

Research Insights of Regional Mental Health Care London and St. Thomas
is a peer-reviewed journal designed to publish reviews, case studies and articles as they pique the interests of our clinicians and emerge from reflections on daily clinical work. The purpose is to encourage local scholarly endeavours and provide an initial forum of presentation. The papers may later be submitted to other journals for publication.

Research conducted at Regional Mental Health Care London and St. Thomas,
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Research INSIGHTS

REGIONAL MENTAL HEALTH CARE LONDON AND ST. THOMAS



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BOOK OF ABSTRACTS 11TH ANNUAL RESEARCH HALF DAY
MAY 12, 2010
&
RESEARCH REPORT 2009

RMHC Research Committee

**Regional Mental Health Care London and St. Thomas
11th Annual Research Half Day, May 12, 2010**

BOOK OF ABSTRACTS

&

RESEARCH REPORT 2009

by

RMHC RESEARCH COMMITTEE

Message from the Director

The Research Committee continues its commitment to the support and promotion of research in mental health. This 11th Research Half Day will feature the 6th Annual Tony Cerenzia Research Lecture presented by Dr. Kim T. Mueser. Presentations and posters for the day represent a diverse range of interest from bench (gene research) to bedside (establishment of therapeutic relationships).

In response to the Research Resources Needs Survey completed by staff in 2008, a series of research lectures was developed and initiated beginning September 2009. I want to make special acknowledgement of our staff who led the individual lectures. Thank you to Elizabeth Russell (Literature Review), Verinder Sharma (Grantsmanship), David Haslam (Critical Appraisal), Deb Corring (Qualitative Research), Mustaq Khan (Research Methods), Ed Black (Statistics) and Wendy Komar (Privacy). Thanks also to our valued Lawson and UWO Ethics collaborators not only for their contribution to the series but also for their continued support of Research at RMHC. I am encouraged by the wealth of expertise at RMHC and by the interest shown by the individuals attending the series. For those who were not able to attend personally a DVD and handout of each session is catalogued in the staff libraries at both the London and St. Thomas sites under 'Research Workshop Series'.

The 2009 Research Report illustrates the interests, expertise and achievement of RMHC staff. Our researchers continue to publish on a broad range of topics including curriculum evaluation, self-assessment in continuing education, imaging, complementary and alternative medicine, psychoanalysis and neuroscience, treatment capacity, psychosurgery, (epi)genomics and neurodevelopment, psychiatric rehabilitation, postpartum depression and prescribing practices.

Of particular note this past year was the success of Amer Burhan in securing seed funding for his fMRI and rTMS projects. Congratulations also to all researchers on their grants from such competitive sources as the Canadian Institute of Health Research, Ontario Mental Health Foundation, PSR/RPS and Schizophrenia Society of Ontario.

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 and to Sandra Dunbar and Joanne Chapman for their work in organizing the Research Half Day.

R.L. O'Reilly
Director of Research

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Paper Presentations

AB-O1 The impact of a primary nursing care delivery approach upon the frequency and effectiveness of PRN medication

Amer Burhan MD FRCPC, Ed Black PhD C Psych, Tom Ross BA, Peter Toogood BSc, Tony O'Regan RN MSc

Objective: A function often performed by mental health nurses working in inpatient units is the administration of PRN 'as required' medications, given with the aim of changing the patient's mental and/or physical state on an 'as needed' basis.

Method: A database was created to explore issues pertaining to patient use patterns, medication effectiveness, frequencies (individual, physician, ward), and rationale for administration. The levels of PRN medication use for agitation and pain was investigated over two sequential 118 day periods across three geriatric psychiatry wards (87 beds).

Results: One of three wards had primary nursing care (PNC) introduced at the commencement of the second 118 day period. On this ward, a reduction of pain PRN medication by 40% (210 administrations) and agitation PRN medication use by 49% (97 administrations) was observed. On the other two other wards combined, over the same time period, the PRN medication administration rates increased slightly by 6% (47 administrations). The PNC ward results were highly significant (Chi-square analysis) for both agitation and pain PRN reduction rates whereas on the two other wards the results were not significantly different between the two time periods. During both time periods, the 'improvement' effectiveness ratings remained essentially the same with the PNC ward changing from 86% to 87% and other two wards 80% to 81%.

