



DISCIPLINE OF PSYCHIATRY

SCHOLARSHIP & AWARDS DAY

June 15, 2018

Faculty of Medicine • Main Auditorium

DISCIPLINE OF PSYCHIATRY

SCHOLARSHIP & AWARDS DAY

DISCIPLINE OF PSYCHIATRY
Faculty of Medicine
Memorial University of Newfoundland
St. John's, Newfoundland and Labrador

709- 864-3384
www.med.mun.ca/psychiatry

Design and layout by Jennifer Armstrong, HSIMS 2018
Compiled and reviewed by Dr. Weldon Bonnell, Director of Research
and Ms. Stacy Hicks, Academic Program Administrator

AGENDA

Faculty of Medicine, outside Main Auditorium		
11:45 am	Sign in/Registration Light lunch sponsored by Janssen Inc.	
Faculty of Medicine, Main Auditorium		
Completed Research:		
12:15 pm	Welcome Address from Dr. Weldon Bonnell, Research Director	
12:20 pm	The prescribing habits of antidepressants in pregnant and postpartum women in a family practice unit	Dr. Archana Vidyasankar (calling- in)
12:35 pm	Evaluating the impact of an online interactive learning module for teaching Psychiatric medical students the mental status examination	Dr. Irina Mihaescu
12:50 pm	Burnout risk in psychiatrists and psychiatry residents in Canada	Dr. Irina Mihaescu
1:05 pm	Developing role modelling consciousness and competence in residents	Dr. Melanie Wong
1:20 pm	Evaluation of the PEACI workshop: family medicine residents' perceived knowledge and comfort in managing psychiatric illnesses.	Dr. Javeria Tabish
1:35 pm	Essential psychiatric handover	Dr. Paul Wawin
1:50 pm	Evaluating the effectiveness of a case-based learning module on borderline personality disorder for medical clerks	Dr. Wei Tang
2:05 pm	The benefit of adding a formal cholinesterase inhibitor didactic lecture to the Memorial University psychiatry residency training program	Dr. Matthew Tobin (calling-in)
2:20 pm	Psychiatry, Thorazine®, and the Vietnam War around 1968	Dr. Jim Connor

Faculty of Medicine, outside Main Auditorium		
2:35 pm	Break, beverages provided	
Faculty of Medicine, Main Auditorium		
Research in Progress:		
3:00 pm	Telepsychiatry in Canada: A survey of psychiatry residents' interest, exposure, and future plans	Dr. Angelique Myles
3:15 pm	Psychosis Management; Early psychosis intervention, risk of relapse, and tools to predict relapse	Dr. Dave Lundrigan
3:30 pm	Mental health nursing follow up and attempted suicide risk reduction: a proposed study	Dr. Jordan Brennan
3:45 pm	A proposal for a prospective pilot study of a community based DBT skills training program	Dr. Jordan Power
4:00 pm	Literature Review – Harm reduction approaches to harmful alcohol use: considerations for women	Dr. Drea Uzans
4:15 pm	Living with a genetic form of arrhythmogenic right ventricular cardiomyopathy (ARVC) causing sudden cardiac death (SCD) in the family: anxiety, depression, and post traumatic stress in affected family members with an implantable cardioverter defibrillator (ICD)	Dr. Magdalena Orzylowski
4:30 pm	Adjudication Feedback from Drs. Jim Connor & Weldon Bonnell	
4:40 pm	AWARDS (photo of award winners)	
4:50 pm	Closing Remarks from Dr. Weldon Bonnell	
5:00 pm	Adjourned	

THE PRESCRIBING HABITS OF ANTIDEPRESSANTS IN PREGNANT AND POSTPARTUM WOMEN IN A FAMILY PRACTICE UNIT

Archana Vidyasankar, MD

Background/Introduction: Research of psychotropics in the pregnancy and postpartum population is scarce. Traditionally there was hesitation to prescribe medications during this time of a women's life based on concerns of harm to the fetus. More data is coming out now that there is indeed more risk to the infant if the mother's mental illness is not treated than if it is treated with antidepressants. This study is meant to gain an understanding as to what primary care physicians in St. John's, Newfoundland, Canada are prescribing in the pregnant and postpartum population. The question for this study is this: Looking at family physicians, within a family practice unit, in St. John's, NL, what are the prescribing habits for antidepressants in pregnant and postpartum women?

