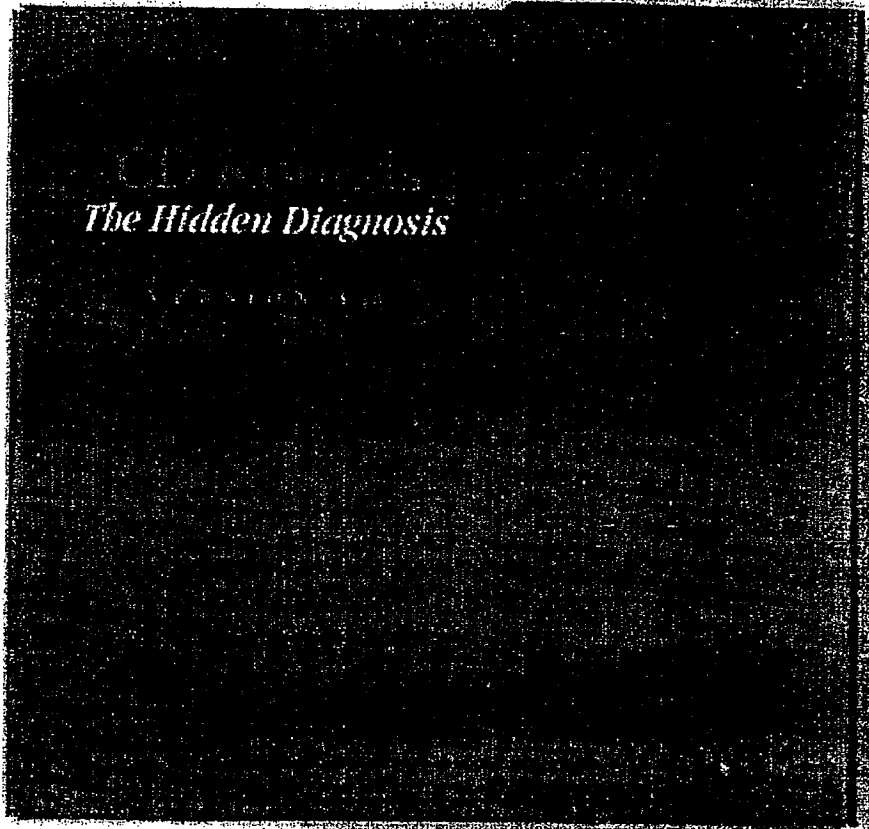


The Hidden Diagnosis

VERSION 3.0

User's Guide and Speaker Training Materials

PAR004007283



PAR004007285

NOTE: The views expressed in this publication are those of the participating individuals. It should not be inferred or assumed that they represent the views of the Annenberg Center for Health Sciences at Eisenhower, Scientific Therapeutics Information, Inc, Brand X Communications, Inc, or any manufacturer of pharmaceuticals.

Before prescribing any medication, review the complete prescribing information, including indications, contraindications, warnings, precautions, and adverse effects.

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CD Rounds

The Hidden Diagnosis

Version 3.0

Section I: Introduction

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This program is designed to be presented by trained speakers while interacting with an audience of primary care physicians, psychiatrists, or residents.

The speaker will present the case studies in a visual mode, with experts describing symptoms, treatment, response to therapy, complications, and long-term management issues as appropriate to the case study. Using the case studies as a framework, these trained speakers facilitate a discussion with participants on the appropriate diagnosis, treatment, and management of patients with mood and anxiety disorders. Each case study also contains a link to supporting data from published literature that supports the topic being presented.

After reading this User's Guide and completing the Self-Study Recertification process, the trained physician should be better able to:

- ◆ Recognize the varied and often nonclassic clinical presentations of anxiety and depressive disorders
- ◆ Describe common medical and psychiatric comorbidities in mood and anxiety disorders and appreciate short- and long-term consequences
- ◆ Understand the rationale for using a CD-ROM program to facilitate interactive, multimedia, case-based clinical presentations
- ◆ Apply the principles of case-based learning to the delivery of clinical presentations using video clips of actual patients with anxiety or depressive disorders
- ◆ Elicit responses and provoke questions and discussion about clinical cases among physicians in a small setting
- ◆ Use a multimedia CD-ROM in the delivery of interactive, case-based, clinical presentations
- ◆ Alter personal presentation style from a fixed-topic, lecture-based approach to a more flexible, interactive dialogue in which the interests of the audience determine the content of the discussion.

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Late-life depression

- Describe risk factors for depression in the elderly
- Discuss treatment options for elderly patients with depression

Bipolar depression

- Identify clinical features that differentiate bipolar from unipolar depression
- Discuss differences in the medication treatment of bipolar vs unipolar depression.

