



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 Region Board of Trade, First Canadian Place



Plenary



Resident



Symposium



Workshop



Clinical Case



Oral Abstract Presentation

Introduction and Welcome

Dear Colleagues,

Welcome to the 26th Annual Scientific Meeting (ASM) of the Canadian Academy of Geriatric Psychiatry (CAGP). On behalf of the CAGP board, I want to thank all the attendees and presenters for making our meeting a success this year. Each year we see an increase in the number and quality of submissions for our annual meeting. As a result, we plan to move to a multi-day schedule for our meeting to accommodate the increased numbers and provide more opportunities for networking with colleagues across the country. For 2017, the CAGP partnered with the Canadian Conference on Dementia (CCD) with the CAGP sponsoring workshops at the CCD to highlight geriatric psychiatry content. I would like to thank Dr. Ron Keren and the CCD organizing committee for this opportunity. This year, CAGP decided to continue with two social events introduced at the CAGP meeting in 2016: the CAGP Gala Dinner and the Fun Run. I hope that attendees consider attending both events at this year's CAGP ASM as well. The final ASM program you see here is the result of a team effort. I would like to thank Dr. Tarek Rajji, the Chair for the ASM organizing committee, for putting together a strong and balanced program, along with all the presenters and individuals who reviewed submissions for the meeting. I would also like to thank Tabitha Carloni, Denise Craine, Andrea Smith and the rest of the Secretariat Central team for supporting the coordination of our meeting and keeping us all on track. Thank you to our CAGP Board for all the hours they spend keeping our organization vibrant and relevant for both our CAGP members and others impacted by mental illness in older adults. Finally, thank you to the CAGP membership and attendees at the ASM. Without our members and growing number of trainees and our colleagues working in geriatric mental health, we would not have the exciting program you see before you. Enjoy your time in Toronto and I look forward to meeting all of you!



Dr. Dallas Seitz, CAGP President

CAGP Board

Dallas Seitz, President

Mark Rapoport, Past President and GPOC and Nominations Chair

Keri-Leigh, Cassidy, Member and Vice President

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Paul Blackburn, Education Chair

Daniel Blumberger, Member

Beverley Cassidy, Membership Chair

Andrea Iaboni, Research Chair

Robert Madan, Member

Sarab Preet Dosanjh, Member-In-Training

Kiran Rabheru, CCSMH Representative and Partnership Chair

Nancy Vasil, Communications Co-Chair



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Welcome from the ASM Chair

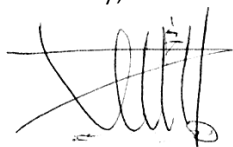
Dear Conference Attendee,

On behalf of the CAGP, I would like to welcome you to the 26th Annual Scientific Meeting, held this year in Toronto. Our theme this year is “21st Century Geriatric Mental Health: Shared Leadership in Care, Education and Research.”

Through exciting interdisciplinary case conferences, presentations, symposia and workshops, we will explore in breadth and depth topics ranging from prevention of dementia to medical assistance in dying. We will engage in networking with old friends, meeting new colleagues, and sharing knowledge and ideas with different professionals in the field of geriatric mental health.

Thank you for your continued support of the CAGP and welcome to Toronto!

Sincerely,



Dr. Tarek Rajji, CAGP ASM Chair

CAGP ASM Committee

Tarek Rajji, ASM Chair

Selim Asmer

Daniel Blumberger

Monica Bretzlaff

Keri-Leigh Cassidy

Peter Derkach

Francois Rousseau

Lisa Van Bussel



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Accreditation

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, and approved by the Canadian Geriatrics Society. You may claim a maximum of 8 hours (credits are automatically calculated).

This program has been certified by the College of Family Physicians of Canada and the Ontario office for up to 8.00 Group Learning credits.

Disclaimer

The CAGP reserves the right to make necessary changes to this program. Every effort will be made to keep presentations and speakers as represented; however, unforeseen circumstances may result in the substitution or cancellation of a presentation, topic or speaker.



