

F1. THE UNDERUSE OF CLOZAPINE IN PAKISTAN

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Introduction: Up to a third of patients with schizophrenia develop treatment resistance. Clozapine has been established as the most effective antipsychotic medication for treatment-resistant schizophrenia. Despite its efficacy evidence show that it is significantly underutilised in this population.

Although, population of schizophrenics in developing countries is quite high but there is little systematic information available about the use of Clozapine in these countries. This study was designed to assess the pattern of clozapine use, its side effects & average maintenance dose in Pakistan, a developing country.

Methodology: The medical record of psychotic patients who are currently on the data base of Novartis Pakistan (Clozapine Monitoring system) was retrieved and analyzed on SPSS 17. Due to lack of proper monitoring the data of generic Clozaril was not included in this study.

Results: The record of 1256 patients belonging to the different parts of Pakistan was analyzed. More than two-third of the sample (70%) consists of male. The two-third of the patients were taking treatment for more than 2 years. There are more than 450 psychiatrists in Pakistan out of which only 104 psychiatrists were involved in prescription of clozaril. The average maintenance dose of Clozaril came out to be 230mg.

Discussion: In the population of 180 million there are approximately 18 million schizophrenic patient out of which 18 million are expected to be treatment resistance and need clozapin but it is being prescribed to only 3256 (Novartis 1256+2000 generic) patients. It is also revealed in this study that only less than one fourth psychiatrists were involved in prescribing Clozaril. The possible reason for inadequate use of Clozapine in developing countries may be the presence of inadequate psychiatric facilities, cost of treatment and monitoring, misperceptions about the effects of drug and local beliefs about giving blood for tests, clinicians' lack of experience with the drug and negative attitudes towards it. The lack of pharmaceutical industry interest in promotion of this drug and to make it available in rural areas is also an important contributing factor for underprescription of this drug.

F2. REGAINING SKILLS THROUGH OCCUPATION IN MENTAL HEALTH

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Abstract: Occupational therapy (OT) is a client-centred health profession concerned with promoting health and well being through occupation. Occupations are the everyday things that people do to live, such as looking after themselves, enjoying life and contributing socially and economically to their community (Townsend & Polatajko, 2007), and it forms the core practice of OT.

Having a mental health condition can impact how an individual engages in these occupations and thus, creates a void in self esteem, confidence and identity. OT interventions help individuals regain the skills they may have lost due to illness, and develop coping strategies for returning to a more

productive way of life (Kinsella & Kinsella, 2006). Studies have reported that OT plays a vital and unique role in mental health care (Smith & Mackenzie, 2011; Duffy & Nolan, 2005; Simpson et al., 2005).

Research has shown that OT interventions can help facilitate early discharge and help working age adults retain their jobs during episodes of mental illness (Schene et al 2007). Further randomised control trials highlight that people with mental health diagnosis who receive OT improve significantly more than those who just receive medication (Buchain et al 2003, Lambert et al 2006).

In developed countries, the recovery model is being promoted to provide mental health care (Shepherd et al, 2008). With the holistic principles of the recovery model complementing the theories and philosophies underpinning occupational therapy, this presentation examines the evidence base of the profession in mental health and looks at how it can be promoted in SAARC countries.

F3. METABOLIC SYNDROME AMONG PSYCHIATRIC INPATIENTS IN BPKIHS

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Background and Objectives: Metabolic syndrome (MS) is of importance in psychiatric populations due to the prolonged use of psychotropic medication, less physical activity and resultant obesity. The burden of MS in psychiatric patients in Nepal is unidentified, hence this cross-sectional study was designed: To assess the status of MS in patients with primary psychiatric disorder admitted to the psychiatric ward during the study period and to assess the correlates of MS.

Methods: 113 Consecutive patients fulfilling the study criteria, admitted to the psychiatric ward during the study period were enrolled after obtaining informed consent. Assessment was done using IDF criteria and NCEP ATP III criteria. Pregnant women and patients with substance abuse or its complications were excluded. Socio-demographic profile, psychiatric and medical histories, clinical and biochemical parameters, primary diagnosis were recorded using a self developed semi structured Proforma. Data were analysed in SPSS 11.5. A P value of <0.05 was considered statistically significant. Cohen's Kappa agreement, Chi-square test, Carmer's V and ROC were used.

Results: Nearly 51% had at least one abnormal parameter. 19.5% and 13.3% had MS according to the IDF and NCEP criteria respectively. Subjects with MS had higher age (females>males), less education, longer time since onset (only among females), greater waist circumference (females>males), higher body mass index (in males>in females), higher blood pressure (in females>in males), higher total triglycerides and fasting blood sugar. Antidepressants showed significant correlation at the 0.05 level. Receiver operating characteristics (ROC) curves of fasting blood sugar, HDL, waist circumference and BMI showed strong association with the IDF definition. Cohen's Kappa agreement (K) for the IDF and NCEP ATP III criteria was 0.711 with the p = <0.001

Conclusion: IDF and NCEP ATP III are comparable in establishing MS, Clinical and Biochemical parameters are significant correlates of MS, Antidepressants and Antipsychotics correlate with the risk factors of metabolic syndrome.

F4. PROPORTION OF METABOLIC SYNDROME AMONG PATIENTS WITH SCHIZOPHRENIA RECEIVING ANTIPSYCHOTICS

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Objective: To find out the proportion of metabolic syndrome among patients with schizophrenia receiving antipsychotics from the Psychiatry department OPD of CMCTH.

Methods: Cross-sectional study design was used and a total of 85 samples were selected by using random sampling technique. Data were collected by using semi-structured interview schedule, physiological measurement and record review and analyzed by using descriptive and inferential statistics. The presence of metabolic syndrome was assessed according to International Federation of Diabetes (IFD) definition criteria based on gender specific.

Results: Out of 85 patients, 24.7% had metabolic syndrome. The most common metabolic parameters were central obesity (64.7%), elevated fasting glucose (54.1%), hypertriglyceridemia (44.7%), and low HDL cholesterol (18.8%) while the least prevalent metabolic parameter was elevated blood pressure (4.7%). We found a statistically significant difference in all metabolic syndrome parameters, except HDL cholesterol, between metabolic syndrome and non-metabolic syndrome groups. Atypical antipsychotics were commonly used among the patients and the proportion of metabolic syndrome was higher in patients receiving atypical antipsychotics than patients receiving typical antipsychotics. There was significant relationship between metabolic syndrome with age, education, occupation, body mass index and duration of antipsychotics whereas there was no relationship between metabolic syndrome with sex, type of antipsychotic, tobacco use, food habit and exercise.

Conclusion: Metabolic syndrome is high in patients with schizophrenia who are receiving antipsychotics for their treatment. Therefore treating physicians and health workers need to monitor metabolic syndrome parameters regularly, intervene appropriately when needed and refer the patients for the treatment of any other physical illnesses.

F5. EVIDENCE BASED PSYCHIATRIC REHABILITATION PRACTICES- ILLNESS MANAGEMENT AND RECOVERY, PSYCHO EDUCATION AND CASE MANAGEMENT IN KARACHI PAKISTAN IN COLLABORATION WITH UNIVERSITY OF MEDICINE AND DENTISTRY NEW JERSEY

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Abstract: This presentation describes the collaboration between a comprehensive community mental health facility in Karachi, Pakistan, Karwan-e-Hayat, and the Department of Psychiatric Rehabilitation, University of Medicine and Dentistry of New Jersey, U.S. This training was fostered and supported by a voluntary U.S. based organization, Carvan of Life. In the Fall of 2008 faculty from the Department provided on-site consultation and training to selected Karwan-e-Hayat_staff members and other invited professionals. The 17 week process was carried out via WebCT (an internet distance learning

platform), SKYPE, and e-mail. Prior to this training Professor Smith visited Karwan-e-Hayat to meet staff, interview prospective trainee and learn about the facility. The consultation and training process continues with the eventual introduction of modified evidenced based practices into existing day programming and inpatient services.

This presentation describes (1) the technical aspects of the process including Web based learning and SKYPE, (2) the assessment of service needs through their visit and the on-going consultation and training (3) differences and similarities between U.S. evidence-based practices and services at Karwan-e-Hayat, (4) the process from the perspective of Karwan-e-Hayat, (5) plans for implementations of evidence-based practices particularly Illness Management and Recovery, Family Psycho-education, and Case Management training. Discussion of the Illness Management and Recovery (IMR) group includes questions of appropriate fidelity measures, facilitator training and supervision and methods of on-going evaluation of the process, and (6) Training of the trainer program through Web based and SKYPE and to develop a PsyR training center in Karachi Pakistan.

F6. SEQUENTIAL INTEGRATIVE PSYCHOTHERAPY IN COMPLEX POSTTRAUMATIC STRESS DISORDER: A CASE REPORT

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Background: Post traumatic stress disorder (PTSD) is a whole-body tragedy, a complex event of enormous proportions with massive repercussions for entire life. This painful canvassing depicts a young male who was kidnapped, tortured and subsequently presented with complex PTSD.

