

**Regional Mental Health Care London and St. Thomas
10th Annual Research Half Day, May 13, 2009**

BOOK OF ABSTRACTS

&

RESEARCH REPORT 2008

by

RMHC RESEARCH COMMITTEE

Message from the Director

The Research Committee is committed to support and promote research in mental health, and it is a pleasure to present Regional Mental Health Care's 10th Annual Research Half Day. This year's Research Half Day will feature the 5th Annual Tony Cerenzia Research Lecture. The late Mr. Cerenzia believed that research held the key to improving the lives of individuals with severe mental illness. Mr. Cerenzia was thinking not only of cause and cure research, but also studies investigating diverse issues such as the benefits of recreational programs for patients, studies examining the side effects of treatment, and effects of education for commissions working in the area: the types of research we will hear about today.

In late 2008, the RMHC Research Committee conducted a *Research Resources Needs Survey* to better understand staff's interest in becoming more involved in research, and to determine how the organization might better assist with their research pursuits.

More than 100 surveys were completed with a good response from both inpatient and outpatient areas across all programs of RMHC. Based on the information provided through this survey, we are planning a series of research seminars to assist staff in the following areas (1) Managing the ethic applications at UWO and the CRIsC; (2) Improving knowledge about what the Lawson can offer, including trials staff, grants and accounting; (3) Writing for Publication; (4) Qualitative Research Strategies; (5) Statistics; (6) Understanding Research and Critical Appraisal; (7) Research Methods; and (8) Literature Review. The survey results also emphasized the need for other resources to support staff with research initiatives, such as computer access with specific software to perform statistical analysis.

The 2008 Research Report illustrates the interests, expertise and achievements of RMHC staff. Our researchers continue to study a broad range of topics from humour related interventions to employment support as a way to improve quality of life for individuals with mental illness. Of particular note, this past year were the number of studies undertaken collaboratively between our organizational and academic partners looking at the interprofessional health team, the quality of workplace communities, and awareness of health care communication and accessibility issues for deaf patients. I am encouraged by the potential beneficial effect these projects will have on our future mental health practitioners and the way we provide care.

Let me end, as always, by acknowledging the members of the Research Committee and the Clinical Research Suitability and Impact Committee (CRsIC) (listed on page 2) who have worked hard through the year. Also to Sandra Dunbar and Joanne Chapman, for keeping things on track during the year and especially for their work in organizing the Research Half Day. Last, but not least, this year I would like to express special thanks to Dr. Jim Mendonca. He has done a superb job as editor of Research INSIGHTS: assisting authors, ensuring expert review and ultimately publishing high quality research papers.

R.L. O'Reilly
Director of Research

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BOOK OF ABSTRACTS

Paper Presentations

AB-O1 Sleep Paralysis and Hypnic Hallucinations in Schizophrenia

Prakash Gangdev MD FRCPC, Varinder Dua MBBS FRCPC, Nina Desjardins MD FRCPC,
Abraham Rudnick MD PhD FRCPC

Sleep Paralysis and Hypnic Hallucinations (SPHH) are very common, with life time prevalence being up to 50%. It is known that hallucinations are common in schizophrenia and include visions, sounds, voices, and smells. Given the wide prevalence of sleep paralysis and hypnic hallucinations, it would be expected that a number of patients with schizophrenia may also experience sleep paralysis and hypnic hallucinations. However, the prevalence of sleep paralysis and hypnic hallucinations concomitant with schizophrenia is unknown, and there are only anecdotal reports about their co-occurrence. The purpose of the study was to determine the prevalence of SPHH in people with schizophrenia. **Method and Design:** Cross sectional survey. **Participants:** Adult outpatients attending the Assertive Community Treatment Team will be screened for sleep paralysis and hypnic hallucinations with a semi-structured interview. **Results and Conclusions:** will be presented.

AB-O2 The Effects of a Supported Program for Horse-back Riding on Inpatients Diagnosed with Schizophrenia: A Qualitative Exploratory Study

Megan Johnston BA (Student), Deborah Corring PhD, Abraham Rudnick MD PhD FRCPC

Purpose: One form of Psychiatric Leisure Rehabilitation (PLR) which has only recently been explored for individuals with schizophrenia is Therapeutic Horseback Riding (THBR), with promising results. No such research has been conducted with inpatients who have schizophrenia. The present study aimed at studying therapeutic horseback riding for a group of psychiatric inpatients. **Methods:** A sample of 6 long-term inpatients with schizophrenia or schizoaffective disorder participated in 10 weeks of horseback riding lessons. These lessons were each 1.5 hours in a THBR facility, with a 1:1 staff (recreational therapist; RT) to participant ratio. Each staff member kept field notes as part of the study. An experienced THBR instructor led the sessions. Participants and staff were qualitatively interviewed following the 10 week program and these semi-structured interviews were analyzed for recurrent themes. **Results:** We found that therapeutic horseback riding (THBR) was beneficial for this group of inpatients. Specifically, they enjoyed themselves, developed a bond with their horse, learned care routines in relation to their horse, increased their self-confidence, and learned horseback riding skills. **Conclusions:** Thus, although this sample was more severely psychiatrically disabled than previously studied in relation to THBR for individuals with schizophrenia, THBR was still helpful for them in a similar format to that studied previously. **Expected Outcomes:** In spite of our study's limitations, such as its exploratory nature and the small sample size, it demonstrates that THBR has promise and should be further developed and studied for individuals with schizophrenia.

