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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 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: Prospective Predictors of Suicidal Behavior in Borderline Personality Disorder at 6-Year Follow-Up

Faculty: Paul H. Soloff, M.D., Laurel Chiappetta, M.S.

Affiliations: Department of Psychiatry, School of Medicine (P.H.S.), and the Department of Statistics (L.C.) at the University of Pittsburgh.

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

Discussion of unapproved or investigational use of products*: No

Title: Suicidal Behavior and Severe Neuropsychiatric Disorders Following Glucocorticoid Therapy in Primary Care

Faculty: Laurence Fardet, M.D., Ph.D., Irene Petersen, Ph.D., Irwin Nazareth, M.D., Ph.D.

Affiliations: From the Medical Research Council General Practice Research Framework, London; the Department of Internal Medicine, Saint-Antoine Hospital, Paris; the Faculty of Medicine, University Pierre and Marie Curie, Paris; and the Research Department of Primary Care and Population Health, Royal Free Campus, London.

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

Discussion of unapproved or investigational use of products*: Yes

Title: Lower CSF Amyloid Beta Peptides and Higher F2-Isoprostanes in Cognitively Intact Elderly Individuals With Major Depressive Disorder

Faculty: Nunzio Pomara, M.D., Davide Bruno, Ph.D., Antero S. Sarreal, M.D., Raymundo T. Hernando, M.D., Jay Nierenberg, M.D., Ph.D., Eva Petkova, Ph.D., John J. Sidtis, Ph.D., Thomas M. Wisniewski, M.D., Pankaj D. Mehta, Ph.D., Domenico Pratico, M.D., Henrik Zetterberg, M.D., Ph.D., Kaj Blennow, M.D., Ph.D.

Affiliations: From the Nathan Kline Institute, Orangeburg, N.Y. (N.P., D.B., A.S.S., R.T.H., J.N., J.J.S.); New York University School of Medicine, New York (E.P., T.M.W.); New York State Institute for Basic Research, Staten Island, N.Y. (P.D.M.); Department of Pharmacology, Temple University, Philadelphia (D.P.); and Neurochemistry Lab, Institute of Neuroscience and Physiology, Department of Psychiatry and Neurochemistry, the Sahlgrenska Academy at the University of Gothenburg, Mölndal, Sweden (H.Z., K.B.).

Disclosures: Dr. Pomara holds a joint patent with New York University School of Medicine and a patent application related to this study. Dr. Blennow has served on advisory boards for Innogenetics. All other 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 May 1, 2012 – End date April 30, 2014

EXAMINATION QUESTIONS

Select the single best answer for each question below.

Prospective Predictors of Suicidal Behavior in Borderline Personality Disorder at 6-Year Follow-Up

Paul H. Soloff, M.D., Laurel Chiappetta, M.S.
Am J Psychiatry 2012; 169:484–490

Learning Objective. The participant will recognize how different risk factors for suicide change over time for persons with borderline personality disorder.

1. In this 6-year follow-up study, prospective predictors of suicide attempts include which of the following characteristics?

- A. Low socioeconomic status
- B. Poor psychosocial adjustment
- C. Family history of suicide
- D. All of the above

2. The presence of comorbid major depressive disorder increases the risk of a suicide attempt in which follow-up interval?

- A. 12 months
- B. 24 months
- C. 4 years
- D. 6 years

3. Those attempting suicide who have a pattern of repeated low-lethality attempts over time are characterized by which of the following traits?

- A. High degrees of negativism
- B. Poor psychosocial function
- C. Comorbid antisocial personality disorder
- D. Major depression or bipolar affective disorder

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 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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Suicidal Behavior and Severe Neuropsychiatric Disorders Following Glucocorticoid Therapy in Primary Care

Laurence Fardet, M.D., Ph.D., et al.
Am J Psychiatry 2012; 169:491–497

Learning Objective. The participant will consider the role of glucocorticoid treatment in the development of suicidal behavior and neuropsychiatric symptoms.

1. Glucocorticoids may induce severe neuropsychiatric disorders within the first weeks of exposure; which of the following is the most frequently observed in people exposed to oral glucocorticoids?
 - A. Mania
 - B. Depression
 - C. Delirium
 - D. Panic disorder
2. Compared to people unexposed to glucocorticoids, the risk of suicidal phenomena in people exposed to the drug is increased by:
 - A. One- to threefold
 - B. Three- to fivefold
 - C. Five- to sevenfold
 - D. Seven- to ninefold
3. What is the prevalence of use of oral glucocorticoids in the general adult population?
 - A. Approximately 0.1%
 - B. Approximately 1%
 - C. Approximately 3%
 - D. Approximately 5%

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Lower CSF Amyloid Beta Peptides and Higher F2-Isoprostanes in Cognitively Intact Elderly Individuals With Major Depressive Disorder

Nunzio Pomara, M.D., et al. • Am J Psychiatry 2012; 169:523–530

Learning Objective. The participants will appreciate the role of CSF amyloid beta peptides and F2-isoprostanes in relationship to major depressive disorder in cognitively-intact older individuals.

1. Low levels of CSF amyloid beta 42 relative to comparison subjects is considered a biomarker of Alzheimer's disease. Which of the following measures is also associated with Alzheimer's disease?

- A. Higher CSF levels of hyperphosphorylated tau protein relative to comparison subjects
- B. Increased brain amyloid deposition demonstrated by in vivo imaging using amyloid tracers
- C. Higher CSF levels of total tau protein relative to comparison subjects
- D. All of the above

2. The current study found low CSF amyloid beta 42 in cognitively intact elderly individuals with major depressive disorder relative to the comparison group. How did CSF tau measures compare?

- A. Only CSF hyperphosphorylated tau protein was higher with major depression.
- B. CSF total tau protein was elevated in individuals with major depression.
- C. CSF total and hyperphosphorylated tau protein did not differ between depressed and comparison subjects.
- D. CSF total tau and hyperphosphorylated tau protein were both reduced in major depression.

3. F2-isoprostanes in CSF are considered to be a measure of which of the following?

- A. Cerebrovascular ischemia
- B. Amyloid beta production
- C. Apoptosis
- D. Oxidative stress/inflammation

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