

DISCIPLINE OF PSYCHIATRY

ANNUAL RESEARCH AND AWARDS DAY

JUNE 24, 2016

FACULTY OF MEDICINE
MEDICAL EDUCATION CENTRE



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THIS PROGRAM IS ACCREDITATED FOR 4.0 HOURS MAINCERT CREDITS OF THE ROYAL
COLLEGE OF PHYSICIANS AND SURGEONS

AGENDA

1M102, Medical Education Center • Friday, June 24, 2016

EVENT	PRESENTER	TIME
CPA President: Residents	Dr. Sonu Gaind	11:30
Lunch and CPA President	Dr. Sonu Gaind	12:15
Welcome	Dr. Weldon Bonnell	1:00
COMPLETED RESEARCH		
An Assessment of the Four Domains of Sexuality and the Correlation to Suicide, Suicidal Behaviours, and Various Psychiatric Disorders	Dr. Rasyidah Halim and Dr. Temitayo Peluola	1:05
Computer Simulation-Based Education For Management Of The Agitated Psychiatric Patient: A Pilot Study	Dr. Frank Symons	1:20
Bed Utilization and Length of Stay on Inpatient Psychiatric Units Before and after the Introduction of the Short Stay Unit (Ssu) Ward	Dr. Tom V. Smigas	1:35
Portrayal of Marijuana on YouTube	Dr. Jetinder Gill	1:50
Seizure Response Monitoring During Electroconvulsive Therapy	Dr. Tim Hierlihy	2:05
Teaching the Diagnostic Psychiatric Interview to Medical Students, a Narrative Literature Review	Dr. Tim Hierlihy	2:20
Are Psychiatric Residents Satisfied with an Ect Simulation-training Course?	Dr. Leanne Martin	2:35
Navigating Anxiety and Stress Through Mindfulness: A Program Evaluation	Andrew Safer	2:50
RESEARCH IN PROGRESS		
General Practice Physician Barriers to Managing Sexual Dysfunction	Dr. Teresa Watson	3:05
Survey of Psychiatrists and Psychiatry Residents of Newfoundland and Labrador to Investigate and Assess Malpractice Fear, Risk Aversion, and Defensive Medicine Practices	Dr. Kathleen Callanan	3:15
Impact of Hospitalization on a Geriatric Psychiatry Unit on Modification of Drug Regimens According to the START/STOPP Criteria	Dr. Katie Barnes-Prior	3:25
Burnout Risk in Psychiatrists and Psychiatry Residents in Canada	Dr. Irina Mihaescu	3:35
Long-acting Injectable Antipsychotics and Effect on Hospitalization: A Mirror Image Retrospective Observational Study 1 Year Pre- and Post-initiation	Dr. Naomi Miffen-Anderson	3:45
Psychiatric Comorbidity in Adults Provided with Implantable Cardiac Defibrillators as a Treatment for Arrhythmogenic Right Ventricular Cardiomyopathy	Dr. Magdalena Orzylowski	3:55
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AWARDS		4:25
Closing Remarks		4:35

AN ASSESSMENT OF THE FOUR DOMAINS OF SEXUALITY AND THE CORRELATION TO SUICIDE, SUICIDAL BEHAVIOURS, AND VARIOUS PSYCHIATRIC DISORDERS

Rasyidah Halim

Temitayo Peluola

ABSTRACT

Sexual minority is a term to define individuals which have sexuality variances that differ from the majority of the population. Previously this would be simplified to LGBTs (lesbian, gay, bisexual, and transgender). On the basis of a survey conducted by The Forum Poll in 2012, roughly 5.3% of Canadians older than 18 identified themselves as a sexual minority, which would mean that there are currently approximately 1.75 million individuals in Canada who identify themselves as such. In 2012, the U.S. Surgeon General published an updated National Strategy for Suicide Prevention and Objectives for Action, identified the sexual minority population as a higher risk population for suicidal thoughts and/or behaviours, compared to the general population. Previous studies looking at gender variants as a risk factor for suicidal behaviours or major psychiatric disorders often overlooked the complexity of sexuality (i.e. assessed solely using the term LGBT or subsets of this heterogeneous group).