EDUCATIONAL OBJECTIVES

After attending an interactive *CD Rounds: The Hidden Diagnosis* version 3.0 program, the clinician should be better able to:

- ◆ Recognize the presentation of different mood and anxiety disorders
- ◆ Differentiate between the mood and anxiety disorders
- ◆ Discuss appropriate treatments for different mood and anxiety disorders.

Individual speakers will develop learning objectives that are specific to the given presentation, but the topics covered in the presentation must be addressed and will be the basis of the participant evaluation.

ACCREDITATION INFORMATION

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the Annenberg Center for Health Sciences at Eisenhower and Scientific Therapeutics Information, Inc. The Annenberg Center is accredited by the ACCME to provide continuing medical education for physicians. The Annenberg Center designates this educational activity for up to 2 hours in category 1 credit towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

CD Rounds

The Hidden Diagnosis

Version 3.0

Section II: Program Instructions

PAR004007295

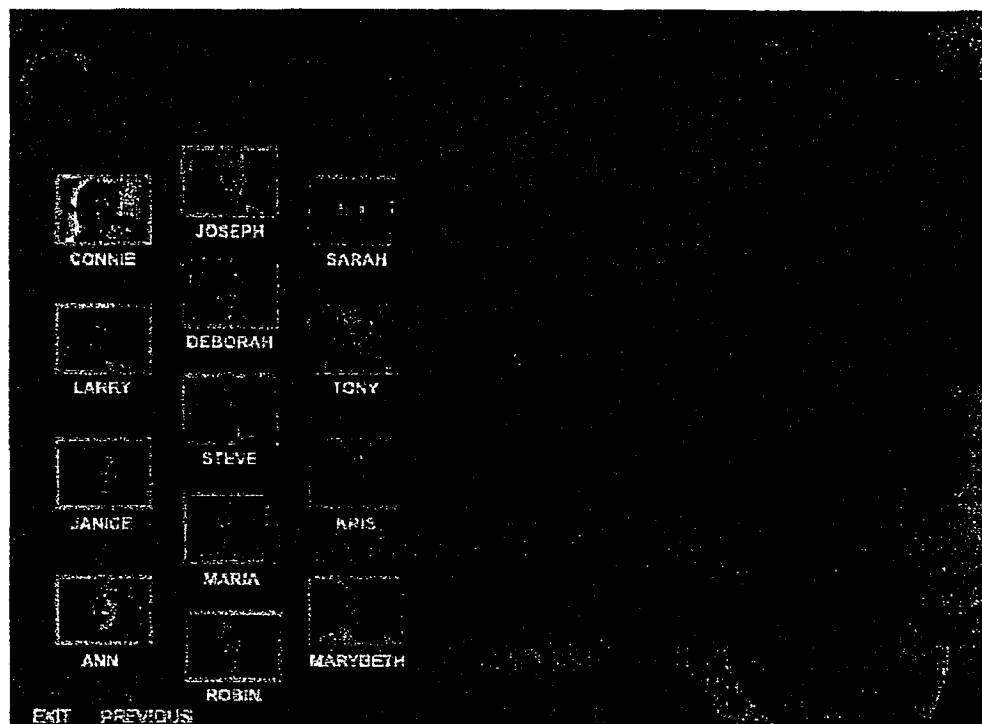
CONTENTS OF CD-ROM

CD Rounds: The Hidden Diagnosis version 3.0 is a multimedia CD-ROM that provides a rich source of information for psychiatrists and primary care physicians who deliver professional medical education presentations. A total of 25 case studies of real patients with depressive or anxiety disorders are included herein. Each case study is unique and is designed to best depict the details of that patient's clinical presentation. The case studies are segmented by presentation, history, diagnosis, comorbidities, treatment, side effects, and long-term management issues as appropriate. These are actual patients and, therefore, are not consistent with regard to presentation, duration of illness, treatment, or outcome. The video clips were edited to best depict the details of each individual patient presentation. Patients were interviewed in most cases by their physician, and the case studies include video clips of the treating physician or another physician offering his or her expert commentary on the salient points of the case. More than 230 slides relating to anxiety and depressive disorders are included in the supporting data library, which is accessed in its entirety at the bottom of each case study screen.

CD Rounds: The Hidden Diagnosis version 3.0 also includes 6 demonstration presentations on 1) posttraumatic stress disorder; 2) generalized anxiety disorder; 3) social anxiety disorder; 4) differential diagnosis of anxiety disorders; 5) late-life depression; and 6) mood disorders across the female life cycle. Intended to assist new users of *CD Rounds: The Hidden Diagnosis* version 3.0 in designing their own customized, professional, medical education presentations, the demonstration presentations contain patient video clips, expert video clips, and supporting data slides. Each demonstration presentation represents a complete multimedia talk and can be used as such. Speaker's notes, which offer suggestions on the use of this media in delivering interactive presentations, accompany each section of the demonstration presentations.

