INTEGRATED MENTAL HEALTH AND MEDICAL CARE FOR OLDER ADULTS: BRINGING SCIENCE AND PRACTICE TOGETHER

CANADIAN ACADEMY OF GERIATRIC PSYCHIATRY AND CANADIAN COALITION FOR SENIORS’ MENTAL HEALTH

Halifax Marriott Harbourfront Hotel
October 12-13, 2018
PROGRAM

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

1. Describe the latest basic science and medical research as it relates to mental health promotion and care for older adults.
2. Identify best practices in mental health promotion and care for older adults to extrapolate into future practice.
3. Indicate how clinical practices and systems might evolve to close gaps between medical and mental health promotion and care to improve health outcomes.

This year’s ASM will be preceded by a one-day Pre-Conference Course in Geriatric Psychiatry on October 11th. To learn more about or register for this event, please click here.

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<thead>
<tr>
<th>Time</th>
<th>Events</th>
<th>Location</th>
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<tbody>
<tr>
<td>7:00 a.m. - 8:00 a.m.</td>
<td>Conference Check-In Breakfast</td>
<td>Nova Scotia Ballroom Foyer</td>
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<tr>
<td>8:00 a.m. - 8:15 a.m.</td>
<td>Welcome and Opening Remarks</td>
<td>Nova Scotia Ballroom BC</td>
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<td>Keri-Leigh Cassidy and Petal Abdool, ASM Co-Chairs</td>
<td>Indigenous Blessing</td>
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<tr>
<td>8:15 a.m. - 9:15 a.m.</td>
<td>Comprehensive Medical and Mental Health Care for Older People: Is It a Right?</td>
<td>Nova Scotia Ballroom BC</td>
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<td></td>
<td>Eileen Burns</td>
<td>Keynote Speaker</td>
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<td>At the end of this session, the participant will be able to:</td>
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<tr>
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<td>• identify the benefits of offering older people a comprehensive holistic assessment;</td>
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<td></td>
<td>• describe the key components of a holistic assessment;</td>
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<tr>
<td></td>
<td>• recognize the importance of patient-centred care planning; and</td>
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<td>• recognize the relevance of frailty assessment to care planning.</td>
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<tr>
<td>9:15 a.m. - 10:15 a.m.</td>
<td>Poster Session</td>
<td>Acadia AB (Ground Floor)</td>
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<tr>
<td>10:15 a.m. - 11:15 a.m.</td>
<td>Concurrent Sessions Block 1</td>
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</table>
| Nova Scotia Ballroom BC| 1. Supporting Seniors’ Mental Health Through Age-Friendly Community Approaches in Atlantic Canada  
Chair: Elaine Jones-McLean |
|                        | 2. Age-Friendly Communities: Using Indicators to Understand Age Friendliness as it Relates to Mental Health in Atlantic Canada  
Heather Orpana |
|                        | 3. Social Vulnerability and Connections in the Clinical Care of Seniors  
Melissa K. Andrew |
|                        | 4. Age-Friendly Initiatives in Summerside PEI - Building a Community Legacy of Seniors’ Inclusion  
Judy-Lynn Richards |
|                        | 5. Collaborative Governance to Meet the Challenge of Aging: The Case of Age-Friendly Cities  
Mario Paris |

At the end of this session, the participant will be able to:
- introduce the concept of Age-Friendly Communities (AFC) to professionals and community members working or interested in the mental health of older adults;
- describe AFC initiatives in the Atlantic Provinces and how they support the mental health of older adults across community and clinical settings; and
- provide evidence for the relationship between activities in the eight AFC domains and the mental health of older adults.

| Acadia C (Ground Floor) | 6. Collaborative Care for Psychiatric Disorders in Older Adults: From Evidence to Practice  
Chair: Nick Kates  
Tarek Rajji, Fiona Parascandalo |

At the end of this session, the participant will be able to:
- identify the components of a treatment pathway for addressing depression, anxiety and mild cognitive impairment in primary care;
- recognize the challenges faced in implementing a care pathway within primary care and the lessons learnt to date; and
- discuss the range of potential activities for a geriatric psychiatrist working in primary care.
7. **Inter-Disciplinary Approach to Design and Implementation of a CBT Group for Depression in Older Adults (CBT-GD)**  
Chair: Donna Pfefer Litman  
Petal Abdool, Camilo Yang, Donna Pfefer Litman  

At the end of this session, the participant will be able to:  
- review the evidence for use of CBT for treating depression in older adults;  
- discuss design and implementation of manual for CBT-GD group; and  
- highlight the benefits and barriers to CBT-GD group facilitation.

