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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: Association Between a High-Risk Autism Locus on 5p14 and Social Communication Spectrum Phenotypes in the General Population
Faculty: Beate St. Pourcain, Ph.D., Kai Wang, Ph.D., Joseph T. Glessner, M.S., Jean Golding, Ph.D., D.Sc., Colin Steer, M.Sc., Susan M. Ring, Ph.D., David H. Skuse, M.D., Struan F.A. Grant, Ph.D., Hakon Hakonarson, M.D., Ph.D., and George Davey Smith, M.D., D.Sc.
Affiliations: Medical Research Council Centre for Causal Analyses in Translational Epidemiology (B.S.P., G.D.S), the Department of Social Medicine (B.S.P., S.R., G.D.S.), and the Centre for Child and Adolescent Health, Department of Community Based Medicine (J.G., C.S.), University of Bristol; Children's Hospital of Philadelphia, Philadelphia (K.W., J.T.G., S.F.A.G., H.H.); and the University College London Institute of Child Health, London (D.H.S.).
Disclosures: All authors report no financial relationships with commercial interests.
Discussion of unapproved or investigational use of products*: No

Title: Problem-Solving Therapy and Supportive Therapy in Older Adults With Major Depression and Executive Dysfunction
Faculty: Patricia A. Areán, Ph.D., Patrick Raue, Ph.D., R. Scott Mackin, Ph.D., Dora Kanellopoulos, B.S., Charles McCulloch, Ph.D., and George S. Alexopoulos, M.D.
Affiliations: Department of Psychiatry, University of California, San Francisco (P.A.A. R.S.M., C.M.; and the Department of Psychiatry, Weill Cornell Medical College, New York (P.R., D.K., G.S.A.)
Disclosures: Dr. McCulloch has received research funding from Amgen for statistical methodology. Dr. Alexopoulos has received grant support from or served in a consulting or speaking capacity for Bristol-Myers Squibb, Cephalon, Forest, GlaxoSmithKline, Janssen, Lilly, Merck, Novartis, Pfizer, and Sanofi-Aventis and holds equity in Johnson & Johnson. All other authors report no financial relationships with commercial interests.
Discussion of unapproved or investigational use of products*: No

Title: Family History of Alzheimer's Disease and Hippocampal Structure in Healthy People
Faculty: Markus Donix, M.D., Alison C. Burggren, Ph.D., Nanthia A. Suthana, Ph.D., Prabha Siddarth, Ph.D., Arne D. Ekstrom, Ph.D., Allison K. Krupa, B.S., Michael Jones, B.S., Laurel Martin-Harris, B.A., Linda M. Ercoli, Ph.D., Karen J. Miller, Ph.D., Gary W. Small, M.D., and Susan Y. Bookheimer, Ph.D.
Affiliations: Center for Cognitive Neurosciences (M.D., A.C.B, N.A.S., A.D.E., A.K.K., M.J., L.M.-H., S.Y.B.), Department of Psychiatry and Biobehavioral Sciences (M.D., A.C.B, N.A.S., P.S., A.D.E., A.K.K., M.J., L.M.-H., L.M.E., K.J.M., G.W.S., S.Y.B.), and Department of Psychology (S.Y.B.), David Geffen School of Medicine at UCLA, Semel Institute, Los Angeles; the UCLA Center on Aging (G.W.S.), Los Angeles; the Department of Psychiatry and Psychotherapy, Universitätsklinikum Carl Gustav Carus, Technische Universität Dresden and the German Center for Neurodegenerative Diseases (DZNE), Dresden, Germany (M.D.); and the Center for Neuroscience and Department of Psychology, University of California at Davis, Davis, Calif. (A.D.E.)
Disclosures: Dr. Small has served as a consultant for and/or received lecture fees from Abbott, Brainstorming Co., Dakim, Eisai, Forest, Myriad Genetics, Novartis, Ortho-McNeil, Pfi zer, Radica, Siemens, and Medivation; he is also a shareholder with Dakim. Dr. Ercoli has received lecture fees from the Alzheimer's Association speaker's bureau and Keiro Senior Health Services. Drs. Donix, Burggren, Suthana, Siddarth, Ekstrom, Miller, and Bookheimer and Ms. Krupa, Mr. Jones, and Ms. Martin-Harris 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 November 1, 2010 – End date October 31, 2012

EXAMINATION QUESTIONS

Select the single best answer for each question below.