Research Objectives: This is a descriptive retrospective study to delineate prescription habits of antidepressants in pregnant and postpartum women in Newfoundland.

Methodology: The steps I plan to take are as follows: 1) search through the electronic medical record over the past five years for women who are pregnant and/or post partum and are being prescribed an antidepressant; 2) evaluate which antidepressants are being prescribed in this population; 3) evaluate which doses are being prescribed and how that changes throughout the pregnancy/postpartum time; 4) evaluate the reasons for initiating, terminating medication as well as adjustments in doses; 5) SPSS analysis may be used to calculate and compare outcomes

Results Obtained: pending

Conclusion(s): pending

Synopsis: Evidence is scarce on the use of antidepressants during pregnancy and postpartum. Research is emerging on the perinatal risks of untreated depression during pregnancy. It is important to understand what our current practices are in this high risk population as Family Physicians are often the first contact with those suffering from mental illness.

Disclosure Statement: There is no involvement with any industry or organization that may potentially influence the presentation of this educational material.

EVALUATING THE IMPACT OF AN ONLINE INTERACTIVE LEARNING MODULE FOR TEACHING PSYCHIATRIC MEDICAL STUDENTS THE MENTAL STATUS EXAMINATION

I. Mihaescu, MD

Supervisor: N. Miffelen-Anderson, MD, FRCPC

Medical students' self-efficacy, anxiety, preparedness and the value they place on learning material affects their final test scores (Mavis, 2001; Artino & McCoach, 2008). We used an online learning module to teach medical students rotating through Psychiatry the mental status exam. We had a 25% response rate (6/24). Descriptive statistics, Wilcoxon signed rank test and standardized Wilcoxon values were reported. Overall, student's confidence in recognizing and describing all aspects of the mental status exam improved, with students' confidence in their ability to recognize abnormal mental status ($p=0.042$, $Z=2.032$), describe normal ($p=0.041$, $Z=2.041$), and describe abnormal mental status ($p=0.043$, $Z=2.023$) improving after the online module. Students felt significantly more prepared ($p=0.020$, $Z=2.333$) for the mental status presentation after completing the module, despite their anxiety ($p=0.655$, $Z=0.447$) levels remaining largely the same. Students' perceived value ($p=1.000$) of the learning material remained unchanged after the module. Students felt overall positive (67%, 4/6) about the module and would continue using online learning in the future (50%, 3/6). 83.3% (5/6) of students found completing the full practice case and comparing notes to Psychiatrist examples to be the most helpful component of the module. 50% (3/6) felt the module was neutral in its explanation of the material and future modules should focus on improving the clarity of the learning material.

BURNOUT RISK IN PSYCHIATRISTS AND PSYCHIATRY RESIDENTS IN CANADA

I. Mihaescu, MD

Supervisor: T. Hearn, MSC, MD, FRCPC

Physicians have high rates of burnout, compared to the general population. We surveyed Canadian psychiatry residency programs, using the Maslach Burnout Inventory and five satisfaction parameters. A total of 116 physicians (3% response rate) completed the online survey and were included in the analysis. Descriptive statistics, chi-square tests, independent sample t tests, and linear regression analyses were conducted on all three burnout sub-scales. High burnout was present in 62.9% ($n = 73/116$) of our sample, with 44.4% ($n = 20/45$) of psychiatrists and 74.6% ($n = 53/71$) of psychiatry residents. Of the three sub-scales, 11.3% ($n = 13/115$) experienced high emotional exhaustion; 52.2% ($n = 60/115$) experienced high rates of cynicism, and 38.9% ($n = 44/113$) had a low sense of personal accomplishment. Psychiatrists had a significantly higher sense of personal accomplishment, compared to their resident colleagues ($p = 0.010$). The highest variability (22.9%) on linear regression analyses was related to workplace satisfaction. In summary, rates of burnout among Canadian psychiatrists are similar to those reported in the US, with more psychiatry residents suffering from burnout than previous Canadian studies reported.

