ALBERTA PSYCHIATRIC ASSOCIATION

United for Innovative Care in Mental Illness & Addictions

Scientific Conference & Annual General Meeting

March 30 – April 2, 2017
The Rimrock Resort Hotel
Banff, Alberta

Welcome

The 2017 APA Scientific Conference

The Alberta Psychiatric Association (APA) is the not-for-profit professional organization that represents the psychiatrists of Alberta. The APA has stood for more than fifty years as an advocate for its psychiatrist members, providing leadership and support for their role in the provision of quality mental health care in Alberta by promoting effective professional relationships and influencing health policy and clinical practice.

The APA has close ties to the Canadian Psychiatric Association and its committee structure mirrors that of the federal body addressing science and research, psychiatric education, standards of practice and economics.

The APA allies with the Alberta Medical Association sharing executive membership with the Sections of General Psychiatry and Child and Adolescent Psychiatry, through which it elects members to the Representative Forum and works to achieve equitable fees and schedule of medical benefits.

This event is an accredited group learning activity (section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada, approved by the Canadian Psychiatric Association (CPA). The specific opinions and content of this event are not necessarily those of the CPA, and are the responsibility of the organizer(s) alone.

Please note, a Credit Tracking Log Form is located inside your conference portfolio. This form can be used to keep track of the presentations attended throughout the conference. The SCAP Annual General Meeting and the APA Annual General Meetings are not eligible for CPD credits.

Learning Objectives

- To examine, consider and appraise current and leading clinical practices to enhance patient care.
- To explore innovation in health care as it relates to mental health.
- To discuss and impart a deeper understanding of addictions psychiatry.

Secure Login

Digital downloads of a number of the 2017 presentations will be available via secure login on the APA website.

Web address
www.albertapsych.org/events/conference/2017
Username
conf2017
Password
Snowflake71

* Please note that some presentations may not be available until a few days following the conference.

Committee	Position
Dr. Serdar Dursun	APA President
Dr. Melanie Marsh-Joyal	APA President-Elect
Dr. Gordon Kelly	Conference Chair
Dr. Katherine Aitchison	North Scientific Co-Chair
Dr. Tim Ayas	South Scientific Co-Chair
Dr. Tyler Pirlot	SCAP President-Elect
Dr. Sarah Tymchuk	University of Alberta, Resident Representative
Dr. Lindsay Ward	University of Calgary, Resident Representative

Thank you!

Thank you to the APA Scientific Conference Planning Committee for their hard work.

Entertainment

Family Fun Night

Embrace your inner child at our Family Fun Night on Friday, March 31 – great food, good company and myriads of activities to keep children and adults alike entertained for hours!

Saturday Night Celebration

Formerly President's Gala

Join us in toasting the outgoing APA President and welcoming the incoming President at our new Saturday Night Celebration on April 1, 2017. This year we are pleased to present the legendary Velvet Hand. This band has earned their fabulous reputation by consistently putting on a high energy show that appeals to all musical tastes....and will get guests on their feet dancing all night long! Be entered into a draw for One Premium Room with Breakfast at the Rimrock Resort Hotel!

Resident's Night

Calling all Residents! Join your fellow residents for a night of cocktails, hors d'oeuvres, music and mingling. The party will get underway at 9:30 pm on Friday night in Diva's Martini Lounge – with no need to shut down early!

Bring the Family!

Why not enjoy this perfect destination while you attend the APA conference, Banff has so much to offer:

- Skiing and snowboarding at Mount Norquay, Lake Louise or Sunshine
- Hiking and snowshoeing
- Ice skating
- Sledding and tobogganing
- Shopping
- Fine Dining
- Hot Springs
- The Banff Centre

Velvet Hand

Saturday Night Celebration

Velvet Hand provides an evening of classic dance hits from the sixties to the modern era. From arrival to departure, the group pays attention to detail and delivers music with infectious energy. Covering songs from The Beatles, to The Rolling Stones, to OutKast, Velvet Hand are seasoned performers who will make your event a memorable occasion.

President's Message

Dear friends and colleagues,

It is my pleasure to welcome you to the Rimrock Hotel and to the 2017 Scientific Conference and Annual General Meeting (AGM) of the Alberta Psychiatric Association (APA).

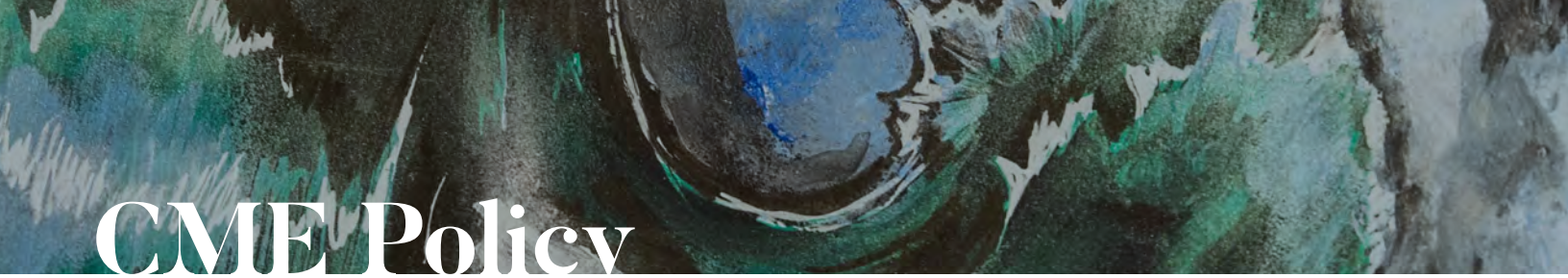
The theme for this year's meeting is "United for Innovative Care in Mental Illness & Addictions". Both unity and innovation are critical with regards to mental health care and this conference will explore these themes in greater detail. This year's Scientific Committee has done an outstanding job of pulling together a fantastic program, and I'd like to take this opportunity to thank them for their hard work: kudos to Gord Kelly, Katherine Aitchison, Tim Ayas, Melanie Marsh-Joyal, Tyler Pirlot, Sarah Tymchuk and Lindsay Ward for a job well done!

The conference will kick off on Thursday evening with a dinner symposium. A full day of sessions is scheduled for Friday, followed by Family Fun Night at 18:30 pm, which is always a great time! The Resident's Reception will get underway at 9:30 pm in Diva's Martini Lounge. Saturday morning will consist of keynote and break-out sessions and a wide range of workshops will take place between 13:30 pm and 15:30 pm on Saturday afternoon. Resident presentations will also take place on Saturday afternoon – we've had to take three rooms this year to accommodate all the resident presentations (14 in total). The Annual General Meeting will begin at 16:10 pm on Saturday afternoon, and will wrap up on Sunday morning.

The former President's Gala has been changed a bit for this year. Now called the Saturday Night Celebration, tickets must be purchased separately (it's not too late to purchase tickets, simply head to the registration desk to secure your onsite tickets). As has been done in the past, we'll be welcoming the incoming APA President, Melanie Marsh-Joyal, dining on a delicious meal, and enjoying some fantastic entertainment (Velvet Hand is the entertainment this year, seasoned performers who will perform a wide range of songs from classic dance hits to modern era).

Thank you for joining us for our annual conference. Wishing you an outstanding educational and informative (and fun!) few days.

Dr. Serdar Dursun
APA President
2016 – 2017



CME Policy

CME Policy on Full Disclosure

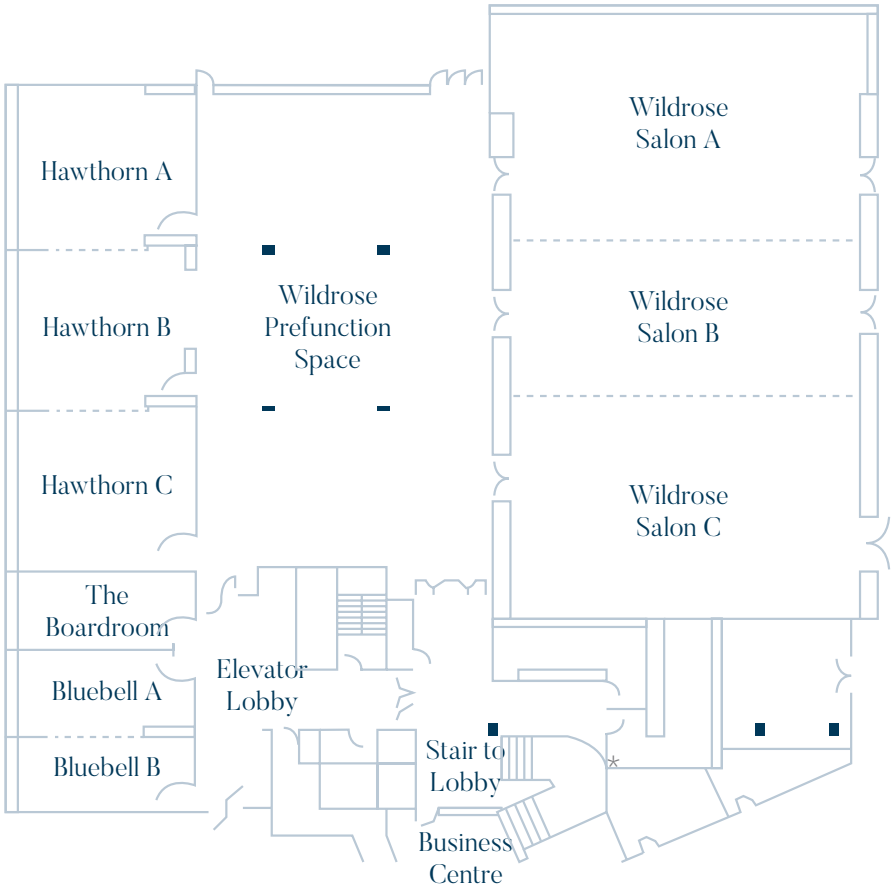
The Alberta Psychiatric Association requires disclosure of the existence of ANY AND ALL financial interest(s) or other affiliation(s) a presenter has with commercial supporter(s) of these educational activities, and/or with manufacturer(s) of ANY AND ALL commercial product(s) and/or provider(s) of ANY AND ALL commercial services discussed in the scientific program. The existence of such relationships does not necessarily constitute a conflict of interest, but the prospective audience must be informed of the presenter's affiliation with every commercial sponsor by way of an acknowledgement in program.

This policy is intended to openly identify any potential conflict(s) so that members of the audience in an educational activity are able to form their own opinions about the presentation. A reasonable test to guide decisions about what to disclose is whether any particular affiliation could cause embarrassment to the individual or institution involved or lead to questions about the presenter's motives if such affiliation(s) were made known to the general public.

The following presenters have indicated a financial interest or other affiliation with a commercial supporter of the session and/or with the manufacturer(s) of a commercial product and/or provider of commercial service(s):

Presenter	Co-author	Affiliation
Dr. Andrew Kwait		Allergan, Cordant Lab, Janssen, Otsuka, Sunovion
Dr. Diane McIntosh		Allergan, BMS, Janssen, Lilly, Lundbeck, Otsuka, Pfizer, Purdue, Shire, Sunovion, Valeant
Dr. Helen Mayberg		St. Jude Medical Inc.
Dr. Gordon Kelly	Lorella Ambrosano, Janet De Groot, Arlie Fawcett, Dianne Maier, Melanie Marsh-Joyal, Jennifer Swainson, Elizabeth Wallace	Janssen, Lundbeck, Otsuka
Dr. Joseph Coyle		Biogen, Doserine, Forum Pharma, Novartis
Dr. Mamta Gautam		Peak MD Inc.
Dr. Marie-Pierre Carpentier	Salim Hamid	Janssen, Lilly, Lundbeck, Shire
Dr. Michal Juhas	Vincent I.O. Agyapong, Arto Ohinmaa, Joy Omeje, Kelly Mrklas, Victoria Y.M. Suen, Serdar M. Dursun, Andrew J. Greenshawe	Alphabet Inc., ATN International Inc., Becton, Dickinson and Co.
Dr. Philip Tibbo		Janssen, Lundbeck, Otsuka
Dr. Rajamannar Ramasubbu	Williams, K., Golding, S., Mackie, A. MacQueen, G., Kiss, ZHT	Allergen, Janssen, Lundbeck, Medtronic, Pfizer
Dr. Rakesh Jain		Addrenex, Alkermes, Allergan (Actavis/Forest), AstraZeneca, Forum, Lilly, Lundbeck, Merck, Neos Therapeutics, Otsuka, Pamlab, Pfizer, Rhodes Pharmaceuticals, Shionogi, Shire, Sunovion, Takeda, Tris Pharmaceuticals
Dr. Rohit Lodhi	Dawon Lee, Leslie Roper, John F. Chiu, Katherine J. Aitchison	Janssen R & D, Lundbeck Canada, Otsuka Canada, Pfizer
Dr. Sarah Tymchuk	John Gill, Esther Fujiwara, Chris Power	Merck, Gilead VIIV
Dr. Shaina Archer	Jennifer Swainson, Carson Chrenek	Lundbeck, Otsuka
Dr. Steven Potkin		Acadia Neurim, Alkermes, Allergan, Eli Lilly, Elsai, Forum, Lundbeck, Otsuka, Pfizer, Sunovion, Toyama, VTV
Dr. Thomas Raedler		Allergan, Boehringer-Ingelheim, Forum, Janssen, Lundbeck, Otsuka, Purdue, Sunovion, SyneuRx International
Dr. Timothy Fong		Indivior, Constellation Health

Map



Mark Your Calendars

The 2018 APA Scientific Conference will be held from March 22 to March 25, 2018 at the Rimrock Hotel.

Win!

Three draws will be made at the Saturday Night Celebration. One random draw will be made for an iPad, a draw from among the exhibitor passport entries for a $150 Visa gift card and a random draw for a Premium Room with Breakfast at the Rimrock Hotel.

* Delegates must be in attendance at the Saturday Night Celebration in order to claim their prize

Keynote Presentations

Highlights from the 2016 CANMAT Guidelines for MDD

Dr. Diane McIntosh

30 March, 2017
18:30 – 20:00
Salon A/B

Objectives

- Describe MDD from the perspective of a multi-dimensional disorder
- Discuss factors to consider when choosing an antidepressant based on symptom dimension, clinical presentation and the importance of co-morbidity
- Review the step-by-step CANMAT treatment algorithm

Literature reference

- The Canadian Journal of Psychiatry/La Revue Canadienne de Psychiatrie 2016, Vol. 61(9) 504-603

Abstract

CANMAT uses its own level of evidence and 'lines of treatment' rating systems. Perhaps the most distinctive feature is CANMAT's explicit incorporation of expert opinion in assessment of lines of treatment. These are based on evidence plus 'clinical support', the latter being assigned through the expert opinion of the CANMAT committees. It believes that the integration of levels of evidence with expert opinion renders its recommendations more usable and realistic, and also that the 'lines of treatment' concept produces an alignment of the guidelines with stepped-care management concepts.

The approaches taken by the CANMAT group, while distinct from those of many other depression guidelines, have been embraced by clinicians and widely discussed both within Canada and internationally. These guidelines offer an interesting approach and texture to the provision of clinical guidance for the management of major depressive disorder. They also represent a considerable investment of effort by a notable group of Canadian psychiatrists and scientists, and we are proud to provide them to the readership of CJP.

Excerpt from CANMAT Guidelines, The Canadian Journal of Psychiatry 2016, Vol. 61(9);504-505

Keynote Presentations

Cannabis and the Developing Brain: What's the Buzz About?

Dr. Philip Tibbo

31 March, 2017
09:00 – 10:00
Salon C

Objectives

- Appreciate the role of the endocannabinoid system on adolescent brain development
- Understanding the potential outcomes of regular cannabis use during adolescence and young adulthood
- Appreciate the mental health community's role in knowledge translation in this area

Literature reference(s)

- Crocker, C.E., J. Cookey, and P.G. Tibbo (2014), Neuroimaging Findings in Adolescent Cannabis use and Early Phase Psychosis, in Handbook of Cannabis and Related Pathologies: Biology, Diagnosis, Treatment and Pharmacology, V.R. Preedy, Editor. 2014, Elsevier.
- Crocker C, Tibbo P. (2015) Cannabis and the maturing brain: Role in psychosis development. Clinical Pharmacol Ther. 2015 Jun; 97 (6):545-7.
- Aydin C. Tibbo P., Ursuliak Z. (2016) Psychosocial Interventions in Reducing Cannabis Use in Early Phase Psychosis: A Canadian Survey of Treatments Offered. The Canadian Journal of Psychiatry. June 2016. 61(6):367-372

Abstract

A common viewpoint has proliferated in the media and general public that cannabis use is mostly harmless. Additionally, some argue that by not supporting its use we are missing a great therapeutic opportunity for chronic medical conditions The view that cannabis is void of negative effects may partially be a result of minimal efforts in, or ineffective, knowledge translation in this area. In fact, the "war on drugs" approach has not allowed for basic education on the varied effects of cannabis on the brain, especially at highly critical phases of brain development.

