

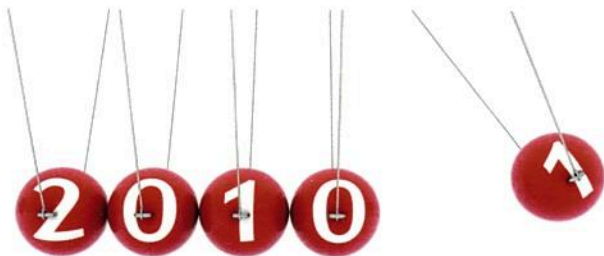
# MIND MATTERS

Department of Psychiatry Newsletter  
Winter 2011

## From the Department Head

*Happy New Year!*

I hope you had some time to enjoy the holiday season. Whether it was taking some time to enjoy the company of others, personal interests or the extraordinary beauty of Alberta (which still impresses me almost every day), I hope everyone had an opportunity for rest and rejuvenation in the past few weeks.



2010 was a busy year in the department. About this time last year, Dr. David Miyauchi assumed his new role as Deputy Head, Dr. Bev Adams assumed her new role as the Program Medical Director (PMD) for inpatients and Dr. Hugh Colohan shifted his PMD role to Claresholm and Addictions. In the autumn, Dr. Bernard Sowa accepted the role of PMD for Outpatients. We appreciate his commitment to the role and are extremely happy to have his expertise in this position. We have also been extremely grateful to Dr. Abdul Rahman who graciously stepped into the position of PMD for Child and Adolescent Psychiatry, as Dr. Chris Wilkes is currently on a sabbatical. Thanks to everyone who made the shifts in administrative roles so seamlessly—and many thanks to Dr. Suparna Madan and Dr. Ken Hashman, for not making any role changes!

In addition to the significant changes within the clinical administrative structure of the department, we had some major changes within our educational and research streams in 2010. Dr. Jordan Cohen just finished his first year as postgraduate residency director, and Dr. Adams assumed a large portion of Dr. Janet de Groot's role in the Deanery (Equity and Teacher-Learner relations) when Dr. de Groot began a maternity leave.

Dr. Steve Simpson guided us all through a transition in the timing of grand rounds. We know that this change has been inconvenient for some; however, attendance has increased following the change to Tuesdays at 1200h. We hope that all members of our clinical and academic teams will be able to plan their schedules to partake in the high quality rounds that Dr. Simpson continues to coordinate. Everyone is welcome.

Through the summer, a number of our GFT faculty moved, along with their research teams, into the TRW building. The new Mental Health Centre for Research and Education now occupies part of the 1st and 4th floors

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# Police & Crisis Team Makes a Difference

Hello to you all. Given some of you may have had contact with our new team and others may in the future, we thought it would be helpful to introduce you all to the Police and Crisis Team (PACT).



The Police and Crisis Team is a partnership between Alberta Health Services (AHS) and the Calgary Police Service (CPS) that began in January 2010 as a three-year pilot project funded by the Safe Communities initiative. PACT pairs an AHS clinician (social worker, registered psychiatric nurse, or registered nurse) and a uniformed CPS officer who, together, provide assertive outreach services to individuals in crisis. The purpose of PACT is to divert individuals who have mental illness/addiction issues from the justice system and hospital emergency rooms, to stabilize them within the community, and to connect them with appropriate services/resources. We hope to serve clients who are either falling through the cracks or using a high amount of resources in the community in the form of EMS, CPS, emergency, courts, etc.

Sometimes, we take on a temporary case-management role; however, our overall goal is to engage, divert, and connect people. Many of our clients are already connected to various outpatient clinics. In these cases, we actively work with the clinics to provide additional support, where needed, to help manage clients' complex needs. We are not an ongoing follow-up clinic.

PACT services target individuals with a history of mental illness and substance use who also have a history of aggression and are at risk for harming themselves or others. Most referrals come from the Distress Centre, CPS, and the

Mobile Response Team. Often, referred patients are suffering from mental illness and are also exhibiting aggressive or violent behavior, making it unsafe for some of our AHS mental health services to engage the patient in the community. Rather than engaging street CPS to apprehend the patient or issue form 10s, our team can often engage the patient, do a mental health assessment and develop a plan with a goal to divert the patient from coming into emergency or remand.

