

FMF Live Stream Schedule at a Glance

WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
8:15 am PT	8:15 am PT	8:15 am PT	8:30 am PT
Unlearning and Undoing Systemic White Supremacy and Indigenous-Specific Racism in Settler Healthcare Teams	Family Medicines Cross Country Hiccup: How family medicine/primary care lost its mojo and the journey to get it back	Reality and Hope: Polarities or pals	Recognize The POOP: Pain out of proportion -or- Transitioning to Practice 101
10:15 am PT	10:15 am PT	10:15 am PT	9:45 am PT
Messages From the 2023 Consensus on Concussion -or- Dealing with Severe Asthma in Your Practice	Diabetes Tools for Your Practice -or- PEER: What's new, what's true and what's poo?	What's New? The 2024 Rourke Baby Record! -or- Axe the Rx: Deprescribing chronic medications with PEER	Assessment and Treatment of Anxiety in Older Adults -or- Understanding Breast Cancer Risk and Risk Reducing Tools
11:30 am PT	11:30 am PT	11:30 am PT	11:00 am PT
AFABulous Review: PEER presents an ode to women's health -or- Top 10 Emergency Medicine Articles to Change Your Practice	Top 10 Practice Changing Tips From Practice-Based-Learning-Program Modules-2023-2024 -or- Approach to Bipolar Disorder in Primary Care	Your Patient Has ADHD - But now what? -or- Timber! A common sense approach to syncope	Tails of Anemia: You are prescribing iron incorrectly -or- Social Isolation and Loneliness in Seniors: What's new?
2:00 PM PT	2:00 PM PT	2:00 PM PT	1:30 PM PT
Pick Your Briefs: Audience-selected topics from PEER's game-board -or- 12-Years Later, 3 Guidelines! Osteoporosis in Canada unpacked	Transgender Health: How to diagnose/support/prescribe/monitor -or- Is This Skin Cancer?	Caring for Rare Hearts: Inherited cardiovascular disease pearls -or- Approach to Psychotherapy in Primary Care	Polycystic Ovary Syndrome: Beyond just the ovaries
3:30 PM PT	3:30 PM PT	3:30 PM PT	2:45 PM PT
COPD for Primary Care: Incorporating new CTS guidelines -or- Seizures Unmasked: Distinguishing real events from mimics	Mixing and Matching: Layering psychopharmacology in primary care -or- Prostate Cancer Screening: Generalists navigating decades of changes	Top 10 Family Medicine Articles to Change Your Practice -or- One for the Aged: Improving long term care	2024's Hot Topics in STI/HIV Prevention, Testing and Treatment

Wednesday, November 6, 2024

Wednesday, November 6 Session ID: 499

8:15–9:45   **Keynote Presentation: Unlearning and Undoing Systemic White Supremacy and Indigenous-Specific Racism in Settler Healthcare Teams**

Danielle Behn-Smith, MD, CCFP

Learning objectives:

1. Name intersecting systems of settler colonialism, white supremacy, and Indigenous specific racism in Canada (LEARN)
2. Identify foundational obligations to Indigenous peoples and specific instructions related to health and wellness, including substance use (UNDERSTAND)
3. Be ready to apply two methodological frameworks for unlearning and undoing systemic white supremacy and Indigenous-specific racism (ACT)

Wednesday, November 6 Session ID: 132

10:15–11:15   **Key Messages From the 2023 Consensus on Concussion**

Pierre Fremont, MD, PhD, FCFP (SEM)

Learning objectives:

1. Assess a patient presenting with symptoms of a possible concussion
2. Provide standard initial recommendations for relative rest and early gradual cognitive and physical activation
3. Provide a follow-up assessment to a patient with protracted recovery following a diagnosis of concussion

Description: Although concussions are not always sport-related (ex: intimate partner violence, work-related, etc.), their high incidence in sports contributes to a rapidly evolving body of knowledge that allows to further understand this type of traumatic brain injury and improve its clinical management for any context of injury. In June 2023, an international collaboration of experts on sport-related concussions, updated the recommendations for concussion prevention, detection, and management (BJSM 2023; 57: 11). This 6th international consensus on sport-related concussion was informed by 9 systematic reviews (BJSM 2023; 57: 11 and 12), and includes 5 clinical tools (<https://www.concussioninsportgroup.com/scat-tools>) including a new tool designed for the office assessment and follow-up: the Standardized Concussion Office Assessment Tool (SCOAT6). The general objective of this session is to familiarize clinicians with the simple principles that allow to identify and successfully manage most concussions and present the new clinical tool that can support the assessment and follow-up of concussion in primary care, namely in the presence of protracted recovery. This session will present an overview of the recommended clinical assessment and management through the course of this injury, with a focus on key updates from the most recent recommendations. Using key elements of the SCOAT6, the role of the family physician in the assessment and management of concussions with persisting symptoms will be discussed. Namely, simple functional impairment screening tests that can contribute to the identification of relevant trajectories of care will be discussed.

Wednesday, November 6 Session ID: 27

10:15–11:15  **Dealing with Severe Asthma in Your Practice**

Alan Kaplan, MD, CCFP (EM), FCFP

Learning objectives:

1. Define what is severe asthma
2. Define the assessment and treatments of difficult to control asthma
3. Review treatments for severe asthma and how these patients should be followed in primary care

Description: Severe asthma patients is estimated to be 5-10% of all our asthmatic patients, but those patients end up with a disproportionate degree of suffering, reduced quality of life, adverse effects from medications, exacerbations and health care costs. We will review how to assess asthma control, with a step by step review of how to approach those who are not controlled. We will review assessment and management including non-pharmacologic management steps as well as how to step up pharmacotherapy to achieve control. If these steps are not sufficient, we are left with the subset of patients who may well have severe asthma. We now have biologic therapies that while outside the treatment paradigm of most primary care practitioners, still are medications that need to be understood, especially in the context of how to follow these patients.

