

**THE UNIVERSITY OF CALGARY
FACULTY OF MEDICINE
DEPARTMENT OF PSYCHIATRY
PRESENTS
THE 2003 SEBASTIAN K. LITTMAN RESEARCH DAY
FRIDAY March 07, 2003
VILLAGE PARK INN**

- ABSTRACT FORM -

To be submitted by February 14, 2003 to Dr. JianLi Wang, Department of Psychiatry, Peter Lougheed Centre, #3645, 3500 – 26 Ave. NE, Calgary, AB. T1Y 6J4

Please send your abstract by electronic file to: yvette.kosidowski@calgaryhealthregion.ca or via computer disk as these will be reproduced for handouts.

Clearly indicate the PRESENTOR(S) name(s). Hand written or faxed forms are not welcome as these produce poor quality handouts.

Title: Movement Disorders and Pathological Gambling

Author(s): N. el-Guebaly, S. Brennan (University of Alberta)

Presenter(s): Stefan Brennan, Nady el-Guebaly

Objective: Pathological gambling is characterized by persistent involvement in gambling despite ongoing consequences or efforts to stop. An association has been reported between pathological gambling and movement disorders (Parkinson's disease and Huntington's disease), especially with the use of antiparkinsonian agents.

Methods: A review of relevant scientific literature was conducted to identify reports of pathological gambling in the context of movement disorders.

Results: Four case reports have been published describing the development of pathological gambling in patients with Parkinson's disease. One case report has been published of a pedigree analysis of a family with Huntington's disease in which two cases of pathological gambling were identified (also identified were three cases of obsessive-compulsive disorder). No reports of pathological gambling in conjunction with a diagnosis of Tourette's disorder were identified.

Conclusions: It is difficult to draw many conclusions from these studies, given that they are case reports with small numbers of patients and premorbid psychiatric history is not always well explored. Movement disorder patients being screened for pathological gambling and other impulse-control disorders would clarify whether there is an increased association between movement disorders and pathological gambling and help determine if dopaminergic medications precipitate gambling.

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Title: Recent Developments in Brain Function and Their Impact on The Future of Psychiatry

Author(s): B. Campbell and K. I. Pearce

Presenter(s): B. Campbell and K. I. Pearce

We will review new understanding of how the brain works to show that when compared to previous ideas of consciousness, intent, self-awareness, and meaning, this new understanding reflects an impending major paradigm shift in psychiatry. The development of non-linear dynamic systems theory, the computer, and a more complete understanding of neuronal physiology have led to a more complete understanding of brain function and dysfunction. The presentation will present new concepts of brain function that reveal that a model based on dynamic interactions, rather than morphological structure and simple neuronal behaviour, are able to provide an explanation of mental wellness and illness/disease in a more realistic manner than previously achieved. We briefly touch on some contemporary issues in psychiatry to show how these new ideas illuminate them.

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Title: Western Canada Waitlist Project in Child and Adolescent Psychiatry: A review of the findings to date.

Author(s): Cawthorpe, D, Wilkes, T.C.R., and Rahman, A

Presenter(s): David Cawthorpe

One goal of the regional access and intake system (RAIS) of the Child and Adolescent Mental Health and Psychiatry Program (CAMHPP) is to effectively place referrals within the CAMHPP continuum of services in the shortest possible time. The Western Canada Wait List priority form for pediatric mental health was selected as candidate instrument to pilot with respect to its effectiveness in measuring the severity of mental health problems among referrals and with potential use in prioritizing referral and placement.

The main purpose of this report is to summarize the WCWL results obtained to date. We find that the WCWL scores accurately reflect the current practice with respect to intake, triage, and placement in the CAMHPP continuum of care. The results indicate that WCWL priority form for pediatric mental health is a useful measure of clinical severity.

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Title: Deep brain stimulation of cocaine euphoria: A case study

Author(s): Z.H.T. Kiss, H. Tavares, K. Hunka, D. Kirstein, O. Suchowersky, W. Campbell, S. R. Currie, and B. Hu

Presenter(s): S. R. Currie, W. Campbell, & Z.H.T. Kiss

We present the unique case of a 35-year man who experienced a cocaine high during routine programming of a deep thalamic brain stimulator that was surgically implanted 2 months previously to treat essential myoclonus. The patient had a prior history of heavy alcohol and marijuana abuse but reported to be drug-free for over 8 years. He had tried cocaine only 4 times previously, but related the brain stimulation to his vivid memory of being high on the drug. The artificial cocaine euphoria was induced on three separate occasions, all during routine programming of a Medtronic quadripolar stimulation electrode. To our knowledge, this is the first case of direct brain stimulation causing a drug euphoria experience. The case raises important questions about how the brain stores memories of drug-related emotional experiences. The potential use of brain stimulation in addiction treatment will be discussed.