AB-O3 A Pilot Study of Differential Effects of Dyslipidemia on Neurocognition with Atypical Antipsychotic Treatment in Schizophrenia.

Simon Chiu MD PhD FRCPC, Robbie Campbell MD FRCPC, Zack Cernovsky PhD Psych,
Jason Carr, PhD Psych, Varinder Dua MBBS FRCPC, Arun Prakash MBBS FRCPC, Liz Goble, BA

Introduction: Dyslipidemia has recently been found with atypical antipsychotics treatments in schizophrenia. **Purpose:** To examine whether neurocognition measures are differentially correlated with parameters of lipid metabolism in clozapine- or olanzapine-treated schizophrenia. **Methods:** The study was cross-sectional. Subjects diagnosed with DSM IV-TR Schizophrenia completed computerized Neuro-Cognitive Screening Test (NCS) and body composition. Fasting blood samples were obtained for measuring total cholesterol (TC), triglyceride (TG), low-density lipoprotein (LDL), high density lipoprotein (HDL), glucose and insulin. **Results:** We recruited 41 patients with schizophrenia (male: 27, female: 14; mean age 37.5 yrs) maintained on clozapine (37/41) or olanzapine (4/41) with mean BMI = 32.0 and mean serum HDL 1.2 mmol/L, LDL 3.0 mmol/L, mean total cholesterol/HDL ratio 4.8, mean TC 5.2 mmol/L. and mean TG 2.21 mmol/L. Insulin resistance was calculated from HOMA-IR with log IR: 3.0. We have calculated Pearson product moment correlation coefficients of lipid measures and logIR to neurocognitive correlates (at $p < .05$, 2-tailed significance level). Elevated TC values were associated with

significantly shorter reaction time with increased error responses on attention and working memory tasks ($r = -.35$). Similar correlation was found for TC/HDL ratio ($r = -.34$). Higher TG values were associated with significantly poor performance on tasks of verbal memory ($r = -.35$, $p = .025$), attention and working memory ($r = -.35$), and abstraction/inhibition ($r = .35$, $p = .034$). Higher log IR was associated with lower performance on attention task ($r = -.35$, $p = .026$). HDL levels were non-correlated with log IR at ($r = -.19$, $p = .232$). **Conclusion:** Our findings implicate lipid signalling dysregulation mediates selective neurocognitive deficits in atypical antipsychotic-treated schizophrenia. Supported by Stanley Medical Research Institute, Bethesda, MD, USA Grant 02T-156

AB-O4 Interprofessional Learning for RMHC Students on Placement

Jack Ferrari PhD C Psych, Sandy Morton BA (Hon) BSW MA RSW, Lynn Stewart BSc OT, Anna-Marie Duffy BA Spec TR TRS R/TRO, Kathy White, BA BEd

A group of professionals came together in late 2005, for the purpose of creating educational opportunities for placement students in mental health around interprofessional practice. Interprofessional Collaboration is currently promoted at various levels of government and service provision, and efforts to address learning needs are burgeoning. For the purposes of our initiative, we focused on the process of collaboration, addressing role definition and identity of the various professions, in a context of team functioning and decision making. Our approach to understanding team functioning was heavily influenced by Systems Theory, with echoes to the theory of family and group systems functioning. We felt we were dealing with teams with a history, and that our understanding needed to be informed by this (rather than the creation of new interprofessional teams). We looked at both general principles of collaboration and their obstacles, and profession specific collaboration. We created, and continue to shape, both didactic and case-discussion presentation. We have two scenarios of patients being dealt with by a team, to illustrate both good collaborative decision process, and bad, as well as illustrating some of the profession or discipline specific contributions to care. We have presented this to three more cohorts, 43 participants in all, as well as presenting the work at OHA, at a UWO conference, and for 3rd and 4th year medical students at Schulich. Results have been encouraging, and evaluative feedback suggests that participants learn valuable collaborative principles.

