

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 18MP02N / Exam #14

Issues to be includedJuly–December 2018

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Exam must be returned byJune 30, 2020

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 X, July 2018 through December 2018 (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. In a controlled trial, the personalized real-time intervention for motivational enhancement (PRIME) smartphone app, designed to improve motivation, was not more effective than a waitlist control in adolescents and young adults with schizophrenia.

- A. True
- B. False

7/18, pgs. 37–38

2. In the study, relative to controls, patients who received the PRIME intervention had larger increases in several components of the Trust Task, as well as significant improvement in secondary outcomes including defeatist beliefs, self-efficacy, and:

- A. Hallucinations
- B. Persecutory delusions
- C. Depressive symptoms
- D. Pressured speech

7/18, pgs. 37–38

3. Which of the following characterize motivational deficits in schizophrenia?

- A. They do not generally respond to traditional treatments
- B. They are crucial in determining outcomes
- C. They are best addressed early in the course of the disease
- D. All of the above

7/18, pgs. 37–38

4. In a randomized trial of military veterans with PTSD, mantram repetition therapy, in which patients repeat a self-selected spiritually-related word or phrase, produced significantly greater improvement than present-centered therapy in _____-rated symptoms post-treatment.

- A. Clinician
- B. Patient
- C. Both clinician and patient

7/18, pgs. 38–39

5. Mantram therapy may appeal to some veterans because, in contrast to cognitive processing therapy and prolonged exposure therapy (the evidence-based psychotherapies currently used by the VA), it is:

- A. Inexpensive
- B. Non-trauma focused
- C. Less time consuming
- D. All of the above

7/18, pgs. 38–39

6. Although a determination that mantram therapy is similarly effective to cognitive processing therapy or prolonged exposure therapy is premature based on these study results, the effect size for symptom reduction (0.49) observed in this study is generally similar to or greater than the effect sizes reported for these treatments.

- A. True
- B. False

7/18, pgs. 38–39

7. According to a systematic review of psychoeducational interventions for bipolar disorder, there is considerable clinical trial support for _____ psychoeducation.

- A. Family
- B. Internet
- C. Group
- D. Both family and group

7/18, pgs. 39–40

8. Studies of group psychoeducation showed reductions in symptom severity, affective episodes recurrence, the number and duration of hospitalizations, and bipolar disorder-associated stigma. In addition, _____ and overall functioning were also positively impacted.

- A. Medication adverse effects
- B. Somatic symptoms
- C. Family burden
- D. Treatment adherence

7/18, pgs. 39–40

9. Therapies that target the mitochondria are of growing interest for the treatment of bipolar disorder. Several already approved drugs for bipolar disorder, notably _____, improve mitochondrial function.

- A. Lithium
- B. Valproic acid
- C. Atypical antipsychotics
- D. All of the above

7/18, pg. 40

10. Evidence to support the mitochondrial hypothesis of bipolar disorder includes an increased prevalence of mood disorders in patients with mitochondrial diseases, and morphological abnormalities of mitochondria and abnormal energy metabolism in patients with bipolar disorder.

- A. True
- B. False

7/18, pg. 40

11. The efficacy of standard CBT for hoarding disorder may be reduced by _____ in older adults.

- A. Physical disability
- B. Presence of neurocognitive impairment
- C. Low levels of social support
- D. Family accommodation

7/18, pgs. 40–41

12. In a randomized trial, Cognitive Rehabilitation and Exposure/Sorting Therapy (CREST), which targets the core symptoms of bipolar disorder and addresses neurocognitive weaknesses, was significantly more effective than case management on measures of:

- A. Hoarding associated activities of daily living
- B. Anxiety
- C. Global illness severity
- D. All of the above

7/18, pgs. 40–41

13. In a pilot study, repetitive transcranial magnetic stimulation (rTMS) of the right parietal cortex was not effective in a group of patients with comorbid generalized anxiety disorder (GAD) and insomnia.

- A. True
- B. False

7/18, pgs. 41–42

14. The choice of the right parietal cortex as a treatment target in the study was based on its role in _____ networks, which may bias attention toward threat-related stimuli. Functional MRI studies suggest these networks are abnormal in patients with GAD.

