Key Words: suicide ideation; retirement satisfaction; upstream interventions; meaning in life

FC10: Late Career Transitions for Physicians

Author: Robert Madan

Objectives:

1. List barriers and facilitators to physician retirement
2. Reflect on their personal thoughts and feelings about retirement
3. Describe personal steps or actions that need to be done in preparation

Background: Ernest Hemingway described the word *retirement* as "the ugliest word in the language." Physicians dedicate much of their time, energy and career towards training and patient care, often without sufficient focus on financial planning, late-career activities, and what retirement will require of them. There are significant competing tensions that create challenges in physician retirement.

Methods: A literature review was conducted to determine the enablers and barriers to physician retirement. Participants will reflect on how this applies to their own context and will have an opportunity to begin considering a late-career transition plan.

Results: Earlier retirement is associated with mental and physical stressors, and later retirement is associated with intuitional flexibility, and a feeling of lack of purpose and primary identity. Barriers to retirement include insufficient financial planning, rigid organizational structures, and an identity that is mostly based on being a physician. Facilitators include good health, opportunities to teach, adequate financial planning, succession planning, and the development of interests outside of medicine.

Conclusions: The training and practice of medicine often requires a near-total commitment at expense of personal life and late-career planning. There are clear enablers and barriers to physician retirement. Recommendations include institutional retirement planning, guidance around financial planning for physicians throughout their careers, and the creation of post- retirement opportunities that maintain institutional ties. Late-career mentoring and peer support may be of value.

FC11: The Baycrest Quick-Response Caregiver Tool: Preliminary Results in the Long-Term Care Setting

Authors: Robert Madan, Anna Berall, Jon Parr Vijinski, Ken Schwartz

Objectives:

1. Describe the Baycrest Quick-Response Caregiver Tool
2. Describe the feasibility and utility of the tool in the long-term care context

Background: Neuropsychiatric symptoms of dementia (NPS) are common and result in poor outcomes such as caregiver burnout, poor quality of life, and elevated health care costs. The Baycrest Quick-Response Caregiver Tool TM (BQRCT) assists the caregiver to manage NPS in real time. Previously, the tool was studied in community-based family caregivers with positive results in terms of its feasibility and ease of use. The current study adapted the training module for health care professionals in the long-term care (LTC) context and assessed its utility and feasibility using a mixed-Methods approach.

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Methods: The online training module involves a video about neuropsychiatric symptoms of dementia and a general overview of the tool, and 3 videos involving actors to demonstrate how LTC staff could use the tool in typical scenarios. A short instruction manual and pocket guide are included in the tool. Participants completed a pre-survey, the training module, and post-surveys immediately following the training, and after 4 weeks. Survey data included demographics, face-valid Likert questions for program impact, and feasibility questions.

Results: Twenty-four staff participants were recruited from LTC homes. The average number of years working with persons with dementia was 7.41. The BQRCT was found to be "moderately" to "extremely" useful in 87% of participants. 79% of participants would recommend the tool to other staff in LTC. At 4 weeks post intervention, 79% of participants reported that their interactions with residents improved as a result of viewing the BQRCT and 54% responded "much" or "very much" regarding learning effective steps to respond to residents' symptoms. 83% of participants reported that the training module helped them implement the steps in the BQRCT. The qualitative analysis revealed that the tool was educational, informative, and reflected realistic scenarios. Participants found the tool to be practical, understandable, and easy to use. The tool allowed LTC staff to develop empathy through self-reflection.

Conclusions: The BQRCT was found to be feasible and of utility for the majority of participants in the LTC setting. The training module was found to be easy to use and fostered empathy and self-reflection in formal caregivers.

FC12: Therapeutic drug monitoring (TDM) in elderly patients prescribed psychotropic agents

Author: Georgios Schoretsanitis

Objectives: Apart from irrational polypharmacy, drug-drug interactions (DDIs) and potentially inappropriate medications for elderly patients, there are numerous challenges referring to psychopharmacological treatment in this patient subgroup prescribed psychotropic agents. Specifically, pharmacokinetics and pharmacodynamics essentially differ in elderly patients, complicating medication selection and dosing.

Methods: Pharmacokinetics involves absorption, distribution, metabolism, and elimination of the medication. Elderly patients often present distinct patterns of medication absorption as well as reduced elimination (due to decreased kidney function). DDIs are another major confounder of medication metabolism. This is particularly

common in elderly patients, as one out of two elderly patients with mental disorders receive polypharmacy which in turn requires careful dose adjustment. Medication adherence is an additional challenge in patients with mental disorders, further complicating pharmacotherapy.

Results: We discuss the benefits of therapeutic drug monitoring (TDM), i.e. the regular measuring of drug concentrations in plasma of patients prescribed psychotropic agents. TDM is a valuable personalized treatment tool; specifically, it allows the determination of the minimum effective dosage also improving safety outcomes. Basic TDM principles, such as steady-state, trough levels and therapeutic reference ranges in the context of elderly patients' pharmacological treatment will be discussed.

Discussion: The use of TDM is of established clinical value in particularly vulnerable patient subgroups such as elderly patients. Summarizing practical recommendations for TDM in clinical routine we aim to enhance its use ultimately enabling an improvement of treatment effectiveness and safety outcomes in elderly patients prescribed psychotropic agents.

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