2018 ANNUAL MEETING
MARCH 15-18
Honolulu, Hawaii
HILTON HAWAIIAN VILLAGE
Waikiki Beach Resort

DIVERSITY & INCLUSIVITY
Achieving Excellence in Geriatric Mental Health

AAGP | American Association for Geriatric Psychiatry

@GeriPsyc
#AAGP2018
www.facebook.com/GeriPsyc
bit.ly/AAGP-GeriPsyc
www.AAGPMeeting.org
Hotel Floor Plan

Mid-Pacific Conference Center

Tapa Conference Center

Kalau Conference Center

Rainbow Suite
Welcome

The Program Committee and I extend a warm welcome to you at the 2018 Annual Meeting of the American Association for Geriatric Psychiatry. This year’s theme is “Diversity and Inclusivity: Achieving Excellence in Geriatric Mental Health”. This theme has resonated with so many of us, and we have several excellent symposia that reflect this topic through the lenses of clinical care, research, education, as well as within our organization.

There are numerous innovative, exciting and stimulating symposia scheduled, but I would like to take a moment to highlight a few. We have several symposia focusing culture and its impact on healthy aging, resilience, healthcare delivery models, as well as cultural implications in teaching and educational curricula.

We cordially invite everyone to attend three exciting plenary sessions. On Thursday, join us at the Opening Plenary and hear from incoming AAGP president, Melinda Lantz, MD. This will be followed immediately by the Opening Reception. On Friday, the plenary will feature a presentation “Global Innovations in Scaling Up Mental Health Care” from Vikram Patel. On Saturday, Joan Chiao will provide a plenary presentation on “Cultural Neuroscience” reflecting on themes of race and its impact on cognition, perception and emotion in older adults.

We would also like to highlight special sessions at the 2018 meeting. Linda Worley, MD will lead an interactive session on the relevant topic of Physician Wellness and Burnout. Also, Sanford Finkel, MD, AAGP’s founding member and first president will lead a discussion on “The Origins, Past, Present, and Future of Geriatric Psychiatry”. This session is timely given that the 2018 meeting also commemorates the 40th anniversary of AAGP’s founding!

We can also look forward to oral and case presentations covering an array of stimulating topics ranging from neuromodulation to psychotherapy, ethical and medicolegal issues, and many more. These sessions showcase the exciting work being performed by new investigators and young scholars. I hope you will find the sessions of interest and mark your calendars to attend.

Don’t forget about the poster sessions, in the Exhibit Hall on Friday and Saturday. Everyone is invited to join Poster Rounds during the Early Investigator poster session on Friday, March 16, from 4:30-5:30 PM.

Lastly, if you have not already done so, please avail of the ample opportunities to become more involved in AAGP. There are many committees, interest groups, and caucus meetings occurring throughout the annual meeting, and your involvement is always welcome. Our association is enriched by our members’ dedication and enthusiastic involvement. Thank you for attending and enriching this year’s annual meeting. I hope you enjoy the sessions, networking opportunities, and camaraderie within!

Shilpa Srinivasan, MD, DFAPA
AAGP 2018 Annual Meeting Program Chair

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Program Committee

Shilpa Srinivasan, MD, DFAPA
2018 Program Chair

Rajesh R. Tampi, MD, MS, DFAPA
2017 Program Chair

Paul A. Newhouse, MD
2016 Program Chair

Committee Members

Chris Abbott, MD
Janet Abrams, MSW
Idbal Ahmed, MD
Esther Akinyemi, MD
Mary Blazek, MD
Lisa Boyle, MD
Colleen Brems, ARNP
Gretchen Brenes, PhD
Josepha Cheong, MD
Lou Ann Eads, MD
Erica Garcia-Pittman, MD
Melodee Harris, PhD, MSN, BSN, AA
  Kirk Harris, MD
  Pallavi Joshi, MA
  Jordan Karp, MD
  Melinda Lantz, MD
  Helen Lavretsky, MD
  Susan Lehmann, MD
  Joanna Lim, MD
  John Little, MD
  Ljaljevic Zorica, MD
  Susan Maixner, MD
  Briana Mezuk, PhD
  Paul Newhouse, MD
  Anusha Ranganathan, MD
  Mercedes Rodriguez-Suarez, MD
  Jason Schillerstrom, MD
  Susan Schultz, MD
  Dan Sewell, MD
  Tatyana Shteinlukht, MD
  Deena Tampi, MSN, MBA-HCA, RN
  Rajesh Tampi, MD, MS, DFAPA
  Sophia Wang, MD
  Julie Wetherell, PhD

Program Chairs

Review Course:
William McDonald, MD

Neuroscience Teaching Day:
Howard Aizenstein, MD

Training Directors:
Jason Schillerstrom, MD

Scholars Program:
Michelle Conroy, MD
Brandon Yarns, MD

Posters Review:
Prasad Padala, MD

Developing Your Research Career:
Olivia Okereke, MD

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.
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.
- 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, Business of Geriatric Psychiatry, Neuroscience Teaching Day, and Training Director’s workshop program on Wednesday are separately ticketed events for all attendees and guests.
- The Donor Reception is a ticketed event for attendees at certain donation levels.

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. Industry-Supported Symposium: Long-Term Care for Patients with Parkinson’s Disease Psychosis: A Multidisciplinary Approach, sponsored by ACADIA Pharmaceuticals, Inc and MedEdicus. Industry-Supported Symposium: New Options for An Old Problem: Tardive Dyskinesia Assessment & Treatment in Older Adults, sponsored by an educational grant by Neurocrine Biosciences, Inc and Creative Educational Concepts, Inc.

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.

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 Hilton Hawaiian Village Waikiki Beach Resort. Please note the location of the individual events on the Schedule of Events.

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<tr>
<th>Services</th>
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</thead>
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<tr>
<td>AAGP Registration:</td>
<td>Coral Lounge</td>
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<tr>
<td>Committees/Caucuses:</td>
<td>Mid-Pacific &amp; Tapa Conference Center</td>
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<tr>
<td>Cyber Café and WiFi Lounge:</td>
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<td>Exhibit Hall:</td>
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<td>Interest Groups:</td>
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<td>Poster Sessions:</td>
<td>Coral Ballroom 3-5</td>
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<td>Session Recordings Sales:</td>
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<tr>
<td>Sessions:</td>
<td>Kalia, Mid-Pacific, &amp; Tapa Conference Center</td>
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</tbody>
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SERVICES

AAGP Membership/Bookstore
Don’t forget to stop by the AAGP Membership and Book Store located at Registration in the Coral Lounge. 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 AAGP Scholars Program
- Become an AAGP member
- Learn more about the AAGP

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.

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 Coral Lounge 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.
General Information and Policies

**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 Coral Ballroom 3-5. If you have any questions regarding posters, please go to the AAGP Registration area for assistance.

**Friday, March 16: Early Investigator Posters**
- Poster Rounds 4:30 pm–5:30 pm
- Standard Poster Session with Authors Present 5:30 pm–6:30 pm

**Saturday, March 17: New Research and Late Breaking Posters**
- Poster Session with Authors Present 3:30 pm–5:30 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.

**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 48.5 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 2018 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 thanks the following companies for the support of the 2018 AAGP Annual Meeting:

ACADIA Pharmaceuticals, Inc and Mededicus
   Industry Supported Symposium

Neurocrine Biosciences, Inc and Creative Educational Concepts, Inc.
   Industry Supported Symposia

American Association for Geriatric Psychiatry
   Scholars Program
   Friday Plenary
   Saturday Plenary

AAGP thanks the following organizations and individuals for their participation and support:

CMI Communications
Creative Educational Concepts, Inc.
Degnon Associates
Exambuilder
Express Evaluations
Hawaii Visitors & Convention Bureau
Hilton Hawaiian Village Hotel
International Center for Documentary Arts
GES Exhibitor Services
MedEdicus, LLC
MultiView
Online-Reg.com
Peerless Host Hawaii
Pleasant Holidays, LLC
Roberts Hawaii Airport Shuttle

The American Association for Geriatric Psychiatry

Recognizes and Thanks

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

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

For Their Membership in the 2018 AAGP Corporate Advisory Council
Program Objectives

The AAGP 2018 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 2018, 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 in areas of diversity and inclusivity. 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 2018 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

Download the AAGP Mobile App Now!

https://crowd.cc/s/13COg

Scan this code with a QR reader to easily download the app.
Opening Plenary and Reception

with the American Association for Geriatric Psychiatry

Thursday, March 15, 2018
5:00 pm - 8:00 pm
Tapa Ballroom 1+2 (Tapa Tower)

Opening Plenary
5:00 pm – 6:30 pm
Welcome
Shilpa Srinivasan, MD, DFAPA, AAGP 2018 Annual Meeting Program Chair
Presentation of Awards
Iqbal “Ike” Ahmed, MD, AAGP President
Melinda Lantz, MD, AAGP President-Elect
Presidential Plenary Address
Melinda Lantz, MD, AAGP President-Elect

Opening Reception
6:30 pm – 8:00 pm
Great Lawn
Immediately following the Opening Plenary, all registrants are invited to the Opening Reception with light refreshments. (Separate tickets may be purchased for guests.)
Plenary 2: Global Innovations in Scaling Up Mental Health Care
Presenter: Vikram Patel, MD
The lecture will present a synthesis of the innovations employed globally to address barriers to implementation of evidence based mental health care, notably the lack of skilled providers, the poor access to mental health care, and the low acceptability of mental health care interventions, and then consider the implications of this evidence for a reframing of the architecture of mental health care systems.

Plenary 3: Cultural Neuroscience
Presenter: Joan Chiao, PhD
Cultural neuroscience is a research field that examines the cultural, environmental and genetic factors that shape psychological and neural processes underlying behavior. Research advances in cultural neuroscience demonstrate the relevance of culture in modulating brain and behavior. This plenary will provide a review of the theoretical and methodological fundamentals in the field of cultural neuroscience, with discussion of the implications of this research for closing the gap in population mental health disparities.
# Meeting Overview

<table>
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<tr>
<th>Time</th>
<th>Activities</th>
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</thead>
<tbody>
<tr>
<td>WEDNESDAY</td>
<td>AAGP Business Meeting</td>
</tr>
<tr>
<td>March 14</td>
<td>11:00 am–12:00 pm</td>
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<tr>
<td>Registration</td>
<td>Opening Plenary</td>
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<tr>
<td>4:00 pm–6:00 pm</td>
<td>5:00 pm–6:30 pm</td>
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<tr>
<td>AAGP Board Meeting</td>
<td>6:30 pm–8:00 pm</td>
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<td>THURSDAY</td>
<td>Members-In-Training (MIT) Reception</td>
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<tr>
<td>March 15</td>
<td>(open only to trainees and training directors)</td>
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<tr>
<td>Registration</td>
<td>7:30 pm–8:30 pm</td>
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<tr>
<td>7:00 am–6:00 pm</td>
<td>New Member/First-Time Attendee Reception</td>
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<tr>
<td>Training Directors’ Workshop (ticketed event)</td>
<td>7:30 pm–8:30 pm</td>
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<tr>
<td>7:30 am–12:00 pm</td>
<td>Past Presidents Reception (invitation only)</td>
</tr>
<tr>
<td>Review Course (ticketed event)</td>
<td>7:30 pm–9:00 pm</td>
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<tr>
<td>7:30 am–4:45 pm</td>
<td>AAGP Business Meeting</td>
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<tr>
<td>Engaging in The Business of Geriatric Psychiatry: Making a Career and a Living in Geriatric Psychiatry (ticketed event)</td>
<td>7:30 pm–9:00 pm</td>
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<td>7:30 am–5:00 pm</td>
<td>Opening Plenary</td>
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<tr>
<td>Neuroscience Teaching Day (ticketed event)</td>
<td>5:00 pm–6:30 pm</td>
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<tr>
<td>7:45 am-12:30 pm</td>
<td>Opening Reception</td>
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<tr>
<td>Breakout Sessions</td>
<td>6:30 pm–8:00 pm</td>
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<tr>
<td>1:30 pm–3:00 pm</td>
<td>New Member/First-Time Attendee Reception</td>
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<tr>
<td>3:15 pm–4:45 pm</td>
<td>Past Presidents Reception (invitation only)</td>
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<td>FRIDAY</td>
<td>Exhibit Hall Open</td>
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<tr>
<td>March 16</td>
<td>4:30 pm–6:30 pm</td>
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<tr>
<td>Registration</td>
<td>Early Investigator Research Posters</td>
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<tr>
<td>7:00 am–5:30 pm</td>
<td>4:30 pm–6:30 pm</td>
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<tr>
<td>Breakfast Symposium</td>
<td>Exhibit Hall Reception</td>
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<td>7:30 am–9:30 am</td>
<td>4:30 pm–6:30 pm</td>
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<tr>
<td>Scholars Program</td>
<td>4:30 pm–6:30 pm</td>
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<tr>
<td>Breakfast: 7:30 am–8:30 am</td>
<td>4:30 pm–6:30 pm</td>
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<tr>
<td>Program: 8:30 am–11:30 am</td>
<td>4:30 pm–6:30 pm</td>
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<td>Mentoring Lunch: 12:45 pm–2:45 pm</td>
<td>4:30 pm–6:30 pm</td>
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<td>Breakout Sessions</td>
<td>4:30 pm–6:30 pm</td>
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<td>9:45 am–11:15 am</td>
<td>4:30 pm–6:30 pm</td>
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<tr>
<td>Plenary Session: Vikram Patel, MD</td>
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<td>11:30 am–12:30 pm</td>
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<tr>
<td>Lunch Symposium</td>
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<td>12:45 pm–2:45 pm</td>
<td>4:30 pm–6:30 pm</td>
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<tr>
<td>Breakout Sessions</td>
<td>4:30 pm–6:30 pm</td>
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<td>3:00 pm–4:30 pm</td>
<td>4:30 pm–6:30 pm</td>
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<tr>
<td>SATURDAY</td>
<td>Exhibit Hall Open</td>
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<td>March 17</td>
<td>12:30 pm–1:30 pm</td>
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<td>Registration</td>
<td>Exhibit Hall Lunch</td>
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<td>7:00 am–5:30 pm</td>
<td>12:30 pm–1:30 pm</td>
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<tr>
<td>Breakout Sessions</td>
<td>New Research &amp; Late Breaking Posters</td>
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<td>7:45 am–9:15 am</td>
<td>3:30 pm–5:30 pm</td>
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<td>Developing Your Research Career</td>
<td>3:30 pm–5:30 pm</td>
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<td>7:45 am - 9:15 am</td>
<td>3:30 pm–5:30 pm</td>
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<tr>
<td>Plenary Session: Joan Chiao, PhD</td>
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<td>9:30 am–10:30 am</td>
<td>3:30 pm–5:30 pm</td>
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<tr>
<td>Discussion Roundtables</td>
<td>3:30 pm–5:30 pm</td>
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<tr>
<td>12:30 pm–1:30 pm</td>
<td>3:30 pm–5:30 pm</td>
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<tr>
<td>Breakout Sessions</td>
<td>3:30 pm–5:30 pm</td>
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<td>10:45 am–12:15 pm</td>
<td>3:30 pm–5:30 pm</td>
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<tr>
<td>1:45 pm–3:15 pm</td>
<td>3:30 pm–5:30 pm</td>
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<tr>
<td>SUNDAY</td>
<td>Exhibit Hall Open</td>
</tr>
<tr>
<td>March 18</td>
<td>12:30 pm–1:30 pm</td>
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<tr>
<td>Registration</td>
<td>Exhibit Hall Lunch</td>
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<tr>
<td>7:00 am–12:00 pm</td>
<td>12:30 pm–1:30 pm</td>
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<tr>
<td>Breakout Sessions</td>
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<td>11:00 pm–12:30 pm</td>
<td>3:30 pm–5:30 pm</td>
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<tr>
<td>Annual Meeting Program Committee</td>
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<td>12:45 pm–2:45 pm</td>
<td>3:30 pm–5:30 pm</td>
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<tr>
<td>5k Fun Run/Walk Course</td>
<td>3:30 pm–5:30 pm</td>
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<tr>
<td>6:30 am - 7:30 am</td>
<td>3:30 pm–5:30 pm</td>
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<tr>
<td>Donors Reception (invitation only)</td>
<td>6:00 pm–7:30 pm</td>
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<td>6:00 pm–7:30 pm</td>
<td>6:00 pm–7:30 pm</td>
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</table>
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.

