Presentations

INTEGRATE

Professor Dan Siskind

Schizophrenia care is often guided by lengthy, non-specific recommendations that can be difficult to apply at the bedside. The INTEGRATE guideline provides a concise, international, algorithmic approach to pharmacological treatment, developed through an umbrella review, expert consensus, workshops, surveys, and lived-experience input. It emphasises shared decision making, early assessment of response, proactive management of non-response and side effects, and tailoring treatment to symptom domains. Key priorities include cardiometabolic health from treatment initiation, appropriate use of long-acting injectables, and prompt clozapine treatment for confirmed treatment resistance. A digital tool supports practical implementation across diverse clinical settings.

Learning outcomes

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

· Implement a stepwise approach to antipsychotic prescribing in schizophrenia, including initial drug selection, early dose review, switching, adherence assessment, and consideration of long-acting injectable treatment.

· Manage inadequate treatment response, including when to confirm treatment resistance, when to initiate clozapine, how to use clozapine plasma levels, and options for clozapine augmentation.

· Treat common antipsychotic adverse effects in routine practice, including weight gain and metabolic risk, hyperprolactinaemia, parkinsonism, akathisia, and tardive dyskinesia.

Contact
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Presentations

Reducing Cardiometabolic Morbidity in Schizophrenia

Professor Dan Siskind

This presentation addresses the urgent need to improve cardiometabolic health among people with severe mental illness, particularly schizophrenia. It outlines the excess mortality associated with multimorbidity, the contribution of antipsychotic medications, sedentary behaviour, diet, smoking, sleep, and food insecurity, and the practical challenges of lifestyle interventions in this population. The talk reviews evidence for dietary and physical activity interventions, antipsychotic switching, metformin, and GLP-1 receptor agonists, including semaglutide trials in clozapine-associated obesity. It argues that psychiatrists have a central clinical role in prevention, monitoring, and active treatment of cardiometabolic risk.

Learning outcomes

· Identify the major contributors to cardiometabolic morbidity in people with severe mental illness, including antipsychotic exposure, diet, sedentary behaviour, smoking, sleep disturbance, food insecurity, and illness-related barriers to lifestyle change.

· Implement practical monitoring and prevention strategies for antipsychotic-associated weight gain and metabolic disturbance, including baseline risk assessment, early follow-up, dietary and physical activity interventions, and consideration of antipsychotic switching.

· Be aware of pharmacological interventions for cardiometabolic risk, including metformin for prevention of antipsychotic weight gain and GLP-1 receptor agonists such as semaglutide for antipsychotic-associated obesitys.

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Presentations

Are we moving from the Art to the Science of antipsychotic therapy?

Professor Nagesh Pai

Learning outcomes

At the end of this session, participants will have:

1. Describe the evolution of antipsychotic therapy from empiric, clinician-guided prescribing toward more evidence-informed, measurement-based, and personalised treatment approaches.
2. Apply evidence-based principles to optimise antipsychotic efficacy while minimising metabolic, neurological, cognitive, and functional harms.
3. Develop a rational, patient-centred antipsychotic treatment plan that balances scientific evidence, clinical judgement, patient preference, safety, and real-world complexity.

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RANZCP ACT Branch 2027 Conference

New heights:
Caring for people with a mental illness

5-7 March 2027 • Thredbo, NSW

Friday, 5 March 2027

Welcome Reception — 6:00 pm – 7:00 pm

Saturday, 6 March 2027

Registration & Welcome — 8:00 am – 8:40 am

Attendee check-in, badge distribution, and welcome coffee.

INTEGRATE by Keynote Professor Dan Siskind — 8:40 am – 9:30 am

A digital tool that supports practical implementation across diverse clinical settings.

Abstract presentations — 9:30 am – 10:10 am

Details

Break — 10:10 am – 10:30 am

Abstract presentations — 10:30 am – 11:10 am

Details

Debate — 11:10 am – 12:00 pm

Topic

Lunch — 12:00pm – 1:00 pm

Networking — 1:00: pm – 4:00 pm

The Amazing Race

Dinner — 6:00 p m – 11:00pm

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New heights:
Caring for people with a mental illness

5-7 March 2027 • Thredbo, NSW

Sunday, 7 March 2027

Registration
Tea and coffee. **8:30 am – 9:00 am**

Reducing Cardometobolic Morbidity in Schizophrenia by Keynote Professor Dan Siskind
9:00 am – 9:40 am

The urgent need to improve cardiometabolic health among people with severe mental illness, particularly schizophrenia.

Title TBA
By Associate Professor Denise Riordan
9:40 am – 10:20 am

Details

Break
10:20 am – 10:50 am

Title TBA
by Dean of Education Professor Andrew Teodorczuk
10:50 am – 11:30 am

Details

Are we moving from the Art to the Science of antipsychotic therapy?
By Prof Nagesh Pai
11:30 am – 12:10 pm

An evidence-informed, personalised and patient-centred approaches to antipsychotic therapy that optimise efficacy while minimising harms and balancing clinical judgement, patient preference, safety and real-world complexity.

Lunch
12:10 pm – 1:10 pm

End of conference

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