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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.

Program

Saturday, November 4, 2017	
3:30 p.m. – 5:00 p.m.	Registration Toronto Region Board of Trade First Canadian Place, 77 Adelaide Street West 4 th Floor: Main Foyer
4:00 p.m. – 4:45 p.m. Lennox Hall	CAGP Annual General Meeting Members only
4:50 p.m. – 5:00 p.m. Lennox Hall	Welcome and Introduction Tarek Rajji, ASM Chair
5:00 p.m. – 6:00 p.m. Lennox Hall	Models of Integration for Mental Health Services in Primary Care Settings David W. Oslin
Keynote Presentation	At the end of this session, the participant will be able to: <ul style="list-style-type: none"> • describe the different roles a psychiatrist can play in a primary care setting; • identify how population mental health needs are addressed in primary care; and • describe different integrated care models.
6:00 p.m. Cocktails ABCD	Cocktails and CAGP Gala Dinner: Toronto Region Board of Trade (Please note: tickets are additional and must be purchased in advance)
7:00 p.m. Dinner Lennox Hall East	CAGP Outstanding Contributions in Geriatric Psychiatry Award Presentation



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Sunday, November 5, 2017	
6:30 a.m. – 7:30 a.m. Nathan Phillips Square	2nd Annual CAGP Fun Run/Walk Runners and walkers: please meet at Nathan Phillips Square at 6:25 a.m.
7:30 a.m. – 8:30 a.m. Lennox Hall	Breakfast and Registration
8:00 a.m. – 8:30 a.m. Lennox Hall	2016 CAGP Geriatric Psychiatry Training Award Winner Presentations Bonnie Wiese, Awards Committee Chair Presenters: Simon Woo Vanessa Thoo
8:30 a.m. – 9:30 a.m. Lennox Hall 	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: <ul style="list-style-type: none"> • 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. ABCD	Break and Poster Viewing
10:15 a.m. – 11:15 a.m.	Concurrent Sessions (5)
Ridout Room 	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: <ul style="list-style-type: none"> • 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.



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<p>Lennox Hall West</p> 	<p>2. Understanding the Link Between Neuropsychiatric Symptoms and Cognitive Decline: Insights from Neuroimaging Chair: Linda Mah</p> <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • 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. <p>3. A Multimodal Neuroimaging Approach to Uncover the Link Between Alzheimer's Dementia and Depression Eric Brown</p> <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • identify neuropathological markers of dementia; • describe how neuropathological markers of dementia can be measured or identified in vivo; and • describe the impact of major depression in the development of dementia. <p>4. Determining the Neural Correlates of Delusions in Alzheimer's Disease and Mild Cognitive Impairment Corinne Fischer</p> <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • 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. <p>5. Neuroimaging Correlates of Apathy in Mild Cognitive Impairment Krista Lanctôt</p> <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • quantify the impact of apathy of the risk of conversion from mild cognitive impairment to dementia;
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	<ul style="list-style-type: none"> • cite neuroimaging findings linking apathy with neuroimaging biomarkers of neurodegeneration; and • describe implications for treatment of apathy in prodromal Alzheimer's Disease.
Brule/MacDonald 	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: <ul style="list-style-type: none"> • describe the Geriatric Addictions Collaborative; • describe geriatric addiction specific screening tool; and • discuss through a health policy framework, ways to enhance knowledge to practice.
Lennox Hall East 	7. Medical Assistance in Dying: A Clinical and Ethical Conundrum for Psychiatrists Chair: Sandy Simpson At the end of this session, the participant will be able to: <ul style="list-style-type: none"> • present a clinical scenario of a request for medical assistance in dying (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: <ul style="list-style-type: none"> • describe the scenario of request for MAiD 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