Wednesday, November 6 Session ID: 256

11:30–12:30   **AFABulous Review: PEER presents an ode to women's health**

Jessica Kirkwood, MD; Tina Korownyk, MD, CCFP; Danielle Perry, MSc RN

Learning objectives:

1. Describe common treatments for vasomotor symptoms related to menopause, nausea and vomiting related to pregnancy and more
2. Evaluate new clinical studies in the area of women's health
3. Summarize the evidence around common questions in women's health including contraception, menopause, and sexual desire

Description: This interactive and entertaining session by the PEER team will be a fast-paced review of answers to common clinical questions in primary care: all about women! With new content for 2024, audience members will be able to select from topics focused on women's health including topics on pregnancy, menopause, and contraceptives. Additionally, a selection of recent clinical trials in the area of women's health will be available to choose from. The best available evidence, including a bottom-line summary and practical recommendation for practice will be described for every topic selected, each in less than five minutes!

Wednesday, November 6 Session ID: 261

11:30–12:30  **Top 10 Emergency Medicine Articles to Change Your Practice**

Jock Murray, MD, MSC, CCFP (EM), FCCP; Colin Boyd, MD, CCFP (EM); Michael Clory, MD, CCFP (EM); Matthew Clarke, MD, CCFP (EM); Rebecca Haworth, MD, CCFP (EM); Constance LeBlanc, MD, MSc, CCFP (EM)

Learning objectives:

1. Become familiar with 10 recent articles are potentially practice changing
2. Review the evidence for changing practice for 10 specific clinical scenarios

3. Decide if the presented evidence supports changing practice in ten clinical scenarios

Description: This is a recurring session which typically attracts 200-500 participants. It is highly reviewed and often included in the FMF Loved Sessions. Ten recent articles with potentially practice changing conclusions are critiqued and reviewed in approximately 4 minutes each. An evidence based and "Choosing Wisely" approach is implemented. The remaining 20 minutes is reserved for audience questions. The articles are chosen to be relevant to a general audience of Family Physicians who occasionally practice in an Emergency Department.

Wednesday, November 6 Session ID: 182

14:00–15:00   **Pick Your Briefs: Audience-selected topics from PEER's game-board**

Tina Korownyk, MD, CCFP; Jennifer Young, MD, CCFP; Adrienne J Lindblad, BSP, ACPR, PharmD

Learning objectives:

1. Summarize high level evidence for a number of clinical questions
2. Incorporate best evidence for common primary care questions in patient care
3. Differentiate between interventions with minimal benefit and strong evidence for patient-oriented outcomes

Description: This popular, fast-paced presentation provides answers to common clinical questions in primary care. The audience will select the questions from a list of possible topics and then one of the presenters will review the evidence and provide a bottom-line, all in less than five minutes. Topics will include management issues from pediatrics to geriatrics including a long list of medical conditions that span the breadth of primary care.

Wednesday, November 6 Session ID: 155

14:00–15:00  **12-Years Later, 3 Guidelines! Osteoporosis in Canada unpacked**

Anmol Lamba, MD, MMSc, GDip (Clin Epi), CCFP

Learning objectives:

1. Gain awareness of the three new Canadian guidelines on osteoporosis released in 2022 and 2023
2. Review the latest changes in the screening of, and treatment of, osteoporosis
3. Develop strategies to consolidate contrasting advice on osteoporosis in a patient centered way

Description: Osteoporosis screening and treatment in Canada has largely been governed by the 2010 Osteoporosis Canada Guidelines. Now, almost suddenly, we have had a triple threat of recommendations. In 2022, the Society of Obstetricians and Gynaecologists of Canada released guidelines on osteoporosis in menopause. In early 2023, the Canadian Task Force of Preventative Health Care released an updated recommendation on screening for Osteoporosis. Finally, in late 2023, Osteoporosis Canada updated their comprehensive guidelines over a decade after their initial recommendations. What's the same? What's different? How do we consolidate these guidelines and provide effective patient care? This talk is given from the lens of a generalist who was not involved in the formation of any of these documents. This talk has been developed from a front line family medicine lens to stay on top of guideline-directed testing and treatment.

Wednesday, November 6 Session ID: 26

15:30–16:30   COPD for Primary Care: Incorporating new CTS guidelines

Alan Kaplan, MD, CCFP (EM), FCFP

Learning objectives:

1. Define how to diagnose and assess a patient with COPD
2. Define non-pharmacologic management of COPD
3. Tailor pharmacologic management of COPD to your patient

Description: COPD or Chronic Obstructive Pulmonary Disease is a common condition, with significant morbidity, hospitalizations, health care costs and mortality. The number of people worldwide with chronic obstructive pulmonary disease (COPD) is predicted to increase by 23% in three decades, amounting to nearly 600 million patients by 2050. Furthermore, it is a source of great suffering for many of our patients. We will define how to diagnose and categorize our patients' disease to allow an organized approach to therapy, with treatment tailored to the individual patient in front of you. We will touch on drug classes, inhaler devices and vaccinations for the best patient outcomes. The Canadian Thoracic Society has revised its pharmacologic guidelines, which will simplify how you can approach these patients. We will also touch on the significant impact of comorbid conditions and how to approach these multi-morbid patients effectively and safely.

