Canadian Academy of Geriatric Psychiatry

26th Annual Scientific Meeting

21st Century Geriatric Mental Health: Shared Leadership in Care, Education and Research

November 4 – 5, 2017

Toronto Board of Trade, First Canadian Place
# DRAFT PROGRAM

## Overall Conference Learning Objectives

Upon completion of the conference, participants should be able to:

- describe new models of interdisciplinary leadership in providing care for older persons with brain disorders;
- assess innovations in integrating medical and psychiatric clinical and education activities in geriatric populations; and
- evaluate future research directions in developing novel interdisciplinary interventions for late-life brain disorders.

### Saturday, November 4, 2017

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<tr>
<th>Time</th>
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<tr>
<td>3:30 p.m.</td>
<td>Registration</td>
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<tr>
<td>4:00 p.m. - 4:45 p.m.</td>
<td>CAGP Annual General Meeting</td>
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| 4:50 p.m. - 5:00 p.m. | Welcome and Introduction  
                    Tarek Rajji, ASM Chair                                            |
| 5:00 p.m. - 6:00 p.m. | **Keynote Presentation**  
                    *Models of Integration for Mental Health Services in Primary Care Settings*  
                    David W. Oslin                                                      |
| 6:00 p.m.     | Cocktails                                                            |
| 7:00 p.m.     | CAGP Gala Dinner: Toronto Board of Trade                              |

### Sunday, November 5, 2017

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<tr>
<td>6:30 a.m. - 7:30 a.m.</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; Annual CAGP Fun Run/Walk</td>
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<tr>
<td>7:30 a.m. - 8:30 a.m.</td>
<td>Breakfast and Registration</td>
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|               | **2016 CAGP Training Award Winner Presentations**  
                    (Presentations will commence at 8:00 a.m.)  
                    Simon Woo  
                    Vanessa Thoo                                                    |
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<tr>
<th>Time</th>
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<th>Speaker(s)</th>
<th>Details</th>
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</table>
| 8:30 a.m. - 9:30 a.m. | Enhancing Geriatric Psychiatry Care in the General Hospital: Safety, Stigma, Solutions and Spread | Lesley Wiesenfeld | At the end of this session the participant will be able to:  
- identify opportunities and challenges in the psychogeriatric care of the hospitalized elderly population; and  
- describe different proactive models of care in improving the care of older patients with psychiatric disorders in the general hospital setting and beyond. |
| 9:30 a.m. - 10:15 a.m. | Break and Poster Viewing | | | |
| 10:15 a.m. - 11:15 a.m. | Concurrent Sessions (5) | | | |
| 10:15 a.m. - 11:15 a.m. | 1. Positive Psychiatry and The Fountain of Health (FoH): Optimizing Brain Health, Vitality and Resilience Across the Spectrum of Aging | Chair: Kiran Rabheru  
Beverley Cassidy, Linda Gobessi | At the end of this session the participant will be able to:  
- state the importance of optimizing brain health and its impact on primary, secondary, and tertiary prevention;  
- describe the public health and fiscal benefits of such approaches; and  
- recognize how to influence key stakeholders to achieve success in implementing these concepts. |
| 10:15 a.m. - 11:15 a.m. | 2. Understanding the Link Between Neuropsychiatric Symptoms and Cognitive Decline: Insights from Neuroimaging | Chair: Linda Mah | At the end of this session the participant will be able to:  
- describe overview of epidemiological associations between specific Neuropsychiatric Symptoms (NPS): apathy, delusions, depression and anxiety, and risk of Mild Cognitive Impairment or dementia;  
- summarize neuroimaging findings that are associated with these NPS based on longitudinal or cross-sectional studies; and  
- discuss potential models to account for the links between NPS and cognitive decline. |
| 10:15 a.m. - 11:15 a.m. | 3. A Multimodal Neuroimaging Approach to Uncover the Link Between Alzheimer’s Dementia and Depression | Eric Brown | |
### 4. Determining the Neural Correlates of Delusions in Alzheimer's Disease and Mild Cognitive Impairment

Corinne Fischer

At the end of this session the participant will be able to:

- quote the prevalence of delusions in Alzheimer’s Disease;
- identify brain regions that appear critical in the formation of delusions in Alzheimer’s Disease; and
- identify the neural networks that are implicated in the development of delusions in Alzheimer’s disease.