CASE STUDIES AND SUPPORTING DATA LIBRARY

Clicking on the text button **Case Studies** will navigate to the first of 2 submenus containing links to the case studies. The second submenu can be accessed by clicking the text button **More Cases** at the bottom right of the screen. To navigate to a particular case study, simply click on one of the patient pictures.



Each case study consists of digital video clips, information about the diagnosis and the expert commentator, and a link to the supporting data library. Clicking on the text button **Clinical Impression** will display the clinical impression of the case expert, including his/her diagnosis, and a brief case history. Clicking on the text **Supporting Data** will access the supporting data library submenu. All of the other text buttons will launch a video clip of a patient or an expert commentator. The patient video clips are denoted by bright orange text. The text buttons can be clicked in any order. When a text button is clicked, a checkmark will appear. To leave a case, click on the **Back** button, and the checkmarks will disappear.

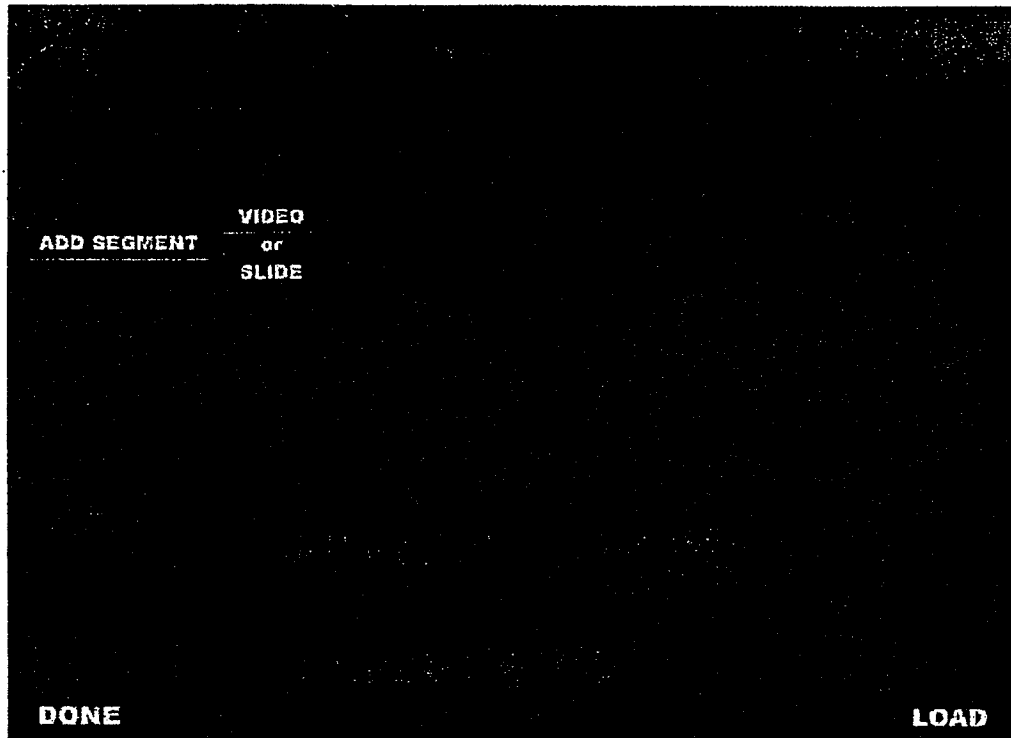
ANXIETY DISORDERS	
Social Anxiety Disorder	88. DSM-IV Diagnostic Criteria For PTSD
Post Traumatic Stress Disorder	89. DSM-IV Diagnostic Criteria For PTSD Re-experiencing
Panic Disorder	90. DSM-IV Diagnostic Criteria For PTSD Avoidance/Numbing
Generalized Anxiety Disorder	91. DSM-IV Diagnostic Criteria For PTSD Hyperarousal
Obsessive Compulsive Disorder	
DEPRESSION	
Bipolar Depression	92. Prevalence Of Trauma And Probability Of PTSD
Major Depression	93. Lifetime Prevalence Of PTSD In The Community (HCS)
Premenstrual Dysphoric Disorder	
Adolescent Depression	94. Impaired Quality Of Life With PTSD
Late Life Depression	
Postpartum Depression	

DEMONSTRATION PRESENTATIONS

Clicking on the text button **Demonstration Presentations** on the main menu will navigate to a submenu from which presentations organized around 6 topics can be accessed. Clicking on the **Text** button for a topic will navigate to a submenu that is very similar to those used in the case studies segment of the program, with 2 notable exceptions.

First, instead of a single text button for **Supporting Data**, there are several buttons from which to choose. Clicking on these buttons will navigate to either a single slide or a subset of slides relative to the topic of the presentation. Clicking **Previous** or **Next** will navigate to the previous or next slide. Clicking on **Menu** will return to the presentation submenu.

