

countries around the globe. Baycrest, the Canadian Coalition for Seniors' Mental Health and the Canadian Academy of Geriatric Psychiatry collaborated to launch a national ECHO for mental health and aging. This partnership, coordinated by a cross-Canadian Steering Group, allows for broad reach, including registration of learning partners from almost all Canadian provinces and territories. The program was funded by the RBC Foundation.

Methods

ECHO COE: Mental Health pilot consisted of 2 cycles:

- 6 weekly sessions focused on broader mental health topics (e.g., delirium, mood disorders)
- 10 weeks with more specific topics (e.g., substance use disorders, sleep disorders)

Needs assessments of healthcare providers and older adults informed the program curricula. Evaluation included weekly satisfaction surveys, and pre and post evaluations.

Results

Participants:

- 154 healthcare providers participated in the 6-week session
- 39% of registrants were nurses or nurse practitioners, 35% allied health professionals, 14% physicians and 12% others
- 9 out of 10 provinces, 1 territory represented

Preliminary findings (based on the first 6 sessions):

- High overall satisfaction (average of 4.5 out of 5).
- 99% would recommend the program to others
- 67% had already shared information with team members and colleagues.

Conclusion

A national ECHO program is an effective way to bring together clinicians who work with and are interested in the mental health and wellbeing of older adults for education sessions, collaborative and mutual learning as well as for cross-jurisdictional knowledge transfer. Collaborative, cross-professional learning supports the exchange of best practice in mental health for older adults, supports the development of collegial national professional support and can address health system inequities. An international ECHO through IPA would be an exciting and valuable next step.

432 - Ultrabrief Right Unilateral ECT in Older Adults with Catatonia: A Case Series and Literature Review

Authors: Cristina Pritchett, MD.; Adriana Hermida, MD.; Amanda Tan B.S; Gregory Job, MD.

Objectives: Comparing Ultra-brief (UB) Right Unilateral Electroconvulsive Therapy (RU ECT) to the existing literature, this case series highlights the use of the treatment with geriatric patients.

Methods:

This is a retrospective chart review of 5 patients with catatonia who were successfully treated with UB RUL ECT. Medical records were reviewed for clinical data and ECT treatment. The existing literature is compared and contrasted with other published cases. Quick Inventory of Depressive Symptomatology (QIDS) was completed both pre-ECT and post-ECT. Clinical Global Impression–Improvement (CGI-I) scale was performed post-ECT. Response was defined as decrease of QIDS by 50% and remission was defined as QIDS \leq 5. CGI response was defined as CGI-I \leq 2.

Results:

All patients received UB RUL ECT treatment (mean age 67, 100% female). 20% (n=2) were caucasian. 60% had mood disorders and 40% had psychotic disorders. Number of treatments in the acute

treatment course ranged from 5 to 20, charge was dosed at 6-10 times the seizure threshold determined at first treatment. All patients had a significant clinical response to ECT as reflected by clinical data, ECT procedure notes, and rating scales when available. All patients completed post ECT CGI-I. Response rate was 60% (n = 3). We also assessed QIDS scores for patients with comorbid depression. Out of these patients, 40% (n = 2) were unable to complete baseline QIDS secondary to symptoms severity. Mean baseline QIDS for the remaining patients was 9.67 (SD 1.53). Post-treatment QIDS was 3.67 (SD 5.51). Paired-samples t-test comparing these scores at baseline and post-ECT demonstrated a significance P value of 0.14. None of the patients experienced worsening of cognitive function.

Conclusions:

UB RUL ECT is a safe and effective treatment for Catatonia. Our data demonstrate clinical improvement in patients with Catatonia with UB RUL ECT. In addition, this method may lower the burden of cognitive effects that can significantly benefit the older adult population. The literature is limited regarding the use of Ultra-brief (<0.37 milisec) Right Unilateral (RU) ECT in Catatonia. Additional studies will benefit from the inclusion of objective metrics such as Bush Francis Catatonia Scale, Scale for the Assessment of Psychotic Symptoms (SAPS), and the systematic evaluation of cognitive status and function.

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433 - A possible link between Bipolar Disease and Frontotemporal Dementia

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Background: Both neurological and psychiatric symptoms are observed among mental disorders and represent a challenge for the differential diagnosis, specially in old adults presenting behavioral changes. Investigations have documented manic/hypomanic symptoms from behavioral variant frontotemporal dementia (bvFTD), suggesting a relationship of bipolar disease (BD) with bvFTD.

Research objective: This work aims to determine the relationship between patients with bipolar disease and behavioral variant frontotemporal dementia.

Method: A non-systematic review of the literature is presented. Bibliographic selection was carried out through keyword research in MEDLINE and Google Scholar.

Results: An early stage of bvFTD often displays a mix of behavioral disturbances and personality changes. Also, BP is associated with a higher risk of dementia in older adults and with cognitive impairment, where a subset of patients presents a neuroprogressive pattern during the disease course. It was shown a specific type of post-BD dementia with clinical features of bvFTD and cases of patients with marked manic symptoms for the first time in their life had subsequent diagnosis of FTD. Mutations in the progranulin gene (GRN) were the most frequent causes of autosomal dominant FTD and have also been reported in sporadic FTD. Genetic polymorphisms