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<td>C</td>
<td>EDUCATOR TRACK</td>
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<td>S</td>
<td>CLINICAL TRACK</td>
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<tr>
<td>R</td>
<td>INDUSTRY SUPPORTED SYMPOSIUM</td>
</tr>
<tr>
<td>I</td>
<td>RESEARCH TRACK</td>
</tr>
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</table>

Wednesday, March 14

8:30 AM - 4:30 PM
AAGP Board of Directors Meeting
Rainbow Suite / Patio
8:30 AM-12:30 PM: Executive Session-Open to Board members only.
1:30 PM-4:30 PM: Open Session-Any member who wishes are welcome to observe the open meeting.

Thursday, March 15

7:30 AM-4:45 PM
Session W1 (TICKETED EVENT) - Continental Breakfast begins at 7:00 AM
South Pacific Ballroom 1-2 (Mid-Pacific Conference Center)
A 2018 Geriatric Psychiatry Review Course
Chair: William McDonald, MD
Faculty: Chevelle Brudey, MD, Marie DeWitt, MD, Jennifer Gatchel, MD, James M. Ellison, MD, Adriana Hermida, MD, Andrea Iaboni, MD, John Kasckow, MD, PhD, Maria I. Lapid, MD, Laura Marsh, MD, Arnaldo Moreno, MD, Prasad Padala, MD, MS, FACHE, Charles F. Reynolds, III, MD, 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-5:00 PM
Session W2 (TICKETED EVENT) - Continental Breakfast begins at 7:00 AM
South Pacific Ballroom 4 (Mid-Pacific Conference Center)
A Engaging in The Business of Geriatric Psychiatry: Making a Career and a Living in Geriatric Psychiatry
Chair: Elliott M. Stein, MD
Faculty: Allan Anderson, MD, MMM, CMD, Gary Moak, MD, Amita Patel, MD, CMD, Carolyn Clevenger, RN, DPN, Beverly Chang, MD, Kurtis Kaminishi, MD, Pei-Huey Nie, MD, Stephen Hall, MD, Alan Siegal, MD
Individuals who participate in this program will be able to:
- Assess different opportunities and options for clinical practice.
- Understand the relationships between service provision, documentation, coding and reimbursement.
- Compare and contrast the differences among various independent practice and employment options for psychiatric practitioners.
- Have an understanding of the regulatory issues affecting clinical practice management.
- Be prepared to learn and incorporate new services and service codes into their work.
- Be better positioned to make a living by providing care to older individuals.
Thursday, March 15, continued

1:30 PM - 3:00 PM
Session 100
South Pacific Ballroom 3 (Mid-Pacific Conference Center)

A PATH Forward: A Culturally Relevant Psychosocial Intervention for Depression in Cognitive Impaired Older Adults
Chair: Dimitris Kiosses, PhD
Faculty: Mirnova E. Ceide, MD, PhD, Janice Korenblatt, LCSW, MSW
Discussant: Gary Kennedy, MD

Previous literature has shown depression to be one of the most common neuropsychiatric symptoms of AD and dementia related disorders, with a prevalence from 25% to 75% of patients. Kiosses and colleagues developed a non-pharmacological intervention to treat older adults with depression in the setting of dementia known as Problem Adaptation Therapy (PATH). In 2016, Montefiore and Cornell Westchester division, collaborated in a pilot study to adapt PATH to serve the diverse Bronx and Westchester county populations delivering PATH in English and Spanish, in order to evaluate the efficacy of this model in all settings and establish the sustainability of this model within a larger and more diverse health care network. During this session, the presenters will describe the development and advances in the PATH model and various adaptations and how this model was adapted in Montefiore Medical Center health network.

1:30 PM - 3:00 PM
Session 101
Coral Ballroom 2 (Mid-Pacific Conference Center)

AAGP Training Programs: Stepping Stones to the Scholars Program: Implications for Recruitment into the Field of Geriatric Psychiatry
Chair: Paul D. Kirwin, MD
Faculty: Brent Forester, MD, Kirsten Wilkins, MD, Michelle Conroy, MD

This session will provide a historic overview of the AAGP training programs, from Stepping Stones to the Scholars Program. Presenters will describe an overview and history of these pescient training efforts, provide details about the content of these programs, and provide qualitative and quantitative results of participant surveys conducted, both at the conclusion of the actual program, and at variable time intervals subsequent to completing the program, to assess longer term outcomes of these educational efforts.

1:30 PM - 3:00 PM
Session 102
Kahili Suite (Kalia Tower)

Ethical, Legal and Forensic Issues in Geriatric Psychiatry
Chair: Aarti Gupta, MD
Faculty: Rajesh Tampi, MD, MS, DFAPA, Meera Balasubramaniam, MD, MPH

The session will review the ethical, legal and forensic issues in geriatric psychiatry. Ethical issues will focus on informed consent, decisional capacity, capacity evaluation and testamentary capacity while legal issues will review advance health care planning. Finally, the last section of the presentation will discuss issues germane to aging offenders, competence to stand trial and treatment.
The rapid aging of the population and national shortage of clinicians with geriatric-specific training mean that all medical students and trainees must be prepared to care for older patients with general and mental health concerns compassionately and competently. Ageism is endemic in society and is prevalent in medical education and clinical settings, where it undermines care for older patients. Unlike other “ism’s” such as racism or sexism, ageism is often seen as socially acceptable, making it harder to detect and to target for intervention. This symposium will explore the impact of ageism in healthcare systems and medical education and will propose new approaches to combat negative bias and stigma towards aging.

3:15 PM-4:45 PM
Session 110
South Pacific Ballroom 3 (Mid-Pacific Conference Center)
Addressing the Challenge of Hoarding in Older Adults
Chair: David M. Roane, MD
Faculty: Alyssa Landers, MA
This workshop will focus on treatment methods and community resources that can help vulnerable seniors with hoarding disorder. Workshop participants will learn how to assess patients’ living conditions and recognize contributing factors to hoarding, including: excessive accumulation, difficulty with discarding, and lack of awareness. We will go step-by-step through a short-term cognitive-behavioral treatment model, detailing how to conceptualize cases, address motivation, and implement harm reduction-based therapeutic methods. The valuable role of home visits, and clinician apprehension about these visits, will be covered.

3:15 PM-4:45 PM
Session 111
Honolulu Suite 3 (Tapa Tower)
CFI In Action: An Interactive Workshop on the use of the Cultural Formulation Interview
Chair: Ali Asghar Ali, MD
Faculty: Rita Hargrave, MD, Tatyana Shteinlukht, MD, PhD
Discussant: Iqbal Ahmed, MD, FRCPsych
Culture shapes every aspect of a person’s care in psychiatry, influencing their experiences of illness and distress and the models clinicians use to understand symptoms. Even when patients and clinicians share similar ethnic or linguistic backgrounds, cultural elements such as age, religion, and sexual orientation can influence the interaction. A cultural formulation therefore is a necessary component of a comprehensive psychiatric assessment. The Cultural Formulation Interview (CFI) uses available evidence to create a standardized approach to cultural assessment using a semistructured interview. In this interactive session, presenters will role-play the application of the CFI in geriatric clinical care situations. Specific elements and techniques on how to incorporate the CFI in clinical care will be highlighted. The role-play will be followed by a discussion. The workshop will conclude with audience members working in small groups to practice elements of the CFI. Presenters will assist participants with the process and provide in situ feedback.

3:15 PM-4:45 PM
Session 112
Kahili Suite (Kalia Tower)
Emerging Multimodal Neuroimaging Findings in Late Life Depression
Faculty: J. Craig Nelson, MD, Scott Mackin, PhD, Duygu Tosun, PhD, Olga Tymofiyeva
The session will consist of 3 presentations. The first presentation (Dr. Nelson) reviews the clinical issues that related to the research in the next two presentations. The second presentation (Dr. Mackin) describes new findings with respect to cerebral perfusion, cortical atrophy, and amyloid deposition in late life depression. The third presentation (Dr. Tosun) will present findings regarding function connectivity in neural networks.
Thursday, March 15, continued

3:15 PM-4:45 PM
Session 113
Lehua Suite (Kalia Tower)
A Strategies for Reducing the Overuse of Prescription Drugs in Elders: A Focus on Opioids and Benzodiazepines
Chair: Mark D. Miller, MD
Faculty: June C. Lee, DO, Jordan Karp, MD
Discussant: Charles F. Reynolds III, MD
The scope of the consequences of benzodiazepine and opioid overuse in elders has been well delineated in the scientific literature and in the popular press recently. This session will focus on how to implement strategies for reducing the overuse of Benzodiazepines and Opioids. Dr.’s Lee and Miller will present an overview of the problem with a focus on two specific populations: the Pacific islands and rural West Virginia with up to date statistics and strategies being implemented for successful deprescribing. Dr. Karp will focus on rational strategies for managing pain in elders with emphasis on alternative strategies to the use of chronic opioids.

SPECIAL SESSION FROM AAGP FOUNDER
3:15 PM-4:45 PM
Session 114
Coral Ballroom 2 (Mid-Pacific Conference Center)
A The Origins, Past, Present and Future of Geriatric Psychiatry
Faculty: Sanford I. Finkel, MD
As the Founder of AAGP, Co-Founder of the American Psychiatric Association’s Council on Aging, as well as the International Psychogeriatric Association, and as a practicing geriatric psychiatrist for half a century, I have been privileged to witness and contribute to the birth, growth and development of our field. Our members have shared many successes, experienced many problems, and, nevertheless, are poised to participate in an exciting and worthwhile future.

5:00 PM-6:30 PM
Opening Plenary
Tapa Ballroom 1+2 (Tapa Tower)
Welcome by Shilpa Srinivasan, MD, DFAPA
AAGP 2018 Annual Meeting Program Chair
Presentation of Awards by Iqbal “Ike” Ahmed, MD, AAGP President and Melinda Lantz, MD, AAGP President-Elect
Presidential Plenary Address by Melinda Lantz, MD, AAGP President-Elect

6:30 PM-8:00 PM
Opening Reception
Great Lawn
Immediately following the Opening Plenary, all registrants are invited to an Opening Reception with light refreshments. (Separate tickets may be purchased for guests).

7:30 PM-8:30 PM
Members-In-Training (MIT) Reception
Coral Ballroom 2 (Mid-Pacific Conference Center)
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.

7:30 PM-8:00 PM
New Member/First-Time Attendee Reception
Rainbow Suite 1 / Patio

7:30-9:00 PM
Past Presidents Reception (Invitation only)
Nautilus Suite (Mid-Pacific Conference Center)
COMPLIMENTARY CME/CE BREAKFAST SYMPOSIUM

Long-Term Care for Patients With Parkinson Disease Psychosis: A MULTIDISCIPLINARY APPROACH

FRIDAY, MARCH 16, 2018
7:30 AM – 8:00 AM Registration & Breakfast
8:00 AM – 9:30 AM CME/CE Symposium
Hilton Hawaiian Village Waikiki Beach Resort
TAPA BALLROOM I & II, TAPA TOWER, 2ND FLOOR

FACULTY
GUS ALVA, MD, DFAPA (Chair)
GEORGE T. GROSSBERG, MD
NEAL HERMANOWICZ, MD
DANA SAFFEL, PHARMD

Earn Up to 1.5 AMA PRA Category 1 Credits™ or 1.5 Contact Hours

Target Audience
This activity intends to educate psychiatrists, physician assistants, nurse practitioners, and nurses caring for patients with PDP.

Learning Objectives
Upon completion of this activity, participants will be better able to:
· Discuss strategies for early diagnosis of PDP
· Debate the evidence for early treatment of PDP symptoms
· Contrast individualized pharmacologic treatment plans for patients with PDP in the long-term care setting
· Interpret new CMS requirements for management of 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.

Continuing Education Accreditation Statement
Continuing education credit for this program is awarded by Commonwealth Educational Seminars for the following professions: nurses, social workers, psychologists, and professional counselors/licensed mental health counselors.

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.

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Friday, March 16

7:30 AM-8:30 AM
**AAGP Scholars Program Breakfast** (Program participants only)
South Pacific Ballroom 3-4 (Mid-Pacific Conference Center)

7:30 AM-9:30 AM
True or False: Catatonia and Delirium: Kissing Cousins or No Relation?
Tapa Ballrooms 1+2 (Tapa Tower)

**A** Long-Term Care for Patients with Parkinson’s Disease
**Psychosis: A Multidisciplinary Approach**
Chair: Gus Alva, MD, DFAPA
Faculty: George T. Grossberg, MD, Neal Hermanowicz, MD, Dana Saffel, PharmD

8:30 AM-11:30 AM
**AAGP Scholars Program**
South Pacific Ballroom 3-4 (Mid-Pacific Conference Center)
Chairs: Michelle Conroy, MD, Brandon Yams, MD
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.

9:45 AM-11:15 AM
**Session 201**
Lehua Suite (Kalia Tower)

**A** Catatonia and Delirium: Kissing Cousins or No Relation?
Chair: Marie DeWitt, MD
Faculty: Jo Ellen Wilson, MD, MPH, Larry Tune, MD
Catatonia and delirium have overlapping and similar features including organic etiologies and hyperactive or hypoactive presentations that are characterized by motor, behavioral, and emotional changes. This symposium will explore the relationship of catatonia and delirium. It will feature a brief introduction to the overlapping and distinguishing characteristics of delirium and catatonia, followed by the sharing of research data evaluating catatonia and delirium in the ICU, and finally with the use of cases the role of studies in the evaluation and ECT in the treatment of catatonia and delirium will be discussed.

9:45 AM-11:15 AM
**Session 202**
Honolulu Suite 2 (Tapa Tower)

**A** Cultural Depictions of Resilience in the Face of Inevitable Family Dissolution in the Films “Make Way for Tomorrow” and “Tokyo Story”
Faculty: Francis G. Lu, MD
This media session will compare and contrast two film depictions—one American and one Japanese—of the common life scenario of elderly parents separating from their grown children, making it evident that it is a universal story that challenges every culture’s resilience in the face of inevitable family dissolution. “Make Way for Tomorrow” is a 1937 Hollywood film by Leo McCarey that inspired both director Yasujiro Ozu and screenwriter Kogo Noda to create “Tokyo Story” in 1953. The session will show extended clips from both films and provide the opportunity for participants to reflect on and share their own experience of the films.