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Title: Preparing Psychiatry Residents for the Certification Exam: A Survey of Residency and Exam Experiences

Author(s): A. Holt Seitz, D. Crockford, B. Adams

Presenter(s): Alana Holt Seitz

Objective: Determining which methods best prepare psychiatry residents for the certification exam (and ultimately for practice) would facilitate appropriate residency program curriculum changes.

Method: An anonymous survey was sent to all final year (PGY-5) Canadian University affiliated psychiatry residents regarding frequency and diversity of observed interviews, form of feedback delivery, research and other training experiences, self-perception of preparedness and knowledge base, and management strategies for exam anxiety 6 months before and immediately after the certification exam.

Results: There was a 52% response rate. Residents from across Canada identified regular mock orals supervised by royal college examiners, clinical experience with exposure to a wide spectrum of pathologies, individual and group study time, and appropriate anxiety management, as factors that enable successful exam completion. Preparation for the second half of the oral exam (including practice case vignettes, presentation and formulation skills), was considered to be an essential component of training, yet was identified as an area of educational and experiential weakness among some programs.

Conclusions: In order to prepare psychiatry residents for successful completion of their Royal College exam, programs should incorporate 1) regular mock orals observed by R. C. examiners throughout residency training (not just PGY-2 and PGY-5), 2) training in case vignettes and oral exam skills as well as 3) education of anxiety management strategies.

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Title: Effect of Preferred Music Intervention on Disruptive Behaviours during ADLs in Demented LTC Residents

Author(s): Dr. Suparna Madan

Presenter(s): Dr. Suparna Madan

Background: Disruptive behaviours, defined by Rossby et al. (1992) as “behaviour resulting in negative consequences for the resident, caregiver or other residents” are common among demented individuals and are often managed with pharmacological and physical restraints. Previous studies have suggested that music intervention is a useful alternative to restraints in the management of agitation and aggression, however these studies have numerous methodological difficulties. **Objectives:** The objectives of this pilot study were: a) to develop a research protocol with a single-blinded and controlled study design; b) to determine the usefulness of the Disruptive Behaviour Scale (DBS) as a primary outcome variable and to determine parameters for its use; c) to calculate the necessary sample sizes to obtain significant results in a subsequent larger scale study and d) to obtain preliminary information about the effect of preferred music intervention during activities of daily living (ADLs) in demented long term care (LTC) residents. **Methods:** Ten residents of the North Haven’s unit (BCC, Calgary, Alberta) who met the inclusion/exclusion criteria were selected at random for participation. Following a 5-day baseline period, subjects randomly received, music or no music for the remaining 9 days of the study. Music was presented for at least 15 minutes prior to the onset of ADLs via headphones & MP3 players. Disruptive behaviours were recorded using the DBS. **Results:** There was a trend towards reduction in disruptiveness during the no music and music conditions, the effect being greater for the music condition, in comparison to the baseline period. In 28% of the observations, during the baseline period, subjects scored below 300 on the DBS in comparison with 46% during the music condition. A sample of 141 (power 0.99, alpha 0.05) would be needed to make these results significant. **Conclusions:** Music is a promising intervention to reduce disruptive behaviours in demented elderly, however further research studies using better designed methodology and sufficient sample sizes are needed.

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Title: Stage of Change Assessments in Drug and Alcohol Problems: Factor Structure and Agreement between Self- and Clinician-Reports

Author(s): C. L. Mansley, D. C. Hodgins, L. Goodale & S. R. Currie

Presenter(s): Chrystal L. Mansley

Stage of change assessments are commonly used to determine readiness to change in drug and alcohol users seeking treatment. Although these measures have been developed to reflect the five conceptual stages of Prochaska and DiClemente's Transtheoretical Model, factor analyses of self-report ratings have consistently shown a three-factor structure: Ambivalence, Readiness, and Taking Steps. The purpose of this study was to examine the underlying factor structure of stage of change assessments in alcohol and drug problems, for both self-report and clinician-rated instruments, as well as to assess the level of agreement between self- and clinician- ratings. Clients being assessed for drug or alcohol treatment completed the Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES), and interviewing clinicians completed the Readiness to Change Questionnaire – Clinician Version (RCQ-CV) for those clients. Preliminary analyses indicated a three-factor structure for both self- and clinician-ratings, and this structure held for both drug and alcohol problems. The three-factor solution accounted for approximately 70% of the variance in responses and was consistent between self- and clinician-ratings for both drug and alcohol problems. Self-report scores on each factor were significantly correlated with clinician-rated scores on the same factors. Agreement between self-report and clinician ratings for both scale scores and categorical stage assignments will be examined, and the utility of clinician-rated stage of change assessments will be discussed.

