CACLP Annual Meeting –

Wednesday, November 6, 2024

Overall Learning Objectives:

· **Describe the link between cardiovascular and mental health.**

· **Explain interventions to improve both mental and physical health at individual and population levels.**

· **Appraise new research in the field of CL Psychiatry**

8:00 – 8:45	*Registration and Continental Breakfast* service in meeting room for all attendees
8:45 – 9:00 **Opening Remarks**	**Dr. Raed Hawa** - CACLP President **Dr. Kathleen Sheehan** -CACLP CPD Co-lead & Vice President **Dr**. **Evan Baker** – CACLP CPD Co-lead

9:00 – 9.45 **Plenary Speaker** **Dr. Judith Brouillette**	***Anxiety and congenital heart disease: what can we learn from patients who reach adulthood?*** **Abstract:** Individuals born with a cardiac birth defect face major challenges throughout their life trajectory. Many adapt well to these challenges, but others continue to suffer emotionally, with up to 1 in 3 adults suffering from anxiety. In 223 adults participants (mean age 46 +/- 14 years, 59% women), we studied the role of illness perception in explaining anxiety symptoms beyond sociodemographic and medical variables. We then investigated the potential effect of coping style and parental practices. With surgical and medical advances, this medical population is growing and represents a unique opportunity to use a biopsychosocial lens to improve their overall quality of life. **Learning Objectives:** 1. Understand the prevalence of anxiety disorders in congenital heart disease 2. Analyze the biological and social contributors to anxiety in adults with congenital heart disease 3. Evaluate coping mechanisms for stress and how they affect anxiety in adults with congenital heart disease 25% of this session will be dedicated to interactive learning through questions and case discussion with the audience.
9:45 – 10.30 **Plenary Speaker** **Dr. Jess Fiedorowicz**	***Psychiatry's Charge to Address Cardiovascular Morbidity and Mortality*** **Abstract:** Mental disorders convey a substantial burden of excess mortality. For serious illnesses, this can equate to an additional 10-20 years of potential life lost. Sadly, this mortality gap has been widening in recent decades. Cardiovascular disease represents the leading cause of this excess mortality and is therefore essential to address. Disparities in screening and treatment for cardiovascular risk as well as undertreatment of cardiovascular diseases have long been documented. Addressing this public health crisis requires various approaches, some of which have shown promise in reversing these trends. This plenary serves as a call to action, urging the audience to intensify efforts for the integration of psychiatry in other areas of medicine and to broaden our vision for our crucial role as physicians and allied healthcare providers.

Learning Objectives:

1. Identify the leading causes of excess death in mental disorders.
2. Estimate the differences in life expectancy for those with serious mental disorders from the general population.
3. To appreciate the breadth of models available for integrating psychiatric with other medical care.

25% of this session will be dedicated to interactive learning through questions and case discussion with the audience.

10:30 – 10:45	***Refreshment Break –*** Coffee, Tea, Water service in meeting room
10:45 – 11:10 **Oral Presentation** **Erin Artna** Research Paper	***Oral Presentation – Research Paper and Project In Progress*** *Understanding attitudes and beliefs regarding COVID-19 vaccines among transitional-aged youth with mental health concerns: a youth-led qualitative study* **Abstract:** **Introduction:** Although the COVID-19 pandemic is no longer classified as a public health emergency, the virus and its sequelae continue to contribute to morbidity and mortality worldwide. The disproportionate impacts of the pandemic on vulnerable populations have been well-documented, such as in transitional-aged youth living with mental health concerns (TAY; 16-29 years), who in addition to facing higher rates of COVID-19 morbidity also face lower rates of engagement with effective public health interventions such as vaccination programs. This study aims to characterize the COVID-19 vaccine attitudes and beliefs of TAY with mental health concerns. **Methods:** This study used a qualitative and youth-led methodology consisting of semi-structured interviews with TAY living with at least one self-reported mental health concern (N=46) and with family members of TAY with mental health concerns (N=6). Participants were recruited from 7 mental health clinical and support networks in Canada, and completed virtual interviews on their COVID-19 vaccine knowledge and attitudes, as well as factors influencing their vaccine decision-making. Interviews were analyzed using thematic analysis. **Results:** Our thematic analysis generated two main themes: ⌷SEP⌷ (1) factors affecting trust in COVID-19 vaccines, including trust in vaccines, healthcare providers, and government; and ⌷SEP⌷ (2) mental health influences and safety considerations in vaccine decision-making. Lived and living experience with mental health concerns, as well

as intersectionality with other marginalized identities, was a key modulator affecting trust which TAY highlighted as a target for tailored, patient-centred education strategies.

Conclusions: Our findings illustrate the complex and intersecting factors affecting trust in COVID-19 vaccines for TAY living with mental health concerns. Youth-identified gaps in communication and healthcare supports may be used to increase vaccination rates in this vulnerable group within the context of COVID-19 and, more broadly, within the context of future public health crises.

25% of this session will be dedicated to interactive learning through questions and discussion with the audience.