### 5. Neuroimaging Correlates of Apathy in Mild Cognitive Impairment

Krista Lanctôt

At the end of this session the participant will be able to:

- quantify the impact of apathy of the risk of conversion from mild cognitive impairment to dementia;
- cite neuroimaging findings linking apathy with neuroimaging biomarkers of neurodegeneration; and
- describe implications for treatment of apathy in prodromal Alzheimer’s Disease.

### 6. Geriatric Addictions: Development of a Provincial Collaborative and the Road to Creating National Guidelines

Chair: Lisa Van Bussel
Marilyn White-Campbell, Bonnie Purcell, Simone Powell, David Conn

At the end of this session the participant will be able to:

- describe the Geriatric Addictions Collaborative;
- describe geriatric addiction specific screening tool; and
- discuss through a health policy framework ways to enhance Knowledge to Practice.
Chair: Sandy Simpson

At the end of this session the participant will be able to:
- present a clinical scenario of a request for MAiD by a patient with a medical illness and comorbid psychiatric disorder;
- discuss the process of capacity assessment in such situations; and
- describe the ethical dilemmas, practice issues in the above scenario.

8. Psychiatric Assessment of a Medically Ill Patient Requesting Medical Assistance in Dying (MAiD)
Pallavi Dham

At the end of this session the participant will be able to:
- describe the scenario of request for medical assistance in dying in chronic disabling medical illness complicated by depression;
- debate the challenges of a psychiatric assessment in the presence of severe physical disability; and
- discuss the approach to management in this situation.

9. Capacity Assessment for Medical Assistance in Dying (MAiD) in Situations Where Psychiatric Disorders Complicate Medical Illness
Sandy Simpson

At the end of this session the participant will be able to:
- describe the steps to assessment of a request for MAiD from perspective of psychiatry;
- identify the process of capacity assessment in situations where a psychiatric disorder complicates a medical illness; and
- debate the ethical and practice issues in such situations.

10. The Legal Framework for Understanding Medical Assistance in Dying in Patients with a Psychiatric Disorder
Michele Warner

At the end of this session the participant will be able to:
- summarize the relevant legislative background and current legal framework for the provision of MAiD;
- describe the legal eligibility criteria for MAiD and how those criteria are interpreted; and
- identify the legal issues that arise in the application of the MAiD eligibility criteria to patients with a psychiatric disorder.
11. Refining EPA’s: Incorporating Resident Feedback on EPA Content in to CBME-Based Curricular Reform  
Melissa H. Andrew, Maria Hussain

At the end of this session the participant will be able to:
• apply concepts of assessment to Geriatric Psychiatry in the new competency-based medical education (CBME) framework;
• identify adaptations required to optimally utilize EPA’s and other tools when assessing subspecialty trainees in a competency-based model; and
• utilize a quality Improvement approach to include residents /recent graduates as partners in assessment and refinement of EPA’s and curriculum.

12. Systematic Review and Meta-Analysis of the Prevalence of Major Depressive Disorder Among Older Adults with Alzheimer’s Disease and Related Forms of Dementia  
M. Selim Asmer

At the end of this session the participant will be able to:
• identify the prevalence of major depressive disorder in older adults diagnosed with dementia;
• quote differences in prevalence of MDD among patients diagnosed with different subtypes of dementia; and
• describe clinical implications of identifying co-morbid MDD among patients with dementia, and directions for future research in diagnosis and management.

