NEWS

Updates From The West
Vancouver Island: Delirium Training DVD developed On Vancouver Island .................................................. 2
Alberta Combined Geriatric and Forensic Psychiatry Conference .................................................. 4
Shades of Grey - Delirium: A Medical Emergency ................................................. 5

CCSMH Report
The National Guidelines for Seniors’ Mental Health Project .................................................. 3
Upcoming Conferences ................................................... 2

REPORTS

Education Committee Report ........................................ 6
CAGP Member Survey 2006 ........................................... 7

ANNOUNCEMENTS

2006-2007 Board of Directors ......................................... 7
Call for Resident Awards ................................................ 8
Call for Poster Presentations ........................................... 9
Call for Nominations: Award for Lifetime Achievement in Geriatric Psychiatry ................................ 9
Call for Nominations: Award for Outstanding Contributions to Geriatric Psychiatry .......... 10
Call for Workshop Presentations ................................... 11
2006 Annual Scientific Meeting ..................................... 12
Delirium: four times as common in older people than in younger, and yet as many as 70% of cases go undetected. Delirium is a medical emergency that is often mistaken for dementia or a psychiatric disorder. Undiagnosed and untreated, delirium can lead to permanent cognitive and functional decline and a greater risk of illness and death.

The Vancouver Island Health Authority Mental Health & Addiction Services identified delirium in older people as a concern in all health care sectors. To address this, it has developed the teaching DVD, *Delirium in the Older Adult: A Medical Emergency*, to help staff learn to recognize the symptoms early and intervene before permanent changes take place.

An extensive literature search and survey of available resources revealed that there was little pre-existing audio-visual teaching materials on delirium. With financial support from the Nursing Directorate, 30 nurses from across Vancouver Island representing all health care sectors were invited to attend a workshop with instructors Patti Parkyn, Home & Community external consultant; Sandie Somers, Upper Island Geriatric Outreach Program; and Ann Marie Monahan, Psychogeriatric Education, Central Island. The workshop included a two-hour presentation on identification, assessment and treatment of delirium, followed by an opportunity to view a short video on recognizing delirium (Tassonyi, 2000), which originated in Ontario. The nurses were also asked to critique teaching content and tools that nurses would find useful to recognize, assess and treat a delirious person. This was a rare opportunity for nurses from all health care sectors to sit at the table together and share their concerns, frustrations and needs. Their feedback and consultation from experts has helped to produce this educational DVD that is relevant and available to staff across the continuum of care.

The production of the DVD was a joint partnership between clinical experts in Mental Health & Addiction Services and VIHA MultiMedia Services with support from Home & Community Care and Seniors Health. The DVD features multidisciplinary experts from across VIHA and follows one family’s experience of delirium. Directed toward doctors, nurses and paramedical staff who work with older adults in their practice, it can be used for teaching staff and families, for self-learning or to enhance case conferencing. This best practice, evidenced based DVD begins with a generic presentation of delirium where the health care provider can learn how to recognize the symptoms of delirium, identify its causes and draw from a selection of effective interventions. Menu choices direct the viewer to more specific presentations related to acute care, residential care and home and community care, with a brief reference to delirium at end of life. The DVD package also contains a CD with assessment tools and 2 key reference guides – the CAM (Confusion Assessment Method) and a Best Practice Quick Reference Guide. The DVD is supported by a website [www.viha.ca/ppo/learning](http://www.viha.ca/ppo/learning) which features tools, teaching materials and links to other delirium sites. The DVD is available for $34.20 (tax and shipping included) outside VIHA, and $15.00 within VIHA. Orders can be sent to MediaSales@viha.ca.

**Upcoming Conference**

**CCSMH Conference 2007**

Mark your calendars!!

The 2nd CCSMH National Conference will be held September 24th and 25th 2007 at the Delta Meadowvale Resort and Conference Centre which is located in the Greater Toronto Area in Mississauga Ontario. Stay tuned for our upcoming call for abstracts. For more information please contact Kim Wilson.
Exciting News from the CCSMH…

The National Guidelines for Seniors’ Mental Health Project

In January 2005, the CCSMH was awarded funding by the Public Health Agency of Canada, Population Health Fund, to lead and facilitate the development of evidence-based recommendations for best-practice National Guidelines in the key areas of seniors’ mental health. The four identified key areas and guidelines are:

- Assessment and Treatment of Delirium
- Assessment and Treatment of Depression
- Assessment and Treatment of Mental Health Issues in LTC (focus on mood and behavioural symptoms)
- Assessment of Suicide Risk and Prevention of Suicide

