



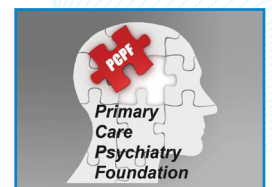
# Primary Care Psychiatry Foundation Journey on the Mediterranean

Building Cutting-Edge Psychiatric Skills to  
Improve Your Patients' Medical Health

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7 Night Western Mediterranean Cruise  
Aboard Norwegian Epic

June 21 – 28, 2015





# A Primary Care Psychiatry Foundation Journey On the Mediterranean Building Cutting-Edge Psychiatric Skills to Improve Your Patients' Medical Health

**Course description:** Psychiatric disorders are costly and disabling for individuals, families, communities, and nations because they are often not properly identified and treated. Early identification of psychiatric disorders allows for more effective and robust individual treatment responses. Individuals effectively treated early demonstrate improved functioning in families, workplaces, and communities increasing their health, productivity and economic viability!

Primary care physicians of the 21st century provide the majority of psychiatric care in the United States despite little or no formal training. Psychiatrists of the 21st century will increasingly focus simultaneously on individual and population health, collaboration and consultation with primary care and mental health colleagues, and treatment resistant conditions and challenging comorbidities. This journey will therefore have a dual focus: 1) identifying and managing common psychiatric disorders at an earlier stage of the illness and 2) identifying and managing treatment resistant conditions with challenging comorbidities .

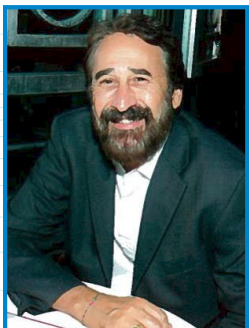


## Lecturers



### Joshua Lowinsky, MD

Joshua Lowinsky, MD practices child, adolescent, adult and family psychiatry at Children Resource Group, a multidisciplinary mental health practice in Indianapolis where he is a partner. He also is a consultant psychiatrist to the Indianapolis Public Schools. He is chairman of the integrated care committee and president-elect of the Indianapolis Psychiatric Society. He is a board examiner for the American Board of Psychiatry and Neurology. A frequent local, regional, and national presenter to professional and lay audiences on topics related to psychiatry, Dr Lowinsky works with Medical Education Resources, a continuing medical education company and non-profit organization, to develop and present topics in psychiatry to primary care physicians. . In 2012, Dr Lowinsky cofounded the Primary Care Psychiatry Foundation, a non-profit organization, whose mission it is to educate and train primary care physicians, other professionals, and individuals within systems of care, in the early identification, accurate diagnosis, effective treatment, and appropriate referral of patients with psychiatric disorders.



### David Baron, MSED, DO

David Baron, MSED, DO is currently Professor, Vice Chair and Chief of Psychiatry at University Hospital at the Keck School of Medicine, University of Southern California. Dr. Baron is also the Director of Global Center for Exercise, Psychiatry and Sport for the World Psychiatric Association/World Health Organization. He is also a current member of the Executive Board of Directors for the International Society of Sports Psychiatrists and the 2010 Consumer Council of America "Top Doc" for Sports Psychiatry.

Dr. Baron is the former Deputy Clinical Director of the National Institute of Mental Health and Chair of the Department of Psychiatry at the NIH Graduate School 1989-1997 and Temple University 1998-2010. He developed and holds the copyright on the only validated depression screener specific for athletes (BDSA), which is currently in use in over seven countries. He has over 30 years of clinical experience in sports medicine and sports psychiatry and has worked with athletes of all ages and levels of competition including NCAA, Olympic and professional. Dr. Baron has published over 130 peer reviewed publications and presented over 300 scientific presentations in the US and over 30 invited international talks, many in the area of Doping in Sports and Depression, Drug Use and Concussion in athletes. His current clinical and research interests are in the neuropsychiatric sequelae of recurrent sub-clinical concussion and TBI in athletes, specifically focused on developing more sensitive, user-friendly screening instruments and methods, and increasing public awareness of this growing problem.

## Faculty/Speaker Disclosures:

- Faculty and all others who have the ability to control the content of continuing medical education activities sponsored by University Services are expected to disclose to the audience whether they do or do not have any significant financial interest or any other relationship arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation. Faculty is also required to disclose plans to present any unapproved or investigative uses of commercial products or devices.
- Dr. Joshua Lowinsky does not have a financial interest/arrangement or affiliation with any organization that could be perceived as a real or apparent conflict of interest in the context of the subject of his presentation.
- Dr. David Baron does not have a financial interest/arrangement or affiliation with any organization that could be perceived as a real or apparent conflict of interest in the context of the subject of his presentation.

