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 19MP01N / Exam #15

Issues to be included . . . . . January–June 2019

Release date . . . . . July 2019

Exam must be returned by . . . . . December 31, 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.

Accreditation
M.J. Powers & Co. Publishers is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

M.J. Powers & Co. Publishers designates this enduring material for a maximum of 12 *AMA PRA Category 1 Credits*.™ Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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 XI, January 2019 through June 2019 (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.**

Planning Committee
Trish Elliott, Executive Editor, M.J. Powers & Co. Publishers, Butler, NJ
Tara Hausmann, Associate Editor, M.J. Powers & Co. Publishers, Butler, NJ

Contributing Editors
Bennett Silver, MD, Private Practice, Springfield, NJ
Kate Casano, MSHyg, M.J. Powers & Co. Publishers, Butler, NJ
Donna Foehner, Assistant Editor, M.J. Powers & Co. Publishers, Butler, NJ

Disclosure Declarations
Kate Casano has no relevant financial relationships.
Trish Elliott has no relevant financial relationships.
Donna Foehner has no relevant financial relationships.
Tara Hausmann has no relevant financial relationships.
Bennett Silver, MD has no relevant financial relationships.

M.J. Powers & Co. Publishers is fully independent and accepts no commercial support of any kind.

Off-Label Usage Disclosure
This activity may discuss commercial products unlabeled for use or an investigational use of a product not yet approved by the United States Food and Drug Administration.

For Additional Information or Questions
M.J. Powers & Co. Publishers
Phone: (973) 898-1200 Email: cme@alertpubs.com

CME credit for this activity can be claimed through December 31, 2020.

Copyright © 2019 M.J. Powers & Co. Publishers.
All rights reserved including translation into other languages. No part of this activity may be reproduced or transmitted in any form or by any means without permission in writing from M.J. Powers & Co. Publishers.

PSYCHIATRY ALERTS NOS

1. The amygdala is a critical part of the neural circuitry underlying fear processing, and patients with anxiety or depression have been shown to have hyperactive amygdala responses to emotional information.

A. True
B. False

1/19, pgs. 1–2

2. In a small, proof-of-concept study in women with high trait anxiety, a single session of transcranial direct current stimulation (tDCS) to the _____ reduced amygdala threat response.

A. Medullary cranial nerve
B. Dorsal raphe nucleus
C. Dorsolateral prefrontal cortex
D. Subthalamic nucleus

1/19, pgs. 1–2

3. In the study, threat response to fearful distracters was reduced only during tasks completed with a _____ attentional load.

A. High
B. Low

1/19, pgs. 1–2

****

4. According to the results of a clinical study in patients with epilepsy undergoing intracranial electrode implantation for seizure localization, the lateral orbitofrontal cortex (OFC) may be a promising target for electrical brain stimulation in patients with:

A. Suicidality
B. Generalized anxiety disorder
C. PTSD
D. Depression

1/19, pgs. 2–3

5. During lateral OFC stimulation, most patients reported marked improvement in mood, but these were statistically significant only in patients with _____ baseline depression.

A. Mild
B. Moderate
C. Severe
D. Moderate or severe

1/19, pgs. 2–3

****

6. Although not a recognized disorder in the DSM, orthorexia nervosa (ON) is a pathological obsession with the quality of food consumed. A cross-sectional study of students at a Spanish university suggests that nearly _____% may be at risk for ON.

A. 20
B. 35
C. 55
D. 70

1/19, pg. 3

7. Persons determined to be at risk for ON had a higher prevalence of most of the eating-disorder traits measured with a validated checklist including:

A. Perfectionism
B. Drive for thinness
C. Body dissatisfaction
D. All of the above

1/19, pg. 3

8. According to the National Eating Disorders Association, there are no treatments developed specifically for orthorexia. However, many eating-disorder experts treat orthorexia as a variant of _____, usually with psychotherapy.

A. Bulimia nervosa
B. Body dysmorphic disorder
C. Anorexia and/or obsessive-compulsive disorder
D. None of the above

1/19, pg. 3

****

9. Analysis of pooled data from 2 studies in patients with treatment-resistant depression suggests that _____ repetitive transcranial stimulation (rTMS) produces significantly greater improvement than sham stimulation in suicidal ideation.