The four multi-disciplinary guidelines are available online at www.ccsmh.ca & CAGP members will receive a hard copy of the guidelines in June 2006

Seniors’ Mental Health Research & Knowledge Exchange Network Launch

- Join the database to list yourself as a Canadian researcher http://researchnetwork.ccsmh.ca
- Search the database to see who is doing research on seniors’ mental health
- Stay tuned for grant and funding opportunities
- Learn about new and relevant research opportunities

If you would like to be involved please contact Kim Wilson at kwilson@baycrest.org for further information

2nd CCSMH National Conference

Mark your calendars!! The 2nd CCSMH National Conference will be held September 24th and 25th 2007 in Toronto, ON. Stay tuned for our upcoming call for abstracts.

For more information please contact Faith Malach at fmalach@baycrest.org or 416-785-2500 ext. 6331 or visit our website at WWW.CCSMH.CA
A

n unusual event occurred in April 2006. Geriatric psychiatrists and Forensic Psychiatrists attended a joint conference! Supported from a donation from Astra Zeneca and lead by the Department of Psychiatry, University of Calgary, Division of Geriatric Psychiatry, the conference took place in Banff and focused on Geriatric/Forensic issues that are of interest to both groups.

There were a number of case presentations made by all members of the conference that took place in small group format and provided an interesting insight into the thinking of both Geriatric psychiatrists, in contrast to Forensic psychiatrists! There were also four plenary sessions over the two days on “Compelling Legal Issues in Geriatric Psychiatry”, “Legal Issues Involved in the Treatment of Behavioural Disorders of Dementia”, “Evaluation of Undue Influence in the Elderly” and the “Forensic Evaluation of the Older Criminal”. These presentations were provided by Dr. Kevin Lawless from Edmonton and Dr. David Naimark from University of Southern California, San Diego.

The conference was greatly appreciated by all attendees and provided a great opportunity for Geriatric psychiatrists to discover an insight into the world of the elderly in the Forensic system and similarly for Forensic psychiatrists to become familiar with some of the Geriatric Psychiatry issues, which of course included such things as elder abuse/undue influence, competency evaluation and the role of frontal lobe dysfunction in elderly patients committing crimes.

The idea of combined Division conferences was well received. Suggestions have been made that next year we see if we can get support, for either a combined Geriatric Psychiatry Ethics Conference or alternatively a combined Geriatric Psychiatry Consultation Liaison Conference, particularly since many competence assessments take place in acute care by C/L psychiatrists. As Geriatric psychiatrists, particularly working in the community, we often see that the process is not the same we would apply to an individual in the community. The overall ratings of the presentation ranged between very good and excellent, which is an incentive for us to continue to organize such conferences in the future. This raises the question of whether it would be worth organizing further joint conferences, as a local, but maybe also national level. Some of us are old enough to remember the joint Geriatric Medicine and Geriatric Psychiatry conferences that were organised with drug company support in the mid to late 1980’s and these were always lively and interesting meetings.

The Canadian Journal of Geriatrics will be publishing a special edition of their publication devoted to the CAGP. Please watch out for it in the fall of 2006. It will feature poster abstracts for our ASM, information on our upcoming Annual Scientific Meeting in Toronto and relevant industry issues.
On June 16, 2006, the Seniors’ Health portfolio of the Calgary Health Region sponsored the 15th annual Shades of Grey assembly. This education symposium is multidisciplinary and, in previous years, has highlighted topics such as dementia, substance abuse, pain, and falls. This year, there were close to three hundred registrations from a variety of disciplines (medicine, nursing, rehabilitation, pharmacy, etc.)

The focus of this session was delirium, an important syndrome in geriatric psychiatry. Symposium objectives were that participants will be able to:

- Describe the significance of delirium in terms of health outcomes and functional ability
- Identify delirium in their clients/patients
- Identify common risk factors for delirium and describe evidence-based delirium prevention strategies
- Describe the investigation and treatment for delirium in a range of clinical settings

Guest faculty presentations included “Delirium prevention: A success story” by Anne Earthy who is a clinical nurse specialist from New Westminster, BC. Her presentation outlined the planning, and ongoing issues related to the opening of a new acute care geriatric unit in New Westminster. She included an overview of team development issues and a variety of algorithms used in the assessment and management of common geriatric issues, including delirium. Four important care indicators were the good skin integrity, reduced injuries related to falls, maintenance of continence, and the prevention of delirium. She also presented a concurrent session, “Delirium: Minimizing risks.”