9:45 AM-11:15 AM
**Session 203**
South Pacific Ballroom 1 (Mid-Pacific Conference Center)

**A** Meet Me Where I Am: Expanding the Reach of Mental Health Services with Home and Community-Based Services
Chair: Kimberly A. Van Orden, PhD
Faculty: Renee Pepin, PhD, Jo Anne Sirey, PhD
Discussant: Martha L. Bruce, PhD, MPH
Older adults with mental health concerns are less likely than younger adults to present for care in specialty mental health clinics. Given the negative effects of untreated mental health problems in later life on quality of life, physical health, health care costs, and longevity, the use of alternate treatment models that can be applied outside the clinic are needed. In this symposium, we will discuss several innovative community-based mental health service delivery models that ‘meet older people where they are.’ Existing service delivery systems provide opportunities for reaching older adults who could benefit from mental health care. Utilizing those systems could address barriers to mental health treatment, including stigma, transportation, accessibility, and motivation to engage. In line with the conference theme of diversity and inclusivity, we will discuss how community interventions have the potential to reach diverse populations of older adults, including those of diverse racial/ethnic backgrounds, lower SES groups, and those who are homebound.

9:45 AM-11:15 AM
**Session 204**
Honolulu Suite 3 (Tapa Tower)

**A** Mood, Brain and Aging: the Value of Longitudinal Approaches in Geriatric Psychiatry
Chair: Olivia Okereke, MD
Faculty: Robert Kok, MD, PhD, Mathieu Vandenbulcke
Discussant: Nancy J. Donovan, MD
The goal of this session is to illustrate the importance of observing long-term outcomes in geriatric psychiatry, particularly at the intersections of mood, brain health and biological aging. The four speakers will provide data from their own research to demonstrate key measures and methodological approaches that allow investigators to refine our understanding of how more vs. less favorable outcomes may evolve.

Schedule of Events
These pertain to the relationship between type of behavior manifested care. For proper preventive care, several principles need to be clarified. and the unmet needs model. Each theory has specific implications for symptoms: Behavioral theory, Lower Environmental Stress Threshold, frameworks have guided the understanding of the etiology of behavioral such behaviors and assist in treating others. Three major theoretical symptoms and the principles of person-centered care can prevent many or inappropriate care. Understanding the etiologies of behavioral by increasing burden on caregivers and often resulting in restrictive care, as well as the structural and care requirements needed to achieve good care. Acknowledgement of the diversity among persons with dementia and caregivers, the need for assuring dignity of both, support of caregivers in applying research findings, flexibility in care processes, and collaboration among formal and informal caregivers as well as within the interdisciplinary team are some of the ingredients necessary for improving quality of care of persons with dementia.

9:45 AM-11:15 AM
Session 206
Kahili Suite (Kalia Tower)
Psychopharmacology: Fact or Fiction
Faculty: Jessica Broadway, MD, Amy Hebbard, PharmD
We will use an audience participation system to test participants’ knowledge of the current body of literature regarding psychotropic medications commonly used in geriatric psychiatry, as well as challenge potential myths and anecdotal evidence regarding these medications. We will also examine some common misperceptions in psychopharmacology and explore the level of evidence to support current practice guidelines.

9:45 AM-11:15 AM
Session 207
Coral Ballroom 2 (Mid-Pacific Conference Center)
Research Award Session: Behavioral Symptoms in Dementia: Etiology, Intervention, and Future Directions
Faculty: Jiska Cohen-Mansfield, PhD
Behavioral symptoms manifested by persons with dementia are often indicative of their discontent, and impact both them and their caregivers by increasing burden on caregivers and often resulting in restrictive or inappropriate care. Understanding the etiologies of behavioral symptoms and the principles of person-centered care can prevent many such behaviors and assist in treating others. Three major theoretical frameworks have guided the understanding of the etiology of behavioral symptoms: Behavioral theory, Lower Environmental Stress Threshold, and the unmet needs model. Each theory has specific implications for care. For proper preventive care, several principles need to be clarified. These pertain to the relationship between type of behavior manifested and type of underlying need, the continuous nature of human needs, and the tailoring necessary for optimizing interventions. The common needs pertain to relief from pain and discomfort, need for social contacts to counter loneliness, and the need for engagement to counter boredom. The Comprehensive Process Model of Engagement highlights the factors affecting engagement in persons with dementia. This model has been extended to describe the factors impacting group activities. The presentation will illustrate research findings that support principles of care and prevention of behavioral symptoms, the actual delivery of care, as well as the structural and care requirements needed to achieve good care. Acknowledgement of the diversity among persons with dementia and caregivers, the need for assuring dignity of both, support of caregivers in applying research findings, flexibility in care processes, and collaboration among formal and informal caregivers as well as within the interdisciplinary team are some of the ingredients necessary for improving quality of care of persons with dementia.

9:45 AM-11:15 AM
Session 205
Nautilus Suite (Mid-Pacific Conference Center)
On the Move: An Update on Tardive Dyskinesia
Chair: Stephanie Hrisko, MD
Faculty: Josnel H. Faivave, MD, Shilpa Srinivasan, MD
This session will provide an update on tardive dyskinesia in the elderly. It will include an overview of prevalence, risk factors, and differences by race and gender for tardive dyskinesia. Additionally, the session will cover hypotheses on the pathophysiology and neurobiology, assessment and differential diagnosis, and management of tardive syndromes. With the first FDA-approved treatment for tardive dyskinesia now available, this topic is felt to be particularly timely and clinically useful.

9:45 AM-11:15 AM
Session 208
Honolulu Suite 1 (Tapa Tower)
Therapeutic Strategies in Depression with Cognitive Impairment
Chair: Davangere P. Devanand, MD
Faculty: Sarah S. Morimoto, PsyD, Benoit H. Mulsant, MD, Charles F. Reynolds III, MD
Depression and cognitive decline commonly co-occur in older adults. Pathophysiological processes in patients with this comorbidity include reversible cognitive impairment, vascular cognitive impairment and vascular dementia, and Alzheimer’s disease. This variable pathophysiology is related to the range of treatment strategies for both depression and cognitive impairment in older adults who present with features of both types of disorder. Antidepressant, cognitive remediation, cognitive enhancer, and brain stimulation treatments have been evaluated for their effectiveness in treating both depressive symptoms and cognitive decline in these patients.

9:45 AM-11:15 AM
Membership Committee Meeting
Iolani Suite 5-7 (Tapa Conference Center)
This forum is an opportunity for AAGP members to discuss participation and membership development within AAGP.

11:30 AM-12:30 PM
Plenary II: Global Innovations in Scaling Up Mental Health Care
Tapa Ballroom 1+2 (Tapa Tower)
Faculty: Vikram Patel, MD
The lecture will present a synthesis of the innovations employed globally to address barriers to implementation of evidence based mental health care, notably the lack of skilled providers, the poor access to mental health care, and the low acceptability of mental health care interventions, and then consider the implications of this evidence for a reframing of the architecture of mental health care systems.
Schedule of Events

Friday, March 16, continued

12:45 PM-2:45 PM
AAGP Scholars Mentoring Luncheon
South Pacific Ballroom 3-4 (Mid-Pacific Conference Center)
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.

12:45 PM-2:45 PM
ISS
Tapa Ballroom 1+2 (Tapa Tower)
A New Options for An Old Problem: Tardive Dyskinesia Assessment & Treatment in Older Adults
Faculty: Martha Sajatovic, MD, Leslie L. Citrome, MD, MPH, Steven C. Stoner, PharmD, BCPP

1:00 PM-2:30 PM
Interprofessional Development Task Force Meeting
Iolani Suite 1-4 (Tapa Conference Center)
The Interprofessional Task Force was formed by the AAGP Board of Directors to assess and make recommendations regarding ways the Association can support and encourage its membership becoming more representative of the interprofessional nature of the practice of geriatric psychiatry/mental health. All members and attendees of the AAGP Annual Meeting are welcome to attend the meeting of the Task Force.

1:00 PM-3:00 PM
Research Committee Meeting
Iolani Suite 5-7 (Tapa Conference Center)
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.

3:00 PM-4:00 PM
Disaster Preparedness Caucus
Iolani Suite 5-7 (Tapa Ballroom Center)
The Disaster Preparedness Caucus discusses and develops ways in which we can learn more from any disaster—both natural disasters such as hurricanes, tornadoes, floods and earthquakes, and man-made disasters including terrorist attacks—and take steps to safeguard the physical and mental well-being of older adults.

3:00 PM-4:00 PM
International Medical Graduate Caucus Meeting
Iolani Suite 1-4 (Tapa Ballroom Center)
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
Sea Pearl Suite 1-2 (Mid-Pacific Conference Center)
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-4:00 PM
Early Career Psychiatrists Caucus Meeting
Sea Pearl Suite 4 (Mid-Pacific Conference Center)
Early Career Psychiatrists (ECPs) are Psychiatrist Members of the AAGP whose careers are within the first seven years following the completion of an ACGME-accredited residency or fellowship training program. The AAGP ECP Caucus is aimed at bringing together ECPs for networking, developing projects, and sharing ideas about learning and career development specific to ECPs.

3:00 PM-4:00 PM
Ethics Caucus
Sea Pearl Suite 3 (Mid-Pacific Conference Center)
This caucus is an opportunity for discussion of professional issues relevant to ethics in the geriatric psychiatry field.

3:00 PM-4:30 PM
Session 209
South Pacific Ballroom 1 (Mid-Pacific Conference Center)
PsychPRO: A National Mental Health Registry
Faculty: Diana E. Clarke, PhD, Debbie A. Gibson, MSc
This presentation will demonstrate the key features and functionalities of PsychPRO, explain its benefits to psychiatrists and their patients, provide an update on recruitment and MIPS reporting – successes and challenges; and discuss how the registry, working together with psychiatrists in the field, can help to inform improvements in clinical care.

3:00 PM-4:30 PM
Session 210
Honolulu Suite 1 (Tapa Tower)
Brain and Biological Markers of Aging in Late-life Mood Disorders: Implications for Understanding and Treating Geriatric Depression and Bipolar Disorder
Chair: Lisa T. Eyler, PhD
Faculty: Olu Ajilore, MD, PhD, Sara Weisenbach, PhD, Brent Forester, MD, David G. Harper, PhD
The session will present cutting-edge research that explores the relationship of brain and biological markers to clinical and cognitive symptoms of late-life mood disorders. Two talks will explore the role of blood-based markers of inflammation, both in relationship to brain size measures in depression and to clinical, cognitive, and demographic features in bipolar disorder. Another presentation will focus on alterations of the brain’s coordinated neural networks at rest in late-life depression and how these may relate to emotional and cognitive function. Finally, participants will hear about the use of magnetic stimulation to target focused dysfunction of brain networks and improve symptoms in geriatric bipolar depression. Discussion will focus on the translational relevance...
of the presented research in designing and testing novel interventions to improve the lives of older adults living with mood disorders.

3:00 PM-5:00 PM
Session 211
South Pacific Ballroom 2 (Mid-Pacific Conference Center)
Developing Antipsychotic Medication Risks in Elderly with Major Neurocognitive Disorder (MNCD), Stroke and Psychosis
Chair: Dennis M. Popeo, MD
Faculty: Brandon Yarns, MD, Alessandra Scalmati, MD, PhD, Esther Rollhaus, MD
This is a special two hour, interactive workshop featuring four successful clinician educators who present topics that can improve professional development for clinician / educators. There is also time for networking and a lively question and answer period.

3:00 PM-4:30 PM
Session 212
Coral Ballroom 2 (Mid-Pacific Conference Center)
Physician Wellness and Burnout
Faculty: Linda L.M. Worley, MD, FAPM, Associate Dean, Northwest Arkansas College of Medicine, UAMS Professor of Psychiatry
UAMS Professor of Medicine, Vanderbilt
With more than half of practicing physicians in the U.S. believed to be afflicted with burnout it is understandable we are being bombarded on all sides hearing of its many causes, symptoms and consequences. Despite the enormous energy being poured into explaining it, there doesn’t seem to be an easy solution on the horizon for our profession. This symposium will identify the multitude of etiologies contributing to burnout and the full range of evidence based remedies. These concepts will be interwoven within Dr. Worley’s accessible and memorable nautical metaphor. Interdisciplinary audiences have found Dr. Worley’s metaphor to be immediately instructive for identifying key problems and their solutions that when implemented bring about meaningful change, replenishment and rejuvenation.

3:00 PM-4:30 PM
Session 213
Honolulu Suite 2 (Tapa Tower)
Managing Antipsychotic Medication Risks in Elderly with Major Neurocognitive Disorder (MNCD), Stroke and Psychosis
Chair: Helen H. Kyomen, MD, MS
Faculty: Tatyana Zharkova, MD, James M. Ellison, MD, MPH
Discussant: Robert Boland, MD
In this session about antipsychotic medication risks in elderly patients with MNCD, stroke and psychosis, participants will learn to: 1. Prioritize indications for the use of antipsychotic medication, 2. Identify and implement appropriate alternatives to the use of antipsychotic medication, 3. Manage the neurologic and cardiovascular stroke risks associated with antipsychotic medication use, 4. Manage antipsychotic medication related metabolic syndrome which can increase stroke risk.

3:00 PM-4:30 PM
Session 214
Kahili Suite (Kalia Tower)
Sociocultural Perceptions of Normal Aging – A Review and Media Presentation
Chair: Ali Asghar Ali, MD
Faculty: Kristin C. Jones, MD
Discussant: Francis G. Lu, MD
Though aging is both a complex and individualized process it is fraught with stereotypes. These stereotypes not only influence the interactions others have with older adults but also the interactions older adults have with each other. Stereotypes, which can be both negative (more common) and positive have been shown to influence older adult cognitive and non-cognitive domains. During this workshop we will review normative aging experiences from a sociocultural perspective. The review will include global views on aging along with impact of aging stereotyping on older adult health. After all, most societies define old age as a change in social role rather than by biological or chronological markers. Thereafter, using visual media, the presenters will illustrate the diversity of the aging experience. Specifically, “The Best Exotic Marigold Hotel” which portrays aging from many dimensions among a group of British retirees living in India and “Having Our Say: The Delany Sisters’ First 100 Years,” which explores the experiences of two African-American centenarians as they reflect on discrimination, prejudice, and social injustices. The session will conclude with summary remarks and discussion led by an internationally recognized authority on cultural psychiatry and the current treasurer for the Society for the Study of Psychiatry and Culture.

3:00 PM-4:30 PM
Session 215
Lehua Suite (Kalia Tower)
Substance Abuse in Older Adults
Chair: Marie DeWitt, MD
Faculty: Karen Reimers, MD
This presentation will cover the changing demographics as well as the presentation and management of substance use disorders in older adults. Several cases representing common clinical scenarios will be utilized to foster interactive discussions regarding diagnostic and treatment considerations. Specific recommendations and practical strategies to aid clinicians will also be presented.

3:00 PM-4:30 PM
Session 216
Honolulu Suite 3 (Tapa Tower)
Treatement Issues in Elderly Patients with Severe Mental Illness
Chair: Daryl Fujii, PhD
Faculty: Brian Tsuzaki, MD, Kara Lum, MD
This session describes psychiatric treatment issues and models of care for elderly patients with severe mental illness (SMI) in the Veterans Affairs Pacific Islands Health Care Services.
Schedule of Events

Friday, March 16, continued

4:30 PM-6:00 PM
Clinical Practice Committee Meeting
Iolani Suite 5-7 (Tapa Conference Center)
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.