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	<p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • 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. <p>10. The Legal Framework for Understanding Medical Assistance in Dying (MAiD) in Patients with a Psychiatric Disorder Michele Warner</p> <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • 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.
<p>Osgoode/Ketchum</p> 	<p>11. Refining EPAs: Incorporating Resident Feedback on EPA Content into CBME-Based Curricular Reform Melissa H. Andrew, Maria Hussain</p> <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • apply concepts of assessment to geriatric psychiatry in the new competency-based medical education (CBME) framework; • identify adaptations required to optimally utilize EPAs 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 EPAs and curriculum. <p>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</p> <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • identify the prevalence of major depressive disorder (MDD) in older adults diagnosed with dementia;



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	<ul style="list-style-type: none"> • 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. <p>13. Quality Improvement Activity Leading to Strengthened Suicide Prevention, Assessment and Intervention Practices within Community Seniors Mental Health Outreach Programs Julia Baxter, Maxine Lewis</p> <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • describe a quality improvement 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. <p>14. Efficacy of Deep Transcranial Magnetic Stimulation (rTMS) for Treatment of Resistant Late-Life Depression Daniel Blumberger</p> <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • 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)
Ridout Room  	<p>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, Susan Ilkov-Moor, Kara MacNeill</p> <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • discuss the variability and flexibility of career paths in geriatric psychiatry; • identify career options in education, research, advocacy and community practice; and



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	<ul style="list-style-type: none"> • summarize the relevance of serotonin system for agitation in dementia; • quote about the role of citalopram in treatment of agitation in dementia; and <p>describe a new NIA-funded multi-site trial of S-Citalopram for agitation in dementia.</p>
Brule/MacDonald 	21. Geriatric Psychiatry Training in the Era of CBD: Advances in Assessment and Remediation Karen Saperson, Mark Bosma, Melissa Andrew <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • 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.
Lennox Hall East 	22. Late-Life Psychosis: Innovative Approaches and Management Chair: Petal Abdool <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • 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 <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • understand 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.



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	<p>24. Standardized Management of Late-Life Psychosis Petal Abdool</p> <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • 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. <p>25. Psychosocial Approaches to Improve Cognition and Function in Late-Life Psychosis Angela Golas</p> <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • 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.
<p>Osgoode/Ketchum</p> 	<p>26. Pharmacological and Clinical Profile of Newer Atypical Antipsychotics as Treatments for Bipolar Disorder: Implications for Use in Older Patients Sumit Chaudhari</p> <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • 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. <p>27. A Review of Eating Disorders in Late Life Catherine Cheng</p> <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • 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.



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	<p>28. Clinical and Hippocampal Volume Trajectories in Mild Cognitive Impairment with Suspected Non-Alzheimer's Pathology Jun Ku Chung</p> <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • 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. <p>29. Care of the Elderly ECHO – Establishing a Need for Service David Conn, Cindy Grief</p> <p>At the end of this session the participant will be able to:</p> <ul style="list-style-type: none"> • 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.
12:30 p.m. – 1:15 p.m. Ridout 	Resident Lunch Please note: the resident lunch will end at 1:15 p.m. in time for the CAGP Awards in Lennox Hall
12:30 p.m. – 1:30 p.m. Lennox Hall	Lunch
1:15 p.m. – 1:30 p.m. Lennox Hall 	Awards CAGP Resident Awards and Geriatric Psychiatry Training Awards Presentations Bonnie Wiese, Awards Committee Chair CAGP Poster Award Tarek Rajji, ASM Chair



