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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™).

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Information on Courses

Title: Neurobiology of Aggression and Violence
Faculty: Larry J. Siever, M.D.
Affiliation: Department of Psychiatry, Mount Sinai School of Medicine, New York
Disclosures: The author reports no competing interests.
Discussion of unapproved or investigational use of products*: None

Title: Fluoxetine Versus Placebo in Preventing Relapse of Major Depression in Children and Adolescents
Faculty: Graham J. Emslie, M.D., Beth D. Kennard, Psy.D., Taryn L. Mayes, M.S., Jeanne Nightingale-Teresi, R.N., Thomas Carmody, Ph.D., Carroll W. Hughes, Ph.D., A. John Rush, M.D., Rongrong Tao, M.D., Ph.D., Jeanne W. Rintelmann, B.A.
Affiliations: University of Texas Southwestern Medical Center at Dallas
Disclosures: Dr. Emslie receives research support from or served as an adviser, consultant, or speaker for BioBehavioral Diagnostics, Eli Lilly, Forest Laboratories, GlaxoSmithKline, McNeil, NIMH, Somerset, Shire, and Wyeth-Ayerst. Dr. Hughes is a consultant for BioBehavioral Diagnostics. Dr. Rush has received research support from or served as an adviser, consultant, or speaker for Advanced Neuromodulation Systems, AstraZeneca, Best Practice Project Management, Bristol-Myers Squibb, Cyberonics, Eli Lilly, Forest Pharmaceuticals, Gerson Lehman Group, GlaxoSmithKline, Jazz Pharmaceuticals, Magellan Health Services, Merck, Neuronetics, NIMH, Ono Pharmaceuticals, Organon, Pamlab, Personality Disorder Research Corp., Pfizer, Robert Wood Johnson Foundation, Stanley Medical Research Institute, Urban Institute, and Wyeth-Ayerst; he has equity holdings in Pfizer and has royalty income affiliations with Guilford Publications and Healthcare Technology Systems. All other authors report no competing interests.
Discussion of unapproved or investigational use of products*: Yes

Title: Depression and Ischemic Heart Disease Mortality: Evidence From the EPIC-Norfolk United Kingdom Prospective Cohort Study
Faculty: Paul G. Surtees, Ph.D., Nicholas W.J. Wainwright, Ph.D., Robert N. Luben, B.Sc., Nicholas J. Wareham, M.B.B.S., Ph.D., Sheila A. Bingham, Ph.D., Kay-Tee Khaw, M.B.B.Chir.
Affiliations: University of Cambridge (P.G.S., N.W.J.W., R.N.L., K.-T.K.) and Medical Research Council (N.J.W., S.A.B.).
Disclosures: All authors report no competing interests.
Discussion of unapproved or investigational use of products*: None

* 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.

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Estimated Time to Complete: 1 Hour
Begin date April 1, 2008 – End date March 31, 2010

EXAMINATION QUESTIONS

Select the single best answer for each question below.

Neurobiology of Aggression and Violence

Larry J. Siever, M.D.
Am J Psychiatry 2008; 165:429-442

QUESTION 1. Which of the following neurotransmitter abnormalities may be associated with aggression according to current research?

A. Increased serotonergic activity
B. Reduced catecholaminergic activity
C. Reduced serotonergic activity
D. Increased gabaminergic activity

QUESTION 2. Brain regions consistently implicated in aggression include the amygdala and cingulate gyrus as well as which of the following regions?

A. Orbital frontal cortex
B. Cerebellum
C. Globus pallidus
D. Pons

QUESTION 3. Which of the following statements regarding neuropeptides in aggression is correct?

A. Reduced testosterone is consistently associated with aggression.
B. Opiate antagonists tend to increase the likelihood of self-injurious aggression.
C. CSF vasopressin concentrations have been reported to correlate with aggression.
D. Oxytocin increases amygdala activity and aggressive behavior.

EVALUATION QUESTIONS

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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
3. Neutral
4. Disagree
5. Strongly disagree

STATEMENT 4. The activity validated my current practice.
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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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Fluoxetine Versus Placebo in Preventing Relapse of Major Depression in Children and Adolescents

Graham J. Emslie et al.
Am J Psychiatry 2008; 165:459-467

QUESTION 1. Which of the following is not a phase of treatment for an episode of major depressive disorder?

A. Preventive
B. Acute
C. Continuation
D. Maintenance

QUESTION 2. Regarding continuation treatment of depression in children and adolescents, the primary finding of this study was which of the following?

A. Fluoxetine and placebo had equal rates of relapse but fluoxetine increased the time to relapse.
B. Fluoxetine and placebo did not differ in likelihood of relapse or time to relapse.
C. Fluoxetine was superior to placebo in preventing relapse and in increasing time to relapse.
D. Fluoxetine was associated with a greater likelihood of relapse when compared to placebo.

QUESTION 3. In continuation treatment after 12 weeks of acute treatment with fluoxetine, the median time to relapse for participants randomly assigned to placebo in the continuation phase was which of the following?

A. 4 weeks
B. 8 weeks
C. 12 weeks
D. 24 weeks

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Depression and Ischemic Heart Disease Mortality: Evidence From the EPIC-Norfolk United Kingdom Prospective Cohort Study

Paul G. Surtees et al.
Am J Psychiatry 2008; 165:515-523

QUESTION 1. Among which of the following age groups is the strongest association found between major depressive disorder within the preceding 12 months and ischemic heart disease mortality?

A. 41-49 years.
B. 50-59 years.
C. 60-69 years.
D. 70-80 years.

QUESTION 2. In what way are symptoms of major depressive disorder in the previous 12 months reported to be associated with ischemic heart disease mortality?

A. Neither cognitive nor somatic symptoms were associated with ischemic heart disease mortality.
B. Cognitive but not somatic symptoms were associated with ischemic heart disease mortality.
C. Somatic but not cognitive symptoms were associated with ischemic heart disease mortality.
D. Both somatic and cognitive symptoms were associated with ischemic heart disease mortality.

QUESTION 3. How did the authors interpret the association they reported between 12-month major depressive disorder and ischemic heart disease mortality?

A. Depression is prospectively associated with mortality; future work is needed to clarify the nature of this association.
B. Depression is causally related to heart disease mortality through the promotion of atherosclerosis.
C. Depression is associated with heart disease mortality through the adoption of cardiotoxic lifestyles.
D. Depression and subsequent cardiac events are both due to undiagnosed subclinical cardiovascular disease.

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