With a review of various literatures regarding sexuality, we understand that the "LGB" only identifies a person's sexual orientation. The term transgender is often lumped into this acronym, but is actually a type of gender identity (presumed be mutually exclusive from a person's sexual orientation). This could be particularly problematic, as different domains of sexuality failed to be taken into account in prior research. In this study we aspire to assess the four domains of sexuality (gender identity, gender expression, biological sex, and sexual orientation) as independent categories (i.e. risk factors), and how each can influence suicidal behaviour and other mental health illnesses.

In this study, we will attain this information by performing a cross-sectional survey of individuals aged 18-50. Each person is expected to complete a survey regarding; demographics, intensities/identification of each sexual domain, suicide history and behaviours, history of substance use, depressive symptoms, anxiety symptoms, and a review of past psychiatric history. The individuals recruited would be using the services of a family practice clinic and a specialized sexology clinic, in Newfoundland.

We hypothesize that variants (from the "cultural norm") of any of the domains of sexuality can be predictive of increased suicidality as this could lead to increase extraneous stressors. We further hypothesize that greater non-conformity between gender identity/gender expression and cultural expected sexual orientation would have added risk.

COMPUTER SIMULATION-BASED EDUCATION FOR MANAGEMENT OF THE AGITATED PSYCHIATRIC PATIENT: A PILOT STUDY

Frank Symons

ABSTRACT

Simulation is increasingly used in medical education. This trend is driven by a number of factors, including concerns for patient safety and teaching effectiveness. Common approaches to simulation include the standardized patient, the sophisticated computer-controlled mannequin, and the on-screen computer simulation. Research has demonstrated simulation to be an effective way to learn, and in some cases (e.g. quality of ACLS care provided by residents) superior to traditional teaching methods.

Simulation with standardized patients is the approach which allows for the most authentic recreation of a patient encounter, and is common in psychiatric training. Computer simulations are unable to deliver the same realism, but offer other advantages, including the potential to be administered repeatedly with minimal increase in cost, and at virtually any time or location where computer access exists - a significant advantage when one considers that repeated practice has been demonstrated to be a key component of effective simulation-based learning. Computer simulations can also deliver timely and appropriate feedback, another such key component.

The objective of this study is to evaluate the acceptability to trainees of computer simulation as a teaching method in training in psychiatry. I propose to develop a computer simulation of the management of the agitated psychiatric patient (the scenario in psychiatry which perhaps best parallels ACLS events). This will be accessible via a standard web browser. It will present a representative agitated patient scenario, and offer the trainee a variety of more or less appropriate courses of action. Events will play out based on the chosen course, and feedback will be provided based on the appropriateness of the choices made. This simulation will be administered to trainees, and satisfaction measures obtained.

SYNOPSIS

Simulation-based education is an area of growing interest. This study aims to evaluate trainee satisfaction with learning from a computer-based simulation of the management of the agitated psychiatric patient.

DISCLOSURES

None.

BED UTILIZATION AND LENGTH OF STAY ON INPATIENT PSYCHIATRIC UNITS BEFORE AND AFTER THE INTRODUCTION OF THE SHORT STAY UNIT (SSU) WARD

Dr. Tom V. Smigas

BACKGROUND

The duration of psychiatric hospitalization is an important topic in this day and age of deinstitutionalization. The purpose of this retrospective observational study was to analyze the role of the newly created and implemented SSU ward in St. John's, NL and see what effect it had on utilization of health resources for the patients and the health care system. There is minimal published data describing SSU wards in Canada and factors associated with their implementation and patient care outcomes. My research question was to see if there are any significant, statistical differences in bed utilization on all acute psychiatric wards in St. John's, comparing all discharges from set wards in the years of 2001 to 2003 and 2005 to 2007, before to after the SSU was introduced. The primary outcome was to see if there was any significant change in the lengths of stay (LOS) of the psychiatrically admitted inpatients, looking at their specific discharge diagnoses and on which particular acute care psychiatric ward they were admitted too.