Conclusion: This study suggests that a more judicious use of PRN medications may be achieved by the implementation of a primary nursing care approach with elderly psychiatric patients

AB-O2 The effects of a supported program for horseback riding for ACT patients: A qualitative exploratory study

Deborah J Corring PhD, Erica Lundberg BA, Abraham Rudnick MD PhD FRCPC

Objective: One form of Psychiatric Leisure Rehabilitation (PLR) which has only recently been explored for individuals with schizophrenia is Therapeutic Horseback Riding (THBR). This study is the first to examine THBR for Assertive Community Treatment (ACT) patients with schizophrenia.

Method: A sample of 6 ACT patients with schizophrenia or schizoaffective disorder who reside in the community and 6 mental health care staff participated in 10 weeks of weekly horseback riding sessions. An experienced THBR instructor led the sessions. Participating patients, staff and the THBR instructor were qualitatively interviewed at the start, during and at the end of the THBR 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 patients, such as increasing their confidence and their satisfaction.

Conclusion: ACT patients may benefit from THBR. 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 CNV, Schizophrenia and Discordant MZ Twins: ongoing work and lessons

Richard L O'Reilly MB FRCPC, Shiva M Singh BSc MSc PhD, Christina Castellani

Objective: We have previously reported an increase in copy number variations (CNV) in affected versus unaffected co-twins in three pairs of monozygotic twins discordant for schizophrenia. The CNVs identified were pair and patient specific and five novel CNVs shared by three pairs incorporated neurodevelopmental genes. Here we describe genetic differences in an additional twin pair.

Method: The male twins were assessed by Dr. O'Reilly when they were 42. The affected twin was diagnosed with schizophrenia at 18. His illness is characterized by hallucinations, delusions, formal thought disorder and functional

deterioration. He lives in a group home and takes clozapine. The unaffected brother had an episode of major depression in his late teens for which he was treated with counseling. He has had no further emotional problems, is married with a child and works as a health care professional in a private office.

Results: We identified a novel 11 Kb deletion between two cadherin genes (CDH12 and CDH18) at 5p14) in the affected but not in the unaffected twin. The cadherin family of genes affect cell adhesion and thus cell migration and neurodevelopment. Our results are similar to a recent report implicating adjacent genes from the cadherin family (CDH10 and CDH9) in the cause of autism.

Conclusion: These findings suggest that complex neuropsychiatric disorders such as schizophrenia and autism, which share clinical features, may have overlapping pathology. Disruption of the cadherin family of genes, including by CNV, should be a research priority in these disorders.

AB-O4 Serum lipids and suicidality on early psychosis: is there a connection: A preliminary study

Amresh Srivastava MBBS MD (Psychol. Med) DPM MRCPsych (UK), Robbie Campbell MD FRCPC, Lenore Perdue RV BSW RSW Case Manager (CMHA Elgin), Megan Johnston PhD Student Dept of Psychology U of T

Background: Suicide is the commonest cause of mortality (12%) in Schizophrenia; however these patients cannot be identified. Lower levels of cholesterol are associated with suicide behavior, violent suicide, postmortem brain of suicide completers, as well as in psychosis. It is reportedly one of the mediators in inter-relationship of mind and brain. The relationship of suicidality, psychosis and cholesterol remains undetermined and complex.

Objective: The present study examines levels of cholesterol in a cohort of early psychosis with low and high suicidality to explore the possible biological connection and its clinical implications.

Method: Sixty admitted patients with a DSM-IV diagnosis of early psychosis (schizophrenia) were assessed in a naturalistic cross-sectional, cohort study for mild and severe suicidality by using the locally developed scale for assessment of suicidality (SIS-MAP). Psychopathology was assessed with the PANSS and HDRS.. Levels of cholesterol from clinical data base were compared between the groups showing low suicidality and high suicidality.