Wednesday, November 6 Session ID: 317

15:30–16:30   Seizures Unmasked: Distinguishing real events from mimics

Katie Muir, MD, FRCPC

Learning objectives:



1. Differentiate epileptic seizures and the most common seizure-mimics
2. Recognize patients that have epilepsy
3. Identify when to start anti-seizure medication

Description: Epilepsy is one of the most common neurologic disorders affecting Canadians. 1 in 10 Canadians will have a seizure in their lifetime. 1/100 Canadians will receive a diagnosis of epilepsy. Identification of seizures and prompt work-up is important to make the diagnosis of epilepsy and to begin treatment. Being able to differentiate epileptic seizures from seizure mimics allows prioritization of patients that need further investigations and saves unnecessary investigations in those who do not need them. This session will use a case based approach to build knowledge about seizures and seizure mimics, highlighting which features most strongly suggest epileptic seizures. The most common types of seizures will be shown and their key features discussed. The focus will be on events which present in childhood, but common seizure presentations in adults will be covered as well. An approach to making the diagnosis of epilepsy, using the International League Against Epilepsy Diagnostic Criteria, will be reviewed and participants will have the opportunity to see this approach applied using the cases. Finally, the most common anti-seizure medications and evidence based recommendations on when to start them will be covered.

Thursday, November 7, 2024

Thursday, November 7

Session ID: 500

8:15–9:45  

Keynote Presentation: Family Medicines Cross Country Hiccup: How family medicine/primary care lost its mojo and the journey to get it back



David Price, MD, CCFP

Learning objectives:

1. Understanding the political, ministry, regulatory and professional colleges roles' in not learning lessons from Barbara Starfield and others
2. Audience members will experience a snapshot of primary care exemplars from coast to coast to coast and will hear about common principles from these communities
3. Explore some of the ways they can influence political, ministry, regulatory and professional colleges and champion a system fit for the next 20 years (or know how they might allocate an extra billion dollars into the primary care system)

Thursday, November 7

Session ID: 207

10:15–11:15  

Diabetes Tools for Your Practice

Susie Jin, RPh, CD,E CRE; James Kim, CFPC, MBBCh, PgDip (Diabetes)


Learning objectives:

1. Learn to use Diabetes Canada's Quick Reference Guide for effective diabetes management in clinical practice
2. Learn how to integrate Diabetes Canada's prescription tools into clinical workflows for tailored treatment plans
3. Learn to utilize Diabetes Canada's healthcare provider resources to enhance diabetes care plans and education

Description: Join primary care physician James Kim and pharmacist and certified diabetes educator Susie Jin for a session designed to equip family doctors with essential tools and resources from Diabetes Canada to enhance diabetes care in their practices. Throughout this session, participants will engage in learning aimed at mastering the use of Diabetes Canada's Quick Reference Guide, prescription tools, and other valuable resources tailored for healthcare providers. The session will begin with an in-depth exploration of the Quick Reference Guide, focusing on its practical application in the management of diabetes. Participants will learn how to efficiently navigate the guide's sections and utilize its recommendations to optimize patient care. Next, participants will delve into the integration of Diabetes Canada's prescription tools into their clinical workflows. Through interactive exercises and case studies, attendees will learn how to tailor treatment plans according to individual patient needs, set achievable treatment goals, and effectively monitor patient responses to therapy. By the end of this session, participants will leave with a deeper understanding of Diabetes Canada's tools and resources for healthcare providers, equipped with the skills and knowledge to enhance diabetes care in their practice settings. Don't miss this opportunity to elevate your diabetes management skills and make a positive impact on the health outcomes of your patients.

Thursday, November 7

Session ID: 245

10:15–11:15 

PEER: What's new, what's true and what's poo?

Betsy Thomas, BSc Pharm; Danielle Perry, MSc RN; Michael Allan, MD, CCFP



Learning objectives:

1. Describe evidence of new diagnostic tests or therapies that should be implemented into current practice
2. Compare articles and evidence that may reaffirm currently utilized diagnostic tests, therapies or tools
3. Identify articles that highlight diagnostic tests, therapies or other tools that were misrepresented in studies/media

Description: In this session, we will review top studies from the past year that have the potential to impact primary care. Topics will vary depending on recent studies. The presentations summarize the most impactful studies, condensed into one slide or at times rapid fire key findings from multiple studies. We will discuss whether the research implications of these studies are practice-changing or re-affirming or whether they should be ignored. Each will have clear and practical bottom-lines for implementation into practice. Lastly, we'll add a few humorous studies and content - this is medicine and laughter which is the best medicine.

Thursday, November 7

Session ID: 199

11:30–12:30  

Top 10 Practice Changing Tips From Practice-Based-Learning-Program Modules-2023-2024

Peter Tzakas, MD; Heather Armson, MD; Haider Saeed, MD; Melissa Vvey, MD; Dana McKay, MD; Marina Malak, MD


Learning objectives:

1. Describe the top 10 submitted practice reflection learning points from members in small group learning
2. Evaluate the importance of making commitment-to-change statements to promote practice change
3. Integrate others ideas and barriers of change into own practice reflection

Description: This session will highlight last year's top 10 practice changing tips from the Small Group Practice-Based Learning Program, the Foundation for Medical Practice Education's (FMPE) popular continuing medical education program for family doctors. FMPE is a Canadian not-for-profit that offers practice-based learning programs created by family physicians for family physicians, with a mission to translate evidence-based medicine to the care of patients. FMPE's modules summarize the most up-to-date evidence on topics such as benign prostatic hypertrophy, adult ADHD, and wound care. In this talk, we will bring forward the most common commitment-to-change statements found in the practice reflections of our small group program's participants. Our program has over 6,000 Canadian family physicians and thus these practice changes are highly likely to be relevant to the average family doctor. Cases, tools and evidence from our modules will be used to teach family doctors how to make these changes in their own practice.