- A. Attention
- B. Learning
- C. Recognition
- D. All of the above

7/18, pgs. 41–42

15. In a randomized trial of exposure and response prevention (ERP) combined with cognitive therapy compared with a similar-intensity program of ERP alone in adult patients with obsessive-compulsive disorder, combined treatment produced significantly greater improvement on the _____ subscale(s) of the Yale-Brown Obsessive Compulsive Scale.

- A. Obsessive only
- B. Compulsive only
- C. Both obsessive and compulsive

8/18, pgs. 43–44

16. When study patients were classified by their predominant symptom subtype, those with the _____ subtype responded preferentially to both treatments.

- A. Contamination/washing
- B. Symmetry/ordering
- C. Doubting-harming/checking
- D. None of the above

8/18, pgs. 43–44

17. In a preliminary study of patients with bipolar disorder, imagery-focused cognitive therapy (ImCT) produced large improvements in:

- A. Depressive symptoms
- B. The number and duration of depressive episodes
- C. Anxiety
- D. All of the above

8/18, pgs. 44–45

18. Patients were not experiencing mania when referred for study participation, but scores on the Altman Self-Rating Scale for Mania (ASRM) increased significantly with ImCT, indicating emergent mania.

- A. True
- B. False

8/18, pgs. 44–45

19. According to the results of a randomized trial in recently discharged patients with a psychotic or mood disorder, engaging with a peer recovery mentor (RM) _____ effective in difficult-to-engage patients.

- A. Is not at all
- B. Is always
- C. May be

8/18, pgs. 45–46

20. However, in the study nearly _____% of patients assigned an RM never met with their mentor.

- A. 10
- B. 30
- C. 50
- D. 75

8/18, pgs. 45–46

21. In the study, compared with patients who received standard care, those assigned to the RM condition who did interact with their peer mentor demonstrated less severe drug problems during follow-up as well as greater improvements in all of the following *except*:

- A. Social functioning
- B. Self care
- C. Physical health
- D. Service satisfaction

8/18, pgs. 45–46

22. According to a newly-developed model, information obtained in an initial clinical interview can predict conversion to psychosis with nearly _____% accuracy in clinical high-risk patients.

- A. 50
- B. 75
- C. 90
- D. 100

8/18, pgs. 46–47

23. The new model includes items suspected to be particularly informative but traditionally not scored by other research groups investigating conversion: violent ideation, violent behavior, and auditory and visual perceptual abnormalities. All of these *except* _____ were among the most consistent predictors of conversion.

- A. Auditory perceptual abnormalities
- B. Visual perceptual abnormalities
- C. Violent behavior
- D. Violent ideation

8/18, pgs. 46–47

24. According to a systematic review and meta-analysis, there is moderate support for the efficacy of cognitive behavioral therapy (CBT) and guided self-help in binge eating disorder. Both treatment modalities were effective for most outcomes evaluated; however, neither treatment was found to produce substantially greater decreases in _____ than a wait-list control.

- A. Self-induced vomiting
- B. Comorbid depression
- C. Body mass index
- D. All of the above

8/18, pg. 47

25. Modest support for limited outcomes was also found for:

- A. Lisdexamfetamine
- B. Interpersonal therapy
- C. SSRIs
- D. All of the above

8/18, pg. 47

26. Despite a lack of clinical studies, the ketogenic diet appears to be a promising intervention meriting research in mood disorders. The diet reduces body weight and can help control obesity, insulin resistance, and metabolic syndrome, all of which are strongly correlated with _____ in mood disorders.

- A. Medication nonadherence
- B. Treatment resistance
- C. Treatment engagement
- D. All of the above

8/18, pg. 48

27. According to a post-hoc analysis of the intensive psychosocial treatment arm of the Systematic Treatment Enhancement Program for Bipolar Disorder (STEP-BD) study, patients with bipolar disorder who also have a current substance use disorder are _____ likely to recover from depression within 1 year than patients without substance use problems.

- A. More
- B. Less

9/18, pgs. 49–50

28. The study also found that patients with a past substance use disorder recovered more quickly than those without.

- A. True
- B. False

9/18, pgs. 49–50

29. Among the risk factors for completed suicide in patients with bipolar disorder identified in a population-based cohort, _____ was associated with the greatest risk.

