Abstracts from the Vancouver 2008 CAPE Symposium

Scott B. Patten

CAPE / ACEP Sept 4, 2008

ABSTRACT ORAL PRESENTATION LIST

1. **Title:** *Cumulative Prevalence of Major Depression in the National Population Health Survey*
   Names: *S.B. Patten*

Emergency rooms play a critical role in the delivery of mental health and addictions care in that they serve both as a system entry point as well as a source of 'usual care'. We report results from a project, initiated by a group of Toronto hospitals with formal mental health and/or addictions programs, that is the first step in evaluating the efficiency and efficacy of services delivered in their emergency departments (ED). Administrative data from two fiscal years (2005/06 and 2006/07) were used to compare the sociodemographics and ED use and outcome for all psychiatric and substance-related discharges and for the subsets involving seniors and individuals with concurrent disorders. The concurrent disorders group showed the most complex and resource intensive usage patterns in that they accounted for the largest proportion of ED visits, the highest rates of readmission to hospital from the ED or return to the ED, and the greatest likelihood of visiting multiple EDs within a 30-day period.

2. **Title:** *Do patients with Psychosis Receive Guideline Appropriate Care for Acute Myocardial Infarction?*
   Names: *Steve Kisley, Leslie-Anne Campbell*

Background: Circulatory disease, not suicide, is the major cause of excess death in psychiatric patients. Data from Australia and Canada suggest that people with mental illness, especially psychosis, do not receive equitable levels of specialised procedures such as percutaneous transluminal coronary angioplasty and coronary artery bypass grafts. We investigated whether patients admitted for myocardial infarction with a history of psychosis (ICD9 295, 297-8) received equitable levels of the following guideline-consistent treatments compared to non-psychiatric controls: beta-blockers, ACE inhibitors, statins, clopidogrel and angiotensin receptor blockers (ARBs)
Method: A population-based case-control study of 49,248 Nova Scotians admitted with myocardial infarction (MI). Of these, 11,139 had previous contact with primary or secondary care for psychiatric problems from 1995 to 2001. 1285 patients had a history of psychosis. We adjusted for confounders including age, gender, income and medical comorbidity.
Results: Patients with a history of psychosis had a higher 1-year mortality compared to controls (ORadj=1.3 95%CI =1.1-1.5). However, on either univariate or multivariate analyses (significance $p<0.05$), these patients had only a 25 to 80% chance of receiving any of the guideline-consistent treatments during, or on discharge, from their admission for MI compared to controls: e.g. cardiac catheterisation (ORadj=0.12 95%CI=0.1-0.2), beta-blockers (ORadj= 0.79, 95%CI=0.7-0.9), statins (ORadj=0.24, 95%CI=0.1-0.4), ARBs (ORadj=0.22, 95%CI=0.1-0.9), and clopidogrel (ORadj=0.68, 95%CI=0.5-0.99).
Conclusions: People with a history of psychosis do not receive equitable levels of evidence-based treatment for acute MI, even under universal health care. Possible explanations include reduced patient adherence to treatment, difficulties in communication or accessing health care, and stigma.

3. **Title:** *Is There an Association Between the Range of Benzodiazepines Available and the Quality of Prescribing? An International Comparison of Canada and Australia Using Administrative Data*
   Names: *Steve Kisely, Alesha Smith, Ingrid Sketris, Charmaine Cooke, David Gardner, Sue Tett*

Background: Drug utilization 90% (DU90%) represents the number and volume of compounds that account for 90% of total Defined Daily Doses (DDDs)/1000 patients/day. DU90% may be an indicator of quality in drug prescribing on the basis that prescribers have a better knowledge of the available treatments including their benefits, risks and dosages when they have to be familiar with less medications within a drug class.
Methods: We compared the association between DU90% and overall rates of benzodiazepine prescribed between Nova Scotia (NS) and Australia in seniors, as benzodiazepine side-effects are greatest in the over- 65s. We used the NS Pharmacare Programme and Australian Pharmaceutical Benefits Scheme to obtain dispensing data for all publicly-subsidized benzodiazepines and related compounds from 2000-3. We used the WHO Anatomic Therapeutic Chemical/ Defined Daily Dose (DDD) system.
Results: Benzodiazepine prescription in Nova Scotia was more than double that of Australia from 2000 (123 and 48 DDD/1000 beneficiaries per day) through 2003 (138 and 57 DDD/1000 beneficiaries per day). 17 types of benzodiazepines were used in Nova Scotia in 2003 compared to five in Australia. In terms of DU90%, 8 benzodiazepines made up 90% of the use in Nova Scotia. By contrast, only four different benzodiazepines made up 90% of the use in Australia.
Conclusions: There is an association between the total level of benzodiazepine prescribing, the number of different benzodiazepines available and less appropriate use in seniors, as measured by an indicator of quality prescribing. Limiting the range of available benzodiazepines may promote more appropriate prescription.

