Continuing Medical Education

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

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CREDITS. The APA designates this educational activity for a maximum of 1 AMA PRA Category 1 CreditTM. 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 July 1, 2007 – End date June 30, 2009

EXAMINATION QUESTIONS

Select the single best answer for each question below.

Early Psychosocial Intervention Following Traumatic Events

Jonathan I. Bisson et al. Am J Psychiatry 2007; 164:1016-1019

QUESTION 1. What is the estimated proportion of individuals exposed to traumatic events who develop PTSD?

A. 8%

B. 14%

C. 22%

D. 48%

QUESTION 2. The 2005 U.K. National Institute for Health and Clinical Excellence guidelines recommend that trauma-focused cognitive therapy be made available within which of the following intervals after a traumatic event?

- A. Within 1 month
- B. Between 1 and 3 months
- C. Between 3 and 5 months
- D. After 5 months

QUESTION 3. Recent practice recommendations have suggested which of the following responses to be most appropriate for all individuals as the first step after a traumatic event?

- A. Practical and pragmatic support as required
- B. Psychological debriefing
- C. Trauma-focused cognitive behavior therapy
- D. Eye movement desensitization and reprocessing

EVALUATION QUESTIONS

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STATEMENT 1. The activity achieved its stated objectives

- 1. Strongly agree
- 2. Agree
- 3. Neutral
- 4. Disagree
- 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.

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EXAMINATION QUESTIONS

Select the single best answer for each question below.

Suicide Attempts Among Patients Starting Depression Treatment With Medications or Psychotherapy

Gregory E. Simon and James Savarino Am J Psychiatry 2007; 164:1029-1034

QUESTION 1. Outpatient claims data for new antidepressant prescriptions demonstrated that primary care providers prescribe approximately what percent of new prescriptions for depression?

- A. 50%
- B. 85%
- C. 30%
- D. 70%

OUESTION 2. Claims data reflecting emergency room visits or hospitalizations for suicide attempts were observed to decline after starting depression treatment among patients treated

- A. Antidepressant medication only
- B. Psychotherapy only
- C. Antidepressants from psychiatrists
- D. Either antidepressant medication or psychotherapy

OUESTION 3. Claims reflecting suicide attempts after starting antidepressant medication were three times more frequent in patients treated by psychiatrists than patients treated by primary care physicians. The most likely explanation for this difference is:

- A. Patients treated by psychiatrists drop out of treatment more often.
- B. Primary care physicians don't ask patients about suicide attempts.
- Patients treated by psychiatrists had higher risk before starting treatment
- D. Patients treated by psychiatrists were more often female.

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EXAMINATION QUESTIONS

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Columbia Classification Algorithm of Suicide Assessment (C-CASA): Classification of Suicidal Events in the FDA's Pediatric Suicidal Risk Analysis of Antidepressants Kelly Posner et al.

Am J Psychiatry 2007; 164:1035-1043

QUESTION 1. If a patient injures himself on purpose but does not acknowledge that he intended to die, then the event would be most accurately classified as which of the following?

- A. A suicide attempt under any circumstance even if intent to die is not evident
- B. A suicide attempt only if the patient has previously attempted suicide
- C. A suicide attempt if intent to die could be inferred from the behavior or circumstance
- D. Non-suicidal self-injury even if intent to die could be inferred from the circumstance

QUESTION 2. What resulted from the reclassification by C-CASA of adverse events reported during pediatric antidepressant clinical trials?

- A. C-CASA reclassification found more suicidal behavior and ideation, but fewer attempts.
- B. C-CASA reclassification resulted in a 50% increase in rate of suicide attempts
- C. The FDA determined that C-CASA should be used by only expert suicidologists
- D. Pharmaceutical companies were likely to underestimate the seriousness of a potentially suicidal event.

QUESTION 3. Self-injurious behavior associated with no intent to die would most likely be described as

- A. Inferred suicidal ideation
- B. Self-mutilation to relieve distress or manage affect
- C. A preparatory act toward imminent suicidality
- D. Accidental injury or non-specific behavior

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