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Or

1. Read each question carefully and circle the answer on the Registration Form.
2. Type or print the registration information in the spaces provided and complete the evaluation.
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All replies and results are confidential. Answer sheets, once graded, will not be returned. Unanswered questions will be considered incorrect and so scored. The Physicians Postgraduate Press, Inc. Office of Continuing Medical Education will keep only a record of participation, which indicates the completion of the activity and the designated number of Category 1 credit hours that have been awarded. Correct answers to the Posttest will be made available to the participants of this activity upon request after the submission deadline.

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- 1. According to Thase, a 50% reduction in depressive symptoms as measured by a relevant rating scale does not reflect a true clinical remission because:**
 - a. Clinicians may use multiple rating scales, thus making precise evaluation impossible
 - b. Clinical remission can be considered genuine only if symptoms fall below some relatively low threshold value on a relevant rating scale
 - c. True clinical remission cannot be achieved
 - d. A 50% reduction in scores on a depression rating scale may leave patients with symptoms too numerous or severe to be considered acceptably treated
- 2. Thase's proposed definition of remission differs qualitatively from an oncologist's definition in which one of the following ways?**
 - a. Thase's definition requires the elimination of pathophysiologic activity, whereas an oncologist's definition requires only symptom suppression
 - b. Thase's definition entails a sufficient reduction in scores on a depression rating scale, whereas an oncologist's definition requires symptom elimination
 - c. Thase's definition requires the virtual elimination of depressive symptoms even if pathophysiologic correlates are only suppressed, whereas an oncologist's definition requires the elimination of the pathophysiologic activity
 - d. Thase's definition differs from an oncologist's only in the disease to which the respective definitions are applied
- 3. According to data cited by Thase, which of the following has *not* been associated with residual or subsyndromal depressive symptoms?**
 - a. Impairment equivalent to that seen in those with depressive symptoms that meet syndromal criteria
 - b. Diminished utilization of treatment services
 - c. Increased suicidal ideation and attempts
 - d. Increased health care costs and receipt of welfare and disability benefits
- 4. According to Trivedi, what percentage of the \$48 billion annual cost of depression in 1993 was due to the indirect costs of functional impairment?**
 - a. 12%
 - b. 27%
 - c. 72%
 - d. 94%
- 5. According to Trivedi, the goal of treatment in any algorithm is:**
 - a. Adequate response
 - b. Sustained remission
 - c. Alleviation of symptoms
 - d. Partial response
- 6. According to Trivedi, all of the following treatment options should be considered after a failed monotherapy trial *except*:**
 - a. Continue same medication regimen indefinitely
 - b. Switch medications
 - c. Augment with a medication from a different class
 - d. Combine 2 medications from the same class or 1 medication and psychotherapy