Results: Out of 60 patients, 32-showed severe suicidality and 28-showed low suicidality. Serum cholesterol showed no abnormality (5.6 mmol/Lit NS) in the cohort of early psychosis patients. Patients with low-suicidality (SIS-MAP <10) also did not show any abnormality in levels of cholesterol (5.04 mmol/Lit, NS). Low levels of cholesterol were observed in a subgroup with severe suicidality (SIS-MAP >30; 4.07 mmol/Lit, $p < 0.3$) and severe depression (HDRS >20, 4.2 mmol/Lit $p < 0.03$).

Conclusion: The study shows that serum cholesterol does not show any abnormality in early psychosis admitted patients as a group. However, lower levels are observed in patients of psychosis with severe suicidality and severe depression. The finding raises some undetermined aspect of correlations among cholesterol, depression in psychosis, and severity of suicidality. More research is required in this field to determine the neurochemistry of suicide behavior in psychosis. Future controlled and longitudinal studies are required for prediction of suicide in schizophrenia

AB-O5 Can the System for Classification of In-Patient Psychiatry (SCIPP) assist in the identification of high risk seniors

Lisa VanBussel MD FRCPC, Ed Black PhD C Psych, Tom Ross BA

Objective: To study the utility of the SCIPP in classifying seniors at risk.

Method: This exploratory study used data from 102 intake or quarterly Resident Assessment Instrument Mental Health (RAI-MH) assessments and reported falls and aggression from a hospital patient safety database on all patients residing in a tertiary seniors' mental health setting over a 120 day period. Diagnostic groups were coded as part of the RAI protocol.

Results: There were 477 aggressive incidents involving 52 individuals and 126 falls concerning 40 individuals. Average age was 72.3 years (range 48 to 91) and males comprised 54.9%. Congruence of (SCIPP) general categories with diagnostic groups was 95.8%, 81.3% and 71.0% agreement with Cognitive, Schizophrenic and Mood Disorder Groups, respectively. The average number of reported incidents for aggression and falls were Cognitive (10.4, 3.2), Schizophrenic (4.3, 4.0) and Mood (5.0, 2.4) Disorders groups, respectively.

Highest SCIPP codes involved with aggressive incidents were 2oda1, 2odb1 and 1szpcb1 subgroups representing 66.9% of all reported aggressive behaviour. First two groups are Organic Disorders with poor ADLs and depression and poor ADLs with aggression. The third group is Schizophrenia and Other Psychotic Disorders with depression and poor hygiene. This subgroup had the highest average fall rate representing 50% of all reported falls.

Conclusions: SCIPP analyses demonstrated good levels of agreement with diagnostic categories and its ability to identify high need responsive behaviour subgroups. SCIPP can also provide a mechanism for programs to pre-identify patients who fall and act aggressively. SCIPP enhances the ability for programs to adjust practice and treatment patterns and improves our understanding of seniors utilizing tertiary care mental health services.

Poster Presentations

AB-P1 Homeless mothers with mental illness

Sarah Benbow RN BScN MScN PhD student, Cheryl Forchuk RN PhD, Susan Ray RN PhD

Background: It is well known that individuals with mental illness are overrepresented in the homeless population. However, within this group lies the increasingly growing subpopulation of homeless mothers with mental illness. These women face a multitude of negative health consequences and unique health challenges as a result of and exacerbated by their homelessness.

Objective: To uncover experiences of oppression and resistance in the lives of these women, to learn from them what is conducive to their health.

Method: Using the critical perspective of feminist intersectionality, the research design was a qualitative secondary analysis. Supplementary secondary analysis, sometimes referred to as analytic expansion, was used to examine existing focus group data from a primary study. A purposive sample of clients and service providers from 7 focus groups (N=67) was used for this study. Focus group transcripts from the primary study were analyzed and interpreted based on themes, categories and patterns.

Results: Three overarching themes emerged: (a) discrimination based on intersecting social identities, (b) being stuck: the cycle of oppression, and (c) we're not giving up: resistance through perseverance. The complexity of health and health promotion in the lives of these women was emphasized. The health inequities and social injustices these women face as a result of the intersections of their race, poverty status, gender, mental illness, and motherhood status were revealed.

Conclusion: Health promoters can advocate for the unique needs of this population by increasing awareness of the social injustices they face, promoting policies that support health equity, and through the enforcement of human rights legislation.

