

**THE UNIVERSITY OF CALGARY,
FACULTY OF MEDICINE,
DEPARTMENT OF PSYCHIATRY
PRESENTS
THE 2002 SEBASTIAN K. LITTMAN RESEARCH DAY
FRIDAY MARCH 01, 2002
VILLAGE PARK INN**

- ABSTRACT FORM -

To be submitted by February 15, 2002 to Dr. Malcolm West, Department of Psychiatry, Peter Lougheed Hospital, 3500 - 26 Avenue NE, Calgary AB T1Y 6J4

Please submit your typewritten original abstract as these will be reproduced for handouts. Clearly indicate the PRESENTOR(S) name(s).

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Title: Hospital-Physician Relations in a Regional Clinical Department of Psychiatry: Is there such a thing as evidence-based administrative practices?

Author: Donald Addington

Presenter: Donald Addington

Objective: To review the literature on Hospital-Physician Relations and describe the experience of one Regional Clinical Department of Psychiatry in recruitment and retention of psychiatrists.

Method: A number of Mesh headings under Organization and Administration were examined. The most pertinent literature was found under the heading Hospital-Physician Relations.

Results: A recent and growing evidence-supported literature from the US describes a number of strategies for enhancing hospital-physician relations. A number of these strategies have been used to successfully recruit and retain psychiatrists in a regional clinical department of psychiatry. In 4 years over 40 psychiatrists were recruited to a region that had lost 30 psychiatrists over the previous 3 years of regionalization. The strategies can be summarized under Physician Leadership, Department-System Relations, Care Management Practices, Strategic Planning, Primary Care/Specialist Relationships, Management and Governance and Physician Recruitment.

Conclusions: There is the beginning of an evidence-based approach to administrative practice. Consistent application of evidence-supported strategies can be used to enhance recruitment and retention of psychiatrists in a regionalized health system.

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Title: Transcultural psychiatry in Canadian psychiatry residency programs

Author(s): Cynthia Baxter, MD

Presenter(s): Cynthia Baxter, MD

Background

In order to provide effective patient care in a growingly diverse population, physicians are required to increase their awareness of cultural diversity. In 1998 the American Psychiatric Association issued a statement supporting cultural diversity among psychiatrists and inclusion of cultural factors in medical education.

Objective

Assess the extent of cross-cultural content in Canadian psychiatric residency training programs.

Methods

A 15 question, 4 page questionnaire was sent to each program director of the 16 Canadian Psychiatry training programs in June 2001. Nonresponders were sent a second mailout in September 2001.

Results

81% (n=13) of programs responded indicating 92% (n=12) include transcultural content in their resident training. This exposure is mandatory in 77%(n=10) and 46% (n=6) include specific transcultural learning objectives in their curriculum. 8 programs had residents who were foreign medical school graduates and visible minority residents made up 13.3% of programs on average.

Discussion

The percentage of training programs with cross-cultural content was considerably higher than a similar study of U.S. programs, however the response rate in this study was considerable higher. Canadian psychiatry residents are almost universally introduced to transcultural issues and seem to be as culturally diverse as the communities they serve. However, a tendency to rely substantially more on informal teaching methods may limit the development of culturally competent residents.

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Title: Patterns of comorbidity within three categories of diagnoses (depressive disorders, substance disorders, and eating disorders).

Author(s): Dr. D. Cawthorpe, Dr. W. Soliman, Dr. W. Hammond, Dr. S. Chang, & Dr. TCR Wilkes

Presenter(s): Dr. D. Cawthorpe

Diagnosis is the cornerstone of all research about mental disorders. The clinical assessment of mental disorder usually takes place at one time and depends upon an informant's ability to recall and report symptoms accurately. Structured interviews, such as the computer-based Diagnostic Inventory Schedule for Children - Revised (CDISC-R), provide a full range of categorical diagnoses. A diagnosis is designated as present or not depending on the diagnostic criteria an informant endorses. Structured interviews are the current gold standard for establishing diagnoses in psychiatric research. Nurcombe (1992) has questioned the use of clinician-based interviews in research [Nurcombe, B. 1992. The Evolution and Validity of the Diagnosis of Major Depression in Childhood and Adolescence. In D. Cicchetti, & L. Toth (Eds.), Developmental perspectives on depression (pp. 1-28). Rochester: University of Rochester Press.]. He has pointed out that issues of diagnostic accuracy arise from lack of blindness, confirmatory bias of marginal symptoms, and leading questions. Computer-based interviews, such as the CDISC-R, remove these threats to the validity due to clinician bias and are rapidly becoming a preferred method of administration. The purpose of this study was to compare the level of concordance between computer-based and clinician-based diagnoses within three categories (Depressive Disorder, Substance Disorder and Eating Disorder) obtained from in a sample of one hundred and twenty-two adolescents admitted to an inpatient psychiatric treatment unit.

