Welcome

Dear Colleagues,

The Program Committee and I welcome you to the 2017 Annual Meeting of the American Association for Geriatric Psychiatry. The theme of this year’s meeting is “Integrated Geriatric Mental Health Care Through Innovation.” We have several symposia that examine this topic from a variety of perspectives around the basic and applied science and practice of promoting and sustaining brain health during the aging process, including presentations that discuss how physical and mental exercise alters the aging process, cognitive training, mindfulness training, as well as ways to integrate and train mental health professionals to be able to implement these research and clinical strategies in their practice.

My goal with this theme is to encourage us to continue to expand our role beyond the treatment of pathology to include the promotion of positive strategies for healthy brain aging. We can and should be the experts in this effort. Many members are doing exciting work in these areas and we hope to highlight this at our annual meeting.

While there are many exciting symposia scheduled, I want to highlight sessions that may be of particular interest and introduce new ideas. For example we have several symposia focusing on new technologies in geriatric psychiatry including telemedicine, smart phones, and wearable devices for engaging clinical and behavioral change.

We invite everyone to come together for three plenary sessions. On Friday, come hear from the incoming AAGP president, Iqbal “Ike” Ahmed, MD, at the Opening Plenary and, immediately afterwards, join your colleagues at the Opening Reception. On Saturday, the plenary will feature a presentation “Dementia, Ethics and Health Policy” from Tia Powell, MD. On Sunday, Jürgen Unützer will lead a presentation on “Collaborative Care: Opportunities for Psychiatrists Caring for Depressed Older Adults.” Immediately following Dr. Unützer’s plenary staff from the American Psychiatric Association will be leading an afternoon workshop on “Applying the Integrated Care Approach: Skills for the Consulting Psychiatrist.”

Again this year, we are offering oral paper presentations. We are highlighting exciting work being performed by new investigators and young scholars, giving them the opportunity to present short oral presentations, thematically organized. I hope you will find the sessions of interest and make a point to attend on Monday.

The poster sessions, in the Exhibit Hall on Saturday and Sunday, are a great way to learn about the latest research in our field. Everyone is invited to join Poster Rounds on Friday from 4:30-5:30 PM, during which our most senior researchers meet and discuss the posters in a small group format. And don’t forget to sign-up for one of Sunday’s Discussion Roundtables, where participants gather in small groups with an expert facilitator to discuss topics important to them.

And finally — and most importantly — all attendees are invited to become more involved in the Association. Becoming more involved is easy — just attend one of the many committee, interest groups, or caucus meetings to learn about AAGP’s activities and to take a part in shaping the organization’s future and in planning next year’s annual meeting.

Thank you for being an important part of this exciting conference. Enjoy the Annual Meeting!

Raj Tampi, MD, MS, DFAPA
AAGP 2017 Annual Meeting Program Chair

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Program Committee

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2016 Program Chair

Ellen M. Whyte, MD  
2015 Program Chair

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Neuroscience Teaching Day:  
Paul Newhouse, MD

Training Directors:  
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Scholars Program:  
Michelle Conroy, MD

Posters Review:  
Prasad Padala, MD

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Julie Wetherell, PhD

Developing Your Educator Career:  
Dennis Popeo, MD

K Program:  
Warren Taylor, MD  
Faith Gunning, PhD

Online Evaluations and CME/CE Statements

AAGP’s session and overall meeting evaluations and CME/CE credit statements have gone online! To submit your evaluations and attendance information for CME/CE statements, please use the link at www.aagponline.org/eval or go to www.AAGPmeeting.org and use the CME tab.

The American Association for Geriatric Psychiatry (AAGP) is a national association serving its members and the field of geriatric psychiatry and late-life mental health. It is dedicated to promoting the mental health and well-being of older people and improving the care of those with late-life mental disorders. Physicians make up 78 percent of the approximately 1,000 conference attendees along with advanced practice nurses, psychologists, and pharmacists.

AAGP is managed by Degnon Associates.
Important Safety Information for NUPLAZID (pimavanserin) 17-mg Tablets

**WARNING: INCREASED MORTALITY IN ELDERLY PATIENTS WITH DEMENTIA-RELATED PSYCHOSIS**

Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. NUPLAZID is not approved for the treatment of patients with dementia-related psychosis unrelated to the hallucinations and delusions associated with Parkinson's disease psychosis.

**QT Interval Prolongation:** NUPLAZID prolongs the QT interval. The use of NUPLAZID should be avoided in patients with known QT prolongation or in combination with other drugs known to prolong QT interval including Class 1A antiarrhythmics or Class 3 antiarrhythmics, certain antipsychotic medications, and certain antibiotics. NUPLAZID should also be avoided in patients with a history of cardiac arrhythmias, as well as other circumstances that may increase the risk of the occurrence of torsade de pointes and/or sudden death, including symptomatic bradycardia, hypokalemia or hypomagnesemia, and presence of congenital prolongation of the QT interval.

**Adverse Reactions:** The most common adverse reactions (≥2% for NUPLAZID and greater than placebo) were peripheral edema (7% vs 2%), nausea (7% vs 4%), confusion (6% vs 3%), hallucination (5% vs 3%), constipation (4% vs 3%), and gait disturbance (2% vs <1%).

**Drug Interactions:** Strong CYP3A4 inhibitors (e.g., ketoconazole) increase NUPLAZID concentrations. Reduce the NUPLAZID dose by one-half. Strong CYP3A4 inducers may reduce NUPLAZID exposure, monitor for reduced efficacy. Increase in NUPLAZID dosage may be needed.

**Renal Impairment:** No dosage adjustment for NUPLAZID is needed in patients with mild to moderate renal impairment. Use of NUPLAZID is not recommended in patients with severe renal impairment.

**Hepatic Impairment:** Use of NUPLAZID is not recommended in patients with hepatic impairment. NUPLAZID has not been evaluated in this patient population.

**Pregnancy:** Use of NUPLAZID in pregnant women has not been evaluated and should therefore be used in pregnancy only if the potential benefit justifies the potential risk to the mother and fetus.

**Pediatric Use:** Safety and efficacy have not been established in pediatric patients.

**Dosage and Administration**

Recommended dose: 34 mg per day, taken orally as two 17-mg tablets once daily, without titration.

**Indication**

NUPLAZID is an atypical antipsychotic indicated for the treatment of hallucinations and delusions associated with Parkinson’s disease psychosis.

For full Prescribing Information, please visit us at Booth #305 or visit www.NUPLAZIDhcp.com.

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NUPLAZID™ (pimavanserin) tablets, for oral use.

Rx only

Brief Summary: This information is not comprehensive. Visit www.NUPLAZID.com to obtain the FDA-approved product labeling or call 1-844-422-2342.

WARNING: INCREASED MORTALITY IN ELDERLY PATIENTS WITH DEMENTIA-RELATED PSYCHOSIS

Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. NUPLAZID is not approved for the treatment of patients with dementia-related psychosis unrelated to the hallucinations and delusions associated with Parkinson's disease psychosis.

1 INDICATIONS AND USAGE

NUPLAZID™ is an atypical antipsychotic indicated for the treatment of hallucinations and delusions associated with Parkinson's disease psychosis.

2 DOSAGE AND ADMINISTRATION

The recommended dose of NUPLAZID is 34 mg, taken orally as two 17-mg strength tablets once daily, without titration.

- Coadministration with Strong CYP3A4 Inhibitors
  The recommended dose of NUPLAZID when coadministered with strong CYP3A4 inhibitors (e.g., ketoconazole) is 17 mg, taken orally as one tablet once daily.

- Coadministration with Strong CYP3A4 Inducers
  Monitor patients for reduced efficacy if NUPLAZID is used concomitantly with strong CYP3A4 inducers; an increase in NUPLAZID dosage may be needed.

3 CONTRAINDICATIONS

None.

5 WARNINGS AND PRECAUTIONS

Increased Mortality in Elderly Patients with Dementia-Related Psychosis

Antipsychotic drugs increase the all-cause risk of death in elderly patients with dementia-related psychosis. Analyses of 17 dementia-related psychosis placebo-controlled trials (modular duration of 10 weeks and largely in patients taking atypical antipsychotic drugs) revealed a risk of death in the drug-treated patients of between 1.6– to 1.7-times that in placebo-treated patients. Over the course of a typical 10-week controlled trial, the rate of death in drug-treated patients was about 1.5% compared to a rate of about 2.6% in placebo-treated patients. Although the causes of death were varied, most of the deaths appeared to be either cardiovascular (e.g., heart failure, sudden death) or infectious (e.g., pneumonia) in nature. NUPLAZID is not approved for the treatment of patients with dementia-related psychosis unrelated to the hallucinations and delusions associated with Parkinson’s disease psychosis.

QT Interval Prolongation

NUPLAZID prolongs the QT interval. The use of NUPLAZID should be avoided in patients with known QT prolongation or in combination with other drugs known to prolong QT interval including Class 1A antiarrhythmics (e.g., quinidine, procainamide) or Class 3 antiarrhythmics (e.g., amiodarone, sotalol), certain antipsychotic medications (e.g., ziprasidone, chlorpromazine, thioridazine), and certain antibacterials (e.g., gatifloxacin, moxifloxacin). NUPLAZID should also be avoided in patients with a history of cardiac arrhythmias, as well as other circumstances that may increase the risk of the occurrence of torsade de points and/or sudden death, including symptomatic bradycardia, hypokalemia or hypomagnesemia, and the presence of congenital prolongation of the QT interval.

6 ADVERSE REACTIONS

The following serious adverse reactions are discussed elsewhere in the labeling:

- Increased Mortality in Elderly Patients with Dementia-Related Psychosis
- QT Interval Prolongation

Clinical Trial Experience

The clinical trial database for NUPLAZID consists of over 1200 subjects and patients exposed to one or more doses of NUPLAZID. Adverse reactions that occurred in 6-week, placebo-controlled studies and that were reported at an incidence of ≥2% and >placebo are presented in the following table.

<table>
<thead>
<tr>
<th>Adverse Reactions (%)</th>
<th>NUPLAZID 34 mg</th>
<th>Placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td>N = 202</td>
<td>N = 231</td>
<td></td>
</tr>
<tr>
<td>Nausea</td>
<td>7%</td>
<td>4%</td>
</tr>
<tr>
<td>Peripheral edema</td>
<td>7%</td>
<td>2%</td>
</tr>
<tr>
<td>Confusional state</td>
<td>6%</td>
<td>3%</td>
</tr>
<tr>
<td>Hallucination</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>Constipation</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Gait disturbance</td>
<td>2%</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

A hallucination includes visual, auditory, tactile, and somatic hallucinations.

7 DRUG INTERACTIONS

QT Interval Prolongation

Concomitant use of drugs that prolong the QT interval may add to the QT effects of NUPLAZID and increase the risk of cardiac arrhythmia. Avoid the use of NUPLAZID in combination with other drugs known to prolong QT interval.

Strong CYP3A4 Inhibitors

If NUPLAZID is used with a strong CYP3A4 inhibitor, reduce the dosage of NUPLAZID.

Strong CYP3A4 Inducers

Concomitant use of strong CYP3A4 inducers may increase risk of life-threatening drug interactions.

8 USE IN SPECIFIC POPULATIONS

Pregnancy: There are no data on NUPLAZID use in pregnant women that would allow assessment of the drug-associated risk of major congenital malformations or miscarriage. In animal reproduction studies, no adverse developmental effects were seen when pimavanserin was administered orally to rats or rabbits during the period of organogenesis at doses up to 10- to 12-times the maximum recommended human dose (MRHD) of 34 mg/day, respectively. Administration of pimavanserin to pregnant rats during pregnancy and lactation resulted in maternal toxicity and lower pup survival and body weight at doses which are 2- to three times the MRHD of 34 mg/day.

Lactation: There is no information regarding the presence of pimavanserin in human milk, the effects on the breastfed infant, or the effects on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for NUPLAZID and any potential adverse effects on the breastfed infant from NUPLAZID or from the underlying maternal condition.

9 DRUG ABUSE AND DEPENDENCE

Controlled Substance

NUPLAZID is not a controlled substance.

Abuse

NUPLAZID has not been systematically studied in humans for its potential for abuse, tolerance, or physical dependence. While short-term, placebo-controlled and long-term, open-label clinical trials did not reveal increases in drug-seeking behavior, the limited experience from the clinical trials do not predict the extent to which a CNS-active drug will be misused, diverted, and/or abused once marketed.

10 OVERDOSAGE

Human Experience

The pre-marketing clinical trials involving NUPLAZID involved approximately 1200 subjects and patients and do not provide information regarding symptoms with overdose. In healthy subject studies, dose limiting nausea and vomiting were observed.

Management of Overdose

There are no known specific antidotes for NUPLAZID. In managing overdose, cardiovascular monitoring should commence immediately and should include continuous ECG monitoring to detect possible arrhythmias. If antarrhythmic therapy is administered, disopyramide, procainamide, and quinidine should not be used, as they have the potential for QT-prolonging effects that might be additive to those of NUPLAZID. Consider the long plasma half-life of pimavanserin (about 37 hours) and the possibility of multiple drug involvement.

17 PATIENT COUNSELING INFORMATION

Concomitant Medication

Advise patients to inform their healthcare providers if there are any changes to their current prescription or over-the-counter medications, since there is a potential for drug interactions.

CAUTION: Federal law prohibits dispensing without prescription. NUPLAZID™ is a trademark of ACADIA Pharmaceuticals Inc.

Distributed by: ACADIA Pharmaceuticals Inc. San Diego, CA 92130
General Information and Policies

POLICIES

Admissions
Your name badge is your admission ticket to all Annual Meeting events, including entrance to the Exhibit Hall. Please wear your name badge each day.

- Your name badge is your admission ticket to all Annual Meeting events, including entrance to the Exhibit Hall. Please wear your name badge each day.
- A spouse/partner registration name badge allows entrance into the non-ISS educational sessions, the plenary sessions, the Opening Reception, the Exhibit Hall, and the poster sessions. Other guests are required to present tickets for these events.
- The Review Course, Neuroscience Teaching Day, and Training Director’s program on Thursday are separately ticketed events for all attendees and guests.
- The GMHF Donor Reception is a ticketed event for attendees at certain donation levels.
- Special admission policy for Product Theaters: All may attend including non-registered family members. See Registration Desk for a pass.

Badges
Name badges include a unique barcode. Exhibitors can use their lead retrieval scanners to easily capture your contact information with a fast and simple scan of your name badge.

CME/CE Credit
Continuing education credits are offered for physicians, nurses, psychologists, and social workers. CME credits can only be obtained by completing the online Annual Meeting Evaluations.

Physician Payment Sunshine Act
The following are pharmaceutical company-sponsored events and are reportable to the Centers for Medicare and Medicaid Services (CMS) by those companies under the provisions of the Physician Payment Sunshine Act. Product Theater: Treating Hallucinations and Delusions Associated with Parkinson’s Disease Psychosis sponsored by ACADIA Pharmaceuticals Inc. Product Theater: Agitation in Alzheimer’s Dementia: Promising Novel Treatment Targets sponsored by Avanir Pharmaceuticals. Industry-Supported Symposium: Alzheimer’s Disease 2017: Early Diagnosis and Multifactorial Management Towards a New Therapeutic Window and a Disease Modifying Approach, supported by an educational grant from Lilly USA, LLC. Industry-Supported Symposium: Case Discussions in Improving the Diagnosis and Treatment of Patients with Parkinson’s Disease Psychosis, sponsored by ACADIA Pharmaceuticals, Inc.

Session Recording/Photography Restrictions
Photographic, video, film, electronic and/or tape recording of the AAGP Annual Meeting sessions and events is strictly prohibited unless approved by AAGP prior to the meeting.

WHERE CAN I FIND?
All Annual Meeting events are being held at The Hilton Anatole Hotel. Please note the location of the individual events on the Schedule of Events.