AB-P2 Pilot study of pathological gambling and smoking behaviour in methadone maintained opiate dependence

Zack Cernovsky PhD, Simon Chiu MD PhD FRCPC, Luella Southam RN, Gamel Sadek MD FRCPC, Mariwan Husni MD FRCPC, John Copen MD FRCPC, Larry Lalone MSc

Background: Recent emerging evidence suggests that brain opiate mechanisms play an important role in pathological gambling (PAG) and opiate antagonists, naltrexone, reduce gambling severity. Few studies address the prevalence of PAG in methadone-maintained opiate dependence.

Objective: In our study, we examined gambling behaviour with the South Oaks Gambling Screen, gambling and smoking urges with the Gambling and Smoking Urge Scale and psychopathology in opiate dependent subjects maintained on methadone in an urban community in Southwest Ontario. We screened the cohort for substance use and psychopathology through standardized instruments.

Method: The design was cross-sectional. We administered standardized questionnaires and rating scales: SOGS (South Oaks Gambling Screen), DAST (Drug Abuse Screening Test), AUDIT (Alcohol Use Disorder Identification Test), SCL-90 (Symptom Check List-90) Fagerstrom Test Nicotine Dependence (FTND), and Alcohol Urge, Gambling Urge and Smoking Urge Scale, to our sample (n =50) attending the methadone clinic. Random urine samples were taken for monitoring of methadone compliance and comorbid substances of abuse.

Results: In our cohort of methadone-maintained opiate dependent clients, the mean age was 34.7 yrs and the ratio of male to female was 22/28. Pathological gambling (PAG) defined by SOGS score ≥ 5 was 18%. The subjects reporting PAG were more likely to report current history of smoking, alcohol and drug abuse and more severe psychopathology on the SCL-90 scale. 78% of PAG clients were classified as nicotine dependent vs. 48% in the non-PAG group. Alcohol urge, smoking urge and gambling urge scales were found to be highly inter-related ($p < 0.05$). High levels of psychopathology were detected with SCL-90 in our cohort.

Conclusion: Our observed robust correlation of smoking craving and gambling craving, and high prevalence of PAG in methadone-maintained clients merit future controlled studies. Smoking and pathological gambling share common central reward signaling pathways.

AB-P3 Awareness of premenstrual syndrome among university students

Prakash Gangdev MBBS MD MMed FFPsych MRCPsych, Christopher Fabian, T Takeda MD

Objective: Premenstrual syndromes and premenstrual dysphoric disorder are widely prevalent but data about self awareness and treatment-seeking are not available. Given the potential effects of PMS on work and relationships, it would be important to identify not just the prevalence but also whether self awareness leads to help seeking behaviour.

Method: A cross-sectional web based survey (Survey Monkey) was conducted using the Premenstrual Symptoms Questionnaire. The participants were women students of The University of Western Ontario, between ages 18-45. They were asked to indicate if they believed they suffered from PMS and whether they took any treatment for it.

Results: One hundred and one responses were obtained in a 6-month long survey. The analysis of the data is underway.

Expected Conclusions: The prevalence of PMS will be no different from the widely reported estimates but there will be a significant number of women who may not be seeking help despite the awareness and there will be some respondents who may be unaware of self-PMS despite their educational status.

AB-P4 Historical comments on model building in neuroscience or is your brain really like the transit map of the London underground?

David L. Goldman MD FRCPC

An understanding of the dialectic between Sigmund Freud, in his early professional days as a neurologist, and the “diagram-makers” of the 19th century German neurological establishment provides interesting historical insights into issues relevant to contemporary model building in the neurosciences. In particular, visually-oriented models such as Freud’s 1891 branching arborization model applied to both disturbed word use in aphasic disorders and neurotic slips of the tongue and the axonal subway lines and node-like stations of the London transit map used by Turnbull to illustrate psychological aspects of body image distortion in the brain-based condition, phantom limb syndrome, shed light on the delicate interface between neuropsychiatry and psychodynamic conceptualization. This matter touches more specifically on the difficulty one has in reconciling a) a “localization” model, that is, physiological matter-energy transductions back and forth along pathways between the periphery and target areas in the brain with b) an “associational” model or a parallel structure of psychological translational processes. In his dual capacity as neurologist and psychoanalyst, Paul Schilder (1886-1940) produced a credible synthesis of neuropsychiatry and psychoanalysis through emphasis on fluidic quasi-musical components over models that are predominantly visual in nature.