Case details: A 20 year old male, from northern India was allegedly abducted by his classmates and was badly beaten up. Following that he became fearful and started re-experiencing traumatic event repeatedly. After few months he also started repeating sentences spoken by family members and touching/slapping to nearby persons. Such behaviors were repetitive, intrusive with intense distress on resisting them and despite feeling absurd he would repeat or do those for a fixed number of times. He would remain irritable and sad with frequent unprovoked anger outbursts. He was diagnosed with OCD mixed thoughts and acts and Reaction to severe stress NOS (Complex PTSD).

During inpatient stay, his significant problems were violent behavior, poor compliance for therapies/ instructions, rigid and blaming attitude, with one episode of trauma re-enactment. He has received Olanzapine 20 mg, Clomipramine 250 mg, Fluoxetine 40 mg, Clonazepam 2 mg along with three-phase sequential integrative psychotherapy (alliance formation and stabilization, trauma processing, and functional reintegration). Which had some improvement in affective/ behavioral disturbances, interaction with others and trauma related memories but not in obsessive compulsive symptoms.

F7. EXPERIENCING STIGMA: NEPALESE PERSPECTIVES

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Introduction: Experiencing stigma by patients with mental illness in their day to day lives has substantial importance in

treatment, compliance and quality of life. There is dearth of information and researches in experiences/ perceptions and coping of stigma in Nepal.

Objectives: The objective of this study was to find out experiences/ perceptions and coping of stigma and stigmatizations among patients with mental illness.

Methods: This is a retrospective, cross sectional study of patients admitted in psychiatry ward. Patients were assessed using self-report questionnaire which focused on beliefs about discrimination against mental illness, rejection experiences, and ways of coping with stigma. Patient's socio demographic profiles were also assessed.

Results: Fifty three patients completed questionnaire concerning various constructs of stigma. Most of the patients were aware of the stigma associated with mental illness. There were experiences of rejection by family members and colleagues (N=23; 43.4%) and health care professional (N=16; 30.2%). There were strong perceptions of stigmatization felt by patients in different social circumstances. Though maintaining secrecy and avoidance/withdrawal of stigma provoking scenario were not experienced much, there was a strong sense of advocacy whenever there was any negative view of mental illness.

Conclusion: People with mental illness experience stigma during their course of illness and treatment and it is an important determinant for the relapse of symptoms and non-compliance to treatment. Patients develop various mechanisms to cope with stigma, mostly secrecy and avoidance. Advocacy and anti-stigma campaign along with positive attitudes of health professionals play important role in decreasing stigmatizing experiences in patients.

F8. AN ITEM RESPONSE THEORY BASED ANALYSIS OF THE HAMILTON DEPRESSION RATING SCALE-AN INDIAN PERSPECTIVE

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Background: First published more than 40 years ago Hamilton Depression Rating Scale (HAMD) remains the most widely used outcome measure. Many consider the scale to have many defects. Psychometric properties of the individual HAMD items using Item Response Theory (IRT) perspective needs to be done in Indian context.

Aims: To use IRT analysis to identify HDRS items which are problematic in terms of IRT parameters, thus suggest changes to the scale.

Methods and Material: Settings and Design-subjects from a Out Patient Department of a mental hospital. Observational cross-sectional study was done Patients attending psychiatric OPD meeting DSM-5 criteria for unipolar depression were selected for the study. Patients were between 18-65 years of age, had no major medical problems and were not on any medicines at present. 17 item HDRS was administered using the anchors developed by William Guy as part of the ECDEU NIMH Collaborative Study. All HAMD administrations in the studies were done by trained, experienced raters using a structured interview guide. To determine the relationship between scores on the individual HAMD items and overall depressive severity in an outpatient population Option Characteristic Curve (OCC) which is a graphical representation of the probability of endorsing the different options for a given

item across the range of depressive severity) and Item Characteristic Curve (ICC) which is a graphical representation of the mean item score (expected value) and confidence interval as a function of depressive severity was used.

Results: Results showed that Items Depressed Mood, Work and Activities show good relationship between item responses and overall depressive severity. Items Hypochondriasis, somatic symptoms general and retardation appeared to be more problematic with regard to their ability to discriminate over the full range of depression severity.

Conclusions: Further studies are needed to critically review one of the most commonly used scale for one of the commonest malady of humans

F9. DEPRESSION AMONG PATIENTS WITH EPILEPSY; HOSPITAL BASED DESCRIPTIVE CROSS SECTIONAL STUDY

Indika Mudagile

Background: More than 50% of the epileptic patients in the world live in Asia. Depressive disorder is the most prevalent neuropsychiatric disorder associated with epilepsy. Correlation has been revealed by previous studies between depression and epilepsy. Only a small number of researches have investigated the plausible neurobiological mechanisms of depression in epilepsy, nevertheless, existing data suggest that primary brain dysfunction may be a more important predictor than other unfavourable bio-psycho-social factors. Some studies revealed contradictory evidence regarding depression in epilepsy and other associated factors, namely demographic factors, biological features of epilepsy and factors related to medications. The published studies and review articles attempted to explore this relationship, however, so far no clear conclusions could be arrived at. This gap in knowledge is partly due to weaknesses in study designs, inaccurate classification of epilepsy and unreliable psychiatric classifications used. These methodological difference among the researches; selection bias, population under study, antiepileptic drugs numbers and dosages, diagnostic instruments used are some of the confounding factors and complicate comparison of the findings. Many studies did not use standardized diagnostic instruments based on specific criteria such as DSM or ICD. Studies which include diagnosis of depression made via clinical interview done by a psychiatrist were very limited. This study conducted to determine the extent of depressive disorder and associated bio-psycho-social factors among patients with epilepsy, while eliminating possible methodological weaknesses.

Objectives: To determine the extent of depressive disorder and associated factors among patients with epilepsy in Sri Lanka.

Methods: The present study is a cross-sectional, analytical study, in which 123 Sri Lankan patients with epilepsy were randomly selected from neurology clinics of two teaching hospitals in Colombo district, National Hospital of Sri Lanka and Teaching Hospital Colombo South. Data collection was carried out using a study specific self-administrated questionnaire and a diagnostic interview conducted by senior registrar in psychiatry, using ICD-10, diagnostic criteria for research, after obtaining written informed consent from participants.

Results: Of the study sample 28.5% had depressive disorder. Findings of this study showed that, there was a statistically significant correlation between co-morbid depression with some factors, income (P= 0.019), low mood at the interview

($P=0.0001$), last seizure activity ($P=0.012$), degree of control of seizures ($P=0.023$), somatic symptoms. ($p=0.0001$) and side of the foci ($p=0.046$). There was a significant association at $p<0.1$ significant level between co-morbid depression and age ($p=0.098$). There were no significant association formed between co-morbid depression and other selected factors.

Conclusions and recommendations: It was revealed that nearly one third of the epileptic patients in the study population suffer from co-morbid depression, which has a significant correlation with income, low mood at the interview, degree of control of seizures, duration of last seizure activity and with somatic symptoms. As these patients were undiagnosed for depression, due to various reasons, it is advisable to educate patients and doctors of epilepsy clinics regarding the correlation between epilepsy and co-morbid depression and their associated factors. This would immensely help patients to improve quality of life.

F10. QUALITATIVE STUDY OF BELIEF, ATTITUDE AND BEHAVIOR REGARDING NICOTINE SMOKING AND SMOKING CESSATION AMONGST SMOKERS WITH DUAL DIAGNOSIS

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Objectives: Nicotine dependence is common in severe mental illnesses (SMI), making management more complex as nicotine use increases morbidity but SMI hinders effective participation in the smoking cessation interventions. The study was aimed at exploring attitudes & behaviors regarding smoking and smoking cessation amongst dual diagnosis patients.

Methods: A qualitative study was conducted on thirty five patients of dual diagnosis ward of tertiary care psychiatry centre of Delhi. All the clients were divided into small focused groups of five patients each and were inquired regarding first person perspective of daily smoking patterns, reasons of smoking, perceived benefits of smoking, quit attempt, sources of quit information & reasons/motivation to quit information.

Results: All participants reported various personal life events involved in smoking initiation and maintenance. It was reported as reinforcement for work, source of pleasure & a coping strategy. Majority did not regard it as a mental health problem as compared to other substances. Though awareness regarding health hazards of smoking nicotine was much more than other substances but the abstinence pattern was just opposite. Majority expressed willingness and need to quit other substance more than nicotine. Majority expressed need of being prescribed an anticraving agent but reported having minimal trust on medicines for relapse prevention. Details of other findings will be discussed during presentation.

Conclusions: Planning tobacco cessation in the dual diagnosis clients with SMI requires a flagship initiative to include not just pharmacological therapies but therapies addressing their core belief and attitude influencing the behavior.

F11. PREVALENCE OF DEMENTIA IN OLD AGE PATIENTS ATTENDING PSYCHIATRIC CLINIC IN A TERTIARY CARE CENTRE OVER A PERIOD OF ONE YEAR

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Background and objectives: World is graying. With the rise in life expectancy, the elderly population is increasing. At the same time, prevalence of dementia is also increasing as ageing is the main risk factor for dementia. We don't have community based data for Nepal. Here we have started with hospital based study. This study aims to find out the prevalence of dementia among old age patients and co-morbidities among the elderly psychiatric outpatients in a tertiary care hospital.

