

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 19MP02N / Exam #16

Issues to be includedJuly–December 2019

Release dateJanuary 2020

Exam must be returned byJune 30, 2021

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 XI, July 2019 through December 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.**

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Kate Casano has no relevant financial relationships.

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PSYCHIATRY ALERTS NOS

1. In a sham-controlled trial in veterans with chronic PTSD, 2 weeks of active intermittent theta-burst transcranial stimulation (TBS) produced _____ improvements in Clinician-Administered PTSD Scale for DSM-5 (CAPS) scores, relative to sham treatment.

- A. Statistically significant but small
- B. Small and nonsignificant
- C. Moderate but nonsignificant
- D. Large statistically significant

7/19, pgs. 37–38

2. In the study, all patients were offered active TBS for an additional 2 weeks following randomly-assigned treatment. At the 4-week endpoint, 81% of patients who received 4 weeks of active treatment and _____% of patients who received 2 weeks met criteria for clinically meaningful improvement in PTSD.

- A. 35
- B. 67
- C. 79
- D. 90

7/19, pgs. 37–38

3. The study also found that baseline MRI studies were able to identify predictors of response based on functional connectivity in brain networks of interest in PTSD.

- A. True
- B. False

7/19, pgs. 37–38

4. Some evidence has suggested that gut microbiota could impact hypothalamic-pituitary-adrenal (HPA) axis function, and clinical studies have shown that intestinal flora can alter communication between the gut and the brain via the gut–brain axis. A systematic review, undertaken to clarify whether regulating intestinal microbiota has positive effects on anxiety symptoms, suggests the practice may be helpful in alleviating anxiety with stronger effects for _____ methods.

- A. Probiotic
- B. Nonprobiotic

7/19, pgs. 38–39

5. The study authors suggest that regulating intestinal flora to alleviate anxiety may be particularly useful for patients with _____ that make them unsuitable candidates for psychiatric medications.

- A. A history of medication noncompliance
- B. No insurance coverage
- C. Somatic diseases
- D. All of the above

7/19, pgs. 38–39

6. In a population-based randomized trial, the online self-help program Think Life reduced suicidal ideation to a greater degree than a wait-list control. In the study, secondary outcomes including _____ was/were also improved.

- A. Hopelessness
- B. Worry
- C. Depression and anxiety
- D. All of the above

7/19, pgs. 39–40

7. The Think Life intervention is based mainly on cognitive-behavioral therapy and also uses elements of all of the following except:

- A. Mindfulness-based cognitive therapy
- B. Dialectical behavior therapy
- C. Acceptance and commitment therapy
- D. Problem solving therapy

7/19, pgs. 39–40

8. High attrition rates are an important limitation of online interventions including the Think Life program.

- A. True
- B. False

7/19, pgs. 39–40

9. In persons who attempted suicide, a personalized brief contact intervention (BCI) based on crisis cards, phone calls, and mailed postcards _____ reduce the risk of repeated suicide attempts when compared with treatment as usual.

- A. Did
- B. Did not

7/19, pgs. 40–41

10. The study authors suggest that using newer media such as text messages and smartphone apps may be useful in reaching a wider group of patients, and that incorporating _____ could improve outcomes with BCI.

- A. In person follow-up
- B. Family participation
- C. Monetary rewards
- D. Therapeutic elements

7/19, pgs. 40–41

11. According to the results of the SAVE study, use of continuous positive airway pressure (CPAP) significantly improved symptoms of _____ in patients with obstructive sleep apnea and cardiovascular disease.

- A. Anxiety
- B. Depression
- C. Both anxiety and depression
- D. None of the above

7/19, pgs. 41–42

12. In the study, improvements in depression with CPAP were _____ improvements in daytime sleepiness.

- A. Independent of
- B. Dependent upon

7/19, pgs. 41–42

13. According to the results of a randomized trial in veterans with PTSD, behavioral activation may be a viable alternative treatment for patients unwilling or unable to engage in trauma processing therapy.

- A. True
- B. False

8/19, pgs. 43–44

14. In the study, patients who received _____ experienced improvement in PTSD symptoms, but generally remained symptomatic.

- A. Standard care
- B. Behavioral activation
- C. Either treatment

8/19, pgs. 43–44

15. Patients who received behavioral activation showed significantly greater improvement than those who received standard care on which subscale of the Clinician-Administered PTSD Scale?