8. **Diagnosing Major Neurocognitive Disorders in Individuals with Intellectual Disability**  
Catherine Cheng  

At the end of this session, the participant will be able to:  
- summarize the epidemiology of major neurocognitive disorders in individuals with intellectual disability;  
- explore a clinical approach to assessment and diagnosis of dementia in people with intellectual disability, including the use of screening tools; and  
- identify unique clinical features and challenges in the diagnosis and management of major neurocognitive disorders in individuals with intellectual disability.

9. **Dementia: Ambiguous Loss and Grief**  
Mary Schultz  

At the end of this session, the participant will be able to:  
- describe what people with dementia and their families often experience with regards to ambiguous loss and grief;  
- identify, acknowledge and normalize the feelings and manifestations of grief and loss associated with dementia; and  
- discuss grief and loss through the continuum of dementia and provide resources and practical strategies.

10. **Facts, Feelings and Fears: Supporting Families Through Dementia’s End-of-Life**  
Mary Schultz  

At the end of this session, the participant will be able to:  
- predict the common feelings and misinformation that families have regarding death from dementia;
- learn about resources available to support them in their work with families in end-of-life dementia care; and
- consider information they can provide to be helpful to families.

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<tr>
<th>11:30 a.m. - 12:30 p.m.</th>
<th>Concurrent Sessions Block 2</th>
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</table>
Chair: Paul Blackburn  
Beverley Cassidy, David Conn, A. Baillod, V. Thoo, C. Lazaro, Amanda Canfield, E. Gregory, D. Bhangoo, S. Chaudhari, O. Yashchuk, A. Myles  
At the end of this session, the participant will be able to:  
- discuss the variability and flexibility of career paths in geriatric psychiatry;  
- identify future career options in education, research, advocacy and community practice after participating in a panel discussion with experts in the field of geriatric psychiatry; and  
- network with experts in a career path of similar interest to the attendee by engaging in focused small group discussions. |
| Nova Scotia Ballroom BC | 12. Psychotic, Rigid, and Febrile: Deciding to Stop Antipsychotic Medication in a Patient with Both Neuroleptic Malignant Syndrome (NMS) and Severe and Persistent Mental Illness  
Sarah Levitt, Robert Madan  
At the end of this session, the participant will be able to:  
- determine the differential diagnosis of NMS;  
- manage treatment of NMS in older adults with SPMI; and  
- discuss management of NMS with clinicians, patients and their families. |
| Nova Scotia Ballroom D  | 13. Mobilizing the Uptake of the Guidelines for Comprehensive Mental Health Services for Older Adults in Canada  
Chair: Francine Knoops  
Marie-France Rivard, Sareda Quah-Vo, Kimberley Wilson, Simone Powell  
At the end of this session, the participant will be able to:  
- recognize the key challenges and barriers in activating uptake of the Canadian Guidelines for Comprehensive Mental Health Services for Older Adults in Canada and current knowledge exchange (KE) activities by the Mental Health Commission of Canada; |
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<tr>
<th>Time</th>
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<tr>
<td>12:30 p.m. – 1:30 p.m.</td>
<td>Lunch</td>
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<tr>
<td>12:30 p.m. – 1:30 p.m.</td>
<td>Resident Lunch</td>
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<tr>
<td>1:30 p.m. - 2:30 p.m.</td>
<td>Spectrum of Non-Alzheimer Dementias: An Approach to Atypical Presentations</td>
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<td>Sultan Darves</td>
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<td>At the end of this session, the participant will be able to:</td>
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<td>• identify an approach to cognitive assessment in the context of dementia clinical practice;</td>
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<td></td>
<td>• evaluate functional neuroanatomy underpinning cognitive assessment;</td>
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<td>• develop a differential diagnosis of common non-Alzheimer dementias based on cognitive assessment and functional neuroanatomy.</td>
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<tr>
<td>2:30 p.m. – 3:00 p.m.</td>
<td>Networking Break</td>
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<tr>
<td>3:00 p.m. - 4:00 p.m.</td>
<td>Concurrent Sessions Block 3</td>
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</tbody>
</table>
Chair: David Conn  
At the end of this session, the participant will be able to:  
• describe the prevalence, nature and consequences of substance use disorder among older Canadians;  
• identify the process used and the challenges faced during the development of clinical guidelines to address substance use disorder among older Canadians; and  
• outline key recommendations related specifically to alcohol, benzodiazepine, cannabis and opioid use disorders among older Canadians.  