METHODS

Eastern Health's medical records department maintains an inpatient data base of all admissions to acute psychiatric wards. The data set that they were kind enough to provide, for each year, contained each patient's primary discharge diagnoses, total number of patients with a primary diagnosis that accounted for the majority of their admission and total days admitted. Information regarding average number of beds on each ward per year was also provided. Individual diagnoses were grouped according to DSM IV-TR classification and coded for analyzing purposes. The set data was analyzed to identify which disease processes were affected by the introduction of the SSU ward after proportions analysis was calculated looking to see if there were any significant differences between the wards over time. A Poisson regression model for count data was used and a negative binomial model as well, to avoid interpreting incorrectly any significant findings and potential false positives.

RESULTS

Over the six calendar year period reviewed 8801 discharges occurred from all acute inpatient psychiatric wards. There were no significant changes in the number of patients discharged annually from all acute care wards. There was a systematic decrease in the number of available acute care beds over the six time period, from approximately 129 to 92. A significant ($P < 0.05$) decrease in the annual total number of hospital beds used over time was found. When comparing the LOS over the two time periods, looking specifically at the diagnosis of Adjustment Disorder there appeared to be an increase on wards W3A and E2A and decrease on the SSU ward. It was found that the SSU ward admitted the highest proportion of patients with a diagnosis of Adjustment Disorder compared to the other wards. A significant ($P < 0.05$) increase in the LOS was found on wards W3A and E3A for Schizophrenia and Other Psychotic Disorders and Affective Disorders after the introduction of the SSU ward.

CONCLUSION

From the analyzed data it appears that the introduction of the SSU has possibly been able to accommodate a significant proportion of patients with discharge diagnoses of Adjustment Disorder. This in effect, potentially facilitated longer LOS for other psychiatrically ill patients to the other wards as a consequence. It appears that the SSU ward's implementation may have contributed to a decrease in total number of hospital beds used per year overall, by decreasing LOS of these particular patients who now make up a smaller proportion on other wards. Limitations of this study include potential transfers that may not have been accounted for by data entry, not having the admitting diagnoses of each patient or co-occurring illnesses that may have contributed to their LOS. This study is also limited by not more longitudinal data to get a better understanding of what impact the SSU has in the long term on the various diagnoses and their LOS.

PORTRAYAL OF MARIJUANA ON YOUTUBE

Dr. Jetinder Gill M.D. (Memorial University of Newfoundland)

Dr. Andrew Latus, M.D.

BACKGROUND

YouTube is the world's most popular video sharing website. It is easily accessible and has the ability to reach and influence a large audience. It is a medium through which messages can be relayed directly to people, regardless of the validity of its content. Previous studies have shown that social media can have a significant impact on the initiation of drug use behavior. Given the reality that marijuana will soon become legalized and regulated in Canada, it is important to have a better understanding of how marijuana is being portrayed on YouTube as this has the potential to influence people's use of this drug.

OBJECTIVE

This study aims to get a systematic understanding of what messages about marijuana people are being exposed to on YouTube. This was accomplished by assessing the overall portrayal and genre of marijuana videos.

METHODS

The top 20 search results on YouTube were identified by relevance and view count for the following search terms: "marijuana", "cannabis", "weed", "pot", "smoking marijuana", "smoking cannabis", "smoking weed", and "smoking pot". Eliminating duplicates, a sample of 190 unique videos were coded for overall portrayal and genre. Main topics covered in marijuana videos were recorded and video statistics and viewer demographic information were documented. Data were analyzed using descriptive statistics.

RESULTS

Among the 190 unique videos, 87.4% (n=166) portrayed marijuana positively, 4.2% (n=8) portrayed marijuana negatively, and 8.4% (n=16) had a neutral portrayal of marijuana. The most common genres of videos were user sharing and music. Positive marijuana videos were watched more frequently and rated much more favorably than negative marijuana videos.