AB-P5 Implementation and evaluation of establishing therapeutic relationships at Regional Mental Health Care

Kamini Kalia RN MScN, Randi Taylor RN, Sherry Frizzell RN MScN

Objective: To enhance the therapeutic relationships that exist between nurses and clients at Regional Mental Health Care (RMHC) London and St. Thomas 14 recommendations from the Registered Nurses' Association of Ontario (RNAO) Best Practice Guidelines on Establishing Therapeutic Relationships (ETR) were implemented across 6 different units. This project aims to describe the way Fourth Generation Evaluation contributed to the successful implementation of the recommendations.

Method: Fourth Generation Evaluation is a methodology based on two elements: responsive focusing and constructivist methodology. Informal and formal interviews were conducted with stakeholders as a way to elicit viewpoints about relationships. Photographs were taken to capture lived spaces and objects in the unit milieu that evoke human relationships. A total of 11 chart audits were completed pre- and post-implementation of RNAO ETR recommendations on two different units.

Results: Shared and conflicting constructs about relationships emerged from stakeholder interviews, observations, and chart audits. Constructs revealed from this evaluation included identified strengths and barriers from individual stakeholder perspectives, as well as shared perspectives about relationships by nurses and consumers. Initial

constructs discovered through this dialogue will continue to evolve over time as claims, concerns, and issues identified by all stakeholders are resolved.

Conclusion: Fourth Generation Evaluation is a useful methodology to implement the 14 RNAO ETR recommendations as it is action-oriented and gives voice to mental health care consumers who are key contributors to the enhancement of therapeutic relationships.

AB-P6 Assessment of ability of in-patient clinicians to identify concurrent disorders in a tertiary care setting

Greg McCarthy MD FRCPC FC Psych (SA), Alison Jones MSc OT OT Reg (Ont)

Background: A new integrated service model has been adopted by RMHC. This is a multiphase project aimed at enhancing the capacity of inpatient clinicians to manage patients with concurrent disorders.

Objective: To assess the ability of clinicians (primarily nurses) to identify concurrent disorders (CD) in a tertiary care setting.

Method: A protocol for the identification and appropriate referral of individuals with CD was designed by the Concurrent Disorders Program and approved by senior hospital management in October 2009. This protocol requires that all new admissions to 9 RMHC wards be screened for the presence of a CD using the Simple Screening Instrument for Substance Abuse (SSI). In all instances where the SSI score was greater than 3, a CD-Focused Bio-psychosocial Functional Assessment and a Substance Abuse Treatment Scale –Revised (SATS-R) were completed. From mid-November to end December 2009, registered nurses who formerly worked on the inpatient CD unit (henceforth referred to as capacity development nurses) demonstrated implementation of the protocol to their counterparts on the 9 inpatient units. Data for this study was collected from Jan1 – April 30, 2010.

Results: Percentages of the number of completed SSI's and Functional Assessments as a function of the total number of admissions to RMHC are presented. The number of SSI's / Functional Assessments completed by capacity development nurses are compared with the number carried out by ward nurses.

Conclusions: Preliminary data (November 16 – December 29, 2009) show that capacity in the identification of CD in ward nurses has increased. Barriers to implementation of this protocol are discussed.

Expected Outcomes: With creative solutions to overcome barriers to the implementation of this model change, enhanced access to integrated services for individuals with concurrent disorders is expected. Improved identification of people with severe CD will result in better access to scarce specialized rehabilitation resources.

AB-P7 Introducing guided reflection on practice as a way of integrating clinical practice and research; in the context of a pre-existing journal club

Tony O'Regan RN MSc, Iris Gutmanis BSc BSc(PT) MSc PhD, Jennifer Doherty RN MScN CPMHN(C)

Objective: To assist practitioners in a tertiary care geriatric psychiatry program to identify and synthesize research which informs and improves their practice.