DEVELOPING ROLE MODELLING CONSCIOUSNESS AND COMPETENCE IN RESIDENTS

Melanie Wong, MD,

Supervisor: Tanis Adey, MD, MMed, FRCPC

Abstract: Role modelling is a teaching process by which faculty members demonstrate clinical skills, professionalism and humanistic attributes, and influence a learner's professional identity and career choices. Physicians who are considered excellent role models make a conscious effort to be role models, suggesting that physicians should make role modelling behaviours intentional and explicit. However, learning to role model is currently not a standard competency of the residency curriculum. The purpose of this study is to examine methods of improving resident physicians' role modelling skills through developing conscious awareness and competence. A seminar on role modelling using reflection and case simulation was delivered to psychiatry residents. The perceived usefulness of the programme and awareness of role modelling were evaluated through questions on a five-point Likert scale given before, immediately after, and one month after the seminar. Eleven residents participated, with five residents completing all three questionnaires. Residents rated the quality of the seminar highly (mean=4.42). A Wilcoxon Signed-Ranks Test indicated that the residents' awareness and understanding of role modelling significantly increased after the seminar, with mean total scores of 18.2 before the seminar and 21.9 after the seminar ($Z=-2.818$, $p<0.005$). The residents showed improvement particularly in their understanding of what students look for in a role model ($Z=-2.828$, $p<0.005$), awareness of what they teach through role modelling ($Z=-2.640$, $p<0.008$), and awareness in effective strategies for role modelling ($Z=-2.877$, $p<0.004$). Residents who completed the questionnaire one month after the seminar felt that they were more explicit in their role modelling behaviours. Introducing an interactive seminar appears to encourage the development of role modelling consciousness in residents, and therefore, their ability to become strong role models for future physicians.

Synopsis: Physicians who are considered excellent role models are conscious of their role modelling behaviours, yet role modelling is currently not part of the residency curriculum. This study suggests that an interactive seminar is an effective method for developing role modelling consciousness and competence in psychiatry residents.

Disclosure Statement: None.

EVALUATION OF THE PEACI WORKSHOP: FAMILY MEDICINE RESIDENTS' PERCEIVED KNOWLEDGE AND COMFORT IN MANAGING PSYCHIATRIC ILLNESSES

Javeria Tabish, MD

Background: At least one third of a family physician's case load has an explicit psychological component (1). Despite this, the College of Family Physicians of Canada does not require that family medicine residents complete a mandatory psychiatry rotation. Thus, different family medicine programs across Canada mandate their own psychiatric teaching to their residents. At the family medicine program at Memorial University, this includes a 4-day workshop on psychiatric emergencies and crisis intervention (PEACI).

Methods: To determine the effectiveness of a 4 day workshop (PEACI) on the knowledge and comfort of family medicine residents in managing different psychiatric illnesses and to evaluate the residents' perceptions of the workshop as a whole.

Results: Residents attended a mandatory workshop over four days with two days in each year of residency, covering different topics. They anonymously completed a pre- and post-workshop survey; statements were rated using Likert Scales. 56 and 49 residents were included in the analysis for the 2017 and 2018 courses, respectively. The Wilcoxon Signed Rank test was used to identify differences in pre- and post-workshop combined mean ratings, all of which were positive ($p < 0.001$). The mean positive change was largest in the topics covering certification, psychiatric emergencies and child abuse. The smallest positive change was in suicide risk. Overall evaluation of the course revealed a significant improvement in knowledge and confidence in the management of psychiatric emergencies, although perceptions of the workshop revealed a mean change of only 0.35 ($p = 0.06$).

Conclusion: Residents reported improvements in their learning across all measures. Thus, the PEACI workshop proves to be a valuable education tool in helping residents learn about clinical situations they will undoubtedly encounter in their careers. This is particularly important given the absence of a mandatory psychiatry rotation.

References: 1. Dialogues Clin Neurosci. 2003 Jun; 5(2): 115–128.

ESSENTIAL PSYCHIATRIC HANDOVER

Paul Wawin, MDiv./MSW, MD

What is essential psychiatric handover?

The Canadian Medical Protective association defines effective patient handover to be an exchange of information that is correct, meaningful and adequate, and includes opportunities to discuss the information and ask questions for clarification. Ineffective patient care handover can be associated with medical-legal disputes, delays in diagnosis, inappropriate treatment, poor patient care follow up and monitoring. Team communication issues exist in almost 25% of all legal cases. (CMPA Risk Fact sheet 2013.) In cases associated with poor physician to physician communication, more than 80% of the patients involved were harmed by the care they received and had unfavourable medico-legal outcomes for the physician. (A five-year study of CMPA medical legal cases.)