CONCLUSIONS

The overwhelming majority of information on YouTube about marijuana promoted its use and depicted the use of marijuana as socially acceptable. The risks associated with its use were minimized and harmful effects rarely discussed. More research is needed to determine who is viewing these YouTube videos and how they may affect people's knowledge, attitudes, and behaviors regarding marijuana use.

SYNOPSIS

Previous studies have shown that social media can have a significant impact on the initiation of drug use behavior.

This study aimed to get a systematic understanding of what messages about marijuana people were being exposed to on YouTube. It was found that the majority of information on YouTube about marijuana promoted its use and depicted the use of marijuana as socially acceptable. The risks associated with its use were minimized and harmful effects rarely discussed.

DISCLOSURE

This was not an industry supported study. There were no sources of funding necessary for this study.

SEIZURE RESPONSE MONITORING DURING ELECTROCONVULSIVE THERAPY

Tim Hierlihy

Electroconvulsive Therapy (ECT) is used to treat several mental illness diagnoses. Seizure duration is used to determine if the administered stimuli was adequate. Duration is estimated by Electroencephalogram (EEG) interpretation and/or observing motor response. Neither method is universally accepted, nor considered the gold standard; hence both are employed. This study investigated the relationship between the methods. The hypothesis tested was that they would have a strong positive correlation. Previous research suggested that the two methods didn't result in the same estimate (Benbow, 2003; Mayur, 1999; Swartz, 1996). A case series was carried out using recorded estimates prospectively obtained from 102 ECT procedures on adult Psychiatric inpatients. A strong, consistent, predictable relationship between the methods was not identified. However; using 15 seconds as the minimum for an adequate seizure response, there was agreement in 77% of the cases. In conclusion, while the two methods differ, they produce similar clinical results.

TEACHING THE DIAGNOSTIC PSYCHIATRIC INTERVIEW TO MEDICAL STUDENTS, A NARRATIVE LITERATURE REVIEW

Tim Hierlihy

Relative to other medical specialties psychiatry is at a disadvantage with regards to the availability of investigations to aid in diagnostic clarification. Therefore, a solid diagnostic interview is the cornerstone of psychiatry. The psychiatric interview differs from traditional assessments carried out by other disciplines, and in general requires more time. The psychiatric interview is a clinical skill composed of both technical (structure, screening, etc.) and non-technical (communication, prioritization, etc.) components.

Relevant databases were searched (PubMed, ERIC) for publications regarding teaching of the psychiatric interview to medical students. The articles deemed pertinent covered a range of topics focused on the education of medical students. These topics included education prior to clinical rotations, description of how to teach the psychiatric interview, simulated patients, and the mental status exam. Other publications included discussed the balance of content versus process as the focus of teaching, as well as improving psychiatric resident teaching skills.

The psychiatric interview builds on many skills already possessed by medical students; therefore, the educational theory of cognitive constructivism was used as the lens through which to examine the literature. Given that the psychiatric interview is a clinical skill, the publications were examined keeping in mind Miller's pyramid framework for the assessment of clinical skills, competence and performance.

ARE PSYCHIATRIC RESIDENTS SATISFIED WITH AN ECT SIMULATION-TRAINING COURSE?

Leanne Martin, MD, MSc.

Mohamed Mekawy, M.B., Ch.B, DABPN

Introduction

Learning electroconvulsive therapy is an integral part of a psychiatric training program. It is a skill that many practicing psychiatrists use on a daily basis. Traditionally, ECT is learned through classroom teaching and observing psychiatrists complete the procedure on patients. However, this method of teaching might be improved by using simulation technology. Simulators have been used in other area of medicine such as surgery, trauma, and gynecology and have become vital in teaching residents skills outside of a clinical environment. This is the first year where simulators have been used in psychiatry at Memorial University.

RESEARCH QUESTION

How satisfied are psychiatric residents with ECT simulation and do they believe it helped improve their knowledge level and skill of ECT.

HYPOTHESIS

Psychiatry residents will find an improvement in their skill level and knowledge after completion of the course.