- A. Male gender
- B. Presence of a comorbid psychiatric disorder
- C. Criminal conviction in the previous year
- D. Previous suicide attempt

9/18, pg. 50

30. However, when data were analyzed separately by gender, the factor with the greatest hazard ratio was predictive only in men.

- A. True
- B. False

9/18, pg. 50

31. Other significant risk factors for suicide in these patients included living alone and _____ in the previous year.

- A. Inpatient psychiatric care
- B. An affective or depressive episode
- C. Involuntary psychiatric hospitalization
- D. All of the above

9/18, pg. 50

32. A randomized trial evaluated online interventions involving brief daily writing tasks in a group of adults with nonsuicidal self-injury (NSSI). Of the 3 interventions tested, _____ produced significant reductions in NSSI episodes, self-criticism, suicidal ideation, and depressive symptoms.

- A. Expressive writing
- B. Journaling
- C. Autobiographical Self-Enhancement Training (ASET)
- D. All 3 interventions

9/18, pg. 51

33. In a post-study evaluation of treatment satisfaction, patient ratings indicated that this intervention was the least enjoyable:

- A. Expressive writing
- B. ASET
- C. Journaling

9/18, pg. 51

34. According to a longitudinal analysis of patients who received treatment for resistant depression, adjunctive vagus nerve stimulation (VNS) has positive effects on depression and quality of life. Compared with a control group who did not receive VNS, patients who did receive the adjunctive treatment demonstrated significantly greater improvement in quality of life beginning at _____ and lasting through 5 years of follow-up.

- A. 1 week
- B. 1 month
- C. 3 months
- D. 6 months

9/18, pgs. 51–52

35. In the study, positive effects of VNS on quality of life were seen in patients with:

- A. Unipolar or bipolar disorder
- B. Unipolar depression only
- C. Bipolar depression only

9/18, pgs. 51–52

36. A Dutch cohort study of biological aging found patients with depression to have an estimated epigenetic age that was nearly _____ older than a control group of patients with no psychiatric disorder.

- A. 5 months
- B. 8 months
- C. 18 months
- D. 2 years

9/18, pgs. 52–53

37. This accelerated biological aging could contribute to increased _____ and age-related diseases observed in patients with depression.

- A. Falls
- B. Mortality
- C. Body weight
- D. All of the above

9/18, pgs. 52–53

38. Research has shown that mental health smartphone apps can be useful in clinical samples of patients with emotional problems. A new study found the interventions also improve wellbeing in a nonclinical population.

- A. True
- B. False

9/18, pgs. 53–54

39. In the study, all 3 self-guided CBT-based apps—MoodPrism, MoodMission, and MoodKit—produced significant improvements from baseline in depression and anxiety scores. However, when compared with a control group, only _____ was significantly more effective at reducing anxiety.

- A. MoodPrism
- B. MoodMission
- C. MoodKit
- D. None of the above

9/18, pgs. 53–54

40. In a naturalistic study of a highly accelerated 4-day exposure and response prevention (ERP) protocol in 90 patients with moderate-to-severe OCD, _____% of patients completed treatment.

- A. 64
- B. 76
- C. 89
- D. 100

10/18, pgs. 55–56

41. Study patients experienced a significant reduction in Yale-Brown Obsessive Compulsive Scale (Y-BOCS) score, from a pre-treatment mean of 26 to 10.5 after the ERP protocol. At 3-month follow-up, the mean Y-BOCS was:

- A. 10.7
- B. 11.9
- C. 15.2
- D. 19.5

10/18, pgs. 55–56

42. In this study, results _____ in subgroup analysis of patients with moderate or severe symptoms.

- A. Differed
- B. Did not differ

10/18, pgs. 55–56

43. In a Danish population-based study with a dataset of more than 7.4-million persons, the absolute rate of suicide in those with traumatic brain injury (TBI) was about _____ that of the population with no TBI.

- A. Half
- B. Twice
- C. 3 times
- D. 4 times

10/18, pgs. 56–57

44. In this study, the rate of suicide was increased:

- A. With increasing TBI severity
- B. As a function of the number of days in treatment for TBI
- C. Within the first 6 months after injury
- D. All of the above

10/18, pgs. 56–57

45. Suicide risk was found to be increased across all severity levels of TBI, including mild injuries.

- A. True
- B. False

10/18, pgs. 56–57

46. In a small controlled trial in pregnant women, repetitive transcranial magnetic stimulation (rTMS) reduced symptoms of depression following treatment during the _____ trimester(s).