A. Unilateral
B. Bilateral
C. Both unilateral and bilateral
D. None of the above

1/19, pg. 4

10. In the studies, improvement in suicidal ideation was _____ correlated with improvements in depressive symptoms.

A. Strongly
B. Weakly

1/19, pg. 4

****

11. According to a randomized controlled trial of patients with bipolar disorder who were poorly adherent to their medication, patient-reported barriers to adherence included all of the following except:

A. Medication cost and pharmacy access
B. Deficient knowledge of bipolar disorder
C. Problems with medication routines
D. Substance abuse

1/19, pg. 5

12. Participation in a brief customized adherence enhancement (CAE) program that included as-needed modules covering psychoeducation, motivational enhancement, communication with clinicians, and routines to incorporate taking medication in to the patient's lifestyle reduced the incidence of nonadherent days from about 55% at study screening to about _____% at 26 weeks.

A. 90
B. 70
C. 50
D. 20

1/19, pg. 5

****

13. Studies have shown that participation in cognitive behavioral therapy (CBT) results in improved scores on standardized symptom rating scales in patients with schizophrenia. According to a pooled analysis of randomized controlled trials, about _____ of patients who receive CBT will experience at least modest improvement.

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

1/19, pg. 6

14. According to the study results, _____ is associated with lower rates of response to CBT.

A. Male gender
B. Age <25 years
C. Treatment-resistant disease
D. All of the above

1/19, pg. 6

****

15. Compared with general-population rates, risk of suicide is increased >100 times in the first _____ following psychiatric hospital discharge.

A. Week
B. 10 days
C. Month
D. 3 months

2/19, pgs. 7–8

16. Results of a cohort study in patients discharged from inpatient psychiatric care suggest that all of the following except _____ may be associated with suicide risk in these patients.

A. Depression
B. Patient age
C. Schizophrenia
D. History of self-harm

2/19, pgs. 7–8

17. Subgroup analysis suggests that the group at greatest risk for suicide after discharge are those with:

A. Schizophrenia and a history of self-harm
B. Schizophrenia but no previous self-harm
C. Depression regardless of self-harm history
D. None of the above

2/19, pgs. 7–8

****

18. Impaired executive function, impulsivity, decision making, and attentional biases are implicated in substance use disorders and may be amenable to neuromodulation techniques.

A. True
B. False

2/19, pgs. 8–9

19. Randomized, sham-controlled trials have shown that transcranial direct current stimulation (tDCS) may improve _____ and cue reactivity in patients with substance use disorders.

A. Substance use
B. Comorbid depression
C. Craving
D. All of the above

2/19, pgs. 8–9

20. In contrast, limited evidence suggests that transcranial magnetic stimulation (TMS) of the right dorsolateral prefrontal cortex may improve _____ in these patients.

A. Relapse rates
B. Consumption outcomes
C. Abstinence rates
D. All of the above

2/19, pgs. 8–9

****

21. Neuromelanin is a pigment created within dopamine neurons of the midbrain. However, according to an NIMH-funded study, neuromelanin-sensitive MRI (NM-MRI) is not an accurate marker of dopamine function in patients with schizophrenia.

A. True
B. False

2/19, pg. 9

22. In contrast to other measures of dopamine function, NM-MRI does not involve _____ or invasive procedures, making it more suitable for a wider range of patients and for repeated scanning, which could be useful to monitor the progression of illness or response to treatment.

A. Venipuncture
B. Anesthesia
C. Radiation
D. None of the above

2/19, pg. 9

****

23. Negative symptoms of schizophrenia do not typically respond to pharmacology, but limited evidence suggests cognitive behavioral therapy, skills training, and repetitive transcranial magnetic stimulation may be helpful. Case reports also suggest that _____ may improve these symptoms.

A. Exposure and response prevention
B. Behavioral activation therapy
C. Vagus nerve stimulation
D. Neurofeedback

2/19, pgs. 9–10

24. Two patients with marked negative symptoms despite positive-symptom control demonstrated _____ after undergoing 20 neurofeedback sessions.