4. **Title:** *Examining Lone Parent Fathers and Mothers: The Intersection of Gender and Family Structure on Mental Health*
   Names: *Terrance Wade, Scott Veldhuizen, Paul Millar, John Cairney*

In 2006, 18.3% of Canadian families are headed by a single parent of which 80% are single mothers. While mothers comprise the majority of single-parent households, the number of father-headed, lone-parent households is quickly increasing. However, research on single parents focuses specifically on single mothers confounding the intersection between gender and family structure. We move beyond current research to disaggregate the unique and combined effects of gender and family structure on mental health and mental health service use. Using the CCHS 1.2, we examined 769 and 1,964 lone-fathers and mothers and 5,340 and 5,505 married/co-habitating fathers and mothers respectively with at least one child living at home. The CIDI-SF provides diagnoses for anxiety and mood disorders and a revised version of the
CIDI-SF identifies substance dependence. Mental health service use was assessed questions asking whether one sought consultation in the previous year from a variety of practitioners about their emotions, mental health or use of alcohol or drugs. Across every diagnosis, single-parents had significantly higher prevalence rates. For mood and anxiety disorders, lone-mothers had higher rates than lone-fathers (mood: 13.1% v 8.3%; anxiety: 10.7% v 4.9%) but lone-fathers had higher rates of substance dependence (7.5% vs. 3.6%). Age appears to be

the major moderating factor for single parent status and gender with prevalence rates among female lone-parents remaining high across the age span while rates among older lone-fathers falls to rates similar to married parents. Both females and single parents were more likely to seek care but the gender x parent status interaction was nonsignificant indicating independence. After adjusting for type of disorder (need) and enabling factors, females were still more likely to seek care but lone-parent status was no longer significant.
Similar to lone-mothers, lone-fathers are at greater risk of mental health problems than married parents indicating that this disadvantaged family structure has negative consequences for parents. Moreover, since males are less likely to seek care for mental health services, lone fathers are likely an underserved population requiring greater attention.

5. Title: *The Relationship Between Major Depression and Marital Status is Bidirectional*
Names: *A.G.M. Bulloch, S.B. Patten*

Background: According to the Canadian Community Health Survey (CCHS), the lifetime prevalence of major depression is 12.2%. However, such estimates may be vulnerable to recall bias since they depend on retrospective assessment. If this is true, then lifetime prevalence may be considerably higher than is generally believed. The National Population Health Survey (NPHS) is less dependent on recall and provides an opportunity to assess this possibility.
Methods: The analyses were restricted to n = 8,169 respondents providing complete data across the entire 1994 to 2004 follow-up interval. Cumulative prevalence was estimated by determining the proportion of respondents experiencing one or more episodes of major depression during the NPHS follow-up. Because of several complex measurement issues, a simulation model was developed to further explore the underlying epidemiology**.**
Results: In the NPHS cohort, the observed eleven-year cumulative prevalence of major depressive episode was 18.6%, a value already exceeding accepted Canadian values for lifetime prevalence. According to the simulation model, the actual cumulative prevalence over the 11 years of the NPHS is approximately 25%.
Conclusions: Although lifetime prevalence is among the most frequently encountered estimates in psychiatric epidemiologic research, it has been suspected for some time that these estimates may be too low as a result of recall bias. Data from the NPHS supports this hypothesis. The cumulative prevalence over an 11 year period in the NPHS substantially exceeds expectation based on retrospectively evaluated lifetime prevalence from studies using the CIDI. Lifetime prevalence estimates appear to be too low, probably because of recall bias.

6. Title: *Still Minor? Minor depression in Canada: A Descriptive Epidemiology*
Names: *Carl D'Arcy and Xiangfei Meng*

Background: What is the significance of minor depression (miD) as a psychiatric disorder? The etiology and epidemiology miD is little known or researched.
Objectives: To present Canadian data on the prevalence, risk indicators, two week disability days, and treatment seeking for miD. Comparisons with MDD are made.
Methods: DSM-IV-TR research criteria were used. The Canadian Community Health Survey of Mental Health and Well-being (CCHS1.2) was analyzed. Descriptive analyses were used to calculate prevalence, disability, and treatment seeking. Logistic regression was used to examine risk indicators.

Results: Life-time and 12-month prevalence of miD is 1.4%, 0.4% respectively versus 12.2%, 4.8% for MDD. These rates for miD are lower than that reported by other studies. Reasons for this are explored. Higher rates of life-time miD are found among women, young adults, widowed, separated or divorced, those with higher education, poor self perceived mental health, greater stress, those born in Canada and having poor physical health. The same risk indicators are found in life-time and 12-month MDD. Males immigrants, and those in good physical health were more likely to develop12-month miD. Like MDD, only 10% of those with miD sought treatment. Individuals with miD reported more disability days than the non-depressed but less disability days than those with MDD.
Conclusion: miD, although less common than MDD, is still a common psychiatric disorder in Canada. It is associated with a wide variety of risk indicators that are also associated with MDD and increased disability. More research is needed to clarify its psychiatric significance.