Method: 1. A traditional journal club (discussion and critique of the content and research methods of pre-selected, topic-based articles) was evaluated. This prompted the creation of an interdisciplinary collaborative education format ("ICE"). 2. Monthly "ICE" sessions were held at the nursing stations on three geriatric psychiatry in-patient units. Topic-based articles were circulated in advance. 3. An informal evaluation of the "ICE" format was presented as a round-table discussion at an international conference on reflective practice where ideas for improvements were generated. 4. Focus group evaluations took place subsequently on the clinical units.

Results: Feedback from focus groups demonstrated a somewhat mixed reception to "ICE" sessions and identified limited opportunity for further in-depth dialogue. A case-based rather than topic-based focus was identified as the preferred delivery method.

Conclusions: Through flexible, informal evaluative cycles, knowledge-to-practice strategies are able to evolve. A complimentary approach, based upon John's work in engaging reflection in practice (the Burford Nursing Development Unit Model (1991, 1994, 2004) and the Model of Structured Reflection (2000), which was influenced by Carper's Ways of Knowing), is being trialed.

Expected Outcomes: A number of cue questions will be used to guide reflection on case-based critical clinical issues. Guided reflection is envisioned as a way of enabling self-inquiry, drawing upon tacit knowledge, developing research mindedness and ultimately promoting desirable clinical practice.

AB-P8 Combining supported post-secondary education with supported employment for college students who have mental illness: an exploratory study

Abraham Rudnick MD PhD FRCPC, Marnie Wedlake MEd, Wendy Lau, Erica Lundberg BA

Objective: Supported employment is an evidence based practice for people with mental illness, but it has not shown sufficient success in relation to skilled occupations for this population. Such success may possibly be achieved if supported employment is combined with supported education. This exploratory study evaluated the first year of an innovative project combining supported employment with supported college education to achieve gainful employment in skilled occupations for 37 college students with mental illness. The study sought to understand the lived experience of various stakeholders in this project and to generate hypotheses for further research.

Method: A phenomenological evaluation methodology was used. A purposive sample of 6 participating students with mental illness (schizoaffective disorder, bipolar disorder, and major depression) and 5 of their significant others, as well as their counselors from the collaborating agencies, were interviewed over 3 points in time.

Results: Thematic analysis of interview data indicated satisfaction with the program and other promising outcomes.

Conclusions: Combining supported supported education with supported employment for individuals with mental illness is promising. Future research is expected to address possible confounders and long term outcomes, such as success in gainful employment of this population.

AB-P9 Reporting of ethics procedures in peer-reviewed empirical research psychiatric rehabilitation publications in the last decade

Abraham Rudnick MD PhD FRCPC, Martin Rotenberg

Objective: Reporting of research ethics procedures is important to assure adherence to required research ethics standards. Recent reviews have demonstrated under-reporting of such procedures in publications of various health care fields. Such a review has not been published in relation to psychiatric rehabilitation. We aimed to quantify and predict reporting of standard ethics procedures in published psychiatric rehabilitation empirical research.

Method: We reviewed peer-reviewed empirical research articles that were published between 2000 and 2009 (inclusive) in 3 psychiatric rehabilitation journals and psychosocial research articles from Schizophrenia Bulletin. All articles found were reviewed for reporting of voluntary informed consent or waiver, ethics approval, and capacity of participants to consent to research. Demographic and methodological data were collected. Chi square and logistic regression analyses were used to predict the reporting of standard ethics procedures.

Results: We found 751 articles. Nearly half or more did not report voluntary informed consent, ethics approval, or both, and nearly none reported waiver of voluntary informed consent and/or capacity of participants to consent to research. More recent publication, more authors, and publication in Schizophrenia Bulletin predicted more reporting of ethics procedures.

Conclusion: There is considerable (although decreasing) under-reporting of standard ethics procedures in published psychiatric rehabilitation research. This should be further improved and studied.

AB-P10 Psychoendocrinology (thyroid hormone) and early psychosis: Preliminary findings.

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Background: Environmental factors are acknowledged as key determinants of development of schizophrenia. Studies suggest that the altered expression of genes and proteins involved in numerous neurodevelopmental, metabolic, and neurotransmitter pathways can result from inadequate amounts of modulators, transporters and synthesizers.

Objective: This study examines the status of the thyroid hormone in an early psychosis cohort, based on the hypothesis that thyroid levels may explain the complex neurochemistry and psychopathology of psychosis.