Thursday, November 7

Session ID: 14

11:30–12:30 

Approach to Bipolar Disorder in Primary Care

Jon Davine, MD, FCFP, FRCPC(C)

Learning objectives:

1. Describe how to make a diagnosis of bipolar disorder in a time efficient manner

2. Describe how to use psychopharmacology to treat bipolar disorder, using current guidelines
3. Describe issues concerning psychopharmacology and pregnancy in bipolar disorder

Description: Bipolar disorder affects millions of people in North America. It can now be diagnosed and treated in the primary care setting. In this presentation, we will discuss how to make the diagnosis of bipolar disorder in a time efficient manner. We will define the different types of Bipolar Spectrum Disorders, including Bipolar Type 1, Bipolar Type 2, and Cyclothymic Disorder. We go on to describe current psychopharmacological treatment of bipolar disorder. We will look at what medications are useful for bipolar manic state, bipolar depressed state, and the prevention of future episodes. We will use current guidelines, based on The Canadian Network for Mood and Anxiety Treatments (CANMAT) 2018 guidelines for bipolar disorder. We will also comment on the National Institute for Health and Care Excellence (NICE) guidelines for bipolar disorder. We will focus on Lithium, Valproic Acid, Lamotrigine and Quetiapine in our discussion of medications. We discuss the workup for each of these medications, along with the pertinent side effects, and dosing. We discuss issues with pregnancy and the use of these bipolar medications. We discuss issues of disability, as related to bipolar disorder.

Thursday, November 7 Session ID: 98

14:00–15:00   **Transgender Health: How to diagnose/support/prescribe/monitor**

Robert Obara, MBBChBAO, MIPH, CCFP; Leon Waye, MD, PhD, CCFP

Learning objectives:

1. Learn how to diagnose gender dysphoria / gender incongruence
2. Learn how to support your transgender and gender diverse patients
3. Learn how to prescribe for and monitor your trans patients

Description: In this presentation led by physicians involved with Manitoba's adult transgender health program, learn about how to provide quality care to your transgender and gender diverse patients. An adaptation of this presentation was given by the same presenters at the World Organization of Family Doctors (WONCA) Global Conference late 2023.

Thursday, November 7 Session ID: 68

14:00–15:00  **Is This Skin Cancer?**

Lawrence Leung, MBBChir (Cambridge) DipPractDerm, FRACGP, FRCGP, FCFP

Learning objectives:

1. Common skin cancers: Types, prevalence and etiology
2. How to differentiate and diagnose using appropriate tools
3. Management and Prognosis of common skin cancers

Description: "Is it skin cancer?" remains as a ever-resounding question raised by family medicine patients and also, by the family doctors themselves. Instead of making an instant dermatological referral for any dark or red spot seen and commit the patient to a 3-6 months' wait, it will be more ethical and fruitful to arrive at an initial impression which will greatly benefit clinical triage and management in the best interest of patient. This presentation will provide a skeleton of basic knowledge of common skin cancers and their presentations in Family Medicine setting, upon which the presenter will flesh up with a pragmatic assessment protocol (+/- dermatoscopy) that can enhance the clinical care for any suspicious skin lesion.

Thursday, November 7

Session ID: 15

15:30–16:30   **Mixing and Matching: Layering psychopharmacology in primary care**

JonDavine, MD, FCFP, FRCP(C)

Learning objectives:

1. Describe how to combine medications when augmenting a partial response in depression
2. Describe how to combine medications in anxiety disorders
3. Describe how to combine medications in bipolar disorder

Description: Family doctors deliver the majority of mental health care to Canadians. The mental health care will often include the use of psychiatric medications. It is often necessary to use several different psychiatric medications at the same time. In this session, we will discuss different examples of combining psychiatric medications. We will discuss choosing and optimizing psychiatric medications for unipolar depression. We discuss augmenting techniques, where a second medication is added to the first to boost a partial response of depression. We will address combining psychiatric medications to deal with insomnia in primary care. We discuss using medications to treat bipolar disorder in the depressed phase. Combining medications in the manic phase of bipolar disorder will be reviewed. The combination of psychiatric medications for the treatment of anxiety disorders, specifically generalized anxiety disorder, social anxiety disorder, panic disorder, obsessive-compulsive disorder, and post traumatic stress disorder will be presented. We will discuss when not to mix drugs due to problematic interactions. We will be using recent studies and guidelines to support our recommendations. This will include the Canadian Network for Mood and Anxiety Treatments (CANMAT) guidelines for depression (2016) and bipolar (2018), the Martin Katzman et al 2014 Canadian Clinical Practice Guidelines for the management of anxiety, posttraumatic stress, and obsessive compulsive disorders, and The National Institute for Health and Care Excellence (NICE) guidelines for depression, bipolar, anxiety disorders and PTSD.

