Continuing Medical Education

Exams are available online only at cme.psychiatryonline.org

INFORMATION TO PARTICIPANTS

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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.

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Estimated Time to Complete: 1 Hour
Begin date July 1, 2008 – End date June 30, 2010

EXAMINATION QUESTIONS

Select the single best answer for each question below.

Rechallenging With Clozapine Following Neutropenia: Treatment Options for Refractory Schizophrenia

Sharmin Ghaznavi et al.
Am J Psychiatry 2008; 165:813-818

QUESTION 1. When is the greatest reported risk of developing neutropenia or agranulocytosis with clozapine?

A. The first 6 days of treatment.
B. The first 6 months of treatment.
C. The risk keeps increasing with time.
D. There is no period of greatest risk.

QUESTION 2. Adjunctive treatment with valproate in clozapine-treated patients

A. can increase the risk of neutropenia.
B. is a first-line agent for clozapine-induced seizures.
C. may increase serum clozapine levels.
D. all of the above.

QUESTION 3. Lithium augmentation for clozapine-treated patients

A. may increase white blood cell counts.
B. has been proven to cause demargination of white cells.
C. has no known adverse consequences.
D. may reduce white blood cell counts.

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
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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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EXAMINATION QUESTIONS

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Clinical Symptom Responses to Atypical Antipsychotic Medications in Alzheimer's Disease: Phase 1 Outcomes From the CATIE-AD Effectiveness Trial

David L. Sultzer et al.
Am J Psychiatry 2008; 165:844-854

QUESTION 1. What event defined the end of the phase 1 treatment period in the CATIE-AD effectiveness study?

A. Clinician decision to change treatment from the initially assigned medication
B. 36 weeks of phase 1 medication treatment
C. 12 weeks of phase 1 treatment and judged to be responsive on the Clinical Global Impression scale
D. 12 weeks of phase 1 medication treatment

QUESTION 2. Which of the following statements is true regarding both global and individual symptoms on the Neuropsychiatric Inventory at the last observation in phase 1 treatment?

A. Greater improvement was observed only with risperidone treatment compared to placebo treatment
B. Greater improvement was observed with olanzapine and risperidone treatment compared to placebo
C. No active drug treatment group showed greater improvement when compared to placebo
D. No active drug treatment group showed worsening in any clinical rating score compared to placebo

QUESTION 3. Compared to placebo treatment, atypical antipsychotic treatment in phase 1 of the CATIE-AD effectiveness study appeared to be most effective for which clinical symptoms?

A. Depression and apathy
B. Impaired activities of daily living
C. Anxiety, excitement, and tension
D. Anger, aggression, and suspiciousness

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EXAMINATION QUESTIONS

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Empirically Derived Decision Trees for the Treatment of Late-Life Depression

Carmen Andreescu et al.
Am J Psychiatry 2008; 165:855-862

QUESTION 1. Which of the following factors is the most significant predictor of a positive treatment response in late depression?

A. high baseline anxiety scores
B. duration of current episode
C. high baseline sleep disturbance
D. early improvement in depressive symptoms

QUESTION 2. When a clinician treating late-life depression wants to minimize the chance of continuing a treatment that will eventually prove to be ineffective, which of the following predictors of response is most important?

A. duration of current episode
B. suicidal ideation at baseline
C. age at onset of first episode of depression
D. baseline sleep disturbance

QUESTION 3. When a clinician treating late-life depression wants to minimize the chance of discontinuing a treatment that will eventually prove to be effective, which of the following predictors of response is most important?

A. duration of current episode
B. recurrence of depression
C. suicidal ideation at baseline
D. severe sleep disturbance at baseline

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