- A. Re-experiencing
- B. Avoidance
- C. Negative cognitions and mood
- D. All of the above

8/19, pgs. 43–44

16. An MRI study found patients with schizophrenia have significantly _____ whole-brain anisotropy than healthy controls.

- A. Higher
- B. Lower

8/19, pgs. 44–45

17. In the study, a regional vulnerability index (RVI) was calculated based on agreement between the individual's pattern of functional anisotropy and the expected schizophrenia-related patterns identified in a previous study. RVI values were highest in:

- A. Healthy controls
- B. Newly-treated patients
- C. Patients with comorbid depression
- D. Patients with treatment-resistant disease

8/19, pgs. 44–45

18. The study results suggest that a higher RVI is not primarily the result of chronic illness or medication.

- A. True
- B. False

8/19, pgs. 44–45

19. In a randomized trial in men with internet addiction, the odds of remission were about _____ times greater in those who participated in manualized short-term treatment for internet and computer addiction (STICA) than in those assigned to a waitlist control.

- A. 20
- B. 10
- C. 5
- D. 2

8/19, pg. 45

20. Nearly 70% of patients received the STICA intervention achieved remission. At 6-month follow-up, _____% of patients contacted scored below the cutoff for internet addiction.

- A. 27
- B. 42
- C. 70
- D. 81

8/19, pg. 45

21. Because a resistance to engaging in treatment is a core characteristic of internet addiction, the STICA protocol includes:

- A. Motivational therapy sessions
- B. Online activity tracking
- C. Family involvement
- D. All of the above

8/19, pg. 45

22. The practice of telemental health is growing rapidly in the U.S. According to a random sample of Medicare claims, psychiatrists who offer the services are:

- A. Younger
- B. More likely to practice in rural areas
- C. Less likely to be in solo practice
- D. All of the above

8/19, pg. 46

23. A longitudinal study of patients with first-episode psychosis suggests that the harmful effects of cannabis use on mental health cannot be reversed with cessation of use.

- A. True
- B. False

8/19, pgs. 46–47

24. In a meta-analysis identified dysregulated genes and gene networks in the peripheral blood of patients with bipolar disorder. The genes were involved in mechanisms that may underlie the disorder, including all of the following except:

- A. Oxidative stress
- B. Immune signaling
- C. Circadian rhythm disruption
- D. Apoptosis

8/19, pgs. 47–48

25. The analysis also found that a risk scoring method based on patterns of gene expression was capable of discriminating between bipolar disorder and schizophrenia.

- A. True
- B. False

8/19, pgs. 47–48

26. Based on the substantial _____ effects of ketosis, it has been suggested that following a ketogenic diet may have mood stabilizing effects in patients with bipolar disorder.

- A. Appetite suppressive
- B. Mitochondrial
- C. Behavioral activation
- D. None of the above

9/19, pgs. 49–50

27. Investigation of unsolicited comments made by patients participating in online bipolar disorder forums, provide _____ evidence to support the mood stabilizing benefits of the ketogenic diet.

- A. Preliminary
- B. Definitive
- C. No

9/19, pgs. 49–50

28. Compared with those who report using Omega-3 supplementation or following a vegetarian diet, patients with bipolar disorder following a ketogenic diet described all of the following *except*:

- A. Improved mood stability
- B. Reduced anxiety/panic attacks
- C. Improved clarity of thought
- D. Decreased energy

9/19, pgs. 49–50

29. A revised U.S. Department of Veterans Affairs (VA) and the Department of Defense (DoD) guideline for assessment and management of suicide risk recommends assessing risk in all patients. Despite concerns that screening might increase an individual's risk of suicide, no studies have identified risks or harms of screening.

- A. True
- B. False

9/19, pgs. 50–51

30. Few medications have been found to be helpful in patients at risk for suicide. However, evidence suggests that _____ may be beneficial for some patients.

