



Pediatric Mental Health Update

Tuesday, May 22, 2012
Registration and Dinner: 5:30 pm
Program: 6:00 - 9:15 pm

Southern Regional AHEC
Gerald A. Strand Auditorium
1601 Owen Drive
Fayetteville, NC 28304

Target Audience:

Pharmacists and Pharmacy Technicians

Program Description:

It is easy to know when your child has a rash or fever. But a child's mental health problem may be harder to identify and even harder to treat. More than 14 million children and adolescents in the United States, or one in five, have a diagnosable mental health disorder that requires intervention or monitoring and interferes with daily functioning. While many children with mental health disorders are not being diagnosed, clinicians have been identifying children with emotional and behavioral disorders at an increasing rate. The need for clinicians to manage children with mental health concerns only will continue to increase in the future. This program will explore 2 of the most common mental health problems seen in children – ADD/ADHD and depression. May is Mental Health Awareness Month, a time for people to learn more about mental health conditions and seek out help for them. During this month, SR-AHEC is proud to offer this mental health CE program for pharmacists, pharmacy technicians and all other interested healthcare providers.

Objectives:

At the conclusion of this knowledge-based program, participants should be able to:

1. Recognize the signs/symptoms of ADD versus ADHD;
2. State the diagnostic components of ADD/ADHD for children;
3. Evaluate the benefits and risks of pharmacological and non-pharmacological treatments in children with ADD/ADHD;
4. Create a treatment algorithm involving pharmacological and non-pharmacological treatments for children with ADD/ADHD;
5. List the symptoms of depression in children and adolescents;
6. Identify risk factors for suicide in children and adolescents;
7. Discuss appropriate treatment options for depression in children and adolescents;
8. Review indications, side-effects, monitoring and efficacy for the common pharmacological agents used to treat depression in children and adolescents; and
9. List at least 3 support/intervention resources that families with children with depression can access.

Fees:

Pharmacists: \$50 if received before May 15; \$60 thereafter.

Pharmacy Technicians: \$25 if received before May 15; \$30 thereafter.

Credit:

3.0 hours of ACPE credit will be awarded to pharmacists who attend 100% of this program.

ACPE# 0046-9999-12-014-L01-P

CEU: 0.3 contact hours will be awarded to all other participants who attend 100% of this educational activity.

Agenda:

5:30 pm	Registration and Dinner
6:00 pm	ADD/ADHD
7:00 pm	Break
7:15 pm	Evaluation and Treatment of Child and Adolescent Depression
9:00 pm	Adjourn

Faculty:

Andrew Muzyk, PharmD

Assistant Professor

Campbell University School of Pharmacy

Clinical Specialist in Internal Medicine/Psychiatry

Department of Pharmacy, Duke University Hospital

Jennifer S. Segura, MD

Child and Adolescent Psychiatry Fellow

General Psychiatry Resident, PGY-5

Duke Psychiatry Residency Education Program

Dept. of Psychiatry & Behavioral Sciences

Duke University Medical Center

Contact Information:

For questions, please contact:
Sarah Moorman RN, MSN
Director, Pharmacy/CME, Southern Regional AHEC
910-678-7315
Sarah.Moorman@sr-ahec.org

Our Promise to You:

Southern Regional AHEC strives to offer the highest quality educational programming. If, for any reason, this program does not meet your needs, please let us know. We value your feedback and will resolve the issue to your satisfaction.

Substitutes/Refunds/Transfers:

If you register for a program and are not able to attend, you may:

- Cancel 48 business hours before the program and obtain a refund for 70% of the registration fee;
- Cancel 48 business hours before the program and receive a voucher for 100% of the registration fee for use at one future Southern Regional AHEC Pharmacy program; or
- Send a substitute.

Cancellations less than 48 business hours before the program are non-refundable. If you register for a program that you don't attend and don't pay, you will be billed for the full amount of the program registration fee.

Americans with Disabilities Act:

No individual with a disability is excluded, segregated or otherwise treated differently from any other individual. If you need any of the auxiliary aids or services identified in the Americans With Disabilities Act of 1990 in order to attend any of these programs, please call 910-678-7226.



In affiliation with Duke University Medical Center
Part of the NC AHEC Program

In collaboration with UNC Eshelman School of Pharmacy.



The University of North Carolina Eshelman School of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. To receive CE credit, attendance must be acknowledged at the registration desk upon arrival at the program. Statements of credit will be mailed upon completion and evaluation of the programs. No partial credit will be given.

REGISTRATION FORM

This form may be duplicated.

Phone: 910-678-7226 Fax: 910-323-0674

Online: <http://ahconnect.com/registration/srahec>

Mail: SR-AHEC, Attention: Registrar
1601 Owen Drive • Fayetteville, NC 28304

Pediatric Mental Health Update
CASCE #36427 / PR120522



Name _____

Last 4 of Social Security # _____

NABP e-Profile ID# _____ 4-Digit Birth MMDD _____

Home Address _____

City _____ State ____ Zip _____

Home County _____

Home Phone _____

E-mail _____

- Please **do not** send me e-mail announcements of upcoming Southern Regional AHEC Pharmacy programs.

Job Title _____

Specialty Area _____

Employer _____

Work Address _____

City _____ State ____ Zip _____

Work Phone _____

Who is Paying? I am My Organization

Supervisor Signature _____

Supervisor Phone # _____

Mastercard/Visa # _____ - _____ - _____ - _____

Exp. Date ____/____/____

Signature _____

Special Need: _____

Payment Policy (Requires Initialing)

Southern Regional AHEC requires full payment for all programs prior to the program date. If an organization is paying, a supervisor's written verification of approval or a copy of a purchase order must be presented with the registration form.

_____ I have read and understand this statement.

OFFICE USE ONLY:

Check/Auth# _____ Date _____

From _____ Amount \$ _____