Materials and methods: A total of 210 consecutive elderly (60 or more years) outpatients in psychiatric OPD were enrolled in a period of one year, after taking informed consent. Mini Mental State Examination (MMSE) was done as screening tool for cognitive impairment. Diagnoses were made according to ICD-10 DCR. Data was analysed using SPSS.

Results: Out of 210 subjects, 50.95% were female, 43.8% were of age group 60-64 years, 86.2% were married, 69.5% were illiterate, 71.9% were Hindu by religion, 42.9% were retired/unemployed. Fifty eight percent of total patients were from low middle socioeconomic status. Almost half (48.6%) of them had physical comorbidities. Prevalence of dementia was 11.4% among which Alzheimer's dementia constituted 70.8% of total cases of dementia followed by vascular dementia (25%). Significant association of dementia was seen with age, occupation and Mini Mental State Examination (MMSE) score. Among other psychiatric comorbidities, depression (36.7%) was found to be the commonest mental illness followed by Neurotic, stress related and somatoform disorders (13.8%) and Alcohol dependence syndrome (12.9%).

Conclusion: This study concludes that significant number of elderly patients attending OPD of tertiary care hospital suffers from dementia and MMSE is a reliable tool to screen dementia in the elderly patients.

F12. PHENOMENOLOGY OF DELIRIUM: A CROSS-SECTIONAL STUDY AMONGST REFERRED CASES OF DELIRIUM

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Background: Studies from developing countries are few, on phenomenology of Delirium, even though it is a common diagnosis among psychiatric referrals. We studied the phenomenology of delirium in a large teaching hospital in western Nepal by using standard assessment methods.

Aim & Objective: Aim was to assess the phenomenological characteristics of delirium based on Delirium Rating Scale-Revised-98 (DRS-R98).

Methods: All consecutive patients of delirium were enrolled over a period of 12 months, who were referred to our department of psychiatry for assessment. Socio-demographic variables and other medical information were collected by using standardized data-collection forms prepared by the department of Psychiatry. Assessments were based on all available information obtained from the patients, caregivers, medical staff, and medical records.

Results: A total of 62 cases were studied out of which 83.9% were male. Mean age of the subjects was 47 years. Mean delirium severity was 21.35 (SD=3.54). Orientation, attention and short term memory was impaired in all the cases studied. Long term memory impairment was noted in 98.4% of cases. Sleep wake cycle disturbance was present in 60 (96.8%) cases, perceptual abnormalities in 49 (79%) cases, some form of delusion was present in 19 (30.6%), lability of affect could be appreciated in 27(43.5%). Language, thought process

abnormalities and impaired visuo-spatial ability was present in 19 (30.6%), 3 (4.8%) and 13 (21%) cases respectively. Details of the findings, their clinical importance and future implications will be discussed in the conference

F13. PREVALENCE AND CO MORBIDITIES OF ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) IN SCHOOL CHILDREN IN INDIA

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Objective: This study was undertaken to find the prevalence of the disorder in 6-8 year old school children in Ludhiana city along with the associated co morbidities/problems.

Method: The study comprised of 2224 school children taken from three different socio-economic strata of the society. Each child was screened by the SNAP-IV scale (teacher rating) for ADHD and Oppositional Defiant Disorder (ODD). A total of 78 children who were positive on this scale were called to the hospital for detailed assessment.

Results: A considerably high prevalence of ADHD was found in school going children, more in boys than in girls. The most common subtype was the combined type followed by inattentive and hyperactive/impulsive type. Male sex and younger age predispose to predominantly hyperactive/impulsive type of disorder while female sex and older age predispose to predominantly inattentive type of disorder. ODD as co morbid to ADHD was more common in boys with increase in prevalence with increasing age. Academic underachievement is the most common associated problem followed by enuresis, temper tantrums and anxiety disorders.

Conclusions: The impact of ADHD on society is enormous. Need of the hour is to spread awareness among caregivers regarding this debilitating disorder and formulation of effective management strategies.

F14. STUDY OF THE EXECUTIVE FUNCTION OF ENCEPHALITIS AFFECTED CHILDREN

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Purpose: The aim of the present study was to understand the Executive Functions of the children affected with encephalitis of North Eastern region of U.P. It is an acute inflammation of the brain parenchyma, having various etiological agents i.e. Virus, Bacteria, Protozoa etc. Executive functions included logical analysis, conceptualization, reasoning, planning, and flexibility of thinking.

Method: A total of 30 subjects participated in the present study. 15 participants were encephalitis survivors aged between 5 to 10 years (mean age=7.5 years). Matched controlled group of 15 subjects were also selected. The encephalitis patient participated in this study were taken from counseling and Manav Vikas Centre from B.R.D. Medical College, Gorakhpur. The matched control groups were taken from different schools. The Porteus maze test was used. This instrument is quite sensitive to brain damage, particularly frontal lobe functioning.

Results: The qualitative and quantitative analysis was done. Both test age and test quotient was found to be significantly less among the encephalitis survivors in comparison to control group, suggesting the impaired executive functions of the patient group indicating inability to plan, organize, initiate, and put into being voluntary behavior in the correct sequence

Conclusion and Implication: Obtained results suggested about the inability to perform adequate response to the social and environmental requirements, goals and demands. Damage of executive functions also leads to difficulty with abstract concepts, planning and imitation, verbal fluency and lack of concern toward people. It has implication to counseling and to develop program for rehabilitation.

F15. A STUDY OF PSYCHOSOCIAL MORBIDITY AND ASSOCIATED FACTORS IN SCHOOL GOING ADOLESCENT GIRLS

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Background: Psychiatric problems in children in India are rising and reported-cases represent only the tip of the iceberg, large number remains unreported. Mental health of a child is greatly influenced by many environmental factors and life events such as adverse family circumstances, maternal separation or deprivation, birth of a sibling, parental divorce, bereavement, physical handicap, urbanism and maternal depression.

Aim & Objective: The study was planned to study psychiatric problems in school going adolescent girls & biosocial factors related to it.

Material & Method: The study population comprised of the adolescent girls attending Dyawati Govt. Inter College for girls located in Madhavpuram, Meerut city. 880 school girls of age 10-19 years whose parents or guardians gave voluntary written consent and were ready to participate in the study, comprised the study population. To identify psychiatric morbidity Youth Self-report & MINI were used. Sociodemographic details of the girls were collected on a sociodemographic data sheet prepared for this study.

Results & Conclusion: Psychiatric morbidities were found in 13.5% (119/880) of the school going adolescent girls (10-19 yrs). Highest psychiatric illnesses were in those who were 17 (20.4%), 16 (15.2%) & 15 (14%) years of age. According to ICD 10 criteria, 34(28.6%) of the girls belonged to neurotic stress related & somatoform disorders wherein anxiety disorders (generalised anxiety disorder, phobias & OCD) were the most common. 29 (24.3%) of the girls had mood & affective disorders.

F16. PSYCHOSEXUAL PROBLEMS IN REMITTED PSYCHIATRIC PATIENTS

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Topic/Background: Psychotropic medication is often alleged to cause adverse sexual side effects, both by patients and in literature. It deserves a study in our Nepalese clinical setting.

Objective: to estimate the prevalence of psycho-sexual problems among remitted psychiatric patients and to compare it with that of a group of non-psychiatric patients and not on psychotropic medication

Method and Materials: It is a hospital based-cross sectional comparison study. The response to self response questionnaire "Arizona Sexual Experience Scale" (ASEX) were collected from 100 male and 100 female consecutive consenting remitted psychiatric cases and same number of dermatological patients. Relevant informations were recorded in the Performa after informed written consent. Psychosexual problems were

screened with the ASEX and the problems in both groups were compared.

Results: A total of 400 subjects, consisting 100 remitted male and female cases from psychiatry and derma out-patient clinics were enrolled with sex, marital status and education matching. Reproductive age groups were more common among psychiatry and derma groups. Depressions, anxiety and bipolar were most common psychiatric diagnoses and fungal, immunologic and allergic skin lesions dermatological diseases among respective groups. Both groups had comparable sexual dysfunction rates, both by overall and the criteria of ≥ 2 items of ≥ 4 scores whereas psychiatric groups had more problems with criteria of ≥ 1 item of ≥ 5 score.

Conclusion: Psychosexual dysfunction was not more among psychiatric patients taking psychotropic medication than among other patients on topical agents, as a whole.

F17. CO-RELATION BETWEEN EMOTIONAL MATURITY AND SEXUAL DYSFUNCTION IN FEMALES

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Background: Female sexual dysfunction is an often underestimated but common problem in the general community with serious effects on women's quality of life. A healthy emotional development cultivates in emotional maturity. Emotional maturity is the product of interaction between many factors like home environment, school environment, society, culture and to a great extent on the programs watched on television. Emotionally matured person can make better adjustment with himself as well as with others. He accepts the reality and doesn't grumble for petty things. Singh (1990), "Emotional maturity is not only the effective determinant of personality pattern but also helps to control the growth of an adolescent's development. A person who is able to keep his emotions under control, to brook delay and to suffer without self-pity might still be emotionally stunned". Present study is carried out to know the impact of emotional maturity on sexual functioning.

Aim: The aim of this study is to investigate variations in emotional maturity and its association with sexual dysfunction in females.