4:30 PM-6:00 PM
CME Committee Meeting
Iolani Suite 1-4 (Tapa Conference Center)
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.

4:30 PM-6:00 PM
LGBT Caucus Meeting
Sea Pearl Suite 1-2 (Mid-Pacific Conference Center)
This forum is an opportunity to discuss professional issues relevant to LGBT attendees and the roles members can take in the organization.

4:30 PM-6:00 PM
Teaching and Training Committee Meeting
Sea Pearl Suite 3-4 (Mid-Pacific Conference Center)
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.

4:30 PM-6:30 PM
Early Investigator Poster Session and Exhibit Hall Reception
Coral Ballroom 3-5 (Mid-Pacific Conference Center)
Poster rounds will take place from 4:30 PM-5:30 PM. Presenters will be available to discuss their work in a standard poster session from 5:30 PM-6:30 PM. 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.
and protocol-driven end-of-life care for terminally ill patients with management of behavioral and psychological symptoms of dementia skills while engaging persons with dementia, non-pharmacological and training programs include verbal and non-verbal communication and family members taking care of persons with dementia. Educational programs are designed for professional staff, paid and unpaid caregivers long term care setting of the VA Medical Center in Topeka, KS. These We will describe the educational and training programs implemented in

Faculty: Maritza Buenaver, MD
Chair: Sheni Meghani, MD, MPH

Lehua Suite (Kalia Tower)

7:45 AM-9:15 AM

Session 300

Caring for the Aging Vietnam Veteran: A primer for non-VA Clinicians
Chair: Marie DeWitt, MD
Faculty: Maria Llorente, MD, Ebony Dix, MD
The majority of Vietnam era Veterans are ages 65-74 and many choose not to receive their care through the VA. If you are a geriatric mental health provider in the community you are likely providing care for older Veterans. The Vietnam Veterans have a unique set of medical, psychological, and social needs that are often underappreciated. This symposium will provide an introduction to some of the experiences of Vietnam Veteran and the subsequent challenges that are important for their mental health provider to be aware of. Sponsored by the AAGP VA Caucus.

7:45 AM-9:15 AM

Session 301

Nautilus Suite (Mid-Pacific Conference Center)

Challenging Behaviors in Dementia Care: Recognizing Unmet Needs - A Positive Approach to Care (TM) Seminar
Faculty: Dorothy A. Colby
Learn to understand which physical and emotional needs can cause challenging behaviors. Learn hands-on techniques to connect and comfort using visual, verbal, physical and emotional connections. Learn to develop new skills related to approach, cueing, and ability to connect with people affected by dementia to help reduce the chance of future escalations and make your person with dementia feel at ease.

7:45 AM-9:15 AM

Session 302

Lehuas Suite (Kalia Tower)

From Admission to End of Life: Education and Training for Staff and Caregivers in Dementia Care in Long Term Care Setting
Chair: Sheni Meghani, MD, MPH
Faculty: Maritza Buenaver, MD
We will describe the educational and training programs implemented in long term care setting of the VA Medical Center in Topeka, KS. These programs are designed for professional staff, paid and unpaid caregivers and family members taking care of persons with dementia. Educational and training programs include verbal and non-verbal communication skills while engaging persons with dementia, non-pharmacological management of behavioral and psychological symptoms of dementia and protocol-driven end-of-life care for terminally ill patients with dementia. The emphasis of these programs is to bridge the gap between knowledge and application. Educational programs heavily involve skills-training, workshops and hands-on experience so that education is translated into bedside patient care.

7:45 AM-9:15 AM

Session 303

Kahili Suite (Kalia Tower)

Gay and Gray VIII: Improving the Mental Healthcare of Older Lesbian, Gay, Bisexual, and Transgender Patients through Appreciation of their Diverse, Intersecting Social Identities
Chair: Brandon Yarns, MD
Faculty: Lisa T. Eyler, PhD, Chadrick Lane, MD, Seon Kum, MD
Discussant: Daniel D. Sewell, MD
Each year, the AAGP “Gay and Gray” session focuses on a topic relevant to the optimal mental healthcare of older members of the lesbian, gay, bisexual, and transgender (LGBT) community. In this session we will focus on how understanding the diverse and intersecting social identities of LGBT elders can help geriatric mental healthcare clinicians deliver culturally sensitive and inclusive care for older LGBT patients and their caregivers. Older LGBT adults seeking mental healthcare have many possible social identities, including being older, belonging to a sexual minority, and living with a mental illness, that convey risk of multiple, intersecting forms of both overt discrimination and implicit bias. For older LGBT adults, other social identities that increase the risk of discrimination and implicit bias include membership in a racial/ethnic minority group, being an immigrant, being poor, and living with physical illnesses or disabilities. According to intersectionality theory, these various aspects of social identity are not “unitary, mutually-exclusive entities” but must be acknowledged and considered together in order to understand the unique subjective experiences of our patients and their caregivers. Being able to highlight for a patient the strengths some social identities may provide fosters a sense of self-value and a stable self-definition. Two traditional lectures will be presented on intersectionality theory and implicit bias, and their relation to LGBT geriatric mental healthcare followed by a case presentation illustrating how to apply this rubric and, in so doing, provide care that is more inclusive for patients and caregivers.

7:45 AM-9:15 AM

Session 304

South Pacific Ballroom 3 (Mid-Pacific Conference Center)

Herbal Medicine Use Among Elderly Ethnic Minority Groups
Chair: Isis Burgos-Chapman, MD
Faculty: Nery A. Diaz, DO, Aarti Gupta, MD, Steven Starks, MD
This session is designed to identify and explore the use of herbal and vitamin-mineral supplements among geriatric minority groups.
Schedule of Events

Saturday, March 17, continued

7:45 AM-9:15 AM
Session 305
South Pacific Ballroom 2 (Mid-Pacific Conference Center)
- International Medical Graduates and a Career as a Geriatric Psychiatrist
  Chair: Silpa Balachandran, MD
  Faculty: Amita Patel, MD, Iqbal Ahmed, MD, FRCPsych, Rajesh Tampi, MD
  In this symposium we will define who is an International Medical Graduate (IMG). We will describe how IMGs can obtain ACGME accredited training positions in psychiatry followed by fellowship training in geriatric psychiatry. We will then discuss the role of the IMGs in care of older adults with psychiatric illness in United States. We will also review the role of IMGs as private practitioners, educators, as academicians and as researchers. We will enumerate how organizations like the AAGP can play a pivotal role in attracting greater number of IMGs to join the geriatric psychiatry workforce and also the AAGP. Greater number of geriatric psychiatrists will enable improved access to care for the older adults with mental illness. It will also maintain the success of AAGP in being the only national organization that safeguards the interest of the geriatric psychiatry clinician in the United States.

7:45 AM-9:15 AM
Session 306
Hibiscus 1 (Kalia Tower)
- Novel Cognitive Enhancement Strategies in Aging: Integrating Computerized and Pharmacologic Approaches
  Chair: Julie A. Dumas, PhD
  Faculty: Faith Gunning, PhD, Paul Newhouse, MD
  This session will explore new efforts to develop new pharmacologic and cognitive tools that are specifically aimed at enhancing certain cognitive operations including attention, working, and episodic memory that may have applicability to specific domains in cognitive aging, dementia, depression, and schizophrenia.

7:45 AM-9:15 AM
Session 307
South Pacific Ballroom 1 (Mid-Pacific Conference Center)
- Oral Presentation 1: Non-Pharmacological Interventions
  Faculty: Smita Varshney, MD, Mavis Afriyie-Boateng, Kimberly A. Van Orden, PhD, Peter Macek, Hadia Shafi, MBBS
  This oral presentation session will feature five presentations on the topic of non-pharmacological interventions.

7:45 AM-9:15 AM
Session 308
Tapa Ballroom 3 (Tapa Tower)
- Positive Psychiatry in Geropsychiatric Clinical Practice: in Schizophrenia, Cognitive disorders, and Affective disorders
  Chair: Dilip V. Jeste, MD
  Faculty: Ellen E. Lee, MD, Helen Lavretsky, MD, Brenna N. Renn, PhD
  Positive psychiatry is the ‘science and practice of psychiatry that seeks to understand and promote well-being through assessments and interventions aimed at enhancing positive psychosocial factors among people who have or are at high risk for developing mental or physical illnesses.’ After a brief introduction of the concept of positive psychiatry, we will present research and clinical findings in three different diagnostic realms related to aging: psychotic disorders, neurocognitive disorders, and affective disorders. Then we will lead a discussion of these topics.

7:45 AM-9:15 AM
Session 309
South Pacific Ballroom 4 (Mid-Pacific Conference Center)
- Update on Geriatric Psychiatry Maintenance of Certification Program
  Chair: Lisa L. Boyle, MD, MPH
  Faculty: Josepha A. Cheong, MD
  Maintenance of Certification is a program required for continued board certification in geriatric psychiatry by the American Board of Psychiatry and Neurology. This symposium will provide AAGP meeting attendees with an update from a Psychiatry Director of the ABPN about its Maintenance of Certification (MOC) program (including any recent changes in response to revised requirements issued by the American Board of Medical Specialties), information about how the AAGP can help support its members to maintain subspecialty certification, and an opportunity for participants to discuss issues related to maintaining ABPN subspecialty certification. Dr. Lisa Boyle, Chair of AAGP’s MCE committee, will introduce the learning objectives for this session along with speaker, Dr. Josepha Cheong. Dr. Cheong, an ABPN Psychiatry Director, will present information on ABPN MOC program requirements and updates. Dr. Boyle will then present information on AAGP programs that can help support its members to maintain geriatric psychiatry subspecialty certification. There will be time for audience questions and discussion.

7:45 AM-9:15 AM
Session 310
Coral Ballroom 2 (Mid-Pacific Conference Center)
- Update on Recent Clinical Research in the Administration of ECT in the Elderly
  Chair: William M. McDonald, MD
  Faculty: Adriana P. Hermida, MD, Charles Kellner, MD, Georgios Petrides, MD
  The session will summarize the recent literature on the clinical administration of electroconvulsive therapy in the elderly with a focus on research that is relevant to the practicing clinician. Topics covered include Dr. Kellner’s summary of the findings from a decade of research from the multicenter Consortium of Research in ECT which will include data on RUL vs bilateral ECT, ultrabrief ECT and maintenance treatment in geriatric psychiatry. Dr. Hermida will provide an update on the cognitive changes that can occur with ECT as well as the tools used to assess these changes and potential measures that can be taken to minimize the cognitive side effects. Finally Dr. Petrides will update the advances in anesthetic care during ECT with a focus on the particular risks and modifications to the anesthesia used in elderly patients.
Schedule of Events

7:45 AM-9:15 AM
Session 311
Sea Pearl Suite 3-4 (Mid-Pacific Conference Center)

Developing Your Research Career
Faculty: Olivia Okereke, MD
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.

9:30 AM-10:30 AM
Plenary II: Cultural Neuroscience
Tapa Ballroom 1+2 (Tapa Tower)
Faculty: Joan Chiao, PhD
Cultural neuroscience is a research field that examines the cultural, environmental and genetic factors that shape psychological and neural processes underlying behavior. Research advances in cultural neuroscience demonstrate the relevance of culture in modulating brain and behavior. This plenary will provide a review of the theoretical and methodological fundamentals in the field of cultural neuroscience, with discussion of the implications of this research for closing the gap in population mental health disparities.

10:30 AM-11:30 AM
Ethnic and Minority Caucus Meeting
Iolani Suite 1-4 (Tapa Conference Center)
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.

10:00 AM-11:30 AM
Public Policy Caucus Meeting
Sea Pearl Suite 1-2 (Mid-Pacific Conference Center)
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.

10:30 AM-11:30 AM
Retirement Age Caucus Meeting
Iolani Suite 5-7 (Tapa Conference Center)
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.

10:45 AM-12:15 PM
Session 312
South Pacific Ballroom 1 (Mid-Pacific Conference Center)

2017 Highlighted Papers for the Geriatric Mental Health Clinical Provider
Chair: Laurel J. Bessey, MD
Faculty: Juan J. Young, Silpa Balachandran, MD
Discussant: Lisa L. Boyle, MD, MPH
This symposium will highlight ten studies published from the year 2017 relevant for the busy practicing geriatric psychiatrist or mental health provider.

10:45 AM-12:15 PM
Session 313
Hibiscus 2 (Kalia Conference Center)

2018 Honors Scholars Alumni Session
Chair: Michelle Conroy, MD
This session will host three of our 2017 Honors Scholars as they present their scholarly work from the 2017-2018 academic year.

10:45 AM-12:15 PM
Session 314
South Pacific Ballroom 2 (Mid-Pacific Conference Center)

Aging and Post-Intensive Care Syndrome: The Burden on Older ICU Survivors and Their Families
Chair: Sophia Wang, MD
Faculty: You Na P. Kheir, MD, Babar Khan, MD, Noll Campbell, PharmD
Due to the rapid improvements in ICU care, survivorship from critical illness is now the “defining challenge of critical care medicine.” One major reason for this challenge is that ICU survivors may develop long-term cognitive, psychological, and physical impairments from their critical illness. These long-term impairments are known as post-intensive care syndrome (PICS). Not surprisingly, PICS is more likely to affect older adults, although it can also affect certain populations of younger adults. In this symposium, we will review PICS, with a particular focus on neuropsychiatric sequelae and current gaps in assessment and treatment in neuropsychiatric disorders in older ICU survivors and their family members and caregivers. Then we will then present information and data about the Critical Care Recovery Center, one of the first two ICU survivor clinics in the US based at Indiana University that delivers services for ICU survivors using an innovative collaborative care model. Finally, we will also discuss psychotropic use in ICU survivors and the need to identify potentially inappropriate medications that are frequently continued in the post-ICU setting.

10:45 AM-12:15 PM
Session 315
Lehua Suite (Kalia Tower)

Best of All Worlds: Geriatrics, Geriatric Psychiatry, Palliative Care: A Collaborative Continuum of Care for Patients with Cognitive Impairment in a Long Term Care Setting
Chair: Maritza Buenaver, MD
Faculty: Courtney A. Huhn, MD, Sheni Meghani, MD, MPH
We will describe the model of care delivery within a VA Medical Center’s long term care setting known as Community Living Center. Most of our patients cared for in this setting have cognitive impairment. Comprehensive care is provided by a team that includes geriatrician, geriatric psychiatrist and palliative care physician. Emphasis is on collaborative and seamless care including medical management, behavioral management, advance care planning, goals of care and end-of-life care throughout the disease continuum.
**Schedule of Events**

**Saturday, March 17, continued**

10:45 AM-12:15 PM

**Session 316**

**Nautilus Suite (Mid-Pacific Conference Center)**

1. **Case Presentation 2**
   - **HIV - AIDS in Older Adults**
     - Chair: Meera Balasubramaniam, MD, MPH
     - Faculty: Paroma Mitra, MD, Romika Dhar, MD, Beverly Chang, MD
     - The proportion of older adults with HIV is increasing and is expected to continually increase. The HAART therapy has led to HIV being a chronic manageable disease with longer survival of HIV patients. This session will open with the case of an older adult with HIV-AIDS, which will be used as a focal point throughout the presentation. We will first review the epidemiology of HIV – AIDS among older adults, with respect to the transmission, incidence and prevalence of neuropsychiatric disorders. We will then discuss the steps involved in the clinical diagnosis of psychiatric disorders related to HIV-AIDS, including mood disorders, psychosis, substance use, and neuropsychiatric disorders. This will be followed by a discussion about the management of psychiatric disorders in an older adult with HIV. We will highlight the challenges of getting a mentally ill individual to comply with HAART, the management of psychiatric manifestations directly resulting from HIV – AIDS and the drug-drug interactions that a practitioner should be aware of. The last section will delve into the psychosocial considerations among long-term survivors of HIV-AIDS, such as survival guilt and the relative lack of social supports.

