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2009-08-31T14:56:54Z

CAPE 2009 Abstracts

Scott B. Patten

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CAPE/ACEP 2009

*Canadian Academy of Psychiatric Epidemiology
Académie canadienne d'épidémiologie psychiatrique*

CAPE 2009 Annual Scientific Symposium

Lecture Theatre B, Health Sciences Centre,
Memorial University of Newfoundland
300 Prince Philip Drive

August 27th 2009

CAPE 2009 Annual Scientific Symposium CAPE networking across Canada.

CAPE was organized at the 1984 annual meeting of the Canadian Psychiatric Association (CPA) by a multidisciplinary group of researchers and teachers who recognized the need for greater communication among individuals sharing an interest in psychiatric epidemiology, but working in different parts of the country. A second goal was to bring the usefulness of epidemiological findings and methods to the attention of clinicians, policy makers, service administrators and scientific investigators throughout the mental health field. Thus, it was thought that the membership would be composed of both producers and consumers of epidemiological research. A third goal was to improve the quality of training in psychiatric epidemiology offered to residents and graduate students in Canadian training centres.

How the CAPE community extend its academic community of research and knowledge application across Canada? First, by being in St. John's, Newfoundland. Second, by showcasing the diversity and quality of research and knowledge application from the CAPE community of researchers and students. Third, by attending the traditional dinner in a warm inn in the city of St. John's, where networking continues, stories are exchanged, including a word from the CAPE/CPA 2009 Alex Leighton awardee.

Special thanks to Dr Ted Callanan, Chair, Discipline of Psychiatry, Memorial University of Newfoundland for hosting the symposium.

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Agenda

- 9:00 to 9:45 Registration
Beverages and assorted croissants and muffins will be served
- 9:45 to 9:50 Welcome from CAPE's president: John Cairney
- 9:50 to 10:00 Welcome from the convenors of CAPE2009
Alain Lesage & Weldon Bonnell
- 10:00 to 11:30 **Services**
Paula Goering. Integrated Knowledge Translation within a MHCC Multi-Site, Pragmatic Trial of Housing First
Amber Bielecky. Predictors of readmission among Ontario residents experiencing a first lifetime hospitalization for depression.
Janet Durbin. Evaluating system-level effects of new community mental health funding on emergency department use
- 11:30 to 11:45 Break, poster session (see list next page)
- 11:45 to 12:45 **Clinical Epidemiology**
Javad Moamai. Comorbidity Effects on Diagnostic Stability of Schizoaffective Disorder
Alain Lesage. Large utilisation of Internet for mental health reasons by students and staff following shooting at Dawson College: an emerging and more acceptable mode of contact with services?
- 12:45 to 13:30 (Lunch-buffet served on the premises)
Poster session last 15 minutes (see list next page)
- 13:30 to 15:00 **Methods and Population Health**
Norbert Schmitz. Disability, depressive symptoms and the moderating role of social support in type 2 diabetic patients with and without insulin treatment: findings from the Montreal Diabetes Health and Well-Being Study
Jean Caron. The Mental Health of the Population living in Epidemiologic Catchment Area in Montreal, Canada: First Results
David Streiner. The case for caution with estimates of lifetime prevalence of depression
- 15:00 to 15:20 Break, poster session (see list next page)
- 15:20 to 16:00 2009 Alex Leighton's award announcement and Lecture
- 16:00 to 17:00 CAPE business meeting
- 19:00 **CAPE2009 Dinner**
Bacalao Nouvelle Newfoundland Cuisine
65 Lemarchant Road, (709) 579-6565