The literature on patient care handover acknowledges the complexity of medicine. It suggests that a discipline specific standardized patient mechanism for handovers, may be favourable to a universal standardized approach, like the use of the I-PASS, (2011 I-PASS Study Group/ Children's Hospital Boston ipass.study@childrens.harvard.edu) or SBAR handover systems. The PSYCH handover mnemonic was developed by a psychiatry resident Marie Theresa Mariano MD and her team at the State University of New York in Buffalo (2012) for safe psychiatric specific handovers of patient care but it is unfortunately void of detailed specifics. My Essential Psychiatric Handover research project expands on this work to develop a specific Essential Psychiatric Handover tool.

Research Objectives:

1. To survey psychiatrists as to their perspectives on what is necessary for the essential psychiatric handover of information of patients, in their care.
2. To develop an essential handover tool.

Methodology: A survey was distributed to psychiatrists. The survey was analyzed, and an essential psychiatric handover tool developed.

Results: To be presented.

Synopsis: Essential Psychiatric Handover is most important for the ethical, safe transfer of information in the care of patients in our modern medical legal environment.

Disclosure Statement: No disclosures to declare.

EVALUATING THE EFFECTIVENESS OF A CASE-BASED LEARNING MODULE ON BORDERLINE PERSONALITY DISORDER FOR MEDICAL CLERKS

Wei Tang, MD,

Supervisor: Taryn Hearn, MSc, MD, FRCPC

Introduction: At Memorial University, clinical clerks on psychiatry rotations attend regular teaching seminars taught by residents using Case Based Learning (CBL)¹. It is hypothesized that CBL helps medical trainees to rehearse and apply clinically relevant information which leads to better retention of this information². It remains unclear if CBL is suitable for teaching personality disorders. **Objectives:** The purpose of this study is to investigate the effects of CBL on student learning in psychiatry clerkship rotations. **Methods:** Third-year clinical clerks on psychiatry rotations were recruited to receive a one-hour CBL-based seminar on Borderline Personality Disorder (BPD). Pre- and post-teaching surveys were completed to assess their comfort levels on managing patients with BPD using a 5-point Likert scale. Bonferroni-adjusted two-tailed paired sample t-tests were performed to detect any differences in response. **Results:** All of the twenty-two study participants (n=22) completed the pre- and post-teaching surveys. On the post-teaching feedback form, the mean score on "feeling enhanced comfort in working with patient who have BPD" was 4.59 (SD=0.503). Compared to pre-teaching surveys, the mean score on the comfort level in conducting a diagnostic interview for BPD increased by 1.762 (SD=1.044, $p < 1.97 \times 10^{-7}$). Self-ratings on adequacy of theoretical training in working with patient with BPD increased by 1.909 (SD=0.921, $p < 3 \times 10^{-9}$). Ratings of preference of CBL over didactic lectures increased by 0.409 (SD=0.503, $p < 0.001$). **Conclusions:** Findings from this study strongly suggest that CBL can be an effective method in teaching medical clerks on personality disorders.

References:

1. Thistlethwaite JE, Davies D, Ekeocha S, Kidd JM, MacDougall C, Matthews P, Purkis J, Clay D. (2012). The effectiveness of case-based learning in health professional education. A BEME systematic review: BEME Guide No. 23. *Medical Teacher*, 34(6):e421-444.
2. Malau-Aduli, B.S., Lee, A.Y.S., Cooling, N., Catchpole, M., Jose, M., Turner, R. (2013). Retention of knowledge and perceived relevance of basic sciences in an integrated case-based learning (CBL) curriculum. *BMC Medical Education*, 13:139.

Synopsis: This study aims to investigate the effects of Case-Based Learning on student learning in psychiatry clerkship rotations. Findings from this study strongly suggest that CBL can be an effective method in teaching medical clerks on personality disorders.

Disclosure Statement: None.

THE BENEFIT OF ADDING A FORMAL CHOLINESTERASE INHIBITOR DIDACTIC LECTURE TO THE MEMORIAL UNIVERSITY OF NEWFOUNDLAND PSYCHIATRY RESIDENCY TRAINING PROGRAM

Matthew Tobin, MD.