Materials and methods: A total of 100 women attenders (who are not first degree relatives) coming along with the patients to psychiatry out patient department in JSS Hospital, Mysore. Subjects were taken based on inclusion and exclusion criteria. Informed consent was taken from the patients. Socio-demographic data sheet and clinical variables sheet was filled up, after successful screening through General Health Questionnaire (GHQ 12). Sexual Functioning Questionnaire (SFQ 28) was administered to assess sexual dysfunction and Emotional Maturity Scale (EMS) was administered to assess Emotional maturity. Ethical committee clearance was obtained.

Results: Results of the study will be presented in the conference during presentation.

F18. A CASE SERIES ON PATHOLOGICAL LAUGHTER & CRYING: FOCUS ON MANAGEMENT ISSUES

*Dr. Sujit Kumar Kar
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Background: Pathological laughter and crying are episodes of laughter or cry, which is intense & uncontrollable, usually lasts brief and occurs in paroxysms. In the literature pathological laughing & crying (PLC), emotionalism, pseudobulbar affect (PBA) are synonymously used.

Objectives: The objective of the case series is to highlight the clinical presentation and management issues of pathological laughter & crying.

Methods: Patients with pathological laughter and crying were evaluated. Detailed physical examination and relevant investigations were done. Appropriate medications were prescribed and patients were followed up on outpatient basis.

Results: In this case series, pathological laughter and crying were present in the background of hypertensive encephalopathy, gelastic epilepsy in first two cases. The third case was of idiopathic one. All the three cases were managed well with SSRIs.

Conclusion: Pathological laughter or crying causes a lot of social embarrassments. In several studies, it was found that selective serotonin reuptake inhibitors (SSRIs), serotonin norepinephrine reuptake inhibitors (SNRIs) other antidepressants like mirtazapine & tricyclic antidepressants (TCAs), mood stabilizers like lamotrigine, levodopa and combination of dextromethorphan & quinidine in the treatment of pathological laughter and crying.

F19. CO-MORBID PSYCHOLOGICAL DISTRESS IN WOMEN CANCER PATIENTS

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Objective: The diagnosis of breast or cervix cancer and its subsequent treatment has significant impact on the woman's physical functioning, mental health and well-being, and thereby causes substantial disruption to quality of life (QOL) hence, the purpose of the study is to find out the psychological distress and its impact on quality of life and sexual and physical adjustment with the disease.

Method: In this cross-sectional study 108 woman subjects with breast or cervix cancer, on radio or chemo or combination therapy and 100 healthy women (control group) had rated themselves on GHQ-12, DASS and QOL for psychological distress and quality of life.

Results: No significant difference in anxiety, depression and stress emerged in breast and cervical cancer patients. However, when it comes to physical appearance and sexual functioning, the breast cancer patients were more distressed than cervical cancer patients. Depression and physical appearance predicted quality of life in these women cancer patients. Both the breast and cervical cancer survivors were found to be more distressed than control group of women.

Conclusion: It can be concluded that cancer related to sexual sites in women develops the psychological distress along with the physical difficulties and affect the quality of life.

F20. PSYCHIATRIC SYMPTOMS AND QUALITY OF LIFE IN YOUNG WOMEN WITH POLYCYSTIC OVARIAN SYNDROME AND HYPERANDROGENISM

*Dr Ruksheda Syeda
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Objective: Polycystic ovarian syndrome is a heterogeneous endocrine disorder that affects about one in 15 women worldwide. Although physical symptoms of PCOS are increasingly recognized by practicing clinicians, little attention has focused on psychological correlates of the most common endocrine disorder in women of reproductive age group. The aim of this paper is to explore clinical presentation and management in a psychiatric set up.

Methods: Literature review and case vignettes of psychiatric, reproductive and metabolic symptoms and outcomes

Results: Women with PCOS and HA have higher life time incidences of psychiatric disorders and lower quality of life. Psycho-pharmacological treatment selection must be made judiciously. Other options, including, psychotherapy, life style modification, liaison work with other clinicians of endocrine and OBGY specialties must be employed.

Conclusions: The clinical implication is that Psychiatrists should be more diligent in history taking, diagnosing these comorbidities and familiarizing themselves with treatment options.

F21 PSYCHIATRIC CO-MORBIDITY IN IRRITABLE BOWEL SYNDROME AND NON ULCERATIVE DYSPEPSIA

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Background and aims: The present study aimed to find psychiatric morbidity, stress, anxiety and depression in patients with Irritable Bowel Syndrome (IBS) and compare it with patients having Non Ulcerative Dyspepsia (NUD).

Methods: This case control study compared 50 patients each with IBS and NUD. The two groups were compared on demographic data, psychiatric diagnosis using Structured Clinical Interview for DSM-IV Axis 1 Disorders (SCID-I), anxiety levels using Hamilton Anxiety Rating Scale (HAM A) and depression using Hamilton Depression Rating Scale (HAM D). Presumptive Stressful Life Events Scale (PSLES) was used to measure stress.

Results: The cases of IBS were more likely to be of female gender ($p = 0.012$), married ($p = 0.009$), and employed ($p < 0.001$). Psychiatric diagnoses were more common in the cases of IBS than controls (88% vs 30%, $p < 0.001$), the most common being major depression and somatization disorder. Symptoms of anxiety and depression were more common in patients with IBS ($p < 0.001$ for HAM A and HAM D). Logistic regression revealed that having IBS and increased age were independent predictors of having a psychiatric diagnosis.

Conclusions: IBS is associated with considerable degree of psychiatric morbidity. Adequate attention should be paid towards comorbid psychiatric illnesses and prompt treatment should be instituted.

F22. TREATMENT ADHERENCE ENHANCEMENT THROUGH SKYPE TELEPSYCHIATRY IN RURAL INDIA

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Abstract: Telepsychiatry, the use of telecommunication technologies to provide or support psychiatric services across distances, is the most active application of telemedicine. Out of a large telepsychiatry literature published over past 46 years, last two decades have seen progressive development of

advanced technologies with resultant growing interest in telepsychiatry. Findings reveal that telepsychiatric consultation (TPC) is safe and effective, and treatment adherence remains stable.

In developing nations, telepsychiatry is still in infancy stage. There are only a handful of studies, among which treatment adherence, a prime element in psychiatric care, has hardly been studied. With recent advances in telecommunication facilities in India, this is the ideal time to assess the sustainability and endurance toward this new treatment modality.

We are studying 100 subjects attending Department of Psychiatry OPD at BRD Medical College, with pre-diagnosed psychiatric disorders. All were otherwise treatment non-adherent, residents of, within 20 km radius of a town, 48 kms away from center. All the subjects, spending 5-6 hours for a single fortnightly follow-up at center, will be able to follow up through Skype telepsychiatry at their nearby location. Acceptance toward treatment modality will be assessed by a questionnaire and Attendance Analysis at 12, 24 & 48 weeks. We hypothesize that Skype Telepsychiatry can maintain long term attendance in psychiatrist-lacking remote zones, by solving both time and distance issues.

F23. HEALTH PROFILE OF HOMELESS MENTALLY ILL WOMEN: REVIEW FROM STATE PSYCHIATRIC HOSPITAL.

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Objectives: Homelessness and mental illness together confer significant morbidity, women further is a more vulnerable section. 6-7% of Indian population suffers from a mental disorder & about 25% of it are homeless. This study was conducted with the aim to evaluate health profile of Homeless mentally ill (HMI) women and to study reasons of homelessness and outcome variables.

Methods: A retrospective chart review was conducted on the patients admitted in one of the female forensic psychiatry ward of a tertiary care neuropsychiatry centre of Delhi over a period of 18 months. Socio demographic and clinical variables were analyzed using descriptive statistics.

Result: Of 75 homeless women admitted, 75% had psychiatric illness and 20% had only intellectual disabilities. Majority were illiterate, from low socioeconomic and rural backgrounds. 65% belonged to Hindi speaking area, for rest a specialized interpreter services were required making assessment more difficult. HMI had considerably high rates of co-morbid intellectual disabilities (38.6%) and physical problems (75.4%) most commonly seizure disorder. Most common mental illness were non affective psychosis 70%, followed by affective psychosis 20%. Most (84.3%) were mentally ill before leaving home and 30% were having past history of homelessness. Most responded well to treatment & 65% could be reintegrated with family. Rest, 32.4% were sent to a government facility for homeless & 2.6% to NGO. Even the capital of nation is not having any specific government rehabilitation facilities for homeless mentally ill.

Conclusions: Homelessness and mental illness is a vicious cycle. But the machinery available is yet unprepared to handle it. Need assessment surveys and building specialized services is strong felt need.

F24. FACTORS ASSOCIATED WITH PREVALENCE OF PTSD AND DEPRESSION AMONG NEPALESE COMBATANTS DURING ARMED INSURGENCY.

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Background: In Nepal, even with almost 10 years history of armed insurgency no adequate explorations and studies have been done to describe the magnitude and nature of stress disorders.

General Objectives: To find out the prevalence of post traumatic stress disorder and depression in Nepalese combatants.

Specific Objectives: To assess the magnitude of PTSD in Nepalese combatants, To estimate the magnitude of depression in Nepalese combatants, To explore the associated factors with PTSD and depression.