List of Posters Presentations

Hygiea Casiano	The Health Status of Children Before and After Entry into Foster Care
Renée El-Gabalawy	Comorbidity of Borderline Personality Disorder and Physical Health Problems in a Nationally Representative Sample
Geneviève Gariépy	The Longitudinal Association from Obesity to Depression: Results from the 12-Year National Population Health Survey
Jawad Moamai	Outcome of the First Major Depressive Episode in Clinical Practice: A Retrospective Review of 1234 In-patients Cases
Geeta Modgill	Migraine as a risk factor for Major Depressive Episodes: A Longitudinal Community Study
Briana Melia	Help-seeking, Suicide Ideation and Attempts in an Aboriginal Adolescent Population
Danit Nitka	The Association between Obesity and Anxiety Disorders: A Systematic Review
Scott Veldhuizen	Opioid analgesic overdose in Ontario, 2002 to 2006

Oral Presentation Abstracts

Session 1: Services

Integrated knowledge translation within a MHCC multi-site, pragmatic trial of housing first

Speaker: Paula Goering

Authors: Paula Goering^{1,2}, Jayne Barker³, Carol Adair³, Aimee Watson³

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There is great interest in Canada in the use of integrated approaches to knowledge translation that inject participatory processes into all aspects of the research process in order to facilitate the policy and practice relevance and uptake of new knowledge. Tailoring the application of integrated knowledge to various types of studies is a relatively new field of endeavour that requires ingenuity and flexibility so that scientific methods are not compromised while true engagement of non-research audiences is realized. The Mental Health Commission of Canada's homeless and mental illness demonstration project has provided an extraordinary opportunity for the practice of integrated knowledge translation into a pragmatic trial of a complex intervention. This presentation will outline tensions and strategies from the initial year of project design and implementation as well as issues regarding the evaluation of the success of these efforts.

Predictors of readmission among Ontario residents experiencing a first lifetime hospitalization for depression.

Speaker: Amber Bielecky

Authors: Amber Bielecky & Nawaf Madi

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Previous hospitalization is often identified as the best predictor of re-hospitalization for mental illness. In order to pre-empt this cyclical phenomenon and better understand the course of hospitalization from its genesis, predictors of readmission among individuals experiencing a first lifetime hospital episode for depression was examined. First episode cases were identified based on a self-report item in CIHI's Ontario Mental Health Reporting System (OMHRS), and Discharge Abstract Database (DAD) hospitalization records dating back 5 years. A set of predictors, covering demographic, individual, community and service related factors was modelled from 2006-2008 RAI-MH data in OMHRS. The exploratory analysis examined 30-day, 90-day, and 1-year hospital readmissions for a mental illness.

Results are discussed in terms of the differential importance of each type of factor for outcomes at the three time periods. Depression remains the most common reason for hospitalization among the mental illnesses, and to the extent that it occurs early in the course of the disease, a focus on first hospitalization may provide further information for use in disease and system management.

Evaluating system-level effects of new community mental health funding on emergency department use

Speaker: Janet Durbin

Authors: Janet Durbin and Elizabeth Lin

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Between 2004 and 2007, the Ontario government added about \$200 million of new funding to community mental health services. One aim was reduced pressure on hospital emergency department (ED) services by persons with mental illness. Using administrative data, the present study assessed trends in ED use prior to and during the allocation of the new funding. The volume of ED visits for mental health conditions and early return to ED were examined at the provincial and regional levels for FY2002 through FY2007. Utilization by specific sub-cohorts of individuals with more serious illness who were expected to be most affected by the new funding was also monitored. Per capita community mental health funding informed interpretation of the findings. Site visits were conducted to present results to regional planning tables. Results indicated increased ED use for mental health conditions at the provincial and LHIN levels, with the rate of increase similar to rates for overall ED use in the province. However for the monitored sub-cohorts rates were stable. Early return rates declined for all of the monitored mental health groups. Individuals with a concurrent mental health and substance use problem were most at risk of ED use. Increased funding may have realized some benefit for those targeted by the funded services. However, overall pressure on EDs by persons with mental health conditions continues. As the new funding stabilizes and under the current fiscal climate, continued monitoring is important.