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1:30 p.m. – 2:30 p.m. Lennox Hall 	Enhancing Cognition in Severe Mental Disorders Christopher Bowie At the end of this session, the participant will be able to: <ul style="list-style-type: none"> discern the differences in neurocognitive abilities across severe mental disorders; understand the interactive effects of neurocognitive abilities and cognitions about those abilities; and describe treatment techniques that can improve cognition and increase the likelihood that the improvement transfers to everyday functioning.
2:45 p.m. – 3:45 p.m. Lennox Hall West 	Concurrent Sessions (5) 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: <ul style="list-style-type: none"> 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 Michelle Goodman At the end of this session, the participant will be able to: <ul style="list-style-type: none"> summarize current research on neural oscillatory activity and cognitive dysfunction in the elderly; discuss findings from the current study regarding working memory deficits in individuals with major depressive disorder and the relationship with theta-gamma coupling; and identify how these findings can guide future research in populations at risk for Alzheimer’s dementia. 18. Beta-Amyloid Brain in Pact-MD Participants: Comparison of Two Analysis Methods and Impact of Partial Volume Corrections Ariel Graff



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	<p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • 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. <p>19. Positive Emotional Memory Impairment as a Potential Marker of Preclinical Alzheimer's Disease Linda Mah</p> <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • 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. <p>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</p> <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • 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 tDCS in Alzheimer disease; and • describe the compensatory mechanisms engaged in aging.
<p>Lennox Hall East</p> 	<p>34. Using Self-Reflection for Training and Remediation in the Collaborator Role Robert Madan</p> <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • describe the CanMEDS collaborator role; • formulate performance issues in the collaborator role; and • describe a new tool for the collaborator role as part of a remediation plan.



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<p>Ridout</p> 	<p>35. Development of a Standardized Version of the Dementia Observation System (DOS): An Interprofessional Collaboration Lisa Van Bussel, Andrea Iaboni, Lori Schindel Martin, Fernanda Fresco, Debbie Hewitt Colborne</p> <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • describe the importance of direct observation of behaviour in older adults with dementia and responsive behaviors as it relates to interprofessional care planning and clinical decision making; • define best practices regarding direct observation of behaviour as it relates to older adults with dementia and responsive behaviours; and • discuss the Behaviour 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.
<p>Osgoode/Ketchum</p> 	<p>36. Mental Health First Aid Seniors: An Innovative and Accessible Approach to Supporting Seniors' Mental Health Richard Shulman, Denise Waligora</p> <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • indicate how the Mental Health First Aid Seniors specifically addresses the population of seniors; • describe how the videos and interactive activities used within the course are effective teaching tools for course participants; and • summarize the results of the outcome evaluation.
<p>Brule/MacDonald</p> 	<p>37. Withdrawn</p> <p>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</p> <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • 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.



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	<p>39. The Geriatric Patient and the Justice System in Canada Zohar Waisman</p> <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • 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. <p>40. Efficacy and Safety of Maintenance Electroconvulsive Therapy for Sustaining Resolution of Severe Aggression in Frontotemporal Dementia Robyn Waxman, Melanie Selvadurai</p> <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • 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.
3:45 p.m. – 4:15 p.m. Lennox Hall/ABCD	Break
4:15 p.m. – 5:15 p.m.	Concurrent Sessions (5)
<p>Lennox Hall East</p> 	<p>41. Collaborative Care for Psychiatric Disorders in Older Adults: From Evidence to Practice Chair: Nick Kates</p> <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • 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. <p>42. Systematic Review of Collaborative Care for Psychiatric Disorders in Older Adults Pallavi Dham</p>



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	<p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • 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. <p>43. The Role of the Geriatric Psychiatrist in Collaborative Care for Seniors Nick Kates</p> <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • describe the role of the geriatric psychiatrist in implementing the clinical pathway for depression, anxiety and mild cognitive impairment; • identify the types of interactions between the geriatric psychiatrist and primary care team thus far in the project; and • identify opportunities and challenges for enhancing collaboration between the geriatric psychiatrist and primary care as the study moves forward. <p>44. Collaborative Care Initiative for Mental Health Risk Factors in Dementia: Depression, Anxiety and Mild Cognitive Impairment Sarah Colman</p> <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • 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.
<p>Osgoode/Ketchum</p> 	<p>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</p> <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • identify the clinical and research impact of an innovative caregiver model; • identify common themes expressed by long-term care staff in their work with individuals with behavioural and psychological symptoms of dementia (BPSD); and



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	<ul style="list-style-type: none"> • 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.
Lennox Hall West 	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: <ul style="list-style-type: none"> • 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.
Brule/MacDonald 	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: <ul style="list-style-type: none"> • 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.
5:20 p.m. – 6:20 p.m.	Concurrent Sessions (5)
Ridout 	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: <ul style="list-style-type: none"> • 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.



