

M.J. Powers & Co. Continuing Education

PSYCHIATRY ALERTS NOS

Target Audience

This activity is intended for physicians and other healthcare providers who are involved with or have an interest in the management of psychiatric disorders.

Learning Objectives

- Recognize and implement new diagnostic and treatment approaches for psychiatric disorders.
- Determine appropriate treatment selection for various psychiatric disorders.
- Identify and appropriately prescribe nonpharmacological therapeutic interventions for various psychiatric disorders.
- Determine appropriate patient evaluation and treatment selection for various psychiatric disorders.

Activity Code 17MP02N / Exam #12

Issues to be includedJuly–December 2017

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Exam must be returned byJune 30, 2019

Upon completing this activity as designed and achieving a passing score of 70% or higher on the post-test examination, participants will receive a letter of credit awarding *AMA PRA Category 1 Credit(s)*[™] and the test answer key four (4) weeks after receipt of the post-test and registration/evaluation form.

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In order to obtain CME/CEU credit, participants are required to complete all of the following:

1. Read the learning objectives and review *Psychiatry Alerts NOS*, Volume IX, July 2017 through December 2017 (6 issues), and complete the post-test.
2. Complete the enclosed registration/evaluation form and record your test answers in the boxes using either pen or pencil.
3. Mail the form to **M.J. Powers & Co. Publishers, 45 Carey Ave, Ste 111, Butler, NJ 07405; scan and email it to cme@alertpubs.com; or fax it to 973-898-1201.**

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Disclosure Declarations

Kate Casano has no relevant financial relationships.

Trish Elliott has no relevant financial relationships.

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PSYCHIATRY ALERTS NOS

1. According to results of a twin study, in monozygotic pairs discordant for presence of cannabis use disorder (CUD), the likelihood of major depressive disorder (MDD) in twins with CUD was nearly _____ that of the twin without CUD.

- A. One half
- B. Equal to
- C. Twice
- D. 3-times

7/17, pgs. 37–38

2. In the study, statistical models of comorbidity suggest that comorbidity of CUD and MDD probably proceeds in the direction of:

- A. MDD to CUD
- B. CUD to MDD
- C. Neither A nor B

7/17, pgs. 37–38

3. The models also suggest that risk factors for CUD may also increase risk for MDD, but possibly only in:

- A. Males
- B. Young patients
- C. Higher risk individuals
- D. All of the above

7/17, pgs. 37–38

4. N-acetylcysteine (NAC) may have potential in the treatment of obsessive compulsive disorder (OCD) based on its _____ properties.

- A. Glutamate-modulating
- B. Serotonin-regulating
- C. Norepinephrine-reducing
- D. Dopamine-blocking

7/17, pgs. 38–39

5. Results of a controlled trial suggest that adjunctive NAC is not more effective than placebo at reducing symptoms of treatment-resistant OCD.

- A. True
- B. False

7/17, pgs. 38–39

6. However, study patients who received NAC did demonstrate significantly greater improvements on a secondary outcome measure of:

- A. Depression
- B. Global improvement
- C. Anxiety
- D. All of the above

7/17, pgs. 38–39

7. The dopamine hypothesis of schizophrenia does not explain the negative and cognitive symptoms of schizophrenia or why up to one-third of patients do not experience response with antipsychotics, which act mainly through dopamine receptor antagonism.

- A. True
- B. False

7/17, pgs. 39–40

8. Research has shown that administration of NMDA receptor (NMDAR) antagonists leads to the emergence of _____ symptoms, supporting the glutamatergic hypothesis.

- A. Positive
- B. Negative
- C. Cognitive
- D. All of the above

7/17, pgs. 39–40

9. According to the results of a meta-analysis, levels of kynurenic acid (KYNA), the only known endogenous glutamate receptor antagonist, are _____ in the central nervous system of patients with schizophrenia, also supporting the glutamatergic hypothesis of schizophrenia.