This talk will synthesize the literature on the effects of cannabis on the developing young adult brain, in the context of mental health. This will allow reflection on the question; "Is there an opportunity for the scientific and clinical community to affect ethically the polarized positions that currently exists in this area?"

Keynote Presentations

Deep Brain Stimulation for Depression: Progress, Pitfalls, and Possibilities

Dr. Helen Mayberg

31 March, 2017
10:30 – 11:30
Salon C

Objectives

- Describe the rationale behind initial testing of subcallosal cingulate DBS for depression
- Assess the emerging data on imaging biomarkers that might best guide surgical planning and patient selection for subcallosal cingulate DBS
- Appreciate strategies for future studies to define acute and chronic antidepressant effects of subcallosal cingulate DBS

Literature reference(s)

- Crocker, C.E., J. Cookey, and P.G. Tibbo (2014), Neuroimaging Findings in Adolescent Cannabis use and 1. Mayberg HS, et al. Neuron, 2005; 45:651-660.
- Holtzheimer PE, et al. JAMA Psychiatry 2012; 69:150-8.
- Riva Posse R, et al. Biol Psychiatry 2014; 15;76:963-9.
- Choi KS, et al. JAMA Neurol 2015; 72:1252-60.
- Smart OL, et al. Biol Psychiatry 2015; 77:1061-1070

Abstract

It is now 10 years since the first proof-of-principle report of subcallosal cingulate (SCC) DBS for Treatment Resistant Depression (TRD) [1]. Initial selection of the subcallosal cingulate (SCC) as a putative DBS target was based principally on converging findings from resting-state PET imaging studies of conventional antidepressant interventions, localization using standard structural imaging methods, and trial-and-error behavioral testing of chronic stimulation at individual contacts on each implanted DBS electrode [2]. As testing of DBS for treatment resistant depression has expanded and matured, imaging continues to play a crucial role, with recent work now focused on refinement and optimization of the procedure using multimodal methods combined with real-time behavioral and physiological metrics, providing a more precise method to identify the optimal target location in real time [3-4]. Further, imaging biomarkers are being pursued to define patient subtypes most likely to benefit. Together these studies offer a unique perspective on critical pathways and mechanisms mediating antidepressant effects of DBS, and on the pathophysiology of treatment resistant depression more generally.

Current Grant Support: Hope for Depression Research Foundation, 1R01MH102238, 1R01MH106173.

Keynote Presentations

Establishing a Long-Term Treatment Plan for Patients with Schizophrenia

Dr. Andrew Kwait

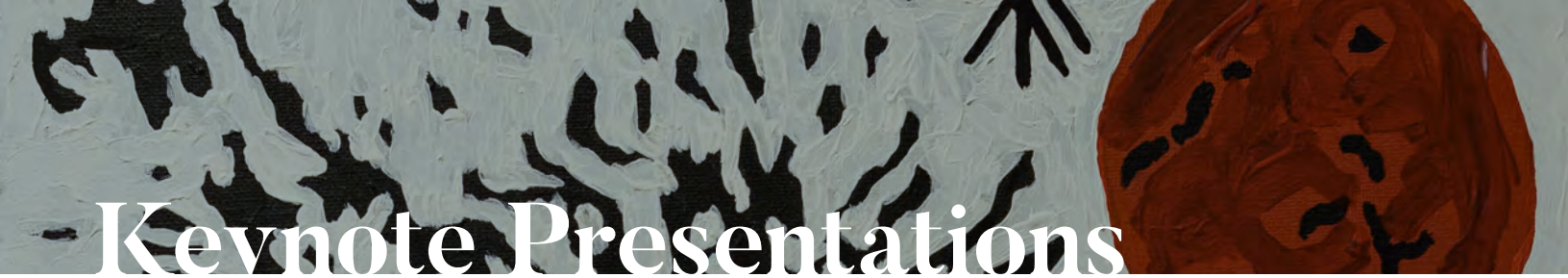
31 March, 2017
11:30 – 13:00
Salon A/B

Objectives

- Discuss the disruptive impact of schizophrenia relapses on patients
- Explain the importance of initiating a long-term treatment plan earlier in your patients' treatment journey
- Discuss how INVEGA TRINZA® (paliperidone palmitate) delivers sustained plasma concentrations and explore evidence as an option for many patients with schizophrenia
- Review the following for INVEGA TRINZA®:
- Dosing and administration, patient selection, safety Information
- Share clinician perspectives

Literature reference(s)

- Berwaerts J, Liu Y, Gopal S, et al. Efficacy and safety of the 3-month formulation of paliperidone palmitate vs placebo for relapse prevention of schizophrenia: A randomized clinical trial. JAMA Psychiatry. Published online March 29, 2015. doi:10.1001/jamapsychiatry.2015.0241.
- INVEGA TRINZATM (paliperidone palmitate 3-month injection) Product Monograph, June 22, 2016, Janssen Inc.
- INVEGA SUSTENNA® (paliperidone palmitate 1-month injection PP1M) Product Monograph, Dec. 2015 Janssen Inc.
- Canadian Psychiatric Association Working Group members. Clinical practice guidelines for the treatment of schizophrenia. Can J Psychiatry. November 2005;50(s1)
- Lieberman JA, Perkins D, Belger A, et al. The early stages of schizophrenia: speculation on pathogenesis, pathophysiology, and therapeutic approaches. Biol Psychiatry. 2001; 50:884-897.
- Henry LP, et al. J Clin Psychiatry. 2010;71(6):716–728;
- Emsley R, et al. J Clin Psychiatry. 2012; 73(4):e541-e547;
- Schreiner A, et al. Poster presented at EPA, 1–4 March 2014, Munich, Germany (Poster 61);
- Henry LP, Amminger GP, Harris MG, et al (2010). The EPPIC follow-up study of first-episode psychosis: longer-term clinical and functional outcome 7 years after index admission. J Clin Psychiatry;71(6):716–728.
- Canadian Psychiatric Association Working Group members. Clinical practice guidelines for the treatment of schizophrenia. Can J Psychiatry. November 2005;50(s1) -CPA Working Group, page 7S, paragraph: Introduction
- Lieberman JA, Perkins D, Belger A, et al. The early stages of schizophrenia: speculation on pathogenesis, pathophysiology, and therapeutic approaches. Biol Psychiatry. 2001; 50:884-897.
- Schizophrenia Society of Canada. Learn more about schizophrenia. Available at http://www.schizophrenia.ca/learn_more_about_schizophrenia.php. Accessed March 27, 2016. Schizophrenia Society of Canada, page 3, paragraph: Causes
- Government of Canada. Family Life – Age of Mother at Childbirth. Available at http://well-being.esdc.gc.ca/misme-iowb/.3ndic.1t.4r@-eng.jsp?iid=75. Accessed March 27, 2106.
- Government of Canada. Family Life – Marriage. Available at http://well-being.esdc.gc.ca/misme-iowb/.3ndic.1t.4r@-eng.jsp?iid=78. Accessed March 27, 2016.
- Are you average? This is what first-time home buyers look like in Canada. The Globe & Mail. April 9, 2013. Available at http://www.theglobeandmail.com/globe-investor/personal-finance/mortgages/are-you-average-this-is-what-first-time-home-buyers-look-like-in-canada/article10931739/. Accessed March 27, 2016 / Globe & Mail, paragraph 1
- PANSS: Positive and Negative Syndrome Scale.



Keynote Presentations

- Hargarter L, Schreiner A. Expert Opinion On Pharmacotherapy 2016; 17: 1043–1053. (page 1050, paragraph: Discussion. Page 1046, paragraph: Efficacy Outcomes. Page 1049, paragraph: Functioning Outcomes)
- Kim E, et al. Poster; ICOSR 2015.
- Kramer M, et al., J Clin Psychopharmacol. 2007;27(1):6-14 (page 10, paragraph: Efficacy)
- Hough D, et al. Schizophr Res. 2010;116(2-3):107-17. (page 112, Fig. 2A and B)
- Smart OL, et al. Biol Psychiatry 2015; 77:1061-1070

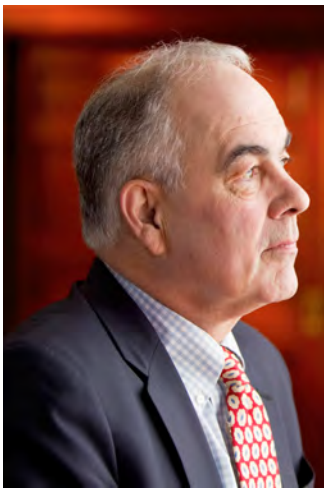
Abstract

Dr. Kwait, is a renowned Psychiatrist with a Clinical practice in Salem Massachusetts. He is the lead Psychiatrist for 350+ patients within the ACT programs at Eliot Community Human Services. As Medical Director for more than 22 years, the past 36 years have been specialized in Addiction treatment, Community Mental Health -Psychiatry and Psychopharmacology. He obtained his Medical degree at Cornell Medical College, Internship at the Roosevelt Hospital, Columbia College of Physicians and Surgeons. He was also Chief resident at the Massachusetts Mental Health Center at Harvard Medical School.

Dr Kwait will present and discuss the ACT program at Eliot Community Human Services and the disruptive impact of schizophrenia relapses on patients. He will present the most recent scientific data on the importance of initiating a long-term treatment plan earlier in the schizophrenia patients' treatment journey.

He will also present and discuss the most recent scientific data of how INVEGA TRINZA® (paliperidone palmitate) delivers sustained plasma concentrations and explore evidence as an option for many patients with schizophrenia. INVEGA TRINZA® (paliperidone palmitate) has now been available in Canada since June 23rd, 2016 and in the US since May 2015. Because of his extensive clinical experience with this molecule, he will review the following for INVEGA TRINZA®: dosing and administration, patient selection, safety Information and more importantly his own extensive clinical experience and perspective with this new molecule, answering many questions from Canadian Psychiatrists that are now starting patients on this new molecule.

Keynote Presentations



The Transformation of "Personalized" Psychiatry by Scientific Advances in the 21st Century

Dr. Joseph T. Coyle

31 March, 2017
13:00 – 14:00
Salon C

Objectives

- To understand how complex genetics are involved in the etiology of psychiatric disorder
- To understand how epigenetics can persistently alter gene expression without mutations of the DNA
- To understand why categorical diagnosis in medicine including psychiatry is now being questioned

Literature reference(s)

- Balu DT, Coyle JT. The NMDA receptor 'glycine modulatory site' in schizophrenia: D-serine, glycine, and beyond. Curr Opin Pharmacol. 2015 Feb;20:109-15.
- Konopaske GT, Lange N, Coyle JT, Benes FM. Prefrontal cortical dendritic spine pathology in schizophrenia and bipolar disorder. JAMA Psychiatry. 2014 Dec 1;71(12):1323-31.
- Neale BM, Sklar P. Genetic analysis of schizophrenia and bipolar disorder reveals polygenicity but also suggests new directions for molecular interrogation. Curr Opin Neurobiol. 2015 Feb;30:131-8.
- Nestler EJ, Peña CJ, Kundakovic M, Mitchell A, Akbarian S. Epigenetic Basis of Mental Illness. Neuroscientist. 2016 Oct;22(5):447-63.

Abstract

Psychiatric practice has long been grounded in the close doctor-patient relationship, by definition, personalized medicine. I will review the scientific advances of the 21st century, which will have transformative effects on the future practice of personalized medicine in psychiatry. These include the discovery of neuroplasticity, brain imaging, inexpensive sequencing of the human genome and epigenetics. These advances undermine the shibboleths of the last century including that the adult brain is "hard wired", that neurogenesis does not occur in the adult brain and that categorical diagnoses predict etiology, course and treatment of psychiatric disorders. To the contrary, the brain is remarkably plastic, generating new neurons from stem cells and exhibiting widespread use-dependent functional and structural modifications of synaptic connections. In fact, impairments in neuroplasticity appear to underlie several psychiatric disorders including schizophrenia and addiction. Genetic studies indicate that psychiatric disorders, which have a substantial heritable risk, involve complex genetics in which multiple genes of modest effect interact with environment to cause the phenotype. Risk genes are not "disorder-specific" but are phenotype-associated, often occurring in several disorders. For example, certain risk genes found in schizophrenia are also observed in autism, bipolar disorder, and mental sub-normality. Finally, with epigenetics, life-experiences can induce structural and chemical changes of the DNA without altering base sequences (mutations). Epigenetic marks can persistently alter gene expression in the affected individual and even be passed onto the next generation. Thus, genetic methods will further personalize (individualize) diagnosis and treatment in psychiatry.rtunity for the scientific and clinical community to affect ethically the polarized positions that currently exists in this area?"

Keynote Presentations

The Development of Bipolar Disorder – What We Have Learned from the Flourish Canadian High-Risk Offspring Cohort Study

Dr. Anne Duffy

31 March, 2017
14:00 – 15:00
Hawthorn A

Objectives

- To understand the early clinical course of developing bipolar disorder in high-risk children and adolescents and differences between subtypes
- To discuss the evidence of risk processes contributing to the development of bipolar disorder that might be intervention targets
- To identify important knowledge gaps and future directions of clinically relevant research predicting development of bipolar disorders

Literature reference(s)

- Duffy A, Horrocks J, Doucette S, Keown-Stoneman C, McCloskey S, Grof P. The developmental trajectory of bipolar disorder. The British journal of psychiatry : the journal of mental science. 2014;204(2):122-128.
- Duffy A. Does bipolar disorder exist in children? A selected review. Canadian journal of psychiatry Revue canadienne de psychiatrie. 2007;52(7):409-417.
- Duffy A. Early identification of recurrent mood disorders in youth: the importance of a developmental approach. Evidence-based mental health. 2015;18(1):7-9.
- Duffy A. The nature of the association between childhood ADHD and the development of bipolar disorder: a review of prospective high-risk studies. Am J Psychiatry. 2012;169(12):1247-1255.
- Duffy A, Jones S, Goodday S, Bentall R. Candidate Risks Indicators for Bipolar Disorder: Early Intervention Opportunities in High-Risk Youth. Int J Neuropsychopharmacol. 2016;19(1).
- Duffy A, Malhi GS, Grof P. Do the Trajectories of Bipolar Disorder and Schizophrenia Follow a Universal Staging Model? Canadian journal of psychiatry Revue canadienne de psychiatrie. 2016.

Abstract

Bipolar disorder (BD) is a debilitating mental illness that runs in families with peak age of onset between 15-25 years – a critical time of accelerated biological, social and psychological development. Currently it takes over a decade from illness onset to accurate diagnosis. This delay has devastating consequences including inappropriate treatment, increased hospitalization, medical comorbidity, treatment refractoriness, addiction, school drop-out, under employment, and suicide. Most research to date has involved patients with chronic BD and little is known about illness onset. Therefore, characterizing risk processes and precursors of BD is an essential research and public health priority. Over the past four decades, we have studied a highly informative cohort of families in Southern Ontario in which BD segregates with high penetrance across multiple generations. We identified families through a BD index patient and pioneered the validation of a homogenous subtype based on response to lithium, the gold standard prophylactic treatment, which is now being adopted internationally. We have described the early clinical precursors predicting bipolar disorder and for the first time based on longitudinal observation described the early course. Further, we have conducted exploratory studies of biopsychosocial risk processes determining the onset of major mood disorders which could be important early intervention and prevention treatment targets.

Keynote Presentations

Clinical Applications of Advances in Addiction Psychiatry

Dr. Timothy Fong

31 March, 2017
16:30 – 18:00
Salon C

Objectives

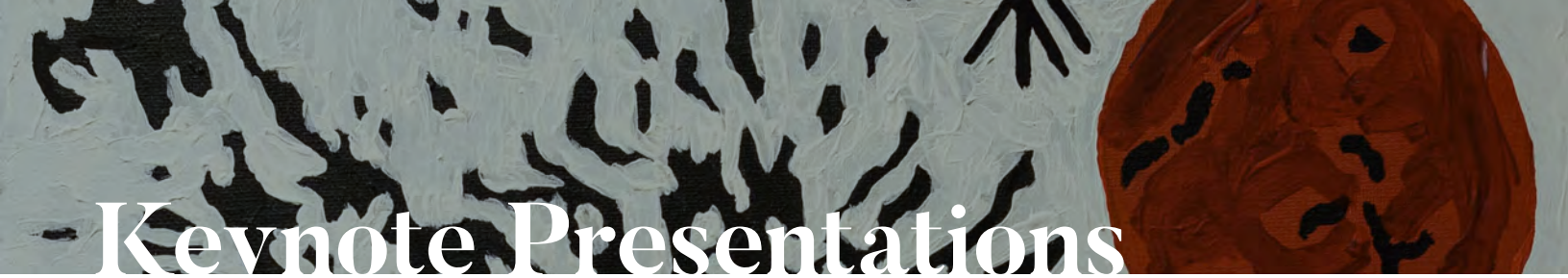
- Know how to apply DSM-5 criteria for substance use disorders
- Review FDA-approved medication assisted treatment options for substance use disorders
- Increase awareness of trends in addictive disorders commonly seen in office based psychiatry

Literature reference(s)

- Galanter, Marc, Herbert D. Kleber, and Kathleen Brady, eds. The American Psychiatric Publishing textbook of substance abuse treatment. American Psychiatric Pub, 2014.
- Volkow, Nora D., et al. "Medication-assisted therapies—tackling the opioid-overdose epidemic." New England Journal of Medicine 370.22 (2014): 2063-2066.
- Mack, Avram H., et al., eds. Clinical textbook of addictive disorders. Guilford Publications, 2015.