7. **Title:** *Reducing Delay in Treatment of First Episode Schizophrenia-spectrum Psychosis: Short and Long-term Effects of a Community Intervention for Early Case Identification*
   Names: *Ashok Malla; Cliford Cassidy; Ross Norman; Norbert Schmitz; Rahul Manchanda*

Objectives: To assess whether a community-wide early case identification program (ECIP) designed to shorten delay in treatment of first episode psychosis (FEP) has a prolonged impact beyond the period of its implementation on treated incidence rates, duration of untreated psychosis (DUP), sources of referral, and characteristics of patients entering treatment for FEP.
Method: Using a quasi-experimental historical control design, patients within a defined catchment area who met DSM-IV criteria for a FEP were assessed on a number of demographic and clinical variables including DUP, source of referral, and baseline symptoms. Assessments were conducted over three consecutive phases, 2 years prior to the implementation of an ECIP (Phase I), the 2 years of active implementation of ECIP (Phase II), and the 3 years after the ECIP (Phase III).
Results: Analyses were restricted to cases with a schizophrenia-spectrum psychosis. The treated yearly incidence rates in the respective phases were 14.3, 17.3, and 17.2 per 100 000 at risk population. There was no significant difference in DUP amongst the 3 phases. However, restricting analyses to cases with DUP of less than one year revealed a sustained reduction in DUP amongst this subpopulation following the intervention. The three phases were very similar in terms of patient characteristics including premorbid adjustment and duration of untreated illness. More of the referrals with long DUP came from hospitals and fewer from community physicians over time.
Conclusion: Some effects of a community-wide early case identification program continued to be felt over many years after its completion and led to sustained reduction in short DUPs (< 1 year) although this was not accompanied by an overall reduction in DUP suggesting the program failed to bring all patients into treatment sooner. This finding is important given evidence that it may be in the first months of illness that reduction in DUP is most beneficial.

8. **Title:** *Mapping the Flow of Individuals with Concurrent Disorders in the Emergency Room*
   Names: *Elizabeth Lin, Adair Roberts*

Emergency rooms play a critical role in the delivery of mental health and addictions care in that they serve both as a system entry point as well as a source of 'usual care'. We report results from a project, initiated by a group of Toronto hospitals with formal mental health and/or addictions programs, that is the first step in evaluating the efficiency and efficacy of services delivered in their emergency departments (ED). Administrative data from two fiscal years (2005/06 and 2006/07) were used to

compare the sociodemographics and ED use and outcome for all psychiatric and substance-related discharges and for the subsets involving seniors and individuals with concurrent disorders. The concurrent disorders group showed the most complex and resource intensive usage patterns in that they accounted for the largest proportion of ED visits, the highest rates of readmission to hospital from the ED or return to the ED, and the greatest likelihood of visiting multiple EDs within a 30-day period.

9. Title: *The Role of Parental Alcohol Dependence on Offspring Alcohol Use and Transition to Dependence: A Prospective Community and Family Study*
Names: *N.C. Low, S. Behrendt, K. Beesdo, A.T. Gloster, M. Hofler, R. Lieb, H.U. Wittchen*

Familial aggregation estimates of alcohol dependence (AD) range between 2 to 4 in recent investigations. These studies have been restricted to adults and non-representative samples. This study examines the influence of parental AD on: (1) the risk of different diagnostic thresholds of offspring AD and (2) the progression of offspring alcohol use to full AD. The sample consists of a 10 year prospective community cohort of 3021 young adults. Binary outcomes were generated from the 4-category offspring outcome variables (for hazardous use, subthreshold Ad, and the full threshold AD) for ease of the model interpretation. Models were conducted with offspring outcomes as the dependent variable and parental groups as the independent variable with adjustment for relevant confounders. Cox regressions were applied to assess overall differences in the risk of developing alcohol use, first AD symptoms and AD over time between subjects with and without parental AD, while taking into account different baseline curves according to age and gender. The findings are: firstly, paternal AD was associated 3.5-fold with AD in sons and 2.5-fold with AD in daughters, whereas maternal AD was only associated with AD in daughters ~ 2.5-fold. There was no association with parental AD and offspring hazardous use or subthreshold AD. Secondly, parental AD was not associated with an earlier age of offspring alcohol use, AD, nor a shorter latency between first alcohol use and onset of AD. Thirdly, paternal AD was associated with the first AD symptoms of loss of control and problem, whereas maternal AD was associated with much time spent.

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ABSTRACT POSTER LIST

1. **Title:** *Panic Attacks as a Risk Factor for New Onset Mental Disorders: Findings from a Population-based longitudinal study*
   Names: *Jolene Kinley, John Walker, Murray Enns, Jitender Sareen*

Objective: A growing body of research has suggested that panic attacks alone (i.e., not meeting criteria for panic disorder) are associated with poor quality of life and increased risk for later pathology. Using a large nationally representative longitudinal survey of adults, we examined whether panic attacks and panic disorder were risk factors for development of new onset of Axis I disorders.
Method: Data were utilized from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) waves 1 and 2 collected in 2001 and 2004. A total of 34, 653 individuals participated at both time intervals.
Results: Excluding individuals with other Axis I or II disorders, 1% of participants had panic attacks at baseline (pure panic attacks). Of those with pure panic attacks at time one, 3.4% had generalized anxiety disorder (GAD), 7.4% had major depression, 5.4% had post-traumatic stress disorder (PTSD), and 8% had an alcohol disorder at time two. All of these rates were higher than those of the no panic attack group with odds ratios ranging from 1.58 (95% CI 1.57 – 1.60) for PTSD to 2.09 (95% CI 2.06 to 2.11) for GAD.
Conclusions: Panic attacks alone are a significant risk factor for new onset Axis I mental disorders. The clinical importance of these attacks is becoming clearer and efforts into early detection and intervention would be beneficial.