METHODOLOGY

As a part of the new curriculum in the psychiatry residency training, a mandatory ECT simulator teaching session was conducted over a 2-day course period to PGY2, 3 and 5 psychiatry residents. The course involved the theoretical knowledge of ECT, the process of informed consent, and risks and benefits of ECT. Furthermore, an ECT simulator was used for the resident to practice and learn the technical skill of ECT. On the second day of the course, a formative assessment of skills was conducted.

Residents completed a pre and post ECT course survey to assess their satisfaction with the course and if they felt it improved their knowledge and skill level on a scale of 1-10.

RESULTS

Pending

SIGNIFICANCE OF FINDINGS

To our knowledge, this is the first study investigating the psychiatric residents satisfaction of an ECT simulation and whether it helped improve their skill and knowledge level. This could pave the way for future research studies on simulation training in psychiatry and contribute to medical education research at Memorial University.

NAVIGATING ANXIETY AND STRESS THROUGH MINDFULNESS: A PROGRAM EVALUATION

Martha Traverso-Yepez, PhD (Corresponding author)

Associate Professor

Division of Community Health and Humanities, Faculty of Medicine

Andrew Safer

Mindfulness Instructor and Workshop Facilitator

Safer Mindfulness Inc.

BACKGROUND

In recent decades there has been a gradual increase in various expressions of psychological suffering (World Federation for Mental Health, 2008). Anxiety and difficulties in dealing with stress are among the most common. Research has confirmed that persistent, high levels of anxiety and stress contribute to the development of physical and mental disorders. In our presentation, we will explore the applicability of mindfulness, through the evaluation of the program “Navigating Anxiety and Stress through Mindfulness,” an eight-week workshop series that was conducted with five groups between June 2014 and March 2015 in a community-based setting in St. John’s.

OBJECTIVE

The aim of the evaluation was to systematically explore the changes that took place among participants through the learning and practice process.

METHODS

We conducted a simple pre-post evaluation process. The evaluation instrument was developed collaboratively by the authors. The quantitative evaluation consisted of 17 statements that could be answered pre and post intervention according to a Likert scale. The statements reflected different aspects of the mindfulness practice and its applications that were presented and discussed during the sessions. The qualitative piece (only part of the post-evaluation) asked questions about the main points they remember about the program, practices that have been helpful and to what extent. Participants were also invited to respond about the frequency and duration of home practice, if they think others could benefit from learning about mindfulness, as well as suggestions for improving the workshop series.

RESULTS

Although participants began the program hoping to “get rid of” anxiety and stress, through the exposure to mindfulness and awareness meditation knowledge and practices, the habitual tendency to automatically identify with thoughts, states of mind, and feelings began to shift. The benefits usually started with an increased awareness of what was going on in their lives.

CONCLUSION

This mindfulness approach provided participants with an effective means to navigate anxiety and chronic stress. Post-intervention responses show a better understanding of themselves and their life circumstances, and an increased preparedness for dealing with the challenges they are facing. (340 words)

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SYNOPSIS

We will present a pre-post evaluation process of the program “Navigating Anxiety and Stress through Mindfulness.” The evaluation process allowed us to observe the changes that took place through the learning and practice process. It was evident in some of the participants’ responses that the tendency to automatically identify themselves with their thoughts, states of mind, and feelings began to shift, and that this mindfulness approach provided them with an effective means to better navigate anxiety and chronic stress.

DISCLOSURE STATEMENT

N/A

RESEARCH IN PROGRESS

GENERAL PRACTICE PHYSICIAN BARRIERS TO MANAGING SEXUAL DYSFUNCTION

Author: Teresa Watson MD Discipline of Psychiatry Memorial University, Resident PGY4

Supervisors: Weldon Bonnell MD Discipline of Psychiatry Memorial University,

Kelly Carew MD, Discipline of Family Medicine Memorial University

BACKGROUND

Sexual dysfunction is an important aspect of sexual health that is prevalent in the population but frequently goes undetected. There is evidence that health professionals do not discuss sexually related issues with their patients as often as the patients need. Although primary care has been identified as the preferred place to seek treatment for sexual health concerns, little is known either of the factors that prevent GPs from initiating such discussions, how they feel about managing this area or what improvements could be made.