AB-O5 Depression Education and Enhancement of Primary Care (DEEP Care)

David Haslam MD MSc FRCPC, Jatinder Takhar MD FRCPC, David Dixon MD, Lois Jackson RN CPMHN(C), Anne Finigan RN MScN NP, Wendy Dunn RN NP, Ashley Donovan RN NP, Brendan Morrissey BA

Depression affects between 5 and 10% of people and is in the top 5 reasons for people seeking primary medical care. Despite growth in knowledge and use of depression treatments a high percentage of patients do not receive appropriate treatment, or if they do, will not continue. Education for depression, risk assessment for self harm, chronic disease management, and treatment for non-responsive depression have been identified as ranking in the top 7 primary mental health care quality measures. This project will implement and evaluate a novel intervention with complimentary education and evidence based organizational components for the management of adult depression at selected southwestern Ontario primary care sites involving: a) web based information and care resources available for use by people with depression, family and friends supporting such individuals, as well as primary care professionals b) script guided telephone appointments provided by centrally based Depression Care Educators (DCE) and Depression Care Managers (DCM) in collaboration with the patient's family physician. These appointments provide patient education and a measurement-based patient monitoring service to promote optimal treatment adjustment, adherence, and improved outcomes. This is a single-group observational design using descriptive analyses and repeated measures analysis of variance for exploratory analysis of symptom, function, and satisfaction measures. Effects of changes and lessons learnt will be determined using systematic qualitative evaluation involving stakeholder focus groups.

Poster Presentations

AB-P1 Geriatric Psychiatry Medication Profiles and Patient Characteristics in ‘As Required’ Medication (PRN) Regimens

Ed Black PhD C Psych, Tom Ross BA Psych, Peter Toogood BSc Pharm, Noel Laporte MD FRCPC

Purpose: This study explores the nature of PRN (both somatic and psychotropic) administration practices and patient characteristic in a geriatric psychiatry population. **Method:** Clinical databases were employed to correlate and analyze PRN data and patient characteristics. The data provides summaries of ward use, client patterns, medication effectiveness, frequencies, and rationale for use. **Results:** PRN medications were administered 10,176 times during a 12 month period to 179 patients (51% males). Clients averaged between 9 to 16 PRN medications per month. Classes of medication administered included anxiolytics (35%), analgesics (25%) and antipsychotics (23%). The rationale for administration involved agitation (41%), pain (22%), physical aggression (5%), and verbal aggression (3%). Two broad categories identified were psychiatric issues (61%) and somatic concerns (39%). Following PRN administration, 84% of patients showed improvement in signs or symptoms while 14% showed no change and 2% had an adverse event. Male diagnoses were dementia (62%), mood disorder (49%) and schizophrenia (38%). Men disproportionately received lorazepam and haloperidol two and five times greater than females, respectively. **Conclusion:** The database findings have important implications for clinical practice. This approach is unique and allows longitudinal PRN medication evaluation of a tertiary patient care population. **Expected Outcomes:** To evaluate and improve the effectiveness of PRN medication use.

AB-P2 Pattern of Brain Activation during “Where” Working Memory (WM) Task with Fearful versus Neutral Face Picture Interference in Elderly Patient with Mild Cognitive Impairment (MCI) and Healthy Controls (HC): Preliminary Results of a Functional MRI Study

Amer Burhan MBChB FRCPC, Matthew McClure BA (Student Volunteer), Derek Mitchell PhD,
Amer Jilani MD, Manuel Oddasso Montero MD PhD, Michael Borrie MBChB FRCPC, Robert Bartha PhD

Emotions and attention represent fundamental human brain processes that influence behavior and conscious experience. Converging evidence suggests that attentional and emotional processes occur in parallel yet overlapping pathways in the brain. These pathways include dorsal and ventral prefrontal cortex networks respectively with integration of these streams in the anterior cingulate cortex. Preliminary evidence suggests changes in attentional network in MCI patients but little is known about the interaction between emotional and attentional networks in these patients. In this study we use a bloc-design; delayed-matching WM paradigm presented to participants in the 3-Tesla MRI scanner. These include “where” information at low and high item loading. Task-irrelevant, standardized fearful and neutral face pictures interference are pseudo-randomized into blocs of the study. Whole brain MRI images from each bloc are averaged for final analysis. Voxel-by voxel comparison between fearful and neutral blocs with different combinations of type of information and item loading presented is done using statistical parametric mapping method. Here we present preliminary data from our ongoing study. Feasibility and preliminary trends of differential pattern of brain activation induced by fearful versus neutral face condition in different type of information and item loading will be discussed.

AB-P3 Shared Care Services to Indigent Populations in London, Ontario 2004-2008

Haydn Bush MD FRCPC, Lois Jackson RN CPMHN(C), Jane Langford RN, Jatinder Takhar MD FRCPC,
David Haslam MD MSc FRCPC

Shared care populations whether homeless or in subsistence housing are at high risk of having moderate and severe persistent mental illness (~50%) and concurrent disorders (~70%). The delivery of primary medical care and mental health services is additionally challenging by virtue of difficulties in engagement, compliance, judicial threat, financial and psychosocial destitution. In 2004 we established the first shared care service (SCS) in a downtown London community health centre (CHC) serving largely indigent populations. A second SCS was established (2006) in a medical clinic located in a homeless shelter in London. Both services were comprised of part time psychiatric nurses and psychiatrists. The health centre and the medical clinic provided both the services of nurses,

social workers, support workers, primary care physicians, administrative staff and accommodation for the SCS. Clinical, research and administrative data were collected prospectively. The CHC had the services of a psychiatrist on one-half day every two weeks and at the shelter one day every week, and at each centre a psychiatric nurse one day each week. Efficacy of service delivery may be evaluated by a number of measures. We elected to determine attendance rates with SCS nurse and psychiatrist at booked appointments for initial consultation and follow up. Standardized initial mental health assessment was made by the psychiatric nurse. Consultation with the psychiatrist followed. All referrals were made by a primary care physician. We will present the results of this survey and comment on some implications for SCS delivery to indigent populations.