Abstract

This presentation will review the latest trends in addictive disorders which will help to inform general psychiatrists about what to recognize and manage in the office. These trends include reviewing how the epidemic started and persisted, the rise of e-cigarettes and the trend toward legalization and acceptance of marijuana. A review of DSM-5 criteria for substance use disorders and how it differs from previous DSM-4 will inform providers on how to diagnose addictions using current criteria. Finally, a review of all FDA-approved medication assisted treatments for substance use disorders, with a focus on buprenorphine, will provide the clinical knowledge and tools for the general psychiatrist to manage substance use disorders.



Keynote Presentations

Improved Quality of Life as a Long-Term Treatment Goal in Schizophrenia

Dr. Steven Potkin

1 April, 2017
08:00 – 09:00
Salon C

Objectives

- The benefits of initiating treatment earlier in the disease process.
- The advantages of LAIs in preventing relapse and optimizing long-term outcome on patient well-being and quality of life.
- The long-term benefits of aripiprazole once-monthly, a D2 receptor partial agonist, in the early treatment of schizophrenia.

Literature reference(s)

- Naber D, Hansen K, Forray C, Baker RA, Sapin C, Beillat M, Peters-Strickland T, Nylander AG, Hertel P, Andersen HS, Eramo A, Loze JY, Potkin SG. Qualify: a randomized head-to-head study of aripiprazole once-monthly and paliperidone palmitate in the treatment of schizophrenia. Schizophr Res. 2015;168(1-2):498-504. doi: 10.1016/j.schres.2015.07.007. Epub 2015 Jul 29.
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Abstract

Quality of life (QOL), subjective well-being and functional recovery are assuming increased importance in the treatment of schizophrenia. There is increasing evidence that earlier interventions can lead to improved outcomes. Medication non-adherence is common and a major cause of relapse. Long-Acting Injectables (LAIs) have become increasingly important in the prevention of relapse. LAIs are available with D2 receptor antagonism (e.g. paliperidone palmitate [PP]) and partial agonism (e.g. aripiprazole once-monthly [AOM]). The effects of these two medications were compared in a randomized, blinded rater, head-to-head 28-week comparison (n = 395). The primary endpoint was change from baseline in the Heinrichs-Carpenter Quality of Life Scale, which assesses negative symptoms, social and occupational/work functioning. A pre-defined analysis investigated the effects of age on treatment outcome. Superior improvement in QOL for AOM vs. PP was observed with greatest improvement in intrapsychic/negative symptom domain. The minimal clinical identifiable difference (MCID) was observed in the AOM but not the PP group, especially in subjects ≤ 35 years of age. This was paralleled by greater improvement in CGI severity as well as the clinician-rated Investigator Assessment questionnaire (IAQ). The IAQ measures both efficacy and side effects. Patient ratings of sexual side effects and prolactin-related side effects were less in the AOM group. Clinician's rating of the patient's capacity for compensated work was significantly greater in the AOM treated patients. The greater improvement observed by blinded and un-blinded raters and patients with AOM may reflect the D2 receptor partial agonist mechanism of action compared to D2 antagonism.

Keynote Presentations

Enhancing Physician Resilience

Dr. Mamta Gautam

1 April, 2017
09:00 – 10:00
Salon C

Objectives

- Define resilience
- Know the 5 components of resilience
- Identify specific strategies to promote and maintain resiliency

Literature reference(s)

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Abstract

Physicians are vulnerable to stress in their daily lives. Resiliency is the ability to bounce back after such stress and being psychologically challenged. It depends on your ability to manage your personal emotional reactions, and to respond effectively to others when they are stressed. This presentation is designed to assist physicians in understanding their own sources of stress, and learning how to enhance their resiliency to better manage it. The five key components of resiliency, the 5 C's, will be described. Methods are outlined for implementation of strategies that address each component.

Keynote Presentations

Untangling the Gordian Knot-Facing Diagnostic and Treatment Challenges in the 21st Century

Dr. Rakesh Jain

1 April, 2017
12:00 – 13:30
Salon A/B

Objectives

- Examining the implications of the updated definitions of the Bipolar Spectrum in the DSM-5 and how this is pertinent to modern day practices
- Explore the differential diagnosis through discussion and case presentations
- Examining various treatment options with a focus on long-term efficacy and tolerability needs of patients

Literature reference(s)

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- Cassano GB, et al. Am J Psychiatry. 2004;161(7):1264-1269.
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- Keller MB, et al. Arch Gen Psychiatry. 1992;49(5):371-376
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Abstract

Undeniably, one of modern day psychiatry's greatest challenges is untying the Gordian knot of bipolar disorder - particularly that thorny, complex yet ultimately critical issue of detecting and treating mixed episodes across the mood spectrum. This task has simultaneously been made easier and more difficult with DSM 5 vastly altering the diagnostic landscape of bipolar disorder. This presentation aims to address this issue head on, and then offers practical tips and tools for successful treatment of

Keynote Speaker Bios

Dr. Diane McIntosh

Dr. McIntosh graduated from Dalhousie University, where she completed an undergraduate degree in pharmacy before completing her medical school training, two years of a pediatric residency and then an adult psychiatry residency. She is a clinical assistant professor at the University of British Columbia and has a busy private practice. She is extensively involved in continuing medical education programs to colleagues nationally and internationally, with a focus on rational pharmacology. She has a particular interest in the neurobiology of mood and anxiety disorders.

As a researcher, Dr. McIntosh has been a principle or sub-investigator in phase II-IV trials, both industry sponsored and investigator initiated, and she is the author of numerous clinical and research papers. She sits on the Board of Directors of CANMAT, the Canadian Network For Mood and Anxiety Treatments and the Advisory Board for CADDRA, the Canadian ADHD Research Association. She has recently published blogs in the Huffington Post, focusing on mental health issues.

Dr. Philip Tibbo

Dr. Tibbo received his B.Sc. (Hons) from Mount Alison University in Sackville, NB, and his MD from Memorial University of Newfoundland. He completed his residency in psychiatry at the University of Alberta, and following this joined the staff at the University of Alberta Hospital as a clinician and researcher. He was instrumental in the development of and co-directed both the Bebensee Schizophrenia Research Unit and the Edmonton Early Psychosis Intervention Clinic.

In 2008 Dr. Tibbo was named the first Dr. Paul Janssen Chair in Psychotic Disorders, an endowed research chair, at Dalhousie University in Halifax NS. He is a Professor in the Department of Psychiatry with a cross-appointment in Psychology at Dalhousie University and an Adjunct Professor in Department of Psychiatry at the University of Alberta. He is also Director of the Nova Scotia Early Psychosis Program (NSEPP) and co-director of the Nova Scotia Psychosis Research Unit (NSPRU).

Dr. Tibbo's publications are primarily in the area of schizophrenia, and his current foci of study include individuals at the early phase of, and individuals at risk for, a psychotic illness. Dr. Tibbo uses in vivo brain neuroimaging techniques such as proton magnetic resonance spectroscopy (MRS) and diffusion tensor imaging (DTI) in his psychosis research. Additional areas of research include; co-morbidities in schizophrenia, psychosis genetics, addictions and psychosis, stigma and burden, pathways to care, education, and non-pharmacological treatment options. He is President of the Canadian Consortium for Early Intervention in Psychosis (CCEIP), helping to advance early intervention care at the national level. He is funded by local and national peer reviewed funding agencies and well published in leading journals. Dr Tibbo is a recent recipient (2015) of the Michael Smith Award from the Schizophrenia Society of Canada for research and leadership in schizophrenia.

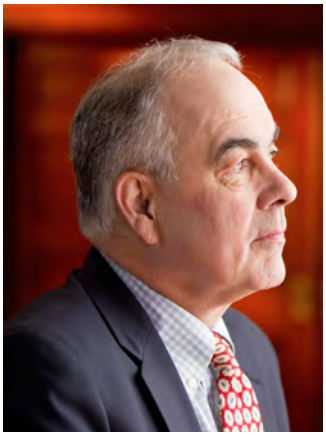
Keynote Speaker Bios

Dr. Helen Mayberg

Dr. Helen Mayberg, MD is Professor of Psychiatry, Neurology and Radiology and the Dorothy Fuqua Chair in Psychiatric Neuroimaging and Therapeutics at Emory University. Her research takes a multi-disciplinary approach to integrate cutting-edge imaging strategies, quantitative behavioral and psychophysiological metrics, and experimental treatment trials to define brain-based biomarkers that can optimize treatment selection for individual patients. This work was foundational for the first studies of subcallosal cingulate deep brain stimulation for treatment resistant depression and remains the cornerstone of current studies to both refine and optimize DBS implementation and characterize network mechanisms mediating its antidepressant effects. Dr. Mayberg is a neurologist, trained at Columbia's Neurological Institute in New York, with fellowship training in nuclear medicine at Johns Hopkins. She is a member of the National Academy of Medicine, among other honors, and participates in a wide variety of editorial, advisory and scientific activities across multiple fields in neuroscience.

Dr. Andrew Kwait

Dr. Andrew Kwait is currently in private practice in Massachusetts, and with the ACT programs at Eliot Community Human Services. Dr. Kwait earned his Bachelor of Arts degree at Washington University in St. Louis and his medical degree at Cornell Medical College, He served as an intern, in medicine at the Roosevelt Hospital/Columbia College of Physicians and Surgeons. Dr. Kwait completed a residency in psychiatry at the Massachusetts Mental Health Center/ Harvard Medical School, where he also served as chief resident. His teaching, administrative and clinical contributions for the past 35 years have been in the area of psychopharmacology and community mental health.



Dr. Joseph T. Coyle

Joseph T. Coyle, M.D. holds the Eben S. Draper Chair of Psychiatry and Neuroscience at Harvard Medical School. From 1991 to 2001, he was Chairman of the Department of Psychiatry at Harvard Medical School. He received his M.D. from Johns Hopkins School of Medicine. He directs the Laboratory of Molecular and Psychiatric Neuroscience at McLean Hospital. He is a member of the National Academy of Medicine (1990), a fellow of the American Academy of Arts and Sciences (1993), and fellow of the American Association for the Advancement of Science (Chair of the Section on Neuroscience, 2013). He was elected President of the Society for Neuroscience (SFN) in 1991. He has received numerous awards including A.E. Bennett Award from the Society of Biologic Psychiatry, the John Jacob Abel Award from ASPET, the Daniel Efron Award from ACNP, the McKnight Scholar in Neuroscience Award, the Lieber Prize for Research on Schizophrenia from NARSAD and the Julius Axelrod Award for Neuropharmacologic Research from SFN.

Keynote Speaker Bios

Dr. Anne Duffy

Anne Duffy is a nationally and internationally recognized academic psychiatrist with a clinical and research focus on identifying risk factors and mapping the early course of mood disorders in high-risk children, adolescents and young adults.

Dr. Duffy is a Professor of Psychiatry at Queen's University and Co-Director of the Mood Disorders Centre of Ottawa – a Centre dedicated to the investigation of the origins and course of mood disorders in families. Duffy collaborates with lead laboratories and investigators at nationally including at CAMH and internationally including with Oxford University in England. She is involved in several international task forces sanctioned by the International Society of Bipolar Disorders focusing on treatment of mood disorders in adolescents and informing evidence-based guidelines.

Dr. Duffy's research has been funded consistently >20 years by provincial, national and international peer-reviewed operating grants including from the CIHR, OMHF and NARSAD, and she has been the recipient of several competitive salary awards including a Canada Research Chair in Child Mood Disorders and Investigator Awards from CIHR and NARSAD. Duffy has mentored >50 clinical and research trainees and has >90 publications in scientific journals. Her work has resolved several controversies in the field such as whether or not mania occurs in young children, highlighted the importance of heterogeneity of mood disorders in research and clinical practice, and recently described the developmental clinical trajectory into recurrent mood disorders.

Dr. Timothy W. Fong

Dr. Fong is a Professor of Psychiatry at the Semel Institute for Neuroscience and Human Behavior at UCLA. Dr. Fong completed his undergraduate and medical school at Northwestern University in Chicago. He then came to UCLA and finished his residency in adult general psychiatry in 2002 and was the first accredited addiction psychiatry fellow at the UCLA Neuropsychiatric Institute (2002-2004).

Currently, he is the co-director of the UCLA Gambling Studies Program. The purpose of this program is to examine the underlying causes and clinical characteristics of gambling disorder to develop effective, evidence-based treatment strategies. He is the Director of the UCLA Addiction Psychiatry Fellowship, a one-year program designed to provide a leading edge clinical and research training experience.

Dr. Fong's research interests include gambling disorder, hypersexual disorder and improving quality of treatment for addictive disorders.

Keynote Speaker Bios

Dr. Steven G. Potkin

Steven G. Potkin, MD, holds the Robert R. Sprague Endowed Chair in Brain Imaging and is Professor of Psychiatry and Human Behavior at the University of California—Irvine. Dr Potkin received his medical degree from Washington University in St. Louis and trained as a psychiatrist at Duke University and NIMH. He completed a residency in psychiatry and a research fellowship in the departments of Psychology, Sociology, and Gerontology at Duke University Medical Center. He is board certified in psychiatry. He is also Director of Clinical Psychiatric Research at UCI, and Director of Pharmacogenomics and Clinical Neuroscience at the Long Beach VA.

Dr. Potkin's major research interests are investigating the underlying causes of serious mental illness and dementia by using neuroimaging, neurophysiology, neuropsychology, genomics, post-mortem and biomarker neuroscience-based investigations. His goal is to develop novel treatments for these illnesses.

Dr. Potkin has authored and coauthored more than 300 articles published in peer-reviewed journals. He is a distinguished life fellow of the American Psychiatric Association and a member of the Scientific Council of the Brain and Behavior Foundation formally known as NARSAD, a founding member of the International College of Geriatric Psychopharmacology and the International Society for Clinical Trials and Methodology (ISCTM). He has received the AE Bennett Award, the Balter Award, and the Distinguished Investigator NARSAD Grant Award, and is on the list of "Best Doctors in America".

Dr. Mamta Gautam

Dr. Gautam has a unique and deep understanding and appreciation of physicians. For twenty years, she was a psychiatrist in private practice in Ottawa, and a clinical Professor in the Department of Psychiatry, University of Ottawa. She is a specialist in Physician Health and Well-being, and is hailed as "The Doctor's Doctor. She is the founding director of the University of Ottawa Faculty Of Medicine Wellness Program. This program served as the template for the Canadian Medical Association Centre for Physician Health and Wellbeing, where she consults as an Expert Physician Advisor.

She is the Co-Chair of the Canadian Psychiatric Association Section on Physician Health. She is a recent past president of the Ontario Psychiatric Association; and the current President of the Ottawa chapter of the Federation of Medical Women of Canada. She has just launched the International Alliance for Physician Health.

A pioneer in the field of Physician Health, Dr. Gautam is an internationally known expert, and sought after speaker. All of her clinical, educational, and administrative work is focused on the promotion of Professional Health. Having spent years increasing awareness of physician health issues, treating colleagues, and creating a network of resources for physicians in distress, Dr. Gautam has now turned her focus to coaching physicians to learn proactive strategies to keep them well professionally and personally. Her company, PEAK MD Inc, specializes in working with physician executives who want to develop their Peak Potential as a leader, and in life.

She has created videos, and podcasts; and authored articles and book chapters on this topic. She writes a regular column, Helping Hand, in the Medical Post on Physician Health, as well as Coach's Corner, in the newsletter of the Canadian Society of Physician Executives. Her book, Irondoc: Practical Stress Management Tools for Physicians, was released in October 2004. Dr. Gautam is on the faculty of many Medical Leadership Conferences, such as those of the Canadian Medical Association, University of Ottawa, and the Oregon-based Foundation for Medical Excellence. She has received several major awards to recognize and honor her pioneering work in this field, including the 2004 CPSO Council Award, and 2005 University of Ottawa

Keynote Speaker Bios

Alumni Award for Community Contributions. Most recently, she has been awarded a Fellowship at the Canadian Psychiatric Association; and a Distinguished Fellowship in the American Psychiatric Association for her innovative work in Physician Health. apter of the Federation of Medical Women of Canada. She has just launched the International Alliance for Physician Health.