In 2010, our statistics revealed the following data about our clients:

- 78% had either a confirmed or suspected mental illness
- 24% had a mental illness and exhibited behavioral problems, including aggression (19%)
- 57% were diagnosed with schizophrenia or another psychotic disorder
- 20% had substance-related disorders
- 17% suffered from delirium, dementia and/or other amnesic and cognitive disorders
- Substance abuse was a co-morbid diagnosis for 9% of clients
- Personality disorders were documented for 13% of clients and personality-disorder traits for 16%.

Preliminary data shows decreased use of EMS and CPS services, as well as decreasing emergency presentations among our clients.

PACT is based out of the Sheldon M. Chumir Health Centre and responds to clients within the city of Calgary between the hours of 6am to midnight, 7 days per week, and 365 days per year. Professional clinics can contact PACT via the main phone line (403-955-6380), while third-party referrals



and client self-referrals are triaged by the Calgary Distress Centre (403-266-1605). PACT can be contacted by AHS services, CPS dispatch and street level officers, as well as client family members. PACT also works closely with a variety of community agencies.

For further information on PACT, please contact Dr. David Tano at david.tano@albertahealthservices.ca or Cheryl Gardner (manager) at cheryl.gardner@albertahealthservices.ca.

*Submitted by Stefan Makwana, RN, BN (PACT clinician) and Dr David Tano*

## Awards

Congratulations to the following individuals on their recent awards:

### **Dr. Katalin Mayer**

Associate Dean's Letter of Excellence (Silver level) for teaching excellence in Course 4

### **Drs. Elena Petrov and Mitchell Spivak**

Star Educator award (awarded by PGY-1 residents at the Rockyview)

### **Mobile Response Team**

Edward J. Pennington Innovation Award

## PMD Outpatients

It is a pleasure to formally announce that Dr. Bernard Sowa accepted the role of Program Medical Director for the Outpatient Division. Apparently, under the new provincial by-laws, Dr. Sowa will soon be known as the Section Chief for the Outpatient section. Whatever the title, we are happy to have his expertise.

Dr. Sowa received his medical degree in Ghana in 1976. He began residency training in 1980 in Edmonton and received his FRCPC in 1984. In 1985, he spent some time with the World Health Organization Mental Health Division in Geneva. He later returned to Edmonton, where his skills as an educator, as well as clinician, were soon recognized—he received Excellence in Teaching awards in 1992 and subsequent years. He has worked in a variety of clinical settings, and his experiences in both in- and outpatient units have prepared him well for the role of PMD. We were fortunate to have him join us in Calgary in 2008, when he accepted a position on Unit 23. As many of you know, Dr. Sowa accepted the position of clinical medical director on Unit 21 in early 2010.

Dr. Sowa has been recognized for his contributions in various ways. In 1996, he received the Esprit De Corps Award from the University of Alberta Hospital Edmonton. In 2004, he was elected a foundation fellow of the Ghana College of Physicians and Surgeons. He has also been appointed Clinical Professor at both the University of Alberta and the

University of Calgary and has served as a member of the Mental Health Review Panel for Northern Alberta for a decade.

The outpatient division represents a huge component of our work, with over 35,000

people seen annually. The division is diverse geographically and in the range of practices it encompasses. It spans everything from tertiary mental health clinics in urban academic health science centres to small rural clinics in outlying communities. With a new focus in the province on increasing access and reducing wait times, the work of the outpatient division is set to grow in prominence and impact. We're grateful to have Dr. Sowa accept the role of PMD, and we look forward to working with him.



Dr. Bernard Sowa

*Submitted by Glenda MacQueen*



# Educational Initiatives in Addiction & Mental Health

In 2007, the Addiction Centre at the Foothills Medical Centre formalized an Education Initiative Team. The team's purpose is to design educational opportunities in the area of concurrent disorders. A primary objective is to increase clinical understanding of concurrent disorders as a manageable condition and improve health care professionals' capacity in the areas of screening, brief interventions, and referral for treatment. A variety of educational opportunities are currently available (see box).