AB-P4 Narcolepsy as a Model for Understanding Psychoanalytic Aspects of Sleep and Waking

David Goldman MD FRCPC

Purpose: To demonstrate that the synthesis of neurophysiologic findings in the area of sleep medicine, especially excessive sleepiness, with psychoanalytic dream theory is conceptually possible and, furthermore, enhances understanding of clinical phenomena referable to sleep and waking. **Methods:** Review of relevant contemporary sleep medicine literature, beginning with narcolepsy, and the work of psychoanalysts who have had a special interest in sleep. **Results:** The compatibility of empirical findings in psychoanalysis and those of scientifically-based methodologies in neuroscience suggest an interesting transitional domain suitable for the future generation of credible conceptual models. **Conclusions:** Not only must practitioners of psychoanalysis and psychoanalytically-informed psychotherapy integrate, into their work, neuroscientific knowledge of sleep and waking, but neurobiological researchers, to avoid compartmentalization and irrelevance, need to consider the impact of their work on those who provide treatment to patients.

AB-P5 Evaluating the Utility of a Falls Risk Assessment Tool (FRAT) in Patients at Risk for Falls in a Geriatric Psychiatry Program (GPP)

Kristan Harris BSc OT, Ed Black PhD C Psych, Tom Ross BA Psych, Tony O'Regan MScN, Krista Harloff BScN

Hospital falls represent a leading cause of adverse events, accounting for 25%-89% of all reported inpatient incidents. In psychiatric hospitals, up to 36% of patients experience one or more falls. **Purpose:** Use reliable and valid instruments to predict and identify patients at risk for falls and develop a system to track fall incidents.

Method: The FRAT was completed on 172 consecutively admitted GPP patients (52% males) over the first five month period of a falls prevention program. Actual falls were recorded through the Patient Safety and Reporting System (PSRS). Correlational analysis was performed to compare the PSRS, five standardized domains of the Residential Assessment Instrument (RAI), demographically relevant information and the FRAT scores. **Results:** FRAT scores for high, medium and low risk were 67%, 29% and 6% respectively. There were 102 falls by 50 individuals with a primary diagnosis of dementia (47%), depression (34%) and schizophrenia (18%). Males comprised 66% of those who fell. The number of falls per 1000 bed-days when compared with rates from one year earlier indicated a reduction from 10.9 to 9.2. Correlational analysis revealed a moderate relationship between FRAT scores and the ADL (.52) and cognitive function (.41) domains on the RAI. **Conclusion:** The FRAT on its own had some ability to predict patients who experienced a single fall and was a fair predictor of those who had multiple falls. The FRAT when used in combination with the ADL and cognitive function domains on the RAI had good predictability of patients at risk for multiple falls in the GPP. **Expected Outcomes:** This study suggests that a systematic approach toward identifying and monitoring patients at risk for falls is beneficial.

AB-P6 Retrospective Case-Report of Patients (Post-marketing) Receiving Olanzapine Intramuscular (IM) Outside of Product Monograph Doses and Indications: Assessing Safety and Tolerability

Joel Lamoure RPh BSc Phm FASCP, Abraham Rudnick MD PhD FRCPC

Introduction: Intramuscular (IM) olanzapine has been approved for the management of acute agitation/psychosis in schizophrenia and bipolar disorder to a maximum of 20mg per day in bipolar disorder and 30mg in schizophrenia. Registration studies often exclude medical co-morbidities. However, clinical situations exist where patients are

acutely agitated (e.g., acute brain injuries) and where IM olanzapine may be indicated. We systematically recorded data on 8 such patients to assess overall safety and tolerability of this approach. **Methods:** Using a standardized data recording sheet, we collected information on 10 inpatient admissions between 2004 and 2007, where IM olanzapine was administered outside of product dosing and/or indication guidelines. We present composite data and the details of each case individually. **Results:** 8 patients (5 males, 3 females; mean age = 43.9 years) were assessed over 10 admissions, 5 to Psychiatry, 4 to Surgery, and 1 to Internal Medicine. Indications for admission were mania (2), schizophrenia (1), schizoaffective disorder (2), brain injury (2), sepsis (1), sepsis with respiratory failure (1), and cancer (1). Five patients either were intoxicated with or experienced withdrawal from alcohol and/or drugs. Only one symptomatic episode of orthostatic hypotension occurred, in a patient with *C. difficile*, that resolved when antibiotics were initiated and olanzapine held; olanzapine IM was successfully reinstated 2 days later, without incident. No other significant adverse events or side effects were ascribed to IM olanzapine. **Conclusions:** Intramuscular olanzapine may be safe to use outside of product dosing and indication guidelines but require further review in medical co-morbidities.

