

Participants may receive a maximum of 1 *AMA PRA Category 1 Credit™* by reading the CME article and correctly answering at least 70% of the questions in the Posttest.

To take this Posttest online and earn credit immediately, go to PSYCHIATRIST.COM, Keyword: September.

Or, take the Posttest and send the completed Registration form to the address or fax number listed on the form.

Unanswered questions will be considered incorrect and so scored. Answer sheets, once graded, will not be returned. All replies and results are confidential. The CME Institute of Physicians Postgraduate Press, Inc., will keep only a record of participation, which indicates that you completed the activity and the number of *AMA PRA Category 1 Credits* you have been awarded. Correct answers to the Posttest will be available upon request after the submission deadline.

Accreditation Statement

The CME Institute of Physicians Postgraduate Press, Inc., is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.



Answer to Pretest: **b**

Commentary

pp 1190–1196

1. **Your patient, Ms A, is cognitively normal, but is worried about her risk for developing Alzheimer’s disease (AD) symptoms. Ms A asks you whether she should have an amyloid PET scan when it becomes available. What is the *most* appropriate response to her regarding this new technology?**
 - a. “While this technology appears to be able to detect amyloid plaques in living people, it is not yet indicated to predict a healthy person’s risk for developing memory problems.”
 - b. “There is no evidence that PET can detect amyloid plaques in living people, so it is unlikely to be of use to you or even those patients who have memory and thinking problems.”
 - c. “Yes, this technology can measure amyloid plaques in the brain, and I think you could use it now to determine whether or when you might develop memory and thinking problems.”

2. **You believe Mr B has mild cognitive impairment (MCI) due to AD. According to the National Institute on Aging (NIA) and Alzheimer’s Association criteria, which of the following symptoms should be present?**
 - a. Concerns about a change in cognitive performance
 - b. Evidence of an impairment in memory or other cognitive tests compared with people at a similar age and educational level
 - c. Functional performance may be slightly impaired, but not to the extent that it interferes with independent living
 - d. All of the above

3. **In clinically affected patients, an amyloid PET scan, when available, may be most likely to do which of the following?**
 - a. Help exclude the diagnosis of AD
 - b. Exclude the diagnosis of other causes of memory and thinking problems
 - c. Determine exactly when a cognitively normal person will develop memory problems
 - d. Help the patient have illness insight

4. **When assessing a patient’s cognitive abilities, informal bedside tests may uncover subtle memory problems better than formal tests.**
 - a. True
 - b. False



REGISTRATION FORM

Circle the one correct answer for each question.

1. a b c
2. a b c d
3. a b c d
4. a b

Deadline for submission

For a credit certificate to be issued, please complete this Registration Form no later than September 30, 2014. Online submissions will receive credit certificates immediately. Faxed or mailed submissions will receive credit certificates within 6 to 8 weeks.

Payment

If you complete the posttest online, no payment is necessary. A \$10 payment must accompany this form. You may pay by check, money order, or credit card. Make check or money order payable to Physicians Postgraduate Press, Inc. If paying by credit card, please provide the information below.

Check one: Visa MasterCard AmEx Discover

Card number _____

Expiration date _____

Your signature _____

Send this page, along with your payment, to:

CME Institute • Physicians Postgraduate Press, Inc.
PO Box 752870 • Memphis, TN 38175-2870

If you are paying by credit card, you may fax this page to:

CME Institute at 901-751-3444

Questions? Call 1-800-489-1001, ext 8

Print or type

Name _____

Last 4 digits of Social Security Number _____
(Required to issue CME credit)

Birth Date (mm/dd/yy) _____
(Required to issue CME credit)

Degree _____ Graduation Year _____

Specialty _____

Affiliation _____

Address _____

City, State, Zip _____

Phone () _____

Fax () _____

E-Mail _____

(Your credit certificate will be sent to this e-mail address)

Primary Practice Area

- Academic, Full-time
- Office Based or Private Practice
- Federal or Government Agency, VA Hospital
- Community Mental Health Care
- Managed Care Facility
- Long-Term Care Facility
- Other

Please evaluate the effectiveness of this CME activity.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	Never	Not Very Often	Sometimes	Very Often	Always
1. The method of presentation held my interest and made the material easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. This activity provided a balanced, scientifically rigorous presentation of therapeutic options related to the topic, without commercial bias.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The educational content was relevant to the stated educational objective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How often do you currently use the following clinical strategy? Use the updated criteria to diagnose and evaluate Alzheimer's disease in your patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How often do you plan to use the following clinical strategy? Use the updated criteria to diagnose and evaluate Alzheimer's disease in your patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I need to know more about (suggest future topics): _____					
7. How much time (in hours) did you spend completing this CME activity? _____					
8. What is your preferred format for CME activities? Check one.					
<input type="checkbox"/> Print media (eg, journals, supplements, and newsletters)	<input type="checkbox"/> Internet text	<input type="checkbox"/> Internet multimedia	<input type="checkbox"/> Audio CD		