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Title: A survey of pediatric mental health care in primary care practice

Author(s): Dr. David Cawthorpe, Mr. Keith Donaghy, & Dr. Philip Eaton

Presenter(s): Dr. David Cawthorpe

Providing mental health care in primary pediatric and family practice settings is an ideal method for early identification of mental health problems and providing early intervention with infants and young children who are at risk for developing serious mental disorders (Lavigne et al., 1998). Untreated mental health problems often lead to hospitalization and poor developmental outcomes for affected children at considerable cost to society.

The Collaborative Mental Health Care service (CMHC) was developed in the Calgary Health Region in response to the direction to provide mental health support for infants and young children (0 – 6 years) in a primary care environment. Collaborative mental health care involves multidisciplinary consultation to primary care practitioners. The purpose of each case-based or education-based consultation is, ideally, to enhance the primary care practitioner's ability to identify mental health problems in the very young. As well, over time, the consultation process helps the primary care provider to develop treatment/management strategies for the families of young children who present with, or who are seen to be at risk of developing mental health problems.

We recently asked participants at a national family medicine continuing medical education conference to complete a survey in order to conduct several levels of need assessment that were of interest to our program. One hundred and four of 166 possible respondents completed the survey, which consisted of seven basic questions of interest to the core program. For example, eighty-seven per cent of those surveyed reported not having enough knowledge and support to detect and manage mental health difficulties in young children. We present and discuss the results of this survey.

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Title: The use of clinical data in the planning, development, and evaluation of a regional
child and adolescent mental health program service.

Author(s): Dr. D. Cawthorpe, Dr. W. Soliman, & Dr. T.C.R. Wilkes

Presenter(s): Dr. D. Cawthorpe

New services within the regional Child and Adolescent Mental Health and Psychiatry Program have been funded with the expectation that evaluation be a core component of the service structure within the specific mental health service. We present a description of the evaluation framework developed for a new community-based adolescent mental health program. The emphasis of the paper regards the use of a clinical and self-report data to examine whether or not the program is serving its intended population and the measurement of client outcomes over the course of treatment. Our results support the implementation of a "low-burden" outcome measurement model that is integrated with current clinical practice.

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Title: Outcome Measures of An Adolescent Inpatient Psychiatric Unit

Author(s): Shahid Hosain, M.D. (Psychiatric Resident)
Stephanie Dubois, M.A. (Psychology Intern)
Shaylynn Cunningham

Presenter(s): Shahid Hosain and Stephanie Dubois

The Adolescent Psychopathology Scale (APS) (Reynolds, 1988) is an instrument that was developed to evaluate the severity of symptoms of psychiatric disorders in adolescents aged 12-19 years. It was specifically created to be consistent with DSM-IV symptom specification. The APS was completed by 30 adolescent inpatients from the Young Adult Program at admission, two weeks after admission and just prior to discharge. We will be examining and discussing significant and non-significant trends of the clinical disorder scales of the APS across time. Implications of the results and future directions for research will be presented.

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Title: **Part 1: Spirituality in Psychogeriatrics: Does it Matter?**
Part 2: Effect of Music Intervention on Disruptive Behaviours during ADLs in Demented LTC Residents: A Research Proposal

Author(s): **Dr. Suparna Madan**

Presenter(s): **Dr. Suparna Madan**

Before the advent of modern medicine, spirituality was an integral part of healing illness. With the discovery of pathogens, there was divergence between medicine and spirituality. In recent years, however, a growing body of research has demonstrated the benefits of spirituality in physical and mental health. Patients have expressed a desire for their physicians to be sensitive to their spiritual concerns. Addressing issues of spirituality in the demented elderly, however, can be a challenge.

Studies show that music therapy has a variety of positive health benefits, and in demented elderly (in whom musical cognitive ability may be relatively preserved), it is a useful spiritual intervention. Previous research suggests that music intervention may reduce agitation and aggression in demented elderly. Limitations of previous studies include small sample sizes and poor methodology. In addition, indirect benefits of music intervention have not been studied.