Association Between a High-Risk Autism Locus on 5p14 and Social Communication Spectrum Phenotypes in the General Population

Beate St. Pourcain et al.

Am J Psychiatry 2010; 167:1364–1372

Learning Objective. The participant will understand genetic variation contributing to the dimensionality of autism.

Subject Node. Autism; Genetics

QUESTION 1. The presence of risk loci such as rs4307059 for autism spectrum disorders raises the question of whether rs4307059 variation may also influence broader phenotypes that are related to autism spectrum disorder but are milder and non-psychopathological. Which of the following supports this hypothesis?

A. Subthreshold autistic traits are present in family members of autistic patients that are heritable
B. Autistic traits are continuously distributed within the general population
C. There are no natural boundaries between normal and abnormal autism spectrum behavior
D. All of the above

QUESTION 2. Single trait association analysis in members of the general population showed that a higher load of the autism spectrum disorder risk allele at rs4307059 has been associated with which of the following?

A. Less coherence and conversational rapport.
B. Less ability to understand pragmatic aspects of communication.
C. Less sociability and more peer problems.
D. Lower verbal intelligence.

QUESTION 3. The association of multiple autistic-like traits with genetic variation at rs4307059 manifested as a joint signal. Which associations were predominantly driving this combined effect?

A. The strongest single-trait associations.
B. Associations with total behavioral difficulties and special educational needs.
C. Associations with communicative, cognitive and social interactive components of the spectrum.
D. Associations with scales and subscales of the Children's Communication Checklist (CCC).

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
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3. Neutral
4. Disagree
5. Strongly disagree

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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Select the single best answer for each question below.

Problem-Solving Therapy and Supportive Therapy in Older Adults With Major Depression and Executive Dysfunction

Patricia A. Areán et al.

Am J Psychiatry 2010; 167:1391–1398

Learning Objective. The participant will recognize the impact of psychotherapy as an adjunct to depression management in older adults.

Subject Node. Psychotherapy; Mood Disorders; Geriatric Psychiatry

QUESTION 1. Which of the following best characterizes the antidepressant medication response most often observed in co-occurring executive dysfunction and late life depression?

A. typical
B. rapid but incomplete
C. slow
D. poor and/or slow

QUESTION 2. Approximately how many sessions are needed for patients to learn the principles of problem solving after beginning weekly treatment with problem solving therapy?

A. 12
B. 9
C. 6
D. 4

QUESTION 3. For older adults who suffer from recurrent depression and report significant disability, how does their response to problem solving therapy differ from their response to supportive therapy?

A. significantly better with supportive therapy
B. somewhat better with problem solving therapy
C. no difference in outcomes between problem solving and supportive therapy
D. somewhat better with supportive therapy

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EXAMINATION QUESTIONS

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Family History of Alzheimer's Disease and Hippocampal Structure in Healthy People

Markus Donix et al.

Am J Psychiatry 2010; 167:1399–1406

Learning Objective. The participant will appreciate the role of genetic influences on brain structural measures among persons with a family history of Alzheimer's disease.

Subject Node. Genetics; Brain Imaging; Dementia

QUESTION 1. When investigating the effects of family history of Alzheimer's and APOE-4 risk factors, what is the major finding with respect to global hippocampal cortical thickness?

A. Only family history of Alzheimer's is associated with reduced hippocampal cortical thickness.
B. Only APOE-4 genetic risk is associated with reduced hippocampal cortical thickness.
C. Both family history and genetic risk are associated with reduced hippocampal cortical thickness.
D. Neither factor predicted hippocampal cortical thickness.

QUESTION 2. This study found an additive effect of the APOE-4 allele and positive family history of Alzheimer's disease with cortical thinning in medical temporal subregions. Which of the following subregions was the only one in which the effect was not additive?

A. CA field 1
B. subiculum
C. entorhinal cortex
D. fusiform gyrus

QUESTION 3. In this study, gray matter thickness in hippocampal subregions was found to be associated with which of the following neuropsychological findings?

A. Gray matter thickness was significantly higher in age-normal memory subjects regardless of risk factors.
B. There was no correlation between neuropsychological test performance and hippocampal thickness.
C. Gray matter thickness was reduced only in subjects with mild cognitive impairment
D. There was a negative correlation between gray matter thickness and neuropsychological performance.

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