- A. Decreased
- B. Increased

7/17, pgs. 39–40

10. Swallowing disorders are common in patients with schizophrenia and can be either drug- or illness-related. Drug-related effects that can cause swallowing disorders in these patients include all of the following except:

- A. Dry mouth
- B. Tardive dyskinesia
- C. Dystonic reactions
- D. Rapid eating

7/17, pgs. 40–41

11. According to a review, abnormal swallowing and eating behavior may be a greater influence than drugs in aspiration, choking, and asphyxia in patients with schizophrenia. While there is no data regarding whether these problems respond to treatment of the underlying schizophrenia, behavioral interventions have been reported to be helpful, generally in more severely ill, institutionalized patients.

- A. True
- B. False

7/17, pgs. 40–41

12. SSRIs, SNRIs, and benzodiazepines have proven efficacy in the treatment of panic disorder, but delayed onset of action and adverse effects may limit their use. Results of an open-label pilot study suggest that inhalation of xenon, an inert gas with neuroprotective/anesthetic properties, may be a viable option for rapid reduction of panic disorder symptoms.

- A. True
- B. False

7/17, pgs. 41–42

13. In the trial, xenon was well tolerated; however, 4 of 5 patients who withdrew from the study were subsequently found to have evidence of mild vascular brain disease, which might have resulted from xenon-induced _____ in vascular blood flow.

- A. Decreases
- B. Increases

7/17, pgs. 41–42

14. According to a review by the Work Group of the American Psychiatric Association Council on Research, _____ evidence suggests S-adenosylmethionine (SAME) may be effective in patients with depression and its risks compare favorably with prescription antidepressants.

- A. Extensive
- B. Limited
- C. No

8/17, pgs. 43–44

15. In a study of men receiving treatment with other antidepressants, adjunctive SAME was associated with lower rates of _____ than antidepressants alone.

- A. Erectile dysfunction
- B. Arousal dysfunction
- C. Both arousal and erectile dysfunction
- D. None of the above

8/17, pgs. 43–44

16. SAME has not been associated with hypomania and mania in patients with bipolar disorder.

- A. True
- B. False

8/17, pgs. 43–44

17. According to a task force created by the National Network of Depression Centers and the American Psychiatric Association, the expert consensus is that repetitive transcranial magnetic stimulation (rTMS) is appropriate in patients with major depression, including those with medication resistance or significant comorbid anxiety, but not in those with comorbid psychotic symptoms or:

- A. Acute suicidal ideation
- B. Comorbid medical conditions
- C. Taking an MAOI
- D. Aged >45 years

8/17, pgs. 44–45

18. Although psychotropic medications could affect _____ in patients undergoing rTMS, there are no absolute medication contraindications in these patients.

- A. Required dosages of other drugs
- B. Anesthesia requirements
- C. The motor threshold

8/17, pgs. 44–45

19. In older patients with generalized anxiety disorder, telephone-delivered cognitive behavioral therapy (CBT-T) has been shown to be superior to telephone-delivered nondirective supportive therapy (NST-T) immediately upon completing treatment, with significantly larger improvements in worry, generalized anxiety symptoms, and depressive symptoms. Based on follow-up data from the study, CBT-T _____ appear to have lasting benefits.

- A. Does
- B. Does not

8/17, pgs. 45–46

20. In the follow-up study, _____% of patients met criteria for generalized anxiety disorder remission at 1 year, compared with 15% of the NST-T group.

- A. 80
- B. 65
- C. 31
- D. 10

8/17, pgs. 45–46

21. In a randomized controlled trial of patients with unipolar major depression, patients in all 3 treatment groups—transcranial direct current stimulation (tDCS), escitalopram, and placebo—experienced improvement in depression. Reductions in Hamilton Rating Scale for Depression scores were greatest in the group that received:

- A. Active tDCS plus placebo
- B. Sham tDCS plus escitalopram
- C. Sham tDCS plus placebo

8/17, pgs. 46–47

22. However, rates of response and remission did not differ significantly between patients who received active tDCS and those who received escitalopram.