A. Improved alertness and attention
B. Reduced negative symptom scores
C. Improved global assessment ratings
D. All of the above

2/19, pgs. 9–10

****

25. A large percentage of patients with anxiety are untreated, possibly because of barriers to receiving care, such as a shortage of trained mental health providers, difficulty making appointments, distance to care, time concerns, and fear of stigma.

A. True
B. False

2/19, pgs. 10–11

26. A comprehensive review of studies evaluating live, one-on-one therapy via videoconference suggests this treatment modality, which may help overcome some of the barriers to receiving care, _____ generally effective at improving a range of anxiety outcomes.

A. Is
B. Is not

2/19, pgs. 10–11

****

27. A secondary analysis of data from a trial of repetitive transcranial magnetic stimulation (rTMS) identified 4 distinct patterns of response in patients with treatment-resistant depression: nonresponse; rapid response (19%) with near maximal improvement by week 3; and linear response in patients with higher and lower baseline severity. Although the majority of patients identified as having linear response (either with high or low baseline symptom levels) had not achieved remission by study end (4–6 weeks), their improvement did not appear to have plateaued.

A. True
B. False

2/19, pgs. 11–12

28. In the study patients, _____ had a negative impact on likelihood of response.

A. Comorbid anxiety
B. Patient gender
C. Benzodiazepine use
D. Participation in CBT

2/19, pgs. 11–12

****

29. Evidence is accumulating that noninvasive brain stimulation targeting the _____ may be useful in treating anxiety disorders.

A. Globus pallidus internus
B. Subthalamic nucleus
C. Dorsolateral prefrontal cortex
D. Nucleus accumbens

3/19, pgs. 13–14

30. A systematic review of the limited available evidence suggests transcranial direct current stimulation (tDCS) or repetitive transcranial magnetic stimulation (rTMS) may be helpful in patients with most anxiety disorders; however, evidence does not support the use of brain stimulation in:

A. Social anxiety disorder
B. Agoraphobia
C. Generalized anxiety disorder
D. Panic disorder

3/19, pgs. 13–14

****

31. A small cross-sectional study found an association between the presence of depression and diet. In the study, patients with depression were more likely than those without to report weekly consumption of:

A. Fewer than 3 servings of fruits and vegetables
B. No legumes
C. At least 3 servings of sweets and refined sugar
D. All of the above

3/19, pgs. 14–15

32. Although the study could not evaluate causality, mechanisms that could explain the association include the availability of tryptophan, inositol, magnesium, and other nutrients in legumes, as well as possible effects of vegetable and refined sugar intake on:

A. Oxidative stress
B. Monoamine neurotransmitters
C. Neuroinflammation
D. Serotonin reuptake

3/19, pgs. 14–15

****

33. The aim of cognitive behavioral therapy for anorexia nervosa is to change disturbing and unrealistic beliefs about the body, food, and weight. Results of a small study in patients with anorexia nervosa suggest that distorted body image may be associated with _____ activation of the right hemisphere.

A. Over
B. Under

3/19, pg. 15

34. In the study, forced activation of the right hemisphere via left-sided muscle contractions improved body size judgements in the patients with anorexia. This type of activation can also presumably be achieved using eye movement desensitization and reprocessing (EMDR).

A. True
B. False

3/19, pg. 15

****

35. Schizophrenia is associated with a decrease in life expectancy, with a substantial proportion of the excess mortality attributable to somatic illness. In a retrospective cohort study of nearly 40,000 patients with new-onset schizophrenia, the incidence of upper GI bleeding and ulcers (bleeding and nonbleeding) was at least _____ as high as population norms.

A. Twice
B. 3-times
C. 5-times
D. None of the above

3/19, pgs. 16–17

36. Patient age and gender had little-to-no effect on upper GI bleeding and ulcers; however, _____ was/were found to be risk factors.