The objective of the present pilot study is to develop a single-blinded, controlled, crossover design research protocol to investigate the effect of music intervention on disruptive behaviours in demented LTC residents. Also, preliminary information regarding the usefulness of the Disruptive Behaviour Scale and effects of music intervention during ADLs, will be obtained.

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Title: HOPE: **H**Ospital **P**arenting **E**ducation Evaluation data

Author(s): Dr. Douglas Murdoch, Mr. Stephen Maunula, Dr. Valerie Barsky, Dr.
Michele Fercho

Presenter(s): Dr. Douglas Murdoch

Program evaluation data from a series of parenting classes will be presented,
including satisfaction and outcome data from a series of parenting classes conducted at
the Alberta Children Hospital.

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Title: The Center for Epidemiological Studies Depression Rating Scale in Disease-modifying Treatment Candidates with Multiple Sclerosis

Author(s): Rupang Pandya, B.Sc., M. D. and Scott Patten, M.D., FRCP(C), Ph.D.

Presenter(s): Rupang Pandya, Resident, Department of Psychiatry, University of Calgary

Background: Depressive disorders are common in multiple sclerosis (MS), and may be regarded as a relative contraindication for treatment with interferon beta. They may also be negative prognostic indicators. Depression rating scales may be used to identify cases of depression, but these scales may have low predictive value because of an overlap between symptoms of MS and depression. The objective of this study was to evaluate the predictive value of the Center for Epidemiological Studies Depression Rating Scale (CES-D) in a series of MS patients considered to be candidates for disease-modifying treatments.

Methods: The University of Calgary MS clinic screens all patients considered candidates for MS disease-modifying treatments with the CES-D rating scale. All patients who scored 16 or greater (a traditional cut-off for this scale) were referred for a psychiatric assessment. The predictive value of the scale was evaluated across a range of cut-off scores, and CES-D scores were compared between those found to have a depressive disorder and those without a current active depressive disorder.

Results: The sample was predominantly young and female. Almost all of the subjects had relapsing-remitting MS. The predictive value of the scale, at the traditional (16 or greater) cut-off was approximately 75% for any mood disorder and approximately 60% for major depression.

Conclusions: The traditional scoring cut-off for the CES-D performed well in identifying MS patients with a high probability of having a depressive disorder.

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Title: Antidepressant Use in Canada, 1994 to 1998.

Author(s): Scott B. Patten, Cynthia A. Beck

Presenter(s): Patten, Scott B.

Background: Public health strategies for major depression have generally focused on secondary prevention: case-finding, public and professional education and disease management strategies. Underutilization of antidepressant treatment has typically been identified as a major problem but, for methodological reasons, existing studies may have exaggerated the extent of under utilization. Objective: To describe the pattern of antidepressant use in Canada between 1994 and 1998 using data from a national longitudinal health survey. Methods: The National Population Health Survey (NPHS) is a large-scale longitudinal study of a sample (n=17,626) representative of the Canadian population. In the NPHS, medications taken by all respondents who reported taking medications in the two days preceding the survey interview were recorded using a numerical coding system. Results: Between 1994/95 and 1998/99 the use of antidepressants increased dramatically, from 2.0% to 3.8% of the general population. Among persons with current depression, the rate of use increased over this interval from 10.6% to 19.9%. Most people taking antidepressants were found not have current major depression. Since this may be accounted for, at least partially, by medication effectiveness, ignoring this factor will result in an under estimate of utilization. When effective use is factored into the calculation, the current rate of utilization is probably much higher, almost certainly exceeding 50% under plausible assumptions. Conclusions: The NPHS provides strong evidence of improved utilization rates for antidepressant medications in Canada during the 1990s. The extent of under utilization has probably been exaggerated by previous studies.

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Title: A Genetic Approach to Study the Association between Depressive disorders and Vascular diseases

Author(s):R.Ramasubbu M.D

Presenter(s):R.Ramasubbu M.D

Abstract

The evidence of increased vascular morbidity and mortality associated with depression has generated interest in studying the mechanisms or causal pathways underlying this association. Recent advances in molecular genetics have demonstrated that serotonin transporter gene functional polymorphism may confer susceptibility for affective disorders as well as for some cardiovascular risk factors. Taking into account of these genetic findings, it is conceivable that serotonin transporter gene functional polymorphism may be a plausible candidate gene to study the genetic mechanisms of depression-related increased vascular morbidity and mortality. Future research projects to test this hypothesis are warranted.

