This is my first year as President of the Canadian Academy of Geriatric Psychiatry. So far it has been an exciting learning experience. Accepting the portfolio from Dr. David Conn in November was somewhat humbling, as his four years as President certainly had a major impact on geriatric psychiatry in Canada. I am certain these will not be easy foot steps to follow. Thanks to David, the CAGP will continue to provide leadership in the fields of geriatrics and mental health.

I hope to follow my predecessors by ensuring the CAGP remains in a strong financial position. Our resources need to be directed where they are needed most; education, research and advocacy. I also know that our capacity to influence change is strengthened by the membership. Effective education, research and advocacy initiatives require the active support of psychiatrists and other professionals who work with aging adults with mental health needs. Throughout the next few years I hope to see the CAGP membership numbers grow.

Of particular importance is the CAGP’s capacity for collaboration. Various members of the CAGP currently provide leadership to collaborative initiatives (such as the Canadian Coalition for Seniors Mental Health and the Shared Mental Health Care: Primary Care Toolkit). We have recently been afforded the unique opportunity to work with the Canadian Geriatrics Society (CGS) as partners on the Journal “Geriatrics Today”. I believe these initiatives have begun to lay the foundation for continued alliances that enhances the mental health care of the older adult population in Canada. The CAGP is uniquely positioned to accept the challenges of leadership and I am pleased to
Hello from Nova Scotia. Our Seniors Mental Health service is located in Halifax - Dartmouth and provides service to the district (CDHA), which stretches from Windsor at one end to Musquodoboit at the other. The service also provides tertiary care to other areas of the province with outpatient consultations and admissions. As of August 2005 we will grow from 4 psychiatrists to six. There are also geriatric psychiatrist in Sydney and Kentville. There is one in PEI. There are none is New Brunswick although they hope to have one in the next year or two.

The primary focus of our service is outreach to homes and nursing homes. We also have outpatient clinics and a 19-bed inpatient unit. Our Day treatment program has been revamped in the last two years with two of our physicians who have an interest in Cognitive Behavior Therapy for seniors.

Our fellowship program, which started in 2002, has now produced two specialists, each works in the province – one has started a new program in Cape Breton to complement the excellent Geriatric Medicine services already there. Our third fellow will join our team in August of this year and we have a fourth fellow starting in the summer. We have been fortunate to have CAGP Fellowship Award support for 3 of our fellows to support their research and education endeavors. We are well below the projected need of 16 geriatric psychiatrists for our population, but we are a growing!

In 2003 we worked with Nova Scotia’s Department of Health and other mental Health representatives in the province to develop standards of care for seniors mental health. This process ignited the process of further service development in the province. Yarmouth is now developing a new service and we, in combination with Geriatric Medicine, will be involved in education and consultation. Also leading from this we will be involved in a provincial network that will meet regularly.

PIECES – a program of psycho geriatric learning strategies to aid in providing continuing care - came to Nova Scotia in September 2004. It is one important piece of the puzzle in preparing Nova Scotia for the ever-growing numbers of seniors who will populate LTCs in the future.

Projects for the future involve the further development of telemedicine to the province, work on a shared care model, and activation of a provincial network of seniors mental health services and other seniors’ services to improve communication and foster program development.

An interdisciplinary cross Canadian group is working under the co-direction of Dr. Ken LeClair, (Kingston) and Dr. Martha Donnelly (Vancouver) to write a ‘toolkit’ on development of primary mental health care collaborative projects in geriatrics. This is part of a larger project to define general toolkits and eight subpopulation toolkits for collaborative mental health care in Canada funded through the Canadian Collaborative Mental Health Initiative (CCMHI). This toolkit will be aimed at a practical level to help clinicians and health care planners develop, implement and evaluate collaborative geriatric mental health care services. The goal of the CCMHI is to enhance the capacity of primary health care providers to
meet the mental health care needs of consumers through collaboration among health
care partners, including: primary and mental health care providers, consumers and
caregivers. The CCMHI believes that collaborative mental health care in primary health
care settings decreases the burden of illness experienced by individuals with a mental illness by optimizing their care and increasing access to mental health services, mental health promotion and wellness.