13. Quality Improvement Activity Leading to Strengthened Suicide Prevention, Assessment and Intervention Practices within Community Seniors Mental Health Outreach Programs  
Julia Baxter, David Lam, Maxine Lewis

At the end of this session the participant will be able to:
• describe a QI activity that strengthened team and individual practices related to suicide prevention, assessment and intervention;
• summarize the development, implementation and impact of a self-administered suicide risk assessment documentation chart audit within a seniors mental health outreach program; and
• identify implications for clinical practice.
### 14. Efficacy of Deep Transcranial Magnetic Stimulation for Treatment Resistant Late-Life Depression

**Daniel Blumberger**

At the end of this session the participant will be able to:

- summarize the rationale for deep rTMS in Late-Life Depression;
- describe the design of a randomized efficacy trial of deep rTMS in Late-Life Depression; and
- report the results of a randomized sham controlled trial of deep rTMS in Late-Life Depression.

| 11:30 a.m. – 12:30 p.m. | Concurrent Sessions (5) |

### 15. Considering a Career in Geriatric Psychiatry? Meet the Experts in Education, Research, Advocacy and Community Practice

**Chair: Paul Blackburn**

Keri-Leigh Cassidy, Mark Rapoport

At the end of this session the participant will be able to:

- discuss the variability and flexibility of career paths in geriatric psychiatry;
- identify career options in Education, Research, Advocacy and Community Practice; and
- debate in focused small-group discussions to network with experts in a career path of particular interest to the attendee.

### 16. PACt-MD: A Trial to Prevent Alzheimer’s Dementia in High-Risk Populations - Design and Early Baseline Findings

**Chair: Tarek Rajji**

At the end of this session the participant will be able to:

- quote the risk of developing Alzheimer’s Dementia among two high-risk populations: older persons with depression or mild cognitive impairment;
- describe two novel interventions, tDCS and Cognitive Remediation, and their potential in preventing Alzheimer’s Dementia among these high-risk populations; and
- identify novel clinical, neurophysiological, and PET imaging markers associated with cognitive impairment in these high-risk populations.

### 17. Evaluating the Association Between Neural Oscillations and Working Memory in Older Individuals with a History of Major Depressive Disorder
18. Beta-Amyloid Brain in Pact-MD Participants: Comparison of Two Analysis Methods and Impact of Partial Volume Corrections
Ariel Graff

At the end of this session the participant will be able to:
- identify the relevance of brain beta-amyloid burden in the assessment of individuals with and without cognitive decline;
- describe the different methods for the quantification of brain beta-amyloid in vivo in humans; and
- describe the impact of structural brain anomalies over beta-amyloid quantification.

19. Positive Emotional Memory Impairment as a Potential Marker of Preclinical Alzheimer’s Disease
Linda Mah

At the end of this session the participant will be able to:
- indicate why it is critical that we be able to identify individuals at risk for Alzheimer's Disease;
- summarize the limitations of current screening methods for preclinical Alzheimer’s Disease; and
- describe the rationale for the concept of emotion dysregulation as a preclinical marker of Alzheimer’s Disease.

20. Prevention of Alzheimer’s Dementia in High Risk Populations: A Randomized Controlled Trial of a Combination of Cognitive Remediation and Brain Stimulation: Study Design
Tarek Rajji

At the end of this session the participant will be able to:
• quote the risk of developing Alzheimer’s Dementia among two high-risk populations: older persons with depression or mild cognitive impairment;
• describe the use of of tDCS in Alzheimer Disease; and
• describe the compensatory mechanisms engaged in aging.

21. Geriatric Psychiatry Training in the Era of CBD: Advances in Assessment and Remediation
Karen Saperson, Mark Bosma, Melissa Andrew

At the end of this session the participant will be able to:
• identify the role of faculty in the relationship between learning, assessment and the acquisition of competence;
• describe how remediation in Geriatric Psychiatry residency programs will be affected by CBD; and
• identify how a competency-based framework within geriatric psychiatry may potentially address inherent challenges of assessment and remediation in a subspecialty context.

22. Late-Life Psychosis: Innovative Approaches and Management
Chair: Petal Abdool

At the end of this session the participant will be able to:
• describe the neurophysiological basis of late-life psychosis and its connection to dementia;
• summarize late-life psychosis Integrated Care Pathway (ICP) and its potential to improve clinical outcomes; and
• identify psychosocial approaches to address cognitive changes in context of late-life psychosis.