Charging Stations: AAGP Registration Area
Committees/Caucuses: Atrium II Mezzanine Rooms
Cyber Café and WiFi Lounge: AAGP Registration Area
Exhibit Hall: Grand Ballroom
Interest Groups: Atrium II Mezzanine Rooms
Poster Sessions: Grand Ballroom
Product Theaters: Lalique
Registration: Between Grand Ballroom & Chatilly Ballroom Foyers
Session Recordings Sales: AAGP Registration Area
Sessions: Tower Mezzanine Rooms

SERVICES

AAGP Membership / Geriatric Mental Health Foundation
Book Store
Don’t forget to stop by the AAGP Membership, Geriatric Mental Health Foundation, and Book Store located at Registration between the Grand Ballroom and Chatilly Ballroom Foyers. Here you can:

- Order books and other educational materials on geriatric psychiatry
- Pick up the most recent issue of the American Journal of Geriatric Psychiatry
- Gather complimentary consumer brochures on many issues impacting late-life mental health published by the Geriatric Mental Health Foundation
- Donate to the GMHF
- Become an AAGP member
- Learn more about the AAGP and GMHF

Cyber Café and WiFi Lounge
The Cyber Café and WiFi Lounge are located in AAGP Registration Area and includes a charging station. Take a break to check email and browse the web.

Seating
Seating at all sessions and events is on a first-come, first-served basis. Please arrive early to guarantee your seat at all presentations.

Smoking
All sessions and events are smoke-free.
General Information and Policies

Charging Stations
Charging kiosks are available at the following location during the entire meeting:
- Cyber Café and WiFi Lounge, AAGP Registration Area

Charge the batteries of your cell phones, laptops, tablets and iPods. Each charging kiosk can charge multiple devices simultaneously.

Meeting Handouts
Handouts for meeting sessions are available for download. Handouts are available as provided by session faculty. Download handouts from the AAGP Live Learning Center (http://softconference.com/aagp/). Handouts are only available to registered attendees. Use the username and password that was emailed to you, or ask at the Registration desk for assistance. Once on the AAGP Live Learning Center site, you can download handouts.

Message Center/Career Opportunity Listings
There are bulletin boards near the Registration desk in the Terrace Level Foyer where you may leave and retrieve messages and job postings. AAGP staff members are not permitted to take personal messages for presenters, exhibitors, or attendees; please be sure to check with the hotel operator for any messages left at your guest room.

Photos
Photos will be taken during the AAGP Annual Meeting by the association’s official photographer, the International Center for Documentary Arts.

Posters
Research posters will be displayed in Columbia Hall on Friday and Saturday. If you have any questions regarding posters, please go to the AAGP Registration area for assistance.

Saturday, March 25: Early Investigator Posters
Poster Rounds 4:30 pm–5:30 pm
Standard Poster Session with Authors Present 5:30 pm–6:30 pm

Sunday, March 26: New Research and Late Breaking Posters
Poster Session with Authors Present 4:45 pm–6:45 pm

Press
Complimentary press registration to the AAGP Annual Meeting is limited to working journalists of the general and mental health/medical/aging press. Press registration will not be extended to management, publishing, marketing, advertising, public relations, or administrative staff, or to organizations that primarily produce continuing medical education (CME) audio/ audiovisual, electronic, or print resources. Press credentials are required, and no more than four press badges will be given to one publishing organization. Those who have not pre-registered may register on site and must provide documentation of their status as a journalist in the form of a business card, publication masthead listing their name, statement of credentials on letterhead, etc. AAGP reserves the right to deny press badges to non-credentialed press. Those registered as press must wear their meeting press badge (green ribbon) during the meeting. For any questions, please contact Victoria Cooper in Registration.

Product Theaters
Product Theaters featuring in-depth presentations will be offered in Gunston accessible from the Exhibit Hall (Lalique). This is an opportunity to ask questions, discuss future products and initiatives, and relate experiences in a group setting. Admission is open to all. Inquire at the Registration Desk. Refreshments served.

Session Recordings
For more information and to purchase recordings, visit Registration and see the session list in your conference bag. Fifty hours of educational sessions are being recorded and will be accessible to you 24/7 via the Internet in Streaming Media Format or for download — even to your MP3 player. The sessions will contain the audio fully synchronized to the PowerPoint presentations to provide you with a true multimedia recreation of the event. User notes, online handouts, and the MP3 files for download are just some of the additional features. You will also be able to earn up to 47 hours of CME credit from the comfort of your computer, with online CME tests so you can quickly and easily earn your CME credits and print certificates to document your credits earned. Recordings will be available in April.

Special Services
AAGP wishes to take any steps required to ensure that no individual with a disability is excluded or denied services, segregated, or otherwise treated differently due to the absence of auxiliary aids and services identified in the Americans with Disabilities Act. If any such services are necessary in order to participate in the AAGP 2017 Annual Meeting, please communicate your needs to the AAGP staff at the Registration Desk.

QUESTIONS, PROBLEMS, SUGGESTIONS?
Please feel free to approach an AAGP staff member (identified by the red ribbon on the meeting badge) if there is any way in which we may assist you.
Acknowledgements

AAGP wishes to thank the following companies for their support of the 2017 AAGP Annual Meeting:

**ACADIA Pharmaceuticals, Inc.**
Industry Supported Symposium
Product Theater

**Avanir Pharmaceuticals, Inc.**
Industry Supported Symposia
Product Theater

**Geriatric Mental Health Foundation**
Scholars Program
Saturday Plenary
Sunday Plenary

**Lilly USA, LLC**
Industry Supported Symposium

AAGP thanks the following for their participation in and support of the 2017 Annual Meeting:

CMI Communications
Crowd Compass
Degnon Associates
Exambuilder
Express Evaluations
Gary Morse
Hilton Anatole Hotel
International Center for Documentary Arts
J&J Exhibitor Services
Master Print, Inc.
Metropolitan Management
MultiView
Online-Reg.com
Planning Powers, LLC
Urban Jungle

The American Association for Geriatric Psychiatry and the Geriatric Mental Health Foundation

Recognize and Thank

**ACADIA Pharmaceuticals, Inc.**
**Avanir Pharmaceuticals, Inc.**
**Lilly USA, LLC**

**Otsuka America Pharmaceutical, Inc.**
**Takeda Pharmaceuticals, USA, Inc.**
Lundbeck

For Their Membership in the 2017 AAGP/GMHF Corporate Advisory Council
Program Objectives

The AAGP 2017 Annual Meeting program objectives are developed from the annual needs assessment analysis conducted by AAGP’s CME Committee and Annual Meeting Program Committee each year. This needs assessment utilizes various data sources including a search of current literature to identify gaps in professional practice knowledge for geriatric psychiatrists, past evaluations, web-based survey instruments, and consultation with experts. CME programming is structured around the identified objectives.

In 2017, the Annual Meeting will highlight the evolving science and practice of healthy aging by having presentations and discussion around the basic and applied science and practice of geriatric psychiatry, integrated mental healthcare and innovation. Topics will include understanding how physical and mental exercise alters the aging process, cognitive training, mindfulness training as well as ways to integrate and train mental health professionals to be able to implement these research and clinical strategies in their practice.

Overall Program Objectives for the 2017 Annual Meeting

- Classify the major mental disorders of late life and contrast the presentation of the major mental disorders of late life with presentation among other patient populations
- Name the chief risk factors associated with each of the major mental disorders of late life and factors associated with optimal mental functioning
- Assess clinical pharmacotherapy and psychosocial treatments for late-life mental illness including depression, dementia, schizophrenia, delirium, bipolar disorder, Parkinson’s disease, generalized anxiety disorder, substance abuse, and sleep disorders, and apply best practices to individual treatment plans to impact quality of life
- Describe three age-related changes in pharmacologic response and how those changes make elders vulnerable to adverse outcomes
- Identify behavioral interventions for managing agitation and other dementia-related behavioral issues and cite three evidence-based applications that can be utilized in complex cases
- Describe one complementary treatment approach that can be utilized in a psychosocial intervention
- Identify an ethical issue such as advance directives and end-of-life care and a best practice approach to resolving that issue
- Distinguish the delivery of culturally appropriate care to specific diverse populations in geriatric psychiatry practice by identifying the unique psychosocial needs of various groups of the elderly population
- Describe the concepts of successful aging and quality of life as related to life transitions and mental status
- Identify key issues in aging and mental health policy and how the Affordable Care Act has impacted mental health and geriatrics
- Apply the latest research methodologies and findings to clinical cases in geriatric psychiatry
- Understand potential mechanisms by which exercise and caloric restriction could influence the brain and neurodegenerative and vascular changes resulting in healthy brain aging
- Learn how mindfulness-based stress reduction may improve cognition in late-life anxiety and depressive disorders
- Evaluate risks and benefits of electroconvulsive therapy (ECT) in patients with Alzheimer’s Disease and Parkinson’s Disease
Product Theaters

Lalique (Atrium II Mezzanine Level)

Saturday, March 25

🌟 4:30 pm – 5:15 pm
ACADIA Pharmaceuticals Inc. Product Theater
Treating Hallucinations and Delusions Associated with Parkinson’s Disease Psychosis
George T. Grossberg, MD

Saturday, March 25

🌟 5:30 pm – 6:15 pm
Avanir Pharmaceuticals, Inc. Product Theater
Agitation in Alzheimer’s Dementia: Promising Novel Treatment Targets
Jacobo Mintzer, MD, MBA

These Product Theaters are promotional activities and are not approved for continuing education credits. The content of these Product Theaters and opinions expressed by presenters are those of the sponsor or presenters and not of the American Association for Geriatric Psychiatry.
Plenary Sessions

Dementia, Ethics and Health Policy

Saturday, March 25, 11:30 am–12:30 pm

Plenary 2: Dementia, Ethics and Health Policy

Faculty: Tia Powell, MD

Current federal and state policies for dementia reveal an imbalance in efforts toward cure, and too little emphasis on caring for patients who currently have or will develop dementia. The speaker will briefly examine the historical development of these policies, and the consequences of them. Recent efforts to readjust policies toward a greater emphasis on supporting care for both patients and their caregivers will also be explored, as will positive future directions for dementia policy.

Learning Objectives:
1. Participants will grasp critical aspects of the history of policy development related to dementia.
2. Participants will compare results and goals from several large clinical trials.
3. Participants will reflect on preferences of patients and caregivers for dementia care.
4. Participants will learn the definition and relevance of a new word, “truthiness.”

Collaborative Care

Sunday, March 26, 11:30 am–12:30 pm

Plenary 3: Collaborative Care: Opportunities for Psychiatrists Caring for Depressed Older Adults

Faculty: Jürgen Unützer, MD, MPH, MA

Learning Objectives:
1. Describe the presentation of late-life depression in primary care
2. Appreciate challenges to providing effective care for late-life depression in primary care
3. Describe the collaborative care model for late-life depression
4. Outline roles for psychiatrists in improving care for late-life depression at the population level.
### Meeting Overview

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td><strong>Registration / WiFi Lounge</strong> Lobby Level between Grand Ballroom and Chantilly Ballroom Foyers</td>
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<td><strong>Programs</strong> Tower Mezzanine Level Rooms</td>
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<td><strong>Exhibit Hall</strong> Grand Ballroom</td>
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<td><strong>Activities</strong></td>
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<tr>
<td><strong>THURSDAY</strong></td>
<td>March 23</td>
<td>Registration 4:00 pm–6:00 pm</td>
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<tr>
<td><strong>FRIDAY</strong></td>
<td>March 24</td>
<td>Registration 7:00 am–6:00 pm</td>
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<td></td>
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<td>Training Directors’ Workshop <em>(ticketed event)</em> 7:30 am–12:00 pm</td>
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<td>Review Course <em>(ticketed event)</em> 7:00 am–5:00 pm</td>
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<td>Neuroscience Teaching Day <em>(ticketed event)</em> 8:15 am–12:30 pm</td>
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<td>Breakout Sessions 1:30 pm–3:00 pm, 3:15 pm–4:45 pm</td>
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<td><strong>AAGP Business Meeting</strong> 11:00 am–12:00 pm</td>
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<td><strong>Opening Plenary</strong> 5:00 pm–6:30 pm</td>
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<td><strong>Opening Reception</strong> 6:30 pm–8:00 pm</td>
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<td><strong>Members-In-Training (MIT) Reception</strong> <em>(open only to trainees and training directors)</em> 7:30 pm–8:30 pm</td>
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<tr>
<td><strong>SATURDAY</strong></td>
<td>March 25</td>
<td>Registration 7:00 am–5:30 pm</td>
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<td>Breakfast Symposium 7:30 am–9:30 am</td>
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<td>Scholars Program: Breakfast: 7:30 am–8:30 am  Program: 8:30 am–11:15 am</td>
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<td>Mentoring Lunch: 12:45 pm–2:45 pm</td>
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<td>Breakout Sessions 9:45 am–11:15 am</td>
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<td>Plenary Session: Tia Powers, MD 11:30 am–12:30 pm</td>
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<td>Lunch Symposium 12:45 pm–2:45 pm</td>
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<td>Breakout Sessions 3:00 pm–4:30 pm</td>
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<td><strong>Exhibit Hall Open</strong> 4:30 pm–6:30 pm</td>
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<td><strong>Early Investigator Research Posters</strong> 4:30 pm–6:30 pm</td>
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<td><strong>Exhibit Hall Reception</strong> 4:30 pm–6:30 pm</td>
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<td><strong>Product Theater</strong> 4:30 pm–5:15 pm, 5:30 pm–6:15 pm</td>
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<tr>
<td><strong>SUNDAY</strong></td>
<td>March 26</td>
<td>Registration 7:00 am–5:30 pm</td>
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<td>Developing Your Research Career 8:45 am–11:15 am</td>
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<td>Breakout Sessions 9:45 am–11:15 am</td>
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<td>Plenary Session: Jürgen Unützer, MD, MPH, MA 11:30 am–12:30 pm</td>
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<td>Discussion Roundtables 12:30 pm–1:30 pm</td>
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<td>Integrated Skills Workshop 1:30 pm–6:30 pm</td>
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<td>Breakout Sessions 1:30 pm–3:00 pm, 3:15 pm–4:45 pm</td>
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<td><strong>Exhibit Hall Open</strong> 11:30 am–1:30 pm</td>
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<td><strong>Exhibit Hall Lunch</strong> 11:30 am–1:30 pm</td>
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<td><strong>New Research &amp; Late Breaking Posters</strong> 4:45 pm–6:45 pm</td>
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<td><strong>Exhibit Hall Reception</strong> 4:45 pm–6:45 pm</td>
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<td><strong>GMHF Donors Reception</strong> <em>(invitation only)</em> 7:00 pm–8:30 pm</td>
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<tr>
<td><strong>MONDAY</strong></td>
<td>March 27</td>
<td>Registration 7:00 am–1:30 pm</td>
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<td>Annual Meeting Program Committee 7:30 am–9:30 am</td>
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<td>Breakout Sessions 8:30 am–10:00 am, 10:15 am–11:45 am, 12:00 pm–1:30 pm</td>
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Meeting Overview

Earn Up to 1.5 AMA PRA Category 1 Credits™

Jointly provided by the American Association for Geriatric Psychiatry and MedEdicus LLC

This activity is supported by an unrestricted educational grant from ACADIA Pharmaceuticals Inc.