The second difference in the demonstration presentation submenus can be seen at a glance. To the right of each text button is an icon representing lecture notes. Clicking on these icons will display notes relative to the content accessed by clicking the corresponding **Text** button. The notes may be relative to a slide or slides, or to a video clip. When the notes for a presentation segment have been reviewed, click **OK** at the bottom right of the page to return to the presentation submenu.



When a **Text** button is clicked and the video clip begins to play, 2 buttons will appear beneath the video controls that offer the choice to **Add** the clip or **Cancel** the selection. If the **Cancel** button is clicked, the video will cease playing, the video controls will disappear, and the **Add** and **Cancel** buttons will disappear. Once the **Cancel** button is clicked, another video clip can be selected to preview. To return to the custom presentation menu, click the **Back** button.

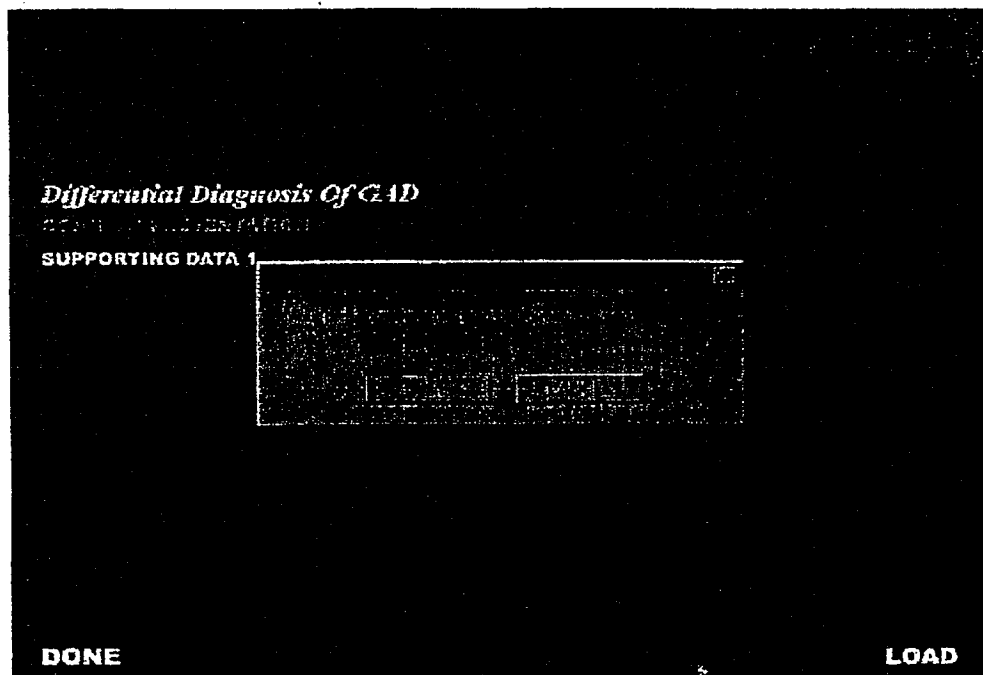
When the **Add** button is clicked, the video will be added to the presentation, and a pop-up message will appear asking, "Would you like to add another clip from this case?" By clicking **OK** the message window will disappear, and another clip can be selected in the method described above. If the **Cancel** button is clicked the program will return to the custom presentation page. A button corresponding to the selection now appears on the page. There will be one button for each video clip that is selected.

the slate will be cleared and you can start over. It is also possible to click on any of the existing buttons while working in the custom presentation builder, in which case the program will offer the choice of adding a video or slide. When a slide or video is added, the existing content assigned to that button will be cleared. If a data set is assigned to a button, and one slide in the set needs to be changed, the entire set will need to be rebuilt.

Saving the Presentation

When the presentation is complete, click the **Done** button and a pop-up message will appear asking, "Would you like to add a presentation title?" Clicking **OK** displays a record field in which a title of up to 40 characters in length including spaces can be typed. After the title has been entered, click **OK**. Prior to saving the presentation, while in the custom presentation builder, the title can be edited by clicking on it.

A pop-up message will appear stating "Your custom presentation is ready to be saved." Clicking **Save** will save the presentation, clicking **Cancel** will return to the building/editing mode without saving. If the custom presentation builder is exited at this point, the program will display the message, "Warning! Your presentation is not saved. Do you want to continue?" If **Yes** is clicked, the program will return to the main menu and the custom presentation builder will be reset. Clicking **No** will again access the building/editing mode.



On computers with more than one hard drive, it is necessary to confirm that the hard drive to which the CDRNDS3 directory is being pasted also contains the operating system. To do so, double click one of the hard drives and look for a folder called **Windows** or **Winnt**, depending on the operating system. If the **Windows** or **WINNT** directory is located, choose **Paste** from the file menu for the hard drive. When the directory is successfully copied, both the CDRNDS3 directory and the **Windows** or **WINNT** directory will be seen when the hard drive is explored.