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Brule/MacDonald	<p>53. Neural Correlates of Symptomology in Aging Schizophrenia Chair: Fernando Caravaggio</p> <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • 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. <p>54. Amotivation-Apathy is Associated with Smaller Ventral Striatum Volumes in Elderly Patients with Schizophrenia Fernando Caravaggio</p> <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • 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. <p>55. Beta-Amyloid (Aβ) Burden in Elderly Patients with Schizophrenia Jun Ku Chung</p> <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • 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. <p>56. Impaired Illness Awareness in Schizophrenia and Posterior Corpus Callosal White Matter Tract Integrity in a Sample from Across the Adult Lifespan Philip Gerretsen</p> <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • 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
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	<ul style="list-style-type: none"> summarize the interhemispheric model of impaired illness awareness in schizophrenia and other conditions.
<p>Lennox Hall West</p> 	<p>57. Psychotropic Drugs and Falls in Older Adults Chair: Andrea Iaboni</p> <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> summarize the epidemiological evidence linking psychotropic medications and falls; review potential mechanisms linking the physiologic effects of psychotropic medications and falls; and describe the relationship between falls and quality of care. <p>58. Fall-Related Injuries Among Long-Term Care Residents Newly Initiating Antidepressant Treatment: A Population-Based Study Jennifer Macri</p> <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> summarize the epidemiological evidence associating antidepressant use and risk of falls; describe the relationship between incident antidepressant use and the risk of falls in long-term-care residents; and identify how confounding factors may affect the relationship between incident antidepressant use and risk of falls. <p>59. Experimental Studies of the Effect of Psychotropic Medications on Postural Stability in Older Adults Andrea Iaboni</p> <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> identify factors that contribute to maintenance of postural stability in older adults; review experimental evidence for the impact of psychotropic medication on postural stability; and discuss approaches to prescribing that take into account the effect of psychotropic medications on falls. <p>60. Psychotropic Medications and Falls in Long-Term Care: A Quality Improvement Perspective Julia Kirkham</p>



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	<p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • summarize the epidemiological evidence linking psychotropic medications and falls; • review potential mechanisms linking the physiologic effects of psychotropic medications and falls; and • describe the relationship between falls and quality of care.
<p>Lennox Hall East</p> 	<p>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 Michael Tau, Robert Madan</p> <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • 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 (MAiD); 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.
<p>Osgoode/Ketchum</p> 	<p>62. Man's Search for Meaning in Retirement: Facilitating Men's Groups to Enhance Psychological Resiliency and Prevent the Onset of Suicide Risk Marnin Heisel</p> <p>At the end of this session, the participant will be able to:</p> <ul style="list-style-type: none"> • 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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Posters