2. **Title:** *Epidemiology of Antidepressant Medication Use in the Canadian Diabetes Population*
   Names: *Danit Nitka, Anna Ivanova, Norbert Schmitz*

Background: Depression has been shown to be a common co-morbidity in diabetes. Antidepressant medication is often used for the treatment of depression. From a public health point of view, there is a lack of information regarding the use of antidepressant medication in people with diabetes. The study's objective was to provide demographic and clinical information about the use of antidepressant medication in a representative community sample of people with diabetes.
Methods: The Canadian Community Health Survey (CCHS) is a cross-sectional survey that collects information related to health status, health care utilization and health determinants for the Canadian general population. Diabetes presence was ascertained by self-report of physician diagnosis. Mental disorders were assessed using a modified version of the World Mental Health Composite International Diagnostic Interview. Antidepressant use was determined through self-report.
Results: The population prevalence of self-reported antidepressant use in the past 12 months was 8.3% among people with diabetes (n=1662). People who took antidepressants had a higher BMI on average (M=33.0, SD=5.8) than the non-medicated group (M=30.1, SD=5.0). Use of antidepressant medication was associated with poorer health status and a higher number of comorbid chronic conditions. Half of diabetic subjects who used antidepressant medication in the last year did not have a lifetime history of major depression.
Conclusions: The treatment of depression is critical to diabetes management. Diabetes complications are often related to increased body weight. This association thus presents an important caveat to the treatment of depression, as weight gain is a common side effect of antidepressant medication.

3. **Title:** *Psychological Distress and Self-Perceived Health Status in Community Residents with Obesity*
   Names: *Genevieve Gariepy*

Background: Prior research has shown that psychological problems interact with some chronic medical conditions to amplify disability, but few studies have investigated this effect in obesity.
Objective: To evaluate the joint effect of psychological distress and obesity on functional disability in an adult community sample.
Methods: Cross-sectional data were obtained from the 2005 Canadian Community Health Survey. Information on 53,416 respondents aged 18 years or older who were assessed on non-specific psychological distress and body-mass index (BMI) was analyzed on two measures of disability (self-reported disability days and self-rated health). Odds ratios for disability by psychological distress and weight status were estimated with logistic regression, controlling for sociodemographic and clinical variables. Interaction between psychological distress and obesity was quantified using the Synergy Index (SI) in the adjusted multivariate model.
Results: Disability status was more frequent in subjects with obesity and psychological distress than in subjects with either obesity or psychological distress alone. Adjusted odds ratios progressively increased across BMI and psychological distress categories. Synergy Index estimates revealed significant interactions between obesity class I and high psychological distress, and obesity class II-III and moderate to high distress.
Conclusions: Our results suggest that there is a combined effect of psychological distress and obesity on disability. Detecting and managing psychological problems might be particularly beneficial for persons with obesity. Longitudinal studies are needed to establish causal associations

4. **Title:** *Comorbidity of Borderline Personality Disorder and Posttraumatic Stress Disorder: Findings from the National Epidemiologic Survey of Alcohol and Related Conditions*
   Names: *Jina Pagura, Murray B. Stein, James Bolton, Brian J. Cox, Jitender Sareen*

Controversy around the comorbidity between borderline personality disorder (BPD) and posttraumatic stress disorder (PTSD) has existed since their inclusion in the DSM-III. The current study is the first to examine these disorders in a large nationally representative sample using a reliable and valid method of assessing mental disorders. Data came from the National Epidemiologic Survey of Alcohol and Related Conditions (NESARC) Wave II (N=34,653; age 20+; response rate 70.2%). The Alcohol Use Disorder and Associated Disabilities Interview Schedule DSM-IV Version (AUDADIS-IV) was administered in-person by trained lay interviewers to assess Axis I and II disorders. Multiple logistic regressions were used to examine associations with other disorders, mental health-related quality of life, exposure to traumatic events and BPD criteria across individuals with PTSD-alone, BPD-alone and those with comorbid PTSD and BPD. The lifetime prevalence of PTSD and BPD were 9.5% and 5.9%, respectively. Of individuals with BPD, 39.2% were also diagnosed with PTSD, while among individuals with PTSD, 24.3% were also diagnosed with BPD. Compared to individuals with PTSD-alone and BPD-alone, individuals with comorbid PTSD and BPD were more likely to have comorbid mood, anxiety and substance disorders, histories of physical and sexual abuse and multiple traumas and to show significantly lower mental health-related quality of life. In conclusion, PTSD and BPD show a high degree of overlap and their comorbidity is associated with a higher likelihood of other negative outcomes compared to either disorder alone. Future research should explore the determinants of having either or both diagnoses.