AB-P7 Utilizing the Brief Traumatic Brain Injury Screen (BTBIS) to Identify and Treat Combat Veterans in the Canadian Military – Implications for Collaboration and Treatment

Charles Nelson PhD, Shannon Gifford PhD, Margaret Weiser PhD, Jane Gallimore BScN, BSW

Objectives: A practical framework for coordinating the special assessment and treatment needs of military personnel with TBIs was piloted in January of 2008. The Brief Traumatic Brain Injury Screen (BTBIS) was administered as part of the regular intake assessment process of the OSI clinic. Data from this preliminary group were evaluated against symptoms of posttraumatic stress disorder (PTSD), overall physical and mental health status, and alcohol use. **Methods:** Scores of the BTBIS were compared to the PTSD Checklist (PCL-C), the SF-36 Health Survey, and the Alcohol Use Disorder Test (AUDIT). **Results:** 19 of 43 military personnel (mostly men) sustained probable TBIs endorsing 5 or more items on the BTBIS ($X=4.35$). Individuals with probable TBIs rated significantly higher symptoms of PTSD ($F(1,43)=9.34, p<0.05$). The means of the PCL-C were $X=61.22, SD=12.5$ for soldiers with probable TBIs, and $X=47.36, SD=14.3$ for soldiers with no evidence of TBIs. **Conclusions:** Significant differences in severity of PTSD symptoms are related to having a TBI; notably, soldiers with probable TBIs endorse greater symptom severity of PTSD. The BTBIS has demonstrated utility in providing important clinical guidance on interdisciplinary involvement for specialized neurotrauma rehab services.

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McAuley L, Langford J, Takhar J, Haslam D, Baird K, Finigan A. Development of a process for quality control through chart review within the context of a Transition into Primary Care Psychiatry (TIPP) program.[Poster] 2008; 2008 National Conference on Collaborative Mental Health Care, Victoria, British Columbia. May 17, 2008.

Merrifield B, Santopinto A. Stakeholder dialogue and cultural photography as data: innovations in the valuation of therapeutic relationships. 2008; Nurses: The Solution in Health Care Transformation Conference, Beijing, China. October 21-24, 2008.

O'Reilly R. A review of the clinical outcomes of Ontario's precedent setting capacity cases: from "Fleming vs. Reid" to "Starson vs. Swayze".PS4A 2008; 58th Annual Conference, Canadian Psychiatric Association, Vancouver, BC. September 4-7, 2008.

Singh SM, **O'Reilly R**. (Epi)genomics and neurodevelopment: Studies on monozygotic twins discordant for schizophrenia. 2008; 4th Canadian Development Biology Conference/The 51st Meeting of the Genetics Society of Canada, Banff, Alberta. February 28-March 2, 2008.

Rudnick A. Cross L. Coping with comorbid cancer and schizophrenia: a qualitative exploratory study. 2008; Ontario Psychiatric Association, Toronto. February 2008 (also Department of Psychiatry, The University of Western Ontario Research Day, London, Ontario. June 2008).

Rudnick A. Treatment non-responsiveness as a barrier to recovery from serious mental illness. 2008; Psychosocial Rehabilitation Canada Annual Conference. Winnipeg, Manitoba.

Rudnick A. The role of psychiatrists in the recovery of people with serious mental illnesses. (Invited) 2008; Canadian Mental Health Association, Regina, Saskatchewan.

Rudnick A. Psychiatric rehabilitation: an introduction. C03 2008; 58th Annual Conference, Canadian Psychiatric Association, Vancouver, BC. September 4-7, 2008.

Rudnick A. Attitudes of pre-clinical medical students towards psychiatric patients before and after an early clinical experience. 2008; GAMES Conference, The University of Western Ontario, London, Ontario.

Rybak I. A study of light therapy for adult ADHD. 2008; 20th Annual Conference of Society for Light Therapy. Vancouver, BC. June 27, 2008.