23. Understanding the Physiological Basis of Late-Life Psychosis and its Connection to Neurodegeneration
Corinne Fischer

At the end of this session the participant will be able to:
• quite the prevalence of psychosis in dementia and prodromal dementia/mild cognitive impairment;
• describe the clinical impact of psychotic symptoms in dementia and prodromal conditions such as MCI; and
• summarize the neurobiology of psychosis in dementia, the relationship to disease biomarkers and the implications for treatment.
24. Standardized Management of Late-Life Psychosis
Petal Abdool

At the end of this session the participant will be able to:
- summarize the design of a late-life psychosis Integrated Care Pathway (ICP);
- discuss the results of two studies examining efficacy of late-life psychosis pathway; and
- debate the potential benefits of standardized management of late-life psychosis.

25. Psychosocial Approaches to Improve Cognition and Function in Late-Life Psychosis
Angela Golas

At the end of this session the participant will be able to:
- describe the key principles of CR and CBSST;
- demonstrate the basics of CR intervention skills; and
- formulate key considerations for the practical implementation of these interventions in the Late-Life population.

26. Pharmacological and Clinical Profile of Newer Atypical Antipsychotics as Treatments for Bipolar Disorder: Implications for use in Older Patients
Sumit Chaudhari

At the end of this session the participant will be able to:
- describe the pharmacological profile of newer atypical antipsychotics;
- quote the efficacy and tolerability of newer atypical antipsychotics for bipolar disorder in older person population; and
- debate potential advantages and disadvantages of newer antipsychotics compared to other treatments for bipolar disorder in the older person.

27. A Review of Eating Disorders in Late-Life
Catherine Cheng

At the end of this session the participant will be able to:
- summarize the epidemiology of eating disorders in late-life;
- identify the physiological and psychosocial factors that contribute to eating disorders in the elderly; and
- describe the psychiatric comorbidities associated with eating disorders in elderly populations.
28. Clinical and Hippocampal Volume Trajectories in Mild Cognitive Impairment with Suspected Non-Alzheimer’s Pathology  
Jun ku Chung

At the end of this session the participant will be able to:
- describe the concept of suspected non-amyloid pathology (SNAP);
- identify that SNAP with mild cognitive impairment (MCI) shows different longitudinal clinical and hippocampal volume trajectories than other MCI comparison groups; and
- describe the proposed temporal model of occurrence for biomarkers associated with Alzheimer’s Disease.

29. Care of the Elderly ECHO – Establishing a Need for Service  
David Conn

At the end of this session the participant will be able to:
- describe the Project ECHO (Extension for Community Healthcare Outcomes) philosophy and methodology;
- identify need for Care of the Elderly (COE) ECHO especially for care of seniors with mental health disorders; and
- debate the relevance of a COE ECHO for their practice.

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<th>Time</th>
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<tbody>
<tr>
<td>12:30 p.m. – 1:15 p.m.</td>
<td>Resident Lunch</td>
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<tr>
<td>12:30 p.m. – 1:30 p.m.</td>
<td>Lunch</td>
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<td>CAGP Resident and Training Awards Presentation</td>
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<td>(Presentation will commence at 1:15 p.m.)</td>
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<tr>
<td>1:30 p.m. – 2:30 p.m.</td>
<td>Enhancing Cognition in Severe Mental Disorders</td>
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<td>Christopher Bowie</td>
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<tr>
<td>2:45 p.m. – 3:45 p.m.</td>
<td>Concurrent Sessions (5)</td>
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| 30. **Updates in the Management of Neuropsychiatric Symptoms of Dementia**  
Chair: Bruce Pollock |
|---|
| At the end of this session the participant will be able to:  
- discuss the role of standardization of treatment for Neuropsychiatric Symptoms of Dementia (NPS);  
- discuss role of serotonin reuptake inhibitors in management of NPS; and  
- discuss the role of ECT in management of NPS. |

| 31. **Clinical Effectiveness and Tolerability of Electroconvulsive Therapy in Patients with Neuropsychiatric Symptoms of Dementia**  
Daniel Blumberger |
|---|
| At the end of this session the participant will be able to:  
- summarize the background of ECT in severe NPS of dementia;  
- describe the clinical effectiveness of ECT for patients with severe NPS associated with dementia; and  
- relate the potential adverse effects and tolerability of ECT in this patient population. |

