

MATTERS OF THE MIND:

Addressing Cognitive Aspects of **Bipolar Disorder**



Please select the activity you participated in:

- MP3 Download
 On-Demand teleconference

This information is for CME purposes only. You may not receive your CME credit if the information below is not filled out in its entirety. Please allow 4-6 weeks for delivery of your certificate.

PARTICIPANT INFORMATION

Name _____
First M. Last

What is your professional degree?

MD NP PA RN Other _____ What is your primary specialty? _____

Practice/University/Hospital Name _____

Address (Home Work) _____
Street Address Apt. or Suite No.

City State ZIP Code

Daytime Phone () _____ Fax () _____

By providing your fax number, you are giving CMK permission to fax information to you in the future. This is for internal use and will not be sold to other companies for use.

E-Mail Address _____

I hereby certify that I have spent _____ hour(s) in this educational activity.* *Hours may not exceed 1.25.

Signature _____ Date _____

(I certify that I have completed this CME activity as designated.)

May we contact you in the future with brief surveys to assess how you have used the information presented in this activity or to assess other educational needs? Yes No

Preferred method of follow-up: Fax E-mail

Posttest (please circle one)

- Which neurocognitive domain is considered the "gateway" to higher cognitive processes and can interfere with performance on tests of learning, memory, and executive function?
 - Verbal fluency
 - Attention
 - Motor speed
 - Facial affect discrimination
- The neurocognitive function that is substantially intact in bipolar disorder is
 - Attention
 - Executive function
 - Verbal skills
 - Memory
- All of the following agents have been shown in clinical trials to have statistically significant beneficial effects on cognition in patients with bipolar disorder except:
 - Valproate
 - Olanzapine
 - Lamotrigine
 - Risperidone

Please complete the evaluation form and either fax or mail to:

FAX: 1-866-350-9325

The Center for Medical Knowledge, LLC

ATTN: Bipolar

189-6 Middlesex Turnpike, Chester, CT 06412

Sponsored by



If you have questions regarding your CME certificate, please call The Center for Medical Knowledge at **1-866-482-4263, extension 123.**

Project No. 246474

EVALUATION

Please evaluate the activity by checking the appropriate boxes.

Having completed this activity, how would you rate your confidence in your ability to:	Low			High		
Identify cognitive deficits associated with bipolar disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discuss the impact of cognitive deficits on functional outcomes in bipolar disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summarize evolving data and hypotheses regarding the cognitive effects of available and emerging therapies for bipolar disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate the effectiveness of the speaker(s):	Low			High		
Frederick K. Goodwin, MD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments: _____

Did the presentation meet the learning objectives? Yes No

Which of the following is the most important information you learned in this CME activity? (Please check one.)

- Aspects of cognitive dysfunction specific to bipolar disorder
- The impact of cognitive deficits on functional outcomes in bipolar disorder
- Data on cognitive effects of available and emerging treatment approaches

Do you feel that the content presented at this activity was appropriate to your learning needs? Yes No

If NO, please specify: Too basic Too complex

Which of the following factors was most important in your decision to participate in this activity? (Please check one.)

- Speaker
- Topics being presented

How likely are you to incorporate the information from this CME activity into your clinical practice?

- Not likely
- Likely
- Very likely

In what areas will you make the changes in your clinical practice? (Please check all that apply.)

- Screening/diagnosis
- Patient education
- Treatment/management
- Staff education
- Other: _____

Was this activity fair, balanced, and free from commercial bias? Yes No

Was faculty financial disclosure information available for this activity? Yes No

If applicable, were you advised of off-label/unapproved uses of products or devices? Yes No

Please complete the following statement:

In the future, I would like to attend an educational program on _____.

Please indicate how long you have been in practice:

- < 5 years
- 6-15 years
- 16-25 years
- > 26 years
- Retired/not in practice

Which type of CME activity are you most likely to attend in the next 12 months? (Please check only 2.)

- Small, local meeting (< 45 minutes from home/office)
- Regional meeting (> 45 minutes from home/office)
- Live teleconference
- Live Webcast
- National association meeting
- Grand rounds/journal club
- Other: _____

In the past 12 months, which type of CME material have you most frequently completed? (Please check only 2.)

- Printed piece (monograph, supplement, newsletter, etc)
- CD-ROM/DVD
- Archived Webcast
- Podcast
- Web-based activity
- PDA
- Archived teleconference
- Other: _____

Additional comments: _____