- A. True
- B. False

8/17, pgs. 46–47

23. In the study, tDCS was associated with higher rates of local adverse events such as itching and irritation, as well as _____, while escitalopram was associated with higher rates of sleepiness and severe constipation.

- A. Weight loss and headache
- B. Headache and hair loss
- C. Hair loss and tinnitus
- D. Tinnitus and nervousness

8/17, pgs. 46–47

24. According to the results of a longitudinal study, intake of sugar from sweet foods and beverages does not adversely affect long-term mental health.

- A. True
- B. False

8/17, pgs. 47–48

25. Plausible biological explanations for an association between sugar intake and depression include sugar-related decreases in the production of _____; increases in circulating inflammatory markers; hypoglycemia influencing mood states via altered hormone levels; addiction-like effects of sugar on dopamine neurotransmission; and obesity.

- A. Insulin
- B. Brain-derived neurotrophic factor
- C. Glutamatergic signaling
- D. Synapse stability

8/17, pgs. 47–48

26. Based on the results of a controlled trial, functional MRI (fMRI) neurofeedback training has no role in the treatment of major depression.

- A. True
- B. False

9/17, pgs. 49–50

27. In the study, patients who received active fMRI neurofeedback demonstrated significant increases in _____ activity.

- A. Hippocampal
- B. Thalamic
- C. Amygdala
- D. None of the above

9/17, pgs. 49–50

28. Rates of depression remission with active treatment in the study were _____ those generally seen with antidepressant medication and cognitive-behavioral therapy. However, the durability of response was not assessed.

- A. Substantially lower than
- B. Comparable to
- C. Significantly better than

9/17, pgs. 49–50

29. Recent research suggests that _____ alone is not a sufficiently strong predictor of aggression or violence and that imposing restrictions on patients might actually aggravate violent behavior.

- A. A psychiatric diagnosis
- B. A history of violence
- C. Medication noncompliance
- D. A history of physical abuse

9/17, pgs. 50–51

30. A comparative study of hospitals with open- vs locked-door policies found all of the following except:

- A. Little difference in patients' aggressive behavior overall
- B. Seclusion and restraint were less likely in open-door settings
- C. Rates of property damage were lower in less restrictive settings

9/17, pgs. 50–51

31. According to the results of a cross-sectional analysis, the prevalence of blood-borne viral infections—HIV and hepatitis B and C—is elevated 2–8-fold in persons with severe mental illness. Risk for each infection was elevated for each of the mental health diagnoses analyzed separately: schizophrenia, schizoaffective disorder, bipolar disorder, and other psychotic illness.

- A. True
- B. False

9/17, pgs. 51–52

32. Of the potential risk factors for blood-borne viral illness examined in the study, _____ was found to be the strongest and may be the most beneficial target to reduce infection rates in these patients.

- A. Socioeconomic status
- B. Substance misuse
- C. Educational attainment
- D. Body piercing

9/17, pgs. 51–52

33. Unhealthy eating behavior in bulimia nervosa may be triggered by disturbances in _____ and self-regulatory control, both of which are associated with altered neuro-circuitry in the dorsolateral prefrontal cortex (DLPFC).

- A. Social reactivity
- B. Threat recognition
- C. Pain sensation
- D. Reward processing

9/17, pgs. 52–53

34. In a proof-of-concept study, a single session of transcranial direct current stimulation (tDCS) produced _____ improvement in symptoms of bulimia nervosa.

- A. Significant, long-lasting
- B. Modest and transient
- C. No

9/17, pgs. 52–53

35. During tDCS, polarity of the electrode placement _____ differentially affect visual-analogue scores for urge to binge-eat.

