

Continuing Medical Education

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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™).

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: Treatment-Resistant Depression and Mortality After Acute Coronary Syndrome

Faculty: Robert M. Carney, Ph.D., Kenneth E. Freedland, Ph.D.

Affiliations: Department of Psychiatry, Washington University School of Medicine, St. Louis.

Disclosures: Dr. Carney reports receiving an honorarium from Forest Laboratories, Inc., and receiving study medication from Pfizer for an NIMH-funded clinical trial. Dr. Freedland reports no competing interests.

Discussion of unapproved or investigational use of products*: No

Title: Can Clinicians Recognize DSM-IV Personality Disorders From Five-Factor Model Descriptions of Patient Cases?

Faculty: Benjamin M. Rottman, B.A., Woo-kyoung Ahn, Ph.D., Charles A. Sanislow, Ph.D., Nancy S. Kim, Ph.D.

Affiliation: Department of Psychology, Yale University; Department of Psychiatry, Yale University (B.M.R., W-k.A., C.A.S.); Department of Psychology, Northeastern University (N.S.K.).

Disclosures: All authors report no competing interests.

Discussion of unapproved or investigational use of products*: No

Title: Reduced Neural Habituation in the Amygdala and Social Impairments in Autism Spectrum Disorders

Faculty: Natalia M. Kleinhans, Ph.D., L. Clark Johnson, Ph.D., Todd Richards, Ph.D., Roderick Mahurin, Ph.D., Jessica Greenson, Ph.D., Geraldine Dawson, Ph.D., Elizabeth Aylward, Ph.D.

Affiliations: Department of Radiology, the Department of Psychosocial and Community Health, the Center on Human Development and Disability, and the Autism Center, University of Washington, Seattle, and Autism Speaks, New York.

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* 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, 2009 – End date March 31, 2011

EXAMINATION QUESTIONS

Select the single best answer for each question below.

Treatment-Resistant Depression and Mortality After Acute Coronary Syndrome

Robert M. Carney and Kenneth E. Freedland
Am J Psychiatry 2009; 166:410–417

QUESTION 1. The Enhancing Recovery in Coronary Heart Disease (ENRICH) study was a multicenter, randomized, controlled clinical trial involving a depression intervention which tested which of the following outcomes?

- A. a change in physiologic indices of the cardiometabolic syndrome
- B. new-onset cerebrovascular events in the context of known atherosclerotic heart disease
- C. sudden cardiac death in the absence of known cardiovascular risk factors
- D. recurrent infarction and death after an acute myocardial infarction

QUESTION 2. Taken together, the several multisite trials suggest that unsuccessful treatment of depression after hospitalization for acute coronary syndrome identifies a high-risk patient subgroup. How did this group likely affect the overall interpretation of these findings?

- A. This group tended to attenuate the treatment effects by responding much better to the usual care / control condition.
- B. This group may have been unequally distributed due to preferential assignment to the active treatment condition.
- C. This group may help to explain the failure of ENRICH and the other clinical trials to improve survival.
- D. There was likely no effect of a high-risk patient group in the clinical trial treatment outcomes overall.

QUESTION 3. Which of the following best reflects the association between cerebrovascular ischemic disease and treatment outcome in the study samples?

- A. A significant effect of small vessel ischemic disease influenced the variance in depression outcome.
- B. There was little evidence to support overt or subclinical cerebrovascular disease as an explanation for poor response to treatment.
- C. There was evidence for an effect of cerebrovascular disease on mortality but this was independent of depressive symptoms.
- D. The presence of cerebrovascular disease was associated with a favorable treatment response.

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 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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Can Clinicians Recognize DSM-IV Personality Disorders From Five-Factor Model Descriptions of Patient Cases?

Benjamin M. Rottman et al.

Am J Psychiatry 2009; 166:427–433

QUESTION 1. The FFM proposal for psychopathology involves which of the following procedures for characterizing personality types?

- A. identifying one relevant facet that is then characterized by individual ratings from low to high
- B. utilizing independent discrete descriptors to profile all cases and all types of personality
- C. classifying maladaptive personality with 10 discrete disorders with 5 separate factors
- D. scoring a person with potential personality problems on each of the 30 facets from low to high

QUESTION 2. How frequently did participants give correct diagnoses when prototypic cases were presented in the DSM-IV and FFM styles?

- A. 60% (DSM), 21% (FFM)
- B. 82% (DSM), 47% (FFM)
- C. 82% (DSM), 75% (FFM)
- D. 47% (DSM), 82% (FFM)

QUESTION 3. This study tested whether FFM descriptors are specific enough to allow practicing clinicians to capture core features of personality disorders. Which of the following reflects their conclusions?

- A. clinicians were largely unable to back-translate FFM profiles into DSM-IV diagnoses, despite being able to recognize the DSM-IV disorders
- B. the FFM descriptors were most likely overly specific with excessive contextual information
- C. clinicians have no difficulty in forming a coherent image of an FFM profile
- D. clinicians were consistently able to back-translate prototypic and comorbid FFM profiles to DSM disorders

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Reduced Neural Habituation in the Amygdala and Social Impairments in Autism Spectrum Disorders

Natalia M. Kleinhans et al.

Am J Psychiatry 2009; 166:467–475

QUESTION 1. The amygdala is active when an individual views a face depicting

- A. fear
- B. surprise
- C. neutrality
- D. all of the above

QUESTION 2. How may reduced amygdala habituation contribute to social dysfunction in individuals with autism spectrum disorders?

- A. Because there is less activation in the amygdala, individuals with autism spectrum disorders are less likely to notice facial expressions and other subtle social cues.
- B. Individuals with autism spectrum disorders may not orient to the most salient or important social information because they are overloaded with information.
- C. Individuals misinterpret neutral facial expressions as depicting negative emotions.
- D. It is associated with an increase in restricted, repetitive and stereotyped patterns of behavior.

QUESTION 3. Which of the following statements is true according to the amygdala hyperarousal model

- A. Increased amygdala volume in adults with autism spectrum disorders is due to excessive amygdalar growth that continues throughout the lifespan
- B. Reduced amygdala volume in young children is due to reduced numbers of neurons.
- C. Increased amygdala volume in young children with autism spectrum disorders is associated with reduced activation to angry faces.
- D. Reduced amygdala volume in adults with autism spectrum disorders is related to excitotoxic changes leading to atrophy.

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