# Learning Objectives

After these presentations the participant will:

## **"I just drank a few beers": Substance use disorders**

- List 4 common substance use disorders (SUDs) presenting in the primary care setting
- Describe motivational interviewing and its use in patients with SUDs
- List 3 evidence-based treatment interventions for SUD patients in the primary care setting
- Identify 5 psychiatric comorbidities seen in SUD patients

## **"I think I am having a heart attack": Anxiety disorders**

- Distinguish between anxiety the symptom, and anxiety the disorder.
- Utilize case scenarios to list similarities and 3 differences among DSM 5 anxiety disorders
- Identify 4 pharmacologic and 2 nonpharmacologic treatments for anxiety disorders in the primary care setting
- List 6 possible causes of anxiety in the medically ill patient (differential diagnosis)

## **"Coach, I'm fine!": Traumatic Brain Injury**

- Distinguish concussion from major traumatic brain injury (TBI)
- List the common clinical symptoms of a postconcussive state and discuss treatment strategies
- How does TBI effect the identification of, risk for, and treatment of psychiatric disorders?
- Discuss the roles of the primary care physician and psychiatrist in educating patients about brain safety

## **"Please prescribe me a generic!": New psychotropics**

- List the newer FDA-approved psychiatric medications
- Utilizing case scenarios, identify 3 clinical situations in which older psychotropics have advantages/ disadvantages compared with newer psychotropics
- Discuss significant differences and similarities between brand name and generic medications

## **"I hear voices": Psychosis across the lifespan**

- Identify 5 key questions to unearth the hidden psychotic symptoms
- List 5 medical causes of psychosis
- List 5 psychiatric causes of psychosis
- Use case scenarios to identify 5 different disorders which present with, or mimic, psychotic symptoms
- Use case scenarios to identify antipsychotic adverse effects

## **"Staying Alive, Staying Alive": Suicide across the lifespan**

- Name 4 suicide risk and protective factors
- Become familiar with the Columbia Suicide Severity Rating Scale
- Know the "FLASHD" 5-minute suicide screen
- Name 3 medical treatments which decrease symptoms of suicide

## **"An apple a day keeps the Doctor away":**

### **Prevention of psychiatric disorders**

- Give 4 reasons to focus on the prevention of psychiatric disorders
- Name 4 risk factors for the development of psychiatric disorders
- Name 4 protective factors decreasing the risk of psychiatric disorder development
- Understand the role of "attachment" in promoting resilience or vulnerability to psychopathology

## **Sticks and stones may break my bones...": Bullying and psychopathology**

- List 4 groups of individuals at high risk of being bullied
- Define "sensitive" and "silent" periods as they refer to childhood maltreatment
- Diagram the effects of bullying on HPA axis, neuronal health, and academic functioning
- List 5 psychiatric disorders which occur with increased incidence in those enduring childhood maltreatment recommendations

## **"I try to forget about my past": Adult manifestations of adverse childhood experiences (ACEs)**

- List 6 ACEs leading to increased morbidity and shortened lifespan
- Describe 6 psychiatric and 6 medical conditions occurring with increased prevalence among patients with a high ACEs score
- Identify 4 risky health behaviors occurring in patients with high ACEs scores
- Discuss differences in psychiatric prevalence, presentation and treatment response in adult patients with and without a history of maltreatment

## **"Antidepressants make me crazy!": Bipolar disorder across the lifespan**

- List 5 symptoms suggestive of bipolar depression rather than unipolar depression
- List 5 reasons that antidepressants may need to be avoided in bipolar depression
- Identify 5 pharmacologic and 5 nonpharmacologic treatments for bipolar disorder
- List 5 differences between prepubertal onset and adult onset bipolar disorder

## **"I don't care about anything!": Depressive disorders across the lifespan**

- List 5 risk factors for depression
- Describe 2 presentations of clinical depression that do not include sadness
- List 4 medical and 4 psychiatric comorbidities of depression
- List 2 examples of augmentation and combination and 3 indications for combined psychotherapy and pharmacotherapy

## **"You Never Listen!": The complexity of ADHD**

- Utilize case scenarios to diagnose and treat ADHD in adults
- List 5 pharmacologic and 2 nonpharmacologic treatment options for adult ADHD
- List 2 risks and 4 benefits of ADHD treatment (and lack of treatment)
- Prioritize treatment in an adult with ADHD, PTSD, schizophrenia and a substance use disorder

## **Challenging Case Discussions: Case 1 and Case 2**

## **Challenging Case Discussions: Case 3 and Case 4**





# 15 AMA PRA Category 1 Credits™

## \$695 Physicians - \$350 Other Health Care Professionals

### CME Credit Designation & Accreditation:

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- University Services designates this educational activity for a maximum of 15.0 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the educational activity.



**University Services, Office of CME**  
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Cruise Itinerary			
Sun, June 21st	Barcelona, Spain		6:00PM
Mon, June 22nd	At Sea		
Tues, June 23rd	Naples, Italy	7:00AM	7:00PM
Wed, June 24th	Civitavecchia (Rome), Italy	6:00AM	7:00PM
Thurs, June 25th	Livorno (Florence), Italy	7:00AM	7:00PM
Fri, June 26th	Cannes, France	8:00AM	6:00PM
Sat, June 27th	Palma Majorca, Spain	1:00PM	8:00PM
Sun, June 28th	Barcelona, Spain	5:00AM	

Cruise Prices Starting at:	
Interior	\$1,299 pp
Balcony	\$1,699 pp
Mini-Suite	\$1,899 pp

A \$500 per cabin deposit is all that is required to reserve your spot! Deposit is fully refundable until April 1, 2015.

\* Fares are based on double occupancy and subject to availability. Fares include port charges, taxes and gratuities. Book early to secure the best rate.

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