Case Discussions in Improving the Diagnosis and Treatment of Patients With PARKINSON’S DISEASE PSYCHOSIS

REGISTER NOW AT WWW.PDPCME.COM

ONSITE REGISTRATION AVAILABLE AS SPACE PERMITS

FACULTY

LAURA MARSH, MD (Chair)
Professor, Psychiatry and Neurology
Baylor College of Medicine
Executive Director
Mental Health Care Line
Michael E. DeBakey Veterans Affairs Medical Center
Houston, Texas

MATTHEW MENZA, MD
Professor, Psychiatry and Neurology
Chair, Department of Psychiatry
Rutgers Robert Wood Johnson Medical School
New Brunswick, New Jersey

WILLIAM G. ONDO, MD
Director, Movement Disorder Clinic
Methodist Neurological Institute
Professor of Neurology
Methodist Research Institute
Houston, Texas
Professor of Neurology
Weill Cornell Medical School
New York, New York

Target Audience
This activity intends to educate geriatric psychiatrists and other psychiatrists and health care professionals caring for patients with PDP.

Learning Objectives
Upon completion of this activity, participants will be better able to:
- Discuss the clinical features and risk factors for PDP
- Create individualized pharmacologic treatment plans for patients with PDP that consider motor and nonmotor symptoms
- Evaluate the mechanism of action, safety, and efficacy of new pharmacologic treatment options for PDP
- Formulate multidisciplinary communication strategies to improve quality of life in patients with PDP

Accreditation Statement
This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Amedco and the American Association for Geriatric Psychiatry. Amedco is accredited by the ACCME to provide continuing medical education for physicians.

AMA Credit Designation Statement
Amedco designates this live activity for a maximum of 1.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Grantor Statement
This continuing medical education activity is supported through an unrestricted educational grant from ACADIA Pharmaceuticals Inc.

Americans with Disabilities Act
MedEdicus fully complies with the legal requirements of the ADA and the rules and regulations thereof. Please contact info@mededicus.com with any special needs (eg, physical and dietary) prior to the program.

We encourage preregistration.
Onsite seating is limited and will be on a first-come, first-served basis.

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Schedule of Events

This program is subject to change. Please check www.AAGPmeeting.org for updates.

Program Track Key
The Annual Meeting Program Committee has identified the following areas of interest to help attendees plan their schedules.

ALL (GENERAL) TRACK
EDUCATOR TRACK
CLINICAL TRACK
INDUSTRY SUPPORTED SYMPOSIUM
RESEARCH TRACK

Friday, March 24

7:00 AM-5:00 PM
Session W1
A 2017 Geriatric Psychiatry Review Course
Chair: William McDonald, MD
Faculty: Chevelle Brudey, MD, Marie DeWitt, MD, James M. Ellison, MD, Andrea Iaboni, MD, Jennifer Gatchel, MD, Adriana Hermida, MD, John Kasckow, MD, PhD, Maria I. Lapid, MD, Laura Marsh, MD, Vaughn McCall, MD, Arnaldo Moreno, MD, Prasad Padala, MD, MS, FACHE, Sidarth Wakhlu, MD
Individuals who participate in this program will be able to:
- Select appropriate evaluation tools for diagnostic assessments.
- Describe treatment interventions for psychiatric disorders in the elderly.
- Compare and contrast treatment options in diverse practice settings.
- Explain the role of the geriatric psychiatrist in health care systems.
- Discuss practice-related federal policies.

7:30 AM-12:00 PM
Session W2
Training Directors Workshop
Chair: Jason Schillerstrom, MD

8:15 AM-12:30 PM
Session W3
Neuroscience Teaching Day: How Do We Develop New Treatments?
Advances in Drug Discovery in Geriatric Psychiatry
Chair: Paul A. Newhouse, MD
Faculty: Craig Lindsley, PhD, Carrie Jones, PhD, Paul A. Newhouse, MD, Jordan Karp, MD
This research update symposium will provide an “under-the-hood” look at new drug development, from hypothesis generation based on improved understanding of the molecular basis of neuropsychiatric illness to medicinal chemistry approaches to synthesizing novel molecular entities. The symposium will then examine how promising molecules are explored in novel technological preclinical models of behavior to determine therapeutic potential. Presenters will examine early phase drug testing in humans, including new approaches to phase 1 studies and target engagement with an appreciation of challenges and risks. Finally, presenters will discuss new methods and approaches for later phase multicenter clinical trials and repurposing approaches. Illustrative examples of drug development will focus on treatment approaches to late life neuropsychiatric disorders including Alzheimer’s disease and depression.

11:00 AM-12:00 PM
AAGP Business Meeting
Morocco
(OPEN TO ALL AAGP MEMBERS) Come to the business meeting to hear about the ways AAGP has been working for you and to give your input into AAGP’s future direction. At the business meeting, President Dan Sewell, MD, and President-Elect Iqbal “Ike” Ahmed, MD, will update members on AAGP’s activities, and Secretary/Treasurer Brent P. Forester, MD, will provide a report of the organization’s financial position.

1:30 PM- 3:00 PM
Session 100
A 2016 Highlighted Papers for the Practicing Geriatric Mental Health Clinical Provider
Chair: Laurel Bessey, MD
Faculty: Joanna Lim, Juan Young
Discussant: Lisa Boyle, MD, MPH
This symposium will highlight ten studies published from the year 2016 relevant for the busy practicing geriatric psychiatrist or mental health provider.

1:30 PM- 3:00 PM
Session 101
Ethical, Legal and Forensic Issues in Geriatric Psychiatry
Chair: Aarti Gupta, MD
Faculty: Meera Balasubramaniam, MD, MPH
Discussant: Rajesh Tampi, MD, MS, DFAPA
The session will review the ethical, legal and forensic issues that clinicians may encounter in caring for older adults with psychiatric illness with the help of case discussion for each of the issues. Ethical issues will focus on informed consent, decisional capacity, capacity evaluation and testamentary capacity while legal issues will review conservatorship vs power of attorney, abuse and involuntary commitment. Finally, the last section of the presentation will discuss issues germane to aging offenders, competence to stand trial and treatment.

1:30 PM- 3:00 PM
Session 102
How to save the Grandma?
Chair: Tatyana Shteinlukht, MD, PhD
Faculty: Jason Schillerstrom, MD, Karen Reimers, MD
Discussant: Mark Rapoport, MD, FRCPC
This symposium is intended to increase audience’s awareness of the decision making and driving capacity assessment in older adults. These assessments are much needed in to protect older adults from personal and medical neglect, financial exploitation, risks associated with driving in cognitively impaired people. This symposium is sponsored by the AAGP Women’s Interest Group.
1:30 PM - 3:00 PM
Session 103  
**Mind-Body Interventions for Late-Life Mental Health and Cognition**  
Chair: Soham Rej, MD  
Faculty: Akshya Vasudev MBBS MD MRCPsych, Gabriela Torres-Platas  
Discussant: Helen Lavretsky, MD  
Mind-body interventions, such as meditation, mindfulness, yoga, and tai-chi are becoming recognized as legitimate therapies in geriatric mental illness and cognitive disorders, as well as for promoting brain health. In this session, presenters will discuss new data examining how mind-body interventions can be helpful in treating and preventing a broad range of late-life disorders: anxiety, depression, suicidality, severe medical illness, and cognitive decline.

3:15 PM - 4:45 PM
Session 106  
**Advances in Pharmacotherapy of Late-Life Depression**  
Chair: John Kasckow, MD, PhD  
Faculty: Marie Anne Gebara, MD, Benoit Mulsant, MD  
Discussant: Eric Lenze, MD  
This symposium will cover advances in the pharmacotherapy of late-life depression. The topics will comprise presentations on: research examining sleep profiles in older individuals who are treatment resistant (Dr. Kasckow); which baseline depressive symptoms predict remission when receiving augmentation with aripiprazole (Dr. Gebara); and a systematic approach towards the treatment of late-life depression (Dr. Mulsant). Dr. Eric Lenze MD will serve as discussant.
### Schedule of Events

#### Friday, March 24, continued

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<tr>
<th>Time</th>
<th>Session</th>
<th>Location</th>
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<tbody>
<tr>
<td>5:00 PM-6:30 PM</td>
<td>Session 110</td>
<td>Chantilly Ballroom</td>
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<tr>
<td><strong>Opening Plenary</strong></td>
<td>Faculty: Rajesh R. Tampi, MD, MS, DFAPA, Dan Sewell, MD, Iqbal “Ike” Ahmed, MD</td>
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<td></td>
<td>Welcome by Rajesh R. Tampi, MD, MS, DFAPA, AAGP 2017 Annual Meeting Program Chair</td>
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<td>Presentation of Awards by Dan Sewell, MD, AAGP President and Iqbal “Ike” Ahmed, MD, AAGP President-Elect</td>
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<td>6:30 PM- 8:00 PM</td>
<td>Opening Reception</td>
<td>Chantilly Foyer</td>
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<td>Immediately following the Opening Plenary, all registrants are invited to an Opening Reception with light refreshments. (Separate tickets may be purchased for guests).</td>
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<td>7:30 PM-8:30 PM</td>
<td>Members-In-Training (MIT) Reception</td>
<td>Lalique</td>
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<td>All trainees are invited to attend this special networking reception, for a relaxed and low-key opportunity to connect with other trainees, as well as meet some of the geriatric psychiatry fellowship directors. This reception is for all trainees and for any training director who is an AAGP member.</td>
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#### Saturday, March 25

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<tr>
<th>Time</th>
<th>Session</th>
<th>Location</th>
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<tr>
<td>7:30 AM-8:30 AM</td>
<td>Session E3</td>
<td>Batik</td>
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<tr>
<td><strong>GMHF Scholars Program Breakfast</strong></td>
<td>(Program participants only)</td>
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<tr>
<td>7:30 AM-9:30 AM</td>
<td>Session 111</td>
<td>Chantilly Ballroom</td>
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<td><strong>“Case Discussions in Improving the Diagnosis and Treatment of Patients with Parkinson’s Disease Psychosis”</strong></td>
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<td>Diagnoses such as Parkinson’s disease (PD) are associated with an aging population whose numbers are expected to double in the next 15 years.1,2 With an average onset of 60 years of age, PD patients with psychiatric symptoms are nearly twice as likely to have worse quality of life compared with PD patients without these symptoms. Despite the distress caused by the wide range of symptoms that includes hallucinations and delusions, as well as a lifetime prevalence of greater than 50%, PD psychosis (PDP) is often not recognized as different from other psychoses in this population. Complimentary CME Breakfast Symposium</td>
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<td>8:30 AM-11:30 AM</td>
<td>Session E4</td>
<td>Batik</td>
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<td><strong>GMHF Scholars Program</strong></td>
<td>Chair: Michelle Conroy, MD</td>
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<td>This program is designed to increase interest in geriatric psychiatry among medical students and residents, inform about opportunities to learn more about clinical elective and research opportunities during medical school, and inform about opportunities available in psychiatry residency programs. The program also showcases the benefits of fellowship training in geriatric psychiatry and educates residents about the scope and practice of geriatric psychiatry. Advance registration was required for this event. Additional attendees cannot be added on site.</td>
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<tr>
<td>9:45 AM-11:15 AM</td>
<td>Session 200</td>
<td>Steuben</td>
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<td><strong>Age-Friendly Austin: Creating the Age-Friendly Action Plan</strong></td>
<td>Chair: Erica Garcia-Pittman, MD</td>
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<td>Faculty: Jessica Lemann, Teresa Sansone Ferguson</td>
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<td>This session will highlight the history of Age-Friendly Austin with a focus on the creation of the Age-Friendly Action Plan. We will discuss the AARP Network of Age-friendly Communities, an affiliate of the World Health Organization’s Age-friendly Cities and Communities Program. Additionally we will review the 8 Domains of Livability and how they allow for successful aging.</td>
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<td>9:45 AM-11:15 AM</td>
<td>Session 201</td>
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<td><strong>Research Award Session by Distinguish Scientist Awardee: Improving the outcomes of pharmacotherapy for late-life depression</strong></td>
<td>Faculty: Benoit H. Mulsant</td>
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<td>Depression is the most prevalent treatable psychiatric disorder in late life. Recovery from depression can occur in almost all older patients and make a dramatic difference in their level of functioning and quality of life. The proportion of older Americans being treated with an antidepressant (14%) has doubled over the past two decades. However, most</td>
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older depressed patients do not benefit from their treatment. This lecture will review the evidence supporting the efficacy of antidepressant and other psychotropic medications and their risks in the treatment of late-life depression. It will address some of the major issues that impede the pharmacologic treatment of depression in older patients. Based on the substantial knowledge accumulated during the last two decades, this lecture will present a practical approach to overcome these clinical problems and maximize the effectiveness of pharmacotherapy when treating a patient with late-life depression.

9:45 AM-11:15 AM

Session 205

Dementia at the End of Life
Chair: Jonathan Stewart, MD
Faculty: Inna Sheyner
Discussant: Susan Schultz, MD
There is little question that severe dementia is a terminal condition, yet a minority of patients with endstage dementia receive appropriate palliative or hospice care. This workshop will approach severe dementia as a terminal illness and will emphasize the role of the geriatric psychiatrist in the care of these patients.
Schedule of Events

Saturday, March 25, continued

12:45 PM-2:45 PM
Session 210  Chantilly Ballroom
Alzheimer’s Disease 2017: Early Diagnosis and Multifactorial Management Towards a New Therapeutic Window and Disease-Modifying Approach
This case-based live activity is designed to meet the educational needs of all clinicians involved in the diagnosis and care of individuals with memory or other cognitive complaints, including geriatricians, geriatric psychiatrists, neurologists, radiologists, neuropsychologists; others involved in the use of imaging techniques in the study of Alzheimer’s disease, related disorders and normal aging.

12:45 PM-2:45 PM
GMHF Scholars Mentoring Luncheon  Batik
Following the Scholars Program morning meetings, program participants will attend a luncheon to meet individually with a geriatric psychiatrist mentor. Advance registration was required for this event. Additional attendees cannot be added on site.

1:00 PM-3:00 PM
Research Committee Meeting  Fleur-de-lis A
The Research Committee shall work to promote high quality research to improve care for the elderly through support of research training programs and increased funding for biomedical and health services research. The committee shall also develop initiatives to integrate research findings into processes and programs to improve clinical care. Luncheon to meet individually with a geriatric psychiatrist mentor. Advance registration was required for this event. Additional attendees cannot be added on site.

3:00 PM-4:00 PM
International Medical Graduate Caucus Meeting  Fleur-de-lis B
This caucus provides a forum to discuss issues relevant to IMGs, including impact of being an IMG on career decisions, and roles and opportunities for IMG members within AAGP.

3:00 PM-4:00 PM
Members in Training (MIT) Caucus Meeting  Cardinal A
This forum is an opportunity for AAGP members-in-training and student members to discuss MIT participation within AAGP and issues related to training and career development.

3:00 PM-4:30 PM
Session 212  Monet
American Psychiatric Association (APA) National Mental Health Registry
Faculty: Saul Levin, MD, Eileen Carlson, RN, JD, Jon Fanning, MS, CAE
The new MACRA law contains requirements for psychiatrists to report on the quality of their care or face financial penalties. The APA is committed to helping psychiatrists meet these growing quality reporting requirements of insurers as well as certifying boards. Towards these ends, the APA is developing a national mental health registry that will help participating psychiatrists: avoid payment penalties and potentially achieve bonuses for meeting insurers quality reporting requirements; reduce the administrative burden to psychiatrists of submitting reports on the quality of their care; meet practice improvement activity requirements required by certifying boards (e.g., ABPN’s MOC Part IV); improve the quality of care and outcomes achieved by patients; and provide the field with a means to develop its own quality measures as well as conduct research on new diagnostics and therapeutics. This workshop will discuss the development of the APA registry and outline steps psychiatrists can take to participate in the APA National Mental Health Registry.

3:00 PM-4:30 PM
Session 213  Steuben
Who will take care of me when I am old? Addressing the Geriatric Workforce Crisis
Chair: Ellen Whyte, MD
Faculty: Lalith K Solai, MD, Maritza Buenaver MD
This session will present novel programs aimed at educating non-geriatric psychiatrists in the basics of geriatric mental health care.