Thursday, November 7

Session ID: 154

15:30–16:30  **Prostate Cancer Screening: Generalists navigating decades of changes**

Anmol Lamba, MD, MMSc, GDip (Clin Epi), CCFP

Learning objectives:



1. Review the evolving evidence in the use of Prostate Specific Antigen (PSA) testing for screening
2. Compare and contrast various guidelines that inform the use of PSA testing in primary care
3. Develop strategies for shared decision making with patients on cancer screening

Description: Across countries, organizations, and medical societies - guidance on using Prostate Specific Antigen (PSA) testing for screening of prostate cancer has been challenging to navigate. Guidelines may offer conflicting directions and specialist practice in your region may differ from provider to provider. How do we make sense of the evolving landscape and provide safe, patient-centered care? Largely, trends in testing have shifted with large longitudinal studies that we will review. These evolving studies have resulted in different guidelines over the last decade interpreting the latest data that was available to them. Finally, there is a greater focus on involving your patient in shared decision-making on the benefits and harms of screening, and we review guidance on how to best conduct these conversations. This talk has been developed by, and delivered from, a family medicine lens.

Friday, November 8, 2024

Friday, November 8

Session ID: 501

8:15–9:45  

Keynote Presentation: Reality and Hope: Polarities or pals


Constance LeBlanc, MD, MSc, CCFP (EM)

Description: Healthcare is in crisis. As frontline physicians, we strive to care for our patients and our communities. We do this work in a system that is egregiously failing us. Is hope impossible in a system so broke? Is the only answer to endure or get out? Come explore the facts and clinical realities, the challenges we are facing and acknowledge the magnitude of change required to provide the care we deserve and need. Together we will explore the notion of critical hope that can allow a path forward.

Friday, November 8

Session ID: 152

Room: Ballroom AB

10:15–11:15  

What's New? The 2024 Rourke Baby Record!

Leslie Rourke, MD, FCFP, MCISc (FM), FRRMS


Learning objectives:

1. Explore the new features of the 2024 edition of the Rourke Baby Record
2. Apply recent evidence on preventive health care in infants and young children
3. Implement the 2024 RBR resources and recognize their relevance in clinical practice

Description: What's new in well-baby/well-child care in Canada? Explore, apply, and implement the new 2024 edition of the Rourke Baby Record (RBR)! The RBR is a widely used knowledge mobilization tool that helps clinicians and parents/caregivers optimize the well-being of infants and young children by providing evidence-based recommendations and resources for preventive healthcare up to five years of age. The early years clinical visits during this critical time of child and family development offer a unique opportunity for clinicians to answer parental queries, provide anticipatory guidance, identify strengths and areas needing further investigation, and establish safe and trusted relationships with the infants, children, and families in their care. In this interactive case-based session, we will share new research which has guided development of updated recommendations found in the 2024 RBR, including: i) Promotion of early relational health, which is the emotional connections between children & trusted adults that promote health and development. ii) Surveillance of development using updated evidence-based milestones. iii) Demonstration of updates in the 2024 RBR using a variety of resources to support clinical practice. Pearls for practice will help participants maximize the effectiveness of the care for their patients and answer parents'/caregivers' questions more effectively. This session will appeal to all clinicians caring for infants and young children (including family physicians, paediatricians, nurse practitioners, family practice nurses, and community/public health nurses), as well as to medical learners and teachers, and to parents/caregivers of young children.

Friday, November 8

Session ID: 187

10:15–11:15 

Axe the Rx: Deprescribing chronic medications with PEER

Jessica Kirkwood, MD, CCFP (AM); Betsy Thomas, BSc Pharm; Jennifer Young, MD, CCFP (EM)

Learning objectives:

1. Identify low value medications for common chronic diseases
2. Develop an approach to deprescribing within your practice

3. Apply patient oriented approaches to deprescribing challenging medications like opioids and sleeping aids

Description: We all have patients, particularly the elderly, whose pill bag is heavier than their lunch bag. Polypharmacy is inevitable as patients accumulate chronic diseases and yet not all medications are equally helpful for patient-oriented outcomes. In addition, medications for symptoms such as chronic pain can lead to harms but reducing or stopping these medications is challenging. In this interactive, case-based presentation, the presenters will review approaches to deprescribing less useful medications for common chronic illnesses and reducing or simplifying challenging medications such as opioids and sleeping pills.

Friday, November 8 Session ID: 332

11:30–12:30   **Your Patient Has ADHD: But now what?**

Danielle Chard, MD, CM, CCFP, BSN; Aisling Nebor

Learning objectives:

1. Address common medication challenges for adults with ADHD
2. Identify executive functioning challenges in their adult patients with ADHD
3. Teach practical strategies to manage executive functioning deficits

Description: Your patient has been diagnosed with ADHD, and has started medication, but now what? What can you do as a family physician to support this adult population? In this clinical session, participants will learn from a family practice physician and an occupational therapist team about research-based strategies to support adult patients who have a diagnosis of ADHD. We will begin with troubleshooting common medication challenges and then dive into how to have useful and practical follow up visits that help you better understand your patients' needs. Once you can identify patients' needs we'll offer some practical interventions to address common deficits experienced by adult patients with ADHD. We hope you leave the workshop with a strong foundation to provide a practical, strengths-based, approach to caring for adults with ADHD that can be integrated into your busy primary care practice. Specifically we will review the effect of ADHD on the executive function system and how potential deficits in these areas may present and impact individuals with ADHD. We will explore the areas of: attention, planning and problem-solving, working memory, inhibition, time management, and emotional regulation. You will discover how to identify the common areas of difficulty through targeted questioning. We will pinpoint typical challenges within each executive function domain and equip you with practical strategies to share with your patients during clinic appointments.