Once the CDRNDS3 directory has been properly copied, launch *CD Rounds: The Hidden Diagnosis* from the CD-ROM drive, navigate to the custom presentation builder, and choose **Load**.

If the CDRNDS3 directory has been copied to the correct location, the presentation will be loaded automatically, and the message, "Your presentation has been loaded" will appear.

If the CDRNDS3 directory cannot be located, it is possible to browse for the directory. If the directory cannot be located, it will be necessary to **Cancel** the operation. If the directory is located, the presentation will be loaded. Remember that in either case, once this link is established, moving the directory (or changing its contents) will render the custom presentation unusable.

TECHNIQUES FOR DELIVERING AN EFFECTIVE PRESENTATION

Using a CD-ROM to deliver an interactive, multimedia, professional medical education program is a fairly new technique. This section offers information addressing the unique nature of this medium.

CD Rounds: The Hidden Diagnosis version 3.0 is a large program that contains a huge amount of information. This section of the User's Guide contains tips on how to use the CD-ROM to its greatest potential, including suggestions for delivering an interactive presentation, presentation hints, and suggestions for handling a challenging audience.

- ◆ To deliver effective interactive programs with *CD Rounds: The Hidden Diagnosis* version 3.0, it is crucial that speakers become very familiar with each of the cases that they intend to use; speakers do not necessarily need to know all of the cases
- ◆ Speakers should know the details of cases they intend to use, including their strengths and weaknesses
- ◆ Each speaker should know how to navigate through the various screens on the CD-ROM and should know the location of the case studies and supporting data slides that will be used during the presentation. In addition, speakers should be familiar with the demonstration presentations and understand how to use the custom presentation builder
- ◆ This CD-ROM program was designed to accommodate a variety of presentation techniques. There are multiple ways to present the case studies and supporting data. For example:
 - Speakers may choose to discuss one case in depth or to cover several cases. The supporting data slides are accessible at the bottom of each case study screen
 - Expert commentary video clips may be included as teaching points or to create a virtual panel discussion in which the speaker asks the audience if they agree or disagree with the expert. Discussion can be encouraged around different viewpoints

USEFUL LEARNING CONCEPTS

The adult learner, especially the physician learner, is unique and requires special attention both before and during the presentation. As lifelong learners, physicians are predominantly problem-centered learners with interests in immediate, practical applications. Adult learners are self-directed and rely heavily on a reservoir of life experiences. Because of this, the most successful speakers engage their audience more in conversation than in lecture, addressing their needs with relevant content.

It is reported that adult audiences retain:

- ◆ 20% of what is heard, but
- ◆ 50% of what is heard and seen, and
- ◆ 70% of what they say themselves!

How can speakers create an engaging, results-oriented, learning setting? Each bullet identified above is a starting point; the remaining component rests with the speaker and includes a commitment to:

- ◆ spend enough time to become familiar with the program and decide in advance which cases will be used to deliver the presentation
- ◆ study the demonstration presentations for suggested ways to arrange a variety of different subject matter into an interactive presentation
- ◆ arrive 15 minutes early to ensure that the audiovisual equipment (eg, LCD projectors, screen) are in good working order
- ◆ take a few minutes to get to know the audience. At the beginning of the presentation, invite the audience to participate by asking questions and describing their areas of interest and expertise
- ◆ seek consensus from the group through a show of hands
- ◆ call on audience members directly. Ask them – do you agree with this? What do you see in your practice? How would you have handled this situation differently?

Traditional, lecture-based CME imparts knowledge, but is shown to have little impact on behavior change. Changes in practice come from presentations that follow a logical sequence, reinforce key points along the way, and enable the audience to apply the primary message.

TIPS ON HANDLING A CHALLENGING AUDIENCE (adopted from www.ljlseminars.com)²

Some audiences are quiet and reticent, whereas others are talkative and animated. Even in an audience of professionals, an occasional heckler may be present. It is also not uncommon to experience an audience member who monopolizes all discussion with an issue that is particularly fascinating to him or her. Listed below are some suggestions to help the speaker work well with different types of audiences.

- ◆ Listen carefully to the question and repeat it aloud. Be sure you understand the question and the audience knows to which question you are responding
- ◆ Give simple answers to simple questions. If the question demands a lengthy reply, offer to discuss it later with interested parties
- ◆ Refer to the CD-ROM and Supporting Data or to your comments
- ◆ When faced with a heckler, it is important to be aggressively proactive. Interrupt them early, thank them for their input, and tell them that you have a lot to cover. Then offer to talk about the topic after the program
- ◆ The above technique can also be used with an audience member who monopolizes the discussion
- ◆ However, if an audience member is making valid educational points, be flexible and allow the discussion to take a different path from the one you had planned
- ◆ To encourage a quiet audience to participate more fully, build consensus by asking for a show of hands or call on specific people. If one section of the audience is particularly vocal, focus on the quieter groups and seek out their involvement

² Laskowski L. *10 Tips on Handling Hostile Questions*. Newington, CT: LJL Seminars; 2002. Available at <http://www.ljlseminars.com>. Accessed February 2, 2002.