- Sharma V.** A closer look at major depression, antidepressant use, and subtle bipolarity in the postpartum period. 2008; 3rd International Congress on Women's Mental Health, Melbourne, Victoria, Australia. March 16-18, 2008.
- Sharma V.** Canadian Network for Mood and Anxiety Treatments (CANMAT) Guidelines for the management of bipolar disorder in pregnancy and postpartum. 2008; 3rd International Congress on Women's Mental Health, Melbourne, Victoria, Australia. March 16-18, 2008.
- Brahm K, Campbell M, **Sharma V**, Xie B. The Mood Disorders Questionnaire: properties and correlates in a population-based sample of parous women. Abstract #PS1E 2008; 58th Annual Conference, Canadian Psychiatric Association, Vancouver, British Columbia. September 4-7, 2008.
- Sharma V.** Assessment and management of soft bipolarity in the postpartum period. Abstract #C15 2008; 58th Annual Conference, Canadian Psychiatric Association, Vancouver, BC. September 4-7, 2008.
- Stone S, Maxmanian D, Oinonen K, **Sharma V.** Frequency and severity of symptoms experienced by women who experienced natural versus surgically-induced menopause. 2008; Annual Meeting of the Canadian Psychological Association, Halifax, NS. June 13, 2008.
- Stone S, Maxmanian D, Oinonen K, **Sharma V.** Cognitive appraisals, symptoms severity, and obtained treatment during the perimenopause: a retrospective study. 2008; Annual Meeting of the Canadian Psychological Association, Halifax, NS. June 13, 2008.
- Srivastava A.** Differential characteristics of 'Good Outcome' schizophrenia in a ten years long study at Mumbai. 2008; XIV World Congress of Psychiatry, Prague, Czech Republic. September 20-25, 2008.
- Srivastava A.** Coping up with clinical challenges of risk assessment. 2008; XIV World Congress of Psychiatry, Prague, Czech Republic. September 20-25, 2008.
- Srivastava A.** Complexity and limitations of stress-endocrine research in mental health. 2008; XIV World Congress of Psychiatry, Prague, Czech Republic. September 20-25, 2008.
- Srivastava A.** Brain, mind and behaviour - emerging biological connections. Oral presentation Annals of General Psychiatry 2008;7(Suppl 1):582.
- Srivastava A.** Bipolar spectrum disorder: specific mood disorder variant - evidence and practice. 2008; 14th Winter Workshop on Schizophrenia and Bipolar Disorders, Montreaux, Switzerland. February 3-7, 2008.
- Srivastava A.** Setting up early psychosis intervention program and issues arising from experience. 2008; 14th Winter Workshop on Schizophrenia and Bipolar Disorders, Montreaux, Switzerland. February 3-7, 2008.
- Srivastava A.** How good is "Good Outcome" in schizophrenia?: observations from a ten years 'long-term study of schizophrenia' at Mumbai. 2008; XIV World Congress of Psychiatry, Prague, Czech Republic. September 20-25, 2008.
- Srivastava A,** Thakar M. Schizophrenia outcome in developing country's metropolis: a ten years, naturalistic, long-term follow up study at Mumbai. RCPsych 2008;S27 New Research Royal College of Psychiatrists Annual Meeting, London England. July 3-5, 2008.
- De Luca V, **Srivastava A,** Jain U, Kennedy JL. Association study of a7/a7like genes and smoking in schizophrenia and adult ADHD: Copy number variation analysis. Schizophrenia. Research 2008;98:96-97.
- Srivastava A, Nelson C.** Coping with clinical challenges of risk assessment: towards a new comprehensive instrument. S25 2008; 58th Annual Conference, Canadian Psychiatric Association, Vancouver, BC. September 4-7, 2008.
- Srivastava A, Nelson C.** Improving risk assessment with suicidal patients: an evaluation of the clinical utility of The Scale for Impact of Suicidality: Management, Assessment and Planning of Care (SIS-MAP), a new structured clinical interview based on Canadian norms. PS3D R.O. Jones Award, Third Place 2008; 58th Annual Conference, Canadian Psychiatric Association, Vancouver, BC. September 4-7, 2008.
- Srivastava A,** Handsaeme D, **Campbell R.** Comorbidity in early psychosis: rural Canadian early psychosis intervention experience. The Australian and New Zealand Journal of Psychiatry 2008;42(S2):A30 10th Australasian Schizophrenia Conference, Lorne Victoria, Australia. October 23-24 2008.
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Surti B. Neuropsychiatric findings arising from leukocytoclastic vasculitis case report. 2008; 13th International - 2nd World Conference of the Association of Psychology and Psychiatry for Adult and Child, Athens, Greece. May 20-23, 2008.

Takhar J, McAuley L, Finigan A, Langford J, Haslam D, Baird K. Development of a process for quality control through chart review within the context of a Transition into Primary Care Psychiatry (TIPP) program. [Poster] 2008; 2008 National Conference on Collaborative Mental Health Care, Victoria, BC. May 17, 2008.

Baird K, **Takhar J, Haslam D, McAuley L, Finigan A, Langford J,** Development of a process for quality control through chart review within the context of a Transition into Primary Care Psychiatry (TIPP) program.[Poster] 2008; Department of Psychiatry, University of Western Ontario, London, ON. June 19, 2008.

Davine J, Karlinsky H, **Takhar J.** Maintenance of certification: using the new Royal College rules to maximize your credits. S19 2008; 58th Annual Conference, Canadian Psychiatric Association, Vancouver, BC. September 4-7, 2008.