OBJECTIVE

The aim of this study will be to investigate the role of the GP in the management of sexual dysfunction, identify their perceived barriers and explore strategies to improve management in this area.

Methods

A postal questionnaire will be sent to 100 randomly selected general practice physicians chosen from The College of Physicians and Surgeons of Newfoundland and Labrador physician directory. The questionnaire will collect demographic information, clinical interests, views of the clinical importance of sexual dysfunction within primary care, views on the barriers to the management of sexual dysfunction and to provide suggestions for tackling these barriers.

RESULTS

Pending.

CONCLUSION

Pending.

SURVEY OF PSYCHIATRISTS AND PSYCHIATRY RESIDENTS OF NEWFOUNDLAND AND LABRADOR TO INVESTIGATE AND ASSESS MALPRACTICE FEAR, RISK AVERSION, AND DEFENSIVE MEDICINE PRACTICES

Author 1: Kathleen Callanan, MD, Discipline of Psychiatry, Resident PGY3, MUN

Author 2: Jasbir Gill, FRCPC (Forensic Psychiatry), Discipline of Psychiatry, MUN

BACKGROUND

Malpractice fears may lead to an increase in defensive medicine practices. Fear of malpractice suits and an overall aversion to risk have been identified as having a role on the way some physicians practice medicine and make important clinical decisions. Others have examined the way in which malpractice fear and defensive medicine affect primary care physicians, emergency physicians, and a handful of specific specialists. Few studies, however, have looked at these concepts within the field of psychiatry. Defensive medicine practices have the potential to impact health care delivery (including quality and cost) and patient safety. Therefore, the way in which these concepts influence physician behaviour are important to explore in all fields of medicine.

OBJECTIVE

Given the lack of research in this area around specialties at low risk for malpractice suits, in particular in psychiatry, an objective of this study is to evaluate the presence and characteristics of defensive medicine in psychiatry and to evaluate the level of malpractice fear and risk aversion among psychiatrists of this province. As high malpractice fear and high risk aversion have been associated with increased defensive medicine practice, a second objective is to study the relationship between the measurements of defensive medicine, malpractice fear, and risk aversion in this group.

METHOD

A online survey program called FluidSurveys will be used to host a survey, which will be distributed to Psychiatrists and Psychiatry Residents in Newfoundland and Labrador. The survey's components will be designed to assess the respondents malpractice fear, risk aversion, and defensive medicine practice through validated scales or methods used by other researchers. Relevant demographic data will also be sought as was done in previous research. A pilot version of the survey will be administered to a small group of 5-8 psychiatrists/residents to identify any issues prior to the online deployment.

RESULTS

Pending.

CONCLUSION

Pending.

SYNOPSIS

The purpose of this project is to assess the level of malpractice fear, risk aversion, and subjective tendency to practice defensive medicine among psychiatrists and psychiatry residents of Newfoundland and Labrador. An online survey designed to assess these topics will be used.

DISCLOSURE STATEMENT

There are no disclosures.

IMPACT OF HOSPITALIZATION ON A GERIATRIC PSYCHIATRY UNIT ON MODIFICATION OF DRUG REGIMENS ACCORDING TO THE START/STOPP CRITERIA

Principal Investigator: Katie Barnes-Prior, (Psychiatry Resident, PGY4)

Supervisor: Mehrul Hasnain, (Geriatric Psychiatrist)

BACKGROUND

Elderly patients are vulnerable to potentially inappropriate prescribing, given their complex health needs. The Screening Tool of Older Person's Prescriptions/Screening Tool to Alert Doctors to Right Treatment (STOPP/START) has been validated to appraise prescriptions to evaluate for potentially inappropriate prescribing (Gallagher et al, 2008; O'Mahony et al, 2014). Applying STOPP/START during geriatric hospitalization significantly improves the appropriateness of prescriptions (Gallagher et al, 2011). Given that a common aspect of geriatric inpatient management is to evaluate prescriptions, my hypothesis is that hospitalization on a geriatric psychiatry unit (E2A) would have a positive impact on the appropriateness of prescriptions, according to START/STOPP.