63	Agitated Behaviours Defined by the International Psychogeriatric Association in Moderate-To-Severe Alzheimer's Disease Patients are Predictors of Caregiver Burden Eleenor Abraham
64	Targeting Modifiable Risk Factors to Prevent Delirium Superimposed on Dementia: The PREvention Program for Alzheimer's Related Delirium (PREPARED) Trial Machelle Wilchesky, Philippe Voyer, Jane McCusker, Nathalie Champoux, Johanne Monette, Eric Belzile, Minh Vu, Ovidiu Lungu
65	Chromosome 21 Duplications and Memory Deficit in Schizophrenia Ali Bani-Fatemi, Vincenzo De Luca
66	Cognitive Functioning in the Elderly: Is There a Relationship with Characteristics of Suicidal Ideation? Claude Bergeron, Geneviève Letourneau, Sophia Escobar, Gustavo Turecki, Stéphane Richard-Devantoy
67	Evaluating Neuroplasticity in Late-Life Depression Using Transcranial Magnetic Stimulation Apoorva Bhandari, Benoit H. Mulsant, Zafiris J. Daskalakis, Tarek Rajji, Yoshihiro Noda, Reza Zomorodi, Daniel M. Blumberger
68	From Good to Great: What Makes a Gifted Clinical Educator In Psychiatry? Bryce J. M. Bogie, Anne Lizius, Sheila Harms, Karen Saperson, Meghan M. McConnell
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 Juan Miguel Cajucom, Danica Lou T. Akiat, Melissa A. Corrales, Jon Martin O. de la Paz, Anne Janelle R. Sy, Eljine Mae T. Zhang, Joan Mae Perez T. Rifareal
70	A Machine-Learning Model to Predict Response on a Working Memory Task Amay Cheam
71	Performance Assessment of Self-Care Skills (PASS) Compared to Neuropsychological Battery for Differentiating Older Adults with Mild Cognitive Impairment (MCI) and Normal Cognition Pallavi Dham
72	End-Of-Life Care Preferences and Interest in Medical Assistance in Dying in Older SPMI Patients: A Comparative Cross-Sectional Study Dominique Elie
73	Anticholinergic Burden and Functional Capacity in Persons with Schizophrenia Across the Adult Life Span Zaid Ghazala, Benoit H. Mulsant, Christopher Tsoutsoulas, Sanjeev Kumar, Aristotle N. Voineskos, Bruce G. Pollock, Robert S. Kern, Tarek Rajji
74	Creation of Psychosocial Clinic for Elderly Patients with Schizophrenia Angela Golas, Petal Abdool, Joydip Banerjee, Rita Desai, Benoit H. Mulsant, Christopher R. Bowie, Tarek Rajji
75	Evaluating the Efficacy of Recruitment Methods for Clinical Trials within the Older Adult Population Rhea Harduwar, Sara Gambino



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76	Antidepressants and Bradycardia: Is There a Correlation? Maria Hussain, Dallas Seitz, Adrian Baranchuk, Farzana Haq
77	A Mobile Dementia Observation System (DOBS): Development and Pilot Usability Testing Andrea Iaboni, Ari Cuperfain, Karen Chium, Mario Tsokas, Cecelia Marshall
78	A Rehabilitation Goal-Setting Mobile Application (Onmyfeet) in Older Adults: Usability and Acceptability Andrea Iaboni, Karen Chiu, Ari Cuperfain
79	An Update of the Clinical Profile of Patients with Dementia and Severe BPSD on a Specialized Care Unit: A Retrospective Pilot Study Evelyn Keller, François Rousseau, Nassima Azouaou, Manel Jarboui, Loraine Telleria, Alexandra Simard, Lucie Morel, Chantale Mérette, Annie Labbé, Rossana Peredo Nunez De Arco
80	Impaired Positive Emotional Verbal Memory in DSM5 Mild Neurocognitive Disorder Dunja Knezevic, Aliya Ali, Claudia Szabuniewicz, Nicolaas Paul L.G Verhoeff, Corinne E. Fischer, Alastair J. Flint, Nathan Herrmann, Benoit H. Mulsant, Bruce G. Pollock, Tarek Rajji, Linda Mah and PACT-MD Study Group
81	Resting EEG Power Spectra in Patients with Late-Life Schizophrenia, Late-Life Bipolar Disorder and Healthy Older Adults Sanjeev Kumar, Benoit H. Mulsant, Reza Zomorodi, Zaid Ghazala, Daniel M. Blumberger, Aristotle Voineskos, Zafiris J. Daskalakis, Tarek Rajji
82	Socio-Cognitive Determinants of Neuropsychiatric Affective Symptom Management by Long-Term Care Nursing Staff Ovidiu Lungu, Marie-Andrée Bruneau, Philippe Voyer, Philippe Landreville, Machelles Wilchesky
83	Preliminary Results from a Survey on the Barriers and Facilitators Associated with Antipsychotic Deprescribing: The Influence of Access to a Geriatric Psychiatrist Matteo Peretti, Mark Karanofsky, Jonathan Salsberg, Machelles Wilchesky
84	Association Between Mini-Mental State Examination and Montreal Cognitive Assessment with the Cognitive Dementia Rating Scale in Individuals with Mild Cognitive Impairment Brandon Pierre, Ashley Melichercik
85	Ontario Expands Behavioural Support Teams for Older Adults in Acute Care: The Ottawa Hospital Experience Kiran Rabheru, Laura Wilding, Vera Hula, Margaret Neil-McKenzie, Nadine Sebahana
86	Agitated Persons with Dementia in the Emergency Room: A Clinical Algorithm-Based Approach to Optimize Safety and Quality of Care Kiran Rabheru, Laura Wilding, Melissa Waggott, Joseph Kozar
87	The Use of Social Networking Site Features in Developing Strong and Weak Ties: The Implications of New Media on Social Isolation in Older Adults Mohamed Sarraj
88	Baseline Predictors of Nutritional Status in Moderate to Severe AD Chelsea Sherman
89	Clock Drawing Test: Qualitative Error Analysis in the Mild Cognitive Impairment Population Matan Soffer, Ashley Melichercik
90	The Virtual Think Tank – A New Model for Meeting and Collaboration