Method: This is a cross-sectional pilot study of early psychosis in a naturalistic setting. Patients were selected from an early psychosis program and its admitting unit. Thyroid hormone levels were obtained from the routine database. We examined the correlations with psychopathological parameters using the Positive and Negative Syndrome Scale (PANSS) in a cohort of primary psychosis as per DSM IV criteria. Data was analyzed using SPSS.

Results: In a cohort of 60 patients, 43 showed significant hypothyroid state (mean TSH = 5.2 mU/L). The mean level of TSH did not show any statistically significant correlation with the PANSS total score and the duration of illness (not duration of untreated psychosis). However, the level of TSH did show a positive correlation with the negative symptoms scale ($p < 0.03$).

Conclusions: A significant positive correlation with negative symptoms indicates that hypothyroid state may be a symptom concomitant explaining co-existence of depressive and negative symptoms in some patients at least. This likely has implications for psychiatric management in both the short and long term. Large, controlled studies are required to test this hypothesis. Future research in this area may help to explain the psychoendocrinological complexity in psychosis.

Regional Mental Health Care London and St. Thomas

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Srivastava A. A metro - urban mental health: Mumbai City. Lecture in Official Symposium of the Pan American Chapter of The Royal College of Psychiatrists, UK. APA Annual Meeting, San Francisco, CA, May 16 - 21, 2009.

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Chiu S (PI), **Campbell R**, Cernovsky Z, Copen R, **Campbell R**, **Rybak I**, **Srivastava A**. Ziprasidone switch study of metabolic syndrome and neurocognition. \$181,000 2009-2011 (Investigator-initiated)

Helson L, **Chiu S** (Academic Lead, Co-I). Exploring Curcumin and Curcumin derivatives as putative epigenetic target of Histone Deacetylase (HDAC) inhibition in Parkinson disease. Michael J. Fox Foundation for Parkinsons Disease, 2009-2011 \$81,000

Corring D (PI), **Campbell R**, **Rudnick A**, **Harris R**. Cognitive remediation for inpatients with schizophrenia or schizoaffective disorder using 'smart' technology in a simulated apartment: a feasibility and exploratory study. Department of Psychiatry, Schulich School of Medicine & Dentistry, University of Western Ontario and St. Joseph's Health Care Foundation 2008 - 2010 \$17,000

Forchuk C, Richardson J, (Co - PI), Annett N, Connoy M, **Corring D**, Csiernik R, **Diaz K**, Edwards B, Elkin D, Giustizia S, Ousely S, **Rudnick A**, (Collaborators). Evaluation of CARES: A street level strategy to address homelessness, addictions and mental health. Canadian Institute of Health Research; \$7,500. 2009 - 2010.

O'Reilly R (PI). Mortality associated court appeals to review treatment capacity. Department of Psychiatry, Schulich School of Medicine & Dentistry, University of Western Ontario 2009-2011 \$2,206

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 2009 - \$50,000

Singh SM, **O'Reilly RL** (Co-I), Scherer S. Gene discovery in schizophrenia using copy number variations (CNVs) in high-risk monozygotic (MZ) and dizygotic (DZ) twins. 2009; Canadian Institute of Health Research 2009 \$183,166

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

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

Forchuk C (PI), **Rudnick A** (Co-I) and Lead of Ethics Research,. Youth matters in London: mental health addiction and homelessness, Canadian Institute of Health Research, Funded \$350,000, Mental Health Commission of Canada, 2009-2012 \$150,000

Swenson R, (PI), **Rudnick A**, Pong R, (Co-Is). Survey of mental health services in smaller communities in Northern Ontario. Ontario Psychiatric Outreach Programs Ministry of Health and Long Term Care, Ontario. \$130,000. 2008 - 2009.

Martin R, (PI), **Rudnick A**, Kohn P, (Co-Is). Humor - related interventions for mental health care service users: A feasibility and exploratory study. Consortium for Applied Research and Evaluation in Mental Health; \$14,290. 2008 - 2010.