A. Age at schizophrenia diagnosis
B. Nonbleeding somatic comorbidity
C. Alcohol and other substance use disorders
D. All of the above

3/19, pgs. 16–17

37. Adjusted mortality rate ratios were also higher for all 3 outcomes among patients with schizophrenia.

A. True
B. False

3/19, pgs. 16–17

****

38. Results of a cross-sectional study in a nationally representative sample suggest that after adjustment for age, race, marital status, and educational attainment, _____ of antisocial behaviors in adults may be associated with harsh physical punishment or maltreatment during childhood.

A. All
B. Nearly three-quarters
C. About half
D. More than one-third

3/19, pg. 17

39. The study also found the association with antisocial behavior was larger among adults who had experienced both harsh physical punishment and child maltreatment, indicating that the more violence a child experiences, the greater the association with antisocial behaviors in adulthood.

A. True

B. False

3/19, pg. 17

****

40. An expert panel convened to address the potential for medical devices to stem the increasing prevalence of opioid use disorder identified 3 target areas for development. These include: opioid sparing/replacing devices that specifically address pain treatment (e.g., neuromodulation techniques); devices that would be useful in identifying and treating patients who are at risk for developing opioid use disorder (e.g., medication monitoring systems); and devices that would reduce the risk that prescribed opioids would be _____ (e.g., fingerprint locks on pill bottles).

A. Administered to children

B. Stored for later use

C. Diverted or misused

D. Prescribed for the elderly

3/19, pg. 18

****

41. A new cranial electrotherapy stimulator (*Cervella*) has received FDA approval for the treatment of _____. The new device is the first to integrate conductive treatment electrodes into noise cancelling, Bluetooth-enabled headphones, and to be managed through a free app that provides automated treatment data recording, reminders, and analytics that patients can share with their healthcare provider.

A. Insomnia

B. Anxiety

C. Depression

D. All of the above

4/19, pg. 19

****

42. Transcranial direct current stimulation (tDCS) has been shown to reduce depression, but the typical treatment schedule, which includes _____, can be an obstacle for patients due to time, cost, and travel constraints.

A. Monthly session for 1 year

B. Daily sessions for 3 months

C. Weekday sessions for 2–4 weeks

D. Weekly sessions for 10–12 weeks

4/19, pgs. 19–20

43. Results of an open-label pilot study in 34 adults with unipolar or bipolar depression provide preliminary evidence that remotely monitored, in-home, self-administered tDCS is feasible, acceptable to patients, and effective at relieving depression.

A. True

B. False

4/19, pgs. 19–20

44. Patients experienced a significant decrease in depressive symptoms, measured using the Montgomery-Asberg Depression Rating Scale, and cognitive testing, administered to about half of the study sample, showed no significant changes from pre- to post-treatment in reaction time, memory, or:

A. Sustained attention

B. Executive function

C. Visual self-awareness

D. Learning ability

4/19, pgs. 19–20

****

45. According to the results of a comprehensive review and network meta-analysis of nonsurgical brain stimulation techniques in adults with major depression, _____ has the highest odds ratio for response vs sham treatment.

A. Priming TMS

B. Magnetic seizure therapy

C. Bilateral rTMS

D. Bitemporal ECT

4/19, pgs. 20–21

46. Rates of study completion–the indicator of tolerability–were similar for most active stimulation techniques and sham treatment; only _____ was notably better tolerated.

A. Low-frequency TMS

B. Unilateral ECT

C. Priming rTMS

D. Theta-burst Stimulation

4/19, pgs. 20–21

****

47. When given a choice between prolonged exposure therapy and pharmacotherapy with sertraline for treatment of PTSD, the majority of participants in a head-to-head comparison study (61%) preferred:

A. Prolonged exposure therapy

B. Sertraline

4/19, pgs. 21–22

48. While both treatments were highly effective, compared with prolonged exposure patients who received sertraline were significantly more likely to achieve loss of PTSD diagnosis.

A. True

B. False

4/19, pgs. 21–22

49. Study patients who received their treatment of choice did not have larger symptom reductions than those who received the other treatment. They did however, _____ and were more likely to achieve response.