Dr. Rakesh Jain

Rakesh Jain, MD, MPH, is a Clinical Professor at the department of Psychiatry, at the Texas Tech University School of Medicine in Midland, Texas and in private practice in Austin, Texas.
Dr. Jain attended medical school at the University of Calcutta in India. He then attended graduate school at the University of Texas School of Public Health in Houston, where he was awarded a “National Institute/Center for Disease Control Competitive Traineeship”. His research thesis focused on impact of substance abuse. He graduated from the School of Public Health in 1987 with a Masters of Public Health (MPH) degree.

He served a three-year residency in Psychiatry at the Department of Psychiatry and Behavioral Sciences at the University of Texas Medical School at Houston. He followed that by obtaining further specialty training, by undergoing a two-year fellowship in Child and Adolescent Psychiatry. In addition, Dr. Jain completed a postdoctoral fellowship in Research Psychiatry at the University of Texas Mental Sciences Institute, in Houston. He was awarded the “National Research Service Award” for the support of this postdoctoral fellowship.

Dr. Jain has been involved in well over a hundred research projects studying the effects of medications on short-term and long-term treatment of depression, anxiety, pain/mood overlap disorders, ADHD, and psychosis in adult and child/adolescent populations. He has presented at the World Psychiatric Congress held in Prague, and at the Depression and Pain Forum meetings in Costa Rica, Singapore, Hong Kong, Indonesia, Malaysia, Greece, Brazil, Portugal, United Kingdom, and Argentina. He is the author of fifty-five articles published in various journals and magazines, such as Journal of Psychiatric Research, Journal of Clinical Psychiatry, among others, and has presented over twenty-five original research posters at various meetings such as the APA, ACNP, AACAP, US Psychiatric Congress, etc. He has co-authored six books that range from patient education, to cutting edge neurobiologic findings in psychiatry and mental health.

He serves on several Advisory Boards focusing on drug development and disease state education. He was also recently the Chair of the US Psychiatric Congress, held in Las Vegas, and for several years has served as a member of the Steering Committee for US Psychiatric Annual Congress. He is a recipient of “Public Citizen of the Year” award from the National Association of Social Workers, Gulf Coast Chapter, in recognition of his community and peer education, and championing of mental health issues. He was also recently awarded the “Extra Mile Award” by the school district, in recognition of the service to the children of the school district, and consultation to the teachers and counselors. At a U.S. Psychiatric Congress, held in San Diego, California, he was the recipient of “Teacher of the Year Award.”

CPA CPD Institute Sessions

The Importance of Motivation and Energy in the Effective Treatment of Major Depressive Disorder

Dr. Michael Rosenbluth

31 March, 2017
08:00 – 09:00
Salon A/B

Objectives

- Describe how evidence-based treatments impact on motivation and energy in MDD and appreciate the importance and need to restore functioning in these patients

Neuroimaging for Psychiatrists

Dr. Trevor Hurwitz

31 March, 2017
15:30 – 16:30
Salon C

Objectives

- Recognize the chief neuroanatomical structures as seen in the axial plane
- Enumerate the indications for contrast and noncontrast cranial CT, MRI and SPECT in clinical psychiatric practice
- Identify the neuroimaging findings of common brain diseases with neuropsychiatric significance

CPA CPD Institute Bios

Dr. Michael Rosenbluth

Dr. Michael Rosenbluth is the Chief, Department of Psychiatry, Toronto East General Hospital. He is the Medical Director of the Toronto East General psychiatric rehabilitative day treatment program and psychotherapy supervisor at Sunnybrook Health Science Centre's Department of Psychiatry.

He is an Associate Professor in the Department of Psychiatry, University of Toronto, and has been a fellowship examiner in psychiatry for the Royal College. He is the recipient of the 2003 University of Toronto Department of Psychiatry Allan Tennen Award for Excellence in Psychotherapy Teaching and Supervision. He is interested in how clinicians integrate signals from the literature with clinical experience to provide optimal care.

He is the Section Head of the 2012 Canadian CANMAT Task Force Recommendations on the Management of Comorbid Mood and Personality Disorders (published 2012). He is a contributor to the 2016 CANMAT Guidelines for the Treatment of Affective Disorders

In July 2007, his book Depression and Personality; Conceptual and Clinical Challenges (with Drs. Sid Kennedy and Michael Bagby) for the American Psychiatric Association Press, 2005, was translated into Spanish. Other books include Treating Difficult Personality Disorders (1996) and Handbook of Borderline Personality Disorders (with Dr. Danny Silver 1992).

He helped create and appeared in the 1999 Canadian Psychiatric Association CD-ROM on Major Depressive Disorder. He was an external reviewer for the Canadian CANMAT Guidelines for the Treatment of Depression (2001). He received the Toronto East General Hospital Research Award in 1996. He serves as a reviewer for several psychiatric journals, and has been a consultant to the theatre company at Stratford. Dr. Rosenbluth is a psychiatric educator who has spoken extensively across Canada, and in the United States, South America, South Africa, Europe and Asia.

Dr. Trevor Hurwitz

Dr. Hurwitz completed his medical degree in Pretoria, South Africa followed by an internship in Johannesburg and a senior housemanship in Cape Town. He continued his studies in London, England and obtained certification in Internal Medicine. He completed a residency in Psychiatry at the University of British Columbia in 1980 and a residency in Neurology at Boston University in 1982.

Currently Dr. Hurwitz is a Clinical Professor in the Department of Psychiatry at the University of British Columbia. He is the Director of the BC Neuropsychiatry Program and Chief-of-Service of West-1 at UBC Hospital, Vancouver. Dr. Hurwitz has a joint appointment in the Department of Medicine, Division of Neurology and practises as a clinical neurologist in addition to his primary commitment to inpatient and outpatient neuropsychiatry.

Dr. Hurwitz's work is mostly devoted to clinical practice, teaching and the promotion of the discipline of neuropsychiatry. His areas of research are in somatoform disorders, the surgical treatment of refractory depression and obsessive compulsive disorder and office-based neurocognitive testing.

Workshops & Presentations

Treating the Physician Patient – Special Considerations and Challenges

Dr. Mamta Gautam
01 April, 2017
10:30 – 12:00
Salon C

Objectives

- Understand why it is difficult for a physician to be a patient
- Appreciate issues of transference and countertransference when treating colleagues
- Learn specific strategies to treat colleagues effectively

Literature reference(s)

- Decision-making in the physician–patient encounter: revisiting the shared treatment decision-making model. Charles C, Gafni A, and Whelan T. Social Science and Medicine. Volume 49, Issue 5, September 1999, Pages 651–661
- When the Doctor Needs A Doctor: Special Considerations for the Physician-Patient. Stoudemire A and Rhoads JM. Ann Intern Med. 1983;98(5_Part_1):654-659.
- Cultural influences on the physician–patient encounter: The case of shared treatment decision-making. Charles C, Gafni A, and Whelan T. Patient Education and Counseling. Volume 63, Issue 3, November 2006, Pages 262–267

Abstract

Treating colleagues as patients is a privilege, and can represent a challenge. It requires us to offer diagnoses and treatments, set limits and boundaries, as with any other patients; yet make special accommodations as needed. Many physicians do not feel properly trained to treat colleagues. This interactive workshop, aimed at those who treat physician colleagues and those who would like to do so, explores the many special aspects of this process – from considerations prior to start of treatment, setting the stage in the first appointment, during active treatment, and after therapy has ended. It reviews specific management strategies to assist in increasing the skills and confidence in providing care to our colleagues.

Physician Wellness – Healing Through Connection

Dr. Jaleh Shahin
01 April, 2017
10:30 – 12:00
Hawthorn A

Objectives

- Become familiar with a new framework of understanding psychological distress in medicine
- Discuss contributing factors and challenges to physicians' psychological wellness
- Identify strategies and resiliency skills that promote a wellness culture in medicine

Literature reference(s)

- Allen, N. B., & Badcock, P., (2006). Darwinian models of depression: A review of evolutionary accounts of mood and mood disorders. Progress in Neuro-Psychopharmacology and Biological Psychiatry. 30, 815-826. doi: 10.1016/j.pnpbp.2006.01.007
- Bateson, M., Brilot, B., & Nettle, D. (2011). Anxiety: An evolutionary approach. Canadian Journal of Psychiatry, 56, 707-715.
- Buss, D. M. (2012). Evolutionary psychology: The new science of the mind

Workshops & Presentations

(4th ed.). Needham Heights, MA: Pearson Education.
- Dyrbye, L. N., Thomas, M. R., & Shanafelt, T. D. (2006). Systematic review of depression, anxiety, and other indicators of psychological distress among US and canadian medical students. Academic Medicine, 81, 354-373.

Abstract

When a heart wrenching photo of a physician crouched down against a concrete wall crying and grieving the loss of his 19-year-old patient went viral, it struck the hearts of many! The photo held a special meaning for presenter, Dr. Jaleh Shahin who has dedicated her clinical and research career to studying and treating psychological distress in physicians and medical learners. In this interactive session, Dr. Shahin will share a new model of understanding psychological distress in medicine using evolutionary models of psychopathology. She then discusses implications of this novel model for prevention programs and interventions.

What a Shame – The Psychological Impact of Adverse Events on Physicians, Residents and Medical Students

Dr. Diane Aubin

01 April, 2017
10:30 – 12:00
Hawthorn C

Objectives

- Identify the key factors that influence physicians' proneness to shame so that they can begin to understand why they react the way they do.
- Explain the emotion of shame and its impact on individuals who blame themselves for an adverse event.
- Identify tools for managing and coping with the shame they feel after an adverse event.

Literature reference(s)

- Dekker S. Second victim: error, guilt, trauma, and resilience. 2013 Boca Raton, FL: CRC Press Taylor & Francis Group.
- Hirschinger LE, Scott S, Hahn-Cover K. Clinician Support: Five Years of Lessons Learned. Patient Safety and Quality Healthcare 2015;Mar/Apr;26-31.
- Lindström UH, Hamberg K, Johansson EE. Medical students' experiences of shame in professional enculturation. Medical Education 2011;45;1016-1024. doi:10.1111/j.1365-2923.2011.04022.
- May N, Plews-Ogan M. The role of talking (and keeping silent) in physician coping with medical error: a qualitative study. Patient Education and Counseling 2012;88;449-454.
- Plews-Ogan M, May N. Choosing Wisdom: Strategies and Inspiration for Growing through Life-Changing Difficulties. 2102 West Conshohocken, PA: Templeton Press.
- Scott SD et al. Caring for our own: deploying a systemwide second victim rapid response team. Joint Commission on Accreditation of Healthcare Organizations 2010;36(5);233-240.
- Ullstrom S, Sachs MA, Hansson J, Ovretveit J, Brommels M. Suffering in silence: a qualitative study of second victims of adverse events. BMJ Qual Saf 2014;23;325-331.
- Wu AW. The doctor who makes a mistake needs help too. BMJ 2000;320;726-27.
- C, Gafni A, and Whelan T. Patient Education and Counseling. Volume 63, Issue 3, November 2006, Pages 262–267

Workshops & Presentations

Abstract
We have all known deeply disturbing feelings brought on by shame. As much as it helps us recognize when we have done wrong, shame's powerful waves of emotion can devastate, immobilize and destroy us if we are not able to fortify ourselves against them.

In health care, we need to pay attention to the emotion of shame, to help our colleagues and ourselves successfully recover from adverse events. We need to prepare for what we will feel, nurture understanding and empathy in the workplace to build a healthy and compassionate culture, and support each other when we are struggling with our own self-identity as a result of what is a traumatic event.

Medical-Legal Issues for Psychiatrists – Strategies to Approach the Patient at Risk for Suicide

Dr. Marie-Pierre Carpentier and Dr. Salim Hamid

01 April, 2017
13:30 – 14:30
Salon A/B

Objectives
- Identify 3 medical-legal risks associated with the practice of psychiatry
- Develop risk mitigation strategies with regards to patients at risk for suicide
- Discuss the medical-legal principles of confidentiality and privacy for a patient at risk for suicide

Literature reference(s)

- Canadian Medical Protective Association. Psychiatry - patients at risk for suicide. [Internet] Ottawa (ON): 2014 [cited 2016 Dec]. Available from: https://www.cmpa-acpm.ca/documents/10179/300031190/psychiatry-e.pdf
- Canadian Medical Protective Association. Medico-legal aspects of providing mental healthcare to patients. [Internet] Ottawa (ON): 2014 Dec [cited 2016 Dec]. Available from: https://www.cmpa-acpm.ca/en/safety/-/asset_publisher/N6oEDMrzRbCC/content/medico-legal-aspects-of-providing-mental-healthcare-to-patients
- Canadian Medical Protective Association. Examining risk in psychiatric practice. [Internet] Ottawa (ON): 2014 Jun [cited 2016 Dec]. Available from: https://www.cmpa-acpm.ca/en/safety/-/asset_publisher/N6oEDMrzRbCC/content/examining-risk-in-psychiatric-practice
- Canadian Medical Protective Association. When to disclose confidential information. [Internet] Ottawa (ON): 2015 Mar [cited 2016 Dec]. Available from: https://www.cmpa-acpm.ca/en/duties-and-responsibilities/-/asset_publisher/bFaUiyQG069N/content/when-to-disclose-confidential-information

Abstract
Suicides are devastating for all those close to the patients, including the healthcare providers caring for them. It is also one of the most common clinical situations leading to a medico-legal case against a psychiatrist. Ten percent of the Canadian Medical Protective Association (CMPA) legal and medical regulatory authority cases involving a psychiatrist are related to patient suicide. The most common reason for a complaint in CMPA cases involving patient suicide is deficient risk assessment.

Through the presentation of cases, this session will outline the specific medical-legal risk of psychiatrists and how to mitigate this risk. We will emphasize the importance of thorough documentation of the patient encounter, the suicide risk assessment and discussion with the patient and his family. The College guidelines and the legislation, specifically on the duty of confidentiality, will be reviewed.

This will be a very interactive session where the CanMEDS roles of medical expert, collaborator, communicator and professional will be put forward.

Update on the MOC Program and the MAINPORT ePORTFOLIO

Dr. Rod McFadyen

01 April, 2017
14:30 – 15:30
Salon A/B

Objectives

- Be familiar with requirements to log credits in all 3 sections of Mainport
- Feel comfortable identifying, undertaking and documenting Personal Learning Projects (Section 2) and Assessment activities (Section 3)
- Update developments in the Competence By Design initiative involving practicing physicians and residents who use the ePortfolio to track learning activity

Abstract
This interactive workshop will allow participants to learn about how the Competency Based CPD initiative relates to the RSPSC flagship Competence by Design project. Evidence supporting the changes to documentation requirements of the MOC program will be reviewed that support that need to log credits in all 3 sections of MainPort.

Participants will be introduced to tools to help identify learning needs, plan Personal Learning projects (PLPs) and document them in Section 2. Opportunities will also be explored for participants to identify knowledge and practice assessment activities they can undertake and document in Section 3.