| 32. **An Integrated Care Pathway to Manage Agitation and Aggression Associated with Dementia: Experiences at an Inpatient Geriatric Psychiatry Unit and Future Directions**  
Sanjeev Kumar |
|---|
| At the end of this session the participant will be able to:  
- summarize the current state of management of Neuropsychiatric symptoms of dementia (NPSD);  
- describe the design of an Integrated Care Pathway (ICP) for treatment of agitation and aggression in dementia; and  
- discuss the implementation of the ICP at inpatient geriatric psychiatry unit and long term care. |

| 33. **Citalopram and Escitalopram for Agitation in Alzheimer’s Disease**  
Bruce Pollock |
|---|
| At the end of this session the participant will be able to:  
- summarize the relevance of serotonin system for agitation in dementia;  
- quote about role of citalopram in treatment of agitation in dementia; and  
- |
<table>
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<tr>
<th>34. Using Self-Reflection for Training and Remediation in the Collaborator Role</th>
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<tr>
<td>Robert Madan</td>
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<td>At the end of this session the participant will be able to:</td>
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<tr>
<td>- describe the CanMEDS collaborator role;</td>
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<td>- formulate performance issues in the collaborator role; and</td>
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<td>- describe a new tool for the collaborator role as part of a remediation plan.</td>
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<tbody>
<tr>
<td>Lisa Van Bussel, Andrea Iaboni, Lori Schindel Martin, Fernanda Fresco, Debbie Hewitt Colborne</td>
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<td>At the end of this session the participant will be able to:</td>
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<tr>
<td>- describe the importance of direct observation of behavior in older adults with dementia and responsive behaviors as it relates to interprofessional care planning, and clinical decision making;</td>
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<tr>
<td>- define best practices regarding direct observation of behavior as it relates to older adults with dementia and responsive behaviors; and</td>
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<tr>
<td>- discuss the Behavior Supports Ontario current strategies to update and standardize the Dementia Observation System (DOS) and further understand its impact on measurement, evaluation and clinical decision making.</td>
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<tr>
<th>36. Mental Health First Aid Seniors: An Innovative and Accessible Approach to Supporting Seniors' Mental Health</th>
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<tr>
<td>Richard Shulman, Denise Waligora</td>
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<tr>
<td>At the end of this session the participant will be able to:</td>
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<td>- indicate how the Mental Health First Aid Seniors specifically addresses the population of seniors;</td>
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<td>- describe how the videos and interactive activities used within the course are effective teaching tools for course participants; and</td>
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<td>- summarize the results of the outcome evaluation.</td>
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<th>37. The Implementation of a Cultural Toolbox in Major Neurocognitive Disorders Patients Living in Long Term Care as a Nonpharmacological</th>
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<td>Plenary</td>
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CAGP 26th Annual Scientific Meeting | November 4 – November 5, 2017 | Toronto Board of Trade
**Intervention to Improve Quality of Life and Decrease Neuropsychiatric Symptoms**

Marie-Andrée Bruneau

At the end of this session the participant will be able to:

- describe culturally adapted interventions in major neurocognitive disorder subjects;
- discuss the importance of non-pharmacological interventions for BPSD; and
- summarize preliminary results of a feasibility protocol designed to implement a cultural toolbox for major neurocognitive disorder subjects living in long term care.

**38. Connecting Community-Dwelling Depressed Seniors with their Clinicians: Feasibility and Acceptability of Using Tablets and a Telehealth/Patient Reporting Platform (TELEPROM-G)**

Amer Burhan

At the end of this session the participant will be able to:

- discuss the impact of depression on seniors and barriers for care in the community;
- discuss the potential role of tele-health and cloud-based patient reporting system in facilitating care for depressed community-dwelling seniors; and
- discuss results pilot study on the feasibility and acceptability of TELEPROM-G platform and tablets to community-dwelling depressed seniors and their clinicians.

**39. The Geriatric Patient and the Justice System in Canada**

Zohar Waisman

At the end of this session the participant will be able to:

- describe why forensic risk assessment is important in the practice of geriatric psychiatry;
- relate a basic and introductory practical discussion of risk assessments models; and
- describe principles of actuarial and clinical risk prediction models.