The other guest faculty member was by Anne Pizzacalla, a clinical nurse specialist from Hamilton, Ontario. She presented a plenary session entitled, “HELP for acute care: The first 18 months.” HELP is an acronym for Hospital Elder Life Program. This presentation outlined the development of a program with the goals of maintaining physical and cognitive function during admission, maximizing independence at discharge, assisting with the transition from hospital and home, preventing unplanned readmission, and increasing patient and family satisfaction. The program uses trained volunteers to assist the four staff members (elder life specialist, elder life clinical nurse specialist, geriatrician and administrator). Outcomes of 200 enrolled patients included a low delirium rate and reduced functional decline.

Dr. David Hogan, Professor and Brenda Strafford Foundation chair in geriatric medicine, who is a CCSMH member, provided the initial plenary presentation entitled, “Delirium 101”, and a later concurrent session on the CCSMH delirium guidelines. His plenary session provided an overview of the epidemiology and etiology of delirium, as well as the appropriate investigation and treatment of the delirious patient. His concurrent workshop provided copies of the CCSMH guidelines with respect to delirium and the content of the discussion was relevant to this document.

The faculty also included two CAGP members. Dr. Marlene Smart, geriatric psychiatrist, Calgary Health Region, presented a plenary session entitled “Differentiating delirium from dementia and depression”. Information from this session included a brief overview of geriatric depression, and the common types of dementia (Alzheimer, vascular, Lewy body, frontotemporal and mixed), and offered clinical clues to differentiate the syndromes. Dr. Suparna Madan, geriatric psychiatrist, Calgary Health Region presented a concurrent session on “Preoperative delirium screening: The Calgary experience” along with Shannon Paul-Jost, seniors’ resource nurse, Healthy Living Portfolio, Calgary Health Region. Their workshop outlined their experience at a local hospital, trying to identify geriatric patients undergoing surgery who may be susceptible to delirium and the strategies undertaken to prevent this postoperative complication.

Lori Romonko-Slack, pharmacist, Geriatric Assessment and Rehabilitation Program provided a concurrent session, “Pharmacologic role in delirium.” She outlined the problem of drug induced delirium, factors making older people more susceptible and prevention strategies. Dr. Arlin Pachet, clinical neuropsychologist and team leader, Regional Capacity Assessment Team, Calgary
Core Competencies for General Psychiatry Training- An Update

The CPA National Strategy on Post Graduate Education and representatives of the CPA Academies (CAGP, CACAP, CAPL, and CAPM), have been working together, over the past 2 years, in an attempt to define the core competencies for training and for general psychiatry practice across the life span. The Royal College of Physicians and Surgeons of Canada are keen to have this exercise completed for general psychiatry before they will consider the issue of subspecialty recognition. We fortunately have complete agreement from all participants that the PG years should be comprised of a “general” Year 1, followed by 4 additional years of training. The philosophical underpinning of the 5 years of training includes grouping years 2 and 3 together as knowledge acquisition years (with increasing responsibility) leading to a “junior consultant” year 4 and a “consultant with supervision” year 5. The longitudinal objectives include emphasizing that competencies are needed to serve patients across the lifespan. Fellowship or subspecialty training would then involve an additional year of training after passing the RCPSC examination in general psychiatry (1+4+1). The good news for geriatric psychiatry is that members of the project group endorse a full 6 months of geriatric training within the 4 years of general training, delivered as two 3 month blocks. A survey of CPA members last year confirmed that, as expected, almost all general psychiatrists are seeing geriatric patients. Specific geriatric content was endorsed as important by survey completers.

The challenge for the larger project has proven to be trying to integrate geriatric (and child, forensic, C/L, addictions etc!!!) content into “lifespan” documents and making sure that the general psychiatry competencies are complete but not unduly complex and lengthy. We currently await the input of program directors across the country as we attempt to operationalize the proposed changes in training without alarming residents and supervisors.

Cathy Shea and Melissa Andrews, of the CAGP education committee are currently re-working CAGP 2004 Core Competencies for general Psychiatry document (available on the CAGP website) into the Royal College CanMEDS 2005 Physician Competency Framework and hope to have that document finished shortly. It will complement the integrated core competency document, as will the core competency documents of the other academies. Next steps include updating the 1994 Specialty Guidelines for Geriatric Psychiatry.

Ultimately it is hoped that this work will lead to an application to the Royal College for subspecialty recognition for Geriatric Psychiatry in the next few years. Stay tuned for further updates.
So far the Academy has received ten survey replies, perhaps not a reflective number of the one hundred and ninety members we currently have to really extrapolate people’s opinions about where they want the Academy to go!