Learning Objectives:

1. Describe challenges and vulnerabilities faced by youth living with mental health concerns who seek healthcare for medical conditions such as COVID-19.
2. Identify factors affecting trust-building and effective health information communication within conversations between health providers and youth living with mental health concerns.
3. Translate techniques identified by youth living with mental health concerns to improve trust-building and communication of health information during clinical conversations.

11:10 – 11:35

Oral Presentation

Dr. Nima Nahiddi

Research Paper

Oral Presentation – Research Paper and Project In Progress Submission
Exploring factors correlating with persistent diagnostic disagreement in individuals with functional movement disorders

Abstract:
Introduction: Persistent diagnostic disagreement (PDD) is believed to negatively impact treatment engagement and outcomes in functional movement disorders (FMD) and also negatively impacts triage to physiotherapy and psychotherapy based rehabilitation programs. Despite these correlations, there is limited evidence on how PDD impacts treatment outcomes, with some studies showing there is no effect.

Methods: We conducted a retrospective chart review of 158 consecutive patients with FMD seen for integrated assessment in the FMD treatment program from July 2019 to December 2021, with the primary purpose of identifying factors affecting triage to rehabilitation. Demographic and clinical factors were extracted across neurologic and psychiatric domains. Exploratory logistic regression and lasso variable selections models were built to

explore factors which may be associated with PDD. Diagnostic agreement was assessed at 3 time points: the time of diagnosis, at the time of subspecialist FND assessment, and when an intake questionnaire was completed in between these. Shifts in agreement were analysed.

Results: 33% of patients indicated they had a less than 5 of 10 diagnostic agreement on subjective report prior to initial assessment. This was consistent with 35% of patients who were identified by the clinicians to have PDD at the time of integrated assessment. However, in looking at agreement over time periods, there was a Cohen kappa of 0.21 between referring physicians and patients. Low-agency is retained as predicting for diagnostic resistance in the LASSO model, with other variable like cluster b traits, poor readiness to change, no symptom variability and low diagnostic agreement score that also associate with PDD.

Conclusion: There is limited research on PDD and FND. Low agency was found to be the most associated factor with PDD. Moreover, referring neurologist showed poor sensitivity in identifying those with PDD. Understanding PDD may lead to developing treatment frameworks for FND patients with different illness beliefs.

25% of this session will be dedicated to interactive learning through questions and discussion with the audience.

Learning Objectives:

1. To review the current literature on diagnostic disagreement in functional neurological disorders. ␣

2. To explore the patient factors associated with persistent diagnostic disagreement in individuals with functional movement disorder in our study.␣
3. To discuss the possible treatment frameworks available for individuals with persistent diagnostic disagreement and functional movement disorders.

11:35 – 12:00 **Oral Presentation** **Dr. Aarti Rana** Research Paper	***Oral Presentation – Research Paper and Project In Progress Submission*** *Historical Origins and Contemporary Practices in Diagnosing Depression in the Context of Significant Physical Complaints* ***Abstract:*** The diagnostic criteria for major depression has remained largely unchanged for 50 years, originating with the Feigner criteria published in 1972, which became the basis of the Research Diagnostic Criteria and later the DSM-III. These criteria were derived from pivotal research studies in the 1950s that addressed a critical issue in medical psychiatry: how do we distinguish symptoms of depression from other

illnesses among hospitalized patients with significant physical complaints. This distinction is essential, as misdiagnosis or missed diagnoses can lead to delays in treatment as well as iatrogenic harm.

Before the widespread use the DSM diagnostic criteria for depression, encapsulated in the "M-SIGECAPS" mnemonic, the phenomenology of depression included a wider range of cognitive and physical complaints than are recognized today. By examining such historical contexts of how we diagnose depression in the medical psychiatry setting, we can better appreciate the challenges and limitations of our current framework. For instance, the paradigm at the time of this original research was highly dualistic, aiming to delineate the "psychiatric" from the "organic," whereas contemporary research has established bidirectional relationships between depression, medical illnesses, and their respective somatic ramifications.

Similarly, contemporary best practices for diagnosing depression in the medical psychiatry context consider the complex interplay of physical and mood symptoms. These practices include the use of specific rating scales, nuanced interviews, and close collaboration with medical colleagues. Understanding the development of our diagnostic tools can improve how we use them and inform our ongoing efforts to refine them.

25% of this session will be dedicated to interactive learning through questions and discussion with the audience.

Learning Objectives:
1. Examine the original research with led to our contemporary diagnostic criteria for major depressive illness.
2. Explore the challenges and limitations of diagnosing depression in patients with significant physical complaints in the medical psychiatry setting.
3. Review contemporary approaches and tools to diagnosing depression in the medical psychiatry setting.

| 12:00 – 12:25 **Oral Presentation** **Dr. Syeda Hashmi** Research Paper | ***Oral Presentation – Research Paper And Project In Progress Submission***
"*That anyone would choose to come onboard...*" *Emotional Contours of Kin, Obligation, and Care in Living Organ Donation*
Abstract:
Introduction: Living organ donation involves complex emotional and relational dynamics between donors and recipients. Research indicates increased symptoms of anxiety and depression among donors throughout the transplant trajectory, often due to uncertainty in navigating and/or insufficient support networks. The transformative nature of transplantation consists of significant shifts on donors' identities, relationships, and quality |

of life, which highlights limitations to readiness assessments and supports. Our study aims to understand the donor experience through a psychosocial lens and examine the effectiveness of existing preparatory materials, assessments, and formal supports for donors.