CD Rounds

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Section IV: Case Studies

PAR004007315

**Case Study: Dylan
Social Anxiety Disorder**

Learning Objectives

- ◆ Understand the prevalence of social anxiety disorder in primary care patients
- ◆ Recognize common presentations of social anxiety disorder in primary care
- ◆ Describe the common comorbidities associated with social anxiety disorder and the implications for treatment
- ◆ Enumerate treatment options for social anxiety disorder
- ◆ Discuss the management of selective serotonin reuptake inhibitor (SSRI)-induced sexual dysfunction.

**Case Study: Larry
Social Anxiety Disorder**

Learning Objectives

- ◆ Recognize the varied presentations of social anxiety disorder
- ◆ Understand the impact on quality of life
- ◆ Recognize the importance of alcohol abuse and other psychiatric comorbidities in social anxiety disorder
- ◆ Discuss behavioral and pharmacotherapeutic treatment options
- ◆ Describe long-term management options for social anxiety disorder.

**Case Study: Tony
Social Anxiety Disorder**

Learning Objectives

- ◆ Recognize the prevalence and disability associated with social anxiety disorder
- ◆ Appreciate the comorbidity associated with social anxiety disorder
- ◆ Understand the role of alcohol abuse in the natural course of social anxiety disorder
- ◆ Describe rational therapy for social anxiety disorder.

**Case Study: Manuela
Treatment-Resistant Depression**

Learning Objectives

- ◆ Recognize the risk factors for treatment-resistant depression
- ◆ Appreciate that when alcohol or substance abuse complicates mood or anxiety disorders, it is often polysubstance abuse
- ◆ Discuss different therapeutic strategies for treatment-resistant depression
- ◆ Recognize the need for suicide assessment.

**Case Study: Maria
Adolescent Depression**

Learning Objectives

- ◆ Understand the differences and similarities in the presentation of depression in adolescents and adults
- ◆ Recognize risk factors for suicide in an adolescent
- ◆ Appreciate the differential diagnosis in adolescent depression and recognize common psychiatric comorbidities
- ◆ Discuss treatment options in adolescent depression.

**Case Study: MaryBeth
Depression/Pregnancy**

Learning Objectives

- ◆ Understand epidemiology of peripartum mood disorders
- ◆ Discuss common symptoms and presentation of postpartum mood disorders
- ◆ Understand natural history of mood disorders in women across the life cycle
- ◆ Describe treatment options for women with postpartum depression
- ◆ Recognize the safety of SSRIs in pregnancy and lactation.

**Case Study: Connie
Generalized Anxiety Disorder**

Learning Objectives

- ◆ Recognize anxiety in a primary care setting
- ◆ List the hallmark features of generalized anxiety disorder
- ◆ Recognize the somatic presentation of anxiety disorders
- ◆ Understand the effects of chronic or untreated anxiety on healthcare utilization and quality of life
- ◆ Appreciate the diagnostic factors that influence treatment choice.

**Case Study: Steve
Obsessive-Compulsive Disorder**

Learning Objectives

- ◆ Identify features of OCD with and without comorbid depression
- ◆ Describe the goals and results of treatment with SSRIs
- ◆ Discuss the role of behavioral therapy, drug therapy, and combination therapy of OCD.

**Case Study: Mindy
Recurrent Depression**

Learning Objectives

- ◆ Recognize the enhanced risk of depression in patients with a comorbid anxiety disorder
- ◆ Understand the need for suicide assessment
- ◆ Discuss factors suggesting that maintenance or long-term antidepressant medications may be indicated.

**Case Study: Arlene
Depression**

Learning Objectives

- ◆ Identify physical symptoms that commonly present as manifestations of depression
- ◆ Appreciate the frequent association of substance abuse with an underlying mood disorder or depression
- ◆ Recognize the enhanced risk of depression in patients presenting with an anxiety disorder
- ◆ Discuss factors suggesting that maintenance or long-term antidepressant medications may be indicated.

**Case Study: Sophie
Posttraumatic Stress Disorder**

Learning Objectives

- ◆ Heighten awareness for domestic violence and child abuse as contributors to lifelong psychiatric morbidity
- ◆ Recognize the core symptoms of posttraumatic stress disorder
- ◆ Understand the prevalence and risk factors for noncombat-related posttraumatic stress disorder
- ◆ Describe the objectives and results of treatment with SSRIs.

