

Online CME/CPE Medical Simulation: REGISTER TODAY!

Insomnia and Depression: Strategies for Success

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FACULTY INFORMATION

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Henry Ford Sleep Disorders Center
Detroit, MI

TARGET AUDIENCE

Physicians, physician assistants, pharmacists, and other healthcare professionals interested in management and treatment of patients with insomnia.

CREDIT INFORMATION

CME Credit (Physicians): CME Credit Outfitters, LLC, is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

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Note to Physician Assistants: AAPA accepts Category I credit from AOACCME, Prescribed credit from AAFP, and AMA Category I CME credit for the PRA from organizations accredited by ACCME.

CPE Credit (Pharmacists): CME

CME Credit Outfitters, LLC, is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. 0.5 contact hours (0.05 CEUs)
Universal Program Number: 376-000-09-008-H01-P

Activity Type: knowledge-based

Post-tests, credit request forms, and activity evaluations can be completed online at www.neuroscienceCME.com (click on the Testing/Certification link under the Activities tab—requires free account activation), and participants can print their certificate or statement of credit immediately (80% pass rate required). This website supports all browsers except Internet Explorer for Mac. For complete technical requirements and privacy policy, visit www.neurosciencecme.com/technical.asp. CE credit expires on March 17, 2010.

This continuing education activity is provided by



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Release Date: March 17, 2009
Credit Expiration Date: March 17, 2010
Archive Offered Until: March 17, 2010

This activity offers CE credit for:
• Physicians (CME) • Pharmacists (CPE)
All other clinicians will either receive a CME Attendance Certificate or may choose any of the types of CE credit being offered.

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STATEMENT OF NEED

Insomnia is a common disorder, characterized by difficulty falling asleep, increased nighttime wakefulness, and/or inadequate sleep duration. Up to 75% of adults report symptoms of acute insomnia that can last from one night to a few weeks, while approximately 10% to 15% have chronic insomnia, which is sleep difficulty lasting at least 3 nights per week for 1 month or more.^{1,2} Insomnia is associated with significant personal and socioeconomic burdens, yet it remains largely under recognized and inadequately treated.

Diagnosing insomnia and comorbid medical or psychiatric illness can be challenging for physicians. Taking additional time to diagnose a primary sleep disorder that may have emerged on top of other issues can make all the difference in devising a comprehensive and effective treatment plan. In this interactive, case-based activity, expert faculty will provide evidence as well as clinical insight on recognizing, assessing, and managing patients with insomnia and comorbid depression, while allowing participants to hone their clinical decision-making skills in the context of a real-world case.

¹ Insomnia: assessment and management in primary care. National Heart, Lung, and Blood Institute Working Group on Insomnia. *Am Fam Physician* 1999;59:3029-3038.

² Buscemi N, Vandermeer B, Friesen C, et al. Manifestations and Management of Chronic Insomnia in Adults. Evidence Report/Technology Assessment: Number 125, June 2005. Available at: <http://www.ahrq.gov/clinic/epcs/insomsum.htm>.

ACTIVITY GOAL

To evaluate evidence-based diagnostic and treatment strategies to improve outcomes for patients with insomnia.

LEARNING OBJECTIVES

At the end of this CE activity, participants should be able to:

- Choose appropriate rating scales and assessment tools in diagnosing insomnia.
- Identify possible comorbidities that might contribute to differential diagnosis for insomnia.
- Design effective, evidence-based treatment strategies to improve overall outcomes in patients with insomnia and comorbid depression.

FAX completed form to **240.243.1033**

YES! Register me for this online neuroscienceCME activity.

Site Name: _____ # Participants: _____

Individual Name: _____ Degree: _____

Address: _____

City/State/ZIP: _____

Practice Setting: Community Mental Health State Mental Health Primary Care
 Private Practice Other: _____ Phone: _____

Fax: _____ Email: _____