The first draft of this geriatric toolkit will be discussed at the Annual Shared Mental Health Care Conference in Ottawa in June. Further drafts will be discussed at the Best Practices Conference of the Canadian Coalition of Seniors Mental Health in September, 2005 in Ottawa and again at the Canadian Academy of Geriatric Psychiatry in Vancouver, November 2005.

THE BEHAVIOURAL VITAL SIGNS (BVS) TOOL
By Kiran Rabheru

DID YOU KNOW...

1. Did you know that it is essential to know the target cluster(s)/symptom(s) one is treating to guide and monitor non-pharmacological approaches and pharmacological treatment?
2. Did you know that once the target cluster(s)/symptom(s) are identified, their magnitude can be quantified (the BVS Tool)?
3. Did you know that the BVS Tool helps in assessing the efficacy of the interventions?

KEY TEACHING POINTS

Characterize the behaviour precisely with special attention to the circumstances under which it occurs, when it started, and whether onset was gradual or sudden.

- The symptom of “agitation” can be part of one or more behavioural clusters.
- Prescribing medication for behavioural disturbances in dementia requires systematic measurements of target symptoms, their frequency, severity, and impact. It also helps monitor the effectiveness of interventions.
- The ongoing measurement of target symptoms requires:
  - Direct assessment by interview and examination
  - Proxy reports from caregivers.

Assessment and Monitoring Review

- The authors examined several tools for assessing and monitoring BPSD and found that there is no ideal practical tool for clinical use.
- Some of these tools are in Appendix A. Each is useful in many ways, but has several limitations, e.g., time, ease of availability, lack of established cut-off scores, regional differences in usage.
- We suggest a user-friendly, one-page, observational chart for monitoring of BPSD called “The Behavioural Vital Signs (BVS) Tool.”

To access this tool, click here to open BVS Tool (pdf)
CLINICAL CASE #1

Clinical Case #1: 80-Year-old woman with a 10-year history of untreated sub clinical hypothyroidism who now has clinical hypothyroidism and mild Alzheimer’s disease (AD)

Clinical Question: Does hypothyroidism cause Alzheimer’s disease? ... (Continued)

Psychopharmacological Update

By Gill SS, Rochon PA, Herrmann N et al.
Institute for Clinical Evaluative Sciences, Toronto, Canada

Atypical antipsychotic drugs and risk of ischaemic stroke: population based retrospective cohort study.


OBJECTIVE: To compare the incidence of admissions to hospital for stroke among older adults with dementia receiving atypical or typical antipsychotics.

DESIGN: Population based retrospective cohort study.

SETTING: 32 710 older adults with dementia (17 845 dispensed an atypical antipsychotic and 14 865 dispensed a typical antipsychotic).

RESULTS: Participants receiving atypical antipsychotics showed no significant increase in risk of ischaemic stroke compared with those receiving typical antipsychotics (adjusted hazard ratio 1.01, 95% confidence interval 0.81 to 1.26).

CONCLUSION: Older adults with dementia who take atypical antipsychotics have a similar risk of ischaemic stroke to those taking typical antipsychotics.

For the full article please click here

Canadian Coalition for Seniors Mental Health

By Faith Malach, David Conn and Ken LeClair

The Canadian Coalition for Seniors’ Mental Health recently held its Annual Steering Committee meeting in Toronto, Ontario to review the past year and plan for the future.
Last year, the CCSMH attracted 152 new members, bringing the total number to over 450 individuals and 85 organizational members. Key strategic initiatives over the past year include:
Canadian Academy of Geriatric Psychiatry

The September 2004 Research Workshop which reviewed the state of seniors’ mental health research in Canada and identified new opportunities;
- Dissemination of over 1200 education catalogues for front-line workers and caregivers;
- Development of a pilot survey to identify assessment and treatment practices and opportunities in LTC.

Key initiatives for 2005 include

- The **CCSMH National Best Practices Conference: Focus on Seniors’ Mental Health** that will take place in Ottawa, Ontario on September 26th and 27th 2005. Registration will begin mid April;
- Development of **National Guidelines** specific to seniors’ mental health in the
areas of depression, delirium, suicide and mental health issues in long-term care. Draft guidelines will be presented in full-day workshops at the September conference. Funding for this initiative has been provided by Health Canada, Population Health Fund.