Session 2: Clinical Epidemiology

Comorbidity effects on diagnostic stability of schizoaffective disorder

Author/Speaker: Javad Moamai

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Background: The topic of Diagnostic Stability (DS) of Schizoaffective Disorder (SAF) remains controversial. Even Diagnostic Comorbidity (DC) in clinical practice is the rule rather than the exception; no systematic study addressed its effect on DS of SAF and whether it is more similar to Schizophrenia (SZ) or Major Mood Disorders (MMD).

Objectives: To evaluate the long-term DS of SAF and its DC with other clinical diagnoses in an in-patient population.

Methods: Data were taken from the separation sheets (ICD-9 format) of all 6176 first admitted patients (14+ years) to a Quebec regional psychiatric hospital from 1980 to 2007. A subgroup of 1365 multi-admission cases provided data on DS and DC. The magnitude of DC between the three disorders was measured using nonparametric statistics.

Results: The observed rate of SAF was 3% among first admitted subjects. Over a median period of five years, its crude DS rate was 41%. However, all of these patients received at least one other diagnosis (SAF = 98%, SZ = 37%, MMD = 34%) during the study period. The DC was higher in SAF (1.93) than that of SZ (1.60) and MMD (1.49). The DC was only significant between SAF and SZ (Spearman's Rho = 0.194).

Conclusions: Our study highlights that DS of SAF, adjusted for DC was temporally as stable as SZ and MMD diagnoses in this population. It also supports the existence of a prospective overlap between SAF and SZ diagnoses. Thus, a dimensional view of schizoaffective course is recommended.

Large utilisation of Internet for mental health reasons by students and staff following shooting at Dawson College: An emerging and more acceptable mode of contact with services?

Speaker: Alain Lesage

Authors: Lesage A, Bleau P, Boyer R, Fillion R, Gauvin D, Guay S, Seguin M, Szkrumelak N, Steiner W, Chawky N, Fiset-Laniel, J, Roy D.

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Context: The majority of people with common mental disorders do not seek help; the main reason being one of acceptability. On September 13th 2006, a single man entered Dawson College in Montreal, and started shooting, killing one person, physically wounding over a dozen before killing himself whilst surrounded by police. A study was commissioned by the Quebec Government one year later to investigate the psychological impact and the psychological interventions.

Methods: The 10000 students and staff registered at Dawson College were invited 18 months later to answer on-site or on WEB, a standardised computerized questionnaire largely adapted from Statistics Canada 2002 Canadian Community Health Survey cycle 1.2 on mental health and well being (CCHS 1.2). Nearly 1000 students and staff responded.

Results: Over 40% reported experiencing mental health problems largely defined; major depression was found in 12% and PTSD in 2% with 7% still experiencing severe symptoms of PTSD. Utilisation of services for mental health reasons in the following 18 months resemble the pattern found in CCHS1.2 with 13% seeing a professional:

general practitioners, psychologists being the most frequently seen; psychiatrists were equally seen. A large utilisation of Internet was reported by nearly 12% of students and 8% of staff, equally between men and women: this differed very largely from 0.5% reported in CCHS 1.2 in Quebec. Respondents who used services were satisfied; those who did not used services indicated unmet needs for information about disorders, services; and psychotherapy/counselling.

Conclusions: Internet is emerging as an acceptable way of information about common mental disorders and services, peer-support, and may be envisaged to link in-person with professionals.

Session 3: Methods and Population Health

Disability, depressive symptoms and the moderating role of social support in type 2 diabetic patients with and without insulin treatment: Findings from the Montreal Diabetes Health and Well-Being Study

Author/Speaker: Norbert Schmitz

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Objective: The aim of the present study was to analyze the association between diabetes treatment, depression, functioning and social support in a representative community sample of people with diabetes.

Research Design & Methods: Random digit dialling was used to select a sample of adults with self-reported diabetes aged 18 to 80 years in Quebec. Health status was assessed by the World Health Organization Disability Assessment Schedule II. Depression was assessed by Patient Health Questionnaire (PHQ-9) and social support was assessed by abbreviated Rand Medical Outcomes Study (MOS) Social Support Survey scale. Subjects with insulin treated diabetes were compared with subjects who were treated with oral medication.