10:45 AM-12:15 PM

**Session 317**

**South Pacific Ballroom 3 (Mid-Pacific Conference Center)**

1. **How to Make it Work? Different Models of Geriatric Mental Health Practice in Long Term Care**
   - Chair: Chanda Siripraparat, MD
   - Faculty: Brett Y. Lu, MD, PhD, Maureen Nash, MD, MS, Larry Tune, MD
   - During this session, we will present several different models of how geriatric psychiatrists provide mental health treatment in Long Term Care Facilities. The first presenter will discuss the strategies that help maintaining productive and financially viable practice as traditional consultant in the nursing home. The second presenter will present the move toward population based model and discuss PACE model and ECHO model. The third presenter will present how his psychiatric unit solves the problem of difficulty discharging patients to nursing homes and the use of Telemedicine in providing care in Long Term Care Facilities.

10:45 AM-12:15 PM

**Session 319**

**Kahili Suite (Kalia Tower)**

1. **Incorporating Mobile and Wireless Technology into Clinical Care: The State of the Science**
   - Chair: Ipsit V. Vahia, MD
   - Faculty: Olu Ajilore, MD, PhD, Andrea Iaboni, MD, DPhil, FRCPC, Karen L. Fortuna, PhD
   - With rapid growth in the use of mobile and sensor technologies for clinical application in geriatric psychiatry, there is an urgent need for evidence to guide how (a) these technologies may be best used, (b) geriatric psychiatrists may engage in the process of technology development and (c) establish key parameters such as efficacy, safety, validity and reliability of interventions based on such technologies. This session will include 4 presentations that cover the spectrum of mobile technology development, utilizing apps in clinical scenarios and how wireless sensing devices may revolutionize the process of care monitoring.

10:45 AM-12:15 PM

**Session 320**

**South Pacific Ballroom 4 (Mid-Pacific Conference Center)**

1. **Managing Sleep in Older Adults with Neurocognitive Disorder: Non-Pharmacologic Approaches Across the Care Continuum**
   - Chair: Shilpa Srivivasan, MD
   - Faculty: Rushiraj Laiwala, MD, MBBS, Kimberly B. Rudd, MD, Juliet A. Glover, MD
   - In this clinically-focused session, presenters will provide an overview contrasting normal age-associated sleep architecture changes vs. that in older adults with Major Neurocognitive Disorder (MNCD). Using a clinical case based discussion, the diagnostic evaluation and an evidence-based review of non-pharmacologic approaches to managing sleep in older adults with neurocognitive disorders will be discussed across the settings of community-level, acute inpatient, and long-term care (LTC) settings. Nursing home regulations affecting interventions for the management of sleep will be reviewed to highlight the challenges and strategies to address management of sleep in diverse clinical settings especially those where pharmacologic approaches are less feasible or sustainable.

10:45 AM-12:15 PM

**Session 321**

**Tapa Ballroom 3 (Tapa Tower)**

1. **Understanding the Link Between Neuropsychiatric Symptoms and Cognitive Decline: Insights from Neuroimaging**
   - Chair: Linda Mah, MD, MHS
   - Faculty: Ariel Graff-Guerrero, MD, MSc, PhD, Corinne Fischer, MD, Krista L. Lancot, PhD
   - The purpose of this symposium is to provide an overview of neuroimaging findings from various modalities (MRI, FDG-PET, PET amyloid) that are reportedly associated with specific neuropsychiatric symptoms in individuals with mild cognitive impairment (MCI): depression, delusions, and apathy. By discussing a range of neuropsychiatric symptoms, we propose to identify common neural mechanisms underlying the association between neuropsychiatric symptoms and risk of Alzheimer’s disease. We will conclude by describing theoretical models based on neuroimaging evidence to account for the link between neuropsychiatric symptoms and cognitive decline.
Schedule of Events

10:45 AM–12:15 PM
**Session 322**
Coral Ballroom 2 (Mid-Pacific Conference Center)

**Will you Live Past 100? What Centenarians Can Teach Us**
Faculty: Maria Llorente, MD, Raye A. Kheirbek, MD, MPH, Nery A. Diaz, DO

This session will review the extant literature on centenarians, the fastest growing group of older adults. The participants will review what is currently known about centenarians, the factors that contribute to longevity, geographic variability, and incidence of psychiatric illness. The audience will then be given an opportunity to evaluate their likelihood to live past 100. This presentation is in keeping with this year’s theme of Inclusivity & Diversity by presenting information on a very unique and diverse group of older adults.

12:30 PM–1:30 PM
**Discussion Roundtables + Lunch**
Rainbow Suite (Rainbow Tower)

12:30 PM–1:30 PM
**Lunch in the Exhibit Hall**
Coral Ballroom 3-5 (Mid-Pacific Conference Center)

1:00 PM–2:30 PM
**Nominations Committee Meeting (Invitation Only)**
Iolani Suites 1-4 (Tapa Conference Center)

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.

1:00 PM–4:30 PM
**Applying the Integrated Care Approach: Skills for the Consulting Psychiatrist**
Tapa Ballroom 1+2 (Tapa Tower)

Faculty: Anna Ratzliff, MD, PhD

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.

1:30 PM–3:00 PM
**Veterans Affairs (VA) Caucus Meeting**
Sea Pearl Suite 3-4 (Mid-Pacific Conference Center)

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–2:30 PM
**Women’s Interest Group Meeting**
Iolani Suites 5-7 (Tapa Conference Center)

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.

1:30 PM–5:30 PM
**K-Awardee Program Meeting**
Sea Pearl Suite 3-4 (Mid-Pacific Conference Center)

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

1:45 PM–3:15 PM
**Session 323**
Hibiscus 1 (Kalia Conference Center)

**Advances in Understanding Vulnerability to Late-Life Suicide: Clinical Implications**
Chair: Gary Kennedy, MD

Faculty: Anna Szucs, Katalin Szanto, MD, Margda Waern, MD, PhD

We will be discussing the latest evidence on risk of suicide in older adults. Dr. Szucs will be presenting a systematic literature review on the relationship between suicide in the elderly and personality characteristics assessed by both dimensional and categorical measures. Dr. Szanto will be discussing distinct risk profiles that may be unique pathways to death by suicide in late life. Dr. Waern will be presenting data on pharmaceutical risk factors for suicidal behavior in a large population-based sample of anti-depressant taking adults over 75 years of age. Dr. Kennedy will be presenting data distinguishing persons who express thoughts that they would be better off dead or harming themselves from those with explicit suicidal ideation.

1:45 PM–3:15 PM
**Session 324**
Lehua Suite (Kalia Tower)

**Culturally Competent Mental Health Care for Kupuna: An Updated Diverse and Inclusive Curriculum**
Chair: Elspeth C. Ritchie, MD

Faculty: Amy Gajaria, MD, Pachida Lo, MD, Mira Zein, MD, MPH

This session will review the updated Cultural Competency Curriculum for Older Adults developed in collaboration with the American Psychiatric Association's Council on Aging. This is an updated curriculum that provides the latest evidence base on the mental health and cultural aspects of the major ethnic and racial minority groups in the United States. In addition, this update adds new groups of elderly, including LGBTQ, rural elderly, older Veterans, and centenarians.

1:45 PM–3:15 PM
**Session 325**
Kahili Suite (Kalia Tower)

**First do no Harm: Improving the Quality and Safety of Psychotropic Prescribing Among the Elderly**
Chair: Donovan Maust, MD

Faculty: Ilse Wiechers, MD, MPP, MHS, Alexander W. Threlfall, MD, MA

Discussant: Malaz Boustani, MD, MPH

While psychotropic medication can be an important tool in the treatment of adults with late-life mental health disorders, overdose or inappropriate use may expose patients to potential harms. The presenters will describe three different policy initiatives to address potentially inappropriate prescribing.
1:45 PM-3:15 PM  
Session 326  
South Pacific Ballroom 2 (Mid-Pacific Conference Center)  
High & Lows: Clinical Pearls and Lessons Learned in the Outpatient Management of Bipolar Disorder  
Chair: Erica C. Garcia-Pittman, MD  
Faculty: Victor M. Gonzalez, MD, Alexandria N. Harrison, MD, Anh-Thu Tran, MD  
Discussant: Tawny Smith, PharmD  
This session will highlight several challenging and complicated cases of bipolar disorder treated in an interprofessional geriatric outpatient clinic. Our clinical psychiatric pharmacist discussant will review clinical pearls related to each of the cases presented. Additionally, we will share knowledge regarding literature updates, as well as guidelines for treatment of the aging patient with bipolar disorder.

1:45 PM-3:15 PM  
Session 327  
South Pacific Ballroom 4 (Mid-Pacific Conference Center)  
Improving Mental Health Care Access, Engagement, and Delivery among Diverse, Underserved Populations: Collaborations from the Geriatric Mental Health Services Research T32 Postdoctoral Fellowship  
Chair: Daniel Jimenez, PhD  
Faculty: Karen L. Whiteman, PhD, Matthew Lohman, PhD, Mijung Park  
This session will highlight some of the truly exceptional and diverse work that has been done by former and current fellows who participated in the Geriatric Mental Health Services Research Fellowship, a multi-site NIMH-funded T32 program. Using mental health services research methodology, speakers will present data on disparities in mental health care, prevention of mental illness, health promotion, technology, and home health care. Particular attention will be paid to the diversity of methods mental health services researchers employ in order to address the diverse and complex mental health needs of older adults.

1:45 PM-3:15 PM  
Session 328  
South Pacific Ballroom 3 (Mid-Pacific Conference Center)  
Influences of Biological Aging on the Psychopharmacologic Management of Late-Life Depression  
Chair: Bret Rutherford  
Faculty: Jordan Karp, MD, Helen Lavretsky, MD  
Discussant: Warren D. Taylor, MD, MHSc  
Late life psychiatric disorders are increasingly recognized as the products of complex interactions between psychopathology and aging processes affecting brain structure and function. This symposium will synthesize recent and ongoing research linking biological aging to Late-Life Depression, discuss the implications of brain aging for antidepressant medication response, and introduce novel therapeutic mechanisms that show promise for the treatment of Late-Life Depression.

1:45 PM-3:15 PM  
Session 329  
Coral Ballroom 2 (Mid-Pacific Conference Center)  
Managing Behavioral and Psychological Symptoms of Dementia In The Era Of Black Box Warnings  
Chair: Pallavi Joshi, MA  
Faculty: Rajesh Tampi, MD, MS, DFAPA, Shilpa Srinivasan, MD  
In this presentation we will discuss the epidemiology, neurobiology, diagnosis and evidence based treatments for Behavioral and Psychological Symptoms of Dementia (BPSD). We will also elaborate on the recent controversies in the treatment of BPSD. Finally, we will provide an evidence based guideline to assess and treat patients with BPSD thereby helping clinicians optimize outcomes for their patients.

1:45 PM-3:15 PM  
Session 330  
South Pacific Ballroom 1 (Mid-Pacific Conference Center)  
Retirement and Mental Health: How to help our patients retire successfully  
Chair: Nisha Mehta-Naik, MD  
Faculty: Robert Abrams, MD, Caitlin Snow, MD  
Older adults face several challenging life transitions, each with extensive biopsychosocial consequences. Retirement, often the most critical and defining transition to be confronted by aging persons in our society, is commonly associated with anxiety, both in its anticipation and execution; with financial stress; and with major shifts in identity and social networks. Depending on individual circumstances, retirement is correlated with either improvement or decline in overall mental health for older adults. Recent studies suggest that American older adults have become less confident about retirement over time, and may experience worsening depressive symptoms in the setting of job loss and financial strain. In this general session, we will review the topic of retirement and mental health and conclude by exploring possible therapeutic approaches, and common themes shared among retirees.

1:45 PM-3:15 PM  
Session 331  
Tapa Ballroom 3 (Tapa Tower)  
Transforming the Geriatric Workforce: Today is Tomorrow  
Chair: Sandra S. Swantek, MD  
Faculty: Rebecca M. Radue, MD, Elizabeth J. Santos, MD, MPH, Joel E. Streim, MD  
The Geriatric Workforce Enhancement Program (GWEP) addresses workforce development in providing for the needs of older adults suffering from one or more chronic conditions, including behavioral health and major neurocognitive disorders. This session examines the challenges and lessons learned by 4 of the 44 organizations participating in the 3-year, $35 million Health and Human Services award.
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Schedule of Events

1:45 PM-3:15 PM
Session 332
Hibiscus 2 (Kalia Conference Center)
When Geriatric Psychiatrists Retire: A Conversation about Critical Transitions in a Professional Career
Chair: Iqbal Ahmed, MD, FRCPsych
Faculty: Hugh Hendrie, MB, ChB, Dan G. Blazer, MD, PhD
In this session, two retired past presidents of AAGP reflect on the elements of a successful retirement. They draw upon their own experiences, the experiences of their colleagues and gleanings of the literature to converse about how geriatric psychiatrists could plan and implement a trajectory from an active work life to a balanced yet productive contribution to family, the profession and society in one’s latter years.

3:00 PM-4:30 PM
APRN Caucus Meeting
Iolani Suite 5-7 (Tapa Conference Center)
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
Iolani Suite 1-4 (Tapa Conference Center)
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.

3:30 PM-5:30 PM
New Research & Late Breaking Posters and Exhibit Hall Reception
Coral Ballroom 3-5 (Mid-Pacific Conference Center)

6:00 PM-7:30 PM
Donor Reception (Invitation Only)
Rainbow Suite / Patio

Sunday, March 18

7:30 AM-9:00 AM
Session 400
Lehua Suite (Kalia Tower)
AAGP Advocacy: Strengthening Our Mission in Geriatric Mental Health
Chair: Ilse Wiechers, MD, MPP, MHS
Faculty: Alexander W. Threlfall, MA
This session, sponsored by the Public Policy Caucus, will provide updates on recent federal and state mental health legislation and policy issues and will help prepare participants to engage in effective advocacy for our patients and the field of geriatric psychiatry.

7:30 AM-9:00 AM
Session 401
Hibiscus 1 (Kalia Conference Center)
Aging Can Be a Laughing Matter—Use of Improvisational Theater in Older Adults
Chair: Elaina DellaCava, MD
Faculty: Anees Benferhat, MD, Jonathan Zilberstein, MD, Madeleine S. Abrams, LCSW
This program will begin with an explanation of how skills emphasized in improvisational theater have been adapted as a modality of group therapy, as well as in medical education. There will be an overview of literature on the topic, and then the majority of the time will be spent on a workshop demonstration.

7:30 AM-9:00 AM
Session 402
Nautilus Suite (Mid-Pacific Conference Center)
Clinical Applications and Research Updates of Genetics in Geriatric Psychiatry
Chair: Luisa Skoble, MD
Faculty: Debby Tsuang, MD, Robert A. Sweet, MD, John McGeary
This session will present the work of three researchers in the field of genetics. Dr. Tsuang will talk about issues in genetic testing and counseling in dementing illnesses; Dr. Sweet will review his research looking at the genetic underpinnings of psychosis in Alzheimers disease and Dr. McGeary will review genetic issues in premature aging.

