



PC01 - Sleep Disorders for Psychiatrists: An Update

Le mercredi 11 septembre

13:00 - 17:00 (4 hrs)

Raed Hawa*, MD, FRCPC, DABPN; Elliott Lee, MD, FRCPC; Malgorzata Rajda MD, FRCPC, ABSM; Atul Khullar, MD, MSc, FRCPC; Colin Shapiro, MD, PhD, FRCPC

Rôles CanMEDS :

1. Expert médical
2. Promoteur de la santé
3. Collaborateur

À la conclusion de cette activité, les participants seront en mesure de : 1) Identify sleep disorders that might be encountered in psychiatric practice; 2) Describe the reciprocal relationship between sleep disorders and mental disorders, with particular focus on the context of mood, cognitive and substance use disorders; and 3) Discuss how common sleep disorders are investigated and treated.

Sleep and psychiatric illness have a bidirectional relationship. While psychiatric illness often contributes to sleep difficulties, sleep disorders can also contribute to mental health disorders. Unfortunately, despite representing the second largest section of DSM-5 after substance use disorders, sleep disorders are frequently underrecognized in patients with mental health issues. This represents a significant untapped avenue for therapeutic intervention for psychiatrists. Psychiatrists may be the first professional to ask a patient about their sleep and so it is essential for them to recognise sleep disorders. By identifying and treating their patients' sleep disorders, psychiatrists have the opportunity to dramatically improve their patients' quality of life and mental health. Through interactive clinical cases and mini didactic presentations, Drs Lee, Rajda, Khullar, Shapiro and Hawa will discuss the following topics with a focus on the interaction between psychiatric disorders and sleep disorders:

- sleep-related breathing disorders;
- hypersomnolence disorders;
- sleep-related movement disorders;
- circadian rhythm sleep–wake disorders; and
- insomnia disorder.



COURS PRÉ-CONGRÈS

PC02 - Good Psychiatric Management for Borderline Personality Disorder

Le mercredi 11 septembre

13:00 - 20:00 (7 hrs avec pause d'une heure)

Deanna Mercer*, MD, FRCPC; Paul Links, MD, FRCPC; James Ross, MD, FRCPC; Heidi King, MD, FRCPC; Phillippe Boursiquot, MD, FRCPC; Roselyn Wilson, MD, FRCPC

Rôles CanMEDS :

1. Expert médical
2. Érudit
3. Collaborateur

À la conclusion de cette activité, les participants seront en mesure de : 1) Explain the diagnosis of borderline personality disorder (BPD) to patients and families and establish reasonable expectations for change (psychoeducation); 2) Describe six overall principles for treating people with BPD; and 3) Describe markers for effective and ineffective treatment.

This two-part course will offer training in Good Psychiatric Management (GPM), a treatment that has been demonstrated in a large randomized controlled trial to have similar effectiveness to dialectical behavioural therapy (DBT) in treating patients with borderline personality disorder (BPD). The workshop will teach psychiatrists and other primary care clinicians what they need to know to become competent providers who can derive satisfaction from treating these patients. GPM was developed from the research and clinical wisdom of the McLean Institute at Harvard University and will be presented by clinicians who have been trained by the developer of GPM, Dr. John Gunderson.

The course is divided into seven sections. Each section will have associated question-and-answer periods to test learning and highlight take-home messages. Video clips will be used to illustrate selected issues. In addition, clinical vignettes interrupted by discussion points will be presented and used for interactive learning. In Part 1, we will: 1) review how to explain the diagnosis of BPD to patients and families and establish reasonable expectations for change; 2) describe 6 overall principles for treatment; and 3) describe clinical markers of effective treatment and make suggestions on how to talk with patients when treatment is not working. In Part 2, we will describe how to: 1) manage the problem of recurrent suicidality, while limiting personal burden and liability; 2) prescribe medications based on current evidence and guidelines, while paying attention to associated process issues; and 3) know when to prioritize BPD's treatment and when to defer until a comorbid disorder is resolved. Recommended reading before the course (not essential but helpful): Handbook of Good Psychiatric Management for Borderline Personality Disorder, by John Gunderson and Paul Links. This is a basic how-to text for residents and all non-specialist psychiatrists.