- A. Did
- B. Did not

9/17, pgs. 52–53

36. Other preliminary studies have shown that _____ of the DLPFC may also be promising in the treatment of bulimia. Potential advantages of tDCS include its portability, cost, and favorable safety–feasibility profile, as well as the fact that it can be applied bilaterally.

- A. Repetitive transcranial magnetic stimulation (rTMS)
- B. Vagus nerve stimulation (VNS)
- C. Magnetic seizure therapy (MST)
- D. All of the above

9/17, pgs. 52–53

37. According to a post-hoc analysis of data from the large, NIMH-funded STAR*D trial, individual residual depressive symptoms cannot help identify patients with increased likelihood of relapse.

- A. True
- B. False

9/17, pgs. 53–54

38. According to both clinician and patient ratings, residual _____ was/were significantly predictive of depressive relapse.

- A. Restlessness
- B. Weight change
- C. Sleep-related symptoms
- D. All of the above

9/17, pgs. 53–54

39. According to the results of a meta-analysis, acute sleep deprivation can be expected to produce rapid antidepressant response in about _____ % of treated patients.

- A. 10
- B. 30
- C. 50
- D. 70

10/17, pgs. 55–56

40. According to the analysis, sleep deprivation effectively reduces depression only in patients with unipolar disease.

- A. True
- B. False

10/17, pgs. 55–56

41. Studies that provided chronotherapeutics (e.g., phase advance or bright light therapy) along with sleep deprivation were excluded from the meta-analysis. However, some literature indicates that adding chronotherapeutics to sleep deprivation could _____ clinical improvement.

- A. Help sustain
- B. Attenuate

10/17, pgs. 55–56

42. The main objectives of acceptance and commitment therapy (ACT) are to instill psychological flexibility, allowing the individual to avoid giving in to impulses, and to enhance:

- A. Medication compliance
- B. The doctor-patient relationship
- C. Social skills
- D. Executive function

10/17, pg. 56

43. In a pilot study, ACT was associated with improvement in _____ in patients institutionalized for severe substance use problems.

- A. Psychological flexibility only
- B. Executive function only
- C. Both psychological flexibility and executive function
- D. None of the above

10/17, pg. 56

44. According to a retrospective evaluation of inpatients with psychosis experiencing self-harm command hallucinations, patients who complied with the command hallucinations were more likely to have:

- A. A current substance use disorder
- B. A stronger belief about future compliance
- C. A history of child abuse
- D. All of the above

10/17, pg. 57

45. The risk factors identified in the study had excellent classification accuracy, which suggests they may be useful in clinical risk assessment for suicidal behavior and may be suitable targets for intervention.

- A. True
- B. False

10/17, pg. 57

46. In a group of patients with resistant depression who met response criteria after 1 month of daily repetitive transcranial stimulation (rTMS), 8 months of maintenance rTMS at decreasing frequency _____ in maintaining antidepressant response.

- A. Was helpful
- B. Was not helpful

10/17, pgs. 57–58

47. Although the study results suggest that _____ session(s) per week appear to be enough to maintain the antidepressant response, decreasing the frequency of maintenance rTMS more gradually could have improved outcomes.

- A. 4
- B. 3
- C. 2
- D. 1

10/17, pgs. 57–58

48. A 2-wave survey of a representative sample of U.S. adults indicates that suicide rates are increasing. Patterns uncovered in survey responses suggest that suicide prevention programs should be focused on younger, economically disadvantaged adults, particularly those with _____ disorders or with a history of violence or suicide attempt.