Future educational initiatives will include an orientation series on concurrent disorders for new staff within the Addiction and Mental Health Calgary Zone; iPhone learning/clinical applications for management of primary care patients with concurrent disorders; an advanced competency simulated learning series; online medical student education/podcasting; and a specialty advanced e-learning series in psychiatry and family medicine.

For more information, contact us at 403-944-3611 or [addiction.education@albertahealthservices.ca](mailto:addiction.education@albertahealthservices.ca)

*N. el-Guebaly, T. Winsor, D. Crockford, A. Lennox*

## Current Educational Opportunities

Online concurrent disorders curriculum series ([http://www.addictioncentre.ca/pro\\_Education\\_Facts.htm](http://www.addictioncentre.ca/pro_Education_Facts.htm))

Interactive concurrent disorders telehealth series (<https://vcscheduler.ca/ahs/>)

4th Annual Addiction Day Conference & Networking Fair ([www.addictionday.ca](http://www.addictionday.ca))

Concurrent disorder podcast series ([www.calgaryaddictionpodcast.com](http://www.calgaryaddictionpodcast.com))

International Certification in Addiction Medicine ([www.isamweb.org](http://www.isamweb.org))

ISAM International Certification Examination in Addiction Medicine ([www.isamweb.org](http://www.isamweb.org))

## Addictions & Claresholm Division



2010 was a busy year for our division with many exciting new opportunities and challenges. It's been a successful year for collaborations. We continue the integration process with the former AADAC program. Claresholm staff members continue to provide consultations at former AADAC sites (Adult Addiction Services clinic, Renfrew detox, etc.), while former AADAC staff provide support for the Addictions Network. In addition, efforts have been made to develop closer ties between the Claresholm Centre for Mental Health and Addictions (CCMHA) and the David Lander Treatment Centre in Claresholm.

Another promising new development is the January roll-out of the Global Appraisal of Individual Needs – Short Screener (GAIN-SS) tool. The GAIN-SS tool is designed

to identify individuals who are likely to have a mental health and/or substance use disorder and who should be referred for further assessment or treatment. This tool will be used at multiple sites and will help our division staff and physicians with patient triage and resource allocation. It will also help raise awareness of psychiatric disorders in patients with addictions.



Evaluation of the tool will be conducted with the help of the Information and Evaluation unit.

Other initiatives we've engaged include reconfiguring patient beds at the CCMHA, with the goal of shortening wait times for admission; offering support to the SAILL (geriatrics addictions) program; and attracting additional medical staff to the division. We look forward to a new year of collaboration and success.

*Submitted by Hugh Colohan*

## Who's New?

Welcome to the following new members of our team.

### Dr. Caroline Morin

Caroline Morin earned a BA in education at the University of Alberta and taught elementary school in British Columbia before attending medical school and then residency in psychiatry at the University of Montreal.



For 10 years, Dr. Morin practiced at the Louis H. Lafontaine Psychiatric Hospital in Montreal. Her professional activities there consisted principally of the provision of consultation-liaison services in outpatient clinical settings, emergency room work, and outpatient follow-up care.

From 2008 through 2010, she also worked at the Operational Trauma Stress and Service Center (OTSSC) in Ottawa, a branch of the Mental Health Department of the Canadian Forces.

Throughout her career, Dr. Morin has collaborated closely with family medicine physicians and has been actively involved in the clinical instruction of clinical clerks and residents in medicine and psychiatry.

At the Sheldon Chumir Family Medicine Teaching Unit, Dr. Morin will be providing clinical evaluations of patients and supervision of UC Family medicine residents as they encounter patients with mental health issues.