Methods: We used ethnographic methods to explore the often-unspoken experiences of donors. This assisted in our review of transplant-readiness assessments and preparatory resources for donors. Additionally, we employed arts-based methods, specifically film, to convey emotional and social dynamics of donors. We held a screening of a short documentary film created by a research team member and recipient of live organ donation. Our audience included donors, recipients, patient supports, & clinicians involved in live organ donation. We recorded discussions from our Q&A to gather reflections, concerns, and feedback on transplant-readiness tools and online resources.

Results: Our findings reveal that current transplant readiness assessments primarily focus on donor medical/psychological suitability, thus neglecting their emotional and relational challenges. Our ethnographic approach provided a deeper understanding of the risk-benefit ratios from the donors' perspective. We uncovered significant emotional upheaval and existential reflection post-donation. Our observations and records of donor experience highlighted an expressed need for better support systems and resources throughout the transplantation trajectory, including more comprehensive preparatory materials, opportunities to gain peer support, and aid in navigating post-transplant psychosocial challenges.

Conclusion: Our study underscores the psychosocial complexities faced by living organ donors, emphasizing the need for improved support systems. Addressing these aspects holistically will not only benefit donors but also improve overall donor satisfaction and transplant success.

25% of this session will be dedicated to interactive learning through questions and discussion with the audience.

Learning Objectives:

1. Understand and identify the range of emotional complexities and psychological issues that living organ donors face, including depression and anxiety, and the impact these factors have on transplant readiness. ␛

2. Analyze the effectiveness of existing support systems for living organ donors and assess how informal and formal support mechanisms can be integrated to improve donor readiness and psychological outcomes. ␛

3. Explore the use of arts-based research methods, including film, to uncover and communicate unspoken issues within the donor experience, enhancing educational and community-building efforts in transplant medicine.

12:25 – 1:20 **CACLP AGM & Lunch**	***CACLP Annual General Meeting and Lunch*** - *Lunch service in meeting room for all attendees Dr. Raed Hawa, President of CACLP will Chair the CACLP Annual General Meeting of Members.*
1:20 – 2:00 **Posters**	A. *"It's an Impossible Task": Evidence, Transparency, and the Place of Narrative in Transplant Assessments for Alcohol-Related Liver Disease* - **Dr. Suze Berkhout, Alexandra Frankel, Dr. Marie-Josee Lynch, Brad Necyk, Dr. Mary Bunch, Kelly Fritsch** **Learning Objectives:** 1. Understand the components of addictions and psychosocial assessment for ALD-related liver transplantation. 2. Appreciate the limitations of standardized measures and the role of illness narratives and therapeutic relationships for risk assessment in the ALD context. 3. Explore how humanities approaches can enhance high-stakes clinical assessment and decision-making. B. *Characteristics of cardiovascular disease prediction models considering mental disorders: A systematic review* - **Sara Siddiqi** **Learning Objectives:** 1. Summarize existing CVD prognostic models that consider mental disorders. 2. Critically appraise existing CVD prognostic models that consider mental disorders. 3. Identify gaps in prognostic modelling for CVD that considers mental disorders. C. *The effect of psychotropics on long term weight trajectories in a structured weight management program*– **Dr. Gayatri Saraf** **Learning Objectives:** 1. Review the recent evidence on relative propensity for weight gain of psychotropic agents. 2. Understanding trajectories of weight loss experienced by those on psychotropic medications in the context of a weight management program. 3. Understanding possible barriers and facilitators to weight loss for those on psychotropics in the context of a weight management clinic. 25% of this session will be dedicated to interactive learning through questions and discussion with the audience.

2:00 – 3:00 **Awards & Panel discussion**	*CACLP Best Trainee Presentation Award* **TITLE: Careers in Consultation-Liaison Psychiatry: A Panel Discussion** **Learning Objectives:** 1. Describe the components of a career in academic psychiatry, with a focus on consultation-liaison psychiatry.⌷SEP 2. Apply lessons from a successful career to their own circumstance and context.⌷SEP *3.* Formulate a plan to move their own career forward, based on their own values and goals.
3:00 – 5:00	*Social*
CACLP Scientific Planning Committee:	Dr. Kathleen Sheehan (Co-lead), Dr. Evan Baker (Co-lead), Dr. Raed Hawa, Dr. Katie Lines, Dr. Glendon Tait, Dr. Mike Butterfield, Dr. Leon Tourian, Dr. Jacynthe Rivest, Dr. Samah Ibrahim, Dr. Orit Zamir