<table>
<thead>
<tr>
<th>Poster Sessions</th>
<th>Georgia B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Provincial Geriatric Psychiatry Tertiary Mental Health P.I.E.C.E.S.™ Project – Michael Wilkins-Ho</td>
<td></td>
</tr>
<tr>
<td>2) Implementation of the First Behavioural Support Team in Acute Care: Lessons Learned after Two Years – Kiran Rabheru</td>
<td></td>
</tr>
<tr>
<td>3) Can Geriatric Psychiatry Patients Tolerate the Use of Electronic-Based Self-Report Measures to Help Monitor Their Symptoms? – Ching Yu</td>
<td></td>
</tr>
<tr>
<td>4) Sahaj Samadhi Meditation May Improve Depressive Symptoms in Late-Life Depression: A Preliminary Analysis of an Ongoing RCT Study – Pramudith Maldeniya</td>
<td></td>
</tr>
<tr>
<td>5) Can Early Clinical Exposure to Geriatric Psychiatry Improve Medical Students’ Interest in Caring for Older Adults? Protocol for a Future Randomized Controlled Trial – Soham Rej</td>
<td></td>
</tr>
<tr>
<td>6) Education’s Impact on Healthy Seniors’ Attitudes and Health Care Preferences Regarding Different Stages of Alzheimer’s Disease – Robyn Waxman</td>
<td></td>
</tr>
<tr>
<td>7) Prevalence of Major Depressive Disorder in Patients with Dementia: A Systematic Review and Meta-Analysis – M. Selim Asmer</td>
<td></td>
</tr>
<tr>
<td>8) A Qualitative Assessment of the Use of Entrutable Professional Activities in Psychiatric Residency Training: A Proposed Study – Robert Madan</td>
<td></td>
</tr>
<tr>
<td>9) The Effect of Weather on Psychiatric Emergency Room Visits and Hospitalization in the Geriatric Population – Ching Yu</td>
<td></td>
</tr>
<tr>
<td>10) Abstract withdrawn</td>
<td></td>
</tr>
</tbody>
</table>
1

Provincial Geriatric Psychiatry Tertiary Mental Health P.I.E.C.E.S.™ Project

Michael Wilkins-Ho, Elisabeth Drance

The P.I.E.C.E.S.™ education program provides the foundation for a vision, language and approach to the care of older persons with increasingly complex physical and cognitive mental health needs and associated behavioural symptoms. This framework works in concert with the British Columbia BPSD Algorithm and enhances the capacity of the interdisciplinary team to provide care, services and support to those older adults. The BC project started with the Kamloops Integrated P.I.E.C.E.S.™ initiative in 2012 and the Ministry of Health sponsored provincial residential care initiative in 2013.

This project was sponsored by the UBC Tertiary Geriatric Psychiatry Committee working with a grant from the PHSA which brings together representatives from the provincial tertiary centres for Older Adult Mental Health. A provincial project steering sub-committee guided the initiative. Initial education was provided for both educators and leadership, by P.I.E.C.E.S.™ Canada consultants. This consisted of a 24 hour education workshop to develop 29 P.I.E.C.E.S.™ educators selected from across the province, who in turn facilitated the 24 hour P.I.E.C.E.S.™ workshops to colleagues. The one day Leadership Development workshop included representatives from physicians, administrators and Ministry of Health. A four hour P.I.E.C.E.S.™ module for physicians was developed and piloted.

The evaluation is underway using a framework based upon: shared solution finding, enhancing and translating knowledge; validating; and acting together/ partnering for health care transformation.

Discussion of the evaluation includes analysis of surveys, narratives and quality improvement projects; analysis of the physician module and a summary of resources utilized to date.
Implementation of the First Behavioral Support Team in Acute Care: Lessons Learned after Two Years

Kiran Rabheru, Margaret McKenzie Neil

There are currently Behavioural Support Ontario (BSO) funded initiatives for persons with dementia and challenging behaviours in longterm care and in the community. In 2013, the Champlain LHIN funded the first pilot BSO Team for acute care at The Ottawa Hospital. This initial pilot program is now a fully funded program, and a partnership between Geriatric Psychiatry (GP) and Geriatrics. The supporting strategy that includes ALC LOS, readmission rates of those presenting with dementia and emergency room aversion.