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	Lisa Sokoloff, Cindy Grief, David K. Conn, Keri-Leigh Cassidy
91	Can Dementia Observation Measures for Behaviours Incorporate Context? Lisa Van Bussel, Adriana Barel, Iris Gutmanis, Nicole Marlatt
92	Effect of Different Paired-Associative Stimulation Protocols in Neuroplasticity Assessment of Motor Cortex in Healthy Individuals: A Qualitative Review Reza Zomorodi, Michelle Minkovich, Yoshihiro Noda, Daniel M. Blumberger, Zafiris J. Daskalakis, Tarek Rajji
93	The Functional Role of Cross-Frequency Coupling During Human Memory Function Reza Zomorodi, Maria Mikail, Zafiris J. Daskalakis, Tarek Rajji
94	Photobiomodulation Could Change 21st Century Alzheimer's Disease Expectations Reza Zomorodi, Lew Lim
95	Optimizing the Use of Benzodiazepines and Other Sedative-Hypnotics in a Canadian Long-Term Care Facility Christopher Kitamura, Catalina Lopez de Lara
96	Modulation of Cortical Oscillations by Transcranial Photostimulation Followed by Improvement in the Mental Status of Patients with Alzheimer's Disease: A Case Report Genane Loheswaran, Reza Zomorodi, Anita E. Saltmarche, Kai Fai Ho, Lew Lim
97	Clinical Symptoms of ADHD in the Elderly: A Review of Data Adnan Rajeh, Shabbir Amanullah, Mohamad Elfakhani
98	Significant Improvement in Cognition and Qualitative Parameters in Mild to Moderately-Severe Dementia Cases Treated with Transcranial Plus Intranasal Photobiomodulation: Case Series Report Anita Saltmarche, Margaret A. Naeser, Kai Fai Ho, Michael R Hamblin, Lew Lim
99	<i>withdrawn</i>
100	Use of Novel Multi-Sensory Dementia Tools to Improve Quality of Life of Seniors with Dementia and their Caregivers Catherine Cheng, Jorge Perez-Parada, John McCahill
101	Developing an Entrustable Professional Activity for the Evaluation of a Geriatric Psychiatry Subspecialty Resident's Ability to Perform a Capacity Assessment Emily St. Denis, M. Hussain, M. Andrew
102	A Toolkit: Using an iPad to Play Family Video for Safety and Quality of Care Ryan O'Neill



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