17. Substance Use Disorders Among Older Adults  
Karen Reimers, Nancy Vasil  
At the end of this session, the participant will be able to:  
• describe the epidemiology of substance use disorders among older adults;  
• identify the unique vulnerabilities of older adults regarding the use of substances; and  
• demonstrate the need for the prevention, screening, assessment and treatment of substance use disorders in this population.  

18. Development of National Clinical Guidelines on Substance Use Disorders Among Older Canadians  
David Conn, Christopher Kitamura  
At the end of this session, the participant will be able to:  
• describe the process utilized for the development of these guidelines;  
• describe some of the challenges and limitations inherent in the process; and  
• consider the role of people with lived experience (PWLE) in developing the guidelines.  

19. Key Recommendations from Clinical Guidelines on Substance Use Disorders Among Older Canadians  
David Gardner, Kiran Rabheru, Dallas Seitz, Lisa Van Bussel  
At the end of this session, the participant will be able to:  
• describe the key recommendations from the new guidelines; |
- apply strategies for dissemination and knowledge mobilization of the guidelines; and
- review and provide feedback on the strengths, weaknesses and practicality of the guideline recommendations.

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<tr>
<th>Room</th>
<th>Title</th>
<th>Chair</th>
<th>Speaker(s)</th>
<th>Details</th>
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</table>
| Nova Scotia D | **20. Meaning, Purpose and Personhood In Long-Term Care Settings**  | Shabbir Amanullah  | Mark Dager, Karen Cassells, Amy Swayze | At the end of this session, the participant will be able to:
  - describe the individual; meaning, purpose and personhood;
  - decrease responsive incidents with transition to permanent long-term care placements; and
  - enhance knowledge exchange and collaboration. |
| Acadia C (Ground Floor) | **21. From Disabling Transitions to (Re)Stabilizing Care: Analyzing the Global Challenge of Dementia from a Service Delivery Perspective** | Katie Aubrecht | | At the end of this session, the participant will be able to:
  - consider international directions in dementia policy;
  - examine how transitions are being considered within dementia strategies from a service delivery perspective; and
  - discuss behavioural transitional care support/stabilization units as a case. |
| Nova Scotia A | **22. Pharmacological and Clinical Profile of Newer Atypical Antipsychotics as Treatments for Bipolar Disorder: A Systematic Review and Considerations for Use in Older Patients** | Sumit Chaudhari | | At the end of this session, the participant will be able to:
  - evaluate the pharmacological profile of newer atypical antipsychotics;
  - review the efficacy and tolerability of newer atypical antipsychotics for bipolar disorder in older person population; and
  - determine potential advantages and disadvantages compared to current standard of treatment in the older person demographic. |
| Nova Scotia A | **23. Exercise Intervention in a Psychiatric Outpatient Clinic** | Sivan Klil-Drori | | At the end of this session, the participant will be able to: |
24. Towards Prevention of Mild Cognitive Impairment in Older Adults with Depression: A Longitudinal Analysis of Potentially Modifiable Risk Factors
Damien Gallagher

At the end of this session, the participant will be able to:
- describe possible mechanisms linking depression with cognitive decline;
- identify which older adults with depression are most at risk of cognitive decline; and
- list several potentially modifiable risk factors for cognitive decline.

25. The Fountain of Health Wellness App: Inviting and Supporting Health Behaviour Change
Beverley Cassidy

At the end of this session, the participant will be able to:
- use The Fountain of Health Wellness app to invite and support health behaviour change in frontline care;
- appreciate an invitational rather than prescriptive model for health behaviour change; and
- assess readiness for health behaviour change in the office.

26. #CAGPCCSMH2018: Twitter for Education and Advocacy in Seniors’ Mental Health
Amanda Canfield, Crystal Zhou, Andrea Iaboni

