

CONTINUING MEDICAL EDUCATION INFORMATION

FOCUS, the APA continuing medical education journal, is designed as a personal study resource to help practicing psychiatrists keep abreast of significant advances in the field, with particular attention to clinical practice. The goal of **FOCUS** is the dissemination of up-to-date information, facilitation of lifelong learning study skills, maintenance of certification, and opportunity for self-assessment in order to improve patient care. Each issue, prepared by distinguished faculty who are recognized leaders in their fields, incorporates a CME component. The material can be used effectively by establishing a regular schedule of study.

In order to earn CME credit, subscribers should read through the material presented in the issue. After reading the material, complete the CME Quiz and submit your evaluation and study hours (up to 5 category 1 AMA PRA).

OBJECTIVES

As a result of participation in this CME activity, the physician will:

- Review current knowledge and increase his or her understanding of an important topic in the field of psychiatry.
- Prepare for an annual self-assessment examination designed to aid the physician in addressing areas where more study is needed to enhance management of patients.

TARGET AUDIENCE

This program is one element of a lifelong learning program for physicians and as an aid for psychiatrists studying for recertification.

ESTIMATED TIME TO COMPLETE: 5 HOURS

1. Which of the following has been found in controlled clinical trials to enhance the effectiveness of pharmacologic treatment for substance use disorders?

- A. Network Therapy
- B. Contingency Management
- C. Both of the above
- D. None of the above

See Dermatis, Galanter: Treatment for Opioid Disorders, p 143; Buprenorphine in the TX of Opioid Dependence, p 145

2. The research on depot naltrexone for the treatment of alcohol dependence suggests which of the following:

- A. It has a greater positive effect among alcohol dependent patients who have been abstinent prior to receiving their first dose.
- B. It has been shown to have a greater positive effect when combined with a high-intensity psychosocial intervention.
- C. Its long term effect is superior to that obtained with oral naltrexone.
- D. All of the above.

See Dermatis, Galanter: Depot Naltrexone, p 142

3. In which case has treatment with methadone been shown to offer greater benefit than treatment with buprenorphine?

- A. The patient refuses to attend counseling sessions.
- B. The patient has a history of soliciting prescription opiates from multiple health care providers.
- C. The patient's condition requires a high dose of opiate agonist medication.
- D. All of the above.

See Dermatis, Galanter: Buprenorphine in the TX of Opioid Dependence, p 145

4. Which of the following statements regarding treatment programs for the dually diagnosed is supported by the medical literature?

- A. Evidence based psychosocial treatments have yet to be included in dual diagnosis treatment programs.
- B. It is best to provide an addiction program in a venue removed from a general psychiatry clinic.
- C. Twelve step groups are best introduced into treatment of the dually diagnosed after these patients are fully ambulatory.
- D. Dually diagnosed patients can benefit from peer led treatment to the same degree as patients with addiction only.

See Dermatis, Galanter: Treatment Programs for Patients with Substance Use and Co-occurring Disorders, p 146

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FOCUS

THE JOURNAL OF LIFELONG LEARNING IN PSYCHIATRY

Substance Abuse: Diagnosis and Treatment

Spring 2007

Begin date, April 1, 2007
End date, December 31, 2009

CIRCLE THE ONE CORRECT ANSWER FOR EACH QUESTION

- | | |
|------------|-------------|
| 1. A B C D | 7. A B C D |
| 2. A B C D | 8. A B C D |
| 3. A B C D | 9. A B C D |
| 4. A B C D | 10. A B C D |
| 5. A B C D | 11. A B C D |
| 6. A B C D | |

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If you are mailing this answer sheet, please fill out the following. Retain a copy of this form for your records.

Number of hours you spent on this activity
(reading articles and completing the self-test: up to 5 hours)

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ACCREDITATION AND DESIGNATION INFORMATION

The American Psychiatric Association is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

APA designates this educational activity for a maximum of 5 AMA PRA Category 1 Credits. Physicians should only claim credit commensurate with the extent of their participation in the activity.

EVALUATION

Please indicate your reaction to the following statements about this CME self-study activity by selecting the appropriate response.

①	②	③	④
①	②	③	④
①	②	③	④
①	②	③	④
①	②	③	④
①	②	③	④

① Strongly agree

② Agree

③ Disagree

④ Strongly disagree

..... Overall, the quality of the articles and related material was excellent.

..... The activity was helpful in increasing my understanding of an important topic.

..... The activity provided information that will enhance my practice in psychiatry.

..... The quality of the educational format was satisfactory and appropriate.

Comments:

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5. A drug that maintains self-administration behavior in a laboratory animal is found to have abuse liability in humans. This is an example of which one of the following?

- A. Face validity
- B. Predictive validity
- C. Construct validity
- D. Species validity.

See Pechnick et al: Validity of Drug Self-Administration, p 152

6. The reinstatement model is an animal model of which one of the following?

- A. Development of drug dependence
- B. Addiction
- C. Drug withdrawal
- D. Relapse

See Pechnick et al: Reinstatement Model, p 153

7. Which one of the following drugs has been found to be useful in the treatment of nicotine dependence?

- A. Varenicline
- B. Naltrexone
- C. Desulfiram
- D. Acamprosate

See Pechnick et al: Nicotine dependence, p 155

8. Which one of the following drugs is a partial agonist and is approved for the treatment of opioid dependence?

- A. Buprenorphine
- B. Methadone
- C. Naltrexone
- D. Bupropion

See Pechnick et al: Replacement Therapy-Partial Agonists, p 155

9. Cognitive-behavioral and motivational interventions for substance users have the following objectives in common:

- A. Engaging and retaining the patient in the treatment process
- B. Facilitating awareness of the negative consequences of substance use
- C. Supporting lifestyle and/or psychological changes consistent with the goal of eliminating substance use
- D. All of the above

See Pechnick et al: Behavioral Therapies, p 157

10. Contingency management involves:

- A. Coping skills training to alter the patient's response to relapse triggers
- B. Identifying cognitive, emotional, and behavioral antecedents and consequences of substance use
- C. Providing tangible reinforcers for abstinence and other desirable behaviors
- D. B and C

See Pechnick et al: Contingency Management, p 158

11. Naltrexone's primary mechanism of action is:

- A. Antagonism at GABA receptors
- B. Antagonism at μ -opioid receptors
- C. Partial agonism at the NMDA receptor
- D. None of the above

See Pechnick et al: Receptor Modulators: Alcohol dependence, p 156

Answers: 1 C, 2 A, 3 C, 4 D, 5 B, 6 D, 7 A, 8 A, 9 D, 10 C, 11 B



**Three Unique Self-Assessment Sessions
at the
2007 APA Annual Meeting
San Diego, California**

Monday, May 21, 2007

San Diego Convention Center, Room 1 A/B, Upper Level

FOCUS LIVE! Psychopharmacology

Stephen M. Stahl, M.D.

FOCUS LIVE! Substance Related Disorders

Thomas R. Kosten, M.D.

FOCUS LIVE! Genetics and Psychiatry

John Kelsoe, M.D.

In FOCUS Live sessions, experts will lead lively multiple-choice question-based discussions. Participants will test their knowledge with an interactive audience response system, which instantly presents the audience responses as a histogram on the screen, allowing private comparison to others in the audience and offering a new and entertaining way to learn. Questions will cover knowledge important to practicing general psychiatrists.

Moderated by the editors of FOCUS, Deborah Hales, M.D., Director, APA Division of Education, and Mark H. Rapaport, M.D., Chairman, Department of Psychiatry, Cedars-Sinai Medical Center.