Results: There was a strong association between diabetes treatment and depression and disability in the present sample (n=1720): the mean disability scores for men with and without insulin treatment were 19.3 (SD=20.5) and 10.5 (SD=13.2) ($p<0.001$), respectively; while the mean disability scores for women with and without insulin treatment were 20.8 (SD=17.6) and 13.8 (SD=14.8), respectively ($p<0.001$). The mean depression scores for men were 4.0 (SD=4.8) and 5.9 (6.1) for those with oral medication treatment and those with insulin treatment, respectively ($p<0.001$). The mean depression scores for women were 5.3 (SD=5.1) and 6.2 (5.6) for those with oral medication treatment and those with insulin treatment, respectively ($p=0.02$).

Low social support was associated with both higher levels of depression and disability.

Conclusions: Insulin treatment in type 2 diabetes is associated with a higher level of disability and depression. Social support might have a buffering effect on disability and depression in people with insulin treated diabetes. Focusing on social support at the individual and community level might have an important health effect.

The mental health of the population living in epidemiologic catchment area in Montreal, Canada: First results

Speaker: Jean Caron

Authors: Caron J.¹, Pedersen D.¹, Perreault, M.¹, Fleury M-J.¹, Crocker J.¹, Brunet A.¹, Tremblay J.¹, Beaulieu S.¹, Turecky G.¹, Nair, V.¹, Daniel M.², Cargo M.², Kestin, Y.³, Tousignant M.⁴

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Objectives: We received a grant from the Canadian Institute of Health Research to develop the first Epidemiological Catchment Area Study in Canada. Five neighbourhoods in the southwest of Montreal regrouping 258,000 persons will be studied. The objectives of that research program are: 1) To examine the links and interactions between individual determinants, neighbourhoods' ecology and mental health in each neighbourhood. 2) To identify the conditions facilitating the integration of individuals with mental health problems. 3) To understand the impact that social, economical and physical aspects of neighbourhoods using a Geographic information System. 4) To verify the adequacy of mental health services.

Methods: A longitudinal epidemiological study under the form of a community survey followed by qualitative studies of particular issues. The longitudinal study include a randomly selected sample of 2 400 individual aged from 15 to 65 years old who will be interviewed at a two years interval.

Results: We will present the results of the first wave of the research program; this includes: the prevalence of psychological distress, mental disorders, substance abuse, para-suicide and risky behaviour; quality of life; risk and protective factors in mental health and the effects of poverty on diverse problematics. Predictors of psychological distress identified by a regression analysis will also be presented.

Has “lifetime prevalence” reached the end of its life?

Speaker: David Streiner

Authors: David L. Streiner, John Cairney, Scott Patten

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Lifetime prevalence is one of the most widely used indices in psychiatry, and nearly all modern epidemiological surveys include items to measure it. We argue that the concept is neither accurate nor useful. Its inaccuracy is seen in the fact that lifetime prevalence for disorders measured in the CCHS decline with age. This is mathematically impossible

unless there is a period or cohort effect. Since the same trend is seen in other regions of the world, and with surveys conducted up to 25 years previously, these effects can be ruled out. We propose other reasons why the decline in prevalence with age is seen, including the types of studies used, survivor effects, memory, and reframing. We conclude that the decline in lifetime prevalence is likely due to these other factors, and does not reflect a true phenomenon.

We also argue that, even if the phenomenon actually does exist, it is not helpful for either resource planning or understanding. It does not reflect current need; and even if the health care system suddenly became 100% effective, it would not affect lifetime prevalence until the current cohort of patients all died.

We recommend using six- or 12-month prevalence rates, and abandoning the concept of lifetime prevalence entirely.

