

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), 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. There is no minimum threshold score necessary for the 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 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: Infant Delirium in Pediatric Critical Care Settings

Faculty: Gabrielle H. Silver, M.D., Julia A. Kearney, M.D., Martha C. Kutko, M.D., Abraham S. Bartell, M.D.

Affiliations: Department of Psychiatry (G.H.S.) and Department of Pediatrics (M.C.K.), New York–Presbyterian/Weill Cornell Medical Center; Department of Child Psychiatry, Memorial Sloan-Kettering Cancer Center (J.A.K., A.S.B.)

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

Discussion of unapproved or investigational use of products*: Yes

Title: The Effects of Hypertension and Body Mass Index on Cognition in Schizophrenia

Faculty: Joseph I. Friedman, M.D., Sylvan Wallenstein, Ph.D., Erin Moshier, M.S., Michael Parrella, Ph.D., Leonard White, Ph.D., Stephanie Bowler, R.N., Stephanie Gottlieb, Philip D. Harvey, Ph.D., Thomas G. McGinn, M.D., Lauren Flanagan, Ph.D., Kenneth L. Davis, M.D.

Affiliations: Departments of Psychiatry (J.I.F., S.G., L.F., K.L.D.), Medicine (T.G.M.), and Preventive Medicine (S.W., E.M.), Mount Sinai School of Medicine, New York; the Clinical Neuroscience Center, Pilgrim Psychiatric Center, West Brentwood, N.Y. (M.P., L.W., S.B.); and the Department of Psychiatry, Emory School of Medicine, Atlanta (P.D.H.).

Disclosures: Dr. Harvey has served as a consultant to Abbott, Dainippon Sumitomo America, Eli Lilly, Johnson & Johnson, Merck, Sepracor, Shire Pharma, and Solvay and has received grant support from AstraZeneca. Dr. Davis's wife receives royalty income from Janssen Pharma and Shire Pharma from sale of a patented drug for the treatment of Alzheimer's disease. The other authors report no financial relationships with commercial interests.

Discussion of unapproved or investigational use of products*: No

Title: The Role of a Prescription in Anxiety Medication Use, Abuse, and Dependence

Faculty: Miriam C. Fenton, M.P.H., Katherine M. Keyes, Ph.D., Silvia S. Martins, M.D., Ph.D., Deborah S. Hasin, Ph.D.

Affiliations: Departments of Psychiatry (K.M.K., D.S.H.) and Epidemiology (M.C.F.), Columbia University, New York; and Johns Hopkins Bloomberg School of Public Health, Baltimore (S.S.M.)

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, 2010 – End date September 30, 2012

EXAMINATION QUESTIONS

Select the single best answer for each question below.

Infant Delirium in Pediatric Critical Care Settings

Gabrielle H. Silver et al.

Am J Psychiatry 2010; 167:1172–1177

Learning Objective. The participant will select among pharmacologic strategies for managing pediatric delirium.

Subject Node. Children and Adolescents; Psychosomatic Medicine

QUESTION 1. What pharmacologic agents are most likely to help limit the time a patient is delirious, decreasing potential toxicity, and associated trauma?

- A. benzodiazepines
- B. barbiturates
- C. neuroleptics
- D. opiates

QUESTION 2. Neurotransmitters identified as responsible for the delirium cascade, and potentially useful in directing choice of neuroleptic include?

- A. dopamine and acetylcholine
- B. dopamine and serotonin
- C. serotonin and acetylcholine
- D. norepinephrine and serotonin

QUESTION 3. The most serious side effects to consider in treating delirium with neuroleptics include

- A. extrapyramidal symptoms
- B. hepatotoxicity
- C. sedation
- D. cardiac toxicity

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.

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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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The Effects of Hypertension and Body Mass Index on Cognition in Schizophrenia

Joseph I. Friedman et al.

Am J Psychiatry 2010; 167:1232–1239

Learning Objective. The participant will recognize the interaction between metabolic medical risk factors and cognitive outcomes among persons with schizophrenia.

Subject Node. Schizophrenia and Other Psychotic Disorders

QUESTION 1. The current study demonstrates that treated hypertension negatively affects which of the following cognitive domains in patients with schizophrenia?

- A. Visuomotor speed
- B. Delayed recall
- C. Working memory
- D. Verbal fluency

QUESTION 2. Which of the following is *not* a potential pathway through which hypertension may impair cognition?

- A. Atherosclerosis
- B. Oxidative stress
- C. Increased activation of the renin-angiotensin system
- D. Leptin resistance

QUESTION 3. The negative effects of body mass index (BMI) on delayed recall in patients with schizophrenia were observed above which of the following thresholds in the present study?

- A. BMI ≥ 20
- B. BMI ≥ 25
- C. BMI ≥ 30
- D. BMI ≥ 35

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The Role of a Prescription in Anxiety Medication Use, Abuse, and Dependence

Miriam C. Fenton et al.

Am J Psychiatry 2010; 167:1247–1253

Learning Objective. The participant will identify behaviors that constitute nonmedical prescription anxiety medication use and understand factors that may increase the risk of nonmedical use among individuals prescribed anxiety medication.

Subject Node. Substance Use Disorders; Anxiety Disorders

QUESTION 1. Which of the following constitutes nonmedical use of anti-anxiety medication among individuals prescribed this medication?

- A. Using a prescription for anxiety symptoms according to the physician's instructions.
- B. Using a prescription intended to treat pain in conjunction with alcohol to increase the medicine's effects.
- C. Using a prescription intended for anxiety symptoms in greater doses than was prescribed.
- D. Obtaining a prescription for anxiety symptoms, but using marijuana to relieve the symptoms instead.

QUESTION 2. Which of the following are predictors of nonmedical prescription anxiety medication use among respondents with a prescription?

- A. Meeting criteria for an anxiety disorder.
- B. There are no known predictors, non-medical use is random.
- C. History of a DSM-IV drug use disorder or personality disorder
- D. Having used one illicit drug.

QUESTION 3. Which of the following is a suggested strategy for managing the risk of nonmedical use of anti-anxiety medications?

- A. Use great caution in prescribing anti-anxiety medications to patients with anxiety disorders because these patients will abuse the medications.
- B. Monitoring for nonmedical use should focus on patients with comorbid pain disorders, since it is unnecessary if there is only an anxiety disorder.
- C. Pay particular attention when screening and monitoring individuals with a history of illicit drug use since these individuals may be at an increased risk of nonmedical use.
- D. Do not prescribe anti-anxiety medication to patients with personality disorders as they are not able to use them appropriately even in the presence of an anxiety disorder.

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