7. According to Shelton, of those treated for depression, what percentage show only a minimal response to initial antidepressant therapy?
- 40% to 50%
 - 5% to 20%
 - 20% to 40%
 - 50% to 70%
8. According to Shelton, which of the following therapies for depression offers the most immediate chance of benefit?
- Vagus nerve stimulation (VNS)
 - Cognitive-behavioral therapy
 - Transcranial magnetic stimulation (TMS)
 - Pharmacologic combinations
9. According to Shelton, treatment response is increasingly being replaced by what standard of successful treatment?
- 50% reduction in Hamilton Rating Scale for Depression (HAM-D) scores
 - Elimination of depressive symptoms
 - Inducement of a state of happiness
 - 6 months of continuous treatment
10. According to Klinkman, depression seen in primary care is often _____ than that seen in psychiatry.
- More severe and more impairing
 - More severe and less impairing
 - Less severe and more impairing
 - Less severe and less impairing
11. According to Klinkman, the Michigan Depression Project found that, when diagnosing depression, primary care physicians relied on _____ more often than psychiatrists:
- Historical cues and degree of impairment
 - In-office screening questionnaires
 - Structured interviews
 - Telephone interviews
12. According to Klinkman, the 2 main tasks that primary care physicians face when addressing depression in routine practice are:
- To diagnose depression and consult a psychiatrist even when the patient is fully functional
 - To accurately identify those patients who are most likely to benefit from antidepressant treatment and provide the best treatment options possible
 - To treat the physical symptoms only and wait for mood symptoms to resolve on their own
 - None of the above
13. According to Gorman, the goal of psychotherapy employed to treat generalized anxiety disorder (GAD) is to:
- Effectively manage functional impediments
 - Completely resolve symptoms of GAD
 - Eliminate the need for using pharmacotherapy
 - Examine the source of anxious affects
14. According to Gorman, although benzodiazepines should be used in as small a dose and for as short a period as possible, their use as a treatment of GAD is justified by their:
- History of being used for a variety of mental disorders
 - Ability to reduce depressive symptoms
 - Ability to treat the cognitive symptom of worry
 - Rapid onset of anxiolytic action
15. According to Gorman, if pharmacotherapy is determined to be beneficial to a patient with GAD, then an agent that exhibits both anxiolytic and antidepressant effects should be selected for which one of the following reasons?
- Antidepressants with only one major mechanism of action have been used successfully to treat other disorders
 - Comorbid depression frequently occurs among patients with GAD
 - Antidepressant agents have not been approved for the treatment of other disorders such as GAD by the U.S. Food and Drug Administration
 - Patients with GAD typically do not develop depressive symptoms in addition to their anxiety
16. According to Culpepper, to be useful and effective for primary care physicians who care for patients with anxiety disorders, an algorithm must include all of the following *except*:
- Strategies to efficiently recognize and diagnose anxiety disorders
 - Guidance for the physician and patient through acute treatment
 - Guidance for the physician and patient through withdrawal of treatment
 - Strategies for administering experimental treatments as first-line therapy
17. According to Culpepper, common sleep issues that the primary care physician must manage include all of the following *except*:
- Long sleep latency with GAD
 - Nightmares with posttraumatic stress disorder
 - Excessive sleeping with panic disorder
 - Early morning awakening with depression

CME REGISTRATION FORM

Treating Depression and Anxiety to Remission: Use of Algorithms

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Circle the one correct answer for each question.

- | | |
|------------|-------------|
| 1. a b c d | 10. a b c d |
| 2. a b c d | 11. a b c d |
| 3. a b c d | 12. a b c d |
| 4. a b c d | 13. a b c d |
| 5. a b c d | 14. a b c d |
| 6. a b c d | 15. a b c d |
| 7. a b c d | 16. a b c d |
| 8. a b c d | 17. a b c d |
| 9. a b c d | |

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Hospital Private Practice Resident Intern

Deadline for submission

For a credit certificate to be issued, please complete this Registration Form no later than February 29, 2004. Online submissions will receive credit certificates immediately. Faxed or mailed submissions will receive credit certificates within 6 to 8 weeks.

Payment

No payment is necessary as this activity is free.

Please evaluate the effectiveness of this CME activity by answering the following questions.

1. Was the educational content relevant to the stated educational objectives? Yes No
2. Did this activity provide information that is useful in your clinical practice? Yes No
3. Was the format of this activity appropriate for the content being presented? Yes No
4. Did the method of presentation hold your interest and make the material easy to understand? Yes No
5. Achievement of educational objectives:
 - A. Enabled me to discuss the functional and economic costs to society when residual symptoms of depression and anxiety are left untreated. Yes No
 - B. Enabled me to review the literature on the effectiveness of antidepressants in achieving remission. Yes No
 - C. Enabled me to describe the role of the newer antidepressants in treatment algorithms. Yes No
 - D. Enabled me to use an algorithm to treat depression in a primary care setting. Yes No
 - E. Enabled me to use an algorithm to treat anxiety in a primary care setting. Yes No
6. Did this CME activity provide a balanced, scientifically rigorous presentation of therapeutic options related to the topic, without commercial bias? Yes No
7. Does the information you received from this CME activity confirm the way you presently manage your patients? Yes No
8. Does the information you received from this CME activity change the way you will manage your patients in the future? Yes No
9. Please offer comments and/or suggested topics for future CME activities.

10. How much time did you spend completing this CME activity?

11. Do you have convenient access to the Internet? Yes No

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