**Salimah Muhammad**, secretary to Drs. Nancy Brager, Bernard Sowa and Don Addington

**Tara Roche**, secretary to Drs. Joann McIlwrick and Kathleen Pierson

**Mary-Ann Clements**, secretary to Drs. Jian-Li Wang and Jean Addington

**Holly Underhill**, secretary to Dr. Glenda MacQueen and office manager, FMC Psych Admin

**Cindy Fredricks**, secretary to Drs. David Miyauchi and Janet deGroot



Holly Underhill, Cindy Fredricks, Mary-Ann Clements, Tara Roche, Salimah Muhammad



# Sex, Laws and Winnipeg

## Update from the Geriatrics Division

On Friday, November 26th, 2010, geriatric psychiatrists, residents, geriatricians, psychologists and geriatric mental health clinicians gathered at the Village Park Inn to attend our first Geriatric Legal Day conference. The event began the evening before at the Living Room restaurant with Drs. Benjamin, Paulson, Owens and Kinjo leading the division in a spirited discussion around ethical dilemmas (such as sex on dementia units).

The Geriatric Legal Day Conference was a huge success.



Presentation at Geriatric Legal Day Conference

Highlights included the following:

- An informative session on issues such as negligence, liability, disclosure and tips to avoid legal trouble, with CMPA physician, Dr. Ross Berringer, and lawyer, Karen O'Keefe;
- A brief presentation by the Calgary Police Service on elder abuse;
- A presentation from University of Calgary psychology professor, Dr. Chip Scialfa, on current research on the assessment of driving safety in the elderly;
- An insightful review of the approach to capacity assessment of 'grey zone' patients living 'home alone', with Dr. Arlin Pachet, psychologist with the Regional Capacity Assessment Team; and

- Dr. Ken Hashman's entertaining forensic "bedtime stories" and tips on presenting in court.

Many thanks to all those who helped organize the event, including Dr. Josh Benjamin, Dr. Jenny Mew, Dr. Marlene Smart and Julie Stibbard. Also, we greatly appreciate our generous sponsors, Michele Chovanez (Pfizer), David Fung and Clayton Gilmore (Novartis), David Clement (Janssen-Ortho) and the Department of Psychiatry, University of Calgary. The evaluations from the conference were positive, and we hope to host another event in the future.

In other geriatric news, we are currently exploring options for a geriatric psychiatry fellowship in Calgary (perhaps jointly with the University of Alberta). It is anticipated that the two-year Royal College Fellowship could be completed as part of PGY-V and PGY-VI years (provided funding is available for the PGY-VI year). Also, we welcome our first international fellow, Dr. Muteb Alotaibi, who commenced his geriatric fellowship in November 2010.

I recently visited facilities in Winnipeg (where they have state-of-the-art technology like the Iron Lung). Winnipeg's Seven Oaks Hospital has one of the most efficient (yet busiest) emergency departments in western Canada. Patients arrive, are seen and are discharged or admitted to the hospital (which has similar over-capacity issues as Calgary hospitals) in less than four hours. The emergency physician working at the time of my visit described the use of physician assistants, nurse practitioners, roving cast and suture carts, lack of admissions by internal medicine, discharge lounges, and a very efficient housekeeping and lab service as reasons for their efficient patient flow. Winnipeg also has two well-operated behavioural management dementia units. Unlike the level-8 units at the Bethany Care Centre in Calgary, all patients have private rooms in the comparable units in Winnipeg. We hope to strive toward more efficiency and collaboration, as modelled in the Winnipeg facilities I visited, within our own division.

*Submitted by Suparna Madan*



# Clinical Trials Program

The Psychosis Research Unit has moved to the 1st floor of the Teaching, Research and Wellness (TRW) building and has been renamed the "Mental Health Centre for Research and Education Clinical Trials Program". We are very excited to have a new facility as a home-base for conducting clinical trials for the Department of Psychiatry. Also, we have expanded our research focus to include trials in the area of bipolar disorder, in addition to our ongoing schizophrenia-related trials.

The clinical trials program collaborates with physicians and staff in outpatient psychiatry to give patients options to their current treatment. Patients involved in clinical trial protocols enjoy many treatment benefits including:

- Opportunities to benefit from treatments not otherwise available.
- More frequent monitoring and check-ups than can be offered in psychiatric outpatient clinics.
- A thorough assessment that includes a physical work-up and an overall mental status assessment using the latest assessment tools available (depending on the study protocols). The information abstracted from these assessments is shared with the patients' clinicians for continuity of care and collaboration.