The BSO was implemented in October 2013. Two registered nurses with specialized training are available by consult. The referring unit is cued to meet the criteria for the consult population through the consult form and must ensure the staff physician is in agreement. This then indicates a medical referral to the GP physician. The BSO nurse expert reviews the case, interviews the patient, designs a care plan and reviews this with the unit staff and the GP physician. The GP physician will also assess and implement interventions for approximately 90% of the patients. Follow-up and transitions in care are monitored. An online Recording Log sheet records activity and indicators.

Two years of data support a re-admission rate of < 25 percent. Transitions in care are enhanced by a referral rate of 25% of patients to supporting BSO programs post discharge. Case load is increased over 20-25 cases per month. Data and lessons learned from our study for 2 years will be shared.

This program is successful in implementation, increasing a monthly referral rate and in highlighting a vulnerable dementia population in acute care that is traditionally under-reported.
Can Geriatric Psychiatry Patients Tolerate the Use of Electronic-Based Self-Report Measures to Help Monitor Their Symptoms?

Ching Yu

Given the advancement in our information technology, we believe that we can one day make the clinical data from the self reports readily available to clinicians through the use of electronic devices. There has not yet been a study to determine the tolerability of conducting self-report through electronic devices in older adults (age >65), who are often limited by mobility. The objective of this study is to determine whether, compared to paper self-report psychiatric symptom measures, self-reports using electronic devices (e.g. tablets) are well-tolerated by the patients.

100 geriatric psychiatry outpatients will be studied. The patients will be randomly allocated to taking the questionnaire consisting of self-report measures (BSI-53) in traditional paper-based form vs. on a tablet computer.

We will measure and compare 1) the number of self-report items completed in each group, 2) the length of time required to completing the self-reports, and 3) the number of questions each patient asks in order to answer the questionnaire. Furthermore, subjective comments from the patients will be recorded as well. We anticipate comments including, “difficult to read, etc”.

Additional data including clinical and demographic data will also be collected from charts, and analyses will examine the effects of age and other covariates.

We will complete our initial study in the upcoming months. We expect that the older adults can tolerate self-measure reports on electronic devices just as well as they would with traditional paper-based reports. The results will help guide us with implementation of information technology in our future practice.
Sahaj Samadhi Meditation May Improve Depressive Symptoms in Late-Life Depression: A Preliminary Analysis of an Ongoing RCT Study

Pramudith Maldeniya, Amanda Arena, Emily Ionson, Amer Burhan, Stephen Wetmore, Ronnie Newman, Akshya Vasudev

Late Life Depression (LLD) has had inadequate treatment response with antidepressants, necessitating additional treatment options. Sahaj Samadhi meditation (SSM), may offer relief for LLD, particularly melancholic symptoms.

Ongoing single-centre, single-blind, longitudinal randomized controlled naturalistic trial to determine if SSM improves mood in patients with LLD (n=96). Patients with LLD are randomized either to SSM plus treatment as usual (TAU) or TAU alone. SSM training, provided by certified teachers, is administered in 120-minute daily sessions on four consecutive days, followed by 60-minute sessions in each of 11 subsequent weeks. Participants are assessed at baseline, and at 4, 8, and 12 weeks.

Preliminary findings from 32 participants who completed the study (SSM=11; TAU=14) show that SSM led to significant improvement in Hamilton Depression (HAM-D 17) scores compared to TAU alone.

Mean HAM-D 17 scores at baseline were 15.70 (± 0.86) and declined to 12.19 (± 1.00) at Week 12 (p<0.001) whilst TAU group scores did not show a similar decline (p>0.05). A sub-group analysis for melancholic depression as assessed by scores on the HAM-D 6 showed a similar significant fall [mean baseline score= 8.19 (± 0.47) falling to 6.16 (± 0.59) at Week 12 (p<0.001)] in the SSM arm with no significant change in TAU arm (p>0.05). There was no difference in responsiveness between individuals with early (age of onset <50 yrs) or late-onset (>50 yrs) depression, F(27)=0.191, p=0.665.