**Case Study: Katherine
Posttraumatic Stress Disorder**

Learning Objectives

- ◆ Heighten awareness for violence as a contributor to lifelong psychiatric morbidity
- ◆ Recognize the core symptoms of posttraumatic stress disorder
- ◆ Understand the prevalence and risk factors for noncombat-related posttraumatic stress disorder
- ◆ Appreciate the effect of posttraumatic stress disorder, associated sleep disturbances, and other sequelae on quality of life
- ◆ Describe the objectives and results of treatment with the SSRIs.

**Case Study: Francine
Posttraumatic Stress Disorder**

Learning Objectives

- ◆ Heighten awareness for child abuse and domestic violence as contributors to lifelong psychiatric morbidity
- ◆ Recognize the core symptoms of posttraumatic stress disorder
- ◆ Understand the prevalence and risk factors for noncombat-related posttraumatic stress disorder
- ◆ Appreciate the effect of posttraumatic stress disorder and associated sequelae on quality of life
- ◆ Describe the objectives and results of treatment with the SSRIs.

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Section V: Supporting Data Titles

PAR004007325

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Slide 214	Sexual Dysfunction Rates Increase With Direct Patient Questioning
Slide 215	Spontaneously Reported Sexual Dysfunction With Citalopram And Sertraline
Slide 216	Action Plan For Sexual Dysfunction
Slide 217	Antidepressants And Weight Gain
Slide 218	Body Weight In Controls And Depressed Patients Before And After Treatment
Slide 219	Postulated Mechanism Of Weight Gain With Antidepressants
Slide 220	Weight Gain In Short-Term SSRI Trials
Slide 221	Weight Gain During A 50-Week, Placebo-Controlled Trial Of Fluoxetine
Slide 222	Weight Change Comparable To Placebo In An 8-Month Trial
Slide 237	Weight Change In An 8-Month Trial In Patients With Generalized Anxiety Disorder
Slide 223	Action Plan For Weight Management
Slide 226	Somatic Symptoms In Mood And Anxiety Disorders
Slide 224	Physical Symptoms
Slide 228	Psychiatric Disorders In High Medical Utilizers
Slide 229	Duration Of Structured Psychiatric Interviews
Slide 230	Clinician-Administered MINI Patient Health Survey
Slide 231	Self-Rated MINI Patient Health Survey

Posttraumatic Stress Disorder

Slide 12	Lifetime Rates Of Anxiety Disorders In Alcohol Dependence
Slide 13	Mood/Anxiety Disorder
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Slide 89	DSM-IV Diagnostic Criteria For PTSD Reexperiencing
Slide 90	DSM-IV Diagnostic Criteria For PTSD Avoidance/Numbing
Slide 91	DSM-IV Diagnostic Criteria For PTSD Hyperarousal
Slide 92	Prevalence Of Trauma And Probability Of PTSD
Slide 93	Lifetime Prevalence Of PTSD In The Community (NCS)
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Slide 102	PTSD Treatment Options
Slide 103	Fluoxetine Treatment Of PTSD
Slide 104	Sertraline Flexible-Dose PTSD Study
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Slide 106	Sertraline Treatment Of PTSD Adverse Events Reported By 10% Of Patients
Slide 107	Paroxetine Fixed-Dose PTSD Study
Slide 108	Paroxetine Fixed-Dose PTSD Study Responder Analysis
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Slide 110	Paroxetine Flexible-Dose PTSD Study Responder Analysis
Slide 111	Paroxetine Treatment Of PTSD CAPS-2 Reexperiencing Cluster
Slide 112	Paroxetine Treatment Of PTSD CAPS-2 Avoidance/Numbing Cluster
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Slide 115	PTSD Summary
Slide 49	Economic Burden Of Anxiety Disorders
Slide 213	SSRIs And Sexual Dysfunction
Slide 214	Sexual Dysfunction Rates Increase With Direct Patient Questioning

Slide 226	Somatic Symptoms In Mood And Anxiety Disorders
Slide 224	Physical Symptoms
Slide 228	Psychiatric Disorders In High Medical Utilizers
Slide 229	Duration Of Structured Psychiatric Interviews
Slide 230	Clinician-Administered MINI Patient Health Survey
Slide 231	Self-Rated MINI Patient Health Survey

Generalized Anxiety Disorder

Slide 12	Lifetime Rates Of Anxiety Disorders In Alcohol Dependence
Slide 13	Mood/Anxiety Disorder
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Slide 38	Diagnostic Criteria For GAD
Slide 39	WAT Are The 3 Target Symptoms Of GAD?
Slide 40	WAT?
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Slide 42	GAD Overview
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Slide 45	GAD Patients: Psychiatric Comorbidity
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Slide 50	Medications For GAD
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Slide 56	Paroxetine Fixed-Dose GAD Study HAM-A Total Score
Slide 57	Paroxetine Fixed-Dose GAD Study HAM-A Item 1 (Anxiety Item)
Slide 58	Paroxetine Fixed-Dose GAD Study Improvement In Disability
Slide 59	Paroxetine Flexible-Dose GAD Study HAM-A Total Score
Slide 60	Paroxetine Flexible-Dose GAD Study HAM-A Item 1 (Anxiety And Worry)
Slide 61	Paroxetine Flexible-Dose GAD Study HAM-A Item 2 (Tension)
Slide 62	Long-Term Treatment Of GAD
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Slide 67	Weight Change Comparable To Placebo In An 8-Month Trial
Slide 68	Generalized Anxiety Disorder: Conclusions
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Slide 220	Weight Gain In Short-Term SSRI Trials
Slide 221	Weight Gain During A 50-Week, Placebo-Controlled Trial Of Fluoxetine