7:30 AM-9:00 AM
Session 403
Hibiscus 2 (Kalia Conference Center)
Depression in Dementia: Epidemiology, Screening and Treatment Pathways
Faculty: Dallas Seitz, MD, PhD, M. Selim Asmer, MD, FRCP, Julia Kirkham, MD
This session will provide an overview of the epidemiology, evidence-based screening tools, and care pathways for the management of depression in individuals with dementia.
Schedule of Events

Sunday, March 18, continued

7:30 AM-9:00 AM
Session 404
South Pacific Ballroom 3 (Mid-Pacific Conference Center)

1 Measuring Care to Improve Care
Faculty: Robert P. Roca, MD, MPH, MBA, Laura Fochtmann, MD, MBI, Philip Wang, MD, DrPH
This session will review the newly revised dementia quality measure set, the methods by which the practice guidelines that inform quality measures are developed, the emerging role of quality measurement in Medicare reimbursement, and how the new APA Registry may help psychiatrists manage quality data, succeed in the Merit-based Incentive Payment System (MIPS), and drive future measure development.

7:30 AM-9:00 AM
Session 405
South Pacific Ballroom 2 (Mid-Pacific Conference Center)

2 New Research on Substance Misuse and Abuse Among Aging Adults
Faculty: Derek Satre, PhD, Rob Kok, MD, PhD, Donovan Maust, MD
Discussant: Frederic C. Blow, PhD
This session will include three presentations focused on new research findings related to substance misuse and abuse among older patients, including alcohol misuse in persons living with HIV, alcohol withdrawal needs, and benzodiazepine misuse and overdose. The discussion will include an overview of the latest SAMHSA treatment recommendations from a national consensus panel on evidence-based substance abuse treatment approaches in later life.

7:30 AM-9:00 AM
Session 406
Kahili Suite (Kalia Tower)

3 What a Geriatric Psychiatrist Needs to Know About Movement Disorders
Chair: William M. McDonald, MD
Faculty: Patricio Riva Posse, MD, Laura Marsh, MD
Movement disorders can be caused by psychiatric medications, underlying neurological conditions or, in many cases, both. Movement disorders are an increasingly common neurological disorder in elderly patients with psychiatric. Dr. Riva Posse is Board Certified in Neurology and Psychiatry and he will use videos to demonstrate the most common movement disorders and outline a strategy for diagnosing them. Dr. Marsh will discuss Parkinson’s disease (PD), the quintessential movement disorder that encompasses many common geriatric psychiatry syndromes including psychosis, depression and cognitive disorders. She will also outline the PD medications which are associated with psychiatric syndromes such as psychosis and obsessive behaviors. Dr. McDonald will focus on tardive dyskinesia, a movement disorder that increases with age. He will describe case studies and show patient videos demonstrating TD as well as outline available treatments for TD.

7:30 AM-9:00 AM
Session 415
South Pacific Ballroom 4 (Mid-Pacific Conference Center)

4 Diversity and Inclusivity - Principles of AAGP Culture?
Chair: Tatyan Shteinlukht, MD, PhD
Faculty: Carolina Jimenez-Madiedo, MD, Melinda S. Lantz, MD, Daniel D. Sewell, MD
Discussant: Iqbal Ahmed, MD, FRCPsych
This session will provide an overview of the AAGP organizational culture and then discuss perspectives from three groups: women, racial and ethnic minorities and sexual minorities. The 90 minute session will consist of 5 sections of roughly 18 minutes: Introduction and background, Women, Racial and ethnic minorities, Sexual minorities, Discussion/Q&A

7:30 AM-9:00 AM
Senior Investigator Workshop
South Pacific 1 (Mid-Pacific Conference Center)
Co-Chairs: Howard Aizentstein, MD, Olivia Okereke, MD
Faculty: George Niederehe, PhD, Molly Wagster, PhD
The Research Committee will organize this workshop in collaboration with program officers from the NIMH and NIA, who will serve as presenters. All independent researchers and interested research trainees are invited to participate.

9:15 AM-10:45 AM
Session 104
South Pacific Ballroom 4 (Mid-Pacific Conference Center)

5 Innovative Approaches to Training the Next Generation of Geriatric Psychiatrists.
Chair: Robert Boland, MD
Faculty: Josepha A. Cheong, MD, John Luo, MD
Three national educational experts with experience in training at every level of education will consider the major challenges to education in the current academic environment, and offer solutions deriving both from educational research and from personal experience.

9:15 AM-10:45 AM
Session 407
Hibiscus 2 (Kalia Conference Center)

6 Cultivation of Well-Being Through Mind-Body Interventions
Chair: Taya Varteresian, DO
Faculty: Helen Lavretsky, MD, Moria J. Smoski, PhD, Julie Wetherell, PhD
The session will involve a discussion of the empirical evidence regarding various mind-body practices for older adults and caregivers for a variety of mental disorders as well as for prevention and overall wellness of individuals. Practical examples with be modeled throughout the session with encouragement for audience participation and implementation of exercises for their own well-being.
Schedule of Events

9:15 AM-10:45 AM
Session 408
South Pacific Ballroom 2 (Mid-Pacific Conference Center)
 Cultural Competence in Palliative and End-of-Life Care: Understanding your patient's context
Chair: Greg Sullivan, MD
Faculty: Patricia W. Nishimoto, BSN, MPH, DNS, Matthew W. Warren, MD, PhD
Discussant: Kenneth M. Sakauye, MD
In clinical care, having a culturally-contextualized understanding encompasses an awareness of an individual patient’s background, culture, language, ethics, and health-related beliefs. Nowhere is this a more important topic than the field of palliative medicine. This panel presentation is designed to address both cross-cultural similarities and inter-cultural variances at every stage of end-of-life care—advance planning discussions, existential experiences of end-of-life symptoms, and the process of dying itself—within a culturally-individualized context.

9:15 AM-10:45 AM
Session 409
Lehua Suite (Kalia Tower)
 Frontotemporal Dementia, Alzheimer’s Disease, and Psychiatric Illness: A Roadmap for the Dedicated Clinician
Chair: Daniel R. Bateman, MD
Faculty: Sophia Wang, MD, Liana G. Apostolova
Often atypical Alzheimer’s disease and frontotemporal dementia are misdiagnosed as psychiatric illness. This session will impart geriatric psychiatrists and other clinicians with knowledge of the foremost diagnostic tools and approaches to recognizing common neurodegenerative disorders and differentiating these disorders from psychiatric illness. Attendees will also learn about the ongoing Centers for Medicare and Medicaid Services Imaging Dementia-Evidence for Amyloid Scanning (IDEAS) study and advantages of amyloid imaging.

9:15 AM-10:45 AM
Session 410
Kahili Suite (Kalia Tower)
 Negotiating 101 for Early Career Psychiatrists
Chair: Brandon Yarns, MD
Faculty: Ellen E. Lee, MD, Karen Reimers, MD
Discussant: Tatyana Shteinlukht, MD, PhD
Co-sponsored by the AAGP Early Career Psychiatrists Caucus and the AAGP Women’s Interest Group, this session continues the tradition of the previous AAGP “Job Search 101” series, supporting career development in Geriatric Psychiatry.

9:15 AM-10:45 AM
Session 411
South Pacific Ballroom 3 (Mid-Pacific Conference Center)
 Research in Dementia and Depression in Elderly Japanese-American Men: The Kuakini Honolulu-Asia Aging Study
Chair: Iqbal Ahmed, MD
Faculty: Kamal Masaki, MD, Junji Takeshita, MD
Dementia and depressive symptoms in elderly Japanese-American men.

9:15 AM-10:45 AM
Session 412
Nautilus Suite (Mid-Pacific Conference Center)
 The Assessment and Management of Treatment Resistant Depression in the Elderly
Chair: William M. McDonald, MD
Faculty: Georgios Petrides, MD, Scott T. Aaronson, MD, Patricio Riva Posse, MD
Treatment resistant depression (TRD), or major depression which does not respond to two or more adequate antidepressant trials, is a significant problem in older adults and occurs in up to 30% of depressed seniors. The management of TRD often involves the use of neuromodulation treatments including electroconvulsive therapy (ECT), transcranial magnetic stimulation (TMS), vagal nerve stimulation (VNS) and investigational treatments such as ketamine infusion therapy. This symposium will outline the definition of TRD as well as the data on what to do next- another medication trial or neuromodulation treatments or off label treatments such as ketamine.

9:15 AM-10:45 AM
Session 413
Hibiscus 1 (Kalia Conference Center)
 The Marriage Between Clinical Pharmacy & Psychiatry: A Novel Geriatric Training Experience
Faculty: Erica C. Garcia-Pittman, MD, Tawny Smith, PharmD, Victor M. Gonzalez, MD, Nina Vadiei, PharmD
This session will highlight the development and implementation of a novel interprofessional geriatric psychiatry outpatient training experience at UT Dell Medical School at Seton Healthcare Family. Faculty and trainees in clinical pharmacy and psychiatry will share their perspectives and insights regarding this unique collaborative training experience.

11:00 AM-12:30 PM
Session 414
Nautilus Suite (Mid-Pacific Conference Center)
Case Presentation 3
A palliative approach to restlessness and falls in advanced dementia
Andrea Iaboni, MD, DPhil, FRCPC
A Tale of Two Outcomes in Older Adult Alcohol and Substance Use Treatment
Victoria Liou-Johnson

11:00 AM-12:30 PM
Session 416
Kahili Suite (Kalia Tower)
 Managing Behavioral Health Needs of Older Adults in the Emergency Department
Chair: Rebecca M. Radue, MD
Faculty: Laurel J. Bessey, MD
Discussants: Manish N. Shah, MD, Lisa L. Boyle, MD, MPH
As our population ages, the cohort of older adults living with mental illness is increasing. The Emergency Department is frequently at the front lines of mental health crises, and many providers, emergency departments, and healthcare systems find themselves overwhelmed. Here we will present a review of the ED literature...
Schedule of Events

Sunday, March 18, continued

regarding epidemiology, predominant behavioral health concerns, and management and disposition for older adults using emergency room services for behavioral concerns. Drs. Radue and Bessey will focus on key areas including agitation in the setting of dementia, delirium, psychosis, and substance abuse and withdrawal (Dr. Radue) as well as anxiety, panic, depression, and suicide (Dr. Bessey). We will close with Drs. Boyle and Shah serving as discussants to provide geriatric psychiatry and emergency medicine perspectives, respectively, and follow with ample time for discussion and audience participation.

11:00 AM-12:30 PM
Session 417
Lehua Suite (Kalia Tower)
A No Longer Invisible: The Role of International Medical Graduates (IMGs) and Physicians from Underrepresented Minorities in Medicine (URMs) in Geriatric Psychiatry
Chair: Iqbal Ahmed, MD, FRCPsych
Faculty: Tammy Duong, MD, Peter Ureste, MD, Andreea Seritan, MD
The session will focus on the development of professional identity in International Medical Graduates (IMGs) and Physicians from Underrepresented Minorities in Medicine (URMs), and the challenges faced by them, including a sense of feeling invisible and isolated. In talking about their experiences the speakers will no longer be “invisible”.

11:00 AM-12:30 PM
Session 418
South Pacific Ballroom 1 (Mid-Pacific Conference Center)
A Oral Presentation 2: Neuromodulation
Faculty: Myuri Ruthirakuhan, PhD Candidate, Audun O. Vik-Mo, MD, Prasad R. Padala, MD, Leslie Citrome, MD, MPH, Atul Sunny Luthra, MD, MSc, FRCPC
This oral presentation session will feature five presentations on the topic of neuromodulation.

12:45 PM-2:45 PM
Annual Meeting Program Committee Meeting
Coral Ballroom 2 (Mid-Pacific Conference Center)
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.

Poster Presentations
This year’s poster presentations will take place in the Coral Ballroom 3-5 (Mid-Pacific Conference Center) on Friday, March 16, and Saturday, March 17.

Early Investigator Poster Presentations
Friday, March 15
4:30 pm – 5:30 pm Poster Rounds
5:30 pm – 6:30 pm Standard Poster Presentation

New Research & Late-Breaking Posters Presentations
Saturday, March 17
12:30 pm – 1:30 pm Posters available for viewing during Exhibit Hall Lunch
3:30 pm – 5:30 pm Standard Poster Presentation
Late Breaking Posters

The following posters were accepted in the “late-breaking” category for the AAGP 2018 Annual Meeting. Because of the timing, they are not included in the March 2018 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 2018 Annual Meeting App.

These posters will be available for viewing during the New Research poster presentation on Saturday, March 17 in the Coral Ballroom 3-5 (Mid-Pacific Conference Center).

Saturday, March 17 3:30 pm - 5:30 pm
Coral Ballroom 3-5 (Mid-Pacific Conference Center)

LB 1 Ross A. Baker, PhD
Effect of Adjunctive Brexpiprazole on Depressive Symptoms in Elderly Patients with Anxiety or Insomnia: Results from a Post-Hoc Analysis

LB 2 Maria P. Aranda, PhD
The Relationship of Stress Events and Late-Life Depression in Older Latinos with Comorbid Medical Illness.

LB 3 Samir Sabbag, MD
HIV, Aging, Cognition and Functional Assessment: Assessing Functional Ability and Cognition through Technology in Older HIV-Positive Adults

LB 4 Selju Kobayashi
Comparison of the Usefulness of Brain Perfusion SPECT, DAT-SPECT, and MIBG Scintigraphy for the Diagnosis of Dementia with Lewy Bodies.

LB 5 Peiyuan Qiu
Trends in the Prevalence of Cognitive Impairment in Old Chinese People: Based on the CLHLS Cohorts from 1998 to 2014

LB 6 Prabha Siddarth, PhD
Longer TOMM40 Poly-T Variants Associated With Higher FDDNP-PET Medial Temporal Amyloid And Tau Binding

LB 8 Linda Mah, MD, MHS
Association Between Neuropsychiatric Symptoms and Delayed Verbal Recall in Older Adults with Lifetime History of Major Depressive Disorder

LB 9 Jae Myeong Kang
Visual rating and computer-assisted analysis of FDG PET in prediction of conversion to Alzheimer’s disease in mild cognitive impairment

LB 10 Quincy M. Samus, PhD
Assessment of Agitated Behaviors Among Persons with Dementia at Home Using Video Monitoring: Early Findings on Feasibility and Acceptability

LB 11 Jeffrey L. Cummings, MD, ScD
Efficacy and Safety of Flexibly-Dosed Brexiprazole for the Treatment of Agitation in Alzheimer’s Type Dementia: a Randomized, Double-Blind, Flexibly-Dosed, 12-Week, Placebo-Controlled Global Clinical Trial

LB 12 George T. Grossberg, MD
Efficacy and Safety of Fixed-Dose Brexiprazole for the Treatment of Agitation in Alzheimer’s Type Dementia: a Randomized, Double-Blind, Fixed-Dose 12-Week, Placebo-Controlled Global Clinical Trial

LB 13 Sabina Vatter, BA, MA
The Profile and Burden of Caregiving Life Partners of People with Parkinson’s-Related Dementia

LB 14 Sourabh Khanna
Characterizing Depressive Symptoms in the Elderly Hindi Speaking South Asian Population Residing in Queens: Usefulness of the Native PHQ-9

LB 15 Kay Von Schauer, LCSW
Continuum of Care for Rural Geriatric Behavioral Health: A New Look at Treating Trauma in the Elderly Population with Excellent Outcome Data

LB 16 Chemin Lin, MD
Cerebral Blood Flow Changes in Late-life Depression Are Associated with Depression Severity, Cognitive Deficit, and Altered Resting-state Functional Connectivity

LB 17 Lihong Wang, MD, PhD
Physical Activity Moderates the Detrimental Effect of Stress on Brain and Cognitive Function

LB 18 Sheree A. McCormick, PhD
Companion-Guided Cognitive Stimulation Therapy for People with Parkinson’s-related Dementia: Feasibility and Acceptability Findings of a Multi-Center Pilot Randomized Controlled Trial (INVEST)

LB 19 Seung-Ho Ryu
Chronic hyperglycemia correlates with structural abnormality of white matter in right dorsolateral prefrontal cortex and cognitive impairment

LB 20 Jennifer G. Goldman, MD, MS
Examining Parkinson’s Disease Psychosis Treatment Outcomes in the Real World: The INSYTE Observational Study

LB 21 Andrew Shim, PharmD, JD, MAm
Evaluation of Antipsychotic Use in Patients With Parkinson’s Disease Psychosis in a Long Term Care Setting and Factors Associated with Treatment Change

LB 22 Stephanie Hrisko, MD
Trends in First Time Admissions for Substance Use in Older Adults
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
**Wednesday, March 14, Rainbow Suite / Patio**
- 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
**Thursday, March 15, 11:00 am–12:00 pm, Lehua Suite (Kalia Tower)**
(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 Ibah “Ike” Ahmed, MD, and President-Elect Melinda Lantz, MD, will update members on AAGP’s activities, and Secretary/Treasurer Rajesh R. Tampi, MD, MS, DFAPA, 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](http://www.aagponline.org) lists to join the online conversation or show up at a meeting. Committees and caucuses are member driven. Committees will have a chair appointed by the Board who will assume leadership for the committee. Caucuses and interest groups are less formal discussion groups where members can meet to discuss issues of common interest.