**40. Efficacy and Safety of Maintenance Electroconvulsive Therapy for Sustaining Resolution of Severe Aggression in Frontotemporal Dementia**

Robyn Waxman
At the end of this session the participant will be able to:
- summarize the literature investigating the use of Electroconvulsive Therapy for Behavioural and Psychological Symptoms of Dementia (BPSD);
- describe the monitoring and management of a case of severe aggression in a patient with Major Frontotemporal Neurocognitive Disorder; and
- relate a method of providing maintenance electroconvulsive therapy to sustain remission of BPSD.

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<tr>
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<tr>
<td>3:45 p.m. – 4:30 p.m.</td>
<td>Break</td>
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<tr>
<td>4:30 p.m. – 5:30 p.m.</td>
<td>Concurrent Sessions (5)</td>
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41. **Collaborative Care for Psychiatric Disorders in Older Adults: From Evidence to Practice**  
Chair: Nick Kates

At the end of this session the participant will be able to:
- summarize the components of a treatment pathway for addressing depression, anxiety and mild cognitive impairment in primary care;
- describe the challenges faced in implementing a care pathway within primary care and the adjustments made to date; and
- list the potential activities for a geriatric psychiatrist working in primary care.

42. **Systematic Review of Collaborative Care for Psychiatric Disorders in Older Adults**  
Pallavi Dham

At the end of this session the participant will be able to:
- describe the literature on collaborative care models for psychiatric disorders in older adults in various settings;
- summarize the outcomes of psychiatric disorders and other health indices using collaborative care; and
- identify the factors affecting uptake and sustainability of collaborative care as per literature’s review.

43. **The Role of the Geriatric Psychiatric in Collaborative Care for Seniors**  
Nick Kates

At the end of this session the participant will be able to:
- describe the role of the geriatric psychiatrist in implementing the clinical pathway for depression, anxiety and mild cognitive impairment;
44. Collaborative Care Initiative for Mental Health Risk Factors in Dementia: Depression, Anxiety and Mild Cognitive Impairment
Sarah Colman

At the end of this session the participant will be able to:
- describe the collaborative care model in primary care setting for diagnosis and treatment of depression, anxiety and Mild Cognitive Impairment (MCI) in older adults;
- summarize the process of implementation and barriers to integration; and
- describe the impact of the model on diagnosis, initiation of treatment and outcomes.

45. An Affect Education C.A.R.E.R. Model for Long-Term Care Staff Caregivers Managing Behavioural and Psychological Symptoms of Dementia: A Feasibility Study
Kenneth M. Schwartz, Robert Madan, Rosalind Sham, Sandra Gardner

At the end of this session the participant will be able to:
- identify the clinical and research impact of an innovative caregiver model;
- identify common themes expressed by LTC staff in their work with individuals with BPSD; and
- identify the need for a model that addresses the emotional strain of staff.

46. Mind-Body Interventions in the Treatment of Late-Life Depression and Anxiety
Chair: Soham Rej

At the end of this session the participant will be able to:
- describe the burden of depression and anxiety in hemodialysis patients, and the role that mindfulness meditation may play in its treatment;
| 47. Brief Mindfulness Meditation for Depression and Anxiety Symptoms in Patients Undergoing Dialysis: A Randomized Control Trial |
| Zoe Thomas |
| At the end of this session the participant will be able to: |
| - describe the burden of depression and anxiety in hemodialysis patients; |
| - relate the design and results of a clinical trial examining brief mindfulness meditation in hemodialysis patients; and |
| - debate the role that mindfulness meditation may play in the treatment of depressed and anxious older adults with hemodialysis or other medical disorders. |

| 48. Group Mindfulness-Based Cognitive Therapy for the Treatment of Late-Life Depression and Anxiety Symptoms: A Randomized Controlled Trial |
| Angela Potes |
| At the end of this session the participant will be able to: |
| - point to the need for novel scalable treatments for late-life depression and anxiety, particularly in primary care; |
| - relate the design of an ongoing trial of mindfulness-based cognitive therapy in older adults with depression and anxiety in primary care; and |
| - state the implementation of an ongoing trial of mindfulness-based cognitive therapy in older adults with depression and anxiety in primary care. |