Slide 211	Bipolar Cycle Shortening By TCAs
Slide 212	TCAs Increase Frequency Of Bipolar Cycles
Slide 213	SSRIs And Sexual Dysfunction
Slide 214	Sexual Dysfunction Rates Increase With Direct Patient Questioning
Slide 215	Spontaneously Reported Sexual Dysfunction With Citalopram And Sertraline
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Major Depression

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Slide 233	Remission Rates In Major Depression. Paroxetine CR, Paroxetine IR, And Placebo
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CD Rounds

The Hidden Diagnosis

Version 3.0

Section VII: Speaker Recertification Self-Study

SPEAKER RECERTIFICATION SELF-STUDY

1. After inserting the CD-ROM in the disk drive, how do you start up the program?
2. Once the program has started and is running, how do you navigate to the case studies?
3. When a video clip of a patient from a case study is running, how do you pause it?
4. How do the case study screens change to indicate that a video clip has already been viewed?
5. Some video clips are longer than others. If you are interested in showing only the last segment of a video clip, what do you need to do to fast forward to the desired portion of the video clip?
6. Where in the demonstration presentations can you find notes for each slide?
7. The custom presentation builder does not allow a speaker to include video clips from the CD-ROM. True or False?
8. Can a presentation that is developed using the custom presentation builder be transferred to another computer? Yes or No.
9. Where can the full literature citations for slides in the supporting data library be found?
10. How do you exit the program?
11. You have been asked to use *CD Rounds: The Hidden Diagnosis* version 3.0 to lead a discussion on the natural course of major depression. Suggest 2 slides and 2 case studies that could be used to prompt discussion on relapsing/recurrent depression.
12. Which case studies illustrate early-onset disorders?
 - a. Estelle, Robin
 - b. Harriet, Janice
 - c. Maria, Tiffany
 - d. Kris, Joseph
13. Which case studies demonstrate that mood and anxiety disorders can have a chronic and even lifelong course?
 - a. Betty, Manuela
 - b. Joseph, Larry
 - c. Mindy, Sophie
 - d. all of the above

20. A member of your audience wants to discuss the adverse-effect profile of the SSRIs, and asks about adverse effects that are commonly associated with medication nonadherence and early treatment discontinuation. Which case study illustrates early adverse effects of the SSRIs?
- a. Connie
 - b. Dylan
 - c. Mindy
 - d. Estelle
21. Worry, anxiety, and tension are the 3 hallmark symptoms of generalized anxiety disorder.
- a. True
 - b. False
22. Which of the following SSRI dose range is incorrect for the treatment of OCD?
- a. paroxetine 20-60 mg/day
 - b. sertraline 50-200 mg/day
 - c. fluvoxamine 10-30 mg/day
 - d. fluoxetine 20-80 mg/day
23. Untreated depression during pregnancy may lead to:
- a. poor self-care and nutrition
 - b. noncompliance with prenatal care
 - c. postpartum depression
 - d. all of the above
24. Postpartum depression is rarely clinically significant and does not need to be treated.
- a. True
 - b. False
25. Which case study could be used to illustrate premenstrual dysphoric disorder?
- a. Robin
 - b. Betty
 - c. Tiffany
 - d. Charlotte
26. Both the TCAs and the SSRIs have been shown to be effective in treating depression in a variety of patient populations. However, there are cardiovascular effects associated with the TCAs that are not present with SSRIs. These effects include:
- a. bradycardia
 - b. hypertension
 - c. cardiac conduction delays
 - d. atrial fibrillation

SPEAKER RECERTIFICATION SELF-STUDY ANSWER SHEET

CD Rounds The Hidden Diagnosis
Version 3.0

Instructions: Complete all information and answer all 30 questions. Detach this answer sheet and FAX to: Steve Biddle, Annenberg Center for Health Sciences, 39000 Bob Hope Drive, Rancho Mirage, CA 92270, FAX: (760) 773-4513.

NAME (please print)

ADDRESS

CITY/STATE/ZIP

TELEPHONE NUMBER

EMAIL ADDRESS

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

- 7. True False
- 8. Yes No

NOTES

Lined area for notes, consisting of approximately 22 horizontal lines.