Methodology: Cross sectional descriptive study of 6 months, 215 samples from two of Nepalese army battalion. Tools used were PTSD checklist-military version; Beck depression inventory and combat exposure scale (All Nepali Version)

Results: Out of 215 participants, majority were between age group 26-30 years 41.9%, 82.8% had completed class 10, 90.2% were married and 93% were non officer. With PCL- M checklist 21.9 % met PTSD criteria. BDI –II 20.5 % met criteria for depression. With CES scale – majority fall under light to moderate exposure 35.8%, moderate degree 34.4%, moderate heavy 10.2 % and heavy 4.2 %. Relationship between different attributes and outcome variables. PTSD – No significant association with age, education, marital status and rank but significantly associated with degree of combat exposure (p-value 0.001) at 95 % CI. Depression-No significant association with general characteristic but significant association with degree of combat exposure (p- value 0.013) at 95 % CI. PTSD and Depression- significant association of PTSD and Depression (p- value 0.003) at 95 % CI. PTSD 2.95 times more likely to occur along with depression as compared to no depression.

Discussion: 21.9 % met PTSD criteria which can be compared with other studies of war veterans and difference in prevalence may be due to difference in demographic, military training and combat experience. Many literatures have shown that depression can occur alone or as co-morbidity with PTSD and this study shows consistent results. Among different attributes PTSD and Depression associated with degree of combat exposure and not with others, it may be due to the sample size which is small.

F25. NEUROCOGNITIVE DYSFUNCTION IN SUBSTANCE ABUSERS – A HOSPITAL BASED STUDY

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Introduction: The brain region and neural processes that underlie addiction overlap extensively with those that support cognitive functioning, including learning, memory and reasoning. Cocaine and opioids causes deficit in cognitive flexibility, amphetamines causes deficits in attention and impulse control; alcohol and nicotine causes deficit in working memory and attention.

Aims/Objectives: The present study was planned to understand harmful effects of substance use on neuropsychological functioning of the patients with substance dependence.

Materials & Methods: The study was conducted at Dayanand Medical College and Hospital, Ludhiana, India. A total of 30 known substance dependent patients (diagnosed as per ICD 10 criteria), both indoor as well as outdoor were evaluated for their intellectual and memory functioning using Wechsler intelligence test (verbal, Indian version which has 4 subtests ie information, digit span, arithmetic and comprehension), Alexander's Pass Along Test (to see executive function) and PGI memory test (Indian version of Wechsler memory test) and then the results were compared with the control group. Patients with any other medical disorder, head injury, seizure disorder and any premorbid psychiatric problem were excluded from the study.

Results: The protocol shows that majority of patients show significant deficit in comprehension parameters of verbal intelligence and arithmetic ability. The protocol also reflects that the patients have impairment in delayed recall and recognition of visual stimuli.

Conclusion: Drug related cognitive changes may bias patients towards response and action that contributes to the cycle of addiction and also hinder patient's ability to benefit from counselling. So more sessions and reminders may be necessary for these patients in incorporating abstinence – sustaining strategies into their daily routine.

F26. STUDY OF SUBSTANCE USE IN ADOLESCENTS

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Aims & Objective: To compare the demographic, clinical, psychosocial factors and co-morbidities in substance dependent and substance non- dependent adolescents attending Psychiatry OPD.

Methodology: 62 subjects with substance use, 21 satisfying the criteria for dependence and 41 for non-dependence, attending psychiatry OPDs were assessed on semi-structured Proforma, DAMS, K-SADS-PL, Teen Addiction Severity Index and AXIS IV of DSM-IV-TR.

Results: Mean age of dependent subjects , school drop- out, duration of substance use (more than one year), family history of substance use, co-morbidities (conduct disorder and bipolar disorder), social, economic and educational problems were significantly higher in dependent subjects as compared to non-dependent ones. Bothered areas due to substance use (on Teen-Addiction Severity Index) in areas of substance use, school status and psychiatric illness were significantly higher in the dependent group. Mean functioning (current, highest past and most severe past) was significantly lower in the dependent group.

Conclusions: Adolescents with substance use satisfying the criteria for substance dependence have significantly higher social, educational and economic problems and lower functioning compared to non-dependent adolescent substance use. This highlights the need for early screening and effective interventional measures in adolescent with substance use at community and clinic level along with suitable legislation.

F27. WOMEN SUBSTANCE USERS IN INDIA: FINDINGS AND IMPLICATIONS OF A HOSPITAL BASED AUDIT

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Aim: To examine the socio-demographic, clinical and psychosocial profile of women seeking treatment for Substance Use Disorders (SUDs).

Method: The psychiatric case records of 40 women with SUDs who sought consultation between the year 2012 and 2013 were analysed.

Results: The mean age of the sample was 38 years (S.D = ± 7.24). 52.5% were married and 30% were separated or divorced. Mean age of onset of substance dependence was 28.68 years (S.D. = ± 7.02) with an average of 9.65 years (S.D = ± 7.69) of dependence. Alcohol dependence was present in 80% of the patients followed by nicotine dependence in 54% of the patients. Co-morbid Axis I & Axis II disorders were present in 62.5% & 10% of the patients respectively. Childhood adverse experiences such as abuse and neglect were reported by 20% of the patients. The factors contributing to initiation and maintenance of substance use were marital discord and interpersonal conflicts (70%), influence of significant others (66%), death of a family members (10%) & other stressful life events (25%). Major consequences of substance use were substance-induced physical problems (62.5%) and interpersonal conflicts (40%). Data indicates poor follow up and high rates of relapse (50%).

Conclusions: Adverse life events and interpersonal conflicts are significant contributing factors to substance use among women. The study has implications for planning gender sensitive, multi-dimensional treatment programs for women seeking help for SUDs in India.

F28. SUBSTANCE USE AMONG DEPRESSED MALE PATIENTS

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Objective: The objective of this study was to determine the proportion of different types of substance use and their patterns among male patients with major depressive disorder.

Methods: This was a descriptive type of cross-sectional study where convenience sampling technique was applied. The study was conducted at both inpatient and outpatient departments of National Institute of Mental Health, Dhaka and department of psychiatry, Dhaka Medical College Hospital, Dhaka from January, 2012 to September, 2012. Data were collected through face to face interview of the patients and their attendants. Sample size was 152.

Results: In this study, among 152 patients, 31.6% of the respondents had lifetime history of substance use, while 18.4% of them had current history of substance use (last 30 days). Benzodiazepine was found to be the most commonly used substance followed by alcohol. About seventy three percent (72.9%) of lifetime substance users and 50% of current substance users used benzodiazepine. Poly-substance use was frequent among substance using depressed patients. About sixty percent (60.4%) of lifetime substance users and 42.86% of current substance users used more than one type of substance. To cope with the symptoms of depression (31.3%), peer pressure (27.1%) and to get amusement (18.8%) were

identified as the most important reasons for initiating substance use.

Conclusion: In this study, substance use was identified as an important concern among male patients with major depressive disorder. So, when planning therapeutic approaches for depressive patients, substance use should be taken into consideration to ensure that therapeutic interventions are targeted more effectively.

F29. DEMOGRAPHIC & CLINICAL PROFILES OF INJECTABLE DRUG USERS ATTENDING IN AN OST CENTER AT GORAKHPUR, UP

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Abstract: Opioid Substitution Therapy (OST) center at BRD Medical College, Gorakhpur is running successfully for more than one-and-half years. A total of 246 patients were registered in our center during this period. All these subjects began treatment after being counselled at and referred from Targetted Intervention (TI) program of Jyoti Gramin Kalyan Sansthan, Gorakhpur.

A total of 100 clients, who were regular in their follow up in preceding 6 months, were chosen among these 246 registered clients for the present study. Demographic and clinical profiles of all these 100 patients were noted in a specially designed data sheet meant for the current study. Simple descriptive analysis like frequency and percentages were done for the study purpose.

Three sub-group of clients were noted, Exclusive IDUs (n=14), Predominantly IDUs (n=82), and Occasional IDUs (n=4). Sixty two subjects were identified to be injectable poly-substance abusers, while 30 subjects used only injection heroin and 8 subjects used only injection Buprenorphine. Among poly substance users 9 subjects used only Pentazocine with Phenergan. Most preferred form of abuse were injectable heroin (88 subjects) followed by injectable buprenorphine (8) and injectable Pentazocine by 4 clients.

Most common route of administration of drug was intravenous (93%), 7% preferred intramuscular route and 13% used both routes. A mean number of 3 substances of abuse, other than IDUs noted, in decreasing order of preference were alcohol, cannabis, dextropropoxyphene.

Thirty-two participants reported to have used drugs in groups, interestingly however, none among which involved sharing of syringes and needles. Among these 18 had visited STI clinic, 17 knew where HIV could be tested, 12 had undergone HIV testing before attending OST clinic with overall 2 HIV positive cases in this sample.

Detail of the findings, their clinical relevance and future implications will be discussed in the conference.

F30. STUDY OF PSYCHIATRIC COMORBIDITY OF ALCOHOL USE DISORDER

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Background: The Problem of alcohol consuming is increasing in the world. The subjects for this study comprised of all consecutive patients who are consuming alcohol regularly, attending department of psychiatry of CMC Teaching Hospital, Bharatpur, Nepal.