- A. Personality
- B. Anxiety
- C. Mood
- D. All of the above

10/17, pgs. 58–59

49. In both survey waves, nearly two-thirds of patients with a recent suicide attempt had:

- A. Unstable living conditions
- B. Borderline personality disorder
- C. A history of childhood abuse
- D. Undergone psychological counseling

10/17, pgs. 58–59

50. According to the results of a meta-analysis, the effects of educational and/or psychological interventions designed to prevent anxiety disorders or to reduce anxiety symptoms in the general population are:

- A. Small but significant
- B. Robust and rapid
- C. Not clinically relevant
- D. Large and long lasting

10/17, pgs. 59–60

51. The FDA has approved the first prescription mobile medical app for the treatment of substance abuse. The reSET app delivers cognitive behavioral therapy designed to increase abstinence and foster retention in outpatient substance use treatment, but it is not intended to treat:

- A. Alcoholism
- B. Cocaine addiction
- C. Opioid dependence
- D. All of the above

11/17, pg. 61

52. Research indicates autonomic dysregulation may be implicated in functional difficulties in patients with schizophrenia. Reduced vagal tone and heart-rate variability have been linked with poorer function and:

- A. Positive symptoms
- B. Negative symptoms
- C. Illness chronicity
- D. All of the above

11/17, pgs. 61–62

53. In a cross-sectional study, a watch-like mobile health device was used to track physical activity and heart-rate variability in patients with schizophrenia. Data collected from the devices showed that compared with controls, patients with schizophrenia had significantly _____ levels of heartrate variability indicating reduced para-sympathetic activity.

- A. Higher
- B. Lower

11/17, pgs. 61–62

54. This reduced parasympathetic activity in patients with schizophrenia was associated with _____ severity.

- A. Positive symptom
- B. Negative symptom
- C. General psychopathology

11/17, pgs. 61–62

55. The newly-approved NSS-2 Bridge electro auricular stimulation device stimulates branches of certain cranial nerves and provides relief from opioid withdrawal symptoms. The device is contraindicated in patients with hemophilia or psoriasis vulgaris and in patients with:

- A. Vestibular disorders
- B. Schizophrenia
- C. Cardiac pacemakers
- D. Cochlear implants

11/17, pg. 62

56. According to a review of invasive neurostimulation therapies, advances in neurostimulation technology are occurring at a rapid pace and could lead to precise and adaptable neuromodulation therapies.

- A. True
- B. False

11/17, pgs. 62–63

57. Most available invasive neurostimulation therapies are used to treat epilepsy or chronic pain; however, deep brain stimulation (DBS) is often used to treat _____ and vagus nerve stimulation to treat resistant depression.

- A. Generalized anxiety disorder
- B. Obsessive compulsive disorder
- C. ADHD
- D. All of the above

11/17, pgs. 62–63

58. Accumulating evidence suggests that _____ is/are involved in the pathophysiology of schizophrenia.

- A. Immune system activation
- B. Neuroinflammation
- C. Both immune system activation and neuro-inflammation
- D. None of the above

11/17, pgs. 63–64

59. The case of a 24-year-old patient with treatment-resistant schizophrenia who experienced remission following a bone marrow transplant for cancer adds to the evidence supporting immunological pathogenesis of schizophrenia.

- A. True
- B. False

11/17, pgs. 63–64

60. In a randomized trial, adjunctive bright light therapy administered _____ was effective in patients with bipolar depression.

- A. In the morning
- B. At midday
- C. Before bed

11/17, pgs. 64–65

61. In the study, remission occurred in _____% of patients treated with bright light therapy, compared with 22% of the control group.

- A. 30
- B. 48
- C. 52
- D. 68

11/17, pgs. 64–65

62. No study patient experienced hypomania or a mood polarity switch.

- A. True
- B. False

11/17, pgs. 64–65

63. Bibliotherapy is a brief, nonpharmacological intervention that applies either cognitive or behavioral therapy techniques via the reading of a standard manual to teach patients strategies to control:

- A. Auditory hallucinations
- B. Negative emotions
- C. Impulsivity
- D. Obsessive-compulsive behaviors

11/17, pgs. 65–66

64. According to a systematic review, bibliotherapy is a useful self-help intervention that can produce long-term benefit in adults with depression. However, the treatment generally did not demonstrate long-term benefits in _____ with subthreshold depression.