Poster Presentation Abstracts

Health Status of Children Before and After Entry into Foster Care

Presenter: Hygiea Casiano

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Background: Although children in foster care have numerous health problems, little knowledge on placement outcomes exists. We conducted a data linkage study of population-based health care and child protection agency administrative records to determine the health status of children before and after entry into care.

Method: 4,044 children taken into care in Manitoba between 1997 and 2004 were studied. Exposure variables included rates of hospitalization, physician and ER utilization, and psychopharmacologic prescriptions. General Estimating Equation modeling was used to calculate indicator rates per year. Risk estimates for the indicators were first determined with the year before foster care as the reference year and then converted into rates and 95% confidence intervals. Rates were adjusted for age, sex and region of residence. Statistical differences in rates ($p < 0.05$) between the year prior to entry into foster care and in each year that followed were ascertained with contrast statements.

Results: In the year prior to foster care placement, 30% were seen in the ER and 10% were hospitalized (0.01% for suspected maltreatment). Over the next three years, age-sex-region adjusted rates of hospitalization and physician utilization decreased successively ($p < 0.0003$). Among preschool children, ER rates declined ($p < 0.003$). Multiple physician visits also declined ($p < 0.0001$). Psychotropic medication use increased yearly ($p < 0.0001$). Self harm significantly decreased to a stable rate (5.7 per 1000) and sexually transmitted infections decreased to a stable rate (25 per 1000). Rates for psychotropic medication prescription in youth < 6 years increased ($p < 0.0001$).

Comorbidity of Borderline Personality Disorder and physical health problems in a nationally representative sample

Presenter: Renée El-Gabalawy

Authors: El-Gabalawy, R.¹, Katz, L.Y.², Sareen, J.^{2 3}, & Swampy Cree Suicide Prevention Team

Affiliations: (1) Department of Psychology, University of Manitoba, Winnipeg, MB, Canada; (2) Department of Psychiatry, University of Manitoba, Winnipeg, MB, Canada; (3) Department of Community Health Sciences, University of Manitoba, Winnipeg, MB, Canada

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Background: There has recently been an expanding body of literature investigating the relationship between physical conditions and mental disorders. To date, however, there has been limited research examining the association of physical conditions and personality disorders, in particular, borderline personality disorder. The current study is the first that aims to investigate the comorbidity and severity of borderline personality disorder and physical conditions in a nationally representative sample.

Methods: The National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) Wave II (N=34,653; response rate 70.2%, age 20 years and older) was used in the current study. The Alcohol Use Disorder and Associated Disabilities Interview Schedule - DSM-IV Version was used to assess mental disorders. Participants provided reports regarding physical health conditions experienced over the past year. Multiple logistic regression models were used to examine the comorbidity of borderline personality disorder and physical health conditions.

Results: After adjusting for sociodemographic variables, common Axis I mental disorders, and Axis II personality disorders, the presence of borderline personality disorder was significantly associated with arteriosclerosis or hypertension, hepatic disease, cardiovascular disease, gastrointestinal disease, STD or venereal diseases, arthritis, and any physical condition (adjusted odds ratios ranging from 1.39 to 2.71). In the most stringent adjusted model, diabetes, stroke, and obesity were not associated with borderline personality disorder.

Conclusion: To date, the present study is the first to demonstrate a strong association between borderline personality disorder and several physical health conditions. The present findings have important clinical and public health implications. Possible etiologic mechanisms will be discussed.

The longitudinal association from obesity to depression: Results from the 12-year national population health survey

Presenter: Genevieve Gariepy

Authors: Genevieve Gariepy, JianLi Wang, Alain Lesage, Norbert Schmitz

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Background: Prior observational studies have investigated the association between obesity and depression but evidence remains weak and mixed. There has been a call for high-quality longitudinal studies to elucidate the etiologic relationship from obesity to depression.

Objective: To investigate the risk of major depression in subjects with obesity compared to those without. We hypothesized higher incident risk of depression among obese participants compared to their normal-weight counterparts.