Methods: This is a retrospective study on the data recorded in the psychiatric department of CMC Teaching Hospital, 263 consecutive patients of alcohol use disorder with or without psychiatric comorbidity were analyzed. The ratios and proportions were used for statistical analysis.

Results: This study shows that alcohol use disorder without comorbidity is (71.04%). Psychosis is (alcoholic hallucinosis) (12.36 %) followed by anxiety disorder (7.33 %) and depressive disorder (6.56 %)

Conclusion: The current study shows 28.95% patients consuming alcohol have psychiatric comorbidity including psychosis, anxiety disorder, depressive disorder and bipolar disorder etc.

F31. MEDICAL STUDENTS ATTITUDE TOWARDS PSYCHIATRY- EXPERIENCES FROM NEPAL

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Introduction: It is always difficult to attract medical students' interest in Psychiatry as a career choice. Most of the students have negative views of Psychiatry even before entering medical school such as 1) stigma on patients and psychiatrists. 2) Unscientific specialty with less prestige. 3) Derogatory remarks by other specialty physicians. 4) Less financial return.

Objective: To evaluate and analyze medical students' attitude towards psychiatry at their different levels of medical career.

Method: Medical students from three different years were surveyed to assess their perception and attitude on psychiatry and related matters. First year students were surveyed when they joined within 2 weeks in medical college. Third year were given questionnaire at the first day of Psychiatry clerkship and 4th year students were also given on the first day of posting.

Results: 280 students from 1st year (61 out of 100), 3rd year (79 out of 104) and 4th year (70 out of 76) studying MBBS were surveyed. Majority of students from different levels preferred medicine, surgery, pediatric when they first joined medical college and their current preference choice of specialization. Fifteen out of 61 first year students planned to join Psychiatry when they entered medical college which changed to 11 while they were enquired about current planning.

Conclusion: Medical colleges need comprehensive course in Psychiatry that involves inpatient and outpatient to create interest in Psychiatry and we need strong advocacy to decrease stigma of "Psychiatry as a career choice" among medical students.

F32. DOMESTIC VIOLENCE IN SPOUSES OF ALCOHOL DEPENDENT MALES ATTENDING A TERTIARY CARE CENTRE: A DESCRIPTIVE STUDY

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Noorudheen Razi P, Dr. Jomon Joy, Dr. Rajani Raju

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Background: High rates of alcohol consumption and domestic violence (DV) have been reported from Kerala. The occurrence of DV in spouses of alcohol dependent males has not been studied in Kerala.

Objectives: *Primary objective:* To study the occurrence of domestic violence in the spouses of alcohol dependent males attending the De-addiction Centre of a tertiary care centre.

Secondary objective: To study the occurrence of common psychiatric disorders in this population.

Methodology: A cross-sectional, descriptive study was conducted in spouses of alcohol dependent males attending the De-addiction Centre of a tertiary care centre over a period of six months. Those aged <18 years and >55 years, with psychotic disorders and who refused to give consent were excluded from the study. Sample size was calculated to be sixty. DV was assessed using Domestic Violence Questionnaire and psychiatric disorders using Mini International Neuropsychiatric Interview Schedule (MINI) available in local language. Clearance was obtained from Institutional Ethics Committee.

Results: Consecutive cases were included in the study. Mean age of the sample was 38.7 years (Standard deviation [SD] - 8.85). Their spouses were alcohol dependent for an average of 15.1 years (SD-10.31). 68.3% of the sample had experienced DV over the past one year. At least one psychiatric disorder was reported by 85.0% of them- adjustment disorder in 53.3%, depressive disorder in 25% and anxiety disorders in 10%. No significant correlations were observed between DV, psychiatric disorders and other study variables.

Conclusions: DV and psychiatric disorders are common in spouses of alcohol dependent males.

F33. CROSS SECTIONAL STUDY OF RELATIONSHIP BETWEEN SUBSTANCE USE DISORDER, MENTAL HEALTH PROBLEMS AND FAMILY ASSESMENT

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Objective: The study was aimed to study relationship between family history of mental illness, substance use disorders & alcohol use disorder, severity and interpersonal relationship in clients with dual diagnosis.

Methodology: Cross sectional study was conducted over a period of 2 months. Family history subsection of Addiction Severity Index (ASI) was administered on all patients (N=30) admitted in dual diagnosis ward. Participants were categorized into family history risk groups for each 'problem domain' based on the number of first & second degree relatives with alcohol, drug or psychiatric problems. Socio demographic variables were analysed using descriptive statistics, logistic regression was used for assessing association.

Result: High rates of mental health problems, alcohol and drug problems were found across all the family members' categories; being highest for siblings. Of the entire high risk group, 30% were in the 'psychiatric problem' domain, 70% in the 'alcohol problem' domain and 55% in the 'drug problem' domain. Across problem domains, relationship problems encountered with parents/siblings was more in the high-risk group. Also, the siblings/parents too reported increased rates of lifetime emotional and physical problems as compared to low or moderate-risk group. Higher rate of poor interpersonal familial relationship was associated with Family history of psychiatric problems, drug and alcohol problem.

Conclusion: Holistic assessment of not just the index client but also the family members for these parameters can help in planning integrative therapy and better relapse prevention strategies.

F34. MAGNITUDE OF PROBLEM OF PERSONS HAVING INTELLECTUAL DISABILITY ITS IMPACT ON PARENTS AND THEIR UNMET NEEDS IN INDIAN SUBCONTINENT.

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Dr Debasish Sanyal, KPC Medical College, Kolkata, India.

Prof Malay Ghoshal, Medical College, Kolkata, India.

Dr Supriya Kumar Mondal, Murshidabad Medical College & Hospital, West Bengal, India.

Background: Intellectual disability is the clearest example of the mixture of medical and social system models. People with intellectual disability do not represent homogenous groups. Their unmet needs and impact on parents as caregivers also vary especially with changing social milieu, socio economic status and ethnicity.

Objectives: To assess the disability of intellectually disabled and the nature and degree of impact on their parents.

Methods: The clinico-demographic profile of (n=102) intellectually disabled and intellectually average children and their caregivers compared. The impact of disability measured in NIMH-DIS scale.

Results: Mother's experiences more difficulties than father in physical care ($p < 0.03$), health ($p < 0.02$), career ($p < 0.03$), sibling effect ($p < 0.04$) and specific thoughts domain ($p < 0.04$). Father's experiences more trouble in support ($p < 0.02$), financial ($p < 0.05$), social ($p < 0.01$), embarrassment/ridicule domains ($p < 0.02$). There is no difference in Relationship domain ($p = 0.56$) in between the parents. Higher patience ($p < 0.02$) and empathy ($p < 0.04$) among mother and higher tolerance ($p < 0.03$) and sensitivity ($p < 0.04$) has been found among mother. The impact on mother increases in physical care, health and specific thoughts domains whereas the impact on father increases in financial and embarrassment/ridicule domains from first to fourth assessment.

Conclusions: Rehabilitation needs increase with severity of disability and impact on parents as caregivers. Appropriate assessment and finding out unmet needs can guide to formulate individualized treatment plan for them as well as to their parents.

F35. ATTITUDE TOWARDS SUICIDE PREVENTION AMONG NON-MENTAL HEALTH PROFESSIONALS

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Background: According to the WHO report, 2012, India ranked first in the world in the number of completed suicides. The majority of cases suicide attempters approach non-mental health professionals for treatment. A negative attitude of these professionals towards suicide attempters can be a major barrier for effective management and rehabilitation of suicide attempters.

Objective: This study aims at assessing the attitude of non-mental health professionals such as non-mental health doctors, students of medicine at the undergraduate (including interns) and post-graduate levels, and nurses towards suicide prevention.

Material and Methods: 226 non- mental health professionals were approached to participate in this study during an awareness creation symposium for suicide prevention, which was held at M.S. Ramaiah Medical College, Bangalore on the

World Suicide Prevention Day, 2014. An attitude toward suicide prevention scale was administered to the participants.

Results: Mean age of participants was 27.16(± 8.61). The majority of them were students of medicine and doctors, 47% and 35% respectively. More than half (55%) of them had a positive attitude towards working with suicidal patients. Nearly 70% of the participants did not consider unemployment and poverty as the main causes of suicide, and were positively inclined towards suicide prevention measures. At the same time, nearly half of them were of the view that in the majority of the cases suicidal persons will not reveal their suicide plans to others.

Conclusions: More than half of the non-mental health care professionals had a positive attitude toward working with suicidal patients. There is thus a need to create awareness on suicide prevention and to integrate health professionals across all areas in efforts at suicide prevention.

F36. BURDEN ON CAREGIVERS OF MENTALLY ILL PATIENT: A CROSS-SECTIONAL STUDY

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Introduction: The global burden of mental disorder is increasing, including burden to the caregiver. De-institutionalization, revolving door syndrome and community based rehabilitation has increased caregivers and patients contact hours. The strain of caring for mentally ill patients imparts caregivers a great extent of psychological, emotional, social, physical and financial problems.