Friday, November 8 Session ID: 176

11:30–12:30  **Timber! A common sense approach to syncope**

Filip Gilic, CCFP (EM)

Learning objectives:

1. Understand the physiological basis of syncope
2. Know the high-risk features of syncopal attacks
3. Apply appropriate assessment and testing strategies

Description: Syncope is a bewildering presentation that encompasses a wide variety of benign and serious causes. In this session, we will go over the physiological basis of syncope and will describe a step-by-step evaluation process that will help us separate the serious from the benign. We will learn what features on history and physical exam are reliably associated with cardiac syncope; and what questions should be asked

of all syncope patients. We will then review an evidence-based testing strategies that ensures the right patients get the right tests ordered, while avoiding the expense and trouble of over-testing.

Friday, November 8 Session ID: 162

14:00–15:00   **Caring for Rare Hearts: Inherited cardiovascular disease pearls**

June Carroll, MD, CCFP, FCFP; Shawna Morrison, MS, CGC

Learning objectives:

1. Determine who/how to offer genetic testing and/or specialist assessment for FH, HCM and HTAA
2. Discuss clinical utility of genetic testing for FH, HCM, HTAA with family members
3. Identify where to find credible resources for applying genomics in their practice

Description: This session will use a primary care case-based approach to discuss common inherited cardiac conditions including familial hypercholesterolemia (FH), hypertrophic cardiomyopathy (HCM) and hereditary thoracic aortic aneurysms (HTAA). Often presenting first in primary care, early identification, surveillance, genetics referral when appropriate, and facilitation of familial genetic testing are essential for improved outcomes and lifesaving intervention. We will provide point of care tools and emphasize pearls for everyday practice. Clinical questions and discussion are welcomed. FH is a common (1/250) hereditary condition that results in a 6 to 22-fold increase in cardiovascular disease and early death. FH is significantly under-recognized in Canada, where only about 10% of affected persons are thought to be identified. Early diagnosis and treatment can normalize life expectancy. Genetic testing is a key approach to the diagnosis of FH, allows for early, cost-effective detection of at-risk relatives, can be used in risk stratification, and can be of personal utility to patients. HCM affects more than 1 in 500 individuals. Sudden cardiac death is the most feared complication and can be the first clinical presentation. Once HCM is identified, it can be a manageable condition with appropriate evaluation and risk stratification. While the role of genetic testing in risk stratification is uncertain, it is recommended for confirmation of diagnosis and identification of at-risk relatives requiring ongoing surveillance and possibly treatment. HTAA accounts for approximately 20-25% of all thoracic aortic aneurysms (TAA) and dissections. HTAA presents at a younger age and is more aggressive than other TAAs. Appropriate recognition of HTAA allows initiation of management, intervention, and imaging surveillance of at-risk relatives.

Friday, November 8 Session ID: 17

14:00–15:00  **Approach to Psychotherapy in Primary Care**

Jon Davine, MD, FCFP, FRCPC(C)

Learning objectives:

1. Describe the different models of supportive and cognitive behavioural therapy
2. Describe the factors involved when choosing a specific psychotherapeutic approach
3. Describe specific techniques used in cognitive behavioral therapy

Description: 25-35% of patient visits to a family physician may involve predominantly psychological issues. Due to their longitudinal relationship with their patients, family doctors have lots of opportunities to do meaningful psychotherapy with their patients. Often, family doctors may be the person that patients feel most comfortable with to do this kind of work, due to the trusting relationship that is already present. In this presentation, we present two different types of psychotherapy, those being "supportive" therapy and "change" therapy. We discuss how to choose the appropriate therapy, for the appropriate person, at the appropriate time. We discuss "supportive" therapy, and how to best apply this in the primary care setting. We then will focus in some detail on "change" therapy, particularly Cognitive Behavioural Therapy (CBT). We discuss techniques of CBT, including setting up cognitive logs, and how to challenge distorted thinking patterns. We

go on to discuss behavioural homework as a therapeutic modality to complement the cognitive work. Currently, there are a number of self-management books, and online CBT resources and apps that can be helpful for patients. Some of these resources will be presented. Some studies have shown that if family doctors have an understanding of CBT principles, they can "coach" their patients appropriately when using these self-management books or online CBT resources. Studies have shown that positive results can then be achieved in a lesser amount of time, than if the doctors had delivered the CBT themselves.

Friday, November 8 Session ID: 291

15:30–16:30   **Top 10 Family Medicine Articles to Change Your Practice**

Jock Murray, MD, MSC, CCFP (EM), FCCP; Roop Conyers; Deanna Field; Matthew Grandy; Anna Neumann

Learning objectives:

1. Become familiar with 10 recent articles that are potentially practice changing
2. Review the evidence for changing practice in 10 clinical scenarios
3. Decide if the presented evidence supports changing practice

Description: This is a recurring session at FMF. It is highly rated and typically attracts 200-500 participants. Ten recent articles are chosen to be practice changing and relevant to a broad spectrum of Family Physicians. An Evidence and "Choosing Wisely" approach is applied to the articles. Four minutes will be spent reviewing and critiquing each article. The remaining time is reserved for audience questions. This session is different from the excellent "Tools for Practice sessions" in that a more in depth review of each article is taken.