Gutmanis I, **Van Bussel L,** Giuliano M, **Kotnik B, Speziale J.** Discharge with a difference: evaluating the transition of long-stay yet stable geriatric psychiatry patients to long-term care. 2008; Ministry of Health and Long-Term Care, Innovations in Health Care Expo, Toronto, ON. April 22, 2008.

Diachun L, **VanBussel L,** Hansen KT, Dumbrell AC, Reider MJ. Evaluating an eldercare clerkship: effect on geriatric knowledge, attitude and clinical skills. 2008; Canadian Association for Medical Education (CAME, Medical Education Conference), Montreal, QC, May 2-7, 2008.

Diachun L, **VanBussel L,** Hansen KT, Dumbrell AC, Reider MJ. Evaluating an eldercare clerkship: effect on geriatric knowledge, attitude and clinical skills. [Poster] 2008; American Association for Geriatric Psychiatry Annual Meeting, Orlando, FL. March 14-17, 2008.

Diachun L, **VanBussel L,** Hansen KT, Dumbrell AC, Reider MJ. Evaluating an eldercare clerkship: effect on geriatric knowledge, attitude and clinical skills. 2008; Canadian Geriatrics Society Annual Scientific Meeting, Montréal, QC. April 10-12, 2008.

Grants Peer-reviewed

Chiu S (PI), Campbell R (Co-PI), Cernovsky Z, Carr J, Husni M, Singh A, Copen J. Effect of panax ginseng in partially responsive schizophrenia: a multi-site RCT clinical trial. Stanley Medical Research Institute, MD, USA 2003-2008 \$418,000 USD

Chiu S (PI), Campbell R (Co-PI), Cernovsky Z, Carr J. Differential effects of atypical anti-psychotic on GIP in relation to insulin resistance in schizophrenia. Lawson Research Institute, London, Ontario 2005-2008 \$15,000.

Chiu S (PI), Cernovsky Z, Husni M, Woodbury M. Study of curcumin, a putative neuronal nitric oxide synthetase inhibitor (nNOS) on negative symptoms and neurocognitive impairment in schizophrenia. Pilot open-label study. Stanley Medical Research Institute, MD, USA. 2008 \$96,020 (US).

Singh S (PI), **O'Reilly R (CO-I).** Methylation and expression studies on high priority candidate genes for schizophrenia using exceptional samples. The Tam Grant Fund - Schizophrenia Society of Ontario 2008-2009 \$50,000 per year.

Singh SM, **O'Reilly RL.** Copy number variations in functionally interacting positional (22q11) candidate genes of schizophrenia. Ontario Mental Health Foundation 2008-2009 \$74,600 per year.

Singh SM, **O'Reilly RL,** Scherer S. Gene discovery in schizophrenia using copy number variations (CNVs) in high-risk monozygotic (MZ) and dizygotic (DZ) twins. Canadian Institute of Health Research 2008-2010 \$183,166 per year.

Jwely A, **Rudnick A (Co-PI).** Immigration and psychosis: a qualitative exploratory study. St. Joseph's Health Care Foundation Grant \$5,200. Total 2008-2009.

Rudnick A (PI) Forchuk C, Hardingham L, Sibbald R. Dialogue in clinical neuroethics: an exploratory study of the impact of cognitive and other mental impairments on patient participation in ethics consultations. ERB 15220 2008; Canadian Institutes of Health Research \$98,163. (\$49,440./year).

Forchuk C, Sealy P, **Rudnick A** (Co-I) et al. Poverty and mental health: issues, challenges and solutions. Social Sciences of Health Research Council CURA LOI Grant \$20,000.

Sharma V (PI), Campbell K, Hampson E, Bartha R. Heterogeneity of postpartum depression: Continuation of a prospective study of nature, prevalence, course, and etiology. Ontario Mental Health Foundation \$75,000 (Total \$150,000.).

Grants Industry

Lui EMK (lead) **Chiu S** (Co-PI) Translational research, CNS drug discovery using Ginseng as drug template. New Technologies for Ginseng Agriculture and Product Development. Ontario Ginseng Innovation and Research Center, Multi-university joint funding from Ontario Ministry of Agriculture, Ontario Ginseng Growers Association, Jamieson, Naturex. \$20,782,919 Provincial funding: \$6,927,640 Total 2008-2011.

Lamoure JW, **Rudnick A** (Co-I). A retrospective case report series of patients (post-marketing) receiving olanzapine intramuscular (IM) outside of product monograph dose and indications: assessing safety and tolerability. Eli Lilly Canada \$8,100. Total 2006-2008.

Sharma V (Local PI), **Rao J**, **Corpse C**. Randomized, double-blind, parallel-group, and active referenced study of Lu AA34893 to evaluate the efficacy and safety of three doses Lu AA34893 and quetiapine versus placebo in the treatment of depression in patients with Bipolar I or II Disorder. R-08-832 ERB 13950 2008; Lundbeck Canada Inc. \$16,000 2008-2009 (Total \$110,240.).

Sharma V (PI) Treatment of postpartum depression with duloxetine. Eli Lilly Canada Inc. \$5,000 (Total \$52,129.).

