

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

## INFORMATION TO PARTICIPANTS

**OBJECTIVES.** After evaluating a specific journal article published in the American Journal of Psychiatry, 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 APA 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 (APA) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education (CME) for physicians.

**Estimated Time to Complete: 1 Hour**

Begin date October 1, 2006 – End date September 30, 2008

## EXAMINATION QUESTIONS

Select the single best answer for each question below.

### Medication-Induced Weight Gain and Dyslipidemia in Patients With Schizophrenia

Wayne S. Fenton and Mark Chavez  
Am J Psychiatry 2006; 163:1697-1704

**QUESTION 1.** The proportion of schizophrenia patients meeting criteria for metabolic syndrome in the recently published NIMH CATIE study ranges between which of the following percentages?

- A. 10%–20%
- B. 21%–30%
- C. 31%–40%
- D. 40%–50%

**QUESTION 2.** Which of the following antipsychotic medications below is associated with the most weight gain?

- A. Risperidone
- B. Olanzapine
- C. Ziprasidone
- D. Aripiprazole

**QUESTION 3.** The recognition that diabetes mellitus may occur with second generation antipsychotic medications has resulted in which of the following?

- A. The FDA has used available data to rank the medications in terms of risk for diabetes mellitus
- B. Diabetes mellitus has been observed to occur in the absence of weight gain or increased adiposity.
- C. It has been shown that insulin resistance rarely precedes the onset of Type II diabetes mellitus.
- D. The FDA has placed a black box warning on some but not all second generation antipsychotics.

## 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
- 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
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- 4. Disagree
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**STATEMENT 4.** The activity validated my current practice.

- 1. Strongly agree
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- 3. Neutral
- 4. Disagree
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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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## EXAMINATION QUESTIONS

### Diagnosing Adult Attention Deficit Hyperactivity Disorder: Are Late Onset and Subthreshold Diagnoses Valid?

Stephen V. Faraone et al.

Am J Psychiatry 2006; 163:1720-1729

**QUESTION 1.** In the diagnosis of attention deficit hyperactivity disorder (ADHD), the age of onset criterion of 7 years stipulated by the DSM-IV has been evaluated by researchers with which of the following outcomes?

- A. It had been supported by rigorous empirical research.
- B. Research has suggested that the age criterion should be less than age 6 years.
- C. Most research studies of its validity suggest that the criterion of age 7 is too low.
- D. Childhood onset should not be required when diagnosing adults.

**QUESTION 2.** Regarding psychiatric comorbidity among patients with late-onset adult ADHD compared to those with DSM-IV ADHD, which of the following is true?

- A. Patterns of comorbidity among late-onset ADHD patients compared to DSM ADHD do not support the validity of late-onset ADHD as a diagnosis.
- B. Substance abuse is significantly more common among late-onset ADHD patients relative to DSM-IV ADHD patients.
- C. Late-onset ADHD is associated with significantly more functional impairment in the context of psychiatric co-

morbidity compared to DSM-IV ADHD.

- D. Late-onset ADHD adults have the same pattern of psychiatric comorbidity as those with DSM-IV ADHD.

**QUESTION 3.** Which of the following statements reflect the current state of knowledge regarding subthreshold ADHD?

- A. Adults with a history of subthreshold ADHD symptoms should be diagnosed with ADHD.
- B. There is modest evidence for the validity of subthreshold adult ADHD but more research is needed.
- C. Subthreshold ADHD is only valid for the hyperactive impulsive subtype.
- D. Subthreshold ADHD is validated by its increased risk of legal incidents and functional impairment.

## EVALUATION QUESTIONS

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## EXAMINATION QUESTIONS

### Posttraumatic Stress Disorder and Depression in Battle-Injured Soldiers

Thomas A. Grieger et al.

Am J Psychiatry 2006; 163:1777-1783

**QUESTION 1.** Regarding the relationship between high levels of physical problems and the presence of PTSD and depression in the months following injury, high levels of physical problems at one month were predictive of which of the following outcomes longitudinally?

- A. PTSD and depression at 1 month, but no PTSD or depression at 4 months or 7 months.
- B. PTSD and depression at 1 month, 4 months, and 7 months (all time points).
- C. PTSD and depression at 1 month, but only depression and not PTSD at 4 months and 7 months.
- D. PTSD and depression at 1 month, but only PTSD and not depression at 4 months and 7 months.

**QUESTION 2.** In this group of severely injured soldiers, after controlling for demographic characteristics, which statement best describes the outcomes associated with high levels of combat exposure?

- A. PTSD at all three evaluations: 1 month, 4 months, and 7 months following injury
- B. PTSD at the 4-month and 7-month follow-up evaluations but no PTSD 1 month after injury.
- C. PTSD at 1 month but no PTSD at the 4-month or 7-month follow-up evaluations.
- D. PTSD at any evaluation time (1, 4, or 7 months) in this group of severely injured soldiers.

**QUESTION 3.** This study examined predictive factors for PTSD severity at 7 months follow-up after injury. Which of the following statements best describes some of these factors?

- A. The severity of PTSD at 1 month was most significantly related to the PTSD severity at 7 months.
- B. Depression severity at 1 month was not predictive of PTSD severity at 7 months.
- C. Age, gender and marital status significantly influenced PTSD severity at 7 months.
- D. Combat exposure and deployment length significantly influenced PTSD severity at 7 months.

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