Addressing Cognition in Geriatric Depression

MEASUREMENT- AND EVIDENCE-BASED STRATEGIES

PROGRAM DESCRIPTION
Three leading experts will explore the challenges that complicate the treatment of geriatric patients with MDD. The didactic segments of the presentation will center on cognitive symptoms of depression, use of measurement-based care in MDD treatment, and clinical trial data on newer agents/strategies shown to positively impact MDD treatment, and clinical trial data on newer agents/strategies shown to positively impact MDD treatment. Guidance for the implementation of shared decision-making will be presented via an on-stage, panel “interview” with an actual geriatric patient with MDD.

NTENDED AUDIENCE
Psychiatrists and psychiatric allied health professionals

LEARNING OBJECTIVES
At the conclusion of this program, participants should be better able to:
• Describe the link between untreated symptoms of MDD, particularly cognitive deficits, and dementia
• Implement individualized treatment strategies for geriatric patients with MDD
• Increase the proportion of patients with MDD aged 65 years and older whose symptoms are reassessed using a validated, quantitative assessment tool within 3 months of initiating antidepressant therapy
• Utilize motivational interviewing and other strategies to actively engage geriatric patients with MDD in their treatment plan

AGENDA

8:00 AM – 8:05 AM
Opening / Introductions

8:05 AM – 8:25 AM
Geriatric Depression: The Impact of Cognitive Symptoms and the Importance of Cognitive Assessment

8:25 AM – 8:50 AM
Implementing Safe and Effective Therapy in Geriatric Patients With MDD

8:50 AM – 9:15 AM
The Shared Decision-Making Model: The Importance of Measurement-Based and Individualized Care

9:15 AM – 9:30 AM
Q&A

An audience response system (ARS) will be used to enhance interactivity during the entire program and the Panel Discussion/Q&A Session.

Program Faculty
David C. Steffens, MD, MHS (Chair)
Professor and Chair, Department of Psychiatry
University of Connecticut Health Center
School of Medicine
Farmington, CT

J. Craig Nelson, MD
Leon J. Epstein Professor of Geriatric Psychiatry
Director of Geriatric Psychiatry
University of California, San Francisco
San Francisco, CA

Charles Raison, MD
Mary Sue and Mike Shannon Chair for Healthy Minds, Children & Families
Professor, Human Development and Family Studies
School of Human Ecology, University of Wisconsin-Madison
Professor, Department of Psychiatry
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Madison, WI

ACCREDITATION STATEMENT
The American Association for Geriatric Psychiatry is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The American Association for Geriatric Psychiatry designates this live activity for a maximum of 1.50 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

DISCLOSURE STATEMENT
As an ACCME-accredited provider, the American Association for Geriatric Psychiatry must ensure balance, objectivity, independence, and scientific rigor in its educational activities. Faculty are encouraged to provide a balanced view of therapeutic options by utilizing either generic names or the trade names of several to ensure impartiality.

All presenters, planners, and others in a position to control continuing medical education content participating in an American Association for Geriatric Psychiatry activity are required to disclose relationships with commercial interests. A commercial interest is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by, or used on, patients.

Disclosure of these commitments and/or relationships is included in activity materials so that participants and/or relationships is included in activity materials so that participants attending the activity may formulate their own judgments in interpreting its content and evaluating its recommendations.

This activity may include presentations in which presenters may discuss off-label and/or investigational use of pharmaceuticals or instruments not yet FDA-approved. Participants should note that the use of products outside currently FDA-approved labeling should be considered experimental and are advised to consult current prescribing information for FDA-approved indications.

This symposium is neither sponsored nor endorsed by the American Association for Geriatric Psychiatry.
Towards an Early Diagnosis and a Disease-Modifying Approach to

ALZHEIMER’S DISEASE:
A 3D View of CLINICAL PARAMETERS and BIOMARKERS
guiding the Diagnosis of Alzheimer’s disease and the Development of New Therapies

Join us for a CME ACTIVITY on FRIDAY, MARCH 18, 2016

WASHINGTON HILTON & TOWERS / ROOM: IBR CENTER (located on the concourse level)
Registration and Lunch Reception 12:45 PM – 1:15 PM  Meeting 1:15 PM – 2:45 PM
1919 Connecticut Ave NW • Washington, DC 20009

1.5 CME CREDITS  3D Glasses for all attendees!

PROGRAM DESCRIPTION
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.

LEARNING OBJECTIVES
After completing the CME activity, learners should be better able to:
- Describe the pathophysiology of AD and the importance of integrating biomarkers in the diagnosis of AD
- Evaluate evidence supporting importance of early diagnosis and identify challenges in obtaining an early and accurate diagnosis of AD or other causes of cognitive impairment
- Review the diagnostic techniques and imaging tools for AD, including amyloid-PET, and their use in the clinic
- Understand the mechanisms of action of investigational amyloid targeting therapies and critically assess new data from treatment and prevention trials

CREDIT DESIGNATION
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FACULTY
Marc Agronin, MD
Vice President, Behavioral Health and Clinical Research, Miami Jewish Health Systems
Affiliate Associate Professor of Psychiatry and Neurology
University of Miami Miller School of Medicine
Miami, FL

Martin Farlow, MD
Vice-Chairman for Research in the Department of Neurology
Indiana University
Associate co-director
Indiana Alzheimer Disease Center
Indianapolis, IN

FEATURES
ARS to enhance learning experience
iPad technology
3D videos

Provided by the American Association of Geriatric Psychiatry.
Facilitated by Med Learning Group.
Supported by an educational grant from Lilly USA, LLC.
Please join us for this complimentary CME Breakfast Symposium

NEW PERSPECTIVES ON THE DIAGNOSIS AND TREATMENT OF PATIENTS WITH PARKINSON’S DISEASE PSYCHOSIS

Saturday, March 19, 2016
7:30 AM – 8:00 AM  Registration & Breakfast
8:00 AM – 9:30 AM  CME Symposium

Washington Hilton  •  International Ballroom, Section XX
1919 Connecticut Avenue NW, Washington, DC 20009

Register online at www.pdpcme.com through Friday, March 18. Onsite registration available as space permits.

Complimentary CME Registration and Breakfast

Earn up to 1.5 hours of AMA PRA Category 1 Credits™

FACULTY

Daniel Weintraub, MD
Associate Professor of Psychiatry and Neurology
Perelman School of Medicine at the University of Pennsylvania
Parkinson’s Disease and Mental Illness Research, Education and Clinical Centers (PADRECC and MIRECC)
Corporal Michael J. Crescenz Department of Veterans Affairs Medical Center
Philadelphia Veterans Affairs Medical Center
Philadelphia, Pennsylvania

Jennifer G. Goldman, MD, MS
Associate Professor
Section of Parkinson’s Disease and Movement Disorders
Department of Neurological Sciences
Rush University Medical Center
Chicago, Illinois

Matthew A. Menza, MD
Professor of Psychiatry and Neurology Chair, Department of Psychiatry
Rutgers Robert Wood Johnson Medical School
Piscataway, New Jersey

Learning Objectives

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

AMA Credit Designation Statement
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This continuing medical education activity is supported through an unrestricted educational grant from ACADIA Pharmaceuticals, Inc.