3:00 PM-4:30 PM
Session 214  Morocco
Windows Into the Brain: Functional Networks Informing Treatment in Late-Life Depression
Faculty: Warren Taylor, MD, Sara Weisenbach, PhD, Faith Gunning, PhD, Olu Ajilore, MD, PhD
There is a significant body of work associating late-life depression with a wide range of differences in brain morphology, white matter microstructure, and functional response to a range of stimuli. More recent work has focused on the intrinsic functional networks, geographically distinct brain regions that are functionally linked and work together to coordinate critical processes such as executive control, monitoring of internal and external stimuli, and memory function, amongst others.

3:00 PM-5:00 PM
Session 211  Coral
Developing Your Clinician/Educator Career
Chair: Dennis Popeo, MD
Faculty: Brandon Yarns, MD, Elizabeth Santos, MD, Alessandra Scalmati, MD, PhD
In this special 2 hour symposium, five successful clinician / educators will present advice on creating effective, successful lectures; making better use of technology in teaching; present skills on giving feedback, taking feedback, successful self-promotion and allow participants to practice those new skills; and encourage networking for support and scholarly collaboration.

3:00 PM-4:30 PM
Session 215  Metropolitan
Neurology Update: Essential Tremor, Parkinson’s Disease, and Stroke
Chair: Cindy Marshall MD
Faculty: Veronica Santini, Pravin Khemani, MD, Dion Graybeal, MD
This symposium will provide updates on essential tremor, Parkinson’s disease and stroke. Dr. Santini will address the evaluation and treatment of essential tremor (ET). Resemblance to other tremors, associated gait and balance impairment, and lack of universally effective medications can make diagnosis and treatment of ET challenging. Dr. Khemani will discuss treatment of the motor symptoms of Parkinson’s disease (PD). Knowledge of efficacy and side-effect profile of the various PD drugs guides selection of medications for the aging PD.
How Does Cognitive Aging Affect Clinical Competence of Physicians? Current Status of Age-Based Mandatory Cognitive Testing of Physician

Faculty: Anothai Soonsawat, Iqbal Ahmed, MD, Marcia Lammando, MSN, MHSA

Discussion: James Ellison MD MPH

There is no disputing that age is a significant risk factor for cognitive decline. Physicians, though they may be partially protected by cognitive reserve, are vulnerable to age-related changes in cognition that impact on their capacity to process complex information and make the multifactorial decisions required in the practice of psychiatry and other areas of medicine. Is the public adequately protected from physicians affected by age-related cognitive impairment or neurocognitive disorders? Several countries have already enforced specific retirement ages for physicians or enacted mandatory age-based cognitive assessment programs. In many United States hospitals, age-based assessment is required of all staff members or at least for older physicians whose performance has attracted adverse attention. In this symposium, we will review the normative characteristics of cognitive aging, examine the effects of normal and pathological cognitive aging on physician performance, explore the controversies that mandatory testing has raised, and learn about model assessment programs already available to physicians and medical societies.

3:00 PM-4:30 PM

Session 216

Manchester

How Does Cognitive Aging Affect Clinical Competence of Physicians? Current Status of Age-Based Mandatory Cognitive Testing of Physician

Faculty: Anothai Soonsawat, Iqbal Ahmed, MD, Marcia Lammando, MSN, MHSA

Discussion: James Ellison MD MPH

There is no disputing that age is a significant risk factor for cognitive decline. Physicians, though they may be partially protected by cognitive reserve, are vulnerable to age-related changes in cognition that impact on their capacity to process complex information and make the multifactorial decisions required in the practice of psychiatry and other areas of medicine. Is the public adequately protected from physicians affected by age-related cognitive impairment or neurocognitive disorders? Several countries have already enforced specific retirement ages for physicians or enacted mandatory age-based cognitive assessment programs. In many United States hospitals, age-based assessment is required of all staff members or at least for older physicians whose performance has attracted adverse attention. In this symposium, we will review the normative characteristics of cognitive aging, examine the effects of normal and pathological cognitive aging on physician performance, explore the controversies that mandatory testing has raised, and learn about model assessment programs already available to physicians and medical societies.

3:00 PM-4:30 PM

Session 217

Monte Carlo

Smart and Personalized Geriatric Psychiatry: How Sensors, Mobile Devices and Informatics May Change the Way we Practice

Chair: Ipsit Vahia, MD

Faculty: Mark Rapoport, MD, FRCPC, Ghizlane Moussaoui, Karen Whiteman

Over the past 5 years, there has been an explosion in the scope and availability of a variety of digital tools. Smartphones, tablets and wearable sensors are able to gather a broad range of data in real time on various aspects of behavior and function. Moreover, the extraordinary computing capabilities of these devices allow for real-time analysis using sophisticated algorithms, and instant visualization. Leveraging the power of these technologies can provide clinicians and researchers with tools for behavior monitoring, that were not possible even 5 years ago, and can add an entirely new dimension to psychiatric care. This session will feature 3 talks that will present new data demonstrating how these tools can facilitate novel approaches to the assessment and care of older adults.

3:00 PM-4:30 PM

Session 218

Miro

PTSD for Non-VA Clinicians

Faculty: Marie DeWitt, MD, Sharon Gordon, PsyD

This session will include presentations by two clinicians (a geriatric psychiatrist and a geropsychologist) regarding the diagnosis, presentation, and treatment of PTSD in older adults. After information is presented, audience participation will be encouraged while discussing cases. Finally, time will be left for audience questions. (Sponsored by the AAGP VA Caucus).
new investigators and any interested conference attendees to review and discuss the posters. Poster rounds are intended to facilitate interaction between senior faculty, young researchers, and the AAGP membership in a relaxed, collegial atmosphere.

5:30 PM-6:15 PM
Product Theater
Lalique
Agitation in Alzheimer's Dementia: Promising Novel Treatment Targets
sponsored by Avanir Pharmaceuticals Inc.
Presenter: Jacob Mintzer, MD, MBA

Sunday, March 26

7:30 AM-8:30 AM
Past Presidents Breakfast
(Invitation Only - bring your own breakfast)
Fleur-de-lis A

7:30 AM-9:30 AM
AJGP Editorial Board Meeting (Invitation Only)
Travertine

8:45 AM-11:15 AM
Session 301
Wyeth
Developing your Research Career
Faculty: Amy Byers, PhD, MPH
This meeting provides information on opportunities for new researchers in geriatric psychiatry and how to get started, obtain research training and support, and persist in the research field.

9:45 AM-11:15 AM
Session 302
Monte Carlo
Assessing the Older Adult with Bipolar Disorder: Review of the State of the Field and Recommendations for the Clinician and Researcher
Chair: Lisa Eyler, PhD
Faculty: Soham Rej, MD, Martha Sajatovic, MD, Brent Forester, MD
The session will present results from a collaborative project sponsored by the International Society for Bipolar Disorders’ Older Adult Bipolar Disorder (OABD) Task Force which reviewed the literature systematically to determine which types of measures were being used to assess OABD in published studies. Clinicians and researchers will benefit from understanding the state of the field for OABD assessment, learning about strengths and weaknesses of various instruments, and hearing expert opinions on the future of clinical, cognitive, biomarker, and brain imaging measures to understand the needs of older bipolar patients.

9:45 AM-11:15 AM
Session 303
Manchester
Case Presentation 2: Dementia Diagnosis & Psychiatric Diagnosis
An Atypical Dementia Presentation, But is this also a Case of Elder Abuse? — Ebony Dix, MD
Cerebral Amyloid Related Inflammatory Process — Kasia Rothenberg, MD, PhD
A Case of Obsessive Compulsive Disorder (OCD) with Fear of Contamination of Percutaneous Endoscopic Gastrostomy (PEG) Tube — Ali Najafian Jazi, MD, MS

9:45 AM-11:15 AM
Session 304
Morocco
Cognitive Impairment in Late Life Depression
Chair: Craig Nelson, MD
Faculty: Scott Mackin, PhD, Duygu Tosun-Turget, PhD
Late life depression is one of the most common mental health disorders that affects older patients. In this session we will compare depressed older patients with normal controls and examine preliminary evidence of change in these parameters over time. Patients in this sample also received comprehensive neuropsychological assessments as well as resting state functional MRI which will be evaluated in relation to other neuroimaging findings. This data will allow us to investigate dysfunction in key neural networks of interest.

9:45 AM-11:15 AM
Session 305
Metropolitan
Driving and Dementia - An Introduction, Educational Resources, and International Perspectives
Faculty: Ali Asghar Ali, MD
A geriatric psychiatrist and gerontological nurse practitioner will present their personal experience using telehealth services to manage dementia, depression and other chronic mental illnesses in rural long-term care facilities.

9:45 AM-11:15 AM
Session 306
Miro
HIV and AIDS in the Aging Population
Chair: Marie DeWitt, MD
Faculty: Ann Usitalo, PhD, Stephanie Sims, MD
Older adults with HIV/AIDS have become more common. This presentation will assist mental health professionals who work with older adults in understanding and managing the unique aspects of mental health and neurocognitive comorbidities associated with HIV/AIDS. Ample time will be allotted for questions and discussion from participants. [Sponsored by the AAGP Clinical Practice Committee]

9:45 AM-11:15 AM
Session 307
Monet
Integrated Care: Private and VA models
Chair: Paul Kirwin, MD
Faculty: Brent Forester, MD, Stephen Bartels, MD, MS
Brent Forester MD, Steve Bartels, and Paul Kirwin MD will present sessions on both private (Brent/Steve) and VA (Paul) models of Integrated Care.
Schedule of Events

9:45 AM-11:15 AM
Session 308
Psychotropic Drugs and Falls in Older Adults: an Update for the Geriatric Psychiatrist
Faculty: Dallas Seitz, MD, FRCP, Andrea Iaboni, MD, DPhil, Julia Kirkham, MD, MSc
Discussant: Eric Lenz, MD
Falls prevention is an important quality of care issue in geriatric psychiatry. This session reviews the issue of psychotropic-related falls, examining the observational and experimental evidence and the implications for psychiatric care of the elderly.

1:30 PM-2:30 PM
VA Caucus Meeting
Travertine
This forum is an opportunity for those who work in the VA or are interested in the VA to discuss issues related to mental health care and older veterans.

1:30 PM-3:00 PM
Session 311
Revisiting the 2012 IOM Report: A Renewed Call for Action
Chair: Susan Lehmann, MD
Faculty: Dennis Popeo, MD, Mary Blazek, MD, MEHP
The Institute of Medicine (IOM) 2012 Report urgently called for the development of new national curricula and care competencies in geriatric mental health for all healthcare clinicians who care for older adults. Yet, 5 years later, national efforts to respond to these recommendations are lackluster. This symposium will describe the response on a national level to the 2012 IOM’s call to action regarding geriatric mental health training and will explore reasons why national curricula have not yet been developed. Presenters will share the efforts of a workgroup of the AAGP Teaching & Training Committee to develop a needs assessment and learning objectives in geriatrics mental health for medical students. Finally, presenters will describe a roadmap for activism and educational change to address this critical gap.

1:30 PM-3:00 PM
Session 314
Gay and Gray VII: A Multidisciplinary Approach to Transgender Aging
Chair: Brandon Yarns, MD, Janet Abrams, MSW, Kevin Johnson, MD
Faculty: Daniel Sewell, MD
Every year, the AAGP “Gay and Gray” presentation focuses on a topic that pertains to our aging LGBT population. This year we will focus on our aging transgender and gender non-conforming communities as they often require well-coordinated and culturally-sensitive health care from practitioners of numerous fields including psychiatry, endocrinology, surgery, primary care, social work, and nursing. This session will review the most recent literature that pertains to these communities, discuss appropriate interview strategies, and suggest best clinical practices.

Ethnic and Minority Caucus Meeting
Fleur-de-lis A
This group offers an opportunity for discussion of professional issues relevant to minority professionals in the late-life mental health field and the roles members can take in the organization.

Retirement Age Caucus Meeting
Fleur-de-lis B
This forum is an opportunity for members approaching or of retirement age to discuss issues related to retirement and the roles retiring members can take in the AAGP.

Public Policy Caucus Meeting
Travertine
The Public Policy Caucus discusses legislative and policy issues related to health care delivery, research and training, including Medicare reimbursement, nursing home reform, NIH appropriations, Graduate Medical Education funding and parity for mental health care services.

Plenary III: Collaborative Care: Opportunities for Psychiatrists Caring for Depressed Older Adults
Chantilly Ballroom
Faculty: Jürgen Unützer, MD, MPH, MA
This symposium is intended to increase the audience’s awareness of the specific needs for the mental health services of a rapidly growing diverse US aging population. The symposium will address the role of International Medical Graduates (IMGs) who constitute almost half of the geriatric psychiatry workforce and are well represented in the AAGP and other professional organizations. This symposium is sponsored by the AAGP Diversity Caucus.

New Research & Late Breaking Posters Preview and Exhibit Hall Lunch
Grand Ballroom

Discussion Roundtables
Chantilly Ballroom West

Nominations Committee Meeting (Invitation Only)
Fleur-de-lis A
The Nominations Committee shall serve to develop ways in which the organization will run its annual election process for officer and board member positions. The committee will also be responsible for the screening of all candidates prior to them appearing on the ballot. Specific issues that the nominations committee will address include the call for nominations, campaign process, and overseeing the election. (Closed Meeting)
Schedule of Events

Sunday, March 26, continued

1:30 PM-3:00 PM

Session 315

GMHF Honors Scholars Alumni Session
Chair: Michelle Conroy, MD
Faculty: Matthew Conlon, MD, Rebecca Radue, MD, Sarah A. Kleinfeld, MD
Come to this special session to hear presentations from four former Honors Scholars, who will each provide a presentation on the scholarly project they completed as part of the Scholars Program.

1:30 PM-3:00 PM

Session 316

Late-Life Depression and Frailty: Is there a Common Vulnerability, and how does the Presence of Frailty Contribute to Clinical Outcomes of Geriatric Depression?
Chair: Guy Potter, PhD
Faculty: Briana Mezuk, PhD, Patrick Brown, PhD
Discussant: David Steffens, MD
This session will highlight new research on late-life depression (LLD) and frailty across three important themes: 1) conceptualization and measurement, 2) treatment response to antidepressant medication, and 3) longitudinal cognitive and functional outcomes. We will present ideas for a research agenda that incorporates LLD and frailty into an integrated model of geriatric mental health care.

1:30 PM-3:00 PM

Session 317

The Art and Science of Creative Aging
Faculty: Marc Agronin, MD, Wendy Miller, PhD
This symposium will fully explicate Cohen’s concept of creative aging, with an examination of key concepts including the role of the creative arts in both normative and pathological aging.

1:30 PM-5:00 PM

K-Awardee Program Meeting
A program for NIH-funded researchers with a K grant.

1:30 PM-6:30 PM

Session 312

Applying the Integrated Care Approach: Skills for the Consulting Psychiatrist
Chair: Joel Streim, MD
In 2015, the American Psychiatric Association (APA) received a grant from the Centers for Medicare and Medicaid (CMS) to train 3,500 psychiatrists in the clinical and leadership skills needed to support primary care practices that are implementing integrated behavioral health programs. This half-day workshop will be led by one of six “master trainers” prepared by AIMS (Advancing Innovative Mental Health Solutions) Center at the University of Washington.

3:00 PM-4:00 PM

APRN Caucus Meeting
All advanced practice nurses who attend the AAGP meeting are invited to meet to discuss their participation with AAGP and their role in the late-life mental health care system.

3:00 PM-4:30 PM

Diversity Caucus Meeting
The Diversity Caucus strives to help the organization address the needs of a diverse membership and will also consider ways to enhance AAGP members’ awareness of the patient population’s richness of cultures, ethnicities, and sexualities, and how those differences impact patient/physician interaction.