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Title: Selecting and testing quality indicators for evaluating early psychosis programs

Author(s): Dr. Don Addington, Dr. Jean Addington, Dr. Carol Adair, Dr. Scott Patten, Dr. Harvey Smith, Ms. Emily McKenzie

Presenter(s): Ms. Emily McKenzie

This is a two-phase project that involved the selection of a set of quality indicators (QIs) for application to early psychosis programs (EPPs). A recent review of accountability and performance indicators for mental health services and supports in Canada concluded that progress was needed in the development of QIs.

The first phase of the project used the Delphi process to encourage a diverse group of stakeholders to reach consensus of a set of QIs. The Delphi is an iterative process that involves questionnaires presented in rounds to stakeholders. Stakeholder groups included: 1/ the Payer; 2/ mental health administrative providers; 3/ mental health clinician providers; 4/ national experts/researchers; 5/ family physicians; 6/ patients in the Calgary EPP; and 7/ family members of the EPP patients.

In the first round stakeholders were asked to name 5-10 quality indicators they believed important in the evaluation of EPPs. Responses to this open-ended question varied, with key themes differing for each of the seven stakeholder groups. In the remaining rounds, stakeholders rated the importance of QIs in a list. Stakeholders moved towards consensus between Rounds 2 and 3. QIs rated as essential with strong consensus included; confidentiality, duration of untreated psychosis, monitoring of medication side effects, community follow-up after hospitalization, and illness education. The second phase is currently underway and involves testing the feasibility of implementation of selected QIs in the Calgary EPP.

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Title: Impact of Neuropsychiatric Illness on Quality of Life of HIV/AIDS Patients

Authors: Rupang Pandya, B.Sc., M.D.; Hartmut Krentz, Ph.D.; M. John Gill, M.B.; Christopher Power, M.D., FRCP(C)

Presenter: Dr. Rupang Pandya, Resident, Dept. of Psychiatry, University of Calgary

Objective: To examine the relationship between HIV-related neuropsychiatric illnesses including HIV-associated dementia (HAD) and sensory neuropathy (HIV-SN), and health-related quality of life (HRQOL).

Method: HRQOL was evaluated cross-sectionally using Medical Outcome Study HIV Health Survey (MOS-HIV) at the Southern Alberta HIV/AIDS Clinic in Calgary, Canada. This survey was administered to 291 HIV-infected patients with or without a neurological diagnosis at 16 week intervals between 1999 and 2002.

Results: Seventy-nine (27%) patients met clinical criteria for a neurological condition (e.g., HAD, HIV-SN). Patients with neurological conditions had significantly lower mean HRQOL scores (i.e., lower functioning) at baseline than controls ($p < 0.01$) for all dimensions. The mean MOS-HIV overall health (25.0), mental health (44.4), and cognitive functioning (54.5) scores for HAD group were significantly lower ($p < 0.001$) than controls (58.6, 70.3, 81.5, respectively). The mean MOS-HIV overall health (40.1) and level of pain (57.7) scores for neuropathy group were significantly lower ($p < 0.001$) than controls (58.6, 81.4, respectively). Prospective analysis demonstrated a decline in HRQOL scores prior to a neurological diagnosis but increased by 32 weeks after treatment ($p < 0.05$).

Conclusions: This is the first report of an association of lower HRQOL scores in HIV-positive patients with neuropsychiatric syndromes. Although antiretroviral agents may have immuno-reconstitutive and neuroprotective features, a global approach towards patient care including enhanced neuropsychiatric management may have a positive impact on patients' overall well being.

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Title: We're All in This Together: The Deconstruction and Reconstruction of Conscience

Author(s): Alan Parry, Ph.D.

Presenter(s): Alan Parry

Modernity might be described as a process in which every cultural institution that hinders the free expression of the individual has been thrown into question. In the process, conscience, as a built-in sense of obligation to others, has been deconstructed almost out of existence. Rightly so, for it had become Freud's rigid, harsh super ego. Modernity also has shrunk the world so that we are all thrown together as perhaps never before. It is now time to reconstruct conscience as the claim that the other has upon each of us. The theories and practices of systemic family therapy offer the basis for such a reconstructed conscience rooted in the proposition we are all in this together. Yet, unless the individual self acts on the basis of a commitment to a chosen truth, our actions will go on reacting to the other in the same way as the other reacts to oneself.