Choosing Wisely Psychiatry – Variation in Prescribing of Antipsychotics in Alberta

Dr. Doug Urness and Dr. Nick Mitchell

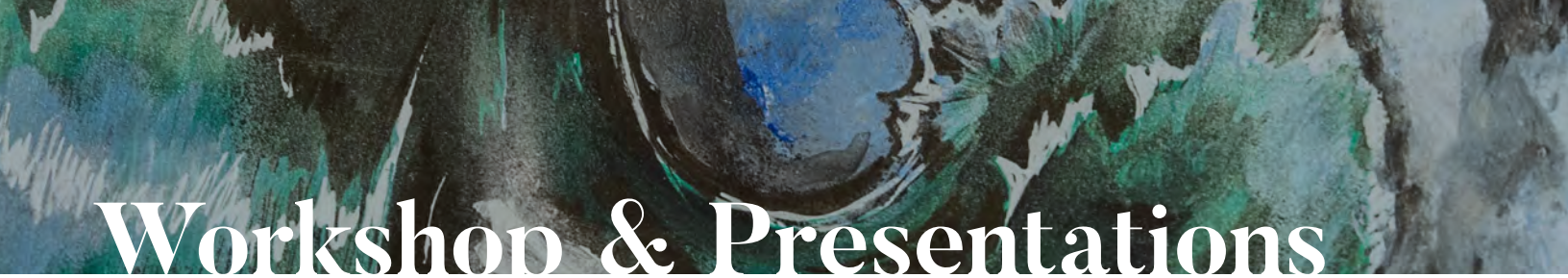
01 April, 2017
13:30 – 13:50
Salon C

Objectives

- Describe the Choosing Wisely Canada Initiative and the Psychiatry specific recommendations
- Outline Alberta data related to four antipsychotic recommendations and discuss variation in prescribing practices within the province
- Outline knowledge translation strategies to bring prescribing practices in line with the recommendations

Literature reference(s)

- Ferracioli-Oda E, Qawasmi A, Bloch MH. Meta-analysis: melatonin for the treatment of primary sleep disorders. PLoS One. 2013 May 17;8(5):e63773.
- Mindell JA, Owens JA. A clinical guide to pediatric sleep: Diagnosis and management of sleep problems. 2nd edition. Philadelphia (PA): Lippincott Williams & Wilkins; 2010.
- Morgenthaler TI, Owens J, Alessi C, Boehlecke B, Brown TM, Coleman J, et al. Practice parameters for behavioral treatment of bedtime problems and night wakings in infants and young children:



Workshop & Presentations

an American Academy of Sleep Medicine report. Sleep. 2006;(29)10:1277–81.
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- Stepanski EJ, Wyatt JK. Use of sleep hygiene in the treatment of insomnia. Sleep Med Rev. 2003 Jun;7(3):215-25.
- Gorman DA, Gardner DM, Murphy AL, Feldman M, Bélanger SA, Steele MM, et al. Canadian guidelines on pharmacotherapy for disruptive and aggressive behaviour in children and adolescents with attention-deficit hyperactivity disorder, oppositional defiant disorder, or conduct disorder. Can J Psychiatry. 2015 Feb;60(2):62-76.
- Loy JH, Merry SN, Hetrick SE, Stasiak K. Atypical antipsychotics for disruptive behaviour disorders in children and youths. Cochrane Database Syst Rev. 2012 Sep 12;9:CD008559.
- Pringsheim T, Hirsch L, Gardner D, Gorman DA. The Pharmacological Management of Oppositional Behaviour, Conduct Problems, and Aggression in Children and Adolescents With Attention-Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, and Conduct Disorder: A Systematic Review and Meta-Analysis. Part 1: Psychostimulants, Alpha-2 Agonists, and Atomoxetine. Can J Psychiatry. 2015 Feb 1;60(2):42-51.
- Wilkes TCR, Nixon MK. Pharmacological treatment of child and adolescent disruptive behaviour disorders. Can J Psychiatry. 2015 Feb;60(2):39-41.
- Agency for Healthcare Quality and Research. Off-Label Use of Atypical Antipsychotics: An Update [Internet]. 2011 Sep [cited 2015 May 1]. Available from: http://
- effectivehealthcare.ahrq.gov/ehc/products/150/778/CER43_Off-labelAntipsychotics_20110928.pdf.
- Coe HV, Hong IS. Safety of low doses of quetiapine when used for insomnia. Ann Pharmacother. 2012 May;46(5):718-22.
- Hermes ED, Sernyak M, Rosenheck R. Use of second-generation antipsychotic agents for sleep and sedation: a provider survey. Sleep. 2013 Apr;36(4):597-600.
- Shah C, Sharma TR, Kablinger A. Controversies in the use of second generation antipsychotics as sleep agent. Pharmacol Res. 2014 Jan;79:1-8.
- Canadian Agency for Drugs and Technologies in Health. A systematic review of combination and high-dose atypical antipsychotic therapy in patients with schizophrenia. Optimal Use Report: CADTH Volume 1, Issue 1B [Internet]. 2011 Dec [cited 2015 May 1]. Available from: http://www.cadth.ca/media/pdf/H0503_AAP_science-report_e.pdf.
- Fisher MD, Reilly K, Isenberg K, Villa KF. Antipsychotic patterns of use in patients with schizophrenia: polypharmacy versus monotherapy. BMC Psychiatry. 2014 Nov 30;14:341.

Abstract

Background – Thirteen Choosing Wisely Psychiatry recommendations were released in 2015 with the primary purpose to reduce prescribing practices and ordering of diagnostic tests that are not supported by evidence. The Addiction and Mental Health Strategic Clinical Network™ is currently evaluating adherence to these recommendations in Alberta. Analyses related to four recommendations on use of antipsychotics were examined to assess current utilization and practice patterns.

Methods – Antipsychotic medications dispensed in 2014 were extracted from the Prescription Information Network (PIN) database and diagnostic data were obtained from the Discharge Abstract Database (DAD), National Ambulatory Care Reporting System (NACRS) and Practitioner Claims. Dose exposure limits were defined by a clinical working group.

Results – Approximately 2% of the 91,497 individuals who filled an antipsychotic prescription in 2014 were identified as potential high risk patients based on high-dose/combination therapy. High risk utilization was significantly elevated in the Edmonton and South Zones compared to the provincial rate. Utilization of low dose quetiapine among patients without schizophrenia and/or mood disorders was higher among rural zone residents compared to the provincial average. Very few children with a diagnosis of insomnia or ADHD had been prescribed an antipsychotic, suggesting that practice is in line with best evidence within Alberta related to two of the Choosing Wisely Psychiatry recommendations.

Workshop & Presentations

Conclusions – The data indicates that engagement may be warranted to address the variation of high-dose/combination prescribing of antipsychotics and low-dose quetiapine, particularly in some areas of the province. Knowledge translation strategies will be developed with zones to address practice change.

Fort McMurray Wildfire and Evacuation 2016 – One Psychiatrist's Experience

Dr. Sandra Corbett

01 April, 2017
13:50 – 14:10
Salon C

Objectives

- To learn of the experience of Addiction Mental Health services during the fire and evacuation of Fort McMurray in May 2016
- To understand the mental health effects on populations after a disaster
- To understand the recovery process for a community after a disaster and plan the response to this

Literature reference(s)

- Home Again - Recovery after the Wood Bulffalo Wildfire: Government of Alberta

Abstract
When the community of Fort McMurray was threatened by a wildfire in May 2016 it forced the evacuation of over 88,000 people. The in-patients on the Acute Psychiatry unit along with the rest of the hospital had to be evacuated and patients had to be transferred to Acute psychiatry units in Edmonton. This account details the experience of the evacuation, the response of the community of psychiatrists and Addiction and Mental Health Staff in locating and organizing follow up for the many psychiatric patients during the evacuation and he incredible support of the psychiatric and medical community in the province of Alberta; the lessons learned from previous disasters in Alberta and the response and ongoing recovery of the community of the Regional Municipality of Wood Buffalo.

Medical Assistance in Dying – Dare We Include Psychiatric Conditions?

Dr. Michael Trew

01 April, 2017
14:10 – 15:10
Salon C

Objectives

- Review the current patient requirements for Medical Assistance in Dying (MAID)
- Summarize the ethical arguments for and against inclusion of psychiatric conditions as indicators for MAID
- Discuss possible safeguards which might be considered for persons with a psychiatric illness who apply for MAID

Abstract
Medical Assistance in Dying (MAID) is now legal in Canada since early 2016. The current law requires that death is "reasonably

foreseeable" as a natural consequence of the condition in question, thus ruling out Mental Health diagnoses as the primary disabling condition. Parliament has required that a report regarding Mental Illness as an acceptable condition be tabled by December 2018.

The goal of this presentation is to review the current legal framework and invite discussion of whether there may be a place for MAID for psychiatric conditions. If there is a place for MAID, how could we imagine protection for those vulnerable to more transient conditions?

Case vignettes will be presented to facilitate the discussion.

Supportive Text Messaging in Mental Health – Evidence from Alberta

Dr. Michal Juhas

01 April, 2017
15:10 – 15:30
Salon C

Objectives

- Overview of the use of supportive text messaging programs in mental health
- Evidence of improved mental health outcomes in depression in a supportive text messaging intervention in a randomized controlled trial in Northern Alberta
- Alberta's Text4Mood program and its impact on the subscriber's mental wellbeing

Literature reference(s)

- Agyapong VI, Mrklas K, Juhas M, Omeje J, Ohinmaa A, Dursun SM, et al. Cross-sectional survey evaluating Text4Mood: mobile health program to reduce psychological treatment gap in mental healthcare in Alberta through daily supportive text messages. BMC Psychiatry. 2016;16(1):378.
- Agyapong VI, Mrklas K, Suen VY, Rose MS, Jahn M, Gladue I, et al. Supportive text messages to reduce mood symptoms and problem drinking in patients with primary depression or alcohol use disorder: protocol for an implementation research study. JMIR Res Protoc. 2015;4(2):e55.

Abstract

Supportive text messaging is a rapidly growing and evolving field of electronic clinical intervention. This presentation will provide an overview of the currently available evidence pertaining to the use of supportive text messaging in mental health from the global as well as the local perspectives. The focus of the presentation will be aimed at the current evidence of supportive text messaging interventions from Alberta. We will discuss the changes in health outcomes from a recently completed randomized controlled study of a three-month supportive text messaging intervention for depressed patients (N = 73) from Northern Alberta. Furthermore, the presentation will also describe the feasibility and self-reported impact on mental health wellbeing of subscribers (N=894) to the publicly available Alberta Health Services's Text4Mood program after six weeks of intervention. Supportive text messaging offers a great potential to help close the persistent treatment gap in accessible and affordable counselling services in our province. Future developments in the mobile health technology could leave a positive impact on the mental wellbeing of Albertans - especially in segments of population who might face challenges in accessing specialised mental health services or might be difficult to follow-up using traditional clinical methods.

Workshop & Presentations

Efficacy of a Metabolic Management Program Within a Psychiatric Service

Dr. Rohit J. Lodhi

01 April, 2017
13:30 – 13:50
Bluebell

Objectives

- To gain enhanced understanding of the significance of treating metabolic syndrome in psychiatric patients
- To learn about a specific metabolic management program (MMP) in local Alberta services and how that can reduce weight and/or obesity
- To understand the role of a dietician in a MMP

Literature reference(s)

- McNeill AM, Rosamond WD, Girman CJ, et al. The metabolic syndrome and 11-year risk of incident cardiovascular disease in the atherosclerosis risk in communities study. Diabetes care. 2005;28:385-90.
- Metascreen Writing C, Bonadonna R, Cucinotta D, Fedele D, Riccardi G, Tiengo A. The metabolic syndrome is a risk indicator of microvascular and macrovascular complications in diabetes: results from Metascreen, a multicenter diabetes clinic-based survey. Diabetes care. 2006;29:2701-7.
- Wing RR, Lang W, Wadden TA, et al. Benefits of modest weight loss in improving cardiovascular risk factors in overweight and obese individuals with type 2 diabetes. Diabetes Care. 2011;34:1481-6.
- Van Gaal LF, Wauters MA, De Leeuw IH. The beneficial effects of modest weight loss on cardiovascular risk factors. Int J Obes Relat Metab Disord. 1997;21 Suppl 1:S5-9.

Abstract

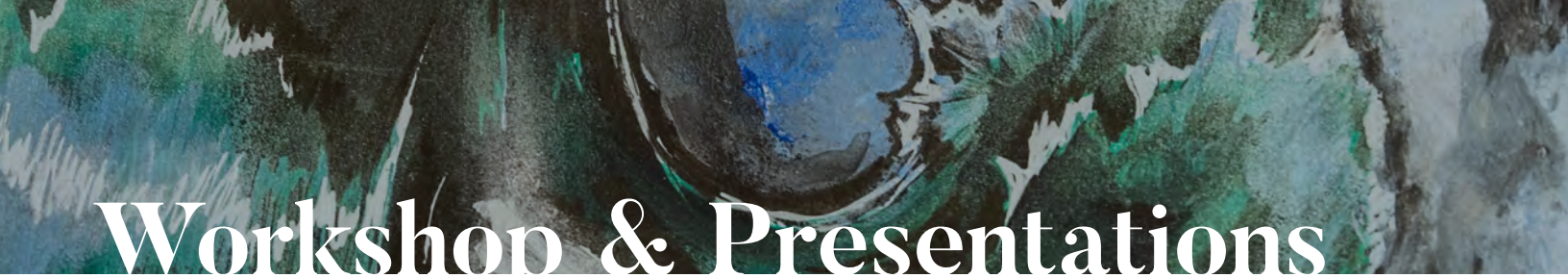
Introduction – Metabolic syndrome is a significant risk factor for a number of adverse health outcomes, including cardiovascular disease1 and diabetes mellitus2. Psychiatric patients have a high prevalence of metabolic syndrome and are at an increased risk of mortality compared to the general population. A modest amount of reduction in weight can significantly improve health outcomes3,4. We wish to study the efficacy of a Metabolic Management Program (MMP), located within the psychiatric service on measures of metabolic dysfunction and assess the importance of a dietician within such a program.

Method – A retrospective chart review, examining 15 follow up time points from intake, was conducted using a convenience sample of patients who attended two MMP clinics in the University of Alberta. The two clinics are largely similar in service delivery, except only one has a dietician on the team. Clinical details and measures of metabolic syndrome were collected for, analysis using STATA 13.1. Linear mixed model analysis was used to assess the change in weight and abdominal circumference over time.

Results – Data collection is ongoing for this study, but preliminary results from 25 subjects is consistent with a beneficial effect on weight and abdominal circumference.

Conclusions – Management of metabolic syndrome and metabolic dysfunction in psychiatry is an important intervention that can reduce morbidity and mortality in the long term. An enhanced understanding of the efficacy of components of a MMP such as having a dietician on the team can inform setting up of such services.

Keywords – metabolic syndrome, treatment, psychiatry



Workshop & Presentations

Deep Brain Stimulation for Treatment Resistant Depression – Challenges in Recruitment

Dr. Rajamannar Ramasubbu

01 April, 2017
13:50 – 14:10
Bluebell

Objectives

- To learn the definition of Treatment Resistant Depression
- To review current research on deep brain stimulation for treating depression
- To explore the differences in those seeking DBS treatment versus those who are eligible for treatment

Literature reference(s)

- Filkowski, M., Mayberg, H., & Holtzhiemer, P. (2016). Considering studies for Deep Brain Stimulation for Treatment Resistant Depression Insights from a clinical trial in unipolar and bipolar depression. Journal of ECT, 32 (2), 122-126.
- Ann Het Rot, M., Mathew, S., & Charney, D. (2009). Neurobiological mechanisms in major depressive disorder. CMAJ, 180(3), 305-314.

Abstract

Introduction – Deep brain stimulation (DBS) is an investigational treatment for treatment resistant depression (TRD). Recruitment for DBS trials remains challenging due to the invasive nature of the intervention and stringent eligibility criteria. In this study we examined the referral patterns and causes of exclusion to improve our knowledge of DBS candidacy in TRD.

Methods – Data were collected from patients who expressed interest in participating in the trial. Referral sources were categorized as self or professional referrals. The evaluation for eligibility was done in three stages; initial contact, brief assessment over phone, and in-person psychiatric evaluation by 2 independent psychiatrists. Patients were classified as eligible or non-eligible based on published inclusion criteria and exclusion causes were documented. Data were analyzed using descriptive statistics and frequency distributions.

Results – Among 225 patients who made initial contact with the study coordinator, only 22 (9.2%) underwent DBS surgery. The majority were excluded because of self-withdrawal (40%) and due to residence outside the province (26%). Psychiatric/medical comorbidity was the commonest cause of exclusion compared to all other causes (60.3% vs 39.7%, P=0.03). Self-referral rates were higher than referral from professionals (75% vs 25%, P<0.0001); however, acceptance rate for surgery was higher among the professional referrals than from self-referrals (40% vs 15%, P=0.03).

Discussion – Our findings suggest the need for specific recruitment strategies to improve the quality of self- referral and volume of professional referral. The higher percentage of co-morbidity exclusion cause underlines the importance of careful screening in the selection of candidates for DBS trials.

Workshop & Presentations

Understanding Delusional Disorders to Prevent Serious Violence

Dr. Sergio Santana

01 April, 2017
14:10 – 14:30
Bluebell

Objectives

- Review the current understanding of Delusional Disorder
- Discuss diagnostic and treatment strategies
- Recognize symptoms and behaviors associated with potential violence

Literature reference(s)

- Grover S., Gupta N., et al (2006) Delusional Disorders: An Overview. German Journal of Psychiatry, ISSN 1433-1055
- Fear C. F. (2013) Recent Developments in the Management of Delusional Disorders. Advances in Psychiatric Treatment, vol. 19, 212-220
- Mullen P. E., and Lester G. (2006) Vexatious Litigants and Unusually Persistent Complainants and Petitioners: From Querulous Paranoia to Querulous Behaviour. Behavioral Sciences and the Law, vol. 24: 333-349

Abstract

Delusional disorder, an illness characterized by at least 1 month of delusions but no other psychotic symptoms, according to DSM 5, was once viewed as rare as not to warrant a separate classification. However, in recent years growing literature has revitalized the efforts to define, characterize and treat this disorder. Nonetheless, clinicians remain relatively ill-informed about this disorder, as persons with this condition do not regard themselves as mentally ill, are not significantly impaired and in the infrequent psychiatric encounter may get labeled with schizophrenia or mood disorder. Moreover, the textbook characteristics of delusional phenomena are rarely clear-cut in real life and normal beliefs pass into a continuum of overvalued ideas, preoccupations, obsessions, partial delusions and delusions proper, which can exist at varying levels of conviction and bizarreness and further complicate the diagnosis of these disorders. The combination of lack of insight and diagnostic difficulties are significant obstacles to the management of these disorders, which in turn increases their potential lethality.

Forensic psychiatrists are more experienced on these complex conditions, as delusion thinking motivates criminal behavior. For example, individuals with erotomanic delusions may stalk their objects of affection and those with persecutory delusions may act violently in “self-defense”. Indeed, attacks by delusional patients on court officials and politicians are not uncommon and may result in homicide.