The ten so far received will be reviewed by the Board, as some interesting suggestions were raised by members. However, I would like to strongly encourage members who have not completed the survey to do so. If they have lost the original form, please contact me at stuart.sanders@calgaryhealthregion.ca and I will be happy to e-mail a new survey to you.

Of the ten replies that we have had, there seems to be general consensus that the vision captures most of the issues members would like to see, though one suggestion about treatment and research was suggested. This issue also came up in the mission statement and the goals of the Canadian Academy. With regard to the specific objectives, the general consensus was the primary responsibility should be for education of residents, fellows, medical students and geriatric psychiatrists, with mixed input about the roles of other, such as family physicians, staff in nursing homes, public education. Looking at the ten questionnaires returned, all areas were, however, represented. We may have to look at prioritizing these, though education for residents, fellows and medical students is clearly number one from the replies we have.

Reponses for the educational activities were generally positive, particularly for the CAGP Annual Scientific Meeting and the Canadian Colloquium on Dementia. There was a general feeling that the newsletter and website were useful, though a request for more diverse regional input and potentially more scientific contributions was asked for and the suggestion that more active involvement by the Academy in other communication such as radio or TV should be encouraged.

Whether you agree or disagree with this feedback from your colleagues within the Academy, I would strongly encourage members to submit surveys, the more we have the better and of course the board will be looking at all of these surveys and taking their suggestions into account. This is your organization and we try to represent your views, so the more replies we have the better!
Purpose: The Resident Award of the Canadian Academy of Geriatric Psychiatry is a programme whose primary purpose is to promote the development of future Canadian psychiatrists who will provide leadership in the areas of service, education and research in the field of geriatric psychiatry.

Eligibility: Canadian psychiatric Residents or Fellows with at least one year remaining in their programmes as of July 2006.

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

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

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

APPLICATION DEADLINE WAS: JUNE 15, 2006

Amount: $2,000 is available per year, for a maximum of 2 (two) years (max. $4,000). Renewal is not automatic.

Thank you to all applicants. All applications will be reviewed by our selection committee.
CALL FOR POSTER PRESENTATIONS
2006 Annual Scientific Meeting - Toronto, Ontario
Dr. Catherine Shea
Co-Chair, Education Committee

As Chair of the Annual Scientific Committee I am pleased to invite you to submit an Abstract for a Poster Presentation at the Canadian Academy of Geriatric Psychiatry Scientific Meeting to be held at The Fairmont Royal York Hotel, Toronto, Ontario on the 9th of November 2006.

• There will be 30 Minutes of protected time for poster presentations and dialogue.
• An Award of $500 will be presented at the meeting for the best poster.

Instructions
• Poster Abstracts must be received at the CAGP headoffice by August 15th 2006.
• Please include the title and a short summary of the presentation.
• Posters should adhere to CPA guidelines.

Awarded Poster presentations will be published in one of the CAGP’s publications (Newsletter, Annual Report and/or Geriatrics Today). It will be assumed that the presentation will be made in the language in which the abstract is submitted.

The form must be provided electronically either through email or by mail with a diskette. An on-line submission form can be found at www.cagp.ca. For manual submissions, print and complete the forms and mail package, including diskette copy to the address given below. Submissions should be sent to:

Dr. René Desautels
CAGP
55 St Claire Ave. W. - Suite 255
Toronto ON M4V 2Y7

CALL FOR NOMINATIONS
AWARD FOR LIFETIME ACHIEVEMENT IN GERIATRIC PSYCHIATRY
Dr. Martha Donelly
Chair

This year the CAGP is pleased to announce a new award category: The Lifetime Achievement Award in Geriatric Psychiatry. This award acknowledges a geriatric psychiatrist who has made a significant contribution to the development of geriatric psychiatry in Canada in education, research or service delivery throughout his/her career.

For information on the criteria and/or to nominate an individual for this award please contact Reena Vohra at the CAGP office 416.921.5443 for the criteria. Nominations must be received no later than July 31st of each year. Send submissions to:

Reena Vohra
CAGP
255-55 St. Clair Avenue West
Toronto ON M4V 2Y7

Adjudication
The Canadian Academy of Geriatric Psychiatry shall choose the recipient from among the nominations by consensus within a three member Selection Committee.
CALL FOR NOMINATIONS

AWARD FOR OUTSTANDING CONTRIBUTIONS TO GERIATRIC PSYCHIATRY

Dr. Martha Donnelly

Chair

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

Criteria

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

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

Nomination Procedure

The nomination must include:

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

Nominations must be received no later than July 31st of each year. Send submissions to:

Reena Vohra
CAGP
255-55 St. Clair Avenue West
Toronto ON M4V 2Y7

Adjudication

The Canadian Academy of Geriatric Psychiatry shall choose the recipient from among the nominations by consensus within a three member Selection Committee.
As Chair of the Annual Scientific Committee I am pleased to invite you to submit an Abstract to conduct a Workshop at the Canadian Academy of Geriatric Psychiatry Scientific Meeting to be held at The Fairmont Royal York Hotel, Toronto, Ontario on the 9th of November 2006.