OBJECTIVE

The main objective is to quantify and compare potential prescription errors according to STOPP/START on admission and discharge during hospitalization on a geriatric psychiatry unit. The secondary objective is to analyze possible factors influencing changes in the number of potential prescription errors during hospitalization.

METHOD

Approval from the HREB and RPAC has been obtained. Eighty-three patients admitted and discharged to E2A over a one year period will be included. Evaluation of prescriptions according to STOPP/START at admission and discharge are being completed, and this data will be compared via statistical analysis. I also plan to analyze possible factors influencing changes in the number of potential prescription errors during hospitalization, and these factors include age, reason for hospitalization, in-hospital care providers, length of stay, and admission and discharge placement.

IMPLICATIONS

By applying the START/STOPP criteria retrospectively, we can see how well care providers are addressing inappropriate prescribing from a local perspective on E2A. It may provide an opportunity for care providers to evaluate their current clinical practices. In addition, the study may provide insight into common factors leading to inappropriate prescribing, common factors influencing changes in prescriptions, common sequelae of inappropriate prescribing leading to admission, and common outcomes following hospitalization. We can then use this information to identify at-risk subgroups in an effort to focus on prevention.

DISCLOSURES

None.

REFERENCES

- Gallagher, P., O'Connor, M. & O'Mahony, D. 2011. Prevention of potentially inappropriate prescribing for elderly patients: A randomized controlled trial using STOPP/START criteria. *Clinical Pharmacology and Therapeutics*, 89, 845-854.
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- O'Mahony, D., O'Sullivan, D., Byrne, S., et al. STOPP/START criteria for potentially inappropriate prescribing in older people: version 2. *Age and Ageing*, 44, 213-218.

BURNOUT RISK IN PSYCHIATRISTS AND PSYCHIATRY RESIDENTS IN CANADA

Authors Dr. Irina Mihaescu

Supervisor: Dr. Taryn Hearn

BACKGROUND

Health care workers, especially physicians in clinical and academic practice experience high rates of burnout causing deterioration in patient care as well as decreased health outcomes in their patients and themselves. High burnout is a clinical syndrome associated with emotional exhaustion and fatigue, depersonalization and cynicism, and low rates of personal accomplishment or self-reported self-efficacy (Maslach, 1981).

Within psychiatry there has been a single study evaluating risk of burnout. This study found that psychiatry residents were at 40% risk of burnout compared to their colleagues in other specialties (Martini et. al, 2004). Inherent to the practice of Psychiatry is a heightened engagement with patients' emotional and mental concerns and problems, as well as an increased risk of experiencing distress from patient's physical or emotional assaults against the physician or against themselves, via suicide (Ishak et. al, 2009).

OBJECTIVE

The present study will explore the risk of burnout in psychiatrists and psychiatry residents in Canada. An assessment of the possible differences amongst these groups as well as the differences between academic and non-academic psychiatrists will also be explored in relation to burnout.

METHOD

The Maslach Burnout Inventory is a 22-item questionnaire, which is well validated and used frequently in studies assessing burnout within physicians. We will distribute this survey online and also collect some demographic information, with participants' self-rated satisfaction with their level of home, family, community, spiritual, and workplace supports. Data will be gathered online and kept anonymous with no identifiers as to who completed the online survey. All Canadian Universities with an English speaking Postgraduate program in Psychiatry will be included. Programs with a French-speaking curriculum in Psychiatry will be excluded from the study. The study will have a cross-sectional design.

RESULTS

Pending.

CONCLUSION

This study will further contribute to the field of physician health and wellness by shedding light on the amount of burnout present within physicians and more specifically psychiatrists within Canada. This study can be used to identify the need for any potential interventions that address physician and psychiatrists' wellness within Canada.