Supervisor: Robert Mercer, MD, FRCPC

Abstract: Cholinesterase Inhibitor (CI) medications are indicated for use in Neurocognitive disorders such as Alzheimer's dementia, or Lewy Body Dementia to ameliorate the symptomatology associated with these particular diseases. While the current residency education curriculum in the psychiatry department at Memorial University of Newfoundland includes didactic lectures on neurocognitive disorders, there is little formalized didactic training on this particular class of medications. Given the projected increase in the geriatric population in the coming decades, this will inevitably produce rising numbers of patients suffering from neurocognitive impairment that may benefit from this particular form of pharmacotherapy, necessitating the need for increased formalized training in this area in order to provide exemplary care. The methods included a survey consisting of subjective familiarity and comfort of use scales, as well as a 5-question quiz on CI medications as a form of objective measure. This same questionnaire was given before and after a 40-minute presentation on CI medications. The results demonstrated both a subjective and objective improvement of knowledge regarding cholinesterase inhibitor use for the population surveyed which consisted of both residents who had completed their geriatric psychiatry core rotation, and those who had not. Given the improvements in both completed and non-completed core rotation residents noted, my intent is to submit this data to the Psychiatry Department for review, and to advocate the inclusion of CI didactic training in the current Psychiatry Training Program.

for supportive engagement and recovery.

PSYCHIATRY, THORAZINE®, AND THE VIETNAM WAR AROUND 1968

Connor, J.T.H.

Abstract: The overarching perception of the war in Vietnam based on popular songs and movies is of chaos, mayhem, rampant drug use, and, if not defeat, at least national humiliation. From the vantage point of the present it is almost inconceivable to envisage a time when the war in Vietnam was apparently under control, appeared winnable, and military personnel, including doctors, were generally confident and hopeful. This circumscribed analysis based on contemporary publications of naval psychiatrists in Vietnam around 1968 illustrates that there may indeed have been such a period, when these doctors exhibited “a sense of therapeutic zeal and optimism.”

According to combat psychiatrists at the time, treatment of military patients consisted of a “strong back-to-duty orientation,” along with group therapy sessions with neuropsychiatric technicians (hospital corpsmen). The simultaneous use of drug therapy was also important, in particular phenothiazine under the trade name of Thorazine® (chlorpromazine) the first antipsychotic agent to be marketed in the United States. Introduced in the mid-1950s under licence from a Swiss pharmaceutical company, Thorazine® became a blockbuster drug for Smith, Kline & French Laboratories of Philadelphia. Psychiatrists wrote how based on their Vietnam experience “[a]ny acute combat syndrome—almost regardless of symptoms, including acute agitated depression, anxiety reaction, hysterical episodes, and psychosomatic problems—seemed to be largely ameliorated within 48 hours by the use of very heavy doses chlorpromazine coupled with nighttime sodium amobarbital sedation.” As this paper shows, Vietnam was the first war in which Thorazine® was deployed.

1968 was a turning point for military psychiatry. Before this period, clinicians confidently cleaved to official military doctrine and treatment whereas after this date, when combat stress syndrome (forerunner of PTSD) became “as common as dirt,” military psychiatrists were among some of the most vocal and eloquent critics of the war and the psychiatric treatment of combat troops. The tone then became one of dismay, regret, and betrayal.

Synopsis: This analysis based on contemporary publications of naval psychiatrists in Vietnam around 1968 illustrates that doctors exhibited “a sense of therapeutic zeal and optimism,” based in part on the use of Thorazine®. After this era, such confidence gave way to criticism and dismay.

Disclosure Statement: No conflicts of interest of any type to report.

TELEPSYCHIATRY IN CANADA: A SURVEY OF PSYCHIATRY RESIDENTS' INTEREST, EXPOSURE, AND FUTURE PLANS

Dr. Angelique Myles, MD, MSc, BSc

Dr. Sarah Noble, MD FRCPC

Background: Providing health care to patients in rural and remote areas is a major issue faced by government and the medical profession. Telemedicine can be viewed as a means to leverage the available human resources for a greater impact by either making the service provider more accessible to patients or by facilitating the work of service providers by providing them with better information. It offers a tool to help with access to care and continuity of care at the individual level when it may not otherwise be possible.