Several physicians are involved with the clinical trials program, including myself (Dr. Bev Adams), Dr. Thomas Raedler, Dr. Henry Chuang and Dr. Rory Sellmer. We invite any other physicians who may be interested in participating in the program to contact us.

Currently, we have two active clinical trials:

1. A One-Year, Phase III, Open-Label, Non-Comparative Trial of the Effect of Ziprasidone HCL on Metabolic Syndrome Risk Factors in Patients with Bipolar Disorder Protocol: A1281190/1013, P.I.: Beverly Adams, MD
2. Re: A One-Year, Phase IV, Open-Label, Non-Comparative Trial Of The Effect Of Ziprasidone HCL On Metabolic Syndrome Risk Factors In Patients With Psychotic Disorders. Protocol: A1281173, P.I.: Beverly Adams, MD

In the New Year, we hope to be approved for two phase-III trials involving a new compound, an inhibitor of the type-I glycine transporter (Gly T1). We will be looking at patients with persistent, predominate negative symptoms of schizophrenia and patients with sub-optimally controlled symptoms of schizophrenia.

We invite you to drop by to see our new facility on the 1st floor of the TRW building or give Geri Anderson RPN, Clinical Trials Coordinator a call (403-210-6903) if you have any questions about our studies or about the program.

*Submitted by Beverly Adams, MD & Geri Anderson, RPN*





# Undergraduate Education Update

No matter where you look in Undergrad, our department is going full-tilt:

- The Med 440 course is wrapping up. Ten students in second block (a department record) are finishing their 40 hours of evidence-based medicine in psychiatry. First block (August to October 2010) had eight students.

For the first time in our history, we were NOT able to find clinical correlation leaders for all 36 groups. As a result, 8 groups will not have the chance for direct patient contact, robbing them of the highest-valued component of the course.

- Requests for Spring 2011 electives for pre-clerkship have been pouring in since the Fall. As of the first week of Course VII, 20 students have requested two-week electives between February 28 and April 10. We anticipate more requests as Course VII unfolds.
- Course VII began on January 3. For the first time in our history, we were NOT able to find clinical correlation leaders for all 36 groups. As a result, 8 groups will not have the chance for direct patient contact, robbing them of the highest-valued component of the course. Realizing that larger resident and clerkship numbers are affecting availability of faculty, it is regrettable that we cannot give all students this window of opportunity. We are also facing challenges in finding leaders for the six sets of small group learning. At a time when the national mental health group is studying us as part of their planning on development of a medical school model on teaching to reduce stigma, this is unfortunate.
- In clerkship, the CaRMS postgraduate training matching process is well underway. The official interview period is January 22 to February 13; our Undergraduate Medical Education department has allotted January 31 to February 13 as time away for all clinical clerks to interview, with additional dates requiring approval from Dr. Stokes. We face many clerkship challenges ahead. Clerk numbers for the class of 2011 are 146; and 158 new students are slated to start in April 2011. It is

vital that we have the support of all of our clinical psychiatrists to help with this training. Our thanks to Dr. Cristin Fitzgerald for teaching a second clerk seminar at the PLC to relieve Dr. Maybaum's load.

- The October 29 Psychiatry Undergraduate Teaching retreat was a success by all definitions—even the weather cooperated! Future changes to the way we provide adult and pediatric experiences in clerkship, a review of Course VII, and a thumbnail sketch of medical student numbers in psychiatry over the past few years, were greatly received.

On behalf of myself, Lauren Zanussi, Phil Stokes and Pauline Burgess, thanks to all of you who have supported undergraduate teaching, and best wishes for 2011.

*Submitted by Nancy Brager*



## Supervisors needed!

We are in desperate need of clerk supervisors. If you are willing to help, please call Pauline Burgess at 944-1271.



# Postgraduate Education Update

Just when you catch your breath from eighteen practice exams and thirty-three fireside chats, up pops CaRMS<sup>1</sup>. This year, applicant numbers by Canadian students to psychiatry were slightly down across Canada from the previous year. We will be conducting three full-days of interviews with potential residents. I am optimistic for another successful interview year. Thanks to the department's executive committee for supporting permanent funding for the CaRMS activities. In previous years, we have been very successful through our interview and recruitment process in attracting the best and brightest candidates in Canada; we hope to continue this trend. Interviews will take place January 20, 27 and February 10 in Psychiatry Administration for seven residency spots to begin in July 2011.