5. **Title:** *Associations Between Sleep Difficulties, Disability, and Psychological Well-Being in a Nationally Representative Canadian Sample*
   Names: *Natalie Mota, Murray Stein, Jitender Sareen*

Objectives: The relationship of sleep difficulties with impairment and well-being after adjustment for important covariates remains unknown in the Canadian general population. The present study examined associations of trouble sleeping, non-refreshing sleep, and difficulty staying awake with disability, distress, and psychological well-being in the nationally representative Canadian Community Health Survey Cycle 1.2 (N=36,984, ages 15+).
Method: Trained lay interviewers inquired about sleeping troubles, chronic physical conditions, and disability days due to mental and physical health problems in the last two weeks. The K10 Distress and Psychological Well-Being Manifestation Scales were used to assess well-being. Mental disorders were assessed with the Composite International

Diagnostic Interview. Multiple logistic regression analyses adjusted for sociodemographics, any mental disorder, and number of physical conditions were used to examine the relationship between each type of sleep difficulty and outcomes.
Results: Trouble sleeping, non-refreshing sleep, and difficulty staying awake at least some of the time were reported by 34.7%, 32.6%, and 26.2% of the sample, respectively. Having any of the sleep problems most or all of the time were associated with an increased likelihood of disability due to mental (Adjusted odds Ration [AOR] range, 1.70-5.25) and physical problems (AOR range, 1.36-2.04), more distress (AOR range, 1.81-4.31), and worse psychological well-being (AOR range, 1.94-3.60). Interestingly, having any sleep problem even a little of the time was associated with an increased likelihood of having most outcomes (AOR range 1.26-1.98).
Conclusions: Sleep difficulties in the Canadian population are strongly associated with negative outcomes and should be carefully assessed and monitored by clinicians.

6. **Title:** *Risks for Past 12-month Mood, Anxiety Disorders: A Population Based Analysis*
   Names: *Xiangfei Meng, Carl D'Arcy, Yaqin Yu*

Background: Little epidemiological work has looked at common risks between mood and anxiety disorders, despite the fact these disorders are more likely co-occur and that this co-occurrence is associated with greater health.
Objective: We evaluated the relationships among socio-demographic, psychological and physical risks, and these disorders in Canada.
Methods: The Canadian Community Health Survey of Mental Health and Well-being (CCHS 1.2) was analyzed. Multiple logistic regression was used to estimate the odds ratios and confidence intervals for each risk indicator.
Results: The highest 12-month prevalence is depression at 4.8%, followed by 3.0% for social phobia, 1.5% for panic, 1.0% for manic, and 0.5% for agoraphobia. Common risk indicators for these disorders are being young, lower household income, unmarried, greater stress, poorer perceived mental health, and comorbidity. Marriage is largely protective. Unique risks for specific disorders are found. Mania is associated with males. Singles are more likely to have panic and social phobia. Higher education is related to panic and agoraphobia. Middle-level income is associated with panic and agoraphobia. A strong of belonging is protective for depression, panic, social phobia and agoraphobia, but not for mania. Mania and agoraphobia are higher in immigrants. However, higher educated immigrants are more likely to have depression, panic and social phobia.
Conclusion: These disorders share some common features, but specific disorders have unique risks. Comparisons of risks are helpful to understanding the nature of these disorders and may contribute to their classification.

7. **Title:** *Measuring the Accessibility Domain (Mental Health Shared Care)*
   Names: *Mel Slomp*

Introduction: Access to services is measured within The Performance Monitoring Framework of Alberta's Mental Health System. One component of access relates to mental health shared care. Over 500,000 Albertans, approximately 16% of the population, receive at least one mental health related physician visit every year. Over a five year period, between 65 to 75% of these individuals saw only a family doctor and no other physician for their mental health care. The majority of depression cases receive only one visit. It is important to ensure that family physicians have ready access to specialist care (psychiatrists), mental health therapists and other health region resources.
Methods: Regional representatives provided narrative descriptions regarding the shared care relationships in place to support family physicians. Representatives provided counts of the number of physicians involved in formal shared care arrangements.
Results: All regions have processes in place to support family physicians. The type of shared care model in place, and the degree of formality varies by region. 750 physicians were reported to be in a mental health shared care arrangement. 75 physicians were surveyed about their experience with shared care. 80% indicated the arrangement exceeded their expectations and 70% suggested that their clinical skills improved.

Discussion: Regions are working to support family physicians. Clearer definitions of shared care models, and specific targets for models will advance this initiative forward. An evaluation of leading and promising practices related to mental health shared care would also be helpful.

8. **Title:** *Personality Disorder in Adolescent Inpatients: Treated Prevalence and Longitudinal Diagnostic Stability*
   Names: *Javad Moamai*

Background: In spite of common clinical use of the construct of Personality Disorder in Adolescent Inpatients (PDAI), its nature and predictive validity in this younger population remains uncertain. The purpose of this naturalistic study was to determine the rate of first admission for PDAI and, to examine its Longitudinal Diagnostic Stability (LDS).
Methods: Data were taken from separation sheets (ICD-9 format) of all 1190 first admitted adolescent patients to a Quebec regional psychiatric hospital from 1980 to 2007. A subgroup of 213 multi-admission cases provided data on LDS.
Results: Over the study period, the observed rate of Axis II personality disorders was 16% among first admitted subjects. Cluster B (10%) and cluster A (2%) were two most prevalent types of PDAI. The personality disorder rates were correlated to older age and relapse rates but not to gender or drug abuse. Over a median period of six years, LDS of cluster A and B were 80% and 58%. The borderline personality disorder with a prevalence of 7% and a LDS of 59% was the most common type and had significantly better LDS then others.
Conclusions: Our study highlights that that PDAI is temporally as stable as other major psychiatric diagnoses in this population, however, predictive validity of subtypes are mixed. Since the study subjects consisted of inpatients only, results require replication using population based samples.