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Title: Impact of Cormorbidity on Outcome in Pathological Gambling

Author(s): Nicole Peden, David C Hodgins & Erin Cassidy

Presenter(s): Nicole Peden

Abstract:

A naturalistic sample of pathological gamblers (N=101) who recently quit gambling was followed prospectively for a year (follow-up rate 80%). Lifetime mood disorders were uncovered for 61% of participants and 73% and 48% had lifetime alcohol use and drug use disorders. Current prevalence rates, however, were much lower. Current mood disorders were found for 20% and 7% had a current alcohol and drug use disorder. Age of onset for substance use disorders was earlier than gambling disorders but mood disorders were equally likely to predate or follow gambling disorders. Lifetime mood disorder was associated with a longer time to achieve three months of stable abstinence. Participants who were currently in treatment or attending Gamblers Anonymous and participants with current alcohol disorders were also more likely to achieve abstinence earlier. The results underscore the importance of attention to comorbid disorders in effectively promoting the recovery process from gambling problems.

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Title: Functional Magnetic Resonance Imaging (fMRI) of cognitive brain activity in depressed stroke patients during mental subtraction: data from healthy volunteers.

Author(s): R. Ramasubbu, B. Goodyear, A. Demchuk

Presenter(s): R. Ramasubbu

Background: To test the hypothesis that antidepressant treatment-associated functional recovery in depressed stroke patients may involve neural mechanisms, we propose to use fMRI to investigate neural activity during mental subtraction before and after noradrenergic treatment in patients with post-stroke depression. This presentation describes our initial fMRI findings for a healthy normal volunteer.

Method: Functional imaging was performed using a 3Tesla General Electric MR scanner. The participant was a healthy 45-year-old man. Mental subtraction consisted of simple (-1, -2) and complex (-7) single and serial subtractions. This task was administered as blocks of trials and as single-trials (event-related).

Results: Relative to simple subtraction, complex subtraction generated greater neural activity in left dorsolateral frontal regions. Bilateral activation in inferior parietal and temporal areas were also observed.

Conclusions: These preliminary findings demonstrate that mental subtraction can be used as a cognitive probe to investigate functional changes in several neural networks during antidepressant treatment in post stroke depression.

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Title: Impulsivity, compulsivity, and pathological gambling amongst university students

Author(s): Steve Skitch & David C. Hodgins

Presenter(s): Steve Skitch

This study explores pathological gambling behavior and personality variables associated with pathological gambling in a sample of undergraduate students from the University of Calgary. To date, 147 participants, all who gamble a minimum of twice monthly, have been recruited via the Psychology department bonus credit system. Participants complete a demographic form, a battery of measures related to pathological gambling behavior, and personality measures related to impulsivity and compulsivity. Results will be analyzed to examine the incidence and pattern of pathological gambling among undergraduates. In addition, the relationships between the different pathological gambling instruments will be analyzed to examine how different definitions of pathological gambling relate to one another. Personality data will be analyzed to replicate previous research showing that personality factors predictive of impulsivity and compulsivity contribute to pathological gambling behavior. Personality theory hypothesizes that the interaction of personality factors should exert an influence on addictive behaviors and these relationships will also be explored. It is hoped that this study will provide further information regarding the incidence of pathological gambling amongst Canadian university students and extend the current understanding of the influence of personality on gambling addictions.

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Title:	Update: A pilot, open-label trial of gabapentin for smoking cessation
Authors:	W. White, D. Crockford, Z. Ismail, N. el-Guebaly
Presenter:	William White, MD, Psychiatry Resident (PGY-4)

The presentation will provide an update on our open-label, pilot comparison of gabapentin and bupropion SR as aids to smoking cessation. Following changes to the original protocol, we received scientific / ethics approval and funding through the Centre for Advancement of Health. We hope to begin recruitment of participants in the latter part of March 2003.

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Title: Psychosis Public Education Project: Phase I Results – Survey, Creative Materials & Communication Plan

Author(s): Addington, D., Yeo, M., Addington, J. & Berzins, S.

Presenter(s): Dr. Maryann Yeo & Sandy Berzins

The Psychosis Public Education Program's long-term objective is to improve health outcomes in those people who develop a psychotic disorder. The aim of the public education project is to decrease the duration of untreated psychosis (DUP) by getting individuals to seek help as early as possible when they suspect that a psychotic illness may be developing. The objectives of this program are: (1) to create awareness of psychosis and its symptoms; (2) to create awareness that psychosis is a medical condition; (3) to create awareness about the need for early diagnosis and treatment; (4) to create awareness that there is an Early Psychosis Treatment Program in Calgary; and (5) to increase help seeking behavior. The overall project is being conducted in 3 stages: Phase 1 – Planning, Message Development, and Strategy Selection; Phase 2 – Project Implementation; and Phase 3 – Project Evaluation. Phase I has been completed and the project is moving into Phase 2 - Implementation. This presentation will focus on the results from Phase I. An overview of the baseline survey results, the creative program materials and the communication plan will be presented.