- A. Clozapine
- B. Ketamine
- C. Lithium
- D. All of the above

9/19, pgs. 50–51

31. Evidence supports several nonpharmacological treatment strategies to reduce suicidal behavior, including cognitive behavioral therapy, which has been shown to reduce suicidal ideation or repeated suicide attempts by:

- A. 25%
- B. 50%
- C. 75%
- D. 95%

9/19, pgs. 50–51

32. Other nonpharmacological treatment strategies that have shown efficacy in at least some patient groups include:

- A. Periodic caring communication
- B. Crisis response plans
- C. Lethal means safety
- D. All of the above

9/19, pgs. 50–51

33. Sequential MRI scans in patients with major depression showed widely distributed increases in cortical and subcortical gray matter following electroconvulsive therapy. These changes _____ associated with clinical outcomes.

- A. Were
- B. Were not

9/19, pg. 51

34. Although gray matter expansion following ECT was widespread in patients with depression, changes were largest in:

- A. Regions closest to the electrode placement
- B. Patients also receiving medication
- C. First-episode patients
- D. Healthy controls

9/19, pg. 51

35. A number of environmental exposures have been identified that, individually, are associated with an increased risk of psychosis. The proposed Maudsley Environmental Risk Score for Psychosis uses a weighted sum of scores for minority ethnic group, childhood adversity, urbanicity, obstetric complications, high paternal age, and _____ to estimate psychosis risk.

- A. Family history
- B. Traumatic brain injury
- C. Cannabis use
- D. Childhood infection

9/19, pgs. 52–53

36. Research has shown the Maudsley Environmental Risk Score can predict absolute risk for psychosis.

- A. True
- B. False

9/19, pgs. 52–53

37. ECT is an effective treatment for major depressive disorder, but its negative effects on memory limit its widespread use. Because magnetic seizure therapy (MST) _____, it may be less likely to cause adverse neurocognitive effects.

- A. Requires a lower total electrical charge to induce seizure
- B. Does not require anesthesia
- C. Can be completed in less time

9/19, pgs. 53–54

38. In an open-label, dose-ranging study of MST in patients with depression, 27–42% of patients met response criteria, with no significant differences based on stimulation frequency (i.e., high, intermediate, low).

- A. True
- B. False

9/19, pgs. 53–54

39. Response and remission rates in the study were comparable to or better than those previously reported with ECT and repetitive transcranial magnetic stimulation (rTMS), and most cognitive measures were not adversely affected by:

- A. Low-intensity treatment
- B. Intermediate intensity treatment
- C. High-intensity treatment
- D. Treatment at any intensity

9/19, pgs. 53–54

40. In a sham-controlled trial in patients with schizophrenia and prominent negative symptoms, adjunctive transcranial direct current stimulation (tDCS), delivered on 5 consecutive days, produced negative symptom response (i.e., $\geq 20\%$ in Positive and Negative Syndrome Scale [PANSS] negative symptom score) in _____% of patients at week 6.

- A. 15
- B. 40
- C. 65
- D. 80

10/19, pgs. 55–56

41. Although differences between the active and sham groups were significant for negative symptom improvement, absolute changes were relatively small and there were no treatment-related differences in secondary outcomes such as PANSS total or positive symptom scores.

- A. True
- B. False

10/19, pgs. 55–56

42. Research has suggested that bipolar disorder is a multisystem inflammatory disease of the brain and body. A case-control study found significantly _____ in patients with bipolar disorder than in their matched controls.

- A. Higher rates of anticytomegalovirus (CMV) seropositivity
- B. Lower rates of *Toxoplasma gondii* seropositivity
- C. Higher rates of combined CMV-positive/*T. gondii*-negative status
- D. All of the above

10/19, pg. 56

43. A meta-analysis of 40 randomized controlled trials indicates that computerized cognitive-behavioral therapy (CCBT) with a moderate amount of interpersonal help or support has positive effects on depressive symptoms. The greatest effects were seen in patients with the _____ severe depression.

- A. Most
- B. Least

10/19, pg. 57

44. The efficacy of CCBT appears to be strongly influenced by the support component. Effects were larger for studies that provided support by a clinician, technician, or other person, compared with studies offering no or minimal support. The effect size difference corresponds to about a _____% difference in response rates on the Hamilton Rating Scale for Depression.

- A. 50
- B. 30
- C. 15
- D. 5

10/19, pg. 57

45. Components of chronotherapy, which aims to re-synchronize patients' circadian rhythms and to stabilize sleep timing, can include:

- A. Sleep deprivation
- B. Sleep phase shifting
- C. Use of bright light therapy
- D. All of the above

10/19, pgs. 57–58

46. According to the results of a meta-analysis, chronotherapy has rapid effects on depressive symptoms, but benefits are not evident in patients with bipolar depression.