9. **Title:** *Using Alcohol and Drugs to Relieve Traumatic Stress: An Epidemiological Perspective*
   Names: *James M. Bolton, Jina Pagura, Jitender Sareen*

Background: The use of alcohol and drugs to relieve anxiety (the "self-medication hypothesis") has been proposed as an explanation for the high comorbidity rates between anxiety and substance use disorders. Despite high rates of substance use among people with posttraumatic stress disorder (PTSD), little attention has been paid to self-medication as a theory explaining this comorbidity.
Method: Data came from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), a large (n = 43,093, age 18 years and older) nationally representative survey of mental illness in community-dwelling adults. People with DSM-IV PTSD were asked if they had ever used alcohol or drugs to self-medicate their symptoms. Multiple logistic regression generated adjusted odds ratios (AOR) for the association between self-medication and a broad array of sociodemographic variables, mental disorder correlates, suicidal behavior, and quality of life.
Results: The prevalence of self-medication among people with lifetime PTSD was 19.8%. When compared to individuals with PTSD who did not self-medicate, self-medication with drugs was significantly associated with higher odds of several mood, anxiety, and personality disorders. Self-medication with alcohol or drugs was associated with a higher likelihood of lifetime suicide attempts (AOR=2.89, 95% confidence interval 2.01-4.17,), and a lower mental health-related quality of life, even after controlling for substance use disorders.
Conclusions: People with PTSD in the general population commonly use alcohol or drugs to relieve their symptoms; however, they suffer higher mental illness burden, suicidal behavior, and lower quality of life, suggesting that self-medication is a problematic coping mechanism.

10. **Title:** *Validation and Staged Comparison of Screening Tools for Mental Disorders in Substance Abusers*
    Names: *Brian Rush, Saulo Castel, Bruna Brands, Tony Toneatto and Scott Veldhuizen*

Objective: We sought to validate and compare the performance of four screening tools for mental disorders (PDSQ, K10/K6, GAIN-SS and the Psychiatric Sub-scale of the ASI), in a heterogeneous substance abuse treatment population.

Methods: 546 clients entering treatment completed the selected screening tools followed by an independent, same-day structured clinical interview (SCID) to verify research diagnosis of Axis I disorders. Breathalyzer, urine screen and self-reported use were used to control for possible effects of intoxication and withdrawal. Performance of each measure against the gold standard SCID was compared using ROC curves.
Results: The sample was heterogeneous in terms of lifetime and current substance use and mental disorders. The prevalence of any lifetime mental disorder was 81%; any mood disorder 62%; any anxiety disorder 59%; and any psychotic disorder (7%). The briefest instruments (GAIN-SS, K10/K6), as well as the longer but more commonly used Psychiatric Sub-scale of the ASI, were reasonably successful in detecting individuals presenting with any one of a broad grouping of disorders (e.g., any disorder, internalizing, depressive, anxiety). Among these poorest performance was obtained for depressive disorders. Also for these broad categories of disorders test performance was comparable to the longer PDSQ; whereas the PDSQ was much better at detecting specific disorders.
Conclusions: Brief screening instruments can successfully detect Axis I mental disorders in the addictions population. In clinical settings a staged approach to screening may be recommended starting with a brief general screen such as the K6, the GAIN-SS or the ASI sub-scale, followed by the longer, self-reported PDSQ to more comprehensively cover specific diagnoses. Results also have implications for using these screening tools in epidemiological studies focused on substance use and mental disorders in clinical and general population samples.

11. **Title:** *Measuring the Continuity of Care*
    Names: *Mel Slomp*

Introduction: Continuity of care is measured within The Performance Monitoring Framework of Alberta's Mental Health System. Continuity of care is an important component in assessing the effectiveness of the overall mental health system, as the complexity of mental health service delivery can create fragmentation when clients transition between various providers and levels of care. Readmissions that within a short time period post discharge may suggest that hospital stays are too short or that community resources are not sufficient.
Methods: Regional representatives provided narrative descriptions regarding the procedures in place to facilitate continuity of care across the mental health continuum. Readmission rates were calculated for all mental health discharges from acute care hospitals in the province (N=17,104) in the 2005/06 fiscal year.
Results: There are a variety of processes in place across the province to follow up patients discharged from hospital. Various types of continuity are evident, and vary according to the need of the client and available resources. Readmission rates were 3.4% between one to seven days, and 10.9 % within one month.
Discussion: All regions have some protocols in place to ensure transition between levels of care and different providers. Standard terminology, definitions and targets will assist in bringing about consistent approaches. Leading and best practices should be examined for potential implementation. The readmission rates within the range of those published in the literature. Ongoing measurement should occur to track progress against established goals.