Mental health care appears to be well suited for telemedicine, as psychiatry uses mainly audio-visual information as diagnostic and therapeutic tools. Numerous studies have shown that telepsychiatry can be used to reliably diagnose a wide range of psychiatric disorders.

Telepsychiatry has not been integrated into routine practice, however it has the potential to allow for wider access to psychiatry in areas that are remote and underserved. Despite the many advantages of engaging in telepsychiatry, a recent study characterizing psychiatrists delivering and patients receiving telepsychiatry in Ontario demonstrated that relatively few patients and psychiatrists use telepsychiatry.

In order to address the issue regarding access to care, as well as the under utilization of telepsychiatry, it is important for psychiatry residents to have this incorporated into their training. It has been noted that if trainees see telepsychiatry as a routine part of clinical care they may be more likely to incorporate this into their own practice upon graduation.

Objectives: The main objectives are to: (1) investigate factors influencing psychiatry residents' interest, exposure, and future plans to use telepsychiatry; (2) review the barriers and challenges, as well as the benefits to providing assessments via telepsychiatry; (3) develop an understanding of how psychiatry programs across Canada may differ in providing telemedicine training and (4) evaluate opportunities available for psychiatry residents to participate in telemedicine (clinic settling/rotation).

Method: An 18-item electronic survey will be distributed to Canadian psychiatry residency and fellowship programs. Each program director or administrator will be asked to voluntarily distribute the survey to his or her trainees.

Synopsis: The purpose of this project is to examine Canadian psychiatry residents' interest, exposure, and future plans to use telepsychiatry. An online survey using Likert scales, yes/no, and multiple choice will be generated to address these areas in question.

Disclosure Statement: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article

PSYCHOSIS MANAGEMENT; EARLY PSYCHOSIS INTERVENTION, RISK OF RELAPSE, AND TOOLS TO PREDICT RELAPSE

Dave Lundrigan, MD

Psychotic disorders represent a group of illnesses that, if left untreated, can cause significant dysfunction not only to the individual affected and their loved ones but also can place an enormous financial burden on health care systems. Relapse of psychotic symptoms, after first presentation, is a very common occurrence that can be very discouraging to patients and costly to the healthcare system. This research consists of two phases. Phase one will consist of a literature review on early psychosis intervention models and risk factors that affect psychotic relapse. Phase two will test the validity of a tool for the prediction of relapse in early psychosis called the SEPRRA. A minimum of 20 patients who meet the inclusion criteria for the SEPRRA study will be recruited from PIER program at the Waterford hospital. Once recruited, the patients will be interviewed at baseline and at subsequent visits using the SEPRRA tool. This will continue for a 12 month period. The data gathered will be managed and analyzed at the lead site in Montreal. There, sensitivity, specificity, positive and negative predictive value will be computed. Phase one of this research has been completed. Currently, the lead site has attained ethics approval however institutional approval is pending in Newfoundland. Phase two will commence as soon as this approval has been granted.

MENTAL HEALTH NURSING FOLLOW UP AND ATTEMPTED SUICIDE RISK REDUCTION: A PROPOSED STUDY

Jordan Brennan, MD

Research Proposal: Mental health nursing follow up and attempted suicide risk reduction.

Suicide continues to be a significant cause of mortality amongst Canadians. Beyond the human costs of suicide, attempted and completed suicide and self-harm behavior are associated with significant economic burden. Therefore it behooves care providers to seek evidence based interventions to reduce rates of completed and attempted suicide. Unfortunately, recent meta-analyses demonstrate our ability to use known risk factors to predict suicide prospectively is poor. Moreover, evidence suggests suicide risk is elevated post discharge from a psychiatric facility. Nonetheless, some empirical evidence exists that ongoing follow-up appointments and support may decrease suicide and suicidal behaviors. Considering the difficulty in predicting, one potential strategy to reduce suicide attempt and completion post-discharge is referral to a mental health nurse after discharge. As such, the proposed objective of the current project is to determine whether mental health nursing contact will significantly impact rates of attempted and/or completed suicide in patients recently discharged from psychiatric inpatient services, and whether or not missed mental health nursing appointments are associated with suicide or attempted suicide. The author proposes to address these questions via retrospective chart review of 50 patients discharged from psychiatric units and referred to mental health nursing services, vs. 50 case-control patients, who were not referred after discharge during the year 2017. Charts will be reviewed to tally visits to ER services for suicide attempts within the 3 months post discharge, and chi-square analysis will be used to determine if mental health nursing referral reduces likelihood of attempted suicide during this time. Similar analyses will be conducted to determine if missed nursing appointments are associated with attempted/completed suicide rate. Findings may help us to develop evidence-based suicide prevention strategies for an at risk population in the future.