These preliminary findings support SSM as an adjunct treatment for LLD.
Can Early Clinical Exposure to Geriatric Psychiatry Improve Medical Students’ Interest in Caring for Older Adults? Protocol for a Future Randomized Controlled Trial

Soham Rej, Petal Abdool, Chloe Leon, Michael Wilkins-Ho, Paul Blackburn, Karl Looper, Jess Friedland, Vasavan Nair, Tricia Woo, Tarek Rajji

From 2015 to 2031, the number of Canadians aged ≥65 is expected to increase from 5 million to 11 million. Few medical trainees are interested in caring for the elderly, with far less undergoing sub-specialized training. We present the protocol for a study testing a medical education intervention to increase trainees’ interest in caring for older adults and subspecializing in geriatric psychiatry and geriatric medicine.

Randomized Controlled Trial in 4 Canadian Teaching Hospitals (at McGill, University of Toronto, and University of British Columbia). Medical students undergoing their 6-8 week third-year clerkship rotation in psychiatry will be randomized to 2-4 weeks of exposure to clinical geriatric psychiatry.

The main outcome will be “interest in caring for older adults as part of my future practice” at the end of their psychiatry clerkship rotation. Secondary outcomes will include 1) comfort working older adults; 2) career interest in sub-specializing in geriatric psychiatry and 3) geriatric medicine.

We will examine bivariate associations between exposure to geriatric psychiatry and interest in caring for older adults, as well as multivariate analyses, controlling for important covariates, (e.g. positive experiences caring for older adults prior to medical school).

We will present the protocol for this upcoming study.

Should our geriatric psychiatry exposure intervention be successful, similar approaches could be widely implemented to help ensure an adequate physician workforce to care for elders, across RCPSC specialties. This could potentially lead to better health care outcomes for older adults and considerable health system cost-savings.
Education’s Impact on Healthy Seniors’ Attitudes and Health Care Preferences Regarding Different Stages of Alzheimer’s Disease

Robyn Waxman, Oscar Lu, Barbara Russell

Alzheimer’s disease (AD) and behavioral and psychological symptoms of dementia (BPSD) are not well-known publicly. Studies have yet to explore whether education about both AD and BPSD has an effect on healthy senior’s knowledge, beliefs and healthcare preferences.

As a pilot study, twenty-four female and eight male healthy seniors were quantitatively assessed using AD knowledge, belief questionnaires and healthcare treatment decisional grids at three time-points (pre-, post- and one month follow-up) in respect to AD and BPSD educational sessions. Krueger’s methodology was used to qualitatively analyze data from focus groups about subjects’ reasons for their decisional preferences and any changes.

After receiving education about AD, subjects performed on average 10% better on the AD knowledge questionnaire. Of the subjects whose knowledge improved overall during the focus group, one quarter chose less active interventions upon gaining AD knowledge in the severe stage. One month following, this association strengthened with one-third of the subjects whose knowledge improved choosing fewer active healthcare interventions. The majority of both genders chose Alzheimer’s disease as a more concerning condition compared to cancer and heart failure. Aggressiveness and psychosis were the most troubling BPSD symptoms for subjects. Medications were the most preferable intervention to manage BPSD symptom, while physical restraints were least preferable.

This pilot study highlights that education about AD and BPSD can impact seniors’ choices about healthcare interventions. This will inform the design of a larger study focusing on seniors with mild cognitive impairment or early AD where decision-making for care is more time sensitive.
Prevalence of Major Depressive Disorder in Patients with Dementia: A Systematic Review and Meta-Analysis

Selim Asmer, Dallas Seitz, Julia Kirkham

There are associations between major depressive disorder (MDD) and dementia. When MDD is present in individuals with dementia it can lead to excess disability and decreased quality of life. While MDD is reported to be higher among individuals with dementia, little is known of the overall prevalence of MDD in persons with dementia and factors that might be associated with an increased prevalence of MDD. In the current study, we completed a systematic review and meta-analysis of the prevalence of MDD in patients diagnosed with Alzheimer’s disease and related forms of dementia.

We searched the electronic database MEDLINE from inception until March 2015. We used medical subject headings and free-text words to identify studies that included individuals with dementia diagnosed to standard diagnostic criteria which also reported on the prevalence of MDD according to standard diagnostic criteria. We excluded studies only measuring “depressive symptoms”, and those which only diagnosed dementia using only screening tools or MMSE. We used random-effects meta-analysis to determine the overall prevalence of MDD among included studies. Heterogeneity was examined using the Q and I² statistics. Subgroup analyses to understand factors that may be associated with differences in the reported prevalence of MDD.