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SYNOPSIS

Rates of burnout are high in physicians across Canada and in North America. This study will explore the risk of burnout in psychiatrists and psychiatry residents in Canada. A short online survey will be distributed to Canadian Universities with an English postgraduate Psychiatry residency program in the spring and summer of 2016.

DISCLOSURES

No disclosures.

LONG-ACTING INJECTABLE ANTIPSYCHOTICS AND EFFECT ON HOSPITALIZATION: A MIRROR IMAGE RETROSPECTIVE OBSERVATIONAL STUDY 1 YEAR PRE- AND POST-INITIATION

Naomi Miffen-Anderson

Barbara Thomas

Schizophrenia is a complex, disabling, and chronic neurological disorder associated with significant personal and societal cost. Over half of the direct health care costs associated with schizophrenia are as a result of hospitalization. A larger contributor to relapse and hospitalization is non-adherence to antipsychotic therapy. It is estimated that 60% of more of persons with schizophrenia are non-adherent to treatment. It has been shown that long-acting injectable antipsychotics increase adherence to medication thus reducing hospitalization. Long-acting injectable antipsychotic medications are also shown to be underused in Canada and specifically Newfoundland and Labrador compared to the rest of the world. There is currently no data regarding the impact of long-acting injectable antipsychotics on hospitalization in Newfoundland and Labrador. This study aims to evaluate use of long-acting injectable antipsychotics and changes in hospitalization associated with their use.

The study design is a retrospective cohort study. Persons who were initiated on a long-acting injectable antipsychotic between January 2012 and May 2015 will be examined in a 12-month mirror image manner. Demographic and treatment data will be collected for analysis. Sample size calculation has been performed and indicates a maximum of 130 charts for statistical significance.

PSYCHIATRIC COMORBIDITY IN ADULTS PROVIDED WITH IMPLANTABLE CARDIAC DEFIBRILLATORS AS A TREATMENT FOR ARRHYTHMOGENIC RIGHT VENTRICULAR CARDIOMYOPATHY

Magdalena Orzylowski, PGY4 Psychiatry, Memorial University

Supervisor: Dr. Kathleen Hodgkinson, PhD, Associate Professor, Department of Clinical Epidemiology/Genetics, Memorial University

BACKGROUND

Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC) is a genetic disorder where young sudden cardiac death (SCD) may be the first symptom. One genetic subtype has a high incidence in Newfoundland and Labrador, caused by a founder mutation in the TMEM43 gene. The only treatment available is the implantable cardioverter defibrillator (ICD) which has altered survival in this population (Hodgkinson 2005).

Although the ICD clearly saves lives, having the device may cause stress, culminating in potential mental health sequelae. There are a number of studies which have assessed mental illness and psychological well being in older ICD cohorts but there is little information focusing on young adults. One study by James et al (2012) suggested that the prevalence of anxiety and depression were greater in young patients with ICDs compared to older adults. No such study has been undertaken in our well ascertained homogeneous genetic population.

Our research question asks the following: Is there a higher prevalence of symptoms of depression, anxiety, and posttraumatic stress symptomology in young adults with the TMEM43 p.S358L mutation for which an ICD has been provided compared to their same sex siblings who test negative for the p.S358L mutation and thus do not have an ICD?

OBJECTIVE

- (a) To determine the prevalence of anxiety, depression, and posttraumatic stress symptoms in TMEM43 p.S358L mutation positive individuals with an ICD as compared to their siblings
- (b) To determine whether the prevalence rates differ in the ARVC cohort when adjusted for sex, age and past psychiatric history
- (c) To determine whether the severity of psychiatric symptoms correlate with severity of disease
- (d) To obtain data which may alter the provision and type of health care in this patient cohort


This is a retrospective observational cohort study. Using previous family history, medical and psychiatric history data and a package of validated scales given to participants, we will measure outcomes of Anxiety, Depression, and Posttraumatic Stress symptoms in the affected persons as compared to their unaffected relatives.

We will examine the strength of the associations present. This project has been submitted for Health Research Ethics Board approval. Results and Conclusion pending.

There are no ties to industry or financial disclosures.

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NOTES



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