Friday, November 8 Session ID: 247

15:30–16:30  **One for the Aged: Improving long term care**

Adam Gurau, MD, CCFP (COE)

Learning objectives:

1. Identify common issues encountered when caring for long term care residents
2. Discuss strategies to improve resident and family-centered care
3. Explore radical change ideas and discuss their feasibility and ethics

Description: There are over 200,000 nursing home residents in Canada and the complexity of their medical and social issues continues to increase. Many of these residents have spent prolonged periods of time in hospitals and other health care facilities during the pandemic, experiences that have drastically impacted their physical and mental health and led to significant caregiver stress and burnout. The long term care environment has also endured significant challenges, with limitations and stressors that continue to impact care delivery. As primary care providers, we have the ability to act as leaders in this care environment and effect positive change not only through providing high quality clinical care but also through relationship building and communication. This presentation will review current challenges in the care of long term care residents and propose strategies to both improve the quality of care and positively impact the long term care experience for staff, residents and their families. We will also raise some radical change ideas and discuss the feasibility and ethical considerations related to their implementation.

Saturday, November 9, 2024

Saturday, November 9

Session ID: 43

8:30–9:30   **Recognize The POOP: Pain out of proportion**

Vu Kiet Tran, MD, FCFP (EM), MHSc, MBA, CHE, ICD.D

Learning objectives:

1. Enumerate the ENT, abdominal, extremity, and Skin POOPs
2. Recognize the pitfalls in the physical exam for these POOPs
3. List the immediate management plans for each of these POOPs

Description: Pain is a frequent presentation to the emergency department and hospital. But when "pain is out of proportion", what should we do? What diagnoses are at play? What are our immediate course of action? There are many cognitive biases that will cloud our judgement. Don't be fooled, or else, your patients will die from these conditions presenting with "pain out of proportion".

Saturday, November 9

Session ID: 111

8:30–9:30  **Transitioning to Practice 101**

Louise Osborne, MD

Learning objectives:

1. Understand essential skills and resources to facilitate a smooth transition into independent practice
2. Learn about various job opportunities across the country, and how to choose the right fit
3. Hear diverse perspectives of newly independent physicians, including helpful tips and challenges

Description: Second year family medicine residents are often anxious and indecisive when considering future career pathways after graduation. Guidance, resources, and advice from our peers through firsthand experiences has shown to reassure many residents and those in their first five years of practice. This interactive session, facilitated by the Section of Residents of the CFPC, will consist of a diverse panel of newly practicing family doctors from across Canada. Panelists will discuss useful tips and strategies for choosing the right job for you, different types of practice options that exist (ie. team-based care, salary, fee for service, focused/specialized practices, hospital medicine, family medicine obstetrics, full spectrum care, etc.), what to expect when transitioning to practice, and how to handle the daily challenges that come with independent practice. Panelists will share helpful information for second year residents about their personal experiences and what they wished they knew before transitioning to practice. The session will conclude with an opportunity to ask the panelists questions related to transitioning to practice.

Saturday, November 9

Session ID: 235

9:45–10:45   **Assessment and Treatment of Anxiety in Older Adults**

Erica Weir, MD, MSc, CCFP, CoE, FRCPC; Anthony Yeung, MD, FRCPC, DRCPC


Learning objectives:

1. Detect older adults with anxiety and anxiety disorders in your practice
2. Develop an approach to the assessment and diagnosis of older adults with anxiety
3. Apply current evidence for treatment to the care of an older adult with anxiety

Description: Background: Anxiety is not a normal part of aging, and misconceptions about anxiety in older adults lead to it being under recognized and undertreated. Anxiety has a negative impact on quality of life, increases disability and caregiver burden, and is a risk factor for depression and dementia. Anxiety in older adults is a treatable mental health condition and there are many evidence-based interventions that are helpful. To address the need for up-to-date, comprehensive clinical guidelines aimed at the assessment, treatment, and prevention of anxiety in older adults, the Canadian Coalition for Seniors Mental Health led a guideline project which has engaged with older adults and caregivers, healthcare providers, and community organizations across Canada to produce guidelines and tools that establish best practices for the care of older adults with anxiety. **Method:** Guideline development followed the Guidelines International Network (GIN)-McMaster Guideline Development checklist. An interdisciplinary working group was convened, and consultations completed with older adult and healthcare provider stakeholders to set priority questions and outcomes. The guideline working group included representation from psychiatry, psychology, geriatrics, family medicine, nursing, social work, and pharmacy. Systematic reviews and meta-analyses were conducted across priority areas, with certainty of evidence evaluated using the GRADE methodology. These informed Evidence to Decision Frameworks which consolidated evidence on the benefits and harms of each intervention to establish the recommendations. **Results:** The guideline contains a total of 32 recommendations. This presentation will provide a case-based overview of the recommendations with a focus on non-pharmacological and pharmacological interventions. Knowledge translation tools to support dissemination of the guidelines will also be shared. **Conclusion:** There are effective treatments for anxiety in older adults. This session is designed to help disseminate evidence and best practice for the assessment and treatment of anxiety in older adults.

Saturday, November 9

Session ID: 167

9:45–10:45 

Understanding Breast Cancer Risk and Risk Reducing Tools

Dedeshya Holowenko, MD, CCFP

Learning objectives:

1. List population and individual factors that increase the risk for breast cancer
2. Utilize tools available to assess % 5year risk of breast cancer in individuals
3. Identify patients that may benefit from high-risk breast screening, prevention medication, and genetic testing

Description: According to Canadian Cancer Society data, breast cancer is the number one cancer diagnosis accounting for 25% of cancers diagnosed in Canada. The lifetime probability of developing breast cancer is 12.1% in persons identified female at birth. 16.3% of breast cancers are diagnosed in cis-gender women between the age of 30-49, and in this young population the mortality rate is 16%. Since the Women's Health Initiative Study in 2002 much attention had been focused on the role of combined Premarin plus Provera increasing the incidence of breast cancer in the peri and post-menopausal woman. In recent years more data has identified personal and lifestyle risks that can significantly affect a person's (cis-gender and trans-gender) risk for developing breast cancer. As we assess cardiovascular risk in individuals with standardized tools to help guide the use of prevention measures and medications, here we examine tools developed to identify persons at increased risk of breast cancer, guiding earlier and more specific screening programs, genetic testing and lifestyle and prevention interventions to reduce the incidence of breast cancer in our communities.

