

Thursday, April 19, 2018

Facilitator: Dr. Patrice Tremblay

CME Day Learning Objectives

At the end of this session, participants will be able to:

- assess substance use and misuse in the elderly, including alcohol and medical cannabis;
- differentiate specific neurocognitive disorders, including rapidly progressive dementia and sleep apnea; and
- manage chronic diseases in the elderly from screening to palliation.

Time	Event	Location
07:00 – 08:00	Registration	Inception
	Breakfast	Fontaine EF
08:00 – 08:15	Welcome and Introductions Dr. Patrice Tremblay	Fontaine G
08:15 – 09:00	Substance Use Disorder and Alcoholism in the Elderly Dr. Michel Elie At the end of the session, the participant will be able to: <ul style="list-style-type: none"> • discuss prevalence and change in incidence in substance use disorder and alcoholism in the elderly; • assess common presentations and conditions of substance use disorder and alcoholism in the elderly; and • manage these conditions in the aging population. 	Fontaine G
09:05 – 09:50	Therapeutic Cannabis Use in the Elderly Dr. Michael Dworkind At the end of the session, the participant will be able to: <ul style="list-style-type: none"> • debate the controversial history of medical cannabis; • discuss the Endocannabinoid system and its clinical relevance in the elderly; and • appraise the limited evidence for efficacy and side effects of medical cannabis. 	Fontaine G
09:50 – 10:15	Break	Fontaine EF

10:15 – 11:00	<p>Neuropalliative Care: An Emerging Subspecialty Dr. Jeffery Hall</p> <p>At the end of the session, the participant will be able to:</p> <ul style="list-style-type: none">• adapt a “palliative approach” to patients with neurologic illnesses;• determine the current delivery of care and extrapolate future needs based on the demographics of patients with neuro-oncologic, cerebrovascular, neuro-inflammatory, neuro-muscular and neuro-degenerative diseases; and• manage common clinical scenarios (seizures, elevated intracranial pressure and decreased mental status/loss of competency) and appropriately consult a palliative care team.	Fontaine G
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11:05 – 11:50	<p>Recognizing and Treating Malnutrition in Older Adults Dr. José Morais</p> <p>At the end of the session, the participant will be able to:</p> <ul style="list-style-type: none"> • identify the risk factors of malnutrition; • conduct a nutritional assessment in older adults; and • develop a nutritional plan for overcoming malnutrition. 	
11:50 – 13:00	Networking Lunch	Fontaine EF
13:00 – 13:45	<p>Neurocognitive Consequences of Sleep Apnea in the Elderly Dr. Nadia Gosselin</p> <p>At the end of the session, the participant will be able to:</p> <ul style="list-style-type: none"> • describe the consequences of obstructive sleep apnea on cognitive functioning in the elderly; • appraise the new literature linking sleep apnea to dementia; and • analyze benefits and challenges related to sleep apnea treatment. 	Fontaine G
13:50 – 14:35	<p>Recognizing Cancer in the Elderly Dr. Doreen Wan-Chow-Wah</p> <p>At the end of the session, the participant will be able to:</p> <ul style="list-style-type: none"> • describe the epidemiology of cancer in the elderly; • appropriately screen for the most common cancers; and • manage polypharmacy in older cancer patients. 	Fontaine G
14:35 – 15:00	Break	Fontaine EF
15:00 – 15:45	<p>Rapidly Progressive Dementia Dr. Catherine Brodeur</p> <p>At the end of the session, the participant will be able to:</p> <ul style="list-style-type: none"> • describe rapidly progressive dementia (RPD); • distinguish the different etiologies of RPD; and • prescribe the appropriate workup for a RPD. 	Fontaine G
15:50 – 16:35	<p>Treatment of Hypertension in the Oldest Old: How Low to Go? Dr. Annik Dupras</p> <p>At the end of this session, participants will be able to:</p> <ul style="list-style-type: none"> • distinguish the relationship between hypertension on health outcomes in oldest old compared to younger adults; • interpret results of recent studies of hypertension treatment for the oldest old population; and • debate the applicability of current recommendations on intensive blood control to the oldest old population. 	Fontaine G