## Conferences

This past summer and fall, fourteen residents attended AACAP, CPA or APA with postgraduate funding. A whopping 20 of the 35 psychiatry residents took advantage of a second pot of funding to further their learning in addiction psychiatry; it didn't hurt that one conference was in the Maritimes in the fall and the other in Boca Raton, Florida in December! We were all able to live vicariously in the land of palm trees for a few brief moments during resident fun rounds on December 14—I hope you were able to attend.

## Psychotherapy Training

The psychotherapy committee is in the midst of altering the sequence of training in the different psychodynamic modalities. Starting this year, all second-year residents will train in psychodynamic for one year (upon completion of their six months of preparatory seminars). As a result, we have both senior and junior residents (18 residents in total) relying on the resources of seven very stalwart faculty. It takes time to "turn the boat around", so thank you to all of our psychotherapy supervisors as we undergo alterations to the master schedule.

## Senior residency news

In December, we completed the remaining certifying long-case exams for our upcoming graduates. Congratulations to Tim Ayas, Diana Czechowsky, Erijka Haalboom, Wanda Lester, Greg Montgomery, Adrian Norbash and Ursula Zanussi for completing hurdle number one. Written exams,

hurdle number two, are slated for April 5 and 6 in Calgary. The final component, PDM exams, will be in Ottawa the week of May 2 to 5. Join me in wishing our future graduates well in these final stages.



Also, congratulations to Drs. Tim Ayas and Ursula Zanussi for successfully completing their residency training on December 31. I am proud to have them as our new colleagues and wish them success in their pending examinations.

## Mentorship

As a result of department budget cuts, we had to suspend sessionals for the mentorship program. However, I am encouraged that this had minimal effect on faculty willingness to keep the program going. As our department grows, it's even more important to mentor junior members, and I am heartened by the faculty members who have come onboard to help with this important component to training. I will advocate to re-establish mentorship funding when the department is on more stable financial ground.

On behalf of the psychiatry residents, the residency training committee and Pauline Burgess, may we all have a healthy and successful New Year.

*Submitted by Jordan Cohen, Residency Training Director*

<sup>1</sup> Canadian Resident Matching Service (CaRMS) provides electronic matching for postgraduate medical education training in Canada



## Researchers in Profile

### Dr. Adel Gabriel



Evidence-based patient education and shared decision making are increasingly recognized as tools to increase empowerment and self-management strategies in individuals with chronic diseases. Over the last few years, Dr. Adel Gabriel, in collaboration with Dr. Claudio Violato, Director of Medical

Education at the University of Calgary, have been making a significant impact in this field. Dr. Gabriel has taken the lead in developing instruments to measure attainment of educational objectives in psychiatry, leading to a long list of important publications (see below). These new measures will support research examining the affects of educational interventions on clinical outcomes.

Recently, Dr. Gabriel received a provincial grant from the Collaborative Research Grants Initiative for an intervention educational project for patients with depression (<http://www.mentalhealthresearch.ca/KeyInitiatives/Research-Grants/Pages/default.aspx>). In the next three years, Dr. Gabriel's research will provide an answer to the important question: Can depression psycho-education impact positively on clinical outcomes?

Dr. Gabriel has simultaneously pursued other research interests, including clinical research projects aimed at examining outcomes in treating partially responsive, and comorbid adult psychiatric disorders with ADHD, mood and anxiety disorders, and schizophrenic disorders.

### Research Highlights

Gabriel A, Violato C. Depression literacy among patients and the public: a literature review. *Primary Psychiatry*. 2010;17(1):55-64.

Gabriel A, Violato C. knowledge of and attitudes towards depression and adherence to treatment: the antidepressant adherence scale (AAS). *Journal of Affective Disorders* 2010. 126: 388 – 394.