This presentation would review the current understanding of delusional disorders and provide pointers for the diagnosis and management of this potentially lethal disorder, through a forensic case, which resulted in homicide.

Workshop & Presentations

Psychopharmacology 2017 – What is new, what is coming?

Dr. Thomas Raedler
01 April, 2017
14:30 – 15:10
Bluebell

Objectives

- Better understanding of newly approved psychotropic medications
- Better understanding of new indications for previously approved psychotropic medications
- Better understanding of existing pharmacological treatment-challenges

Literature reference(s)

- https://health-products.canada.ca/dpd-bdpp/index-eng.jsp
- http://www.accessdata.fda.gov/scripts/cder/daf/
- http://www.pre.ethics.gc.ca/pdf/eng/tcps2-2014/TCPS_2_FINAL_Web.pdf

Abstract
While multiple unmet therapeutic needs remain in psychiatry, many pharmaceutical companies have either discontinued or significantly reduced their drug-development programs for CNS-Disorders. Despite this worrisome trend, several new pharmacological agents, as well as modifications / new formulations of previously approved medications, have been approved by Health Canada over the past two years. Other medications have received new indications by Health Canada or are under review by Health Canada. The following medications will be reviewed in this presentation:

Antidepressants – Fetzima™ (levomilnacipran - approved November 2015) and Viibryd™ (vilazodone - approved July 2015) are approved for symptomatic relief of Major Depressive Disorder (MDD).
Intranasal esketamine received breakthrough therapy designation by FDA and is currently under investigation as a treatment for Major Depressive Disorder with imminent risk of suicide.

Antipsychotics – Abilify Maintena™ (aripirazole for prolonged release injection) is now indicated for intramuscular injection in the gluteal or deltoid muscle. Abilify Maintena™ received a Health Canada warning for Pathological Gambling and Other Impulse-Control Disorders. Brexpiprazole is currently under review as a new drug submission by Health Canada. Latuda® (lurasidone) is under Health Canada review for an additional indication of 'the management of the manifestations of schizophrenia in adolescent aged from 13-17 years'. Zyprexa® (olanzapine) received a Health Canada warning for Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS). Invega Trinza™ (paliperidone palmitate – approved July 2016) is an extended release formulation of a previously approved long-acting injectable antipsychotic.

Hypnotics – Lunesta™ (eszopiclone) is indicated for the short-term treatment and symptomatic relief of insomnia.
Suvorexant is under review as a new drug submission by Health Canada.

Stimulants – Vyvanse® (lisdexamfetamine – originally approved for ADHD) received in October 2015 an indication for treatment of moderate to severe Binge Eating Disorder (BED) in adults.
Other – Flibanserin is under Health Canada review. Addyi® (flibanserin) was approved by the FDA in August 2015 for the treatment of premenopausal women with acquired, generalized hypoactive sexual desire disorder (HSDD) and is available through a restricted (ADDYI REMS) program.

Timetable

30 Mar 2017

	Salon C	Hawthorn A	Hawthorn B	Hawthorn C	Bluebell
17:00 19:00	Registration/Information Desk open (Wildrose Prefunction)				Executive meeting 18:00 – 19:00 20:00 – 22:00
18:30 20:00	Dinner Symposium Highlights from the 2016 CANMAT Guidelines for MDD, Dr. Diane McIntosh				

31 Mar 2017

07:00 17:00	Registration/Information Desk open (Wildrose Prefunction)				
07:30 08:00	Hot Buffet Breakfast (Salon A/B)				
08:00 09:00	CPA CPD Institute (Salon A/B) The Importance of Motivation and Energy in the Effective Treatment of Major Depressive Disorder, Dr. Michael Rosenbluth				
09:00 10:00	Keynote Speaker (Salon C) Cannabis and the Developing Brain – What's the Buzz About?, Dr. Philip Tibbo				
10:00 10:30	Refreshment Break (Wildrose Prefunction)				
10:30 11:30	Keynote Speaker (Salon C) Deep Brain Stimulation for Depression – Progress, Pitfalls, and Possibilities, Dr. Helen Mayberg				
11:30 13:00	Lunch Symposium (Salon A/B) Establishing a Long-Term Treatment Plan for Patients with Schizophrenia, Dr. Andrew Kwait				
13:00 14:00	Presidential Keynote Speaker (Salon C) The Transformation of 'Personalized' Psychiatry by Scientific Advances in the 21st Century, Dr. Joseph Coyle				
14:00 15:00	The Book Every Psychiatrist Should Read Dr. Gordon Kelly	Keynote Speaker (Hawthorn A) The Development of Bipolar Disorder: What We Have Learned from the Flourish Canadian High-Risk Offspring Cohort Study, Dr. Anne Duffy			
15:00 15:30	Refreshment Break (Wildrose Prefunction)				SCAP Meet N Greet (Bluebell)
15:30 16:30	CPA CPD Institute Neuroimaging for Psychiatrists, Dr. Trevor Hurwitz				SCAP AGM (Bluebell)
16:30 18:00	Keynote Speaker & Workshop (Salon C) Clinical Applications of Advances in Addiction Psychiatry, Dr. Timothy Fong				
18:30 22:00	Family Fun Night (Salon A/B)				
21:30 24:00	Residents' Reception (Diva's Martini Lounge)				

01 Apr 2017

07:00 16:00	Registration/Information Desk open (Wildrose Prefunction)				
07:30 08:00	Hot Buffet Breakfast (Salon A/B)				
08:00 09:00	Breakfast Symposium (Salon A/B) Improved Quality of Life as a Long-Term Treatment Goal in Schizophrenia, Dr. Steven Potkin				
09:00 10:00	Keynote Speaker (Salon C) Enhancing Physician Resilience, Dr. Mamta Gautam				
10:00 10:30	Refreshment break (Wildrose Prefunction)				
10:30 12:00	Workshop Treating the Physician Patient –Special Considerations and Challenges, Dr. Mamta Gautam	Workshop Physician Wellness – Healing Through Connection, Dr. Jaleh Shahin	Workshop What a Shame The Psychological Impact of Adverse Events on Psychiatrists, Dr. Diane Aubin		
12:00 13:30	Lunch Symposium (Salon A/B) Untangling the Gordian Knot-Facing Diagnostic and Treatment Challenges in the 21st Century, Dr. Rakesh Jain				

	Salon C	Hawthorn A	Hawthorn B	Hawthorn C	Bluebell	Salon A/B
		Resident Presentations				
13:30 13:50	Choosing Wisely Psychiatry – Variation in Prescribing of Antipsychotics in Alberta, Dr. Doug Urness, Dr. Nick Mitchell	Descriptive Epidemiology of Generalized Anxiety Disorder in Canada, Dr. Rita Watterson	Podcasts as Adjuvant Educational Tools for Post-Secondary Training: Development and Efficacy, Dr. Chantelle Bowden	Multiple Sclerosis and the Relationship Between Executive Dysfunction, Emotion Regulation, and Neuropsychiatric Symptoms, Dr. Joseph Emerson Marinas	Efficacy of a Metabolic Management Program within a Psychiatric Service, Dr. Rohit Lodhi	Medical-Legal Issues for Psychiatrists – Strategies to Approach the Patient at Risk for Suicide, Dr. Marie-Pierre Carpentier and Dr. Salim Hamid
13:50 14:10	Fort McMurray Wildfire and Evacuation 2016 – One Psychiatrist's Experience, Dr. Sandra Corbett	Ketamine Maintenance Therapy for Treatment Resistant Depression – A Case Series, Dr. Shaina Archer	Patients Perceive a Bi-directional Link Between Physician Wellness and Patient Care, Dr. Darby Ewashina	Interactions Between Depression and Neurocognitive Impairment in HIV/AIDS, Dr. Sarah Tymchuk	Deep Brain Stimulation for Treatment Resistant Depression – Challenges in Recruitment, Dr. Rajamannar Ramasubbu	
14:10 14:30	Medical Assistance in Dying – Dare We Include Psychiatric Conditions?, Dr. Michael Trew	Improving Mental Health – a Qualitative Analysis of the Psychiatry Education Intervention in Mwanza, Tanzania, Dr. Suzanne Black	Peduncular Hallucinosis Due to Multiple Sclerosis – a Case Report, Dr. Mim Fatmi	Child and Adolescent Consultation Liaison Psychiatry – A review of Outcome and Effectiveness Research, Dr. Kimberly Dary	Understanding Delusional Disorders to Prevent Serious Violence, Dr. Sergio Santana	
14:30 14:50		Mental Health and Contraception, Dr. Roy Ulrich	Integrating Video Based Learning in Medical Student Small Group Teaching, Dr. Alex Di Ninno, Dr. Mike Szymczakowski	Improving Quality Improvement – A Resident's Perspective on Critical Incident Reporting, Dr. Andrea Yu	Psychopharmacology 2017 – what is New, What is Coming?, Dr. Thomas Raedler	Update on the MOC Program and the MAINPORT ePortfolio, Dr. Rod McFadyen
14:50 15:10		Connecting Epilepsy and Psychosis, Dr. Jacqueline Bobyn		Returning to Stimulants in Children with Treatment Resistant ADHD, Dr. Sterling Sparshu		
15:10 15:30	Supportive Text Messaging in Mental Health – Evidence from Alberta, Dr. Michal Juhas					
15:30 16:10	Refreshment break (Wildrose Prefunction)					
16:10 17:10	Annual General Meeting (Salon C)					
18:30 24:00	Saturday Night Celebration (Salon A/B)					

Timetable

02 Apr 2017

07:00 12:00	Registration/Information Desk open (Wildrose Prefunction)
08:00 08:30	Continental Breakfast (Salon A)
08:30 10:30	APA and Section of General Psychiatry Annual General Meeting (Salon C)
10:30 11:00	Refreshment Break (Wildrose Prefunction)
11:00 12:00	APA and Section of General Psychiatry Annual General Meeting Continued (Salon C)

Resident Presentations

Descriptive Epidemiology of Generalized Anxiety Disorder in Canada

Dr. Rita Watterson

01 April, 2017
13:30 – 13:50
Hawthorn A

Objectives

- Describe the Canadian epidemiology of generalized anxiety disorder (GAD)
- Understand the burden of GAD
- Understand the relation between GAD, mood disorders, and substance use disorders

Literature reference(s)

- Global Burden of Disease. Seattle, WA: Institute for Health Metrics and Evaluation; 2015 [Accessed 8 April 2016]. Avail- able at: http://vizhub.healthdata.org/gbd-compare/
- WittchenHU.Generalizedanxietydisorder:prevalence,burden, and cost to society. Depress Anxiety. 2002;16(4):162-171.
- Lieb R, Becker E, Altamura C. The epidemiology of general- ized anxiety disorder in Europe. Eur Neuropsychopharmacol. 2005;15(4):445-452.
- Pearson C, Janz T, Ali J. Mental and substance use disorders in Canada. Health at a Glance. Statistics Canada Catalogue no. 82-624-X. Ottawa (ON): Statistics Canada; 2013.
- Kessler RC, Keller MB, Wittchen H-U. The epidemiology of generalized anxiety disorder. Psychiatr Clin North Am. 2001; 24(1):19-39.
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Resident Presentations

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Abstract

Objective – The first national survey to assess generalized anxiety disorder (GAD) prevalence was the 2012 Canadian Community Health Survey: Mental Health and Well-Being (CCHS-MH). This study describes the epidemiology of GAD using the CCHS-MH data.

Method – The main portion of the analysis consisted of proportions, odds ratios (ORs), and logistic regression modelling. All results produced used appropriate sampling weights and bootstrap variance estimation procedures.

Results – The lifetime prevalence of GAD is 8.7% (95% confidence interval [CI] 8.2%–9.3%), and 12-month prevalence is 2.6% (95% CI 2.3%–2.8%). GAD is significantly associated with being female (OR 1.6, 95% CI 1.3–2.1); middle-aged (aged 35-54 years OR 1.6, 95% CI 1.0–2.7); single, widowed, or divorced (OR 1.9, 95% CI 1.4–2.6); unemployed (OR 1.9, 95% CI 1.5–2.5); having a low household income (< $30,000) (OR 3.2, 95% CI 2.3–4.5); and being born in Canada (OR 2.0, 95% CI 1.4–2.8). GAD is highly comorbid with multiple psychiatric conditions. It is also highly related to indicators of pain, stress, and stigma, with significant health care use, independent of comorbid conditions.

Conclusion – The prevalence of GAD was slightly higher than international estimates, with similarly associated demographic variables. As expected, GAD was highly comorbid with other psychiatric conditions. Independent of comorbid conditions, GAD showed a significant degree of impact on both the individual and society. Our results show that GAD is a common mental disorder within Canada, and it deserves significant attention in health care planning and programs.

Resident Presentations

Ketamine Maintenance Therapy for Treatment Resistant Depression – A Case Series

Dr. Shaina Archer

01 April, 2017
13:50 – 14:10
Hawthorn A

Objectives

- Gain an appreciation of the benefits and limitations of acute courses of intravenous ketamine for treatment resistant depression (TRD)
- Understand the rationale for maintenance ketamine infusions in TRD
- Review a case series reporting on maintenance of clinical response and tolerability for patients undergoing maintenance IV ketamine infusions

Literature reference(s)

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Abstract

Treatment Resistant Depression (TRD) is a challenging and frequently encountered presentation in the practice of psychiatry. Some patients do not achieve remission despite multiple trials of pharmacotherapy, psychotherapy, and neurostimulation treatments. The finding that ketamine results in a rapid antidepressant effect in some patients with TRD is promising. However, published studies on ketamine treatments have typically examined either a single infusion or a short course of six to eight infusions. Although the response has been shown to be robust, the duration of effect is short-lived. At the Misericordia Community Hospital, select patients who have shown a good clinical response to acute treatment with ketamine infusions have been offered to continue with maintenance treatment of IV ketamine, in a fashion analogous to maintenance electroconvulsive therapy treatments.

Outside of a few case reports, there is currently little information in the published literature examining the long-term use of ketamine in TRD. This retrospective case series will report on both maintenance of clinical response and tolerability in patients who have undergone maintenance ketamine infusions. Although the sample size is small (approximately 10 patients) and the study is descriptive in nature, it is expected to be the largest case series reported to date. Additionally, clinical experience will be shared regarding the use of intranasal maintenance ketamine infusions on an outpatient basis.

Resident Presentations

Improving Mental Health – A Qualitative Analysis of the Psychiatry Education Intervention in Mwanza, Tanzania

Dr. Suzanne Black
01 April, 2017
14:10 – 14:30
Hawthorn A

Objectives
- To explore the concept of global mental health
- To review the concept of stigma

Literature reference(s)

- Patel, V., Minas, H., Cohen, A., Prince, M. 2013. Global Mental Health: Principles and Practice: Discrimination and promoting Human Rights. Oxford University Press, London.
- Jenkins, R., Mbatia, J., Singleton, N., White, B. 2010. Common Mental Disorders and Risk Factors in Urban Tanzania. 2010. International Journal of Environmental Research and Public Health. 7, 2543-2558.
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- Hadley, C., Patil, C. Food Insecurity in Rural Tanzania is Associated with Maternal Anxiety and Depression. 2006. American Journal of Human Biology. 18:259-368

Abstract

Rational – There are many challenges in addressing the growing concern of mental illness in Tanzania, including limited investment in mental health education. The Catholic University of Health and Allied Sciences (CUHAS) in Mwanza, Tanzania has been working with the University of Calgary to improve medical education.

Objectives – To quantify the change in psychiatric knowledge after an educational pre-clerkship intervention; to understand the acceptability of an educational intervention to medical students; and to recognize the factors which reduce stigma against those with mental illness.

Methods – This study was a cross-sectional design with qualitative data collection. The intervention included both classroom didactic lectures and small group learning. Focus groups were collected with medical students after an educational intervention. The qualitative data was analyzed using thematic analysis.

Results – Students expressed a greater understanding of the pathophysiology of psychiatric illness. Students identified helpful features of the teaching including demonstrations, small groups, interactive and motivating teaching style. Students admitted that teaching interventions reduced stigma regarding mental illness, and increased understanding of the burden of psychiatric illness and expressed increased willingness to treat psychiatric patients.

Discussion – Studies show there is poor knowledge of mental illness and under-prioritization of it the health care system. Consistent with studies from West Africa most students believe there is stigma against those with mental illness. Consistent which literature both education and exposure reduces stigma.

Conclusion – Continued quality improvement is needed to ensure educational interventions are effective at increasing knowledge. Improved education both increases knowledge around mental health as well as reduces stigma.

Resident Presentations

Mental Health and Contraception

Dr. Roy Ulrich

01 April, 2017
14:30 – 14:50
Hawthorn A

Objectives

- Explore effects of unplanned pregnancy on mothers
- Discuss effect of unplanned pregnancy on the child
- Discuss the role of psychiatrists in family planning of patients

Literature reference(s)

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Abstract

Unintended pregnancy is a very common occurrence in Canada, representing 20-40% of all pregnancies. The rate among psychiatric patients is even higher. A review of existing literature shows evidence that unintended pregnancy has deleterious effects on all women and exacerbates a number of psychiatric conditions. Unintended pregnancy also has a number of adverse effects on the children, including association with teratogen exposure and future adverse childhood experiences. This presentation will explore these effects in greater detail, as well as how a psychiatrist's influence on family planning could improve outcomes.