- A. True
- B. False

10/19, pgs. 57–58

47. Patients with bipolar disorder have a substantially increased risk of developing Parkinson's disease, which may be explained by a cyclic dopamine dysregulation process that leads to an overall _____ in dopaminergic activity.

- A. Reduction
- B. Increase

10/19, pgs. 58–59

48. It is also possible that parkinsonian symptoms are drug-induced, particularly in patients treated with _____, or that long-term use may increase risk of idiopathic Parkinson's disease.

- A. Valproic acid
- B. Risperidone
- C. Cariprazine
- D. Lithium

10/19, pgs. 58–59

49. Although recognized in the DSM, the diagnosis of dissociative identity disorder (DID) is controversial and can be challenging. The disorder is often misdiagnosed as _____ or schizophrenia.

- A. Factitious disorder
- B. Borderline personality disorder
- C. Depersonalization disorder
- D. Imitative DID

10/19, pgs. 59–60

50. Results of a structural brain imaging suggest it possible to distinguish, with high sensitivity and specificity, between patients with dissociative identity disorder and healthy controls based on brain morphology.

- A. True
- B. False

10/19, pgs. 59–60

51. Comparison of MRI scans from individuals with DID and healthy controls found patterns of abnormal brain morphology that were _____ in patients with the disorder.

- A. Found only in white matter
- B. Limited to grey matter
- C. Widespread in both white and grey matter

10/19, pgs. 59–60

52. In a sham-controlled trial, stellate ganglion block was well tolerated and relieved posttraumatic stress symptoms in a group of active duty military personnel. Effects of the treatment were _____ in patients who had higher baseline PTSD symptom scores.

- A. Smaller
- B. Larger

11/19, pgs. 61–62

53. In the study, stellate ganglion block also improved:

- A. Depression and anxiety
- B. Distress and pain
- C. Mental functioning
- D. All of the above

11/19, pgs. 61–62

54. In the study, the magnitude of improvement in CAPS-5 score in patients who underwent stellate ganglion block was similar to that reported for cognitive processing therapy and written exposure therapy in another recent study.

- A. True
- B. False

11/19, pgs. 61–62

55. According to the results of a meta-analysis of clinical trials in anxiety-related disorders, CBT-based treatments are associated with _____ symptom reductions for up to 12 months.

- A. Minimal
- B. Moderate
- C. Remarkable

11/19, pgs. 62–63

56. Relapse rates after successful CBT appear to be low, and treatment effect sizes remained significant for several anxiety disorders after 12 months. Effects were particularly large at >12 months for:

- A. Panic disorder
- B. Specific phobia
- C. Generalized anxiety disorder
- D. PTSD

11/19, pgs. 62–63

57. Cognitive deficits are associated with poorer outcomes and less robust recovery in patients with psychiatric disorders. Cognitive remediation is an effective, evidence-based behavioral training intervention that targets deficits in all of the following *except*:

- A. Attention and memory
- B. Executive function
- C. Response inhibition
- D. Social cognition

11/19, pgs. 63–64

58. Cognitive exercises are the primary feature of cognitive remediation interventions. Although there is no clear directive regarding the optimal number of repetitions, multiple engagements with each exercise are required to achieve meaningful effects. Programs shown to be effective have generally provided 2–3 sessions per week for a minimum of 20 hours.

- A. True
- B. False

11/19, pgs. 63–64

59. Performance parameters such as accuracy and speed should be tracked during training sessions and feedback provided to the participant through the computerized program. Clinician feedback should lean more heavily toward:

- A. Addressing medical comorbidities
- B. Improving family support
- C. Supporting and encouraging the training process
- D. None of the above

11/19, pgs. 63–64

60. Psychosocial rehabilitation is a necessary component if cognitive improvements are to translate to functional improvement, and cognitive goals should be clearly linked to desired community functioning. Specific techniques that can aid in this transfer include discussion, role-play, social cognition training, and supplemental activities such as:

- A. Art or music therapy
- B. Vocational rehabilitation or skills training
- C. Nutritional counseling
- D. All of the above

11/19, pgs. 63–64

61. The U.S. Department of Health and Human Services and the National Institute of Medicine have called for prioritizing research on transgender and gender nonconforming patients as an underserved population. A review of hospital records found that _____% of transgender patients had at least 1 psychiatric diagnosis at discharge.