<p>| 49. Sahaj Samadhi Meditation in the Treatment of Late-Life Depression |
| Akshya Vasudev |
| At the end of this session the participant will be able to: |
| - identify the extent of depression in the late-life population; |
| - summarize the results of a single blind RCT of an easy to learn meditation technique, Sahaj Samadhi in participants with late-life depression; and |
| - discuss the role of meditation practices and late-life depression care. |</p>
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<tr>
<th>Session</th>
<th>Title</th>
<th>Speakers</th>
<th>Description</th>
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| 50.     | Clozapine for Treatment-Refractory, Severe Agitation in Dementia: A Case-Series | Andrea Iaboni                                  | At the end of this session the participant will be able to:  
- review the evidence for the use of clozapine in older adults with dementia;  
- describe an approach to the use of clozapine in treatment-refractory, severe behavioral symptoms of dementia; and  
- identify the education and support needs around clozapine use in settings such as long-term care facilities. |
| 51.     | Views of Aging in Shakespeare’s Works                                | Mark Rapoport, Keri-Leigh Cassidy             | At the end of this session the participant will be able to:  
- describe the views of aging in classic literature and theatre, and consider the impact on society and health care among older adults today;  
- estimate the impact that negative outlook and self-perceptions of aging have on quality of life and longevity in older adults, and consider potential antidotes; and  
- describe the use of humanities in humanizing views of aging in health care and in older adulthood. |
| 52.     | Stress Reduction for Senior Caregivers through Group Education in Mindfulness | Anne Hennessy, Julia Sage                      | At the end of this session the participant will be able to:  
- realize how the structure of the 8 week curriculum adapted from MBSR contributes to shifts in self-perception, and often growth in self-compassion in elderly group members;  
- distinguish between the components of mindfulness that lead to self-regulation and lowered stress in practitioners of mindfulness; and  
- recognize through experiential learning the challenges in the delivery of an 8 week program to seniors and how mindfulness deepens empathy in the facilitators. |
| 53.     | Neural Correlates Of Symptomology in Ageing Schizophrenia            |                                               |                                                                                                                                            |
Chair: Fernando Caravaggio

At the end of this session the participant will be able to:
- identify neural correlates associated with symptom severity in elderly patients with schizophrenia;
- describe how age-related changes in brain structure and function may relate to symptoms in elderly schizophrenia; and
- discuss potential treatment strategies to improve clinical and neural trajectories across the lifespan in schizophrenia patients.

54. Amotivation-Apathy is Associated with Smaller Ventral Striatum Volumes in Elderly Patients with Schizophrenia
Fernando Caravaggio

At the end of this session the participant will be able to:
- relate motivational deficits in elderly patients with schizophrenia;
- describe a study aimed at elucidating the structural correlates of amotivation in elderly schizophrenia patients; and
- discuss how amotivation may be uniquely associated with ventral striatum morphology independent of aging in schizophrenia patients.

55. Beta-Amyloid Burden in Elderly Patients with Schizophrenia
Jun Ku Chung

At the end of this session the participant will be able to:
- discuss whether Aβ can explain the accelerated late-onset cognitive decline in schizophrenia;
- debate whether antipsychotic treatment is linked to levels of Aβ; and
- discuss whether late-onset cognitive deficit seen in schizophrenia is similar to cognitive exacerbation seen in dementia.

56. Impaired Illness Awareness in Schizophrenia and Posterior Corpus Callosal White Matter Tract Integrity in a Sample from Across the Adult Lifespan
Philip Gerretsen