Advanced Practice Nurses Caucus (APRN)
**Saturday, March 17, 3:00 pm–4:30 pm, Iolani Suite 5-7 (Tapa Conference Center)**
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
**Sunday, March 18, 12:45 pm–2:45 pm, Coral Ballroom 2 (Mid-Pacific Conference Center)**
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
**Friday, March 16, 4:30 pm–6:00 pm, Iolani Suite 5-7 (Tapa Conference Center)**
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
**Friday, March 16, 4:30 pm–6:00 pm, Iolani Suite 1-4 (Tapa Conference Center)**
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.

Disaster Preparedness Caucus
**Friday, March 16, 3:00 pm–4:00 pm, Iolani Suite 5-7 (Tapa Conference Center)**
The Disaster Preparedness Caucus discusses and develops ways in which we can learn more from any disaster—both natural disasters such as hurricanes, tornadoes, floods and earthquakes, and man-made disasters including terrorist attacks—and take steps to safeguard the physical and mental well-being of older adults.

Diversity Caucus
**Saturday, March 17, 3:00 pm–4:30 pm, Iolani Suite 1-4 (Tapa Conference Center)**
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.

Early Career Psychiatrist Caucus
**Friday, March 16, 3:00 pm–4:00 pm, Sea Pearl Suite 4 (Mid-Pacific Conference Center)**
Psychiatrist Members of the AAGP whose careers are within the first seven years following the completion of an ACGME-accredited residency or fellowship training program. The AAGP ECP Caucus is aimed at bringing together ECPs for networking, developing projects, and sharing ideas about learning and career development specific to ECPs.

Ethnic and Minority Caucus
**Saturday, March 17, 10:30 am–11:30 am, Iolani Suite 1-4 (Tapa Conference Center)**
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.

Ethics Caucus
**Friday, March 16, 3:00 pm–4:00 pm, Sea Pearl Suite 3 (Mid-Pacific Conference Center)**
This caucus is an opportunity for discussion of professional issues relevant to ethics in the geriatric psychiatry field.
AAGP Governance Meetings

Interprofessional Development Task Force Meeting
Friday, March 16, 1:00 pm–2:30 pm
Iolani Suite 1-4 (Tapa Conference Center)
The Interprofessional Task Force was formed by the AAGP Board of Directors to assess and make recommendations regarding ways the Association can support and encourage its membership becoming more representative of the interprofessional nature of the practice of geriatric psychiatry/mental health. All members and attendees of the AAGP Annual Meeting are welcome to attend the meeting of the Task Force.

International Medical Graduates (IMG) Caucus
Friday, March 16, 3:00 pm–4:00 pm
Iolani Suite 1-4 (Tapa Ballroom Center)
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 Members Interest Group
Friday, March 16, 4:30 pm–6:00 pm
Sea Pearl Suite 1-2 (Mid-Pacific Conference Center)
This forum is an opportunity to discuss professional issues relevant to LGBT attendees and the roles members can take in the organization.

Membership Committee
Friday, March 16, 9:45 am–11:15 am
Iolani Suite 5-7 (Tapa Conference Center)
This is an opportunity for AAGP members to discuss participation and membership development within AAGP.

Members in Training (MIT) Caucus
Friday, March 16, 3:00 pm–4:00 pm
Sea Pearl Suite 1-2 (Mid-Pacific Conference Center)
This is an opportunity for AAGP members-in-training to discuss MIT participation within AAGP and issues related to training and career development.

Nominations Committee
Saturday, March 17, 1:00 pm–2:30 pm
Iolani Suites 1-4 (Tapa Conference Center)
(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
Saturday, March 17, 10:00 am–11:30 am
Sea Pearl Suite 1-2 (Mid-Pacific Conference Center)
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
Friday, March 16, 1:00 pm–3:00 pm
Iolani Suite 5-7 (Tapa Conference Center)
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
Saturday, March 17, 10:30 am–11:30 am
Iolani Suite 5-7 (Tapa Conference Center)
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
Friday, March 16, 4:30 pm–6:00 pm
Sea Pearl Suite 3-4 (Mid-Pacific Conference Center)
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.

Veterans Affairs (VA) Caucus
Saturday, March 17, 1:30 pm–3:00 pm
Sea Pearl Suite 1-2 (Mid-Pacific Conference Center)
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
Saturday, March 17, 1:30 pm–2:30 pm
Iolani Suites 5-7 (Tapa Conference Center)
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.

Public Policy Caucus
Saturday, March 17, 10:00 am–11:30 am
Sea Pearl Suite 1-2 (Mid-Pacific Conference Center)
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.

AJGP Editorial Board Breakfast
Saturday, March 17, 7:30 am–9:30 am
Sea Pearl Suite 1-2 (Mid-Pacific Conference Center)
(EDITORIAL BOARD ONLY)

Past Presidents Breakfast
Saturday, March 17, 7:30 am–8:30 am
Iolani Suite 1-4 (Tapa Conference Center)
(AAGP PAST PRESIDENTS ONLY - BRING YOUR OWN BREAKFAST)
AAGP Scholars Program

For Medical Students and Psychiatry Residents
Supported through Donations from AAGP Members

2018 HONORS SCHOLARS

Renee Bayer, MD
Saint Mary Mercy Hospital Residency
The AAGP Diversity Scholar
Thanks to generous donations from Dr. Iqbal and Lisa Ahmed.

Abigail Besch, MD
UPMC at Western Psychiatric Institute and Clinic
The Ajanta Sanjay Vinekar, MD, DFAPA Scholarship
Thanks to a generous donation from Dr Ajanta Sanjay Vinekar, MD, DFAPA.

Katherine K. Brewster, MD
Columbia University Medical Center - New York State Psychiatric Institute
American Association for Geriatric Psychiatry Scholarship
Thanks to a generous donation from AAGP.

Elton Chan, MD
University of Southern California/LAC+USC Medical Center Program
American Association for Geriatric Psychiatry Scholarship
Thanks to a generous donation from AAGP.

Carol Chan, MBBS
Johns Hopkins School of Medicine
Charles F. Reynolds III & University of Pittsburgh/PIC Geriatric Psychiatry Scholarship
Thanks to generous donations from Drs. Howard Aizenstein, Alexandre Dombrovski, Candace Fraser, Mary Ganguli, Ariel Gildengers, Jordan Karp, William Klunk, Eric Lenze, LalithKumar Solai, Robert Sweet, Katalin Szanto, Esther Teveovsky, Daniel Varon, and Ellen M. Whyte.

Wilmarie Cidre Serno, MD
Stanford Psychiatry Residency Program
The Janet W. Colenda and Robert C. Winckhofer Scholar
Thanks to generous donations from Christopher C. and Kathryn W. Colenda.

Allie Davis, DO
Michigan State University Psychiatry
The AAGP Clinical Practice Committee Scholarship
Thanks to generous donations from Drs. Marie DeWitt and Larry Tune.

Dana Dieringer, MD
University of Washington-Psychiatry and Behavioral Sciences
The Dr. Dan G. Blazer Scholarship
Thanks to generous donations from Drs. Lori Bastian and David Steffens.

Stephanie Dong, MD
USC/LAC-USC Medical Center
The Dr. George and Annemarie Hadda Scholarship
Thanks to a generous donation from Dr. Ceri Hadda.

Samantha Friend, MD, PhD
UCSD Psychiatry
The Drs. Elliott and Shayna Stein Scholarship
Thanks to generous donations from Drs. Elliott and Shayna Stein.

Nadia Gilbo, MD
Montefiore/Albert Einstein College of Medicine
The George S. Alexopoulos, MD Scholarship
Thanks to generous donations from Drs. William Apfeldorf, Jimmy N. Avari, Katherine Goettsche, Sibel Klimstra, Nabil Kotbi, and Caitlin Snow.

Victor M. Gonzalez Jr., MD
University of Texas at Austin Dell Medical School
The Indiana University Honors Scholar
Thanks to a generous donation from Dr. Thomas McAllister on behalf of Indiana University, Dept of Psychiatry.

Rishab Gupta, MD
SUNY Downstate Medical Center, Brooklyn, NY
The Ingrid and Dr. Allan Anderson Scholarship
Thanks to a generous donation from Dr. Allan Anderson.

Albert Higgins-Chen, MD, PhD
Yale University
The Iqbal “Ike” Ahmed, M.D. Scholarship
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Learn more about the Scholars Program at www.AAGPonline.org.
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TOTAL AS OF DECEMBER 31, 2017: $104,086

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INGREZZA 80 mg provided rapid and significant reductions in TD severity by 6 weeks — with continued reductions in TD severity through 48 weeks

Generally well tolerated in clinical trials across a broad range of TD patients

Selectively inhibits VMAT2, with no appreciable binding affinity for dopaminergic (including D2) or serotonergic receptors

VMAT2, vesicular monoamine transporter 2.

PLEASE VISIT BOOTH #500

Important Information

INDICATION & USAGE

INGREZZA® (valbenazine) capsules is indicated for the treatment of adults with tardive dyskinesia.

IMPORTANT SAFETY INFORMATION

WARNINGS & PRECAUTIONS

Somnolence

INGREZZA can cause somnolence. Patients should not perform activities requiring mental alertness such as operating a motor vehicle or operating hazardous machinery until they know how they will be affected by INGREZZA.

QT Prolongation

INGREZZA may prolong the QT interval, although the degree of QT prolongation is not clinically significant at concentrations expected with recommended dosing. INGREZZA should be avoided in patients with congenital long QT syndrome or with arrhythmias associated with a prolonged QT interval. For patients at increased risk of a prolonged QT interval, assess the QT interval before increasing the dosage.

ADVERSE REACTIONS

The most common adverse reaction (≥5% and twice the rate of placebo) is somnolence. Other adverse reactions (≥2% and >placebo) include: anticholinergic effects, balance disorders/falls, headache, akathisia, vomiting, nausea, and arthralgia.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit MedWatch at www.fda.gov/medwatch or call 1-800-FDA-1088.

Please see the adjacent page for brief summary of Prescribing Information and visit www.INGREZZAHCP.com for full Prescribing Information.

INGREZZA® (valbenazine) capsules

for oral use

**Brief Summary:** for full Prescribing Information and Patient Information, refer to package insert.

**INDICATIONS AND USAGE**

INGREZZA is a vesicular monoamine transporter 2 (VMAT2) inhibitor indicated for the treatment of adults with tardive dyskinesia.

**WARNINGS AND PRECAUTIONS**

Somnia

INGREZZA can cause somnolence. Patients should not perform activities requiring alertness such as operating a motor vehicle or operating hazardous machinery until they know how they will be affected by INGREZZA.

QT Prolongation

INGREZZA may prolong the QT interval, although the degree of QT prolongation is not clinically significant at concentrations expected with recommended dosing. In patients taking a strong CYP2D6 or CYP3A4 inhibitor, or who are CYP2D6 poor metabolizers, INGREZZA concentrations may be higher and QT prolongation clinically significant. For patients who are CYP2D6 poor metabolizers or are taking a strong CYP3A4 inhibitor, dose reduction may be necessary. For patients taking a strong CYP3A4 inhibitor, reduce the dose of INGREZZA to 40 mg once daily. INGREZZA should be avoided in patients with congenital long QT syndrome or with arrhythmias associated with a prolonged QT interval. For patients at increased risk of a prolonged QT interval, assess the QT interval before increasing the dosage.

**ADVERSE REACTIONS**

The following adverse reactions are discussed in more detail in other sections of the labeling:

- Somnolence
- QT Prolongation

**Clinical Trials Experience**

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

Variable and Fixed Dose Placebo-Controlled Trial Experience

The safety of INGREZZA was evaluated in 3 placebo-controlled studies, each 6 weeks in duration (fixed dose, dose escalation, dose reduction), including 445 patients. Patients were 26 to 54 years of age with moderate to severe tardive dyskinesia and had concurrent diagnoses of mood disorder (27%) or schizophrenia/schizoaffective disorder (72%). The mean age was 56 years. Patients were 57% Caucasian, 39% African-American, and 4% other. With respect to ethnicity, 28% were Hispanic or Latino. All subjects continued previous stable regimens of antipsychotics; 85% and 27% of subjects, respectively, were taking atypical and typical antipsychotic medications at study entry.

Adverse Reactions Leading to Discontinuation of Treatment

A total of 3% of INGREZZA treated patients and 2% of placebo-treated patients discontinued because of adverse reactions.

Common/Adverse Reactions

Adverse reactions that occurred in the 3 placebo-controlled studies at an incidence of ≥2% and greater than placebo are presented in Table 1.

### Table 1: Adverse Reactions in 3 Placebo-Controlled Studies of 6-week Treatment Duration Reported at ≥2% and >Placebo

<table>
<thead>
<tr>
<th>Adverse Reaction(^1)</th>
<th>INGREZZA (n=262) (%)</th>
<th>Placebo (n=183) (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somnolence</td>
<td>10.9%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Nervous System Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anticholinergic effects (dry mouth, constipation, disturbance in attention, vision blurred, urinary retention)</td>
<td>5.4%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Balance disorders/fail (fall, gait disturbance, dizziness, balance disorder)</td>
<td>4.1%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Headache</td>
<td>3.4%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Akathisia</td>
<td>2.7%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Gastrointestinal Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vomiting</td>
<td>2.6%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Nausea</td>
<td>2.3%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Musculoskeletal Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arthralgia</td>
<td>2.3%</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

\(^1\) Within each adverse reaction category, the observed adverse reactions are listed in order of decreasing frequency.