- A. 33
- B. 50
- C. 75
- D. 90

11/19, pgs. 64–65

62. After controlling for confounding factors including demographics, comorbid conditions, and hospital characteristics, the study results indicate odds ratios for all examined psychiatric disorders were increased in the transgender population, compared with cisgender patients.

- A. True
- B. False

11/19, pgs. 64–65

63. In a manufacturer-sponsored, sham-controlled trial, deep transcranial magnetic stimulation (dTMS) improved symptoms of obsessive-compulsive disorder in patients experiencing incomplete response with ongoing maintenance medication or CBT. At follow-up 4 weeks after completing the treatment protocol, _____ patients who received dTMS met criteria for full response.

- A. Very few
- B. About one-third
- C. Nearly half
- D. Almost all

11/19, pgs. 65–66

64. The mechanism of action for dTMS differs from those of pharmacotherapy and psychological treatments. The study results support the use of dTMS _____ these interventions when response is inadequate.

- A. As an adjunct to
- B. In place of

11/19, pgs. 65–66

65. The LivaNova VNS Therapy SenTiva Generator System has been voluntarily recalled due to reports of reset errors that cause the system to stop delivering stimulation. All reported malfunctions occurred within _____ of implantation.

- A. Several hours
- B. 7 days
- C. 30 days
- D. 60 days

12/19, pg. 67

66. In patients with treatment-resistant depression, which of the following is/are true regarding deep brain stimulation (DBS)?

- A. Response is relatively stable over time
- B. Response can be lost due to battery depletion
- C. It is well tolerated
- D. All of the above

12/19, pgs. 67–68

67. A follow-up study of patients receiving DBS for resistant depression found that those who experienced minimal or no improvement during acute treatment were unlikely to respond with continued treatment.

- A. True
- B. False

12/19, pgs. 67–68

68. Results of a preliminary study suggest electroencephalogram (EEG) resting state power characteristics may be a clinically useful biomarker to predict _____ in women with depression.

- A. Adverse effects
- B. Antidepressant efficacy
- C. Suicide risk
- D. All of the above

12/19, pgs. 68–69

69. After adjustment for depression severity, significant differences in EEG power were found between:

- A. Suicide attempters and low-risk controls
- B. Those with suicidal ideation and controls
- C. Suicide attempters and ideators
- D. All of the above

12/19, pgs. 68–69

70. Limited access to clinicians is a major barrier to mental health care. Many providers are already using _____ to deliver mental health care, which demonstrates a willingness by both patients and clinicians to try new approaches to care.

- A. Telehealth
- B. Social media
- C. Mobile and text-based services
- D. All of the above

12/19, pgs. 69–70

71. Although uncertainty remains, early findings point to potential benefits of incorporating artificial intelligence into psychiatric practice.

- A. True
- B. False

12/19, pgs. 69–70

72. A review of mental health apps available in the Apple App and Google Play store identified 293 mobile apps that claimed to address symptoms of depression and/or anxiety, but most are not backed by scientific research or affiliated with government, healthcare, or educational institutions. Which of the following is the only identified app supported by independent research?

- A. MoodMission
- B. Destressify
- C. Mindsurf
- D. Headspace

12/19, pgs. 70–71

73. While most of the available apps are free to download and could potentially address some of the barriers to care (e.g., cost, accessibility), less than one-third were developed with input from a mental-health expert.

- A. True
- B. False

12/19, pgs. 70–71

74. According to the results of a meta-analysis, _____% of retrospectively assessed patients with schizophrenia would have met DSM-5 criteria for attenuated psychosis syndrome (APS).

- A. 95
- B. 62
- C. 44
- D. 27

12/19, pgs. 71–72

75. The study found _____ was a predisposing risk factor for meeting DSM-5-APS criteria, and common comorbidities include depression, bipolar disorder, anxiety disorders, substance use disorders, and personality disorder traits.

- A. Advanced maternal age
- B. Trauma
- C. Low socioeconomic status
- D. All of the above

12/19, 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: 19MP02N Test 16

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 _____

Exam must be returned by June 30, 2021

CME Activity Code: 19MP02N Test 16