

Continuing Medical Education

You now have an opportunity to earn CME credits by reading articles in *The American Journal of Psychiatry*. Three articles in this issue each comprise a short course for up to 1 hour category 1 CME credit each. The course comprises reading the article and answering three multiple-choice questions with a single correct answer. CME credit is issued only online. Readers who want credit must subscribe to the AJP Continuing Medical Education Course Program (cme.psychiatryonline.org), select *The American Journal of Psychiatry* at that site, take the course(s) of their choosing, complete the evaluation form, and submit their answers for CME credit. In the online course, correct answers will be highlighted for the reader's reference; there is no minimum threshold score necessary for the credit. A link from the question to the correct answer in context will be highlighted in the associated article. A certificate for each course will be generated upon successful completion.

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™).

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 (ACCME) to provide continuing medical education (CME) for physicians.

Information on Courses

Title: Psychosis in the Elderly

Faculty: Helen H. Kyomen, M.D., M.S., Theodore H. Whitfield, Sc.D., M.S.

Affiliations: Department of Psychiatry, Geriatric Psychiatry Program, McLean Division of Massachusetts General Hospital (H.H.K.); Biostatistics Solutions Consulting (T.H.W.).

Disclosures: Dr. Kyomen has received research support from or served as a consultant to AstraZeneca, Bayer, Bristol-Myers Squibb, Eli Lilly, GlaxoSmithKline, Merck, Novartis, Roche, UCB Pharma, Wyeth-Ayerst, Pfizer, NIH, the John A. Hartford Foundation, the National Institute on Aging, and the Department of Veterans Affairs. Dr. Whitfield has received research support from AstraZeneca and NIH.

Discussion of unapproved or investigational use of products*: Yes

Title: A Meta-Analysis of Head-to-Head Comparisons of Second-Generation Antipsychotics in the Treatment of Schizophrenia

Faculty: Stefan Leucht, M.D., Katja Komossa, M.D., Christine Rummel-Kluge, M.D., Caroline Corves, M.Sc., Heike Hunger, Franziska Schmid, Claudia Asenjo Lobos, M.Sc., Sandra Schwarz, John M. Davis, M.D.

Affiliation: Department of Psychiatry and Psychotherapy, Technische Universität München (S.L., K.K., C.R.-K., C.C., H.H., F.S., S.S.); Investigacion y Gestion basada en la evidencia, University de la Frontera, Temuco, Chile (C.A.L.); Department of Psychiatry, University of Illinois at Chicago (J.M.D.)

Disclosures: Dr. Leucht has received speaker and/or consultancy honoraria from Sanofi-Aventis, Bristol-Myers Squibb, Eli Lilly, Janssen/Johanson & Johnson, Lundbeck, and Pfizer and has received research funding from Eli Lilly and SanofiAventis. Dr. Rummel-Kluge has received lecture honoraria and travel grants to attend scientific meetings from AstraZeneca, Janssen-Cilag, Eli Lilly, and Pfizer. All other authors report no competing interests.

Discussion of unapproved or investigational use of products*: Yes

Title: Older Adults' Attitudes Toward Enrollment of Non-competent Subjects Participating in Alzheimer's Research

Faculty: Jason Karlawish, M.D., Jonathan Rubright, M.S., David Casarett, M.D., Mark Cary, Ph.D., Thomas Ten Have, Ph.D., Pamela Sankar, Ph.D.

Affiliations: University of Pennsylvania Departments of Medicine (J.K., J.R., D.C.), Epidemiology and Biostatistics (M.C., T.T.H.), and Bioethics (P.S.).

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 February 1, 2009 – End date February 28, 2011

EXAMINATION QUESTIONS

Select the single best answer for each question below.

Psychosis in the Elderly

Helen H. Kyomen and Theodore H. Whitfield
Am J Psychiatry 2009; 166:146–150

QUESTION 1. Which of the following best characterizes psychosis associated with delirium?

- A. Poverty of thought, irrationality, and visual hallucinations.
- B. Delusions of a guilt-ridden nature with poor self-esteem.
- C. Paranoid thoughts focused on items being stolen or disloyalty of family members.
- D. Fixed, false beliefs with grandiose and religious features.

QUESTION 2. The Beers criteria address which of the following?

- A. potentially inappropriate medication use in the elderly
- B. medications that are prohibited under the OBRA regulations for nursing homes
- C. medications that are not covered by Medicare Part D
- D. medication uses that are contraindicated in the elderly

QUESTION 3. Initial management of delirium, after simplifying and tapering the patient's psychotropic medications, should involve which of the following?

- A. Begin treatment with an acetylcholinesterase inhibitor and an NMDA antagonist.
- B. Implement new psychotropic medications to target individual symptoms of anxiety, psychosis and depression.
- C. Initiate an evaluation for possible electroconvulsive therapy
- D. Treat any underlying sources of delirium including urinary tract infection, constipation and pain.

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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A Meta-Analysis of Head-to-Head Comparisons of Second-Generation Antipsychotics in the Treatment of Schizophrenia

Stefan Leucht et al.

Am J Psychiatry 2009; 166:152–163

QUESTION 1. In the meta-analysis, most blinded head-to-head comparisons for second-generation antipsychotic drugs were available for which of the following?

- A. ziprasidone
- B. olanzapine
- C. clozapine
- D. quetiapine

QUESTION 2. Which of the following antipsychotic drugs is most associated with weight gain?

- A. ziprasidone
- B. risperidone
- C. olanzapine
- D. quetiapine

QUESTION 3. Which of the following antipsychotic drugs is most associated with increase in prolactin levels?

- A. clozapine
- B. quetiapine
- C. haloperidol
- D. risperidone

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Older Adults' Attitudes Toward Enrollment of Non-competent Subjects Participating in Alzheimer's Research

Jason Karlawish et al.

Am J Psychiatry 2009; 166:182–188

QUESTION 1. When older adults' preferences for granting advance consent and granting leeway to a proxy were combined, what proportion were willing to participate in greater than minimal risk research?

- A. 10%
- B. 25%
- C. 50%
- D. 75%

QUESTION 2. When older adults were asked to introduce the concept of leeway in their decision-making about proxy consent for research that presents no potential to benefit the subjects, what happened to their willingness to participate in Alzheimer's research?

- A. Leeway had no effect on willingness to participate.
- B. Leeway increased willingness to participate in both minimal risk and greater than minimal risk research.
- C. Leeway had no effect on willingness to participate in greater than minimal risk research.
- D. Leeway decreased willingness to participate.

QUESTION 3. Which characteristic of older adults was most significantly associated with willingness to participate in Alzheimer's research?

- A. Knowledge and attitudes about Alzheimer's disease.
- B. Years of education.
- C. Favorable attitudes about research in general.
- D. Social responsibility.

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