A PROPOSAL FOR A PROSPECTIVE PILOT STUDY OF A COMMUNITY BASED DBT SKILLS TRAINING PROGRAM

Jordan Power, MD

Abstract: Borderline Personality Disorder (BPD) is a lifelong illness that severely impacts quality of life, carries an increased lifetime risk of suicide (Leischensring, 2011), and accounts for the consumption of significant health resources. Dialectical Behavioural Therapy (Linehan, 1993a) has been the most widely studied therapy in the treatment of BPD since its dissemination. In recent years, therapies utilizing the skills training (DBT-ST) portion alone have become widely used for the treatment of BPD. While there remains debate regarding the relative efficacy of DBT-ST compared with DBT comprehensive therapy, DBT-ST has been specifically shown to impact the core features of BPD (Stepp, 2008) and the use of emergency psychiatric services (Sambrook, 2007). The purpose of this study would be to serve as a pilot for related quality assurance studies and would examine relationships between participation in a DBT-ST program and the use of mental health resources as well as relationships between patient commitment variables and potential trends in resource use. The data would include: pre and post treatment questionnaires, homework assignments, attendance information, as well as patient chart reviews documenting the use of emergency psychiatric services, and psychiatric hospitalization days. The use of in hospital mental health resources would be plotted over time from one year prior to treatment to one year following treatment. In-treatment compliance to therapeutic protocols would also be compared to the use of resources over time.

Bibliography:

Leichsenring, F., Leibing, E., Kruse, J., New, A. S., & Leweke, F. (2011). Borderline personality disorder doi: [https://doi-org.qe2a-proxy.mun.ca/10.1016/S0140-6736\(10\)61422-5](https://doi-org.qe2a-proxy.mun.ca/10.1016/S0140-6736(10)61422-5)

Linehan, M. (1993a). Skills training manual for treating borderline personality disorder. New York, NY: Guilford Press.

Sambrook, S., Abba, N., & Chadwick, P. (2007). Evaluation of DBT emotional coping skills groups for people with parasuicidal behaviours. *Behavioural and Cognitive Psychotherapy*, 35(2), 241-244. doi:10.1017/S1352465806003298

Stepp, S., Epler, A., Jahng, S., & Trull, T. (2008). The effect of dialectical behavior therapy skills use on borderline personality disorder features. *Journal of Personality Disorders*, 22(6), 549.

LITERATURE REVIEW – HARM REDUCTION APPROACHES TO HARMFUL ALCOHOL USE: CONSIDERATIONS FOR WOMEN

Drea Uzans, MD

Supervisor: Weldon Bonnell, MD, FRCPC

In 2017 the All-Party Committee on Mental Health and Addictions in Newfoundland and Labrador put forward a number of recommendations to address substance use in this province. These recommendations included incorporation of harm reductions approaches and programming to address gender-based needs.

Alcohol use may be harmful to the individual, those around the individual, and to the community or society at large. These harms may be physical, social, and/or psychological. These harms may be direct or indirect and may be acute or chronic.

The pattern and trends in women's alcohol use differs from men, as do harms associated with alcohol use.

The approach to treatment of alcohol use disorders has been dominated by an abstinence approach since the 1930s.

Harm reduction approaches to substance use exist on a continuum with abstinence on one end of the spectrum and safer use of substances on the other. Furthermore, the approach to treatment has been historically evaluated in men and the results extrapolated to women, however this may not be appropriate or effective.

This review aims to determine the level and pattern of alcohol use and harms associated with alcohol use in Newfoundland and Labrador with attention to gender-specific and age-related patterns of use and abuse and to outline evidence-based approaches to harm reduction in alcohol use with particular attention to a gendered approach.

