

# The 15th Annual Meeting of the College of Psychiatric and Neurologic Pharmacists

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Tampa, Florida was bustling with over 500 psychiatric and neurologic pharmacists last month. The 15<sup>th</sup> Annual CPNP Meeting took place April 29<sup>th</sup> through May 2<sup>nd</sup>, 2012, at the Tampa Marriott Waterside. This meeting was full of wonderful and innovative programming and networking opportunities that inspired psychiatric and neurologic pharmacists to continue to improve their practices. This issue recaps some of the topics covered at the meeting and provides highlights from the meeting. Read articles from some of the Annual Meeting speakers as well as articles by other experts in our field.

Many of the meeting topics were chosen by the CPNP membership themselves, and attendance certainly demonstrated interest in the programming. Not only did over 500 pharmacists, students, residents, and non-pharmacist clinicians, arrive on-site for the meeting, at least 200 of these attendees remained through the final session on medical marijuana late Wednesday morning.

The leadership of CPNP has strived to make the meeting as environmentally friendly as possible. Slides were available online rather than in print so that attendees had the option to print the slides themselves or use electronic methods to take notes and follow along with the slides. Many attendees arrived with tablets or laptop computers and the facility provided charging stations located strategically throughout each conference room. Evaluations of each session could be completed easily throughout the meeting on the CPNP website – no paper forms necessary. See the slide show for pictures of meeting sessions and more at <http://youtu.be/vF25Qu5x4-o>.

The meeting was kick-started on Sunday by an all day pre-meeting workshop that gave a comprehensive review of the intricacies of incorporating Medication Therapy Management into pharmacy practice. Attendees were provided the tools to prepare pharmacists in all practice settings to take steps toward providing MTM services. It was noted that this session inspired and encouraged us psychiatric pharmacists to push harder to become recognized and reimbursed providers and to move MTM forward in practice.

For those who were unable to attend the pre-meeting workshop, three BCPP recertification sessions were available. The first session reviewed evidence-based use of antidepressants and current controversies regarding depression treatment – the most poignant point being that we should consider antidepressants as “mood stabilizers” and not expect a person with bipolar depression to receive much, if any benefit with use of our current antidepressant therapies. A great quote by Pinel (1745- 1826) as stated by Dr. Ghaemi, “it is an art of no little importance to administer medicines properly: but, it is an art of much greater and more difficult acquisition to know when to suspend or altogether to omit them”. This quotation is as pertinent now as it was when written in 1806, over 200 years ago. The following Sunday session by Dr. Chan helped clarify strategies to employ when a patient has undergone bariatric surgery and emphasized the frequency of mood disorders in such patients. The Sunday session concluded with a presentation by Dr. Kelly. She superbly explained the relationship between nicotine and schizophrenia, stressing the attention impairment related to pathophysiologic changes of the nicotine system in schizophrenia. She also recommended tobacco cessation strategies for patients with schizophrenia.

Networking and special-interest roundtables early Sunday evening provided the opportunity for attendees to meet each other and discuss shared interests and concerns. These included roundtables on academia, reimbursement, Canadian pharmacists, board certification, Food and Drug Administration safety alerts, medication education groups, and Veterans Affairs pharmacists. Each session was well attended and had meaningful discussion.

Monday continued to include inspiring sessions guiding us in patient care, starting off with the Judith J. Saklad Memorial Award Presentation, honoring Stephen Saklad who gave a rousing acceptance speech. This was followed by Barbara Wells delivering a keynote address, inspiring the audience to strive for excellence in leadership. Dr. Perlis provided fascinating insights into the genetics and

diagnostic progress for both schizophrenia and bipolar disorder. Discussion of schizophrenia treatment emphasized drug trial design over a lunch symposia supported by Sunovion.

The afternoon provided several concurrent programming sessions. Two back-to-back sessions on Monday afternoon gave both live and video demonstrations of movement disorder assessment, with an opportunity to rate your score alongside the experts. These presentations highlighted the new CPNP-sponsored training video, "Drug-induced Movement Disorders: A clinical guide to rating scales," [available for purchase through the CPNP website](#). The applicability of these sessions was very well received by those in attendance. Pain management in patients with addiction was concurrent to the movement disorders session, and gave great insight into treatment strategies. Drs. Norton, Melton and Melton, provided methods for screening patients at risk for opioid dependence and/or abuse as well as options for managing challenges encountered by patients with a history of addiction. Poster award finalists delivered platform presentations concurrently to these sessions.

Tuesday morning sessions began bright and early with a breakfast symposia regarding treatment of schizophrenia supported by Genentech. Drs. Ellingrod and Ereshefsky presented advances being made in the area of glutamate modulation. This was followed by an inspiring session on personalization of depression treatment by Dr. Trivedi, who implored that rating scales be used to measure patient progress, appropriately likening psychiatric rating scales to blood pressure measurements. After this session was an informative session of developments occurring in the area of autism spectrum treatments, which include glutamatergic agents for targeting social/communication impairments in those with autism disorder.

Like Monday afternoon, Tuesday afternoon included concurrent programming with topics that made it difficult to decide which to attend. Dr. Tovar used a case-based format to discuss treatment of metabolic syndrome in psychiatric patients, including anticipated changes in treatment guidelines to be published in the near future. Drs. Bishop and Mueller provided research-oriented sessions focused on genetic variability and practical use of pharmacogenomics for the pharmacist. The neurology track provided an update on migraine treatment and practical tools for the pharmacist to aid in assessment of a patient presenting with headache. This track also included a rousing traumatic brain injury (TBI) session delivering great treatment insights into neuropsychiatric sequelae of TBI. The day was concluded by four brief clinical pearls, which provided a range of insights on the

use of multiple daily dosing of aripiprazole, clozapine myocarditis monitoring, anticholinergic syndrome, and vasculitis in a cocaine user.

The final day, Wednesday, included two final sessions that were still highly attended. The first was an inspiring speaker, Judge Steve Leifman, who gave a devastatingly realistic history of the treatment of the mentally ill within the criminal justice system, particularly within the state of Florida. The presentation was not without hope, as it outlined methods for reformation and improvement of the system. The final session discussed medical marijuana and a close review on the limited evidence in existence as well as the realities of harmful effects from marijuana.

The poster sessions on both Sunday and Monday evening provided excellent networking opportunities for all who attended. There were approximately 70 posters manned at each session and authors were available to answer questions regarding their posters. Most posters were either research projects or interesting case presentations, many of which will continue on to be published in journals of the author's choosing.

CPNP's town hall meeting was held on Wednesday morning. Here we were updated on the business end of CPNP. This included that 32 people passed the board certification examination to become certified in psychiatric pharmacy, making the total number of BCPPs 684. CPNP membership overall is holding steady at just over 1,100 members. Second year psychiatric pharmacy residencies have increased to 31 total available positions. The number of student chapters of CPNP has increased to five. The CPNP foundation has launched their initial fundraising drive, and all members were encouraged to donate and become part of the founding circle. Included among foundation goals are to determine what pharmacist services best fill gaps in care for patients with mental illness and determine what competencies are needed to best provide these services. Perhaps the most important update of the town hall meeting was the introduction of Carey Potter who has been contracted as a government relations consultant who will help in CPNP's legislative efforts to advance psychiatric pharmacy legislatively.

The CPNP Program Committee is already hard at work planning for next year by reviewing session topic ideas, speaker suggestions and attendee feedback. Next year's meeting will be held at the Broadmoor hotel in Colorado Springs, Colorado from April 21-24.

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