- A. Adolescents and young adults
- B. Elderly patients
- C. Men
- D. Pregnant women

11/17, pgs. 65–66

65. In a pilot study, a therapist-guided self-help cognitive behavioral intervention reduced distress patients were experiencing from hearing voices, but only in patients with borderline personality disorder.

- A. True
- B. False

12/17, pgs. 67–68

66. While treatment effects on actual voice characteristics such as _____ were small, participating patients experienced large, statistically significant reductions in voice impact.

- A. Frequency
- B. Duration
- C. Volume
- D. All of the above

12/17, pgs. 67–68

67. In a controlled trial, compared with supportive therapy, Avatar therapy—a brief, manualized therapy based on dialogue with a digital representation of a hallucinated voice—was associated with a significantly larger reduction at week 12 in mean Psychotic Symptom Rating Scales auditory hallucinations subscale scores as well as measures of all of the following except:

- A. Hallucination frequency
- B. Distress
- C. Voice malevolence
- D. Voice omnipotence

12/17, pgs. 68–69

68. By week 24, there were no longer any statistical differences between the groups, due to continued improvement in the supportive counseling group.

- A. True
- B. False

12/17, pgs. 68–69

69. In a group of adult outpatients with stable bipolar I disorder and a history of psychosis, computer-based cognitive remediation produced lasting improvement in cognitive function, but did not improve:

- A. Medication compliance
- B. Community functioning
- C. Physical activity levels
- D. All of the above

12/17, pgs. 69–70

70. In the study, improvements in cognitive function _____ associated with changes in clinical symptom measures.

- A. Were
- B. Were not

12/17, pgs. 69–70

71. According to the results of a qualitative study exploring reasons for the low rates of help-seeking in men with depression, long waiting lists may discourage help-seeking and convey the view that the problem is not taken seriously. Providing alternate sources of support during the waiting period may indicate to male patients that their depression warrants clinical attention and could improve service use.

- A. True
- B. False

12/17, pgs. 70–71

72. In the study, men who acknowledged that help for depression was effective and available and who felt that treatment made it worthwhile to overcome barriers associated with help-seeking generally had:

- A. A family history of depression
- B. Comorbid anxiety
- C. Previous treatment with a positive result
- D. Supportive male friends

12/17, pgs. 70–71

73. According to the results of a meta-analysis, in patients with schizophrenia, schizoaffective disorder, brief psychotic disorder, or other psychosis, social skills training (SST) has positive effects on:

- A. Social competence
- B. Negative symptoms
- C. General psychopathology
- D. All of the above

12/17, pgs. 71–72

74. Although effect sizes for SST were not large, antipsychotic medications also have small-to-medium effects on negative symptoms.

- A. True
- B. False

12/17, pgs. 71–72

75. Contrary to current guidelines in the U.S. and the U.K., SST _____ wider application, and group SST can be a cost-effective way to address negative symptoms, particularly in resource-limited settings.

- A. May deserve
- B. Definitely deserves
- C. Does not deserve

12/17, pgs. 71–72

M.J. Powers & Co. Continuing Education

Psychiatry Alerts NOS - Activity Evaluation Form

Please note: Credit letters will be issued upon receipt of this completed evaluation form. The planning and execution of useful and educationally sound continuing education activities are guided in large part by input from participants. To assist us in evaluating the effectiveness of this activity, please complete this evaluation form. Your response will help ensure that future programs are informative and meet the educational needs of all participants. Thank you for your cooperation!