- A. First
- B. Second
- C. Second and third
- D. Third

10/18, pgs. 57–58

47. No treatment-related changes in estradiol or progesterone levels were observed in women who received rTMS, nor were there any clinically relevant cognitive changes.

- A. True
- B. False

10/18, pg. 57–58

48. An uncontrolled study was undertaken in patients with noncombat PTSD to test the efficacy of cognitive behavioral therapy (CBT) plus heart rate variability biofeedback. The therapy was divided into distinct modules that taught basic core skills and addressed common PTSD symptoms. The heart rate variability biofeedback was incorporated into the _____ module.

- A. Nightmare
- B. Dissociation
- C. Hyperarousal and reactivity
- D. Avoidance

10/18, pgs. 58–59

- 49. Of 30 patients enrolled in the study, 26:**
- A. Completed the protocol
 - B. Achieved remission
 - C. Experienced adverse events
 - D. Completed the protocol and achieved remission

10/18, pgs. 58–59

50. The habenula, a small brain structure, interfaces with the basal ganglia and limbic system and connects with the _____ neurotransmitter system(s).

- A. Dopaminergic
- B. Serotonergic
- C. Noradrenergic
- D. All of the above

10/18, pgs. 59–60

51. In a large sample of psychiatric inpatients, MRI studies of structural and functional habenular connectivity on admission _____ predictive of response to depression treatment.

- A. Were
- B. Were not

10/18, pgs. 59–60

52. In a large sample of patients with highly refractory depression, adjunctive vagus nerve stimulation (VNS) improved quality of life, but only in patients who met the conventional definition of depression response.

- A. True
- B. False

11/18, pgs. 61–62

53. In the study, adjunctive VNS produced significantly greater improvement in all of the following quality of life domains *except*:

- A. Mood
- B. Economic status
- C. Leisure activities
- D. Social relationships

11/18, pgs. 61–62

54. Although assays and reporting are becoming more uniform, lack of standardization of genetic test panels has been an important obstacle to translating pharmacogenetics into standard practice.

- A. True
- B. False

11/18, pgs. 62–63

55. According to data extracted from multiple pharmacogenetic information hubs, the majority of gene/drug interactions in psychiatry involve:

- A. Xanthine oxidase
- B. Uridine glucuronyl transferases
- C. P-glycoprotein
- D. The cytochrome P450 enzymes 2D6 and 2C19

11/18, pgs. 62–63

56. A minimum standard genetic panel was recently proposed for pharmacogenetic testing in psychiatry. While there is currently no consensus on which patients will require testing or when, it will likely be most useful in _____ and those who have not benefitted from previous medication.

- A. The elderly
- B. Very young children
- C. Patients experiencing a high adverse-effect burden
- D. Men who will not participate in psychotherapy

11/18, pgs. 62–63

57. The 23andMe Personal Genome Service Pharmacogenetic Reports test is now FDA approved for direct-to-consumer sale. According to the FDA, these tests do not _____, and results should be used to inform patient-physician discussions.

- A. Diagnose medical conditions
- B. Determine which medications are appropriate
- C. Provide medical advice
- D. All of the above

11/18, pg. 63

58. Photobiomodulation (PBM) is a low-cost device-based treatment that involves exposing the scalp or peripheral tissues to a restricted wavelength of light and can be administered at home. It differs from bright light therapy by not _____ and not using a broad spectrum of visible light.

- A. Penetrating deep tissue
- B. Affecting circadian rhythms
- C. Involving the retina
- D. All of the above

11/18, pg. 64

59. According to a literature review, a single session of PBM appears to be safe and to have generally positive antidepressant effects that are _____. Safety of multiple sessions has not been evaluated.

- A. Transient
- B. Long lasting

11/18, pg. 64

60. In a group of patients who received psychological treatment for unipolar or bipolar depression or anxiety according to National Institute for Health and Care Excellence recommendations, levels of cortisol in _____ were predictive of treatment response.

- A. Saliva
- B. Hair
- C. Blood
- D. None of the above

11/18, pgs. 64–65

61. In the study, compared with patients who achieved response, those whose depression or anxiety did not respond to psychotherapy had _____ levels of cortisol.