Workshops focus on specific topics or themes in geriatric psychiatry and often present several points of view. Topics should be timely and relevant to geriatric psychiatry. Workshops must be highly interactive, lively and informative with a significant opportunity for audience participation. Workshops will last approximately one hour.

Instructions

1. Abstracts for Workshops must be received at the CAGP head office By July 31st 2006.
2. Please include the title, the goal(s) and three learning objectives and abstract text of approximately 250 words. Learning objectives must indicate what the participants will learn from the presentation in terms of knowledge, skills or attitudes. They should clearly describe what participants will be able to do differently after attending the session.
3. Presenters will be required to provide a one page executive summary of the lessons learned for inclusion in the CAGP newsletter and/or Journal.
4. Audiovisual aids will be provided as requested on the submission. It is the responsibility of presenters to provide a laptop computer for use with an LCD.
5. In keeping with the principles of Maintenance of Certification (MOC), a minimum of 25% for the total workshop time must be allotted for discussion.
6. You will be notified of the Program Committee’s decision regarding your submission by late Spring 2006.

All presenters and co-presenters must register for the meeting and pay the appropriate registration fee.

7. It will be assumed that the presentation will be made in the language in which the abstract is submitted.
8. The submission form must be provided electronically either through email or by mail with a diskette. An on-line submission form can be found at www.cagp.ca. For manual submissions, print and complete the forms and mail package, including diskette copy (abstract text, goals and objectives) to the address given below.

Submissions must be sent to:

Dr. René Desautels
CAGP
55 St Clair Ave.West - Suite 255, Toronto ON M4V 2Y7
Or info@cagp.ca
The CAGP will be holding its Annual Scientific Meeting on November 9th 2006. The meeting has been designed to address the information and networking needs for all professionals who work with older adults with mental health problems.

7:45 am - 8:30 am  Registration - Sign up for workshops and breakfast  
8:30 am - 8:45 am  Welcome - Dr. Martha Donnelly, Dr. René Desautels, Dr. Mark Rapoport  
8:45 am - 9:20 am  Keynote #1: "Clinical vs Statistical Significance in Geriatric Psychiatry"  
  - Dr. David Streiner  
9:20 am - 9:55 am  Keynote #2: "Antidepressants for the older adult - Are they better than placebos?"  
  - Dr. Benoit Mulsant  
9:55 am - 10:30 am  Break and Poster Session  
10:30 am - 11:05 pm  Keynote # 3: "Do cognitive enhancers produce clinically significant changes in older adults"  
  - Dr. Krista Lanctot  
11:05 pm - 11:30 pm  Panel Discussion  
11:30 pm - 12:30 pm  Lunch  
12:30 pm - 1:30 pm  Presentations by Fellows and Residents - Chaired by Dr. Cathy Shea  
  "New Canadian Guidelines: Creation, Dissemination & Implementation"  
  - Dr. David Conn  
1:30 pm - 1:50 pm  Awards  
1:50 pm - 2:00 pm  Break  
2:00 pm - 2:30 pm  Four simultaneous workshops  
  Workshop #1. National Guidelines:  
  Assessment and Treatment of Delirium - Dr. David Hogan  
  Workshop #2. National Guidelines:  
  Assessment and Treatment of Depression  
  - Dr. Marie-France Tourigny-Rivard  
  Workshop #3. National Guidelines:  
  Assessment and Treatment of Mental Health Issues in LTC Homes - Drs. David Conn & Maggie Gibson  
  Workshop #4. National Guidelines:  
  Assessment and Prevention of Suicide - Dr. Adrian Grek  
2:30 pm - 3:45 pm  Presentation:  
  Alzheimers disease: From Individualized treatment to public policy - Dr. Ken Rockwood  
3:45 pm - 4:30 pm  Annual General Meeting with wine & cheese  
4:30 pm - 5:30 pm  CAGP  
55 St Clair Ave. W., Suite 255, Toronto ON M4V 2Y7  
T: 416.921.5443 F: 416.967.6320  
E: info@cagp.ca  • www.cagp.ca