3:00 PM-4:30 PM

Session 318

Public Policy and Geriatric Mental Health
Chair: Alex Threlfall, MD
Faculty: Ilse Wiechers, MD
Discussant: Gary Epstein-Lubow, MD
This workshop, sponsored by the Public Policy Caucus, will explore aging and mental health policy issues and help prepare participants to engage in effective advocacy for our patients and the field of geriatric psychiatry.

3:15 PM-4:45 PM

Session 319

Coming Together to Fight Delirium: How to Deliver Team-Based, Interdisciplinary Care to Prevent, Detect, and Manage Delirium and its Long-Term Sequelae
Chair: Sophia Wang, MD
Faculty: Jeffrey Browndyke, PhD
Discussant: Malaz Boustani, MD, Marie DeWitt, MD
Delirium has been traditionally defined as an acute onset of fluctuating cognitive status, usually in the context of precipitating medical or surgical events. Recent data suggest, however, that delirium may be better conceptualized as a chronic disorder, with risk factors and a wide range of cognitive outcomes. One major challenge to delivering clinical care to prevent, detect, and manage delirium is building team-based care models across various healthcare settings. In this symposium, we will review risk factors for delirium, in-hospital assessment tools and clinical approaches for the detection of delirium, and the long-term consequences of delirium. We will also discuss various innovative, team-based models of care for the prevention, detection, and management of delirium and its sequelae, including Perioperative Optimization of Senior Health (POSH), Hospital Elder Life Program (HELP) and Critical Care Recovery Center (CCRC) model systems. Finally, we will have an audience-driven discussion about the potential challenges which geriatric mental health professionals may face as they try to educate medical and surgical professionals in various disciplines about delirium, and propose to implement similar clinic setups to target delirium prevention and detection in their own practice settings.
### Schedule of Events

#### Sunday Schedule of Events

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Location</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>3:15 PM-4:45 PM</td>
<td>Session 320</td>
<td>Manchester</td>
<td><strong>The Role of International Medical Graduates in the Treatment of Late Life Psychiatric Patients</strong>&lt;br&gt;Chair: Oliver Glass, MD&lt;br&gt;Faculty: Amita Patel, MD, Rajesh Tampi, MD, MS, DFAPA&lt;br&gt;International medical graduates (IMGs) have traditionally played an integral part in the psychiatric treatment of patients in late life. In this symposium we will present data from the last five years showing how many residency slots are being filled by US medical graduates versus IMGs. We will show that the general trend for IMGs filling psychiatry residency positions is decreasing, while positions filled by US seniors are increasing. This can be surprising as the actual amount of psychiatry residency programs available is also increasing. We will present the top five states most likely to match a non-US citizen IMG for 2016. Additionally, we will outline some common pre-requisites psychiatry residency program’s request prior to considering an IMG applicant.</td>
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<tr>
<td>3:15 PM-4:45 PM</td>
<td>Session 321</td>
<td>Monet</td>
<td><strong>A Collaborative Approach to Address Mental Health Needs of Patients in Subacute Care in Skilled Nursing Facilities (SNFs)</strong>&lt;br&gt;Faculty: Isaura Menzies, MD, MPH&lt;br&gt;We will review an existing collaborative approach to mental health care for post-acute patients in a SNF. This patient population is characterized by medical complexity which includes acute and chronic multi-morbidity in physical, functional, cognitive and psychological health. Timely and appropriate care for this vulnerable group positively impacts their rehabilitation potential and successful return to the community. The model will be discussed within the current climate of integrated care, payment reform and policy initiatives.</td>
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<tr>
<td>3:15 PM-4:45 PM</td>
<td>Session 322</td>
<td>Metropolitan</td>
<td><strong>A Complex Clinical Intersection: Palliative Care in Patients with Dementia</strong>&lt;br&gt;Faculty: Ellen Lee, MD, Jeremy Hirst, Steven Huege&lt;br&gt;After a brief introduction of the subject, we will present research findings and a clinical case. Then we will discuss communication guidelines, ethical tools and clinical management for this population. Then we will lead a discussion of these topics.</td>
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<tr>
<td>3:15 PM-4:45 PM</td>
<td>Session 323</td>
<td>Coral</td>
<td><strong>Bringing the Resources of the Alzheimer’s Association to the Clinic: A New Referral Model</strong>&lt;br&gt;Chair: Cindy Marshall, MD&lt;br&gt;Faculty: Cindy Marshall, MD, Linda Jersin, Lauren Seemeyer, MPH&lt;br&gt;In 2014, an Alzheimer’s Association Care and Support Specialist was integrated into the Baylor AT&amp;T Memory Center, providing on-site services to patients and their caregivers. This was accomplished through collaboration between Bayor University Medical Center at Dallas, the Greater Dallas Chapter of the Alzheimer’s Association and grant funding from AT&amp;T. The role of the specialist will be discussed, providing specifics about the education and support provided to patients and their caregivers. This program will examine both clinician and patient/caregiver utilization of this resource. The Alzheimer’s Association is partnering with hospitals, medical clinics and healthcare professionals throughout the United States implementing new and innovative models to help meet the needs of the expanding patient population diagnosed with Alzheimer’s disease and other dementias. Additional innovative program models will be described as well.</td>
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<tr>
<td>3:15 PM-4:45 PM</td>
<td>Session 324</td>
<td>Monte Carlo</td>
<td><strong>Inappropriate Sexual Behaviors in Dementia: A Review</strong>&lt;br&gt;Chair: Kirsten Wilkins, MD&lt;br&gt;Faculty: Silpa Balachandran, MD, Pallavi Joshi, MA&lt;br&gt;Discussant: Rajesh Tampi, MD, MS, DFAPA&lt;br&gt;This symposium will begin with a discussion of the epidemiology, neurobiology and the differential diagnosis for ISBD. We will then provide an overview of the evidence based assessment and management of these behaviors. We will end the symposium by describing the effectiveness of multidisciplinary teams in the continuum of care for the management of ISBD.</td>
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<tr>
<td>3:15 PM-4:45 PM</td>
<td>Session 325</td>
<td>Morocco</td>
<td><strong>Senior Investigator Workshop</strong>&lt;br&gt;Faculty: Jovier Evans, PhD&lt;br&gt;Discussant: George Niederehe, Luci Roberts, PhD&lt;br&gt;The Research Committee will organize this workshop in collaboration with program officers from the NIMH and NIA, who will serve as presenters (Jovier Evans, George Niederehe, and Molly Wagster are invited). All independent researchers and interested research trainees are invited to participate.</td>
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<td>4:45 PM-6:45 PM</td>
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<td>Grand Ballroom</td>
<td><strong>New Research &amp; Late Breaking Posters and Exhibit Hall Reception</strong></td>
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<td>7:00 PM-8:30 PM</td>
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<td>Verandah</td>
<td><strong>GMHF Donor Reception (Invitation Only)</strong></td>
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## Schedule of Events

### Monday, March 27

#### 7:30 AM-9:30 AM
**Annual Meeting Program Committee Meeting**
*Coral*

*The Program Committee is responsible for developing the educational content of the annual meeting with input from AAGP committees. The Program committee shall strive to develop a balanced program that meets the educational needs of clinicians, academicians and researchers.*

#### 8:30 AM-10:00 AM
**Session 400**
*A*  
**Alzheimer’s and Emerging Technologies**
*Manchester*

*Chair: Rajesh Tampi, MD, MS, DFAPA*  
*Faculty: Smita Varshney, MD*  

*This session will cover emerging technologies for Alzheimer’s and other dementias. One of the papers we propose will focus on very first social media for Alzheimer’s.*

#### 8:30 AM-10:00 AM
**Session 401**
*C*  
**THINK DELIRIUM: an Inter-professional Automated Assessment, Intervention, and Educational Program**
*Metropolitan*

*Faculty: Uma Suryadevara, MD, Stephen Welch, MD, Bruce Bassi, MD, MS, Colleen Campbell, DN*  

*With the increasing aging population in the United States, there is a strong need to address older patient care outcomes. Older patient population have multiple complex medical conditions, neurocognitive disorders, mental illnesses and behavioral comorbidities. Hospitalization places them at risk for developing typical geriatric syndromes such as functional decline, pressure ulcers, fecal and urinary incontinence, falls along with delirium. In hospitalized patients delirium is a common and serious problem. It is often associated with undesirable consequences including increased mortality and increased morbidity. It is also associated with a prolonged hospitalization, and increased nursing demands, as well as a need for both the use of physical and pharmacological restraints. Second presenter will describe the common reasons why delirium is misdiagnosed and how a multidisciplinary team might help.*

#### 8:30 AM-10:00 AM
**Session 402**
*A*  
**Alcohol, Cannabis, Opiates, Cocaine Use and the Aging Brain**  
*Monet*

*Chair: Marie DeWitt, MD*  
*Faculty: Daryl Shorter, MD, Marie DeWitt, MD*  

*This session will include an introduction to the use of habit forming substances in older adults and will be followed by presentations by two addiction psychiatrists who will discuss the effects of these substances on the aging brain as well as management of substance misuse in the older adult population. [Sponsored by the AAGP VA Caucus]*

#### 8:30 AM-10:00 AM
**Session 403**
*C*  
**Pharmacotherapy of Late-Life Mental Disorders: Is There Anything New Under the Sun?**  
*Monte Carlo*

*Chair: Benoit Mulsant, MD*  
*Faculty: Martha Sajatovic, MD, Eric Lenze, MD*  

*This symposium will review new evidence on the use of psychotropic drugs for the treatment of late-life mental disorders based on their mode of action and discuss how this evidence can be applied in clinical practice to improve treatment outcomes.*

#### 8:30 AM-10:00 AM
**Session 404**
*A*  
**The WeCareAdvisor™: A Web-based tool to help family caregivers manage the behavioral and psychological symptoms of dementia**  
*Monte Carlo*

*Faculty: Helen Kales, MD, Laura Gitlin, MA, PhD, Constantine Lyketsos, MD*  
*Discussant: Mark Kunik, MD*  

*This session will describe the development, testing and future plans for a innovative web-based tool (the WeCareAdvisor™) to assist family caregivers in the assessment and management of behavioral and psychological symptoms of dementia (BPSD).*  

#### 8:30 AM-10:00 AM
**Session 405**
*C*  
**Clinical Research Informatics with SOLOMON and BrainWatch for Imaging the Neurodegenerative Disorders**  
*Morocco*

*Faculty: Carl Taswell, MD, PhD*  

*This presentation will provide an introduction to and review of PET brain imaging and informatics for the neurodegenerative disorders. Current status of brain imaging for the amyloidopathies, tauopathies and synucleinopathies will be reviewed. Imaging informatics, including the use of SOLOMON and BrainWatch, will be reviewed as it pertains to clinical research for the dementias. SOLOMON has been introduced previously as an ontology for the sensory-onset language-onset and motor-onset dementias. BrainWatch has been introduced previously as a web application and resource registry relevant to brain imaging. An update will be provided on the current status of the Brain Health Alliance imaging informatics system from a clinician-scientist's perspective by the presenter who is both ABPN certified in psychiatry & neurology, ABNM certified in nuclear medicine, and actively engaged in research associated with brain imaging clinical trials.*

#### 10:15 AM-11:45 AM
**Session 406**
*C*  
**To Fast Track or Not to Fast Track: The Future of Geriatric Psychiatry Training During Residency**  
*Morocco*

*Faculty: Jordan Karp MD*  

*Dr. Karp, director of the geriatric psychiatry fellowship at the University of Pittsburgh, will introduce the topics and describe the agenda for the workshop. He will provide an overview of aging demographics and the current and projected prevalence of mental health conditions in older adults. Dr. Karp will also describe the results of the IOM report on the aging workforce and estimated shortfalls in specialty trained geriatric psychiatrists. Dr. Vahia, Medical Director for Geriatric Psychiatry Outpatient Programs at McLean Hospital, will present the RRC requirements for geriatric psychiatry training during residency. He will present innovative programming and clinical initiatives from UCSF, McLean Hospital, and University of Pittsburgh that meet the RRC requirements. Dr. Sewell, the current President of the AAGP VA Caucus will moderate the discussion.**
of the American Association for Geriatric Psychiatry, will present the pros of offering a “fast track” option for PGY4 residents who want to pursue geriatric (and other sub-specialty training). Dr. Iglewicz, a geriatric psychiatrist and Associate Director for Residency training at UCSF, will describe potential risks to general residency programs and even geriatric psychiatry fellowships posed by fast tracking PGY4s into fellowship. She will also present alternatives for residency training opportunities that will help meet the public health need for more psychiatrists with high levels of proficiency and interest in providing quality psychiatric care to an aging population.

10:15 AM–11:45 AM
Session 407
Forensics in Geriatric Psychiatry Fellowship: Evolution and Value
Faculty: Aaron Kaufman, MD, Taya Varteresian, DO, MS, Aviva Bobb
The symposium will discuss the experience of the Geriatric Psychiatry fellowship at the University of California Los Angeles (UCLA) in the development of a curriculum for teaching fellows the skills pertinent to a geriatric psychiatrist in regards to elder law.

10:15 AM–11:45 AM
Session 408
One Patient, One Clinic: Integrated Primary Care for the Geropsychiatric Patient
Chair: Eve Byrd, MSN, MPH Doctoral Candidate
Faculty: Melodee Harris, PhD, Carolyn Clevenger, RN
Introduction In 2012, the Institute of Medicine addressed the urgent need for a competent geropsychiatric workforce in The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands? (IOM, 2012). The growing geriatric population needs geropsychiatric professionals to be committed the teaching of the interprofessional practice competencies (Harris, M., Mayo, A., Balas, M.C., Aaron, C.S., & Buron, B., 2013). Simultaneously, novel interprofessional models of care aimed at optimizing health system performance by improving the patient experience, improving the health of populations and reducing per capita costs are needed (IHI, 2016). This session will provide an overview of interprofessional practice competencies, integration of geropsychiatry into primary care and a practice model where interprofessional practice competencies have been applied.

10:15 AM–11:45 AM
Session 409
Recent Advances In Prevention, Diagnosis and Management Of Dementia And The Associated Neuropsychiatric Symptoms.
Chair: Sanjeev Kumar, MBBS
Faculty: Zahinoor Ismail, MD
Discussant: Tarek Rajji, MD
Dementia and associated neuropsychiatric symptoms pose significant challenges in terms of prevention, diagnosis and treatment. In this symposium we will discuss the 1) the role of later life neuropsychiatric symptoms as an at risk state for cognitive decline and dementia, 2) Design of a large randomized controlled trial to study the efficacy of a preventive interventions for dementia in high risk groups, 3) Underlying neurophysiological mechanisms and novel treatment targets in patients with AD using Transcranial magnetic stimulation and quantitative electroencephalography and 4) An evidence-based approach for assessment and management of neuropsychiatric symptoms of dementia to optimize treatment outcomes.

12:00 PM–1:30 PM
Session 410
Advances and Barriers for Clinical Neuroimaging in Late-Life Mood and Anxiety Disorders
Chair: Howard Aizenstein, MD, PhD
Faculty: Carmen Andreescu, MD, Olu Ajilore, MD, PhD, Warren Taylor, MD
Depression in older adults is frequently disabling and often requires more prolonged treatment trials than in younger adults. Currently, there is little neurobiological data to guide changing or augmenting antidepressant medications. While antidepressant clinical response may take up to 8 weeks, recent studies suggest that neurophysiologic signals, as measured with fMRI, precede and predict clinical response. In this presentation, we review results from a recently completed multi-modal MRI study of treatment response in LLD (n=60). We show the prediction of treatment response using perfusion fMRI, resting-state fMRI, and task-based fMRI. The presentation will place the new results in context of the literature on functional imaging of depression treatment. The accumulating evidence that functional imaging predicts treatment response supports the use of fMRI to complement traditional clinical measures in the assessment and management of LLD. We review the major challenges and opportunities in integrating fMRI into the management of LLD.

