Symposium, Workshop & Paper Block B   1:00-2:00 p.m.

Oral Paper Session #1 Moderator: Soham Rej	Regency F

24) Depression in MCI: A Systematic Review and Meta-Analysis of Prevalence – Zahinoor Ismail

Objectives: At the end of this session, attendees will:

1. review the literature on prevalence of depression in MCI;
2. best estimate the prevalence of depression in MCI; and
3. discuss sources of bias and heterogeneity in studies of depression in MC.

25) Pharmacotherapy of Late-Life Bipolar Disorder – Soham Rej

Objectives: At the end of this session, attendees will:

1. appreciate the current evidence-base for the pharmacological management of geriatric bipolar disorder;
2. review recent data examining current Canadian prescribing patterns and medical/cognitive comorbidity in late-life bipolar disorder; and
3. learn an approach to safe and effective prescribing in geriatric bipolar disorder.

27) Meaning-Centered Men's Groups for Men Facing Retirement: A Community Outreach Intervention Designed to Prevent the Onset of Suicide Risk in Later Life – Marnin Heisel

Objectives: At the end of this session, attendees will:

1. describe a novel model of late-life suicide risk incorporating consideration of risk and resiliency factors;
2. discuss research findings documenting mental health difficulties experienced by some men in transitioning to retirement, including potentially increased risk for suicide; and
3. discuss preliminary findings of a preventive intervention study designed to enhance resiliency and prevent the onset of suicide risk in retiring men.

24

Depression in MCI: A Systematic Review and Meta-Analysis of Prevalence

Zahinoor Ismail, Heba El Bayoumi, Eric Smith, David Hogan, Corinne Fischer, Tom Schweizer, Scott Patten, Kirsten Fiest

Studies of prevalence of depression in MCI have been inconsistent such that no consensus has emerged. The aim of this study is to systematically review the evidence on prevalence of depression in MCI and generate the best estimate of prevalence and an understanding of heterogeneity in previous studies. MOOSE guidelines were followed and the study was registered with PROSPERO. Databases where searched up to October 2013. References were compiled in Endnote. 9 reviewers participated in the study. Each abstract was reviewed by 2 independent reviewers with the following inclusion criteria for full text review: 1) original research; 2) studies reporting on depression in an MCI population; 3)English language. All studies meeting inclusions criteria were then reviewed by a final reviewer (ZI or KF) to ensure appropriateness for inclusion in the final analysis. A supplementary search included references of included articles and an updated database search was done in Feb 2015. Meta-analysis was performed using STATA. I2 statistics were calculated for the studies and funnel plots were generated.

5329 abstracts were reviewed and 209 were selected for full text review. 53 studies were included in the final analysis. Mean study participant number was 398. Mean age of participants was 72.28. A pooled prevalence of depression in MCI was estimated at 32%, with study heterogeneity based on sample bias and depression instrument used.

Depression is common in MCI. It is important to screen for depression in older adults with cognitive impairment, in community and clinical samples.

25

Pharmacotherapy of Late-Life Bipolar Disorder

Soham Rej

Many patients with bipolar disorder are reaching old age. Their pharmacological management is often challenging, especially in light of the medical and cognitive issues that frequently arise in late life. We aim to present some potential guiding principles to facilitate prescribing in late-life bipolar disorder.

We will present data from recent systematic reviews, administrative health database studies and clinical research studies regarding geriatric bipolar pharmacotherapy.

A limited number of medications have been examined in late-life bipolar disorder, with lithium, valproate, and lamotrigine having the most evidence, albeit mostly from uncontrolled open label studies. In actual clinical practice, psychotropic polypharmacy is highly prevalent (>85%), with a high percentage of patients receiving potentially dangerous regimens (e.g. antidepressant monotherapy, multiple atypical antipsychotics). However, medical comorbidity and medical health utilization may not vary markedly between different medication users (e.g. lithium vs. valproate vs. atypical antipsychotics). Current psychotropic prescribing in Canadian older adults with bipolar disorder may not be as safe and effective as it could be. This may be partly due to fears about medical effects of certain medications (e.g. lithium), which may not be as warranted as previously believed. We present guidance on how to navigate prescribing difficulties in geriatric bipolar disorder.

27

Meaning-Centered Men's Groups for Men Facing Retirement: A Community Outreach Intervention Designed to Prevent the Onset of Suicide Risk in Later Life

Marnin Heisel, Gordon Flett, Paul Links, Ross Norman, Sisira Sarma, Sharon Moore, Norm O'Rourke, Rahel Eynan

Older men have the highest rates of suicide worldwide (WHO, 2014). Few intervention studies have investigated suicide risk reduction among middle-aged and older adults, and nearly none has aimed explicitly to reduce risk among men. Men's suicide rates increase at retirement age (Statistics Canada, 2014); retirement may thus be a life transition that can trigger a crisis of meaning, thus increasing suicide risk.

We are recruiting 100-120 community-residing men facing retirement into a multi-stage study to develop, validate, and disseminate Meaning-Centered Men's Groups (MCMG) in community settings. MCMG consists of 12-session courses of a facilitated group experience for cognitively-intact men, 55 years or older, struggling to transition to retirement, consistent with our research demonstrating a robust negative association between perception of Meaning in Life (MIL) and late-life suicide ideation (Heisel & Flett, 2014). Group sessions focus on enhancing camaraderie and mutual support, encouraging expression of personal experiences with retirement, and discussing the meaning of work, retirement, leisure, relationships, and generativity. Participants cannot meet criteria for an active untreated mental disorder or participate in concurrent psychotherapy.

We are iteratively evaluating the efficacy of this intervention in preventing the onset or reducing the severity of depression and suicide ideation, and in enhancing perceptions of MIL and satisfaction with retirement, compared with a current-events discussion group control. Groups are being delivered in a community centre, co-facilitated by a community social service worker, to enhance uptake and ensure sustainability. An initial uncontrolled MCMG group is underway with 10 cognitively-intact participants 60-70 years of age (M=65.7, SD=3.2), of whom 6 are currently retired. Participants reported moderate to strong health ratings and generally positive feelings towards retirement at eligibility assessment, and moderate to strong life satisfaction (Satisfaction with Life Scale; M=26.7, SD=5.3), moderate alcohol consumption (Alcohol Use Disorders Investigation Test; M=5.1, SD=2.4), and low to moderate depressive symptom severity (Geriatric Depression Scale; M=7.2, SD=6.3) and suicide ideation (Geriatric Suicide Ideation Scale; M=45.9, SD=8.3) at pre-group assessment. Participants have expressed comfort and satisfaction with initial group sessions on a session-by-session feedback form designed to assess their initial experiences with MCMG to help shape this novel intervention. Initial qualitative and quantitative findings will be presented along with lessons learned.

Findings to date support the feasibility of recruiting men concerned about the transition to retirement into a community-based group intervention. Additional findings will be discussed in the context of the aging population and the need for innovative interventions targeting potentially vulnerable groups.

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