

**MANAGEMENT OF MENTAL HEALTH DISORDERS FROM THE NURSERY
TO THE NURSING HOME: CONTROVERSIES IN CLINICAL CARE**

June 29-July 5, 2012

Faculty: Lory Bright-Long, M.D., CMD

14 Credit Hours

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Overview: This series of lectures is designed to update the primary care physician on common psychiatric conditions and controversies in clinical care throughout the life span. The seminar will be relevant to family practitioners, internists, pediatricians and other physicians and health professionals who manage patients with mental disorders. The topics and related learning objectives follow below.

Program

June 30, 2012

8:00 am-10:30 am

Mental Health in Childhood: Do We Diagnose and Treat Too Much or Too Little?

At the Conclusion of this presentation the participant will be able to:

1. Discuss the incidence and prevalence of pediatric and adolescent mental illness
2. Recognize the difficulties and controversies of diagnosing pediatric psychiatric disorders
3. Demonstrate an understanding of the life-long implications of pediatric mood, emotional and behavioral changes
4. Recognize the concerns of increasing psychopharmacologic use in childhood including off-label use, long-term safety and the social and ethical meaning of pharmacological treatment.
5. Develop evidence-based treatment strategies for your practice.

10:30 am-12:00 noon

Treatment of Psychiatric Disorders in Pregnancy: Can We Ever Treat Safely?

At the conclusion of this presentation the participant will be able to:

1. Discuss the implications of psychiatric disorders on an individual pre, peri, and postnatally.
2. Define behavioral teratogenesis and perinatal syndromes
3. Explain risks and benefits of somatically treating psychiatric illness during pregnancy
4. Demonstrate an understanding of women's unique mental health issues.

1:00 pm-3:00 pm

Depression in the New Millennium: How Will the Baby Boomers and Their Prodigy Cope?

At the conclusion of this presentation the participant will be able to:

1. Discuss the depressive disorder spectrum and diagnostic criteria
2. Develop recognition and office screening protocols of depression
3. Discuss the populations at greatest risk for suicide
4. Discuss suicide recognition and prevention strategies
5. Recognize the controversies associated with antidepressant medications
6. Describe complementary and alternative medicine treatments available to your patients and their risks and benefits

July 4, 2012

8:00 am-10:00 am

Sexuality and Mental Health: Can You Have One Without the Other?

At the conclusion of this presentation the participant will be able to:

1. Define terms associated with sexuality, sensuality, and sexual health
2. Recognize psychiatric and medical conditions which present with sexual dysfunction
3. Understand sexual dysfunction in the context of psychiatric illness
4. Discuss sexual side effects of psychoactive medications and the impact on compliance.
5. Discuss the sexual changes associated with normal aging and dementia

10:00 am-12 noon

Substance Abuse across the Generations: Who is at Risk and Why?

At the conclusion of this presentation the participant will be able to:

1. Describe substances of abuse and the presentations across age groups
2. Comfortably use available screening tools for substance abuse recognition
3. Develop cessation and treatment strategies
4. Understand the comorbidity of substance abuse and psychiatric illness

July 5, 2012

8:00 am-12 noon

The Neurocognitive Syndromes from Mild to Severe: Can We Recognize Decline in Time to Slow It and Can We Keep Patients Safe and Caregivers Sane?

At the conclusion of this presentation the participant will be able to:

1. Define the nosology of mild cognitive impairment
2. Incorporate into an office setting screening tools for cognition and function
3. Discuss dietary and life style strategies which may be cognition-sparing
4. Discuss current trends in pharmacologic strategies for cognition-sparing
5. Define and describe etiologies of delirium and dementia
6. Understand the risk for developing neuropsychiatric symptoms
7. Develop strategies for defining and targeting distressed behaviors
8. Formulate non-pharmacological interventions for distressed behaviors
9. Recognize the benefits and burdens of pharmacological interventions
10. Describe referral sources for caregivers in the community