Connecting Epilepsy and Psychosis

Dr. Jacqueline Bobyn, Aaron Mackie

01 April, 2017
14:50 – 15:10
Hawthorn A

Objectives

- To develop further insight into the relationship between epilepsy and psychosis
- To recognize that patients with focal onset seizures are at increased risk of developing psychosis relative to patients with generalized onset seizures.
- To explore the relationship between inter-ictal psychosis, post-ictal psychosis and clinical outcomes

Literature reference(s)

- Clancy, M.J., Clarke, M.C., Conner. D.J., Cannon, M., Cotter, D.R. (2014). The prevalence of psychosis in epilepsy; a systematic review and meta-analysis. BMC Psychiatry, 14, 75-84.
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Abstract

Purpose – Epilepsy is a broad term, encompassing seizures originating from generalized and focal onset. Patients with epilepsy are at increased risk of developing psychosis, relative to patients without epilepsy.1 Interestingly, the timing of the onset of the psychotic episode can vary. Patients with post-ictal psychosis experience a delay in the onset of symptoms, occurring 12 hours to 7 days post seizure. Patients who experience psychosis in between seizures, after a longer period of being seizure free, suffer from inter-ictal psychosis.

Certain factors are associated with a worse prognosis. These include having negative symptoms, earlier age of onset, and a family history of schizophrenia.

Therefore, the following questions have been raised:
- Which patients are at increased risk of developing post ictal psychosis; those with generalized, or focal onset seizures?
- Among patients with epilepsy, which patients have worse clinical outcomes; patients with inter-ictal psychosis, or post-ictal psychosis?

Methods – UpToDate and PubMed were searched with the terms “epilepsy”, “psychosis”, “post-ictal” and “inter-ictal”.

Results – Patients with focal onset, most notably temporal lobe seizures, are more susceptible to post-ictal psychosis than individuals with generalized onset seizures.5 However, patients with inter-ictal psychosis are more likely to suffer from negative symptoms, and to have an earlier age of psychosis onset. This suggests that patients with inter-ictal psychosis may have a worse prognosis over time.

Conclusion – By understanding which patients are susceptible to specific clinical outcomes, this insight can tailor the care that is provided to patients with post-ictal or inter ictal psychosis.

Podcasts as Adjuvant Educational Tools for Post-Secondary Training – Development and Efficacy

Dr. Chantelle Bowden

01 April, 2017
13:30 – 13:50
Hawthorn B

Objectives
- Listeners will be able to name the primary learning styles and understand how they impact an individual’s ability to assimilate new knowledge.
- Listeners will gain an appreciation for the characteristics

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of an excellent educational podcast.
- Listeners will learn what the evidence says about the efficacy of podcasts as educational tools.

Literature reference(s)
- Andrew, L., Mari, N., Nicholas, C., Trenton, B., & Joshua, K. (2015). Development and Implementation of an Emergency Medicine Podcast for Medical Students: EMIGcast. Western Journal Of Emergency Medicine, Vol 16, Iss 6, Pp 877-878 (2015), (6), 877. doi:10.5811/westjem.2015.9.27293
- Chester, A., Buntine, A., Hammond, K., & Atkinson, L. (2011). Podcasting in Education: Student Attitudes, Behaviour and Self-Efficacy. Educational Technology & Society, 14(2), 236-247.
- Evans, C. (2008). The Effectiveness of M-Learning in the Form of Podcast Revision Lectures in Higher Education. Computers & Education, 50(2), 491-498.
- Fatahi, S., Moradi, H., & Farmad, E. (2015). Behavioral Feature Extraction to Determine Learning Styles in e-Learning Environments. International Association For Development Of The Information Society.
- Gicco, G. (2014). Learning-Style Assessment in Online Courses: A Prerequisite for Academic Success. Journal Of Educational Technology, 11(2), 1-5.
- Lee, M. W., & Chan, A. (2007). Pervasive, lifestyle-integrated mobile learning for distance learners: an analysis and unexpected results from a podcasting study. Open Learning, 22(3), 201-218. doi:10.1080/02680510701619810
- Özdemir, M. (2016). The Analysis of the Relationship between Primary Learning Styles and Learning Objects in an Online Environment. European Journal Of Contemporary Education, 15(1), 34-50.
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- Schlairet, M. (2010). Efficacy of Podcasting: Use in Undergraduate and Graduate Programs in a College of Nursing. Journal Of Nursing Education, 49(9), 529-533. doi:10.3928/01484834-20100524-08
- Vogt, N. (2016, June 15). Podcasting Fact Sheet. Retrieved from http://www.journalism.org/2016/06/15/podcasting-fact-sheet/
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Abstract

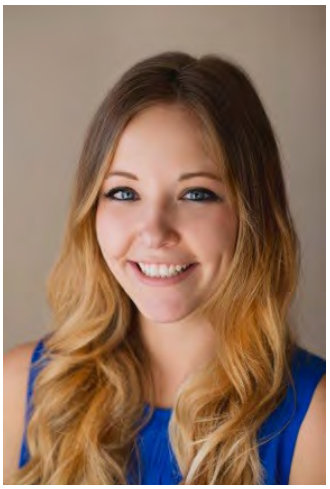
Introduction – In North America, over three billion podcast downloads occurred in 2015, and the percent of Americans using podcasts has doubled since 2008. With the rise of digestible media, interest in using podcasts for education has gained traction. This presentation aims to examine the efficacy of podcasts in post-secondary education, and determine the effect of individual learning style on the development and use of educational podcasts.

Methods – Using the University of Alberta Library databases, a retrospective systematic review for published literature on primary learning styles in online education and the efficacy of podcasts in post-secondary education was performed. Nine papers were identified meeting the inclusion criteria for relevance to the topic. Four of those nine articles related to the primary learning styles and their application to the development of an educational podcast; the other five studied the efficacy of podcasts in post-secondary education.

Results – The evidence suggests that not all primary learning styles gain a benefit from access to podcasts, however, for those who do, student satisfaction is high and an appreciable difference in academic performance exists.

Conclusion – There appears to be a consensus that podcasts will be used as adjuvant tools rather than as formal educational methods. An ideal educational podcast should be tailored to the learning types that gain greatest benefit and should be focused, succinct, regularly formatted, available on multiple devices, and consistently scheduled.

Resident Presentations



Patients Perceive a Bi-Directional Link Between Physician Wellness and Patient Care

Dr. Darby Ewashina, Dr. Jane Lemaire, Alicia Polacheck, Dr. Verna Yiu, Jaya Dixit

01 April, 2017
13:50 – 14:10
Hawthorn B

Objectives

- Describe how patients perceive signs of physician wellness
- Recognize patients' beliefs surrounding how physician wellness is linked to patient care and the physician patient relationship
- Understand that patients perceive a bi-directional link between physician wellness and patient care

Literature reference(s)

- Baldisseri MR. Impaired healthcare professional. Critical Care Medicine 2007; 35: S106-16
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Abstract

Background – Despite increased interest in physician wellness over recent years, little is known about patients' views on the topic. Our research explores patients' perceptions of physician wellness and how it is linked to patient care.

Methods – We conducted semi-structured interviews with a convenience sample of 20 patients from outpatient care settings. Using inductive thematic analysis, interview transcripts were independently coded by two authors and discussed

to ensure agreement.

Results – The analysis of the participants' perspectives revealed three overarching premises. First, patients notice cues that they interpret as signs of doctor wellness. These include overt indicators such as physicians' body language or physical appearance, and a general 'sense' about a physician's wellness. Second, patients form judgments based on what they notice. These judgments affect patients' perceived level of care, their feelings, such as trust, and their actions, such as adherence to care plans. Third, study participants described a bi-directional link between physician wellness and patient care. Not only does physician wellness impact patients, but physicians' wellness is also impacted by the care they provide and the challenges they face working within the healthcare system.

Discussion – Patients' judgments regarding physician wellness may have important impacts on the physician-patient relationship. Our study ws also perceived that physicians are at risk of being unwell because of their work. Patients may be powerful allies in supporting physician wellness initiatives and the shared responsibility of individual physicians, the medical profession, and healthcare organizations to ensure physicians are at their best to care for patients.

Peduncular Hallucinosis Due to Multiple Sclerosis – A Case Report

Dr. Mim Fatmi, Dr. Kimberly Williams, Dr. Aaron Mackie

01 April, 2017
14:10 – 14:30
Hawthorn B

Objectives

- Understand the etiologies, pathophysiology, and various presentations of peduncular hallucinosis
- Describe the nature of complex visual hallucinations in peduncular hallucinosis, and how they differ from that of primary psychiatric illness
- Understand the importance of keeping a broad differential of organic illnesses when considering new onset hallucinations

Literature reference(s)

- Benke, T. (2006). Peduncular hallucinosis: a syndrome of impaired reality monitoring. Journal of Neurology, 253, 1561-1571.
- Nicolai, A. & Lazzarino, L. G. (1995). Peduncular hallucinosis as the first manifestation of multiple sclerosis. European Neurology, 35, 241-242.
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- Manford, M. & Andermann, F. (1998). Complex visual hallucinations: clinical and neurobiological insights. Brain, 121, 1819-1840.

Abstract

Background – Peduncular hallucinosis (PH) is a rare phenomenon involving lesions in the cerebral peduncle that are often associated with complex visual hallucinations. The varied etiologies of these lesions as described in case reports include ischemia, hemorrhage, neoplasm, central pontine myelinolysis, post-operative, and multiple sclerosis.

Methods – This is an exploratory descriptive case study. A literature search and chart review of a patient diagnosed with PH was completed.

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Results – A 31-year-old female with a history of spinal muscular atrophy and multiple sclerosis presented with a 12-year history of progressively distressing, multi-modal hallucinations, while retaining partial insight into their absurdity. Due to her complex past psychiatric history, her hallucinations were largely presumed to be part of her psychopathology until an MR brain was completed. It showed lesions in her pons, cerebral peduncles, and thalami, which we determined to be the etiology of her hallucinations. She was treated with a low dose of quetiapine.

Discussion – Her symptoms were found to be secondary to PH from lesions that clinically correlated to her multi-modal hallucinations. Various other symptoms including her partial insight, the absence of other psychotic symptoms, and a non-fluctuating time course help to differentiate PH from other causes. An MR brain was critical to her diagnosis of PH.

Conclusion – This is the third documented case report on PH secondary to multiple sclerosis. The case demonstrates the importance of a broad differential to avoid unnecessary delay in diagnosing an organic illness that presents with psychiatric symptomatology.

Integrating Video Based Learning in Medical Student Small Group Teaching

Dr. Alex Di Ninno, Dr. Mike Szymczakowski

01 April, 2017
14:30 – 14:50
Hawthorn B

Objectives

- What does current literature describe as the most effective means of teaching medical students?
- What are the characteristics of a video based method when teaching a topic such as the Mental Status Exam?
- Will 2nd year medical students find Video Based teaching helpful in their small group teaching?

Literature reference(s)

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- Mankey, V; “Using Multimodal and Multimedia Tools in the Psychiatric Education of Diverse Learners: Examples from the Mental Status Exam.”; Academic Psychiatry, 35:5, Sept-Oct 2011
- Pohl, R et al; “Teaching the Mental Status Examination: Comparison of Three Methods” J. Medical Education; 1982; 57(8): 626-9.
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- Xie, H; “The Effectiveness of Using Non-Traditional ... Mental State Examination: A Systematic Review”; JBI Database of Systematic Reviews and Implementation Reports, 13-7, 2015; pp 177-2012.
- Glick, I & Borus,, J, “Through the Golden Chalkboard: Twelve Teaching Pearls on the Teaching-Learning Process in Psychiatry;Academic Psychiatry, 30-5, Sept-Oct 2006
- Kozma, R; Learning with Media; Review of Educational Research; Summer 1991, Vol 61, No 2, p179-211

Resident Presentations

Abstract
Recent pedagogical research has recognized and emphasized the importance of incorporating a variety of educational approaches into each teaching opportunity in order to reach as many learners as possible. Medical student education is particularly amenable to diversification in pedagogical approaches. While physical skills-based specialties have successfully used simulation to teach medical students other specialties, psychiatry has struggled with an active method to move students through Bloom's Taxonomy, particularly with respect to the mental status exam.

We proposed that integration of video-based clinical scenarios to paper-based small groups would help to strengthen the skills of second-year medical students to appropriately complete a mental status exam (MSE). A literature search was performed to determine the optimal features of a stimulus video and an extensive search for appropriate videos was completed. After a randomization process, two paper-based cases were selected and re-written to reflect the content of chosen videos. Students were then exposed to the original paper-based cases as well as the updated video-based cases. After the conclusion of the psychiatry course, students (N=95) were asked to rate the cases based on overall rating and cognitive load. Although students favored the video format in both overall experience and cognitive load, the results were not statistically significant (p= 0.24, 0.42 respectively). However, subjective experience provided in post course feedback was only positive.

Regardless of statistical significance, these results suggest that integration of video-based clinical scenarios is of benefit to medical students learning a complete MSE, and may be of benefit in other learner populations.

Multiple Sclerosis and the Relationship Between Executive Dysfunction, Emotion Regulation, and Neuropsychiatric Symptoms

Dr. Joseph Emerson Marinas

01 April, 2017
13:30 – 13:50
Hawthorn C

Objectives

- Provide an overview of the neuropsychiatric deficits seen in multiple sclerosis
- Review the research regarding impairment in cognitive domains, especially executive function
- Explore the relationship between executive function, emotion regulation, and quality of life

Literature reference(s)

- Groverover, Y.; Chiaravalloti, N.; DeLuca, J. (2005). The relationship between self-awareness of neurobehavioural symptoms, cognitive functioning, and emotional symptoms in multiple sclerosis. Multiple Sclerosis, 11, 203-212.
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- Paparrigopoulos, T et al. (2010). The neuropsychiatry of multiple sclerosis: Focus on disorders

Resident Presentations

of mood, affect, and behaviour. International Review of Psychiatry, 22, 14-21.

Abstract
Background – Multiple sclerosis is associated with multiple neurologic symptoms including cognitive deficits and mood and behavioural dysregulation. All together, somatic symptoms, medical complications, cognitive decline, loss of independence, higher psychiatric burden, and MS-specific mood dysregulation is challenging to patients and caregivers and impairs the ability to cope as well as quality of life.

Methods – A literature search through PubMed and ScienceDirect databases were conducted with the key words “multiple sclerosis”, “executive function”, “behaviour regulation”, and “neuropsychiatry” to construct a narrative review.

Results and Discussion – Studies show a complex relationship between the effects of mood symptoms, self-awareness, and executive function with behaviour and affective regulation. Cognitive impairment impaired patients’ ability to learn and enact techniques to adapt and cope. Overall, quality of life suffers with MS patients due to multiple factors.

Interactions Between Depression and Neurocognitive Impairment in HIV/AIDS

Dr. Sarah Tymchuk

01 April, 2017
13:50 – 14:10
Hawthorn C

Objectives

- Review HIV in depression
- Highlight the clinical overlap between depression and neurocognitive impairment in HIV patients
- Discuss preliminary findings from my prospective research study

Literature reference(s)

- Almeida SM. Cognitive impairment and major depressive disorder in HIV infection and cerebrospinal fluid biomarkers. Arq Neuropsiquiatr. 2013 Sep;71(9B):689-92. doi: 10.1590/0004-282X20130152. Review
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- McIntyre RS, Cha DS, Soczynska JK, Woldeyohannes HO, Gallaugher LA, Kudlow P, et al. Cognitive deficits and functional outcomes in major depressive disorder: determinants, substrates, and treatment interventions. Depress Anxiety 2013; 30: 515-527.
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Int. Neuropsychol Soc. 2013 Feb;19(2):216-25. doi: 10.1017/S1355617712001245. Epub 2013 Jan 4

Abstract

Background – Mood disorders and neurocognitive impairment represent serious disabilities among patients with HIV/AIDS. The extent to which these factors interact to contribute to neuropsychiatric disability remains uncertain.

Objectives – To investigate the prevalence and determinants of depression in a prospective HIV/AIDS cohort with or without HIV Associated Neurocognitive Disorder (HAND).

