiers Deployed in Iraq

Christopher G. Beevers et al.
Am J Psychiatry 2011; 168:735–741

Learning Objective. The participant will recognize vulnerabilities to posttraumatic stress disorder that can be observed in eye-tracking tests.

Subject Node. Posttraumatic Stress Disorder; Mood Disorders

1. Which eye gaze indices predicted increased PTSD symptoms in the context of war zone stress?

A. long fixations when viewing happy faces
B. short fixations when viewing fearful faces
C. greater pupil dilation when viewing fearful faces
D. total time viewing sad faces

2. Which eye gaze indices predicted increased depression symptoms in the context of war zone stress?

A. total fixation time for sad faces
B. mean fixation time for fearful faces
C. number of fixations for neutral faces
D. total fixation for happy faces

3. Why might attentional avoidance of threat-related stimuli be associated with vulnerability to PTSD?

A. Avoidance reduces opportunities to habituate or reappraise stimuli as nonthreatening.
B. Avoidance can create false memories about past threats.
C. Avoidance promotes acceptance of anxiety, which increases risk for PTSD.
D. Attentional avoidance is not associated with vulnerability to PTSD.

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A Prospective 2-Year Study of Emergency Department Patients With Early-Phase Primary Psychosis or Substance-Induced Psychosis

Robert E. Drake et al.
Am J Psychiatry 2011; 168:742–748

Learning Objective. The participant will understand differences in presentation and outcome in psychosis due to substance use versus primary psychosis.

Subject Node. Schizophrenia and Other Psychotic Disorders

1. According to DSM-IV, when substance abuse and psychosis are present together, a primary diagnosis of psychosis is given if the full psychiatric syndrome persists for how long after intoxication or withdrawal?

A. 2 days
B. 1 week
C. 2 weeks
D. 4 weeks

2. In this study, what percentage of patients with substance-induced psychoses were receiving minimally adequate treatments at each follow-up?

A. 8%–12%
B. 22%–30%
C. 50%–60%
D. Over 70%

3. Regarding outcome at 2 years, which of the following improved over time in both groups?

A. alcohol dependence
B. social relations
C. homelessness
D. all of the above

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