Saturday, November 9

Session ID: 153

11:00–12:00   **Tails of Anemia: You are prescribing iron incorrectly**

Anmol Lamba, MD, MMSc, GDip (Clin Epi), CCFP

Learning objectives:

1. Develop judicious habits in ordering of screening bloodwork
2. Discuss recent evidence in treatment of iron deficiency
3. Counsel patients on common over the counter iron formulations

Description: Last delivered at FMF 2021, where this session was attended by over 1200 attendees and chosen for the FMF Loved showcase, the generalist review of iron deficiency is back. With a re-review and interval 3-year update, we continue to change practices on iron is prescribed effectively and safely in a patient-centered manner. We untangle the many, many over-the-counter products that are marketed directly to patients, and take a deeper look at the evidence and studies that have informed recent innovations. We also review the different tests available to us, and form strategies on when they should actually be ordered (if at all), to reduce unnecessary patient testing and overdiagnosis.

Saturday, November 9

Session ID: 327

11:00–12:00  **Social Isolation and Loneliness in Seniors: What's new?**

Amy Freedman, MD, CCFP (CoE), FCFP

Learning objectives:

1. Use practical evidence-based screening tools for those at increased risk of social isolation and loneliness
2. Assess an older adult who is socially isolated or lonely using a novel patient-centred framework
3. Compare interventions for social isolation and loneliness based on evidence, patient factors and clinical setting

Description: There is growing recognition that the impact of social isolation and loneliness on morbidity and mortality compares to established risk factors such as smoking, alcohol, obesity, and frailty. Popular media has captured this with the phrase “loneliness is the new smoking.” Research from the Canadian Coalition for Seniors’ Mental Health (CCSMH) shows that while clinicians report they understand the risks and impact of social isolation and loneliness, they do not feel well-equipped to address this issue. In response to this societal challenge, in 2024 CCSMH released the first clinical guidelines on social isolation and loneliness specific to older adults. These guidelines were developed by an interdisciplinary group with particular attention paid to the needs of primary care providers. The guidelines provide evidence-based recommendations on prevention, screening, assessment and interventions for social isolation and loneliness among older adults. Participants will be introduced to brief tools that can be used to screen for loneliness and social isolation in patients with risk factors. An individualized, patient-centred approach to the assessment and management of social isolation and loneliness will be demonstrated. The evidence for specific management interventions including social prescribing, social activity, exercise, psychological therapies, animal assisted therapies and leisure skill development will be highlighted. Practical tools and knowledge translation materials for patients and health care providers will be provided. Participants will share and explore opportunities for incorporating these guidelines into a range of practice settings.

Saturday, November 9

Session ID: 164

13:30–14:30  Polycystic Ovary Syndrome: Beyond just the ovaries

Xyza Brual, MD, CCFP

Learning objectives:

1. Review the recommendations from the PCOS international evidence-based guidelines released in 2023
2. Recognize the impact of PCOS on a person's health beyond just infertility
3. Develop practical recommendations and a "whole person" approach to the management of PCOS

Description: Polycystic ovary syndrome (PCOS) is the most common endocrinopathy affecting reproductive-aged women, impacting the lifespan from adolescence to post-menopause. As physicians, we need to acknowledge its complexity as a multifaceted chronic disorder associated with obstetrical, cardiovascular, metabolic, psychological and neoplastic risks, and educate our patients appropriately. While the Rotterdam criteria is the most widely accepted criteria for diagnosis, it is important to also address the variety of symptoms and presentations that patients can have so as not to dismiss this important disorder in our differential diagnoses. Utilizing current literature as well as recommendations from the new 2023 international guideline, this session will educate on a more practical and comprehensive approach to diagnosis, treatment, monitoring, and counselling of this complex condition.

Saturday, November 9

Session ID: 241

14:45–15:45  2024's Hot Topics in STI/HIV Prevention, Testing and Treatment

James Owen, MD, CCFP; Jordan Goodridge, MD, CCFP

Learning objectives:

1. Describe recent developments in bacterial STI testing, treatments and prevention (including DoxyPEP, vaccinations, and more)
2. Address the recent rise of syphilis and LGV chlamydia cases through counseling, testing, and treatment of at-risk populations
3. Describe important strategies for HIV prevention and treatment (including HIV PrEP and TasP)

Description: Care for STBBIs (sexually transmitted and blood-borne infections) in our current era has gotten more complicated! Do you do extragenital swabs? Prescribe HIV Pre-exposure prophylaxis? What's this about doxycycline after sex ... does it help prevent certain STIs, and do the benefits outweigh the risks? Can people living with HIV have condomless sex with HIV-negative partners? And why are syphilis serologies so confusing?! This rapid-fire, interactive, case-based session explores the most recent guidelines, research and controversies around care for STBBIs, and is an opportunity for family doctors with all levels of experience to share their current practices and approaches.