For further information on the CCSMH initiatives or to get involved in the CCSMH work, please contact Faith Malach at fmalach@baycrest.org or visit the website www.ccsmh.ca

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**Education Report**  
*By Catherine Shea*

**2005 Fellowships:** I am pleased to announce that the CAGP will award two Fellowships beginning July 2005. The two candidates are Dr. Sarah Thompson and Dr. Mark Bosma. Dr. Thompson will be working with Martha Donnelly at the University of British Columbia. Her academic project will be on “The Efficacy of Psychotherapy for Depression in late Life”. Dr. Bosma will be working with Terry Chisholm at Dalhousie University. His academic project is on “Geriatric Psychiatry Education Modules for Residents”.

Click [here](#) to read more

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**Communications Report**  
*By Terry Chisholm*

This winter the CAGP Board of Directors negotiated an agreement with Geriatrics Today; a peer-reviewed medical journal that addresses the information needs of physicians who provide medical care to older Canadians. The Magazine’s new name will be “GERIATRICS TODAY” THE CANADIAN JOURNAL OF GERIATRIC MEDICINE & PSYCHIATRY. All CAGP members will receive copies of the Journal.

The website is currently being updated. The newer version will make it user friendly and provide more information targeted specifically for geriatric psychiatrists and other professionals concerned with the mental health of the aging population.

Furthermore, this is the first edition of the CAGP Bulletin that will be delivered electronically. We will, however, be producing some hard copies for distribution.

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**2005 Annual Scientific Meeting**

*Building Networks, Crafting Excellence*  
*Vancouver, B.C.: November 3, 2005*
The CAGP will be holding its Annual Scientific Meeting on November 3rd 2005. The meeting has been designed to address the information and networking needs for all professionals who work with older adults with mental health problems. There will be keynote speakers, interactive workshops, and panel discussions on current issues.

The meeting is an accredited group learning activity as defined by the Maintenance of Certification program of the Royal College of Physicians and Surgeons of Canada.

To view the 2005 Annual Scientific Meeting, please click here.

For more information, visit www.cagp.ca or email s.haber@rogers.com

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Call for Nominations for CAGP Board October 2005

This is a call for nominations for two new Board members:

One (1) candidate representing the Prairies (Manitoba, Saskatchewan or Alberta) and

One (1) candidate representing the Maritimes (New Brunswick, Newfoundland, Nova Scotia or Prince Edward Island)

Drs. Barry Campbell and Terry Chisholm will be stepping down from their positions on the Board as of November 3rd, 2005. The Board wishes to formally thank both Dr. Campbell and Dr. Chisholm for their contributions over the last 3 years.

Two positions for the board will be available as for November 3rd 2005 at the Annual Meeting. We are seeking nominations for a member from the Prairies as well as from the Maritimes who would be willing to serve on the Board of the Canadian Academy of Geriatric Psychiatry. Candidates for the position of board member agree to serve for at least 2 years, attend the annual general meeting of the Academy and participate in the activities of the Board. Should there be more than one candidate for each of the positions, an election will be held by mail ballot. Otherwise, the candidates will be elected by acclamation and begin his/her term immediately.

Please click here to view the nomination form.

Nominations require the support and signature of 3 members in good standing of the CAGP and should be forwarded to the office of the secretary treasurer, Dr Marlene Smart, before July 15th, 2005.

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Call for Nominations for Award for Outstanding Contributions to Geriatric Psychiatry
This award acknowledges a geriatric psychiatrist who has made a significant contribution to the development of geriatric psychiatry in Canada in education, research or service delivery. A framed certificate and $1,000 will be presented each year at the CAGP Annual General Meeting and the Canadian Psychiatric Association Awards Presentation.

Criteria

The nominee must meet some or all of the qualities outlined below:

- **Leadership:** the nominee has demonstrated leadership; both within his/her own organization and elsewhere in the field of geriatric mental health. Leadership may include local, national and international influence. However, overall leadership within Canada will be given the greatest weight.
- **Innovation/creativity:** the nominee has a proven ability in innovative problem-solving and decision-making.
- **Motivation/attitude:** the nominee has demonstrated dedication to the qualities of professionalism, including
  - participation in educational and scholastic activities designed to add to the body of knowledge in the field of geriatric mental health care,
  - support to professional organizations dedicated to improving the lives of persons affected with mental illness,
  - motivation of others in the pursuit of excellence within research, education or clinical care in the area of geriatric psychiatry
  - demonstrates role modeling and mentoring, and
  - capacity for care and compassion to clients, colleagues and students alike.
- **Other relevant factors**
  - Exhibits high ethical standards and integrity in all aspects of his/her work.
  - Demonstrated a commitment to patient/seniors advocacy in the public policy field.