Gabriel A, Violato C. The development and psychometric assessment of an instrument to measure attitudes towards depression and its treatments in patients suffering from non-psychotic depression. *Journal of Affective Disorders* 2010. 124; 241–249.

Gabriel A, Violato C. The development of a knowledge test of depression and its treatment for patients suffering from non-psychotic depression: a psychometric assessment. *BMC psychiatry* 2009, 9:56.

Gabriel A. Violato C. The Development of Instrument to Measure Depression Knowledge seeking behavior of patients suffering from depression. 58th Annual Conference, Canadian Psychiatric Association meeting 2008, Vancouver, Canada.

Gabriel A. The mixed amphetamine salt extended release (Adderall XR, MAX – XR) as an adjunctive to SSRIs or SNRIs in the treatment of adult patients with comorbid partially responsive generalized anxiety: an open label study. 2010; *ADHD ATTEN DEF HYP DOSORD*. 2010; 2: 87 – 92.

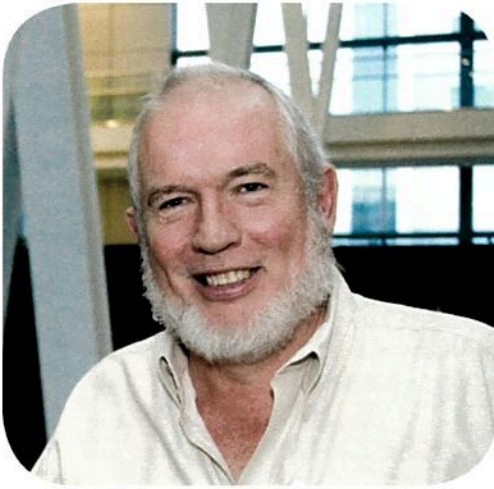
Gabriel A. Quetiapine XR adjunctive treatment in partially responsive generalized anxiety disorder (GAD): an open label study". (conference proceedings, *Journal of affective disorders*, 2010. 122 (suppl1) p2.1.05, and in press for pub in the *La Clinica Therapeutica*, Jan 11)

Gabriel A. gabapentin adjunctive treatment to risperidone or olanzapine in partially responsive schizophrenia: open label pilot study. *Neuropsychiatric disease and treatment* 2010;6 (1) 711 - 717



## Dr. Andrew Bulloch

Andrew Bulloch is English born and was trained in zoology and neuroscience at Cambridge University (BA) and the University College of North Wales (PhD). He later completed a postdoctoral fellowship at the Universities of Washington and Iowa.



Dr. Bulloch came to Calgary in 1982 as part of the second cohort of AHFMR-supported faculty and established a lab in the Neuroscience Research Group. His research in neuronal plasticity was supported by CIHR and NSERC until he terminated his bench research career in 2004. At that point, Dr. Bulloch retrained in psychiatric epidemiology, taking courses in epidemiology and biostatistics through the Department of Community Health Sciences at the University of Calgary.

Recently, Dr. Bulloch has developed a research interest in risk factors for major depression and also in the pharmacoepidemiology of depression and bipolar disorder. He examined non-adherence with psychotropic medications in the general population of Canada and found high degrees

of non-adherence, the principal reason being forgetfulness (Bulloch et al., 2010). In another study, he showed that a bidirectional relationship exists between marital disruption and major depression, that is depression can lead to separation and divorce, but also marital disruption can lead to depression (Bulloch et al., 2009).

Dr. Bulloch's current projects include a PhD candidate's (Sandy Berzins) project, co-supervised by Dr. Scott Patten, aimed at obtaining prospective longitudinal data on the real-time events associated with depression in MS patients. He also has a long-term interest in the history of neuroscience, and more recently, in the history of psychiatry. He is a member of the Hotchkiss Brain Institute and the Calgary Institute for Population and Public Health, and is located in the Mental Health Centre for Research and Education in the TRW building.

### Research Highlights

Bulloch, A.G., Patten, S.B., 2010. Non-adherence with psychotropic medications in the general population. *Soc. Psychiatry Psychiatr Epidemiol.* 45(1), 47-56.