LIVING WITH A GENETIC FORM OF ARRHYTHMOGENIC RIGHT VENTRICULAR CARDIOMYOPATHY (ARVC) CAUSING SUDDEN CARDIAC DEATH (SCD) IN THE FAMILY: ANXIETY, DEPRESSION, AND POST TRAUMATIC STRESS IN AFFECTED FAMILY MEMBERS WITH AN IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD)

Magdalena Orzylowski, MD

¹Department of Psychiatry, Memorial University, Newfoundland, Canada

²Department of Clinical Epidemiology and Genetics, Memorial University, Newfoundland

Hodgkinson, Kathleen, PhD², Etchegary, Holly PhD², Butt, Natalie², Walsh, Mary², Grewal, Mandeep, MD FRCPC¹, Hierlihy, Tim, MD FRCPC¹

Abstract: 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 and 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 about 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 symptomatology in adults with the TMEM43 p.S358L mutation for which an ICD has been provided compared to their unaffected family members without an ICD device?

Our objectives:

- (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 and spouses
- (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.

This project is currently in the data acquisition phase. Health Research Ethics Board approval was obtained in July 2017 and data collection began in October 2017. Results and Conclusion pending.

Synopsis: Implantable Cardioverter defibrillators are a vital treatment for individuals with TMEM43 p.S358L mutation positive Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC) that clearly save lives. Despite this, there are stressors related to ARVC and its treatment. The mental health of this patient population has not been examined. This project will measure

symptoms of anxiety, depression and posttraumatic stress symptoms in the TMEM43 p.S358L mutation positive ARVC population as compared to their unaffected siblings and spouses.

Disclosure Statment: There are no ties to industry or financial disclosures.

References:

1. Hodgkinson, K.A., Parfrey PS, Bassett AS, Kupprion C, Drenckhahn J, Norman MW, Thierfelder L, Stuckless SN, Dicks EL, McKenna WJ, Connors SP. The impact of implantable cardioverter-defibrillator therapy on survival in autosomal-dominant arrhythmogenic right ventricular cardiomyopathy (ARVD5). *Journal of the American College of Cardiology* 2005 Feb 1;45(3):400-408.
2. James CA, et al. General and disease specific psychosocial adjustment in patients with Arrhythmogenic Right Ventricular cardiomyopathy/dysplasia with implantable cardioverter defibrillators: a large cohort study. *Circ Cardiovasc Genet.* 2012; 5(1): 18-24.

AWARDS

THE JANSSEN RESEARCH AWARD

The Janssen Research Award is presented annually to the psychiatry resident who is chosen for best research presentation.

THE DR HOWARD STRONG MEMORIAL SCHOLARSHIP FOR POSTGRADUATE GERIATRIC PSYCHIATRY

This scholarship has been established through generous gifts from colleagues, classmates, friends and family of Dr. Howard Strong, a well-known geriatric psychiatrist, member of the first medical graduating class and former Chair of the Discipline of Psychiatry at Memorial. The scholarship is awarded annually to the resident who is rated by faculty as having the best performance in the Geriatric Psychiatry rotation during the psychiatry residency training program in the Faculty of Medicine at Memorial University.

THE FREDERICK MICHAEL O'NEILL AWARD IN PSYCHIATRY

This award was established through a generous gift from Ms. Sharon O'Neill. Frederick Michael O'Neill was a World War One Veteran who was one of the first 500, a Blue Puttee, to enlist and enter the war via the HMS Florizel. This will be awarded annually to a resident of Newfoundland and Labrador who has completed the second year of the post-graduate residency program in psychiatry at Memorial University's Faculty of Medicine and who has demonstrated excellent patient care skills. The recipient must meet the minimum academic requirements for an award as defined by Memorial University.

DISCIPLINE OF PSYCHIATRY AWARDS

RESIDENT TEACHING AWARD

This award is presented annually to the psychiatry resident who is chosen as the best mentor/teacher by the graduating medical school class.

ACADEMIC TEACHER AWARD

This award is presented annually to two members of faculty who are chosen by the resident group. The awards are for best teacher in each of the junior and senior academic programs.

CLINICAL SUPERVISION AWARD

This award is presented annually to two members of faculty who are chosen by the resident group. The awards are for best clinical teacher/mentor in each of the junior and senior academic programs.

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Faculty of Medicine
Memorial University of Newfoundland
St. John's, Newfoundland and Labrador
Canada, A1B 3V6

709 864 3384
www.med.mun.ca/psychiatry