At the end of this session, the participant will be able to:
- demonstrate how to set up a Twitter account for professional use;
- showcase some of the benefits of Twitter for health care professionals including advocacy, education, advertising, resource sharing, networking and engaging trainees;
- discuss and practice how to use features and functions of Twitter; and
- highlight key ways to efficiently and effectively utilize Twitter for scholarly activities.
<table>
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<tr>
<th>Room</th>
<th>Session Title</th>
<th>Presenters</th>
<th>Summary</th>
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<tr>
<td>Nova Scotia Ballroom BC</td>
<td><strong>27. Practical Strategies of Interdisciplinary Care of Behavioural Disturbances of Cognitively Impaired Older Adults in Acute Care Hospitals</strong>&lt;br&gt;Kiran Rabheru, Margaret MacKenzie Neil</td>
<td></td>
<td>At the end of this session, the participant will be able to:&lt;br&gt;• recognize the importance of early detection and management of behavioural disturbances of older adults in an acute care setting using an interdisciplinary team approach;&lt;br&gt;• develop a team care plan for non-pharmacological interventions to target tailored implementation strategies; and&lt;br&gt;• create an interdisciplinary team approach to optimize care of behavioural disturbances including first-line, second-line and last resort choices of pharmacological interventions.</td>
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<td>Acadia C (Ground Floor)</td>
<td><strong>28. Developing Interactive Modules for Geriatric Psychiatry Curriculum</strong>&lt;br&gt;Terry Chisholm, Cheryl Murphy</td>
<td></td>
<td>At the end of this session, the participant will be able to:&lt;br&gt;• employ principals of adult learning including self-directed learning;&lt;br&gt;• design and implement an online curriculum for a geriatric psychiatry subspecialty program; and&lt;br&gt;• describe the challenges and opportunities related to developing curriculum for the adult learner.</td>
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<td>Nova Scotia A</td>
<td><strong>29. Providing Telepsychiatry Services: A Survey of Members of the Canadian Academy of Geriatric Psychiatry</strong>&lt;br&gt;David Conn</td>
<td></td>
<td>At the end of this session, the participant will be able to:&lt;br&gt;• describe the results of a survey of CAGP members related to telepsychiatry services;&lt;br&gt;• discuss possible barriers to the provision of geriatric telepsychiatry services; and&lt;br&gt;• consider approaches to further develop such services in Canada.</td>
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<td><strong>30. Sexual Orientation and Gender Identity Matter: The Case for Inclusive Mental Health Practices with Older Adults</strong>&lt;br&gt;Kimberly Wilson</td>
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At the end of this session, the participant will be able to:
- describe the social and historical contexts of current older adults who identify as lesbian, gay, bisexual and transgender and how these contexts may influence their relationship with mental health care providers;
- review the mental health experiences of LGBT older adults as they navigate the health care system; and
- identify mental health disparities between older lesbian, gay and bisexual older adults and their heterosexual peers.

### 31. An Immersive Simulation Experience to Build Empathy for Geriatric Patients
Petal Abdool

At the end of this session, the participant will be able to:
- describe unique challenges faced by geriatric patients with co-occurring physical and mental health needs;
- examine key design considerations for immersive simulation experiences; and
- demonstrate how a mixed methods framework can be used to evaluate learning outcomes and inform program improvements.

<table>
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<tr>
<th>5:20 p.m. - 6:20 p.m.</th>
<th>CAGP Annual General Meeting (members only)</th>
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<tr>
<td>Nova Scotia Ballroom BC</td>
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<tr>
<th>7:00 p.m. onward</th>
<th>Inaugural 2018 CAGP-CCSMH Celebration and Awards Dinner</th>
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<tr>
<td>Theme: A Maritime Kitchen Party (with live music)</td>
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<td>(Please note: tickets are additional and must be purchased in advance)</td>
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- 7:00 p.m. - Social
- 8:00 p.m. - Dinner and Awards

- CAGP Outstanding Contributions in Geriatric Psychiatry Award Presentation
- 2018 CAGP Psychiatry Resident and Geriatric Psychiatry Subspecialty Resident Awards Presentations
- 2018 CAGP-CCSMH Awards Presentations

- 9:30 p.m. - Resident gathering begins
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<tr>
<td>7:00 a.m.</td>
<td><strong>3rd Annual CAGP Fun Run/Walk</strong>&lt;br&gt;Meet in the hotel lobby at 7:00 a.m. sharp</td>
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| 7:45 a.m. - 8:30 a.m. | **Conference Check-In**  
**Breakfast** |
| 8:30 a.m. - 9:00 a.m. | **Better Together: How Integrated Models of Geriatric Medicine and Psychiatry Can Deliver Superior Results**  
Samir Sinha |
| 9:00 a.m. - 9:45 a.m. | **32. Integrated Mental and Physical Health Care of Older Adults: How Do We Deliver the Goods?**  
Chair: Claire Checkland  
Eileen Burns, Samir Sinha, Kiran Rabheru, Monica Bretzlaff, Simone Powell |
| 9:45 a.m. - 10:30 a.m. | **Networking Break** |
| 9:45 a.m. - 10:30 a.m. | **Track Poster Session (invite only)** |
| 10:30 a.m. - 11:30 a.m. | **Concurrent Sessions Block 5** |

**At the end of this session, the participant will be able to:**
- describe why geriatric medicine and psychiatry sometimes have trouble collaborating;
- review some emerging models of integrated care between the two specialties; and
- discuss the transformative impact these models can have.