12:00 PM–1:30 PM
Session 411
Case Presentation 3: Dementia Treatment
Treatment of Hyper-sexuality in an Elderly Patient with Frontotemporal Dementia in Long-Term Care Setting ~ Ali Najafian Jazi MD Can Antipsychotics Be Used in Elderly Patients with Major Neurocognitive Disorder with Behavioral Disturbance and Stroke? ~ Tatyana Zharikova MD Yes, I Want More Videos Managing Agitation in a PD Dementia Using a Social Media AlzhaTV ~ Smita Varshney MD

12:00 PM–1:30 PM
Session 412
It Takes a Village: The importance of Interdisciplinary Care in Drug Induced Parkinsonism
Faculty: Ana Turner, MD
We propose a 90minute workshop focused on a complicated case of severe drug-induced Parkinsonism that highlights the complex challenges inherent in modern medicine and the importance of interdisciplinary hospital care. The first twenty minutes we will present the psychiatric history and differential diagnosis of a patient with altered consciousness and manic symptoms. A twenty minute overview of the differential of movement abnormalities (including EPS, TD, NMS, and catatonia), and the pharmacology of parkinsonism will follow. Next, we will spend twenty minutes describing our patient’s hospital course and the interventions made by a multi-disciplinary approach. Finally, utilizing a panel discussion with representatives from psychiatry and neurology, we will spend thirty minutes with active audience participation to discuss the importance of non-pharmacologic management of delirium and movement disorders focusing on the strategies implemented to prevent future occurrences in a hospital setting. Throughout the entire presentation, technology such as Poll Anywhere will be employed to engage the audience in an active part of the discussion.
Monday, March 27, continued

12:00 PM-1:30 PM
**Session 413  Manchester**

**A Oral Presentation: Affective Disorders**
This oral presentation session will feature three presentations on the topic of Affective Disorders.

*The Impact of Obsessive Compulsive Disorder on Neurocognitive Function in Later Life* ~ Ryan Rajaram, MD & Kasia Rothenberg, MD, PhD

*Enhanced Molecular Aging in Late-Life Depression* ~ Breno Diniz, MD, PhD

*Late-Life Depression in a Life-Course Perspective* ~ Ingmar Skoog, MD, PhD

12:00 PM-1:30 PM
**Session 414  Morocco**

**E C Palliative Psychiatry Experiences in Residency Training**
Faculty: Andrew Dentino MD

This will be an interactive presentation of the developing field of palliative psychiatry, and will include first-hand experiences of two psychiatry residents (one who is now the Assistant Program Director for the general psychiatry residency) who have participated in this learning activity (rotation), and insights from the fellow on the service who interacts with the psychiatry residents as to how this brings a holistic perspective to the palliative psychiatry learning experience.

12:00 PM-1:30 PM
**Session 415  Miro**

**Use What You Have, Do What You Can: Incorporating Standardized Medicaid and Medicare Regulation Assessment Tools to Identify Home Care Patients with Cognitive Impairment**
Chair: Gary Kennedy

Faculty: Jerome Korenblatt, Janice Korenblatt, Mirnova Ceïde

40% of homebound elders have a psychiatric disorder with dementia being the most common afflicting 29% of the homebound population. Mental disorders too often go unrecognized making the care of the homebound patients more complex and increase both morbidity and mortality from medical illness. In our previous work, 66% of home care patients referred to our psychiatric program had a neurocognitive disorder. During this session, a care manager from the Montefiore Diamond Managed Long Term Care Plan, director of social work from Montefiore Home care and the geriatric psychiatrist for the Montefiore Home Care Geriatric Psychiatry Program (MHC-GPP) will discuss how standardized State and Federal Assessment tools can be incorporated into screening for cognitive impairment in homebound older adults.

Download the AAGP Mobile App Now!

https://crowd.cc/s/uPhy
Late Breaking Posters

The following posters were accented in the “late-breaking” category for the AAGP 2017 Annual Meeting. Because of the timing, they are not included in the March 2017 online Supplement of The American Journal of Geriatric Psychiatry, which lists the other poster abstracts. This supplement can be found online at www.aagpmeeting.org or on the 2017 Annual Meeting App.

These posters will be available for viewing during the New Research poster presentation on Sunday, March 26 in the Grand Ballroom.

Sunday, March 26, 4:45 pm – 6:45 pm
Grand Ballroom

LB 1 Ross Baker, PhD
Brexpiprazole as Adjunctive Treatment in Elderly Patients with Major Depressive Order

LB 2 Erico Castro-Costa, PhD
The Effect of C-Reactive Protein on Association Between Diabetes-Depressive Comorbid and All-Cause Mortality in Old Age

LB 3 Shwu-Hua Lee
Magnetic Resonance Imaging Study of Loneliness in Late-Life Depression

LB 4 Mathieu Vandenbulcke
Electroconvulsive Therapy Response in Late-Life Depression Unaffected by Age-Related Brain Changes

LB 5 Mathieu Vandenbulcke
Corpus Callosum Macro and Microstructure in Late-Life Depression

LB 6 Michelle Goodman, MSc
Evaluating the Association Between Neural Oscillations and Working Memory in Individuals with Mild Cognitive Impairment or Alzheimer’s Dementia

LB 7 Kristin Parks, DO
Common Factors Associated with Readmission to a Psychiatric Unit in a Pilot Study of Dementia Patients

LB 8 Andreea Seritan, MD
Ages of Onset of Psychiatric Disorders in Patients with Parkinson’s Disease

LB 9 Robert Abrams
The Abrams Geriatric Self-Neglect Scale: Introduction, Internal Consistency and Validation

LB 10 Atif Mohammad
Incidence and Outcomes of Treated Depression in Veteran Patients with Peripheral Artery Disease: Insights from the XLPAD Registry

LB 11 Erin Cassidy-Eagle, PhD
Older Adults Access to Quality Mental Health Services: A Survey of Providers

LB 12 Pallavi Dham, MBBS, FRANZCP
Collaborative Care for Psychiatric Disorders in Older Population: A Systematic Review of the Literature

LB 13 Sanjeev Kumar, MBBS
Resting EEG Power Spectra in Patients with Late-Life Schizophrenia, Late-Life Bipolar Disorder and Healthy Older Adults

LB 14 Rahim Hussain,
Safety and Efficacy of Electroconvulsive Therapy and Selegiline Combination

LB 15 Zaid Ghazala, MBBS
Anticholinergic Burden and Functional Capacity in Persons with Schizophrenia Across the Adult Life Span

LB 16 Nishina Thomas, MD
How Do I Answer this Page? A Geriatric Psychiatry Inpatient Primer for Residents

Poster Presentations
This year’s poster presentations will take place in the Grand Ballroom on Saturday, March 25, and Sunday, March 26.

Early Investigator Poster Presentations
Saturday, March 25
4:30 pm – 5:30 pm Poster Rounds
5:30 pm – 6:30 pm Standard Poster Presentation

New Research & Late-Breaking Posters Presentations
Sunday, March 26
11:30 am – 1:30 pm Posters available for viewing during Exhibit Hall Lunch
4:45 pm – 6:45 pm Standard Poster Presentation
AAGP Governance Meetings

Get Involved In AAGP
AAGP members will have several opportunities to be involved with the association during the Annual Meeting. Take advantage of the following to learn how the association is impacting the field of geriatric psychiatry and how you can play a part. For more information, contact AAGP at main@aagponline.org.

AAGP Board Of Directors Meeting
Thursday, March 23, Fleur-de-Lis A+B
9:30 am–12:30 pm Executive Session: Open to Board members only.
1:30 pm–5:00 pm Open Session: Any member who wishes is welcome to observe the open meeting.

AAGP Members’ Business Meeting
Friday, March 24, 11:00 am–12:00 pm, Morrocco
(OPEN TO ALL AAGP MEMBERS)
Come to the business meeting to hear about the ways AAGP has been working for you and to give your input into AAGP’s future direction. At the business meeting, President Gary Small, MD, and President-Elect Dan Sewell, MD, will update members on AAGP’s activities, and Secretary/Treasurer Amita Patel, MD, will provide a report of the organization’s financial position.

AAGP Committees And Caucuses
(OPEN TO ALL AAGP MEMBERS)
AAGP Committees and Caucuses help to accomplish the work of the association throughout the year, meeting face-to-face at the Annual Meeting and continuing business by conference call and email during the year. All of AAGP’s committees and caucuses meet during the Annual Meeting, and all members are invited to attend any of the meetings, unless otherwise noted. If you decide you would like to get more involved, go to www.AAGPonline.org/lists to join the online conversation or show up at a meeting.

Advanced Practice Nurses Caucus (APRN)
Sunday, March 26, 3:00 pm–4:00 pm, Fleur-de-Lis B
All advanced practice nurses who attend the AAGP meeting are invited to meet to discuss their participation with AAGP and their role in the late-life mental health care system.

Annual Meeting Program Committee
Monday, March 27, 7:30 am–9:30 am, Coral (lobby Level across from AAGP Registration)
The Program Committee is responsible for developing the educational content of the annual meeting with input from AAGP committees. The Program committee shall strive to develop a balanced program that meets the educational needs of clinicians, academicians and researchers.

Clinical Practice Committee
Saturday, March 25, 4:30 pm–6:00 pm, Fleur-de-Lis A
The Clinical Practice Committee shall develop initiatives to support and promote the clinical practice of geriatric psychiatry and expand practice opportunities for clinicians. Specific issues that the clinical practice committee will address include reimbursement, developing programs to enhance clinical ability, development of practice guidelines/practice parameters, and practice management issues.

Continuing Medical Education (CME) Committee
Saturday, March 25 4:30 pm–6:00 pm, Fleur-de-Lis B
The Continuing Medical Education Committee shall provide direction for the continuing professional development activities of AAGP; set and implement policy for CME review; monitor needs assessment data to plan continuing professional development activities; evaluate the effectiveness of the continuing professional development activities and the overall educational program; and review all activities containing professional development activities for CME designation. The committee also works to ensure that AAGP educational activities are consistent with the organizational mission, and to provide a focal point for the dissemination of information about geriatric psychiatry in order to enhance the ability of psychiatrists, primary care physicians and other health care professionals to recognize and address the special mental health needs of the geriatric population.

Diversity Caucus
Sunday, March 26, 3:00 pm–4:30 pm, Fleur-de-Lis A
The Diversity Caucus strives to help the organization address the needs of a diverse membership and will also consider ways to enhance AAGP members’ awareness of the patient population’s richness of cultures, ethnicities, and sexualities, and how those differences impact patient/physician interaction.
AAGP Governance Meetings

Ethnic Minorities Interest Group
Sunday, March 26, 10:30 am–11:30 am, Fleur-de-Lis A
This group offers an opportunity for discussion of professional issues relevant to minority professionals in the late-life mental health field and the roles members can take in the organization.

International Medical Graduates (IMG) Caucus
Saturday, March 25, 3:00 pm–4:00 pm, Fleur-de-Lis B
This caucus provides a forum to discuss issues relevant to IMGs, including impact of being an IMG on career decisions, and roles and opportunities for IMG members within AAGP.

LGBT Caucus
Saturday, March 25, 4:30 pm–6:00 pm, Cardinal A
This forum is an opportunity to discuss professional issues relevant to LGBT attendees and the roles members can take in the organization.

MIT Caucus
Saturday, March 25, 3:00 pm–4:00 pm, Cardinal A
This forum is an opportunity for AAGP members-in-training to discuss MIT participation within AAGP and issues related to training and career development.

Nominations Committee
Sunday, March 26, 1:00 pm–2:30 pm, Fleur-de-Lis A
(Closed meeting)
The Nominations Committee shall serve to develop ways in which the organization will run its annual election process for officer and board member positions. The committee will also be responsible for the screening of all candidates prior to them appearing on the ballot. Specific issues that the nominations committee will address include the call for nominations, campaign process, and overseeing the election.

Public Policy Caucus
Sunday, March 26, 10:30 am–11:30 am, Travertine
The Public Policy Caucus discusses legislative and policy issues related to health care delivery, research and training, including Medicare reimbursement, nursing home reform, NIH appropriations, Graduate Medical Education funding and parity for mental health care services.

Research Committee
Saturday, March 25, 1:00 pm–3:00 pm, Fleur-de-Lis A
The Research Committee shall work to promote high quality research to improve care for the elderly through support of research training programs and increased funding for biomedical and health services research. The committee shall also develop initiatives to integrate research findings into processes and programs to improve clinical care.

Retirement Age Caucus
Sunday, March 26, 10:30 am–11:30 am, Fleur-de-Lis B
This forum is an opportunity for members approaching or of retirement age to discuss issues related to retirement and the roles retiring members can take in the AAGP.

Teaching and Training Committee
Saturday, March 25, 4:30 pm–6:30 pm, Wyeth
The Teaching and Training Committee shall work to improve the mental healthcare of the elderly by developing educational resources and programs to increase the knowledge base and skills of medical students and trainees at all levels. The committee shall also develop initiatives to strengthen training requirements in geriatric psychiatry and increase the number of students exposed to geriatrics. Specific areas under the committee’s jurisdiction include liaison and programs with ACGME, ABPN, publications, educational programs, and training/fellowship issues.

VA Caucus
Sunday, March 26, 1:30 pm–2:30 pm, Travertine
This forum is an opportunity for those who work in the VA or are interested in the VA to discuss issues related to mental health care and older veterans.

Women’s Interest Group
Sunday, March 26, 1:30 pm–2:30 pm, Fleur-de-Lis B
This forum is an opportunity for discussion of professional issues relevant to women professionals in the late-life mental health field and the roles women can take in the AAGP.

AJGP Editorial Board Breakfast
Sunday, March 26, 7:30 am–9:30 am, Travertine
(Editorial Board only)

Past Presidents
Sunday, March 26, 7:30 am–8:30 am, Fleur-de-Lis A
(AAGP Past Presidents only)
GMHF Scholars Program

For Medical Students and Psychiatry Residents

Supported by the Geriatric Mental Health Foundation through Donations from AAGP Members

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Harvard Longwood Psychiatry Residency Training Program
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Thanks to a generous donation from Dr. Ceri Hadda.

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Metrohealth Hospital, Affiliated to Case Western Reserve University School of Medicine
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Kristen Berendzen, MD, PhD
UCSF Psychiatry Residency Training Program
The Dr. Dan G. Blazer Scholar
Thanks to a generous donation from Dr. David Steffens.

Laurel Bessey, MD
University of Wisconsin Hospitals and Clinics
The Alice Anderson Scholar
Thanks to a generous donation from Ingrid and Dr. Allan Anderson.

Milena Gosk, MD
University of Toronto
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Thanks to generous donations from Zucker Hillside Hospital.

Manan Gupta, MD
University of Texas Health Science Center at San Antonio
The Irving Weinstein Scholar
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Palmetto Health
The Janet Colenda and Robert Wincklhofer Scholar
Thanks to a generous donation from Kathryn W. and Christopher C. Colenda, MD.

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Virginia Tech Carilion School of Medicine
The AAGP Honors Scholarship
Thanks to generous donations from AAGP members.

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Yale University, Dept of Psychiatry
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Thanks to a generous donation from Montefiore Medical Center.

Zaira Khalid, MD
Central Michigan University
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Thanks to generous donations from Lisa L. Boyle, MD, MPH, Cindy Marshall, MD and Elizabeth J. Santos, MD, MPH.

Chadrick Lane, MD
Yale School of Medicine
The Torres Family Grandparents Scholarship
Thanks to a generous donation from Randall Espinoza, MD, MPH, Muriel Harris Chair of Geriatric Psychiatry, UCLA.