Objective: The objectives of the study is to assess the level of burden among relatives of mentally ill patients. Research design: A descriptive cross-sectional study was done to assess the level of subjective burden in 116 caregivers of mentally ill in-patients over 6 months period. Inclusion criteria: Caregivers of mentally ill patients were included. The patient had to have two or more admissions in last two years for his illness. Data collection procedures: Interview rooms in the psychiatric ward was used to collect data from the subjects using the Zarit interview schedule and the socio-demographic profile). Ethical issues such as confidentiality and anonymity were ensured and assured.

Results: Total 116 relatives of mentally ill patients were selected, the duration was 6 months. The majority of the respondents had severe burden. Burden was significantly associated with BPAD, alcohol dependent syndrome, single family, and low financial status, number of admissions and in the relatives who had physical illness compared to those without illness.

Conclusion: The study concludes that the burden among caregivers of mentally ill patients is high.

F37. DEPRESSION AND ITS ASSOCIATION WITH GLYCEMIC CONTROL IN NEPALESE ADULTS WITH DIABETES

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Introduction: Depression is reported more common among people with Diabetes mellitus which if not diagnosed and treated, may lead to poor diabetes outcomes such as decreased adherence to treatment, poor metabolic and glycemic control, higher complication rate and decreased quality of life. It warrants a study in Nepali context. We aimed here to explore depression

among adult people with Diabetes mellitus attending Endocrinology outpatient department at TUTH and to find association between glycemic control and severity of depression.

Methods: It is a hospital based cross sectional study. All diabetic patients(n=158) chosen randomly attending Endocrinology clinic of TUTH, a tertiary care hospital within the study period (1 year, 2013/2014) were enrolled after informed written consent. Socio-demographic information were recorded in the proforma and psychiatric caseness was evaluated with 'General health questionnaire -12'(GHQ-12) and in those with 'psychiatric caseness' diagnosis of depression was made with ICD-10 DCR criteria for depression and level graded with HAM-D. HbA1c within three months was noted from patient's medical record.

Results: Among enrolled subjects, 77.2% (n=122) was type 2 diabetes and 22.8% (n=36) was type 1 diabetes. 38% had duration of diabetes less than 5 years. 48.7% had psychiatric caseness and estimate of depression was found in 29.1%. Estimation of depression was similar in both types of diabetes being 27.22% in type 1 and 29.50% in type 2 diabetes. Mean HAM-D score was 14.78±5.918. Level of depression was significantly associated with glycemic control ($p < 0.001$). Level of depression was positively correlated with glycemic control (HbA1c) ($p < 0.001$).

Conclusion: Depression is common in both type 1 and type 2 diabetes and has a significant impact in glycemic control in these patients. Diabetes management should involve diagnosis and treatment of depression and if poor glycemic control persists clinicians need to look for syndromal and subsyndromal depressive symptoms.

F38. DEPRESSION IN ELDERLY PEOPLE LIVING IN OLD AGE HOME

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Background: There has been a considerable increase in the numbers of older people in the world population of both developed and developing countries. The increasing elderly populations are prone to depression. Studies regarding depression among elderly, especially in old age home is lesser in the developing countries.

Objectives: To estimate prevalence of depression among elderly living in an old age home in Kathmandu valley and its association with the socio-demographic variables, individual factors and environmental factors.

Methods: It is a cross sectional study where 203 elderly people residing in old age homes of Kathmandu Valley, Nepal were selected randomly. Interview was carried out using socio-demographic tool, MMSE, Geriatric Depression Scale (GDS), ICD-10 DRC, Duke social support scale, UCLA loneliness scale, and Barthel index was used.

Results: This study showed that, 47.3% of population had depression. Among them, 34.0% had mild depression and 13.3% had severe depression. There was significant association between the prevalence of depression and spousal support, health problem, satisfaction with old age home, loneliness, social support and functional disability.

Conclusion: Depressive disorder is highly prevalent among the elderly population residing in the old age home in Kathmandu

Valley. This results in lowering their productivity and places burden to family and society. For this reason, concerned authorities should timely address depression in elderly people.

F39. GENDER COMPARISON OF FACTORS ASSOCIATED WITH CLINICAL DEPRESSION: A DESCRIPTIVE STUDY

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Background and objective: There are little studies about factors associated with depression from Nepalese setting, hence this descriptive study was designed: To study the factors associated with clinical depression and compare the factors associated with clinical depression and compare the factors among male and female patients.

Materials and Methods: Hundred (50 male and 50 female) depressive (ICD-10) patients who came to psychiatry OPD and admitted to ward during the study were enrolled after obtaining informed consent. Patients with severe physical comorbidity, patients with mental retardation, age younger than 18 and older than 65 were excluded. Sociodemographic profile, clinical profile, comorbidities were recorded. Three scales: HAM-D, Social readjustment scale by Holmes and Rahe and Eyesenck's personality Inventory were used to see severity, life events and personality traits respectively. Chi square test was applied to find out the difference between gender in different variables.

Results: Most of the depressive patients were of age 18-50, with males most educated and females educated to middle level. Source of income for majority of females (45%) was from family and males (21) on their own. More females had family history of depression, suicide and other psychiatric comorbidities. More females presented with changes in biorhythm, changes in libido, suicide attempt. Males presented with mood changes, physical and behavioral changes. More females had co-morbidity of Anxiety disorder, Migraine and substance use. Out of the life events, value of pregnancy ($p=0.014$) and trouble with in-laws ($p=0.000$) was seen clearly more in females. More males had events as losing spouse ($p=0.408$), personal injury or illness ($p=0.281$) and change in financial condition (0.785). More males were found extroverted and neurotic and females socially desirable ($p=0.001$).

Conclusion: Among clinical depression patients, the prevalence of stressor was similar among male and females though the nature and type vary.

F40. SCREENING FOR DEPRESSIVE DISORDERS IN OUTPATIENTS WITH MILD TO MODERATE PSORIASIS: A STUDY FROM NORTH INDIA

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Background: Psoriasis and depressive disorders (DD) are commonly comorbid. DD have an impact on quality of life and outcome of Psoriasis.

Aims: The aim of this study was to study the feasibility of using a modification of the Hindi translation of the Patient Health

Questionnaire-9 (PHQ-9) as a verbal, clinician administered, short screening questionnaire for detecting DD.

Methods: 104 out-patients with Psoriasis were recruited into the study. In the first stage of the study, Socio-demographic data, Psoriasis Area Severity Index score and Dermatological Quality of Life score were recorded. The modified questionnaire was administered by the dermatologist. In the second stage, psychiatric diagnoses were confirmed using the Mini International Neuropsychiatric Interview.

Results: The prevalence of DD was 39.4%. Receiver Operating Curve analysis showed that the questionnaire had a good discriminant ability in detecting DD (Area under curve: 0.81, SE=0.04, 95% Confidence Interval=0.72-0.89).

Conclusion: The questionnaire can be a useful screening instrument for detection of DD in patients with Psoriasis.

F41. DEPRESSION IN HIV POSITIVE PATIENTS UNDER ART ATTENDING TUTH ART CLINIC

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Background: Depression has a bi-directional relationship with HIV illness, meaning one may be the vector for the other. It is thus implied that depression is significantly prevalent among PLWHA. The findings of most studies worldwide are consistent to the previous statement. Most of the studies are conducted overseas, which report the prevalence of depression among PLWHA, in the range 20-37%. Some studies reported the prevalence values outside this range. An Indian study reported the prevalence as 24%. Generally, speaking depression among PLWHA is 2-3 times more prevalent than that in the general population. Depression negatively impacts the adherence to ART, and leads to increased morbidity and mortality.

Objectives: The objectives of this study were to estimate the prevalence of depression among PLWHA under ART in the TUTH outpatient clinic, and further investigate the association of depression with HIV-related variables and coping.

Methods: A cross sectional study was carried out among HIV positive patients under ART in the TUTH out-patient HIV clinic. Those giving informed consent and meeting the inclusion criteria were included in the study. BDI-II was used as a tool to screen, grade and score depression, which was confirmed by the ICD-10 DCR. The brief COPE scale was used to score different strategies of coping. The HIV clinic was used for interview and access of medical records of the patients. Data were analyzed using SPSS version 16 (Chicago, IL, USA). Descriptive analysis was performed, and mean, median, range were calculated. The data were explained as mean± standard deviation (SD) wherever suitable. Spearman's rank correlation was performed for ordinal dataset, to find out the correlation of depression with coping scores and CD4 levels. Chi-square test was applied for categorical data. P-value of <0.05 was considered significant.

Results: Out of total 99 patients, 34 were depressed (34.2%), moderate depression with somatic syndrome being the majority (19, 19.2%). CD4 levels and depressive scores were found to be inversely proportional ($r=-0.327$). Depression was not found to have significant association with other HIV-related variables. Among socio-demographic variables, depression was significantly associated with low family income, alcohol use and past history of depression. Depressive

scores (BDI) was inversely associated ($p<0.05$) with item emotional support in the brief COPE scale.

Conclusion: Depression was found to be very prevalent in PLWHA under ART, compared to the general population. The study calls the need to have recommendation for routine screening for depression among PLWHA in the HIV clinics. Also further research is required to investigate into coping and other variables in PLWHA.

F42. RELATION BETWEEN SEVERITIES OF DEPRESSION WITH THYROID HORMONE STATUS.

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Objectives: To find out the relation between severities of depression and thyroid hormones.

