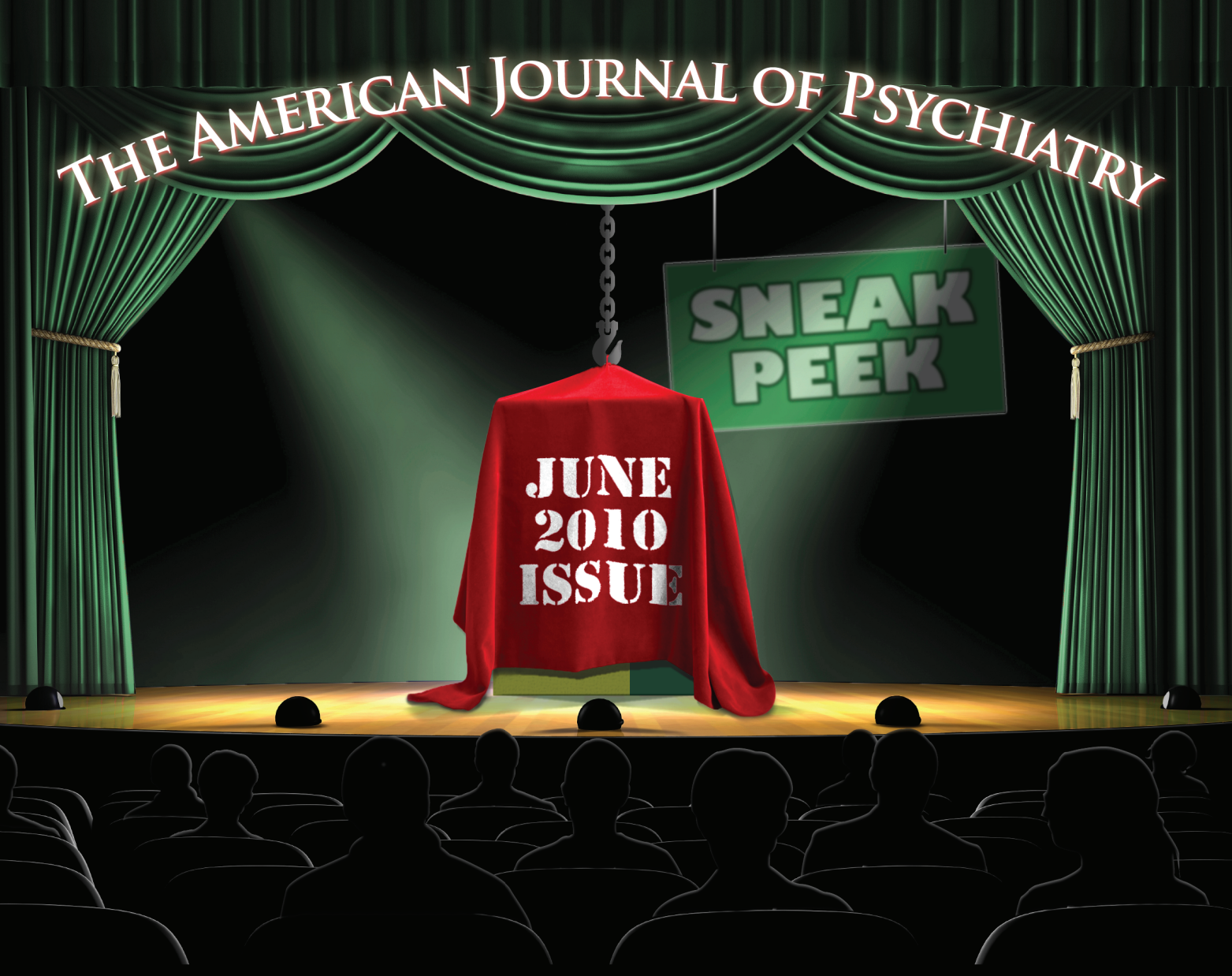

Sneak a Peek Into Psychiatry's Future at the APA Annual Meeting

Have you ever wondered about the decision-making process used to determine which studies are published by *The American Journal of Psychiatry*?

At APA's 2010 annual meeting in New Orleans, you'll get some insight into the answer in a symposium led by AJP Editor Robert Freedman, M.D. He will use the upcoming June issue to explain how submission decisions are made as he highlights important research reported in that issue to be released the following week. Authors of papers that will be appearing in the June issue will also be on hand to present overviews of their findings.

Be a part of this exciting event in New Orleans!