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Canadian Academy of Psychiatric Epidemiology
Académie canadienne d'épidémiologie psychiatrique

CAPE 2008 ANNUAL SCIENTIFIC SYMPOSIUM/ ACEP 2008 SYMPOSIUM SCIENTIFIQUE ANNUEL

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Oral/Poster Presentation Proposal; Présentation orale ou par affiche

Deadline: August 8, 2008/date limite 8 août 2008
Please e-mail to/acheminer par courriel à : **glurie@sfu.ca**

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Title – Titre :

The association between major depression, mental health service use, and diabetes in a large nationally representative Canadian sample

Format: ☐ **Oral** ☒ **Poster/Affiche**

Abstract (250 words) – Résumé (250 mots) :
Background: Many (but not all) studies have found a positive association between diabetes and mental disorders. However, these studies have not explored the relationship between diabetes and mental health service use.
Methods: Data were obtained from the Canadian Community Health Survey Cycle 1.1 (CCHS 1.1), a nationally representative sample of the Canadian general population. The survey sample included 130 880 respondents aged 12 years and over. Diabetes was assessed by self report questions asking whether a health care professional had diagnosed the participant with diabetes and whether they were taking insulin. Multiple logistic regressions were used to examine major depression, alcohol dependence, mental health service use, and self-perceived need for mental health treatment amongst people with diabetes.

Results: Prevalence of diabetes was 4.1%. After controlling for sociodemographics, diabetes was associated with major depression (AOR: 1.39 95%CI: 1.19-1.61; p <0.001) and past year mental health service use (AOR: 1.38 95% CI: 1.19-1.61; p <0.001). Diabetes had no significant association with alcohol dependence or past year self-perceived need for mental health treatment. Subgroup analysis suggested that young adults with diabetes (age 12-54) had a stronger association with mental health service use.
Conclusions: People with diabetes were more likely to have experienced major depression and young adults with diabetes were more likely to use mental health services compared to those without diabetes.

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Oral/Poster Presentation Proposal; Présentation orale ou par affiche

Deadline: August 8, 2008/date limite 8 août 2008
Please e-mail to/acheminer par courriel à : **glurie@sfu.ca**

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Title – Titre :
The Association between Income and Distress, Mental Disorders and Suicidality: Findings from the Collaborative Psychiatric Epidemiologic Survey

Format: ☐ **Oral** ☒ **Poster/Affiche**

Abstract (250 words) – Résumé (250 mots) :

Objective: To examine the relationship between household income and distress, suicidal ideation and attempts, mood, anxiety, and substance use disorders.
Methods: Data came from the Collaborative Psychiatric Epidemiology Survey (CPES), a collection of three US nationally representative surveys of adults (age 18 years and older). Psychological distress was measured using the K-10 Distress Index, and mental disorders were assessed using the World Health Organization's Composite International Diagnostic Interview (WHM-CIDI). Psychological distress, suicidal ideation, suicide attempts, mood (depression and dysthymia), anxiety (panic disorder, agoraphobia, social phobia, post traumatic stress disorder, and generalized anxiety disorder), and substance use disorders (alcohol abuse and dependence, drug abuse and dependence) were

examined in relation to household income levels after adjusting for sex, marital status, race, and age.

Results: Analyses revealed an inverse association between income and psychological distress as measured by the K-10; with the highest level of distress found among those in the lowest income level (< $17,000), declining steadily towards the highest income level (> $67,000). Subsequent analysis of psychological disorders revealed a similar pattern of results, which were particularly strong when comparing the probability of being diagnosed with a substance use disorder (AOR=1.77, 95% CI, 1.38 to 2.25) or engaging in suicidal ideation (AOR=1.78, 95% CI, 1.48 to 2.14) or suicide attempts (AOR=2.34, 95% CI, 1.69 to 3.24) among the lowest income quartile compared to the highest. The association between income and mood and anxiety disorders was less consistent.

Conclusions: Although conclusions cannot be drawn about the directionality of this relationship, the strength of the association between income and suicidality and substance abuse in particular, points to the need for primary prevention strategies among low income, high risk populations

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Title – Titre :
"The way I see it": How stigma and depression affect self-perceived body image among HIV-positive individuals on HAART.

Format: (0 Oral) 0 Poster/Affiche

Abstract (250 words) – Résumé (250 mots) :
please see attached

"The way I see it": How stigma and depression affect self-perceived body image among HIV-positive individuals on HAART

Background: The introduction of highly active antiretroviral therapy (HAART) in 1996 marked the beginning of a new era in the HIV epidemic. With the significant reductions in AIDS-related morbidity and mortality, HIV is increasingly being viewed as a chronic condition, but also introduces new challenges including metabolic and morphological body changes. The concept of body image is complex and encompasses an individual's perception of their physical self and the social interpretation of their body by others.

Methods: The Longitudinal Investigations into Supportive and Ancillary health services (LISA) cohort is a prospective study of HIV+ persons on antiretroviral (ARV) care. An interview-administered survey collected information concerning body image, stigma, depression (CES-D 10), neighbourhood satisfaction, food insecurity, and quality of life. In univariate analysis, chi-squared test and the Wilcoxon rank sum test were used to compare subjects who have positive body image with those who have negative body image. In multivariate analysis, logistic regression was used with odds ratio being the measure of the association between positive body image and the covariates.

