

CME

Toronto Advanced Psychopharmacology for Psychiatrists 10th Annual

Six monthly evening sessions
Starting on October 18, 2006

The **Toronto Advanced Psychopharmacology for Psychiatrists (TAPP)** course, along with its companion, the **Toronto Intermediate Psychopharmacology for Psychiatrists (TIPP)** course, was granted the “**Most Outstanding Continuing Medical Education Event in Psychiatry in Canada**” award in 2001 from the Canadian Psychiatric Association. The TAPP course taught and facilitated by Dr. Sagar Parikh along with various experts, provides a review of medication strategies for schizophrenia, depression, bipolar and sleep disorders. Emphasis is on skills in the use of new mood stabilizers, refractory treatment combinations, novel antidepressants, and second-generation antipsychotics. New sessions will be devoted to the diagnosis and psychopharmacology of addictions and the psychopharmacology of pregnancy and the postpartum period.

FACULTY

All from the Department of Psychiatry, University of Toronto

Dr. Leslie Buckley, Head, Addiction Psychiatry, University Health Network

Dr. Sophie Grigoriadis; Staff Psychiatrist, University Health Network

Dr. Robert Levitan, Head of Depression Research, Centre for Addiction and Mental Health

Dr. Gary Remington, Program Head, Medication Assessment Program, Schizophrenia Division, CAMH

Dr. Ayal Schaffer, Head, Mood Disorders Program Sunnybrook and Women's College Health Sciences Centre

Dr. Sagar Parikh, Deputy Psychiatrist-in-Chief, University Health Network, and Director of CME, CAMH

FORMAT

- Six consecutive monthly sessions of two hours each
- Two instructors for each session
- Mix of case-based and didactic presentations
- Present your own tough cases
- Light supper included!

OBJECTIVES

- Review medication strategies for addiction
- Acquire skills in the use of novel mood stabilizers and antidepressants
- Explore uses and limitations of novel antipsychotics
- Decipher and treat sleep disorders

DATE	TOPIC
October 18	An Update on Pharmacotherapy for Bipolar Disorder
November 15	Refractory Depression
December 6*	Refractory Schizophrenia
January 17	Addiction Psychiatry
February 21	Sleep Disorders
March 21	Psychopharmacology of Pregnancy and Postpartum

*Due to Christmas, the December session will be held on the first Wednesday of the month

COURSE LOCATION

Centre for Addiction and Mental Health
 Room 2015, 33 Russell Street, Toronto, Ontario
 (one street north of College, east of Spadina)

TIME

Registration and dinner: 18.00 hours
 In session: 18.30 – 20.30 hours

DURATION

October 2006 through March 2007 – 6 Sessions –
 3rd Wednesday of each month (except December)

REGISTRATION INFORMATION AND FEE

Professional Participant Fee: \$450 CAD

Full payment must accompany registration form.

Mail or fax to: Geneviève Poulin, CME Program
 Centre for Addiction and Mental Health
 33 Russell Street, Room 2017 Toronto,
 Ontario M5S 2S1
 Tel: 416-535-8501 Ext. 6017 Fax: 416-595-6644
 E-mail: cme@camh.net

VIDEOCONFERENCE

Note: This course is being offered by videoconference to Northern Ontario.

Toronto attendance is limited to 12 people.

CANCELLATION AND REFUNDS

A \$50.00 handling fee will be deducted upon cancellation. Refund requests must be received in writing by **Monday, October 2, 2006**

ORGANIZING COMMITTEE

Sagar Parikh, MD, FRCPC, Director of CME, CAMH and Associate Professor at the University of Toronto

Victor Feder, Staff Psychiatrist, North York General Hospital

Tazyia Lakkotrypis, Education Associate, CAMH

ACCREDITATION

Pending.

TAPP 06-07

REGISTRATION FORM

PLEASE PRINT CLEARLY

What is your level of training in this topic? Novice Intermediate Advance

Ms. Mr. _____ Degree(s): _____
Last Name First Name

Private practice
 Organization: _____ Professional Title: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

E-mail: _____

Tel: Bus. (_____) _____ Ext. _____ Fax: (_____) _____

Payment Method:

Cheque Cheque Number: _____ (Make cheques payable to **Centre for Addiction & Mental Health**)

VISA MC AMEX Card Number: _____ Expiry Date: _____ / _____

Name on Card: _____ Authorized Signature: _____