Nomination Procedure:

The nomination must include:

- Written statement by the nominator concerning the merit of the individual’s contribution with regards to the above-mentioned qualities in sufficient detail to allow assessment by the Selection Committee.
- The applicant’s curriculum vitae.

Nominations must be received no later than June 30th of each year. Send submissions to:

**Reena Vohra**  
CAGP  
255 - 55 St. Clair Ave West  
Toronto, ON, M4V 2Y7

Adjudication

The Canadian Academy of Geriatric Psychiatry shall choose the recipient from among the nominations by consensus within a three member Selection Committee.
Resident Awards

Purpose:

The Resident Award of the Canadian Academy of Geriatric Psychiatry is a programme whose primary purpose is to promote the development of future Canadian psychiatrists who will provide leadership in the areas of service, education and research in the field of geriatric psychiatry.

Eligibility:

Canadian psychiatric Residents or Fellows with at least one year remaining in their programmes as of July 2004.

Award:

The Award provides Residents with the financial resources to attend the Annual Academic meeting of the Canadian Academy of Geriatric Psychiatry and to network with members of the CAGP.

The successful applicant will be asked to briefly present the interim or final results of his/her research project or other scholarly activity at the CAGP Annual Meeting.

Following attendance at the annual meeting, if the full amount of the award has not been used, the resident may elect to use the remainder to support activities which promote his/her knowledge skills and experience in geriatric psychiatry i.e. other related courses/conferences, electives, books, journals etc.

Application Due: June 18th 2005

Amount:

$2,500 is available per year, for a maximum of 2 (two) years (max. $5000). Renewal is not automatic

To apply please forward the following:

1. Letter by applicant detailing previous experience in geriatric psychiatry, plans for future geriatric psychiatry training, an outline of a proposed research project or other scholarly activity in geriatric psychiatry to be completed in the 2005-2006 academic year, and future career goals.
2. Curriculum vitae.
3. Letters of reference from the applicant’s Postgraduate Director and Head of Division of Geriatric Psychiatry.

FORWARD APPLICATION TO:

Reena Vohra
CAGP
255-55 St. Clair Ave West
Toronto, ON, M4V 2Y7
Research in Education Grant

Purpose: To encourage and stimulate research in geriatric psychiatry education and training at the undergraduate, postgraduate or continuing education level.

Eligibility: Residents or Fellows of Canadian psychiatry residency programmes and Canadian psychiatrists.

Grant Stipend: Maximum $2500

Criteria:

1. Applicants should submit a research proposal that contains a short review of educational issues in geriatric psychiatry education or training, a review of relevant literature, a research hypothesis, a description of the research methodology and a proposed budget.
2. Please indicate if this project is already partially funded from some other source.
3. Qualitative or quantitative studies will be considered equally.

Application Due: June 18th 2005

Adjudication: The submissions will be reviewed by a representative panel of geriatric psychiatry educators from the Canadian Academy of Geriatric Psychiatry.

UPCOMING CONFERENCES

Canadian Geriatrics Society Annual Scientific Meeting
Halifax, NS: May 27 - 29, 2005

6th NATIONAL CONFERENCE ON SHARED MENTAL HEALTH CARE
Collaborative-CARE: Interdisciplinary Imperative
Ottawa, ON: June 10 - 12, 2005
Email: clefabye@uottawa.ca

12th International Congress
Aging with Dignity "new challenges-new possibilities - new solutions"
Stockholm, Sweden: September 20 - 24, 2005
www.ipa-online.org

Canadian Coalition for Seniors Mental Health - Best Practices in Seniors’ Mental Health Conference
Ottawa, ON: September 26 - 27, 2005
www.ccsmh.ca

Third Canadian Colloquium on Dementia (3rd CCD)
Westin Ottawa, ON: October 27 - 29, 2005
www.ccd2005.ca
Delivery Notice: This e-bulletin is issued monthly to all CAGP members. Non-members may also subscribe and receive the newsletter without access to member-only content. For more information, please view www.cagp.ca

If you have comments or wish to contribute material to this newsletter, please contact:

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