Symposium 47: New Studies to Appear in the June Issue of *The American Journal of Psychiatry*: Presentations by the Authors and Editors
Chair: Robert Freedman, M.D.
Monday, May 24: 2:00 p.m.-5:00 p.m.
Rooms 225/226, Second Level, Morial Convention Center

Among the Presenters

David Spiegel, discussing evidence for a dissociative subtype of PTSD

Mary Zanarini, discussing recovery from borderline personality disorder and its stability

Alexandre Dombrovski, discussing reward/punishment reversal learning in older suicide attempters

David Gardner, discussing an international consensus study of antipsychotic dosing

Other articles of note in the June issue:

A Double-Blind, Placebo-Controlled Trial That Combines Sertraline and Naltrexone for Treating Co-Occurring Depression and Alcohol Dependence

Life-Threatening Danger Suppresses Attention Bias to Threat

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 for 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: Neuropsychiatric Illness in Systemic Lupus Erythematosus: Insights From a Patient With Erotomania and Geschwind's Syndrome
Faculty: Mark T. Wright, M.D.
Affiliations: Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin
Disclosures: The author reports no financial relationships with commercial interests.
Discussion of unapproved or investigational use of products*: Yes

Title: State Effects of Major Depression on the Assessment of Personality and Personality Disorder
Faculty: Leslie C. Morey, Ph.D., M. Tracie Shea, Ph.D., John C. Markowitz, M.D., Robert L. Stout, Ph.D., Christopher J. Hopwood, Ph.D., John G. Gunderson, M.D., Carlos M. Grilo, Ph.D., Thomas H. McGlashan, M.D., Shirley Yen, Ph.D., Charles A. Sanislow, Ph.D., Andrew E. Skodol, M.D.
Affiliation: Department of Psychology, Texas A&M University (L.C.M.); Department of Psychiatry and Human Behavior, Warren Alpert Medical School of Brown University (M.T.S., S.Y.); New York State Psychiatric Institute and Weill Medical College of Cornell University (J.C.M.); Decision Sciences Institute, Providence, R.I. (R.L.S.); Department of Psychology, Michigan State University (C.J.H.); Department of Psychiatry, Harvard Medical School and McLean Hospital (J.G.G.); Department of Psychiatry, Yale University School of Medicine (C.M.G., T.H.M.); Department of Psychology, Wesleyan University (C.A.S.); University of Arizona School of Medicine, and the Sunbelt Collaborative (A.E.S.).
Disclosures: Dr. Markowitz has received research support from NIMH and receives royalties from Oxford University Press, Basic Books, and American Psychiatric Press, Inc. Drs. McGlashan, Sanislow, and Hopwood have received research support from NIMH. All other authors report no financial relationships with commercial interests.
Discussion of unapproved or investigational use of products*: No

Title: Failure of Anterior Cingulate Activation and Connectivity With the Amygdala During Implicit Regulation of Emotional Processing in Generalized Anxiety Disorder
Faculty: Amit Etkin, M.D., Ph.D., Katherine E. Prater, B.A., Fumiko Hoeft, M.D., Ph.D., Vinod Menon, Ph.D., Alan F. Schatzberg, M.D.
Affiliations: Department of Psychiatry and Behavioral Sciences, the Center for Interdisciplinary Brain Science Research, and the Program in Neuroscience, Stanford University.
Disclosures: Dr. Etkin has served as a consultant for Neostim. Dr. Schatzberg has served as a consultant to BrainCells, CeNeRx, CNS Response, Corcept, Eli Lilly, Forest Labs, GlaxoSmithKline, Innapharma, Lundbeck, Merck, Neuronetics, Novartis, Pathway Diagnostics, Pfizer, PharmaNeuroBoost, Quintiles, Sanofi-Aventis, Synosis, Takeda, Xytis, and Wyeth and has received speaking fees from GlaxoSmithKline and Roche; he has equity holdings in BrainCells, CeNeRx, Corcept (co-founder), Forest, Merck, Neurocrine, Pfizer, PharmaNeuroBoost, Somaxon, and Synosis; and he was named an inventor on pharmacogenetic use patents on prediction of antidepressant response. The other authors report no financial relationships with commercial interests.
Discussion of unapproved or investigational use of products*: No

* American Psychiatric Association 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.

Continuing Medical Education

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Estimated Time to Complete: 1 Hour
Begin date May 1, 2010 – End date April 30, 2012

EXAMINATION QUESTIONS

Select the single best answer for each question below.