A. Report a more favorable therapeutic relationship

B. Experience fewer adverse effects

C. Have better adherence

D. None of the above

4/19, pgs. 21–22

****

50. An updated meta-analysis found a 5-fold increase in risk of treatment-emergent mania in patients with unipolar major depression who received transcranial direct current stimulation (tDCS), compared with sham treatment. While the absolute risk with tDCS (3%) is small, it is comparable to that known to occur with:

A. SSRIs

B. ECT

C. MAOIs

D. All of the above

4/19, pgs. 22–23

51. In this study population, two-thirds of the emergent mania episodes occurred when tDCS was used in combination with an SSRI.

A. True

B. False

4/19, pgs. 22–23

****

52. In a 5-week study of patients with schizophrenia and evidence of gluten sensitivity, eating a gluten-free diet was associated with robust improvement in Brief Psychiatric Rating Scale (BPRS) ratings of:

A. Positive symptoms only

B. Negative symptoms only

C. Both positive and negative symptoms

D. None of the above

4/19, pgs. 23–24

53. The gluten-free diet was also associated with improvements in avolition, affective blunting, anhedonia, and alogia as measured with the Scale for the Assessment of Negative Symptoms (SANS), and overall effects on _____were modest.

A. Weight

B. Metabolic parameters

C. Cognitive function

D. All of the above

4/19, pgs. 23–24

****

54. According to a network meta-analysis, individual, group, telephone, and guided self-help CBT are all effective in the treatment of depression. In the study, _____ was found to be significantly more effective than the other treatments.

A. Guided self-help

B. Individual CBT

C. Telephone CBT

D. None of the above

5/19, pgs. 25–26

55. When treatments were ranked by effectiveness and acceptability, of the active treatments studied _____ was determined to be most effective and telephone CBT most acceptable.

A. Group CBT

B. Telephone CBT

C. Individual CBT

D. Care as usual

5/19, pgs. 25–26

56. While individual, group, and telephone CBT appear to have similar acceptability to patients, guided and unguided self-help are much less acceptable, possibly because they:

A. Are more expensive than other treatments

B. Employ limited or no human contact

C. Take longer to complete

D. All of the above

5/19, pgs. 25–26

****

57. Risk of repeated suicide attempt is particularly high following hospital discharge. A naturalistic observational study found that extending follow-up with either enhanced contact for up to 12 months or 2 months of weekly psychotherapy can reduce the risk for repeated suicidal behavior in the year following discharge.

A. True

B. False

5/19, pgs. 26–27

58. In the study, rates of repeat suicide attempt were similar in the enhanced contact and psychotherapy groups, with numbers needed to treat of about _____ to prevent 1 repeat attempt.

A. 1–3
B. 5–7
C. 13–15
D. 21–23

5/19, pgs. 26–27

****

59. The American Academy of Neurology (AAN) practice guideline for the assessment and treatment of tics in patients with Tourette syndrome recommends that prior to receiving treatment for the tics patients should be evaluated for _____ and that all comorbidities be addressed.

A. ADHD and OCD
B. Anxiety and mood disorders
C. Disruptive behavior and suicidality
D. All of the above

5/19, pgs. 27–28

60. The guideline suggests that watchful waiting prior to treatment is acceptable for patients whose tics do not cause functional impairment.

A. True
B. False

5/19, pgs. 27–28

61. According to the AAN, the initial treatment choice for motivated patients should be comprehensive behavioral intervention for tics (CBIT). However, when necessary and with appropriate monitoring, pharmacotherapy options include all of the following except:

A. Antipsychotics or topiramate
B. Botulinum toxin injections
C. Alpha-2 agonists
D. Ketamine

5/19, pgs. 27–28

62. Other options, which should be reserved for patients with treatment-resistant tics, include cannabis-based treatment (where legislation allows) and deep brain stimulation.

A. True
B. False

5/19, pgs. 27–28

****

63. Clinical trials of repetitive transcranial magnetic stimulation (rTMS) have evaluated monotherapy. However, in practice brain stimulation is usually added to ongoing medication. Results of an exploratory observational study suggest that combining _____ with rTMS may improve outcomes in patients with depression.

A. SSRIs
B. Second-generation antipsychotics
C. Stimulants
D. Benzodiazepines

5/19, pgs. 28–29

64. The study also found that patients receiving concomitant _____ may experience less improvement than those who are not, possibly because they interfere with cortical GABA signaling.