Program Objectives:

Having completed this activity, you are better able to:

	Strongly Agree			Strongly Disagree		
Recognize and implement new diagnostic and treatment approaches for psychiatric disorders.	5	4	3	2	1	
Determine appropriate treatment selection for various psychiatric disorders.	5	4	3	2	1	
Identify and appropriately prescribe nonpharmacological therapeutic interventions for various psychiatric disorders.	5	4	3	2	1	
Determine appropriate patient evaluation and treatment selection for various psychiatric disorders.	5	4	3	2	1	

Overall Evaluation:

	Strongly Agree			Strongly Disagree		
The information presented increased my awareness/understanding of the subject.	5	4	3	2	1	
The information presented will influence how I practice.	5	4	3	2	1	
The information presented will help me improve patient care.	5	4	3	2	1	
The information demonstrated current knowledge of the subject.	5	4	3	2	1	
The program was educationally sound and scientifically balanced.	5	4	3	2	1	
The program avoided commercial bias or influence.	5	4	3	2	1	
Overall, the program met my expectations.	5	4	3	2	1	

Based on information presented in the program, I will

(please check one):

- | | |
|---|---|
| <input type="checkbox"/> Do nothing as the content was not convincing. | <input type="checkbox"/> Change my practice. |
| <input type="checkbox"/> Seek additional information on this topic. | <input type="checkbox"/> Do nothing as current practice reflects program's recommendations. |
| <input type="checkbox"/> Do nothing. Barriers at my institution prevent me from changing my practice. | |

If you anticipate changing one or more aspects of your practice as a result of your participation in this activity, please provide us with a brief description of how you plan to do so: _____

Please provide any additional comments pertaining to this activity and suggestions for improvement: _____

Please list any topics that you would like to be addressed in future educational activities: _____

ANSWER SHEET

PSYCHIATRY ALERTS NOS

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Activity Code: 17MP02N Test 12

e-mail address (for credit notification)

	A	B	C	D		A	B	C	D		A	B	C	D
1	A	B	C	D	26	A	B	C	D	51	A	B	C	D
2	A	B	C	D	27	A	B	C	D	52	A	B	C	D
3	A	B	C	D	28	A	B	C	D	53	A	B	C	D
4	A	B	C	D	29	A	B	C	D	54	A	B	C	D
5	A	B	C	D	30	A	B	C	D	55	A	B	C	D
6	A	B	C	D	31	A	B	C	D	56	A	B	C	D
7	A	B	C	D	32	A	B	C	D	57	A	B	C	D
8	A	B	C	D	33	A	B	C	D	58	A	B	C	D
9	A	B	C	D	34	A	B	C	D	59	A	B	C	D
10	A	B	C	D	35	A	B	C	D	60	A	B	C	D
11	A	B	C	D	36	A	B	C	D	61	A	B	C	D
12	A	B	C	D	37	A	B	C	D	62	A	B	C	D
13	A	B	C	D	38	A	B	C	D	63	A	B	C	D
14	A	B	C	D	39	A	B	C	D	64	A	B	C	D
15	A	B	C	D	40	A	B	C	D	65	A	B	C	D
16	A	B	C	D	41	A	B	C	D	66	A	B	C	D
17	A	B	C	D	42	A	B	C	D	67	A	B	C	D
18	A	B	C	D	43	A	B	C	D	68	A	B	C	D
19	A	B	C	D	44	A	B	C	D	69	A	B	C	D
20	A	B	C	D	45	A	B	C	D	70	A	B	C	D
21	A	B	C	D	46	A	B	C	D	71	A	B	C	D
22	A	B	C	D	47	A	B	C	D	72	A	B	C	D
23	A	B	C	D	48	A	B	C	D	73	A	B	C	D
24	A	B	C	D	49	A	B	C	D	74	A	B	C	D
25	A	B	C	D	50	A	B	C	D	75	A	B	C	D

I attest that I have completed the Psychiatry Alerts NOS activity as designed.

Physicians: I claim ___ *AMA PRA Category 1 Credit(s)*TM for participating in this activity (1 credit for each hour of participation, not to exceed 12 credits).

Non-Physicians: I claim (up to 1.2) ___ Continuing Education Units (CEUs). One CEU is awarded for 10 contact hours of instruction.

Signature _____ Date _____