**At the end of this session, the participant will be able to:**
- describe the critical elements that foster synergistic care from an interprofessional lens;
- apply evidence-based methodologies to strengthen authentic communication, clinical assessment and holistic person-driven care planning; and
- utilize practical resources and tools for enhancing seamless collaboration across sectors.
<table>
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<tr>
<th>Social Event</th>
<th>Plenary</th>
<th>Resident</th>
<th>Symposium</th>
<th>Workshop</th>
<th>Clinical Case</th>
<th>Oral Abstract Presentation</th>
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At the end of this session, the participant will be able to:
- identify and implement changes to their professional practice to improve client and patient access to appropriate continuing care services;
- employ practical strategies to improve client and patient outcomes through more effective inter-professional collaboration and integration across health care service streams; and
- differentiate from the client and patient perspective what is and is not patient-centred care across the care continuum.

### Nova Scotia A

**34. The CARER Tool: A Novel Non-Pharmacological Intervention for Family Caregivers**  
Chair: Fernando Caravaggio  
Robert Madan, Kenneth Schwartz

At the end of this session, the participant will be able to:
- list evidence-based approaches to responsive behaviours in dementia;
- describe the theoretical basis for the CARER Tool; and
- list the steps involved in managing responsive behaviours using the CARER Tool.

### Nova Scotia Ballroom BC

**35. Autism in the Elderly: Addressing its ‘Existence’ and Recognition of Features and Management**  
Shabbir Amanullah, Sameh Hassan, K.S. Shivakumar, P. Krishna

At the end of this session, the participant will be able to:
- recognize the occurrence of autism in the elderly;
- describe the features/signs and symptoms of autism in the elderly; and
- address current evidence and management of autism in the elderly.

### Nova Scotia D

**36. Provision of Geriatric Psychiatric Care in a Rural Primary Care Practice Utilizing Allied Health Care Professionals**  
Heather Haworth

At the end of this session, the participant will be able to:
- use urban specialized geriatric psychiatric services to train and continually educate rural primary care allied health care professionals;
- integrate allied health care professionals in assessment and treatment of geriatric patients; and
- determine the advantage of home visits.
37. The Centre for Seniors’ Medical Psychiatry: Caring for Seniors with Coexisting Physical Illness and Depression/Anxiety through Integrated Collaborative Care with Primary Care Providers
Richard Shulman

At the end of this session, the participant will be able to:
- describe a practice model that advances integrated geriatric medicine and mental health competencies in the primary care setting through education and capacity building;
- illustrate the value of collaborative care models that involve partnerships between primary care and hospitals/specialists when caring for complex seniors with co-existing mental and physical health needs; and
- outline a care management model where geriatric specialist services are utilized more efficiently by providing evidence based speciality recommendations through care manager supervision in situations where patients do not require direct consultation.

38. Joint Impact of Frailty and Depression on Cognition
Melissa K. Andrew, Judith Godin

At the end of this session, the participant will be able to:
- demonstrate that different patterns of depression are associated with baseline cognition and changes in cognition over time;
- determine the importance of multiple factors, including history of depression, frailty and social vulnerability that can influence cognitive health as we age; and
- describe how the relationship between frailty and cognition is different based on patterns of depression.

