

CME Activity

Sponsored by Mount Sinai Medical School and MBL Communications

This activity has been planned and implemented in accordance with the Essentials and Standards of the Accreditation Council for Continuing Medical Education. To obtain credit, please read the following articles and complete the registration form on page 58.

Educational Objectives

- Gain an appreciation of the high mortality issues associated with suicide in bipolar disorders
- Learn the level of added (iatrogenic) risk liability for suicide when lithium is discontinued, especially rapidly
- Assess the efficacy of lithium and anticonvulsants in relation to suicide risk factors and bipolar disorder

Accreditation Statement

Mount Sinai Medical School and MBL Communications are accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing education for physicians.

Credit Designation

Mount Sinai Medical School and MBL Communications designate this educational activity for a maximum of 3 hours in Category 1 credit toward the American Medical Association Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

Faculty Disclosure

In the spirit of full disclosure and in compliance with all Accreditation Council for Continuing Medical Education Essentials, Standards, and Guidelines, all faculty for this CME activity were asked to complete a full disclosure statement. The information received is as follows:

Completion of the Tondo et al article was supported by awards from the National Alliance for Research on Schizophrenia and Depression, the Theodore and Vada Stanley Foundation, and the American Foundation for Suicide Prevention; the National Institutes of Health Career Investigator Award MH-47370, the McLean Private Donor Neuropharmacology Research Fund, a grant from the Bruce J. Anderson Foundation, and an award from Solvay Corporation (RJB).

Discussion of Investigational Information

During the course of their talks and discussions in this *CNS Spectrums* academic supplement, faculty may be presenting investigational information about pharmaceutical agents that is outside Food and Drug Administration-approved labeling. This information is intended solely as continuing medical education and is not intended to promote off-label use of any of these medications.

February 2000 Supplement Quiz

This Continuing Medical Education (CME) series gives you the opportunity to test your understanding and recall of clinical material presented in this issue of *CNS Spectrums*. The Page and William Black Post-Graduate School of the Mount Sinai School of Medicine (CUNY) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. The Page and William Black Post-Graduate School of the Mount Sinai School of Medicine designates this Continuing Medical Education activity as meeting the criteria for 3.0 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

All neurologists and psychiatrists may participate in the *CNS Spectrums* CME program. To receive credit for this activity, complete the answer form provided on the following page as directed and return it along with a check or money order for \$30.00 to CME Director, *CNS Spectrums*, 665 Broadway, Suite 805, New York, NY 10012-2302. To receive credit, write your social security number on the check or money order. Your completed test must be postmarked no later than May 31, 2000.

TYPE A QUESTIONS

Please select the single best choice:

- Lithium is the only mood stabilizer with Food and Drug Administration indications for both acute mania and prophylaxis.**
 - True
 - False
- Which of the following statements regarding monotherapy treatments for bipolar disorder are true?**
 - The average failure rate for lithium is <15%
 - Valproate is proven effective as a monotherapy agent in the maintenance phase of bipolar disorder
 - Tegretol has not been found to be advantageous over lithium in monotherapy
 - Valproate has been shown effective in bipolar depression
- Which of the following statements regarding bipolar disorder is false?**
 - Twenty-four percent of patients are still acutely ill after 1 year has elapsed since an acute episode
 - After 5 years, cumulative probability of recurrence is about 50%
 - The episode sequence of depression, mania, and euthymia tends to be poorly responsive to lithium
 - Regulation of myristoylated alanine-rich C kinase substrate protein is thought to be associated with stabilization of recurrent mood episodes
- Better protection against bipolar depression is a key to further limiting suicidal risk in bipolar disorders.**
 - True
 - False

TYPE K QUESTIONS

Use the following key to answer questions 5 through 8:

- A if only choices 1, 2, and 3 are correct
- B if only choices 1 and 3 are correct
- C if only choices 2 and 4 are correct
- D if only choice 4 is correct
- E if all choices are correct

- According to Drs. Goodwin and Ghaemi, which of the following is/are true?**
 - Anticonvulsants have been proven to be as effective as lithium in the prevention of suicide
 - Anticonvulsants are more effective than lithium in the prevention of suicide
 - Carbamazepine, but not valproate, is as effective as lithium in the prevention of suicide
 - Lithium is more effective than carbamazepine in the prevention of suicide
- Based on the literature, the types of affective disorders that correlated best with a positive response to anticonvulsants are:**
 - Rapid cycling
 - Mixed episodes
 - A previous poor response to lithium
 - Secondary mania
- Possible predictors of poor outcome for lithium prophylaxis include which of the following?**
 - Comorbid substance use disorder
 - Interepisode subsyndromal symptoms
 - Dysphoric mania
 - A positive family history of bipolar disorder
- Which of the following statements regarding combination therapy with lithium and valproate is/are true?**
 - Effects of the two medications in the central nervous system differ and do appear to be augmenting each other
 - Valproate pharmacokinetics is altered in a clinically significant manner
 - Some studies have indicated that the combination is not necessarily superior to monotherapy
 - The combination is poorly tolerated in terms of side effects compared to monotherapy treatment



REGISTRATION

February 2000 Academic Supplement CME Quiz



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New York, NY 10012-2302

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ANSWER FORM

CNS Spectrums — February 2000 Academic Supplement Quiz

Please circle your answers

- 1. A B C D E 3. A B C D E 5. A B C D E 7. A B C D E
- 2. A B C D E 4. A B C D E 6. A B C D E 8. A B C D E

Deadline for mailing: For credit to be received, the envelope must be postmarked no later than May 31, 2000. Retain a copy of your answers and compare them with the correct answers, which will be published after the submission deadline. NOTE: \$30.00 PAYMENT MUST ACCOMPANY THIS FORM. You may pay by check or money order. Make check or money order payable to **CNS Spectrums**. To receive credit, write your social security number on the check or money order.

Please provide the information below.

EVALUATION SECTION

- 1. In general, how do you rate the information presented in this CME quiz? excellent good fair poor
- 2. Do you find the information presented in this CME quiz to be fair, objective, and balanced? yes no
- 3. Please name three clinical topics you would like explored in future *CNS Spectrums* quizzes:

Topic 1: _____

Topic 2: _____

Topic 3: _____

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The International Journal of Neuropsychiatric Medicine

Suicide: Risk Assessment and Pharmacologic Intervention

Lithium and Suicide Risk in Bipolar Disorder

Leonardo Tondo, MD, Ross J. Baldessarini, MD, and John Hennen, PhD

The Impact of Mood Stabilizers on Suicide in Bipolar Disorder: A Comparative Analysis

Frederick K. Goodwin, MD and S. Nassir Ghaemi, MD

Lithium Plus Valproate as Maintenance Polypharmacy for Patients With Bipolar I Disorder: A Review

David A. Solomon, MD, Gabor I. Keitner, MD, Christine E. Ryan, PhD, and Ivan W. Miller, PhD

Suicide: Clinical/Risk Management Issues for Psychiatrists

Douglas G. Jacobs, MD, Kay Redfield Jamison, PhD, Ross J. Baldessarini, MD, Jan A. Fawcett, MD,
Herbert Hendin, MD, and Thomas G. Gutheil, MD