Methods: Seven waves of data collection (1994-95 to 2006-07) were obtained from the National Population Health Survey (NPHS). Our analyses included 10,545 adults without depression at baseline. Past-year major depression episode (MDE) was assessed from the Composite International Diagnostic Interview-Short Form for Major Depression. Obesity was estimated using baseline body-mass index (BMI) from self-reported weight and height (obesity: BMI ≥ 30). Kaplan-Meier survival curves were generated and Cox-proportional hazard regression modeling was used to estimate the risk of MDE by obesity status, controlling for sociodemographic and health and lifestyle variables.

Results: Obesity at baseline negatively predicted subsequent MDE in men (adjusted hazard ratio (HR): 0.71, 95% confidence interval (CI): 0.51-0.98) but did not significantly predict MDE in women (1.03, CI 0.84-1.26), after controlling for important confounders.

Conclusion: Findings suggest that obesity is a significant negative predictor of depression in adult men but not in women. Our results moderate prior evidence supporting a positive link from obesity to depression.

Outcome of the first Major Depressive Episode in clinical practice: A retrospective review of 1234 in-patients cases

Author/Presenter: Javad Moamai, MD, MSc, CSPQ

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Objectives: To determine the rate of First Major Depressive Episode (FMDE) in an in-patient population and, to assess the risk for subsequent development of Bipolar Disorders (BD) in these subjects.

Methods: Data were taken from the separation sheets (ICD-9 format) of all 1234 FMDE patients (14+ years) admitted to a Quebec regional psychiatric hospital from 1980 to 2008. A subgroup of 461 multi-admission cases provided data on long term outcomes of FMDE.

Results: The observed rate of FMDE was 20 % among first admitted subjects. By the 26-year (median = 3) retrospective follow-up, 12% of study group had developed at least one episode of full bipolar I mania. The subsequent development of BD was significantly correlated to relapse rate but not to age, gender, comorbid personality disorders or drug abuse.

Conclusions: In everyday clinical practice, these results together with outcome studies of BD suggest that the depressive phase of BD is prevalent in the course of this disorder.

Migraine as a risk factor for Major Depressive Episodes: A longitudinal community study

Presenter: Geeta Modgill

Authors: Geeta Modgill, Nathalie Jette, Jian Li Wang, Scott Patten

Affiliations: Graduate Student (MSc Epidmiology), Dept of Community Health Sciences, University of Calgary

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Background: Migraine is associated with depressive disorders, but most existing studies are cross-sectional. Assessment of the incidence of a condition requires prospective data collection. The objective of this study was to determine whether having migraine contributes to higher incidence of major depressive episodes (MDE).

Methods: Canadian National Population Health Survey (NPHS) data was used for this study. The NPHS is a longitudinal study started in 1994 and is ongoing. NPHS interviews assessed both migraine and MDE at each cycle. In order to assess whether a history of migraine posed a risk of future MDE, participants free of MDE at baseline interview in 1994 were divided into cohorts depending on their migraine status. Stratified analysis and logistic regression were used to quantify the effect of migraine on subsequent MDE status.

Results: Among eligible respondents, without MDE in 1994 (N=13,175), 7029 had completed follow-up to 2006. The overall cumulative incidence of MDE was 14.8% (95% CI: 13.7-15.9). In people with migraine the risk of MDE was 22.2% (95% CI: 17.9-26.5). Migraine had a significant effect on risk (OR: 1.7, 95% CI: 1.3-2.2, p<0.001). The odds ratio diminished slightly with adjustment for sex (OR: 1.5, 95% CI: 1.2-2.0, p=0.002) suggesting weak confounding. No confounding due to other covariates was identified.

Conclusion: Migraine is associated with MDE risk. Migraine may contribute to etiology or these comorbidities may have shared causal determinants. Development of specialized interventions and services for this population may be warranted.

