

Results: Currently, there are two main intervention pathways for MCI and DM, known as pharmacological and psychosocial treatments. The latter become indispensable when considering them as multicausal and multidimensional pathologies and psychological treatments are part of them (Berriel and Fernández, 2007). Psychotherapy in particular allows patients to deal with behavioral changes and the experience related to the disease in a more functional way in the long term (Linnemann and Fellgiebel, 2017). However, there are few studies that address evidence-based psychotherapeutic interventions. Even in Latin America, there are no reports of protocols that can be generalized for application in clinical practice. Faced with this absence, the project of developing a specific cognitive behavioral psychotherapy protocol for this population is framed.

Conclusions: There are few studies that address evidence-based psychotherapeutic interventions, and there are not even reports of generalizable protocols in Latin America. In light of this absence, a project is underway to develop a specific cognitive behavioral psychotherapy protocol for this population based on the limited evidence, extensive clinical experience and adapted to the preferences and needs of the local population.

FC9: Investigating the Association between Retirement Dissatisfaction and Suicide Ideation in Middle-Aged and Older Men Facing the Transition to Retirement

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Background: The older adult population is growing in many countries worldwide, consistent with the aging of the vast baby-boom cohort. Older men have high rates of suicide in their post-retirement years, necessitating research investigating mental health promotion and suicide prevention in the peri-retirement period.

Methods: Secondary analyses were conducted of pre-group data from 83 participants in a study of Meaning-Centered Men's Groups (MCMG; Heisel et al, 2020), an upstream community-based psychological intervention group for men over 55 facing the transition to retirement. Eligible participants met with investigators in an academic health sciences centre and completed measures of retirement satisfaction (RS), suicide ideation, and positive (e.g., psychological well-being, perceived social support, and life satisfaction) and negative psychological factors (e.g., depression, hopelessness, loneliness, and anxiety) prior to the start of a 12-week course of MCMG. Associations were investigated among measures of retirement satisfaction and the positive and negative psychological factors. RS was predicted to be positively associated with the positive psychological variables, and negatively associated with the negative psychological variables. We specifically predicted that RS would be negatively associated with suicide ideation, and that this association would be mediated by depressive symptom severity.

negative psychological factors in the expected direction. Retirement dissatisfaction was significantly associated with suicide ideation (Geriatric Suicide Ideation Scale or GSIS), and particularly so with items assessing a perceived Loss of Personal and Social Worth. The association between RS and suicide ideation was significantly mediated by depressive symptom severity (Geriatric Depression Scale).

Conclusions: Retirement satisfaction is closely associated with self-reported mental health and well-being variables among middle-aged and older men facing the transition to retirement. Severe dissatisfaction with retirement may be a suicide risk indicator, necessitating investigation and potential intervention. These and other findings will be discussed in the context of the importance of meaningful engagement in one's post-employment years.

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.