Other Adverse Reactions Observed During the Premarketing Evaluation of INGREZZA

Other adverse reactions of ≥1% incidence and greater than placebo are shown below. The following list does not include adverse reactions: 1) already listed in previous tables or elsewhere in the labeling, 2) for which a drug cause was remote, 3) which were so general as to be uninformative, 4) which were not considered to have clinically significant implications, or 5) which occurred at a rate equal to or less than placebo.

**INDICATIONS AND USAGE**

**Adverse Reactions that occurred in the 3 placebo-controlled studies at an incidence of ≥1% and greater than placebo are shown below.**

**Common Adverse Reactions**

- Fatigue
- Constipation
- Headache
- Nausea
- Vomiting
- Diarrhea
- Cough
- Muscle spasms
- Urinary tract infection
- Lower extremity pain
- Paresthesia
- Blood glucose increased
- General Disorders: weight increased
- Infectious Disorders: respiratory infections
- Neurologic Disorders: dizziness, extrapyramidal symptoms (non-akathisia)
- Psychiatric Disorders: anxiety, insomnia

During controlled trials, there was a dose-related increase in prolatin. Additionally, there was a dose-related increase in alkaline phosphatase and bilirubin, suggesting a potential risk for cholestasis.

**DRUG INTERACTIONS**

**Drugs Having Clinically Important Interactions with INGREZZA**

### Table 2: Clinically Significant Drug Interactions with INGREZZA

<table>
<thead>
<tr>
<th>Monamine Oxidase Inhibitors (MAOIs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Implication:</td>
</tr>
<tr>
<td>Prevention or Management:</td>
</tr>
<tr>
<td>Examples:</td>
</tr>
</tbody>
</table>

**Strong CYP3A4 Inhibitors**

| Clinical Implication: | Concomitant use of INGREZZA with strong CYP3A4 inhibitors increased the exposure (Cmax and AUC) to valbenazine and its active metabolite compared with the use of INGREZZA alone. Increased exposure of valbenazine and its active metabolite may increase the risk of exposure-related adverse reactions. |
| Prevention or Management: | Reduce INGREZZA dose when INGREZZA is coadministered with a strong CYP3A4 inhibitor. |
| Examples: | itraconazole, ketoconazole, clarithromycin |

**Strong CYP2D6 Inhibitors**

| Clinical Implication: | Concomitant use of INGREZZA with strong CYP2D6 inhibitors may increase the exposure (Cmax and AUC) to valbenazine’s active metabolite compared with the use of INGREZZA alone. Increased exposure of active metabolite may increase the risk of exposure-related adverse reactions. |
| Prevention or Management: | Consider reducing INGREZZA dose based on tolerability when INGREZZA is coadministered with a strong CYP2D6 inhibitor. |
| Examples: | paroxetine, fluoxetine, quinidine |

**Strong CYP3A4 Inducers**

| Clinical Implication: | Concomitant use of INGREZZA with a strong CYP3A4 inducer decreased the exposure of valbenazine and its active metabolite compared to the use of INGREZZA alone. Reduced exposure of valbenazine and its active metabolite may reduce efficacy. |
| Prevention or Management: | Concomitant use of strong CYP3A4 inducers with INGREZZA is not recommended. |
| Examples: | rifampin, carbamazepine, phenytoin, St. John’s wort\(^1\) |

**Digoxin**

| Clinical Implication: | Concomitant use of INGREZZA with digoxin increased digoxin levels because of inhibition of intestinal P-glycoprotein (P-gp). |
| Prevention or Management: | Digoxin concentrations should be monitored when co-administering INGREZZA with digoxin. Increased digoxin exposure may increase the risk of exposure related adverse reactions. Dosage adjustment of digoxin may be necessary. |
| Examples: | |

\(^1\) The induction potency of St. John’s wort may vary widely based on preparation.

**Distributed by:**

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**CP-VBZ-US-0203v2 09/17**

**ENDOCRINE DISORDERS:**

- Blood glucose increased

**GENERAL DISORDERS:**

- Weight increased

**INFECTIOUS DISORDERS:**

- Respiratory infections

**NEUROLOGIC DISORDERS:**

- Dizziness, extrapyramidal symptoms (non-akathisia)

**PSYCHIATRIC DISORDERS:**

- Anxiety, insomnia
Visit the Exhibit Hall

Meet and Network in the Exhibit Hall
AAGP’s Exhibit Hall, in the Coral Ballroom 3-5 (Mid-Pacific Conference Center), 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

Friday, March 16
Exhibit Hall Open
4:30 pm–6:30 pm

Early Investigator Poster Presentations
4:30 pm – 6:30 pm
LOCATION: Coral Ballroom 3-5 (Mid-Pacific Conference Center)

Exhibit Hall Reception
4:30 pm–6:30 pm

Raffle Drawing: $200 gift card
6:30 pm

Saturday, March 17
Exhibit Hall Open
11:30 am–1:30 pm, 3:30 pm–5:30 pm

Exhibit Hall Lunch
12:30 pm–1:30 pm

New Research Posters & Late-Breaking Research Posters
3:30 pm – 5:30 pm

Exhibit Hall Reception
3:30 pm – 5:30 pm

Raffle Drawing: $300 gift card
5:30 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):

Friday, March 16
6:30 pm $200 gift card

Saturday, March 17
5:30 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.
Exhibit Hall Floor Plan

Coral Ballroom 3-5 (Mid-Pacific Conference Center)

Inventory

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Qty</th>
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<td>10’x10’</td>
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<td>20’x20’</td>
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Totals: 42 Booths

Booth # | Company                           | Booth # | Company                                  |
<table>
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<td>Takeda/Lundbeck</td>
<td>307</td>
<td>Avanir Pharmaceutical</td>
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<td>203</td>
<td>Alzheimer’s Association</td>
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<td>GeneSight</td>
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<td>205</td>
<td>International Psychogeriatric Association</td>
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<td>New England Geriatrics</td>
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<td>207</td>
<td>Hilton Atlanta</td>
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<td>Professional Risk Management Services, Inc. (PRMS)</td>
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<td>209</td>
<td>Neurocrine Biosciences Medical Affairs</td>
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<td>Diamond Healthcare</td>
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<td>NH Psychiatric Med</td>
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<td>Cardax Inc.</td>
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<td>ACADIA Pharmaceuticals</td>
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<td>Kaiser Permanente</td>
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<td>McLean Hospital</td>
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<td>Neurocrine Biosciences, Inc.</td>
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<td>Elsevier</td>
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<td>CHIIS</td>
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</tbody>
</table>
Exhibitor Directory

ACADIA Pharmaceuticals Inc.
Booth 301
3611 Valley Centre Drive, Suite 300
San Diego, CA 92130 USA
Phone: 858-558-2871
Email: info@acadia-pharm.com
Website: 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. 301 to learn more.

Alzheimer’s Association
Booth 203
225 N Michigan Ave, 17th Floor
Chicago, IL 60601 USA
Phone: 312-335-5774
Email: gbierman@alz.org
Website: www.alz.org

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®), bringing the world’s leading dementia scientists together to share the latest research (July 22-26 Annual Conference, July 20-21 Preconferences, Chicago, U.S.). Visit the Alzheimer’s Association booth (#203) to learn more about AAIC 2018, the International Research Grant Program®, the International Society to Advance Alzheimer’s Research and Treatment (ISTAART), TrialMatch®, and patient and caregiver resources.

Avanir Pharmaceutical
Booth 307
30 Enterprise, Suite 400
Aliso Viejo, CA 92656 USA
Phone: 949-389-6700
Website: www.avanir.com

Avanir Pharmaceuticals, Inc. is a biopharmaceutical company focused on bringing innovative medicines to patients with central nervous system disorders of high unmet medical need. We are dedicated to advancing medicines that can substantially improve the lives of patients and their loved ones. For more information about Avanir, please visit www.avanir.com

Cardax Inc.
Booth 407
2800 Woodlawn Drive, Ste. # 129
Honolulu, HI 96816 USA
Phone: 808-285-4942
Email: rmau@cardaxpharma.com
Website: www.cardaxpharma.com

Cardax is a life sciences company that develops and commercializes innovative products for inflammatory health and longevity. Cardax’s first product is ZanthoSyn®, a premium astaxanthin supplement that supports inflammatory health.

CHIIS
Booth 306
410 W. 10th St, Suite 2100
Indianapolis, IN 46202 USA
Phone: 317-274-8570
Email: nmboyd@iu.edu

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.

Diamond Healthcare
Booth 405
701 E Byrd St 15th Fl
Richmond, VA 23219 USA
Phone: 804-648-9240
Email: bligon@diamondhealth.com
Website: www.diamondhealth.com

Elsevier
Booth 304
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Amsterdam, 1043 NX, Netherlands
Phone: +31 20 485 3911
Email: e.leahy@elsevier.com
Website: https://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 308
6960 Cintas Blvd.
Mason, OH 45040 USA
Phone: 844-436-6306
Email: support@assurexhealth.com
Website: www.genesight.com
Facebook: www.facebook.com/assurexhealth/
Twitter: https://twitter.com/GeneSight
Linkedin: www.linkedin.com/company/554083
The GeneSight test helps healthcare providers make better treatment decisions based on a person’s genetic makeup. GeneSight testing is based on advanced CPGx® technology, a patented approach that analyzes variations and combinations of a person’s genes along with FDA-approved medications for behavioral health conditions and chronic pain.

Hallmark Health System
Booth 502
170 Governors Ave
Medford, MA 02155 USA
Phone: 781-338-7505
Email: abruyn@hallmarkhealth.org
Website: www.hallmarkhealth.org
Facebook: https://www.facebook.com/HallmarkHealth/
Twitter: https://twitter.com/HallmarkHealth
Linkedin: https://www.linkedin.com/company/hallmark-health-system-inc
Hallmark Health is a not-for-profit community hospital system located just a few miles north of Boston, MA. We are dedicated to patient recovery and family support built on a simple philosophy of trying to help those who suffer with mental illness through intelligent, respectful, empowering and compassionate collaboration.

Hilton Atlanta
Booth 207
255 Courtland Street NE
Atlanta, GA 30303 USA
Phone: 404-222-2889
Website: atlanta.hilton.com
Facebook: facebook.com/HILTONATLANTA
Twitter: twitter.com/HILTONATLANTA

International Psychogeriatric Association
Booth 205
555 East Wells St
Milwaukee, WI 53202 USA
Phone: 414-918-9889
Email: info@ipa-online.org
Website: http://ipa-online.org/
Facebook: https://www.facebook.com/ipaonline/
Twitter: https://twitter.com/IPA_Online
IPA... Better mental health for older people
For more than 30 years, the International Psychogeriatric Association (IPA) has been a leader in the field of psychogeriatrics. The diverse disciplines, interests, and geographic communities within IPA symbolize the full spectrum of geriatric mental health. Through our educational activities, scientific meetings, and cutting-edge publications, IPA promotes better mental health for older people all around the world.

Kaiser Permanente
Booth 409
1800 Harrison St, 7th Floor
Oakland, CA 94612 USA
Phone: 510-625-4120
Email: oscar.a.guzman@kp.org

McLean Hospital
Booth 302
115 Mill Street
Belmont, MA 02478 USA
Phone: 617-855-2151
Email: eroberts1@partners.org
Website: http://www.mcleanhospital.org/
For more than 20 years, the Division of Geriatric Psychiatry at McLean Hospital has provided comprehensive diagnosis, treatment and follow-up care for individuals ages 50 and older who are experiencing emotional, cognitive or behavioral symptoms.

Neurocrine Biosciences Medical Affairs
Booth 209
12780 El Camino Real
San Diego, CA 92130 USA
Phone: 858-617-7600
Website: http://www.neurocrinemedical.com/
Neurocrine Biosciences, Inc.
Booth 500
12780 El Camino Real
San Diego, CA 92130 USA
Phone: 858-617-7600
Email: csanpietro@neurocrine.com
Website: http://www.neurocrinemedical.com/
Neurocrine Biosciences, Inc. discovers and develops innovative and life-changing pharmaceuticals utilizing our novel R&D platform. Neurocrine’s efforts are focused on conditions with high unmet medical needs, specifically in neurologic, psychiatric, and endocrine based diseases and disorders.

New England Geriatrics
Booth 401
103 Myron Street, Suite A
West Springfield, MA 01089 USA
Phone: 413-592-1980
Email: joshf@nehcm.com
Website: www.negeriatrics.com
Facebook: www.facebook.com/negeriatrics/
LinkedIn: www.linkedin.com/company/new-england-geriatrics/
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 per month in 130 nursing homes, and 4 inpatient geropsychiatric hospital units throughout Massachusetts and Connecticut. Our talented team of providers consists 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.

NH Psychiatric Med
Booth 300
140 Kimel Park Dr., Suite 200
Winston-Salem, NC 27103 USA
Phone: 336-718-7250
Email: nbrandon@novanthealth.org
Website: www.nhpsychiatricmedicine.org
Facebook: https://www.facebook.com/NovantHealth
Twitter: https://twitter.com/novanthealth
LinkedIn: https://www.linkedin.com/company/novant-health

Professional Risk Management Services, Inc. (PRMS)
Booth 403
1401 Wilson Boulevard, Suite 700
Arlington, VA 22209 USA
Phone: 800-245-3333
Email: aboutus@prms.com
Website: https://www.prms.com/prms.html
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.

Takeda Pharmaceuticals U.S.A., Inc/Lundbeck
Booth 201
One Takeda Parkway
Deerfield, IL 60015 USA
Phone: 224-554-5600
Email: leslie.mitchell@takeda.com
Website: www.takeda.us, www.lundbeck.com
Visit our booth to discuss a treatment option for Adults with Major Depressive Disorder (MDD).
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 14).

Members in Training (MIT) Reception
Thursday, March 15, 7:30 pm–8:30 pm
Coral Ballroom 2 (Mid-Pacific Conference Center)
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
Saturday, March 17, 7:45 am–9:15 am
Sea Pearl Suite 3-4 (Mid-Pacific Conference Center)
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.

Members in Training (MIT) Caucus Meeting
Friday, March 16, 3:00 pm–4:00 pm
Sea Pearl Suite 1-2 (Mid-Pacific Conference Center)
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
Friday, March 16
Coral Ballroom 3-5 (Mid-Pacific Conference Center)
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
Friday, March 16, 4:30 pm–6:00 pm
Sea Pearl Suite 3-4 (Mid-Pacific Conference Center)
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
Friday, March 16, 3:00 pm – 5:00 pm
South Pacific Ballroom 2 (Mid-Pacific Conference Center)
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.

Scholars Program for Medical Students and General Psychiatry Residents
Supported by the Geriatric Mental Health Foundation through private donations from AAGP members
Friday, March 16
The AAGP 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 2017 to 31 psychiatry residents and 8 medical students. (Applications for the 2019 program will be due October 1, 2018. 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 Friday morning, to learn more about the field of geriatric psychiatry.

Scholars Program for Medical Students and Psychiatry Residents
Friday, March 16 8:30 am–2:45 pm
South Pacific Ballroom 3-4 (Mid-Pacific Conference Center)
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.

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.

Honors Scholars Alumni Session
Saturday, March 17, 10:45 am–12:15 pm
Hibiscus 2 (Kalani Conference Center)
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
2019 Abstract Timeline

Submission portal opens June 2018
General Session Submissions — due July 2018
Case Presentations — due July 2018
Early Investigator Posters — due October 2018
New Research Posters — due October 2018
Late Breaking Posters — due January 2019