11:45 a.m. - 12:45 p.m.  Concurrent Session Block 6
Nova Scotia Ballroom BC

39. Capacity Assessment in Older People: Interactive Case Workshop
Karen Reimers

At the end of this session, the participant will be able to:
- identify common clinical scenarios that may require assessment of mental capacity in the elderly;
- use practical clinical tools for assessment of mental capacity in the elderly; and
- describe common clinical and ethical dilemmas surrounding the assessment of mental capacity in the elderly.
<table>
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<tr>
<th>Session</th>
<th>Title</th>
<th>Presenters</th>
<th>Description</th>
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<tbody>
<tr>
<td>Nova Scotia D</td>
<td><strong>40. Help Us Build the Atlantic Seniors’ Mental Health Network (ASMHN): Bring Your Boldest Ideas!</strong>&lt;br&gt;Chair: Keri-Leigh Cassidy&lt;br&gt;Shabbir Amanullah, Beverley Cassidy, Debbra Cyr-Lebel, Sarah Krieger-Frost, Sarah Thompson, Dean Gambin, Katie Aubrecht, Wendy McVeigh</td>
<td></td>
<td>At the end of this session, the participant will be able to:&lt;br&gt;• describe the development of the ASMHN in Eastern Canada and its mandate;&lt;br&gt;• differentiate the current strengths and vulnerabilities of the ASMHN; and&lt;br&gt;• examine opportunities to contribute to the ASMHN.</td>
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<td>Nova Scotia A</td>
<td><strong>41. A Case of Mania Following Stroke</strong>&lt;br&gt;Elyse Ross, Lauren Musscn, Amer M. Burhan</td>
<td></td>
<td>At the end of this session, the participant will be able to:&lt;br&gt;• recognize mania as a potential consequence of stroke in the elderly;&lt;br&gt;• differentiate stroke-induced mania from other psychiatric and medical conditions, such as delirium; and&lt;br&gt;• list effective pharmacologic treatment options for mania following stroke.</td>
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<tr>
<td>12:50 p.m. – 1:30 p.m.&lt;br&gt;Nova Scotia Ballroom BC</td>
<td><strong>Closing Remarks</strong>&lt;br&gt;Keri-Leigh Cassidy and Petal Abdool, ASM Co-Chairs</td>
<td></td>
<td><strong>Awards Overview and Poster Award Presentation</strong>&lt;br&gt;Bonnie Wiese, Awards Chair&lt;br&gt;&lt;br&gt;<strong>2017 CAGP Geriatric Psychiatry Training Award Winner Presentations</strong>&lt;br&gt;&lt;br&gt;<strong>Grab and Go Lunch</strong></td>
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<tr>
<td>1:30 p.m.&lt;br&gt;Nova Scotia Ballroom Foyer</td>
<td><strong>Grab and Go Lunch</strong></td>
<td></td>
<td><strong>Networking Afternoon</strong>&lt;br&gt;Enjoyable destination and social events are planned! Take a scenic vineyard tour or enjoy exploring the city! To participate in a group event, please register for one of the following options:</td>
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</table>
1:45 p.m. - 6:30 p.m.
Join us for an autumn vineyard tour in the Annapolis Valley
(see details and register [here](#))

OR

**Option B: MAUD LEWIS GALLERY TOUR**
1:45 p.m. - 3:00 p.m.
Stay in town and enjoy a guided tour of Maud Lewis’ original house at the Nova Scotia Art Gallery
(see details and register [here](#))

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### Posters

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<th>#</th>
<th>Title</th>
<th>Authors</th>
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<tr>
<td>42</td>
<td>Convulsive Neurostimulation Therapies in Parkinson’s Disease with Depression: Protocol for a Prospective, Open-Label Clinical Trial Comparing Outcomes of Electroconvulsive Therapy and Magnetic Seizure Therapy</td>
<td>Nicholas J. Ainsworth, Fidel Vila-Rodriguez</td>
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<td>43</td>
<td>Evaluation of Anticonvulsants Use in Management of Alcohol Withdrawal Syndrome and Long-Term Medication Management of Alcohol Use Disorder in Older Adults</td>
<td>Stefanie Montogmery</td>
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<td>44</td>
<td>Cardiac Monitoring: Should Specific Protocols Be Developed for Older Adults with Schizophrenia</td>
<td>Catherine Bobek</td>
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<tr>
<td>45</td>
<td>An Evaluation of the Efficacy of Behaviour Therapy on Deferring Emergency Department Visits as a Result of Behaviour in Dementia Care</td>
<td>Nick Feltz</td>
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<td>46</td>
<td>Applied Behaviour Analysis (ABA) for Dementia Care: Welcoming Behaviour Therapy into Geriatric Psychiatry</td>
<td>Adele Loncar, Nick Feltz</td>
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<td>47</td>
<td>How Interprofessional Collaboration Promotes Resident Engagement in a Rural, Long-Term Care Setting</td>
<td>Yvonne Tieu, Stephanie Mattson, Chad Bauld, Tina Boyd-Fuller, Jacquelyn Levy</td>
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<td>48</td>
<td>Atorvastatin for the Treatment of Lithium-Induced Nephrogenic Diabetes Insipidus: A Pilot Randomized Controlled Trial</td>
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