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Title: **Narratives of Schizophrenia: Constructing a Positive Identity**

Author(s): **Dr. Barbara Schneider**

Presenter(s): **Dr. Barbara Scheider**

In this paper, I explore how people with schizophrenia construct positive identities in the face of the negative and stigmatizing discourse of mental illness. Schizophrenia has effects that are much more than simply the sum of the symptoms of the illness. In particular, receiving a diagnosis of schizophrenia has implications for social identity. Identity is often regarded as a fixed set of properties or as a mental state. Instead I take a view of identity as actively constructed, moment to moment, through social interaction. Drawing on data from interviews I conducted with people with schizophrenia, I show the value of this approach to identity. I present a number of examples that illustrate the ways in which the respondents' narratives construct or resist identities by drawing on widely available cultural categories or discourses of mental illness. At the same time, their narratives reproduce these categories as legitimate ways of understanding schizophrenia and mental illness.

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Title: Fatigue in Cancer patients: A Symptom or a Syndrome?

Author(s): J Steven A Simpson PhD MD FRCPC, Guy Pelletier PhD

Presenter(s): Steve Simpson

The three most distressing chronic emotional sequelae of a cancer diagnosis and treatment are Anxiety, Depression and Fatigue. In recent years a significant body of literature has been developed on the impact of persistent fatigue following a cancer experience. Psychiatrists and psychologist have developed effective tools to assess and treat anxiety and depression but fatigue has remained something of an enigma.

Guidelines for the assessment and treatment of fatigue in cancer patients are in development by a number of agencies including the National Institutes of Health and National Coalition of Cancer Survivors. However, significant questions remain unanswered.

This presentation will review the literature on fatigue as a concern for cancer patients and describe a case of series of patients treated with bupropion SR for symptoms of fatigue and depression. An update on an ongoing study of fatigue in the brain tumor clinic at the Tom Baker Cancer centre will also be provided.

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Title: INTERNALIZED OTHER INTERVIEWING IN PSYCHOTHERAPY
Presenter: Karl Tomm, M.D.

The specific therapeutic technique of internalized other interviewing has been elaborated in the Family Therapy Program over the past several years. It is based on a social constructionist perspective in which "the person" is seen to arise through social interaction. If a therapist conceives of "the self" as constituted by an internalized community, it becomes coherent to interview "others" as they exist in the self. As a result, the possibilities for therapeutic intervention may be significantly extended.

This presentation will begin with an overview of the theoretical and practical aspects of internalized other interviewing. Parts of a videotape of an actual clinical interview will be used to demonstrate the method with a mother, whose symptomatic daughter refused to attend a family therapy session. It illustrates how an interpersonal systemic approach may be used in therapy with individuals and have beneficial effects for them, their relationships and their significant others.

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Title: A proposed pilot open-label trial of a new pharmacotherapy
for smoking cessation

Authors: William D. White, MSc, MD
David Crockford, MD, FRCPC
Nady el-Guebaly, MD, FRCPC

Presenter: William D. White, MSc, MD, Resident, Dept. of Psychiatry

Cigarette smoking is the leading preventable cause of death and disease in Canada. In spite of the severity of this major public health problem, the number and effectiveness of available treatment options remains limited. Approved pharmacotherapies include nicotine replacement and bupropion. Here we briefly review the current state of knowledge regarding non-nicotine pharmacotherapies for smoking cessation, and present a rationale and methodological outline for a preliminary study of a new agent.

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Title: CHINESE CULTURAL FACTORS AFFECTING PSYCHIATRIC MORBIDITY

Author(s): Dr. Lauren Zanussi, Dr. Henry T. Chuang

Presenter(s): Dr. Lauren Zanussi, Dr. Henry T. Chuang

Over the past 20 years, there has been an influx of Chinese immigrants to Calgary from various parts of the world, especially China, Indo-China, and South-East Asia. One of the psychiatrists consulting to the Alberta Mental Health Board in Downtown Calgary is familiar with Chinese Dialects and hence has been receiving referrals from various sources, but especially from General Practitioners who service Chinese patients.

We have collected information from these referrals from the past 4 years. There will be a discussion about the cultural factors leading to presentation as well as the differences in diagnostic thinking between Western and Chinese culture. Also, the preliminary results of the epidemiological study will be presented, along with some vignettes.