McEwan R, (PI), **Rudnick A**, (Co-I). Barriers, enablers and related strategies in relation to supported post - secondary education for people with mental health challenges: A pilot (Organizational) case study. Applied Research Innovation & University Partnerships (Fanshawe College, London); \$5,640. 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. Canadian Institutes of Health Research 2008-2010 \$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.

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Sharma V, (Co-I), CANMAT Group. "Mood Stabilizer Plus Antidepressant versus Mood Stabilizer Plus Placebo in the Maintenance Treatment of Bipolar Disorder". Canadian Institutes of Health Research; \$395,030. 2009 - 2013.

Sharma V (PI), Campbell K, Bartha R, Hampson E, **Khan M** (CoI). Heterogeneity of postpartum depression: continuation of a prospective study of nature, prevalence, course and etiology. Ontario Mental Health Foundation \$150,000 (2008-2009)

Grants Industry

Burhan A, (PI), **Oates J**, (Co-I). "A Phase 3, Multicentre, Randomised, Double-Blind, Parallel-Group, Placebo-Controlled, Duloxetine-Referenced, Fixed Dose Study Comparing the Efficacy and Safety of LU A21004 in Acute Treatment of Major Depressive Disorder in Elderly Patients". Lundbeck Canada; \$75,000 2009.

Rudnick A (Co-PI). Humor-related interventions for mental health care service users: a feasibility and exploratory study. Astra Zeneca 2009-2010 \$16,000

Sharma V (PI). Treatment of postpartum depression with duloxetine. Eli Lilly Canada Inc. 2009 \$52,129

Grants Non Peer-reviewed

McEwan R (PI), **Rudnick A** (Co-I) Barriers, enablers and related strategies in relation to supported post-secondary education for people with mental health challenges: a pilot (organizational) case study. ARIPU - Fanshawe College London Ontario, 2009 \$5,640

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Brown S, Lewis K (Co-PIs). Hope for successful implementation of psychosocial/psychiatric rehabilitation in the forensic mental health setting. REB# 16094E R-09-287

Burhan A (PI). A phase 3, multicenter, randomised, double-blind, parallel-group, placebo-controlled, duloxetine-referenced, fixed dose study comparing the efficacy and safety of LUA21004 in acute treatment of major depressive disorder in elderly patients. REB# 15973 R-09-775

Corring D (PI), Campbell R, Rudnick A, Harris R. Cognitive remediation for inpatients with schizophrenia or schizoaffective disorder using 'smart' technology in a simulated apartment: a feasibility and exploratory study. REB#15916 R-09-233

Ferrari J (PI), Jackson S.(student), **Black E**. Ruminative thought processes as a contributing factor to mood disorders. REB# 16742E R-10-033

Sumsion T (PI), McKay E. Exploring mental health service users' experiences of participation and inclusion. REB# 16107E R-09-211

Osuch E (PI). Major depression and marijuana use in youth: Imaging genetics. REB#16412 Pending

Han V (PI). Research careers in Canada data development initiative. REB# 16551E R-09-485

Garcia A (PI). Going green in healthcare foodservices: perceptions of barriers and facilitators to implementing environmentally-friendly practices. REB# 15886E R-09-062

Osuch E (PI). Major depression and marijuana use in youth: Neurofunctional and cognitive interactions. REB#15803 R-09-262

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Rudnick A. (PI). Barriers, enablers and related strategies in relation to supported post-secondary education for people with mental health challenges: a pilot (organizational) case study. REB# 16400E R-09-180

Rudnick A (PI), **Subramanian P**, **Ferrari J**, **Stilson K**. The relation between ego-strength and functioning in outpatients with schizophrenia: a combined feasibility and exploratory study. REB#16262 R-09-354

Rudnick A (PI). Compensatory abilities of individuals with schizophrenia: an exploratory study. REB#16297E

Sharma V (PI), Corpse C. Treatment of postpartum depression with duloxetine. REB#15824 R-09-270

Sharma V (PI), Doucet S. Postpartum psychosis: Support needs of mothers and fathers. REB# 16390E R-09-410

Sharma V (PI). A 16-week randomized controlled trial of the effect of aripiprazole versus standard of care on non-hdl cholesterol among patients with schizophrenia and bipolar I disorder who have pre-existing metabolic syndrome. REB# 15999 R-09-806