Bulloch, A.G., Williams, J.V., Lavorato, D.H., Patten, S.B., 2009. The relationship between major depression and marital disruption is bidirectional. *Depress. Anxiety.*

### Recently Published

**Dr. Donald Addington** has published a paper which challenges current clinical practice guideline recommendations. The paper, to be published in December or January in the *Journal of Clinical Psychiatry*, is available online ahead of publication. The publication has already attracted attention in the general medical press in the USA. You can read the article online at <http://www.ncbi.nlm.nih.gov/pubmed/20868641>.

*Impact of second-generation antipsychotics and perphenazine on depressive symptoms in a randomized trial of treatment for chronic schizophrenia.*

Addington DE, Mohamed S, Rosenheck RA, Davis SM, Stroup TS, McEvoy JP, Swartz MS, Lieberman JA.

*J Clin Psychiatry.* 2010 Sep 21. [Epub ahead of print] PMID: 20868641 [PubMed - as supplied by publisher] Related citations



*Continued from page 1*

of the TRW building. It is newly built and quite spiffy—drop by for a look, someone will surely be happy to show you around. There is space available for members of our department who may need a drop-down spot on the Foothills campus for academic endeavors or between academic meetings.

Special thanks to the FMC admin support staff members who held us together in the admin area through a long summer, while the position of department head secretary was vacant. It turned out, however, that new incumbent, Holly Underhill, was more than worth the wait! Holly has stepped into her new role with ease. Her previous experiences made her familiar with just about all aspects of the role.

In addition to the many positive changes in the department through 2010, we all continue to feel the effects of the changes to Alberta Health Services, many of which occurred in the last six weeks of 2010. Locally, Dr. Peter Jamieson has filled the position of Zone Medical Director, as Dr. Francois Belanger has assumed a provincial role. Many of us know Dr. Jamieson as the highly affable site leader of the Foothills Medical Centre. We wish him well in his new role—as we do for the other physician leaders who stepped in when unexpectedly called upon: Dr. Eagle, Dr. Megran and Dr. Belanger. Major changes in the senior administration came in the midst of a very public provincial-wide focus on emergency wait times and over-capacity strategies. Many people, from senior administrators to front-line clinicians, did double duty in carrying the system through another time of uncertainty.

I am sure that 2011 will continue to bring changes, but I hope that the collegiality, kindness and commitment of our department members are the things that remain unchanged over the next year.

*Submitted by Glenda MacQueen*

Mind Matters is distributed quarterly to all psychiatry medical staff and faculty, psychiatry residents, Program Directors and Program Medical Directors, Alberta Health Services Executives, and psychiatry support staff.

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Available online at:  
[www.calgaryhealthregion.ca/clin/psych/index.html](http://www.calgaryhealthregion.ca/clin/psych/index.html)

## Events

### HBI Speaker Series

#### **Is Long-Term Depression of Synaptic Activity Related To Psychiatric Disorders?**

**Dr. Anthony Phillips**

Scientific director of the CIHR Institute of Neurosciences, Mental Health and Addiction, professor in the Department of Psychiatry and senior investigator with the University of British Columbia/Vancouver Coastal Health Brain Research Centre

Fri. March 11, 2011 12-1 pm

#### **Monoamine Dysregulation in High Risk States for Major Depressive Disorder**

**Dr. Jeffrey Meyer**

Canada Research Chair in the neurochemistry of major depressive disorder, associate professor at the University of Toronto and head of neurochemical imaging in mood disorders at the Toronto PET Centre

Fri. April 8, 2011 12-1 pm

#### **New Treatments for Depression: Keeping Neurons Alive, Healthy, and Connected**

**Dr. Ron Duman**

Professor of Psychiatry and Pharmacology and director of the Abraham Ribicoff Research Facilities

Fri. June 24, 2011 12-1 pm

*Locations for the above seminars to be announced*

### **Sebastian Littmann Research Day**

#### **Keynote presentation: Opening Pandora's Box. What Psychiatric Diagnosis Can and Cannot Do**

**Dr. Allen Frances**

Professor Emeritus of Psychiatry at Duke University School of Medicine, Durham, NC

Fri. February 25, 2011 at 12:30 pm  
Dr. Clara Christie Theatre, Health Science Centre