Jooyeon Lee, MD, MHS
Metropolitan Hospital Center, New York Medical College
The University of Michigan Geriatric Psychiatry/Program for Positive Aging Scholarship in Memory of Srinibas Mahapatra, MD
Thanks to generous donations from Drs. Esther Akinyemi, Mary Blazek, Laurie Boore-Clor, Peijun Chen, Heba Gad, Helen Kales, Mark Lyubkin, Susan Maixner, Donovan Maust, Alan Mellow, Anusha Ranganathan, Swapnil Rath and Kari Zvin.

Soyoung Lee, MD
Medstar Georgetown University Hospital
The VA Caucus Scholar
Thanks to a generous donation from Drs. Maritza Buenaver, Maria DeWitt, L. Jane Macdonnell and Sophia Wang.

Mimi Levine, MD
Columbia/New York State Psychiatric Institute
The Yale Honors Scholar

Flannery Merideth, MD
MGH/McLean Adult Psychiatry Residency Program
The AAGP Honors Scholarship
Thanks to generous donations from AAGP members.

Rachel Meyen, MD
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Thanks to a generous donation from Drs. Shayna and Elliott Stein.

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University of Michigan Department of Psychiatry Residency Program
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Jessica Oehlke, MD
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Amanda Canfield, BSc
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Heinrich-Karl Greenblatt, BA
University of Cincinnati College of Medicine

Courtney Hsu, BS
University of California, San Diego School of Medicine

Thank You to All Who Generously Supported the Scholars Program.
For a full list of donors to the Geriatric Mental Health Foundation, please see page 32.
Learn more about the Scholars Fund at www.GMHFonline.org.
About the Geriatric Mental Health Foundation

The Geriatric Mental Health Foundation was established by the American Association for Geriatric Psychiatry to raise awareness of psychiatry and mental health disorders affecting the elderly, eliminate the stigma of mental illness and treatment, promote healthy aging strategies, and increase access to quality mental health care for the elderly. The GMHF is governed by its own Board of Directors, has a separate budget from the AAGP budget, and is self-supporting. The GMHF revenues are dependent upon individual contributions to sustain the programs of the Foundation. The Foundation is the only one of its kind solely devoted to mental health and aging. Learn more about the Foundation at www.GMHFonline.org.

Activities and Services

Outreach and Education
To educate the public and provide resources, the GMHF maintains a presence on the Internet through its website, www.GMHFonline.org. The Foundation’s site features consumer information, news, resources, and a find-a-doctor feature, which lists psychiatrist members of the American Association for Geriatric Psychiatry who are accepting new patients. The Foundation’s aging and mental health series of brochures covers topics such as Anxiety and Older Adults: Overcoming Worry and Fear; Caring for the Alzheimer’s Disease Patient: How You Can Provide the Best Care and Maintain Your Own Well-Being; Depression in Late Life: Not a Natural Part of Aging; Healthy Aging: Keeping Mentally Fit As You Age; Older Adults and Disaster: Preparedness and Response. A Mental Health Guide; and Sleeping Well As We Age: Insomnia is Not a Normal Part of Aging. Single copies of brochures are provided free of charge; bulk quantities may be purchased at cost.

Scholars Fund
In its sixth year, the Geriatric Mental Health Foundation’s Scholars Fund is designed to expose medical students and young physicians to the rewarding field of geriatric psychiatry in an effort to increase the number of medical professionals expertly trained to care for the growing older population. Funds will be used to support Scholars’ activities during the AAGP Annual Meeting, including a structured mentorship program; provide scholarships to AAGP’s focused educational programs; pay for memberships in the Association to give trainees full access to all AAGP member programs and activities; and develop tools for medical students and residents to make informed choices about their medical careers. For a donation of $2,500, an individual or organization may support one trainee as an Honors Scholar for full participation in the Scholars Program. These prestigious scholarships will be named for the contributor (or his or her designee) and will be granted to the most highly qualified applicants as determined by a selection committee.

Support the GMHF

Support the Geriatric Mental Health Foundation by:
1. Making a general contribution to support the important work of the GMHF.
2. Making a contribution to the Scholars Fund. Minimum contribution is $50.

All gifts are tax-deductible up to the amount permissible by law. All contributors to the Foundation will be recognized in the AAGP Final Program.

Contributions can be made on the AAGP Annual Meeting Registration Form. To make a gift online at GMHF’s secure website, go to www.GMHFonline.org and click on the “How to Contribute” link, or phone 703.556.9222. If you prefer to mail your gift, you may send it to Geriatric Mental Health Foundation, 6728 Old McLean Village Drive, McLean, VA 22101

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TOTAL AS OF DECEMBER 31, 2016: $68,737 | GENERAL SUPPORT: $6,745 | SCHOLARS FUND: $61,992

2017 Named Scholarships

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Charles F. Reynolds Geriatric Psychiatry Scholarship. Thanks to a generous donation from Drs. Jordan Karp, James Tew, William Klunk, Howard Aizenstein, Ariel Gildengers, Robert Marin, Mary Anne Hall, Ellen M. Whyte, Mary Ganguli, Lalith Solai/ Mandayam Sujata, Katalin Szanto, Daniel Varon and Univ of Pittsburgh/David Lewis.

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The Montefiore Medical Center Scholar. Thanks to a generous donation from Montefiore Medical Center.

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Dr. Chanida Siripraparat (General Support)
Dr. Luisa Skoble (General Support)
Dr. Jane Smith (Scholars Fund & General Support)
Dr. Shilpa Srinivasan, in memory of Kadaba and Nagaratha Krishnaswamy (Scholars Fund & General Support)
Dr. Katalin Szanto (Scholars Fund)
Dr. Mary Tarail (Scholars Fund & General Support)
Dr. Warren Taylor, MD (Scholars Fund)
Dr. Alfredo Torres (Scholars Fund)
Dr. Jwalant Vadalia (Scholars Fund & General Support)
Dr. Daniel Varon (Scholars Fund)
Dr. Jose Victor Ventura (General Support)
Dr. Sophia Wang (Scholars Fund)
Dr. Audra Yadaa (Scholars Fund)
Dr. Brandon Yarns (Scholars Fund)
Dr. Kristina Zdanys (Scholars Fund)
Dr. Kara Zivin (Scholars Fund)
Visit the Exhibit Hall

Meet and Network in the Exhibit Hall
AAGP's Exhibit Hall, in Grand Ballroom, features dozens of exhibitors and includes key information on products and services related to late-life mental health. Raffle prize drawings, receptions, and research poster sessions will take place in the Hall. Join us for food and fun Friday and Saturday in the Exhibit Hall (see below for details).

Exhibit Hall Hours
Saturday, March 25
Exhibit Hall Open
4:30 pm–6:30 pm
   Early Investigator Poster Presentations
   4:30 pm – 5:30 pm  Poster Rounds
   5:30 pm – 6:30 pm  Standard Poster Presentation
   location: Grand Ballroom

Exhibit Hall Reception
4:30 pm–6:30 pm
Product Theater sponsored by ACADIA Pharmaceuticals, Inc.
4:30 pm–5:15 pm
   location: Lalique (Atrium II Mezzanine Level)

Product Theater sponsored by Avanir Pharmaceuticals
5:30 pm–6:15 pm
   location: Lalique (Atrium II Mezzanine Level)

Raffle Drawing: $200 gift card
6:30 pm

Sunday, March 26
Exhibit Hall Open
11:00 am–1:30 pm, 4:45 pm–6:45 pm
   Exhibit Hall Lunch
   11:30 pm–1:30 pm
New Research Posters & Late-Breaking Research Posters
11:30 am – 1:30 pm  Posters available for viewing during Exhibit Hall Lunch
4:45 pm – 6:45 pm  Standard Poster Presentation

Exhibit Hall Reception
4:45 pm–6:45 pm
Raffle Drawing: $300 gift card
6:45 pm

Exhibit Hall Prizes: Be Present to Win!
Exhibit Hall passport cards are located in each registrant’s conference bag. Visit the exhibits, have your cards signed, and drop them off in the raffle drum to win fabulous prizes. One entry per person per day. Be on hand to hear if you are the winner of one of these fantastic prizes (must be present to win):

Saturday, March 25
6:30 pm  $200 gift card

Sunday, March 26
6:45 pm  $300 gift card

ADMISSION
You must have either an AAGP Annual Meeting Badge or an Exhibit Hall badge ($40) to be admitted into the Exhibit Hall. Children under 18 years of age are free, but any child over the age of two will need to have his/her own badge. Parents/guardians of all children under age 18 must sign a waiver form at the Registration Desk before entering the Hall. Children must be accompanied by an adult.

PRODUCT THEATERS
Product Theaters will again be offered during the Annual Meeting. These presentations, which will be held in Lalique on the Atrium II Mezzanine Level, will feature promotional programs supported by some of our exhibitors. During these sessions, companies will provide the latest information about their products. All meeting attendees are invited to these non-CME events, on a first-come basis, to learn and ask questions about today’s products and services available to mental health professionals working with older adults.

Product Theaters are promotional activities and are not approved for continuing education credits. The content of the Product Theaters and opinions expressed by presenters are those of the sponsors or presenters and not of the American Association for Geriatric Psychiatry.

All product theaters will be held on Saturday, March 25. Look for signs announcing the product theaters in the Exhibit Hall, at the meeting registration desk, and in your registration materials.
Exhibitor Directory

Acadia Healthcare powered by Physician Career Line
Booth 602
6100 Tower Circle ~ Franklin, Tennessee 37067 ~ phone: (615) 861-7360
Email: scotti.klecka@acadiahealthcare.com ~ www.acadiahealthcare.com

Acadia is a provider of inpatient behavioral healthcare services. Acadia operates a network of 585 behavioral healthcare facilities with over 17,100 beds in 39 states, the United Kingdom and Puerto Rico. Acadia provides psychiatric and chemical dependency services to its patients in a variety of settings, including inpatient psychiatric hospitals, residential treatment centers, outpatient clinics and therapeutic school-based programs. From acute treatment through long-term residential care, the treatment centers within the Acadia Healthcare network provide an array of care levels that can be easily accessed by individuals of all ages and their loved ones. At each treatment center, dynamic, compassionate, and dedicated clinical and medical staff supply treatment that caters to the needs of men, women, and young people alike who are in need of exemplary care to overcome a myriad of concerns.

ACADIA Pharmaceuticals Inc.
Booth 305
3611 Valley Centre Drive #300 ~ San Diego, CA 92130
phone: (858) 558-2871 ~ fax: (858) 558-2872
Email: kboyce@acadia-pharm.com ~ www.acadia-pharm.com

ACADIA Pharmaceuticals Inc. is a biopharmaceutical company focused on the development and commercialization of innovative medicines to address unmet medical needs in neurological and related central nervous system disorders. Visit Booth No. 305 to learn more.

Aging Life Care Association
Booth 609
3275 West Ina Road, Suite 130 ~ Tucson, AZ 85741
phone: (520) 881-8008 ~ fax: (520) 325-7925
Email: info@aginglifecare.org ~ www.aginglifecare.org
www.facebook.com/AgingLifeCareAssociation
www.linkedin.com/company/national-association-of-professional-geriatric-care-managers

twitter.com/AgingLifeCare

Aging Life Care / geriatric care management is a holistic, client-centered approach to caring for older adults or others facing ongoing health challenges. Working with families, the expertise of Aging Life Care Professionals™ provides the answers at a time of uncertainty. Their guidance leads families to the actions and decisions that ensure quality care and an optimal life for those they love, thus reducing worry, stress and time off of work for family caregivers through: assessment and monitoring; planning and problem-solving; education and advocacy; family caregiver coaching; and long-distance caregiving.

Allergan
Booth 302
400 Interpace Parkway ~ Jersey City, NJ 7311
phone: (800) 272-5525 ~ www.allergan.com

Allergan plc (NYSE: AGN), is a bold, global pharmaceutical company focused on developing, manufacturing and commercializing branded pharmaceuticals, devices and biologic products for patients around the world. For more information, visit Allergan’s website at www.Allergan.com.

Alzheimer’s Association
Booth 601
225 N. Michigan Avenue, 17th Floor ~ Chicago, IL 60601
phone: (312) 335-8700 ~ fax: (866) 699-1246
Email: info@alz.org ~ www.alz.org/ISTAART

https://www.facebook.com/actionalz/

The Alzheimer’s Association is the world’s leading voluntary health organization in Alzheimer’s care, support and research. The Association hosts the annual Alzheimer’s Association International Conference® (AAIC®), the world’s largest forum for the dementia research community. As part of the Alzheimer’s Association global research program, AAIC serves as a catalyst for generating new knowledge about dementia science and fostering a vital, collegial research community (July 15-20, 2017, Preconferences July 13-14, London, United Kingdom). Visit the Alzheimer’s Association booth #601 to learn about AAIC 2017, the International Research Grant Program®, the International Society to Advance Alzheimer’s Research and Treatment (ISTAART), TrialMatch®, and patient and caregiver resources.

American Board of Psychiatry & Neurology
Booth 603
2150 E. Lake Cook Rd., Ste. 900 ~ Buffalo Grove, IL 60089
phone: (847) 229-6500 ~ fax: (847) 229-6600
Email: questions@abpn.com ~ www.abpn.com

The American Board of Psychiatry and Neurology serves the public interest and the professions of psychiatry and neurology by promoting excellence in practice through its certification and maintenance of certification processes.

American Psychiatric Association Publishing
Booth 508
1000 Wilson Boulevard, Suite 1852 ~ Arlington, VA 22209
phone: (800) 368-5777 ~ www.appi.org

Avanir Pharmaceuticals Medical Affairs
Booth 403
30 Enterprise, Ste 400 ~ Aliso Viejo, California 92656
phone: (855) 572-2722 ~ Email: medinfo@avanir.com
www.avanirmedinfo.com

Avanir Pharmaceuticals, Inc. is a biopharmaceutical company focused on acquiring, developing, and commercializing novel therapeutic products for the treatment of central nervous system disorders. Avanir Medical Information responds to unsolicited inquiries to help facilitate appropriate therapeutic utilization of Avanir medications. We strive to provide the highest-quality service to healthcare practitioners through the timely provision of scientifically sound, fair balanced Medical Information resources.
Exhibitor Directory

Brighter Day Health
Booth 611
PO Box 551668 ~ Jacksonville, FL 32255
phone: (713) 554-0822 ~ fax: (866) 518-3010

Department of Veterans Affairs
Booth 103
1250 Poydras St. ~ New Orleans, LA 70113
phone: (504) 565-4900 ~ Email: VHAAdvertising@va.gov
vacareers.va.gov
Today’s VHA—the largest of the three administrations that comprise VA—continues to meet Veterans’ changing medical, surgical and quality-of-life needs. New programs provide treatment for traumatic brain injuries, post-traumatic stress, suicide prevention, women Veterans and more. VA has opened outpatient clinics, and established telemedicine and other services to accommodate a diverse Veteran population, and continues to cultivate ongoing medical research and innovation to improve the lives of America’s patriots.

VHA operates one of the largest health care systems in the world and provides training for a majority of America’s medical, nursing and allied health professionals. Roughly 60 percent of all medical residents obtain a portion of their training at VA hospitals; and VA medical research programs benefit society at-large.

Diamond Healthcare Corporation
Booth 606
701 E Byrd St 15th FL ~ Richmond, VA 23219
phone: (804) 648-9240 ~ fax: (804) 648-9240
Email: bligon@diamondhealth.com ~ www.diamondhealth.com
We are a population health management company with a special focus on behavioral health. We own or operate near 100 behavioral health facilities and programs in 31 states across the U.S. People of all backgrounds and experience will find many rewarding opportunities within our very collegial organization.