A. Stimulants
B. Benzodiazepines
C. Second-generation antipsychotics
D. All of the above

5/19, pgs. 28–29

****

65. Privacy and transmission of personal data are important concerns with smartphone apps, which are increasingly being used to deliver mental health services. A review of popular smartphone apps for depression and smoking cessation found nearly _____ do not include a privacy policy.

A. One quarter
B. One third
C. Half
D. Two thirds

5/19, pgs. 29–30

66. Tracking data transmission with simulated use of these popular apps found nearly all transmitted data to third parties (primarily Google or Facebook) despite the fact that more than half either did not disclose the transmission or explicitly stated that it would not occur.

A. True
B. False

5/19, pgs. 29–30

****

67. Results of a network meta-analysis suggest psychotherapy, pharmacotherapy, and their combination have similar short-term efficacy in patients with PTSD. However, _____ is associated with poorer long-term outcomes.

A. Psychotherapy

B. Combined treatment

C. Pharmacotherapy

D. None of the above

6/19, pgs. 31–32

****

68. A meta-analysis confirms that suicide prevention interventions including community approaches, psychotherapy, pharmacotherapy, and multilevel approaches are effective at preventing both suicide attempts and completed suicides. Effects on completed suicide were somewhat _____ than those for suicide attempt.

A. Larger

B. Smaller

6/19, pgs. 32–33

69. Efficacy differed according to the setting of the intervention, and while outpatient specialty mental health clinics were the only setting in which the effect on suicide attempts was large, treatment in that setting had virtually no effect on completed suicides.

A. True

B. False

6/19, pgs. 32–33

****

70. In a pilot study, dynamic interpersonal therapy (DIT) delivered in 16 weekly 1-hour sessions was effective and feasible in patients with moderate to severe depression, producing clinically significant improvement in _____% of patients.

A. 10

B. 21

C. 35

D. 51

6/19, pgs. 33–34

71. DIT is a form of short-term psychodynamic therapy based on _____ theory and focuses on the patient's core, repetitive pattern of relating (i.e., interpersonal affective focus) and how it gives rise to depressive symptoms.

A. Rationalization

B. Learned helplessness

C. Attachment and mentalization

D. All of the above

6/19, pgs. 33–34

****

72. Evidence is accumulating that the central renin-angiotensin system (RAS) is involved in the pathophysiology of neuropsychiatric diseases including schizophrenia. Although there is currently no consensus on the exact mechanisms by which the central RAS may be involved in the pathophysiology of schizophrenia it may influence outcomes in the disorder via effects on:

A. Glutamate and dopamine

B. GABA and peroxisome proliferator-activated receptor

C. Inflammation

D. All of the above

6/19, pgs. 34–35

73. According to a review of RAS modulation in schizophrenia, angiotensin receptor blockers (ARBs), which modulate the RAS, may prevent glutamate-mediated cell injury, protect against dopaminergic deficit, and restore GABA expression.

A. True

B. False

6/19, pgs. 34–35

****

74. A pooled analysis of randomized controlled trials indicates the psychological interventions have small but positive and lasting effects on prolonged grief in adults. Effects of a similar magnitude were also observed for:

A. Depressive symptoms

B. Posttraumatic stress symptoms

C. Distress

D. All of the above

6/19, pgs. 35–36

75. Psychological interventions delivered in a/an _____ format had significantly larger positive effects.

A. Group

B. Individual

6/19, pgs. 35–36

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):

- ❑ Do nothing as the content was not convincing.
- ❑ Seek additional information on this topic.
- ❑ Do nothing. Barriers at my institution prevent me from changing my practice.
- ❑ Change my practice.
- ❑ Do nothing as current practice reflects program's recommendations.

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

45 Carey Ave, Ste. 111, Butler, NJ 07405
E-mail: cme@alertpubs.com Fax: 973-898-1201

Activity Code: 19MP01N Test 15

_____
e-mail address (for credit notification)

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

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

❑ **Physicians:** I claim____ *AMA PRA Category 1 Credit(s)™* 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 December 31, 2020 **CME Activity Code: 19MP01N Test 15**