We identified 13 studies that met inclusion criteria. These studies were conducted between the years 1994 – 2010 across the US (N=11), Canada (N=1), and the UK (N=1). Most did not specify the setting from which patients were studied. Prevalence rates ranged from 1.5% to 43.6% in the individual studies. A total of 10,286 individuals with dementia were included. In meta-analysis the overall prevalence of MDD in dementia was 11.1% (95% CI: 8.0 – 15.2%, Q=418, P <0.0001, I²=95.2%). In subgroup analysis there was no difference in the prevalence of MDD for studies which examined individuals with Alzheimer’s disease when compared to vascular dementia (9.5% vs 15.5%, Q=1.61, P=0.2).

MDD is common among older adults with dementia with overall rates that are twice that observed in populations without dementia. However, there are relatively few studies which have examined the prevalence of MDD in populations with dementia and additional analyses and studies are required to better understand factors associated with differences in the prevalence of MDD in this population.
A Qualitative Assessment of the Use of Entrustable Professional Activities in Psychiatric Residency Training: A Proposed Study

Robert Madan

The field of medical education is moving toward using competency-based education. This type of education uses the idea of developmental milestones that are evaluated in a formative manner. Entrustable professional activities (EPAs) is a tool that may be useful in competency based education. An EPA is a developmental milestone that a trainee must pass to be deemed competent. It is taught and assessed repeatedly over time until the trainee is competent and can be entrusted to do this activity independently. EPAs have yet to be implemented systematically in residency programs and have not been fully investigated.

Our qualitative study will investigate the value, feasibility, use, and barriers to using EPAs in 2 psychiatry residency subspecialty programs.

Residents in 2 psychiatry residency subspecialty programs, as well as their supervisors, will be asked to participate in this study. The supervisors and residents will be trained and oriented on how to use this tool. The EPAs will be used at a minimum of every 2 months and will be formally evaluated at the 3- and 6-month points in the rotation. After completion of 2 rotations, the supervisors and residents will be involved in focus groups and interviews. Questions will focus on the perceived enablers, barriers, feasibility, use, and value in using EPAs in senior subspecialty residency training.

The focus groups will be transcribed and coded by two research assistants. It is predicted that EPAs will be reported as valuable and that information about the barriers to implementation will be described.

The results of our study will inform Canadian residency programs on how to implement EPAs and move closer toward competency based education.
The Effect of Weather on Psychiatric Emergency Room Visits and Hospitalization in the Geriatric Population

Ching Yu

Many patients with severe mental illness are approaching late life. In this population, we expect a high prevalence of frequent psychiatric emergency room visit and hospitalization. Little is known on the impact of seasonal changes, climate and weather on this population. Our objectives are to identify specific weather conditions or patterns that might affect our geriatric psychiatric patients and predispose them to more frequent psychiatric emergency room visits and hospitalization.

This is a retrospective study of 226 geriatric psychiatric patients admitted to a tertiary care Canadian inpatient psychiatric unit between 2003 and 2008. We have ascertained their psychiatric diagnoses, their psychosocial parameters (ie. marital status, living situation).

The main outcomes are psychiatric emergency room visits and hospitalizations in 5 years following their index psychiatric hospitalization (e.g. 2008-2013 if a patient had been first admitted in 2008).

Our main exposure of interest are daily weather conditions during the same time period (including max and min temperature, precipitation, humidity, sun exposure, etc).

The 226 inpatients’ data will be analyzed using bivariate and multivariate analyses (e.g. logistic regression) and the results will be presented at the conference.

We expect that extreme weather conditions would have a negative impact on a specific subgroup of patients (e.g. those living in long-term care facilities), and that extreme weather conditions (e.g. excessive snow and rain) will be associated with less psychiatric emergency room visits and hospitalizations. The association between climate and psychiatric health services, as well as the characteristics of these patients may help guide us to allocate specific resources and provide intervention to prevent emergency room visit and rehospitalization (e.g: home visits, etc) especially during periods of extreme weather conditions.

10 - Withdrawn