

Exams are available online only at 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 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 February 1, 2007 – End date January 31, 2009

EXAMINATION QUESTIONS

Select the single best answer for each question below.

Alcohol Use and Anxiety: Diagnostic and Management Issues

Kathleen T. Brady, et al.

Am J Psychiatry 2007; 164:217-221

QUESTION 1. Which of the following guidelines is most appropriate for diagnosing co-occurring anxiety and alcohol use disorders?

- A. Anxiety disorders of any type cannot be diagnosed until the patient has demonstrated a sustained period of abstinence for several months.
- B. Alcohol use disorders cannot be diagnosed until the patient's anxiety disorder has been successfully treated.
- C. Generalized anxiety disorder and panic disorder can typically be diagnosed while the patient is still drinking.
- D. Relative to other anxiety disorders, social phobia and obsessive-compul-

sive disorder can be diagnosed after a briefer period of abstinence.

QUESTION 2. Which of the following statements reflects the current understanding of pharmacotherapy of comorbid anxiety and alcohol use disorders?

- A. Benzodiazepines are the only class of medication with proven efficacy in reducing alcohol use in patients with comorbid anxiety disorders.
- B. Naltrexone, acamprosate, and disulfiram all have greater efficacy in reducing drinking in alcohol-dependent patients with comorbid anxiety disorders than in patients with alcohol dependence alone.
- C. Selective serotonin reuptake inhibi-

tors (SSRIs) may be most useful in reducing alcohol use in patients with later onset and less severe alcohol dependence.

- D. SSRIs have been demonstrated consistently to reduce alcohol consumption in patients with all known anxiety disorders.

QUESTION 3. According to epidemiologic evidence, which of the following anxiety disorders is typically antecedent to alcohol use disorders in comorbid populations?

- A. Generalized anxiety disorder
- B. Posttraumatic stress disorder
- C. Social phobia
- D. Any anxiety 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
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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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Successful Tobacco Dependence Treatment in Schizophrenia

Jill M. Williams and Jonathan Foulds
Am J Psychiatry 2007; 164:222-227

QUESTION 1. Which is TRUE regarding tobacco dependence treatment in persons with a mental illness?

- A. Studies of smokers with schizophrenia indicate that they are only half as successful in making quit attempts as other smokers.
- B. Treatment with typical antipsychotics is associated with reduced smoking and improved quit rates in schizophrenia.
- C. Smokers with schizophrenia almost always experience symptomatic worsening when they try to quit smoking.
- D. Treatment for tobacco dependence should not be initiated until a mental disorder is in remission.

QUESTION 2. Which of the following statements is FALSE regarding smoking in schizophrenia?

- A. Individuals with schizophrenia smoke at rates three times higher than the general U.S. population.
- B. Patients characteristically smoke > 20 cigarettes per day, with moderate to severe nicotine dependence.
- C. Abnormal electrophysiological measures and saccadic eye movements improve during smoking.
- D. The benefits from smoking outweigh the dangers for individuals with schizophrenia.

QUESTION 3. Which of the following statements is FALSE regarding nicotine nasal spray?

- A. The rapid onset of action and intermittent dosing may offer more immediate craving relief.
- B. Can be dosed up to five times in a 1-hour period and 40 times per day.
- C. Like the nicotine patch, nasal spray produces maximum nicotine levels in 6 hours.
- D. Causes irritation to the nasal mucosa which leads to early product discontinuation in some users.

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Psychiatric Disorders Among Bariatric Surgery Candidates: Relationship to Obesity and Functional Health Status

Melissa A. Kalarchian et al.

Am J Psychiatry 2007; 164:328-334

QUESTION 1. The 1991 NIH Consensus Development Conference Panel for Gastrointestinal Surgery for Severe Obesity suggests that the pre-surgical evaluation should include psychiatric expertise for which of the following reasons?

- A. A multidisciplinary evaluation is recommended, including psychiatric, medical and nutritional experts.
- B. Psychiatric disorders should be treated and in sustained remission before proceeding with surgery
- C. Psychiatric disorders are a contraindication to surgery even if they are in remission
- D. The evaluation will identify whether the patient's obesity is due to psychological factors

QUESTION 2. Upon evaluation prior to weight loss surgery, what is the most common class of psychiatric disorder diagnosed at the time of surgery?

- A. Mood disorders
- B. Anxiety disorders
- C. Eating disorders
- D. Substance use disorders

QUESTION 3. Among candidates for weight loss surgery, axis I psychiatric disorders are associated with

- A. Greater obesity
- B. Lower functional health status
- C. Both greater obesity and lower functional health status
- D. Neither degree of obesity nor functional health status

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