Edward-Elmhurst Healthcare
Booth 507
801 S Washington St ~ Naperville, IL 60540
phone: (630) 527-3207 ~ Email: Sonja.Sreckov@eehealth.org
EEHealth.org
At Edward-Elmhurst Healthcare, you’ll find a collegial atmosphere where Physicians and Mid-Level Providers enjoy coming to practice. Edward-Elmhurst Healthcare is a 3 hospital system which includes Edward Hospital and Linden Oaks Hospital in Naperville and Elmhurst Memorial Hospital in Elmhurst. Edward-Elmhurst offers: Physician Led Groups, Lifestyle friendly Opportunities, Competitive Salary and Comprehensive Benefits Packages. We have state of the art facilities and have been recognized consistently for quality.

Elsevier, BV
Booth 306
Radarweg 29 ~ Amsterdam 1043 NX, Netherlands
Tel: +31 20 485 3911 ~ www.elsevier.com
Elsevier is a world-leading provider of information solutions that enhance the performance of science, health, and technology professionals, empowering them to make better decisions, and deliver better care. Elsevier publishes a portfolio of high-quality peer-reviewed psychiatry journals featuring The American Journal of Geriatric Psychiatry. Visit ajgponline.org.

GeneSight
Booth 509
6030 S. Mason-Montgomery Road ~ Mason, Ohio 45040
phone: (866) 757-9204 ~ Email: support@assurexhealth.com
The GeneSight® test, developed by Assurex Health, helps healthcare providers get their patients on the right mental health or pain medication faster. It uses a patient’s genetic information to identify which medications are optimal and which may not work or may cause side effects.

Hilton Hawaiian Village Waikiki Beach Resort
Booth 207
2005 Kalia Road ~ Honolulu, HI 96815
phone: (808) 949-4321 ~ www.hiltonhawaiianvillage.com
Hosting the 2018 AAGP Annual Meeting, the Hilton Hawaiian Village® is Waikiki’s only beachfront resort and sits on 22 lush tropical acres. It fronts the widest stretch of white sand beach and boasts the best swimming pools and waterslides in Waikiki. Beautifully manicured gardens, exotic wildlife, and waterfalls are some of the unique attributes of this famous resort. Here you will find a full range of ocean activities that include surfing, snorkeling, catamaran cruises and the Atlantis Submarine® rides. Enjoy 18 restaurants and lounges, free daily cultural activities, the Waikiki Starlight Luau and over 90 shops and services. Our 2,860 room property is a premier meeting destination with over 150,000 square feet of function space and Waikiki’s most unique meeting and event venues. Our Great Lawn is the largest and most beautiful outdoor venue in Waikiki.

International Psychogeriatric Association
Booth 304
555 E Wells Street, Suite 1100 ~ Milwaukee, WI 53202
phone: (414) 918-9889 ~ fax: (414) 276-3349
Email: info@ipa-online.org ~ www.ipa-online.org
www.facebook.com/ipaonline/ ~ twitter.com/IPA_Online
IPA is a professional membership association dedicated to the full spectrum of issues and topics regarding improving mental health for older people around the world. IPA members come from more than 50 countries and all disciplines.
Exhibitor Directory

Legacy Health
Booth 608
1120 NW 20th, Suite 111 ~ Portland, OR 97209
phone: (503) 415-5403 ~ fax: (503) 415-5200
Email: vowen@lhs.org ~ www.legacyhealth.org

Legacy Health offers a full range of tertiary care services at 7 hospitals throughout the Portland metropolitan area. Comprehensive programs and services are available in many clinical areas,including cancer, emergency services, heart, rehabilitation, seniors, level 1 trauma services, transplant program and women's services as well as a children's hospital. Legacy has the only comprehensive full service Geriatric Program in Oregon. As the sixth largest private sector employer in Oregon, we are dedicated to creating a culture in which learning is encouraged, creativity welcomed and initiative rewarded. Legacy Health is a 501(c)(3) organization and was selected by Forbes Magazine as one of the top 50 mid-size companies in the US. In addition to our 7 hospitals, Legacy is a proud collaborating partner in Unity Center for Behavioral Health a unique mental health hospital serving both adults and children in our community.

McLean Hospital
Booth 508
115 Mill Drive ~ Belmont, MA 02478
(800) 333-0338 ~ www.mcleanhospital.org

Ranked a top-rated hospital for psychiatric care by U.S. News & World Report, McLean Hospital is dedicated to psychiatric treatment, education, and research. It offers unparalleled diagnostic and treatment services across a full continuum of care that includes inpatient, residential, partial hospital and outpatient services.

Medicus Healthcare Solutions
Booth 308
22 Roulston Rd ~ Windham, NH 03087
phone: (855) 301-1564 ~ fax: (603) 952-2803
Email: info@medicushcs.com
www.facebook.com/MedicusHealthcareSolutions/
www.linkedin.com/company/medicus-healthcare-solutions

Medicus Healthcare Solutions has been partnering with top talent in the healthcare industry providing exceptional locum tenens staffing and permanent placement services to groups, practices, hospitals, and other facilities since 2004. Our combined services produce benefits and outcomes well beyond what typical locum tenens staffing companies can offer. We do things a little differently, and we’re proud of it.

New England Geriatrics
Booth 409
103 Myron Street, Suite A ~ West Springfield, MA 01089
phone: (413) 592-1980 ~ Email: joshf@nehcm.com
facebook.com/negeriatrics/
linkedin.com/company/new-england-geriatrics
twitter.com/negeriatrics?lang=en

Founded in 1994 by Steven P. Marcus, New England Geriatrics provides top quality mental health services to contracted long term care facilities and geropsychiatric hospital units. Currently NEG provides treatment to 12,500 patients monthly throughout 120 nursing homes, and 4 inpatient geropsychiatric units in Massachusetts. Our talented team of providers consist of psychiatrists, nurse practitioners, physician assistants, social workers, licensed mental health counselors, psychologists, and neuropsychologists. NEG’s services include diagnostic evaluation, medication management, psychotherapy, behavior management consultation, dementia evaluation, and facilitation of inpatient psychiatric hospitalization. Our team is available 24 hours a day, 7 days a week. A patient, family member, staff member, or primary care physician may request our services.

NeuroStar
Booth 109
3222 Phoenixville Pike ~ Malvern, PA 19355
phone: (877) 600-7555 ~ Email: rjeter@neurostar.com
https://neurostar.com/

NeuroStar TMS Therapy is an FDA-cleared safe and effective non-drug depression treatment for patients who are not satisfied with the results of standard drug therapy. This novel treatment option provides benefits without the side effects often associated with antidepressant medication.

Novant Health
Booth 206
3367 Cloverleaf Parkway ~ Kannapolis, NC 20083
phone: (704) 316-5870 ~ www.novanthealth.org

Novant Health is focused on a key field of modern medicine. Piramal Imaging strives to be a leader in the Molecular Imaging field by developing innovative products that improve early detection and characterization of chronic and life threatening diseases, leading to better therapeutic outcomes and improved quality of life. For more information please go to www.piramal.com/imaging.

Piramal Imaging
Booth 607
Email: info.imaging@piramal.com ~ www.piramal.com/imaging

Piramal Imaging SA, a division of Piramal Enterprises, Ltd., was formed in 2012 with the acquisition of the molecular imaging research and development portfolio of Bayer Pharma AG. By developing novel PET tracers for molecular imaging, Piramal Imaging is focusing on a key field of modern medicine. Piramal Imaging strives to be a leader in the Molecular Imaging field by developing innovative products that improve early detection and characterization of chronic and life threatening diseases, leading to better therapeutic outcomes and improved quality of life. For more information please go to www.piramal.com/imaging.

Neuronetrix
Booth 202
1044 E Chestnut St. ~ Louisville, KY 40204
phone: (502) 593-3240 ~ Email: mullum@neuronetrix.com
www.neuronetrix.com

Neuronetrix, a leader in advanced neurocognitive technology, is revolutionizing the care of patients with cognitive disorders by providing meaningful diagnostic information to health care professionals early in the disease process. Our COGNITION™ System is being used across the US to help physicians differentiate between depression and dementia, track disease progression, and assess the overall cognitive deficits in patients. COGNITION™ provides objective measures, is practical to implement, and has an attractive revenue model.
Exhibitor Directory

Professional Risk Management Services, Inc. (PRMS)

Booth 407
1401 Wilson Blvd, Ste #700 ~ Arlington, VA 22209
Phone: (800) 245-3333 ~ Fax: (703) 276-9637
Email: TheProgram@prms.com ~ www.prms.com

PRMS® manages The Psychiatrists’ Program®, a full-service medical professional liability insurance program for behavioral healthcare providers unparalleled in its risk management expertise, aggressive defense strategies, and specialized policy. License defense coverage up to $150,000.* Telepsychiatry and forensic services included at no cost. Discounts up to 60%. *May vary by state.

Salt Lake Behavioral Health Hospital

Booth 209
3802 S 900 E ~ Salt Lake City, Utah 84106
Phone: (801) 264-6000 ~ Fax: (801) 264-6098
Email: nina.ferrell@uhsinc.com ~ www.saltlakebehavioralhealth.com

Salt Lake Behavioral Health is a 118-bed, freestanding acute inpatient psychiatric hospital located in Salt Lake City, Utah. Treatment is provided for adults aged 18 and over for general behavioral health, geriatric psychiatry, military trauma, addiction medicine (detox and rehabilitation) as well as intensive outpatient services. Admissions are accepted 24 hours a day, 7 days a week and most insurances are accepted including private, Medicare, Tri-care, VA and Utah Medicaid.

Takeda Pharmaceuticals U.S.A., Inc./Lundbeck

Booth 503
One Takeda Parkway ~ Deerfield, IL 60015
Phone: (224) 554.5600 ~ www.takeda.us ~ www.lundbeck.com
Visit our booth to discuss a treatment option for Adults with Major Depressive Disorder (MDD).

TeamHealth

Booth 505
265 Brookview Centre Way Suite 400 ~ Knoxville, TN 37919
Phone: (888) 861-4093 ~ Email: physicianjobs@teamhealth.com
www.teamhealth.com ~ www.facebook.com/teamhealth/
www.linkedin.com/company/19087
twitter.com/teamhealth

At TeamHealth, our purpose is to perfect our physicians’ ability to practice medicine, every day, in everything we do. TeamHealth offers outsourced emergency medicine, hospital medicine, critical care, anesthesiology, orthopedic hospitalist, acute care surgery, obstetrics and gynecology hospitalist, ambulatory care, post-acute care and medical call center solutions to acute and post-acute facilities and physician groups nationwide. Our philosophy is as simple as our goal is singular: we believe better experiences for physicians lead to better outcomes—for patients, hospital partners and physicians alike.
Opportunities For Trainees

AAGP gladly welcomes trainees at the Annual Meeting. The meeting is packed with educational sessions, committee, caucus and interest group meetings for members to get more involved, and some fun social events as well. There are also several events specifically designed for trainees. Specific times and locations for the events below are listed in the Schedule of Events (see page 12).

Members in Training (MIT) Reception
Friday, March 24, 7:30 pm–8:30 pm, Lalique
All trainees are invited to attend this special networking reception, for a relaxed and low-key opportunity to connect with other trainees, as well as meet some of the geriatric psychiatry fellowship directors. This reception is for all trainees and for any training director who is an AAGP member.

Developing Your Research Career
Sunday, March 26, 8:45 am–11:15 am, Wyeth
This meeting provides information on opportunities for new researchers in geriatric psychiatry and how to get started, obtain research training and support, and persist in the research field.

MIT Caucus
Saturday, March 25, 3:00 pm–4:00 pm, Cardinal A
This forum is an opportunity for AAGP members-in-training and student members to discuss MIT participation within AAGP and issues related to training and career development.

Early Investigator Poster Presentations
Saturday, March 25, Grand Ballroom
4:30 pm–5:30 pm Poster Rounds
5:30 pm–6:30 pm Poster Presentations
Early Investigator Posters feature research from those in the earlier stages of their career - medical students, residents, research or clinical fellows, or junior faculty (less than two years). The poster session will again include poster rounds, in which senior researchers will meet with the new investigators and any interested conference attendees to review and discuss the posters. Poster rounds are intended to facilitate interaction between senior faculty, young researchers, and the AAGP membership in a relaxed, collegial atmosphere.

Teaching and Training Committee Meeting
Saturday, March 25, 4:30 pm-6:30 pm, Wyeth
The Teaching and Training Committee shall work to improve the mental healthcare of the elderly by developing educational resources and programs to increase the knowledge base and skills of medical students and trainees at all levels. The committee shall also develop initiatives to strengthen training requirements in geriatric psychiatry and increase the number of students exposed to geriatrics. Specific areas under the committee’s jurisdiction include liaison and programs with ACGME, ABPN, publications, educational programs, and training/fellowship issues.

Developing Your Clinician/Educator Career
Saturday, March 25, 3:00 pm – 5:00 pm, Coral
In this special 2 hour symposium, we will present advice on creating a teaching portfolio and using that portfolio for promotion; present new teaching skills and allow participants to practice those new skills; and encourage networking for support and scholarly collaboration.

GMHF Scholars Program for Medical Students and General Psychiatry Residents
Supported by the Geriatric Mental Health Foundation through private donations from AAGP members

Saturday, March 25
The GMHF Scholars Fund, through the generous donations of AAGP members and staff, is providing scholarships for medical students and psychiatry residents to get involved with AAGP. Scholarships were awarded in the fall of 2016 to 25 psychiatry residents and 4 medical students. (Applications for the 2018 program will be due October 1, 2017. Get more details at www.AAGPonline.org/scholars.) All general psychiatry residents and medical students are invited to join the Scholars for their program on Saturday morning, to learn more about the field of geriatric psychiatry.

GMHF Scholars Program for Medical Students and Psychiatry Residents
Saturday, March 25 8:30 am–2:45 pm, Batik
This program is designed to increase interest in geriatric psychiatry among medical students and residents, inform about opportunities to learn more about clinical elective and research opportunities during medical school, and inform about opportunities available in psychiatry residency programs. The program also showcases the benefits of fellowship training in geriatric psychiatry and educates residents about the scope and practice of geriatric psychiatry. All general psychiatry residents and medical students who are registered for the meeting are invited to attend this morning program.

GMHF Scholars Mentoring Lunch
Following the Scholars Program morning meetings, program participants will attend a luncheon to meet individually with a geriatric psychiatrist mentor. Advance registration was required for this event. Additional attendees cannot be added on site.

GMHF Honors Scholars Alumni Session
Sunday, March 26, 1:30 pm–3:00 pm, Miro
(OPEN TO ALL MEETING ATTENDEES)
Come to this special session to hear presentations from three former Honors Scholars, who will each provide a presentation on the scholarly project they completed as part of the Scholars Program.
Join AAGP

Your Professional Home for Late-Life Mental Health Care

Our Focus
Join conversations, gain access and have a voice on research, policy issues and clinical trends aimed at helping seniors living with:
- Alzheimer’s
- Other dementias
- Depression
- Anxiety
- Substance abuse
- Other related illnesses

Our Membership
AAGP membership includes a diverse group of professionals who carry a passion for the field.
- Psychiatrists
- Physicians
- Neurologists
- Nurses
- Psychologists
- Social Workers
- Pharmacists
- Students

Your Benefits
AAGP benefits allow professionals to interact and expand their involvement through:
- Networking & Collaboration
- Access to Members-Only Website
- Educational Publications
- Discounts
  - Annual Meeting & Other Educational Programs
  - Professional Publications
  - Consumer Brochures
  - AAGP Bookstore

www.AAGPonline.org/membership
2018 Annual Meeting

March 15 - 18
Hilton Hawaiian Village Hotel
Honolulu, Hawaii

Important Dates

Submission portal opens May 2017
General Session Submissions — due June 2017
Case Presentations — due June 2017
New Research Posters — due October 2017
Early Investigator Posters — due October 2017
Late Breaking Posters — due January 2018