Grants Non Peer-reviewed

Haslam D, **Takhar J**, Dixon D. Depression Education & Enhancement of Primary Care (DEEP Care) R08-571 ERB 2008; Consortium for Applied Research and Evaluation in Mental Health \$10,486.88. 2008.

Rudnick A (PI), Wedlake M, Wey L, McEwan B, Lau W, Butler J, Cross L. Fostering recovery: employment support through training and trades. R-08-206 ERB 14016E 2008; Consortium for Applied Research and Evaluation in Mental Health \$9,436. 2008-2009.

Lau W, **Rudnick A** (Co-I), Wedlake M, et al. Employment innovations fund: fostering recovery. Ontario Ministry of Community & Social Services. Total \$199,500. 2008-2009.

Martin R, **Rudnick A** (Co-PI), Kohn P, et al. Humor-related interventions for mental health care service users: a feasibility and exploratory study. R-08-688 ERB 15364 2008; Consortium for Applied Research and Evaluation in Mental Health. Total \$14,290. 2008-2009.

Lau W, **Rudnick A** (Co-I), Wedlake M, et al. Employment innovations fund: fostering recovery. Ontario Ministry of Community & Social Services. Total \$199,500. 2008-2009.

Internal Approved Projects

Balachandra K (PI), **Rudnick A**, **Mejia J**. Peer led versus therapist led group therapy for patients with co-occurring disorders: a qualitative study. R-08-397 REB# 13999E.

Balachandra K (PI), **Gangdev P**, **Mejia J**. Sleep problems among inpatients with co-occurring mental illness and substance use disorder. R-08-330 REB# 15187E.

Black E (PI), **Ross T**, **VanBussel L**, **Kotnik B**. Risk event profiling in a geriatric psychiatry population. R-08-406 REB# 15266E.

Corring D, Quality of life issues in individuals with a severe & persistent mental illness who are under a Community Treatment Order. R-09-037 REB# 15187E.

Corring D (PI), **Rudnick A** (PI), Cross L. The effect of a supported program for horseback-riding on Assertive Community Treatment (ACT) Team patients diagnosed with schizophrenia: a qualitative exploratory study. R-08-195 REB# 13964.

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- Orchard C, **Ferrari J.** (Co-I) Interprofessional health teams: preparing future practitioners. R-08-224 REB# 13576E.
- Gangdev P** (PI), **Desjardins N, Dua V, Rudnick A.** Sleep paralysis and hypnic hallucinations in people with schizophrenia. R-08-094 REB# 13670E.
- Haslam D, Takhar J,** Dixon D: Depression Education & Enhancement of Primary Care (DEEP Care) R-08-571 REB# 15591E.
- Dozois D (PI), Hayden E, **LeMarquand D.** A family study of cognitive processing and moods. R-08-385 REB# 13304.
- Lock E** (PI), Mitchell R, Aguilar K, Coroneos C, Chong J. Physician and medical student awareness of health care communication and accessibility issues for deaf patients. R-08-109 REB# 14027E.
- Laschinger H (PI), Leiter M, Letton S, Perkin K, Ledoux K. **Merrifield B** (Study Site Coordinator). Enhancing the quality of workplace communities: assessing the predictors and testing interventions. R-08-108 REB# 13987E.
- Heisel MJ (PI), Warner A. Chart review of suicide risk factors for emergency medical patients referred for mental health consultation before and after implementation of an updated assessment form. R-08-387 REB# 15239E.
- Rudnick A** (PI), Wedlake M, Wey L, McEwan B, Lau W, Butler J, Cross L. Fostering recovery: employment support through training and trades. R-08-206 REB# 14016E.
- Rudnick A** (PI) Forchuk C, Hardingham L, Sibbald R. Dialogue in clinical neuroethics: an exploratory study of the impact of cognitive and other mental impairments on patient participation in ethics consultations. R-08-324 REB# 15220E.
- Martin R, **Rudnick A** (Co-PI), Kohn P, et al. Humor-related interventions for mental health care service users: a feasibility and exploratory study. R-08-688 REB# 15364.
- Pong R (PI), Swenson R, **Rudnick A** (Co-I), Haggarty J, Ravitz P, Cooke R, Zmijowskyj, Andrew M, Montgomery P, Sherman J, Delmege M. Survey of mental health services in smaller communities in Northern Ontario - Phase 1. Waived.
- Sharma V** (Local PI), **Rao J, Corpse C.** Randomized, double-blind, parallel-group, and active referenced study of Lu AA34893 to evaluate the efficacy and safety of three doses Lu AA34893 and quetiapine versus placebo in the treatment of depression in patients with Bipolar I or II Disorder. R-08-832 REB# 13950.
- Forchuk C (PI), Hoch J, Kingston-MacClure K, Smith C, Wilura E, Jensen E, **Vann R.** Reducing discharges from psychiatric wards to shelters and no fixed address. R-07-499 REB# 13840E.