Results: There were 472 LISA participants, of whom 422 (89.4%) were on HAART as of 07/08. People with positive body image were more likely to be older (45 vs 46; p=0.010), be male (62% vs 38%; p=<0.001), be in relationships (67% vs 33%; p=0.040), have education past high school (66% vs 34%; p=<0.001), be employed (74% vs 26%; p=<0.001), earn more than $13,000/year (61% vs 39%; p=0.010), be non-smokers (71% vs 29%; <0.001), currently drink alcohol (62% vs 38%; p= 0.030), live in stable housing (61% vs 39%; p=0.030), never have been incarcerated (64% vs 36%; p=0.010), be food secure (77% vs 23%, p=<0.001), report low stigma (68% vs 32%, p=<0.001), and report low levels of depression (78% vs 24%, p=<0.001). In the multivariate analyses for variables independently associated with positive body image, gender (AOR=2.09), employment (AOR=2.44), food security (p<0.001), and non-smoking (AOR=0.45) were associated with positive body image. The estimated probability of a person having positive body image without stigma or depression was 80%. When stigma was included alone, the probability dropped to 66%, and when depression was included alone the probability dropped to 53%. Depression and stigma combined, resulted in a probability of 37%.

Conclusions: There is a demonstrated need for people living with HIV/AIDS to receive counseling and support in order to lessen the impact that depression has on their health. These findings highlight the importance of community-based interventions to reduce stigma against people living with HIV/AIDS. Clinical challenges also exist for physicians to recognize depression and the effects that stigma and depression have on peoples' lives.

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Title – Titre : A HAART full of life: Variations in Quality of Life Among Aboriginal and non-Aboriginal Peoples ever on HAART

Format: (0) **Oral** 0 **Poster/Affiche**

Abstract (250 words) – Résumé (250 mots) :
Please see attached

A HAART Full of Life: Variations in Quality of Life Among Aboriginal and non-Aboriginal Peoples Ever on Antiretroviral Therapy

Background: Despite representing only 3.8% of the Canadian population, Aboriginal people accounted for 24.4% of AIDS cases and 27.3% of HIV positive tests in 2006. Aboriginal people access treatment at lower rates and have higher mortality rates. This is the first examination of Quality of Life (QoL) among Aboriginal peoples in Canada living with HIV/AIDS.

Methods: The Drug Treatment Program at the British Columbia Centre for Excellence in HIV/AIDS distributes HIV medications free of charge to all people in the province requiring them. The Longitudinal Investigations into Supportive and Ancillary health services (LISA) project is a prospective study of HIV+ persons on antiretroviral care. An interviewer-administered survey collected information concerning demographics, stigma, depression, neighbourhood satisfaction, food security, body image, and QoL. Bivariable analyses were conducted using Fisher's Exact Test for categorical variables and the Wilcoxon Rank Sum Test for continuous variables. Multivariable linear regression models investigated the association between each QoL outcome and Aboriginal status.

Results: As of July 2008, there were 457 LISA participants, of who 150 (33%) reported Aboriginal ethnicity. In the bivariable analysis Aboriginal ethnicity was associated with younger age, female gender, a lower current CD4 count a higher current viral load, a similar length of time on therapy, lower education, earning less than $15000/year, living in unstable housing, lower levels of food security, higher levels of depression, current illicit drug use, and ever being incarcerated. Aboriginal people were found to report greater life satisfaction more health worries and lower HIV in unadjusted analysis. After adjusting for clinical variables, being Aboriginal remained associated with greater life satisfaction but was no longer related to health worries and HIV mastery. After adjusting for clinical and socio-demographic variables Aboriginal ethnicity was significantly associated with greater life satisfaction, fewer financial worries, and higher provider trust.

Results: Aboriginal people reported significantly higher life satisfaction compared to non-Aboriginal people in unadjusted and adjusted analyses, highlighting the resilience of this population in the face of worse socio-economic and clinical status. Aboriginal people who are accessing HAART report high life satisfaction and provider trust. With the support of the positive experiences of Aboriginal people already receiving HAART, access to antiretrovirals should be expanded within the Aboriginal population.

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Title – Titre :

Effects of reporting period on the epidemiology of psychiatric disorder: The case of age and depression.

Format: ☐ **Oral** ☒ **Poster/Affiche**

Abstract (250 words) – Résumé (250 mots) :
(see attachment)

Scott Veldhuizen

Introduction
Due to the unreliability of recall over longer periods, measures of one-year and six-month prevalence have become standard in psychiatric epidemiology. It has been argued, however, that assessment of current disorder may be preferable. The purpose of this study is to explore the impact of such a shift using as a test case the much-debated association between age and depression.

Methods
We calculate prevalence of one-year and current depression by age and sex. We then model the age-depression relationship using logistic regression and the method of fractional polynomials.

Results
4.8% (95% CI 4.5% to 5.1%) of respondents met criteria for past-year depression, while 1.5% (95% CI 1.3% to 1.7%) reported a current depressive episode. Past-year disorder was most common among young adults, while current disorder was most prevalent in middle age.

Discussion
Choice of reporting period has a large effect on the apparent relationship between age and depression. The high ratio of current to past-year depression in middle age suggests that chronic disorder is most prevalent at this time of life. One possible explanation is that depression in young adults remits in the third or fourth decade of life in most cases, but grows more chronic in some. Important alternative explanations include a greater severity of late-onset depression and age-linked differences in recall or reporting. Results indicate that retaining multiple reporting windows in survey research may, at least in the case of episodic disorders, be preferable to focusing on current disorder.