Neuropsychiatric Illness in Systemic Lupus Erythematosus: Insights From a Patient With Erotomania and Geschwind's Syndrome

Mark T. Wright, M.D.
Am J Psychiatry 2010; 167:502-507

QUESTION 1. Which of the following psychiatric syndromes is not a common neuropsychiatric manifestation of systemic lupus erythematosus (SLE)?

A. Cognitive disorders
B. Eating disorders
C. Mood disorders
D. Psychotic disorders

QUESTION 2. Which of the following statements regarding neuropsychiatric lupus is incorrect?

A. Neuropsychiatric manifestations of SLE can be seen before other manifestations of the disease
B. Routine brain imaging tests such as CT and MRI may not show brain damage related to SLE
C. In the SLE population, primary psychotic disorders such as schizophrenia are more common than psychotic disorders due to SLE brain disease
D. Ribosomal P protein antibodies are present in less than one third of individuals with neuropsychiatric SLE

QUESTION 3. Which of the following SLE-related pathophysiological processes can manifest as mental illness?

A. Cerebrovascular disease
B. Seizure activity
C. Autoantibody/inflammatory mediator injury
D. All of the above

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
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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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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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3. Neutral
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5. Strongly disagree

STATEMENT 6. The activity was free of commercial bias toward a particular product or company.

1. Strongly agree
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Estimated Time to Complete: 1 Hour
Begin date May 1, 2010 – End date April 30, 2012

EXAMINATION QUESTIONS

Select the single best answer for each question below.

State Effects of Major Depression on the Assessment of Personality and Personality Disorder

Leslie C. Morey et al.
Am J Psychiatry 2010; 167:528-535

QUESTION 1. Which of the following findings have led some investigators to conclude that personality characteristics cannot be assessed accurately during a depressive episode?

A. Successfully treated depressed patients show significant changes in personality characteristics
B. Personality self-descriptions offered by depressed patients are usually quite different from those provided by family informants
C. Personality changes in depressed patients over time are much larger than those of non-depressed patients
D. Personality disordered patients typically have poorer outcomes

QUESTION 2. Which of the following best describes the outcome of patients diagnosed at baseline with **BOTH** personality disorder and a major depressive episode?

A. their long-term outcome is very similar to that of depressed patients with no personality disorder
B. their long-term outcome is very similar to that of personality disordered patients with no depression diagnosis
C. their long-term outcome is substantially worse than that of either personality disordered patients without depression or of depressed patients without personality disorder
D. their long-term outcome is substantially better than that of either personality disordered patients without depression, or of depressed patients without personality disorder

QUESTION 3. Which of the following conclusions can best be drawn from the study results?

A. personality features diagnosed in the midst of a depressive episode are largely an artifact of depressed mood state
B. when a depressive episode remits, personality traits assessed after remission show essentially no correlation with traits assessed during the depressive episode
C. treatment of depression probably has no impact on personality disorder features
D. personality features diagnosed in the midst of a depressive episode accurately identify long-standing problems and patterns that are likely to persist

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EXAMINATION QUESTIONS

Select the single best answer for each question below.

Failure of Anterior Cingulate Activation and Connectivity With the Amygdala During Implicit Regulation of Emotional Processing in Generalized Anxiety Disorder

Amit Etkin et al.
Am J Psychiatry 2010; 167:545-554

QUESTION 1. How was implicit regulation of emotional processing assessed in this study?

A. Through self-report questionnaires
B. Using a behavioral task wherein the key contrast examined unconsciously perceived fearful faces
C. Using a behavioral task wherein the key contrast examined adaptation to repeated emotionally incongruent stimuli
D. By asking subjects to reappraise the meaning of an emotional stimulus

QUESTION 2. Which statement best describes the influence of generalized anxiety disorder on implicit emotion regulation?

A. Effects of emotional conflict (incongruent minus congruent) were unaltered in generalized anxiety disorder
B. Patients showed improved adaptation to emotional conflict
C. No differences were found on behavioral measures of implicit emotion regulation, only on brain activation measures
D. Reaction time of patients to post-incongruent incongruent trials, compared to post-congruent incongruent trials were slower, while for healthy subjects post-incongruent incongruent trials were faster

QUESTION 3. Which brain activation abnormalities were observed in patients with generalized anxiety disorder in this study?

A. Greater dorsomedial prefrontal responses to emotional conflict (incongruent minus congruent) in patients
B. Blunted activation of the pregenual cingulate during emotional conflict adaptation in patients
C. Increased connectivity between the pregenual anterior cingulate and the amygdala in patients
D. Increased, compensatory, activation of the pregenual anterior cingulate in patients

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