At the end of this session the participant will be able to:
- describe the interhemispheric model of impaired illness awareness in schizophrenia and other conditions;
- identify the influence of corpus callosal white matter tract disruption on impaired illness awareness in schizophrenia; and
- summarize the interhemispheric model of impaired illness awareness in schizophrenia and other conditions.
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<tr>
<th>Session</th>
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<td>57</td>
<td>Psychotropic Drugs and Falls in Older Adults</td>
<td>Andrea Iaboni</td>
<td>At the end of this session the participant will be able to:</td>
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<tr>
<td></td>
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<td>- summarize the epidemiological evidence linking psychotropic medications and falls;</td>
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<td>- review potential mechanisms linking the physiologic effects of psychotropic medications and falls; and</td>
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<td></td>
<td>- describe the relationship between falls and quality of care.</td>
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<td>58</td>
<td>Fall-Related Injuries Among Long-Term Care Residents Newly Initiating Antidepressant Treatment: A Population-Based Study</td>
<td>Jennifer Macri</td>
<td>At the end of this session the participant will be able to:</td>
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<td></td>
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<td>- summarize the epidemiological evidence associating antidepressant use and risk of falls;</td>
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<td>- describe the relationship between incident antidepressant use and the risk of falls in long term care residents; and</td>
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<td>- identify how confounding factors may affect the relationship between incident antidepressant use and risk of falls.</td>
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<td>59</td>
<td>Experimental Studies of the Effect of Psychotropic Medications on Postural Stability in Older Adults</td>
<td>Andrea Iaboni</td>
<td>At the end of this session the participant will be able to:</td>
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<td>- identify factors that contribute to maintenance of postural stability in older adults;</td>
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<td>- review experimental evidence for the impact of psychotropic medication on postural stability; and</td>
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<td>- discuss approaches to prescribing that take into account the effect of psychotropic medications on falls.</td>
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<td>60</td>
<td>Psychotropic Medications and Falls in Long-Term Care: A Quality Improvement Perspective</td>
<td>Julia Kirkham</td>
<td>At the end of this session the participant will be able to:</td>
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<td>61. A Medical, Legal and Ethical Triple Threat: A Request for Medical Assistance in Dying in the Context of the On-Off Phenomenon in Parkinson’s Disease with Comorbid Mood, Anxiety and Psychotic Symptoms</td>
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<td>Michael Tau, Robert Madan</td>
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At the end of this session the participant will be able to:
- diagnose and formulate patients presenting with the on-off phenomenon in Parkinson’s Disease with comorbid mood swings and anxiety, and to generate interdisciplinary, evidence-based treatment plans that address these patients’ complex needs;
- apply principles from the recent Canadian legislation to the management of patients expressing a wish for medical assistance in dying; and
- employ an ethical framework to patients requesting MAiD who present with complex medical and psychiatric needs, balancing competing prerogatives including autonomy, capacity, and non-maleficence.

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<th>62. Man’s Search for Meaning in Retirement: Facilitating Men’s Groups to Enhance Psychological Resiliency and Prevent the Onset of Suicide Risk</th>
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<td>Marnin Heisel</td>
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At the end of this session the participant will be able to:
- discuss systemic challenges to suicide risk reduction among older men;
- critically evaluate findings from an on-going study to develop, test, and disseminate “Meaning-Centered Men’s Groups” for men struggling to transition to retirement; and
- demonstrate familiarity with the content, process, and experience of facilitating a Meaning-Centered Men’s Group.

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<td>Dr. Tarek Rajji</td>
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| 64 | Targeting Modifiable Risk Factors to Prevent Delirium Superimposed on Dementia: The PREvention Program for Alzheimer’s Related Delirium (PREPARED) Trial  
Stephanie Ballard, Philippe Voyer, Jane McCusker, Nathalie Champoux, Johanne Monette, Eric Belzile |
| 65 | Chromosome 21 Duplications and Memory Deficit in Schizophrenia  
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| 66 | Cognitive Functioning in the Elderly: Is There a Relationship with Characteristics of Suicidal Ideation?  
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| 67 | Evaluating Neuroplasticity in Late-Life Depression Using Transcranial Magnetic Stimulation  
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| 68 | From Good To Great: What Makes a Gifted Clinical Educator In Psychiatry?  
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| 69 | A Quasi-Experimental Study on the Effects of a Combination of Secondary Preventive Interventions in Reducing Depressive Symptoms Among the Elderly in Luwalhati Ng Maynila  
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| 73 | Anticholinergic Burden and Functional Capacity in Persons with Schizophrenia Across the Adult Life Span  
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<p>| 75 | Evaluating the Efficacy of Recruitment Methods for Clinical Trials within the Older Adult Population |</p>
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<td>Christopher Kitamura, Catalina Lopez de Lara</td>
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