- A. Lower
- B. Higher

11/18, pgs. 64–65

62. Because it is assumed that early parental behavior toward offspring can affect HPA-axis reactivity, childhood trauma was also assessed as a potential predictor of response in the study. Hair cortisol levels were significantly associated with childhood trauma.

- A. True
- B. False

11/18, pgs. 64–65

63. According to the results of a meta-analysis, virtual reality exposure therapy (VRET) was more effective than waitlist and psychological control conditions at reducing _____ in patients with a range of anxiety and related disorders.

- A. General subjective and disorder-specific distress
- B. Behavioral and cognitive outcomes
- C. Psychophysiological outcomes
- D. All of the above

11/18, pgs. 65–66

64. According to the MATRICS project, there are 7 domains of cognition that may be impaired in patients with schizophrenia; these include all of the following except:

- A. Working memory
- B. Attention/vigilance
- C. Sensorimotor learning
- D. Problem solving

12/18, pgs. 67–68

65. In 2 controlled trials, integrated neurocognitive therapy (INT), which was designed to address these cognitive impairments, improved _____ in patients with schizophrenia or schizoaffective disorder.

- A. Positive symptoms
- B. Negative symptoms only
- C. Global function only
- D. Both negative symptoms and global function

12/18, pgs. 67–68

66. The Personalized Prognostic Tools for Early Psychosis Management is an ongoing study that aims to develop prognostic signatures for poor functional outcomes in groups at risk for psychosis. In the study, 3 models (i.e., neuroimaging, clinical, combined) were compared for their accuracy at predicting poor functional outcomes in patients at clinical high risk for psychosis or with recent-onset depression. Which model was found to have the greatest accuracy?

- A. The clinical model
- B. The neuroimaging model
- C. The combined model

12/18, pg. 68

67. Given the high cost of MRI, combined prognostics may best be reserved for later in the process or for patients whose predicted clinical course is more ambiguous.

- A. True
- B. False

12/18, pg. 68

68. The reSET-O cognitive behavioral therapy program _____ in patients with opioid use disorder.

- A. Decreased illicit drug use
- B. Increased treatment retention
- C. Decreased drug use and increased treatment retention
- D. None of the above

12/18, pg. 69

69. The newly approved reSET-O mobile application is designed to be used as a stand-alone substitute for pharmacotherapy.

- A. True
- B. False

12/18, pg. 69

70. Behavioral addictions such as _____ are common in patients with bipolar disorder and predict poorer outcomes and a more severe illness course.

- A. Pathological gambling
- B. Kleptomania
- C. Compulsive sexual behavior
- D. All of the above

12/18, pgs. 69–70

71. The only treatment currently approved specifically to treat bipolar disorder and behavioral addiction together is:

- A. Lithium
- B. Cognitive behavioral therapy
- C. ECT
- D. There is no approved treatment

12/18, pgs. 69–70

72. According to a review of complementary medicine approaches to depression and/or anxiety in the antenatal period, limited evidence suggests that acupuncture, _____, mindfulness training, and massage may be useful.

- A. Bright light therapy
- B. Yoga
- C. Omega-3 fatty acids
- D. All of the above

12/18, pgs. 70–71

73. The European Network Adult ADHD organization consensus statement on diagnosing and treating adult ADHD recommends that screening for adult ADHD be offered to individuals with:

- A. Chronic inattention, restlessness, or impulsivity
- B. Emotional instability
- C. A history of behavioral problems
- D. All of the above

12/18, pg. 71

74. Whether late-onset ADHD exists is controversial, and many individuals in whom onset appears to be late likely met full criteria at some time during childhood.

- A. True
- B. False

12/18, pg. 71

75. According to a survey by the American Society of Clinical Psychopharmacology regarding physician experience with e-prescribing, about _____ of respondents believe the e-prescribing system produced incorrect warnings regarding dosing ranges, drug interactions, contraindications, or other matters.

- A. One-quarter
- B. One-third
- C. One-half
- D. Three-quarters

12/18, 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: 18MP02N Test 14

e-mail address (for credit notification)

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 _____

Exam must be returned by June 30, 2020

CME Activity Code: 18MP02N Test 14