Methods – 281 HIV-1 seropositive patients were enrolled randomly in a cohort study with neurocognitive status as the primary outcome measure. Severity of depressive symptoms was assessed with the PHQ-9 questionnaire and staged by standard PHQ-9 categorization. All patients were assessed by z-scaled performance in a multi-domain neuropsychological test battery, as well as by clinical, neuroimaging and demographic features verify the diagnosis of HAND. Using univariate, contingency and regression analyses, interactions between depression severity, neurocognitive performance and HAND diagnosis were tested. Results: Depression categories included; minimum (n=159; PHQ-9, 0-4), mild (n=65; PHQ-9, 5-9), moderate (n=40; PHQ-9, 10-14), moderately severe (n=22; PHQ-9, 15-19), or severe (n=12; PHQ-9, 20-27). 46.6% of patients exhibited at least mild depressive symptoms. Cumulative neurocognitive performance (Ztotal), especially attention and memory functions, correlated negatively with PHQ-9 ($p<0.005$) PHQ-9 score was unrelated to current/nadir CD4+ T-cell count or viral load. The proportion of patients with HAND (n=58) was consistently represented in all PHQ-9 subgroups ($p>0.05$). Multivariate analyses disclosed that diabetes, lower education, unemployment and cocaine use was predictive of depression.

Conclusions – Depression is common in HIV/AIDS and constitutes a substantial co-morbidity associated with worsened neurocognitive performance. Independent of HAND diagnosis, these findings highlight the importance of screening for mood disturbances among patients with HIV/AIDS.

Child and Adolescent Consultation

Liaison Psychiatry – A Review of Outcome and Effectiveness Research

Dr. Kimberly Dary

01 April, 2017
14:10 – 14:30
Hawthorn C

Objectives

- Review the role and interventions of consultation liaison psychiatry in the pediatric population
- Discuss the importance of outcome based research in the consultation liaison setting
- Provide preliminary results of a systematic review regarding outcomes of consultation liaison psychiatry interventions in the child and adolescent population

Literature reference(s)

- Bujoreanu S, White MT, Gerber B, Ibeziako P. Effect of timing of psychiatry consultation on length of pediatric hospitalization and hospital charges. Hosp Pediatr. 2015; 5:269-275
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hospital setting: A systematic review. J Psychosom Res. 2014; 76:175-192

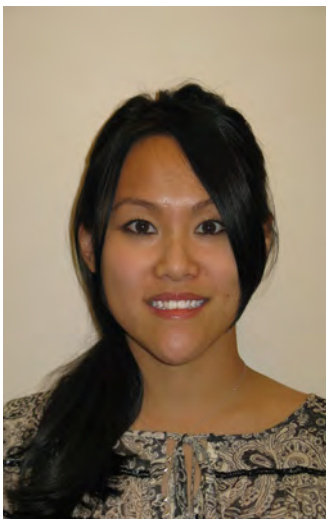
Abstract

Objective – Psychiatric co-morbidity among children hospitalized is notable. A recent study has shown that consultation-liaison psychiatry (CLP) services for children hospitalized on medical and surgical units reduced lengths of inpatient stay and hospital costs. This systematic review will examine the effectiveness of CLP for children in the inpatient medical setting compared to inpatient medical care alone.

Methods – A search of electronic databases, references, key journals, and conference proceedings is currently underway. Experimental and observational studies that evaluated CLP with medical inpatients aged < 18 years will be included. Inclusion screening, study selection, and methodological quality will be assessed by 2 independent reviewers. One reviewer will extract the data, and a second will check for completeness and accuracy. Presentation of study outcomes will include odds ratios (ORs) and mean differences (MDs) with 95% confidence intervals (CI). Depending on clinical and statistical heterogeneity, study results may be pooled for meta-analysis.

Results – To date, the search strategy has identified over 1200 articles for inclusion screening. Included studies will be assessed for methodological quality using the Mixed Methods Appraisal Tool. Data to be extracted includes patient health outcomes, costs, length of hospital stay, concordance to treatment recommendations, and satisfaction.

Conclusion – Recommendations for health care delivery will be formulated based on the evidence of the impact of CLP on pediatric medical inpatients. The assessment of the methodological quality of studies will provide recommendations for future research.



Improving Quality Improvement – A Resident's Perspective on Critical Incident Reporting

Dr. Andrea Yu

01 April, 2017
14:30 – 14:50
Hawthorn C

Objectives

- Provide an overview of the current literature on critical incident reporting in children and adolescent mental health.
- Review safety event reporting at CASA Child, Adolescent, and Family Mental Health and the implementation of new reporting forms and procedures.
- Summarize frontline staff and organizational members' experiences on the complexity of safety reporting in community children's mental health.

Literature reference(s)

- O'Keeffe, N., Gavin, B., & McNicholas, F. (2013). Survey on critical incident reporting in a child and adolescent mental health service. International Journal of Risk & Safety in Medicine, 25(1), 33-38.
- Brickell, T. A., & McLean, C. (2011). Emerging issues and challenges for improving patient safety in mental health: a qualitative analysis of expert perspectives. Journal of Patient Safety, 7(1), 39-44.
- Fernald, D. H., Pace, W. D., Harris, D. M., West, D. R., Main, D. S., & Westfall, J. M. (2004). Event reporting to a primary care

patient safety reporting system: a report from the ASIPS collaborative. The Annals of Family Medicine, 2(4), 327-332.
- Anderson, J. E., Kodate, N., Walters, R., & Dodds, A. (2013). Can incident reporting improve safety? Healthcare practitioners' views of the effectiveness of incident reporting. International journal for quality in health care, 25(2), 141-150.

Abstract

Increasingly, the psychiatric community is recognizing that reporting critical incidents is integral to patient safety and quality assurance. The World Health Organization defines an incident as any deviation from usual medical care that causes injury to the patient or poses a risk of harm. Critical incident reporting involves the identification, reporting, investigation, immediate corrective action and long-term preventative action of all incidents. The goal of incident reporting is to help recognize trends and patterns of avoidable incidences and better understand underlying causes. Although many patient safety risk factors in general medical settings apply to mental health settings, there are unique patient safety issues in mental health care, including: patient safety issues around seclusion and restraint use, self-harm and suicide, and absconding.

Unfortunately, incident reporting can be difficult, particularly when there is a failure to recognize an event, failure to report for various reasons including time constraints and staff willingness, and concern with the safety and culture of the reporting process. In the literature, aside from the limitations of incident reporting, studies tend to focus on classifying and monitoring the number of incidents reported, taxonomies for patient safety events and the design of incident reporting systems. Despite increasing implementation of incident reporting, a debate exists over whether incident reporting has resulted in improvements to safety. This presentation endeavors to review the available literature in adolescent mental health safety reporting and provide an example of its implementation in a local community setting, as well as summarizing feedback provided from various stakeholders involved.

Returning to Stimulants in Children with Treatment Resistant ADHD

Dr. Sterling Sparshu, John D. McLennan

01 April, 2017
14:50 – 15:10
Hawthorn C

Objectives

- Review the evidence based guidance for pharmacological management of Attention-Deficit Hyperactivity Disorder and definitions of treatment resistance
- Discuss a study which examined retrying stimulants in a case series of ADHD children who had previously failed on stimulant and non-stimulant medications.
- A discussion of clinical outcomes when treatment resistant ADHD youth retry stimulants

Literature reference(s)

- Seixas M, Weiss M, Muller U. Systematic review of national and international guidelines on attention-deficit hyperactivity disorder. J Psychopharmacol. 2012;26(6):753-765.
- Wolraich M, Brown L, Brown RT, et al. ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. Pediatrics. 2011;128(5):1007-1022. doi:10.1542/peds.2011-2654.
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Abstract

Objective – There is limited evidence-based guidance to inform medication approaches for children with ADHD who have had initial poor responses to stimulants. In addition to using approved non-stimulant medications, retrying stimulants may be considered. However, there has been little investigation of this strategy. This study examined retrying stimulants in a case series of children to determine clinical reasoning for discontinuing stimulants and non-stimulants followed by retrying stimulants, as well as outcomes.

Methods – Details were extracted from records of children in an ADHD medication service between September 2015 and June

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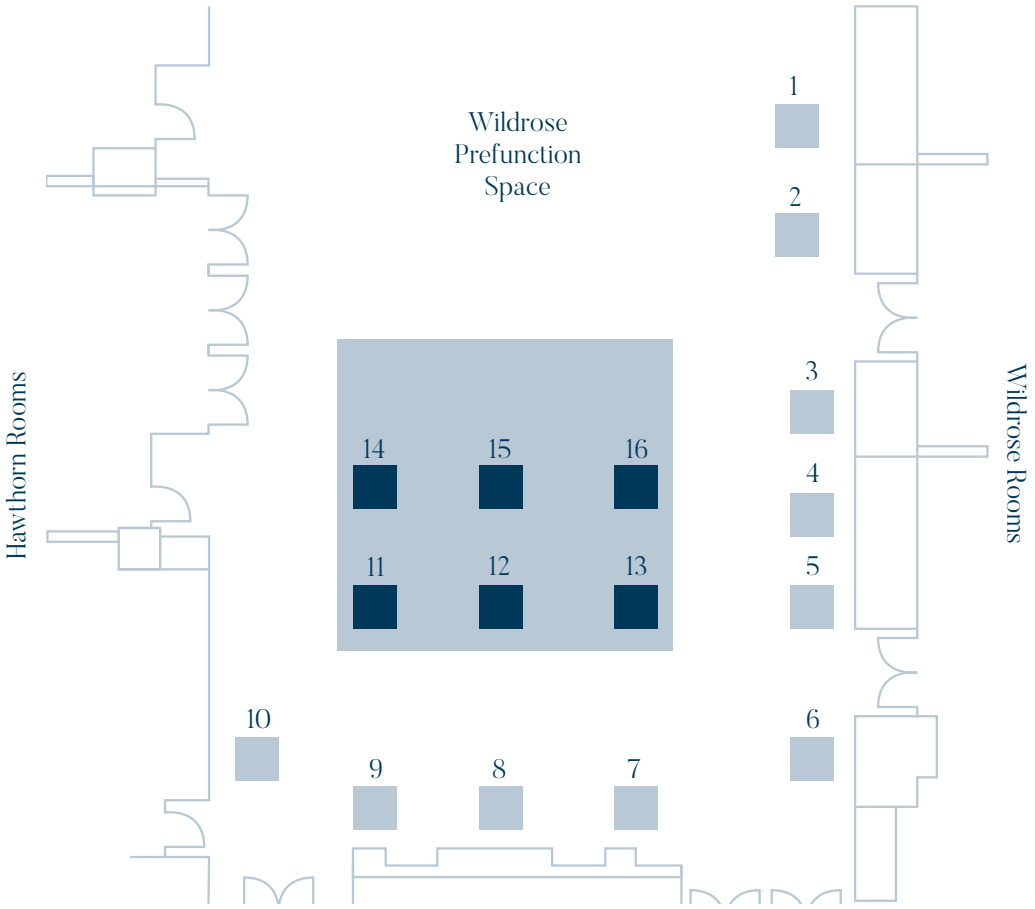
2016. Inclusion criteria included that the child (i) was medication naïve at the time of entry into the service, (ii) had trials of one stimulant from each class, (iii) received a non-stimulant medication, and (iv) was retried on stimulants.

Results – Of potential participants, seven met the inclusion criteria and parental consent was given for six of these children. Initial stimulant discontinuation was typically a function of adverse effects and/or limited symptom improvement. Minimal response and/or adverse effects to non-stimulants contributed to the decision to retry stimulants. Final ADHD symptom ratings by parents and teachers were significantly better than baseline for this cohort. Three children were discharged on stimulants, two as monotherapy.

Conclusion – There may be a role for retrying stimulants in children with ADHD who had an initial unacceptable or inadequate response to stimulants. A larger more systematic study is required in order to develop evidence-based treatment algorithms for treatment resistant ADHD.

Exhibitors



Exhibitors	Booth	Description
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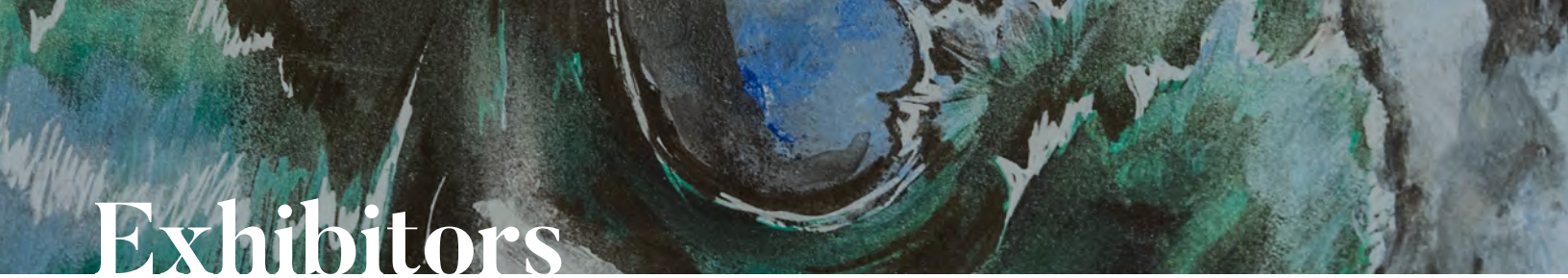

Exhibitors

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Exhibitors

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Otsuka	12	Otsuka Canada Pharmaceutical Inc. (OCPI) is an innovative, fast-growing health care company that commercializes Otsuka medicines in Canada, with a focus on commitment to neuroscience, cardiovascular, and oncology. OCPI is dedicated to improving patients' health and the quality of human life. OCPI is part of the Otsuka Group, and was established in 2010, with headquarters in Saint-Laurent Quebec. www.otsukacanada.com
Pfizer	3	Pfizer Canada is a healthcare company that's dedicated to helping Canadians live healthier lives. Our belief: it takes more than medication to be truly healthy. www.pfizer.ca www.morethanmedication.ca
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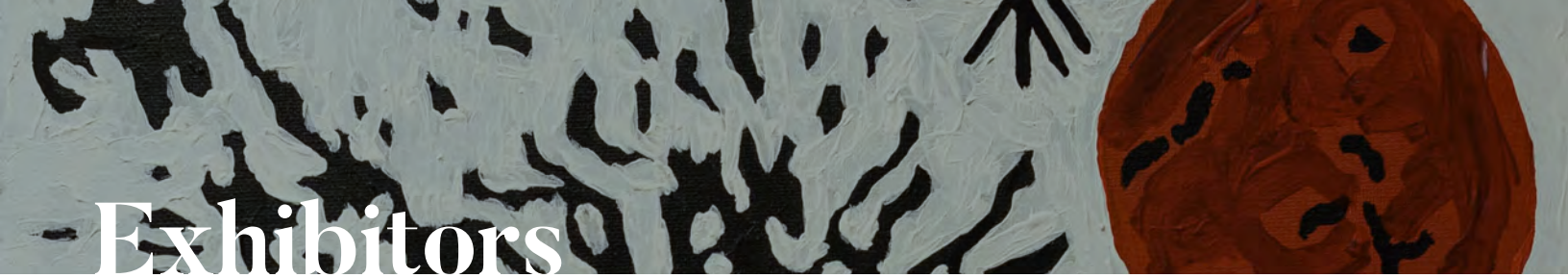

Exhibitors

Physician Learning Program	8	The Physician Learning Program supports and advises physician members of the Alberta Medical Association at all stages of a clinical quality improvement project. From helping identify and develop a focused clinical question, through planning, design, evaluation, the PLP team recommends resource management approaches, project objectives and strategies, project scheduling and evaluation metrics. Project management resources range from turnkey project services and program management to advice and direction on obtaining ethics approvals, database selection, data analysis, interpretation and data report generation, to providing facilitated CME sessions and delivery of feedback session to review your practice data report. www.albertaplp.ca
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† Comparative clinical significance and clinical relevance of these interactions have not been established.

Reference: 1. Abilify Maintena Product Monograph. Otsuka Pharmaceutical Co., Ltd., September 15, 2015.

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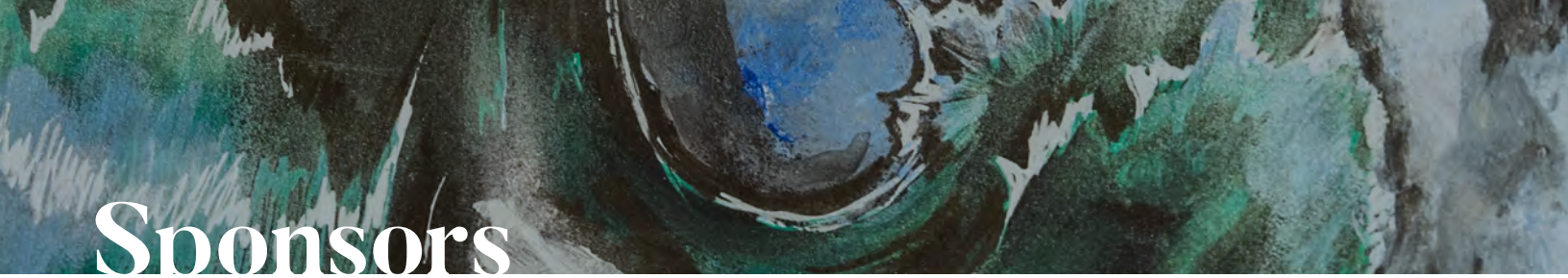

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