Help-seeking, suicide ideation and attempts in an aboriginal adolescent population

Presenter: Briana Melia

Authors: Briana Melia BA(Hons), Brenda Elias PhD, Jitender Sareen MD, Swampy Cree Suicide Prevention Team

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Background: In Canada, suicide is the third leading cause of adolescent death. In Aboriginals, suicide rates are significantly higher than the general population. A known risk factor of suicidality is previous help-seeking behaviour. There has been little research in the Aboriginal adolescent population regarding the relationship between help-seeking and suicide.

Objectives: Goals of the study were to explore patterns of help-seeking among Aboriginal adolescents, investigate associations between willingness to seek help and suicidality after adjusting for factors that may impact this relationship, and incorporate a community voice to the literature.

Methods: Data came from the Manitoba First Nations Regional Longitudinal Health Survey (RHS) (n=1,129; respondents 12-17 years of age; cumulative response rate 70.1%). Cross-tabulations and logistic regressions were utilized to describe help-seeking patterns and examine associations between willingness to seek help and lifetime suicidality.

Results & Conclusions: Aboriginal adolescents indicated that they were most willing to seek help from their parents across most emotional problems. Adolescents who were not willing to seek help for their emotional problems had increased odds of experiencing lifetime suicidal ideation.

The association between obesity and anxiety disorders: A systematic review

Presenter: Danit Nitka

Authors: Genevieve Gariepy, Danit Nitka, Norbert Schmitz

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Anxiety disorders are the most prevalent mental disorders in developed countries. Obesity is hypothesized to be a risk factor for anxiety disorders but evidence supporting an association between obesity and anxiety is not clear. The objectives of this paper were therefore first to systematically review the literature for a link between obesity and anxiety disorders in the general population, and second to present a pooled estimate of association. We performed a systematic search for epidemiological articles reporting on obesity (explanatory variable) and anxiety (outcome variable) in seven bibliographical databases. Two independent reviewers abstracted the data and assessed the quality of the studies. We found nineteen studies (2 prospective and 17 cross-sectional) that met the selection criteria. Measures of effect from prospective data were mixed but cross-sectional evidence suggested a positive association between obesity and anxiety. The pooled OR for cross-sectional studies was 1.4 (CI: 1.2-1.6). Subgroup analyses revealed a positive association in men and women. Overall, a moderate level of evidence exists for a positive association between obesity and anxiety disorders. Questions remain about the role of obesity severity and subtypes of anxiety. The causal relationship from obesity to anxiety could not be inferred from current data: future etiologic studies are recommended.

Opioid analgesic overdose in Ontario, 2002 to 2006

Presenter: Scott Veldhuizen

Authors: Scott Veldhuizen¹, Russell Callaghan¹, Terrance Wade²

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The past decade has seen marked increases in the use and misuse of opioid analgesics. Illicit use of these medications is now responsible for more poisoning deaths in the United States than either heroin or cocaine. The purpose of the present study is to describe the epidemiology of opioid poisoning in Ontario in recent years.

We used records of emergency department (ED) visits from FY2002 to FY2005 taken from the National Ambulatory Care Reporting System. We used ICD-10 codes to identify cases, to detect certain co-occurring diagnoses, and to classify events as accidental overdose (including overdoses from recreational use), adverse events, or self-harm.

Between April 2002 and March 2006, there were approximately 7400 ED visits for opioid analgesic poisoning. The number of events increased each year, most markedly between 2002 and 2003. Incidence rose from 12.6 per 100,000 in FY2002 to 15.2 per 100,000 in FY2005.

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27% of poisonings were deemed accidental, 37.5% were intentional, 15% were adverse events, and 20% were of undetermined cause. Adverse events predominated among older adults. Incidence was somewhat higher among women, and peaked in the 35-44 age group. Methadone was noted in 11% of all events, though it is not clear how often specific drugs were identified. Psychiatric diagnoses were recorded in approximately 9% of all events, and psychiatric drugs without abuse potential were noted in approximately 12%. These latter proportions seem high, given their probable low detection ratio in the context of an ED visit for opioid overdose.