Methods: This cross sectional was conducted in the department of psychiatry of Bangabandhu Sheikh Mujib Medical University (BSMMU) and National Institute of Nuclear Medicine and Allied Sciences (NINMAS), Bangladesh. It was conducted from January 2013 to December 2013. The severities of depression of 100 newly diagnosed patients were measured using Structured Clinical Interview for Mental disorder and Hamilton Rating Scale for Depression. Then their thyroid hormone (FT3, FT4, TSH) status was measured. Chi-square test, Pearson correlation test and regression analysis was done in 95% confidence interval using SPSS 16.

Result: We found 11% patient had mild depressive disorder, 70 % had moderate depression and 19 % had severe depressive disorder. To quantify their depression we used Hamilton Rating Scale, the score ranged from 13 to 31 with a mean of 19.78. The thyroid hormone status of the patients showed 87% patient had a normal thyroid hormone status, 12% had subclinical hypothyroid and 1% had hypothyroidism. TSH and severities of depression measured by SCID had statistically significant relation, however FT3 and FT4 was not significantly related. TSH and FT4 had statically significant relation with HAMD score whereas FT3 was not related. TSH and HAMD score was positively correlated where as FT3 and FT4 were negatively correlated with HAMD.

Conclusion: The findings of the study will inspire other researcher to work in large scale.

F43. ECT IN FIRST EPISODE SCHIZOPHRENIA IN NEPAL

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Introduction: Little is known regarding efficacy and effectiveness of electroconvulsive therapy (ECT) in young, first episode schizophrenia.

Objectives: Present study was done to evaluate short term and long term efficacy and effectiveness of ECT in patients with first episode schizophrenia.

Methods: This is a prospective study where forty five patients were evaluated at medical college in Nepal. 12 patients received ECT as compared to 33 non-receivers. Patients were evaluated at admission, at discharge, 1st month, 6th month and at 12th month after discharge from the hospital. Evaluations were done using Brief Psychiatric Rating Scale (BPRS), Global Assessment of Function (GAF).

Results: The mean duration of hospitalization was 25.42 days among ECT receivers as compared to 34.75 days among non-receivers (decrease in duration of hospitalization by 9 days).

Patients who received ECT showed significant improvement in BPRS at discharge ($p=0.000$), 1st month ($p=0.000$), 6th month ($p=0.000$) and at 12th month ($p=0.000$). Similarly there was significant improvement in GAF at discharge ($p=0.000$), 6th month ($p=0.053$) and at 12th month ($p=0.003$).

Conclusion: Though used infrequently, ECT in young first episode schizophrenia give significant overall improvement and wellbeing with very minimal side-effects. ECT also shortens duration of hospitalization with early discharge and improvement in psychosocial wellbeing.

F44. BURDEN OF CARE ON THE KEY RELATIVES OF SCHIZOPHRENICS: FINDINGS OVER A DECADE

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Introduction: Relatives of schizophrenic patients experience high levels of burden of care. Most studies assessing the burden in schizophrenics are from developed nations. There is a dearth of studies assessing the burden of caregivers of patients with schizophrenia from developing nations such as India.

Study design & aim: In this study, we present the findings of two cross sectional surveys assessing the burden of care on their key-relatives in schizophrenia that were carried out over a decade apart, in the years 1999 and 2000.

Methodology: Using the Burden Assessment Schedule (BAS) developed by Thara et al., we assessed the burden in a sample of caregivers of 39 and 33 patients with schizophrenia from the OPD of the Dept. of Psychiatry, King George's Medical University, Lucknow, in the years 1999 and 2010 respectively.

Result: Total adjusted burden scores of 74.99 (8.99) and 62.65 (9.8) in the study samples of 1999 and 2010 respectively, with burden of care being reported across all nine domains assessed.

Conclusion: Key relatives of patients with schizophrenia have levels of burden of care that appear to have been present over a decade. This highlights the need for reduction of the burden of care via psychosocial interventions and also the need for further studies in this area.

F45. TO ASSESS THE EFFECTS OF ADMISSION IN PATIENTS WITH SCHIZOPHRENIA ON PATIENTS' SYMPTOMS, CAREGIVERS' BURDEN AND COPING STRATEGIES

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Introduction: Schizophrenia is a severe mental disorder which causes the caregivers to suffer from a considerable amount of burden. Caregivers use a variety of coping strategies to deal with the burden. This hospital based study may help in understanding the different areas of burden, various coping strategies and the role that hospital admission plays in it.

Objectives: The objectives of the current study are i) to assess the severity of symptoms, caregiver burden and coping strategies in schizophrenia. ii) to correlate the severity of symptoms with caregiver burden and coping strategies. iii) to assess the effects of admission on patients' symptoms, caregiver burden and coping strategies.

Methods: 36 admitted cases of schizophrenia were evaluated using the positive and negative symptom scale. Their caregivers were evaluated using the burden assessment schedule and the cope inventory. Assessment was done within 48 hours of admission and at the time of discharge.

Results: The patients suffered from moderate to moderately severe illness at admission. 47.2% caregivers suffered from severe burden. The most common areas affected were physical and mental health (69.4%), taking responsibility (69.4%) and patient's behaviour (66.7%). The commonly used strategies were seeking social support for instrumental reasons (47.2%), seeking social support for emotional reasons (44.4%) and turning to religion (44.4%). The severity of burden and choice of coping strategies were not affected by severity of patients' symptoms. At discharge 72.2% patients had minimal symptom. 97.2% caregivers were suffering from moderate burden. There was a statistically significant reduction in all areas of burden. 80.6% caregivers used seeking social support for instrumental reason as a coping strategy. There was a statistically significant increase in the use of problem based coping strategies.

Conclusion: Hospital admission was effective in reducing patients' symptoms and caregiver burden as well as in enhancing coping strategies.

F46. EARLY INTERVENTION IN PSYCHOSIS - THE SINGAPORE EXPERIENCE

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Introduction: Psychoses is a debilitating illness and we looked at the data available and found that Failures in Care were caused by - Prolonged delays in accessing effective treatment, Traumatic and often alienating initial treatment strategies, Poor continuity of care, Poor engagement of the patient in treatment. Consequences of Delay of delay in Care caused Slower and Less Complete Response, Increased Relapse, increased Treatment Resistance.

Aim: Evaluate do we need early intervention in Psychosis? This has been implemented and I would like to share the experience.

Methods: Thus, In Singapore the Early Psychosis Programme was started in 2001 and our goals were to Raise awareness of psychosis, Reduce stigma associated with psychosis, Reduce the DUP (duration of untreated psychosis) in Singapore, Improve the outcome and quality of life of those with psychosis and therefore reduce the burden of care for their families, To provide Early Detection, Use the Staging Model of Schizophrenia, Provide phase-specific care - 3 phases Prior to EPIP9 Early Psychosi Intervention Programme), In Singapore, mean (SD) duration of DUP of patients with Schizophrenia was 32.6 (54.8) months , median of 12 months

Results:

Goals	Measures
<ul style="list-style-type: none"> Increased referrals Involvement of Primary Health Care Services Reduced DUP 	<ul style="list-style-type: none"> 10.7% increase in self and family referrals 13.5% increase in referrals from primary health sector 15.2% decrease in Police cases DUP fell to 4 months (median) compared to 12 months before EPIP High level of patient satisfaction

Since the inception of EPIP in 2001, 3,098 individuals have been screened and 2,271 accepted into the programme. 91.9% (339/369) are engaged with EPIP services 85.8% (247/288) had significant reduction (remission) in symptoms 83.7% (241/288) experienced significant improvement in functioning 76.5% (277/362) returned to performing age appropriate roles (back to school or gainfully employed

F47. PRODROMAL SIGNS AND SYMPTOMS OF SCHIZOPHRENIA FROM NORTH INDIA

Pokhrel P, Malhotra S, Chakrabarti S

Objective: To evaluate prodromal signs and symptoms among patients with first episode schizophrenia

Methodology: A total of 50 consecutive patients of first episode schizophrenia and 50 age and sex matched control of unipolar depression were selected. Retrospective cross-sectional assessment was done. MINI was applied to confirm diagnosis based on DSM-IV. Patients were evaluated for socio-demographic profile, clinical profile; functioning and role play (Global assessment of functioning) and severity (PANSS). Prodromal signs/ symptoms, onset, duration and social functioning during prodrome were evaluated by IRAOS (Interview for Retrospective Assessment of the Onset of Schizophrenia).

Results: Average age was 22yrs with 54% males, 88% single, mostly low to middle income and majority from urban background (56%). Clinical duration of illness was 1-2 years with 72% had insidious onset, 78% had prodromal signs/symptoms with mean and median prodromal duration of 12 and 6 months respectively and five signs/ symptoms per patient. Common symptoms were social withdrawal (40%), worry 36%), irritability (26%), fearfulness/anxiety (24%), with minimum of overt positive symptoms and early onset of negative and depressive symptoms. Impaired social and role functioning were present in more than half of the patients during prodrome.

Conclusion: Prodromal signs/symptoms of schizophrenia were present in majority of patients with schizophrenia. Prodromal signs and symptoms were vague and nonspecific. However pattern of presentation remained consistent. There was significant reduction in functioning and role play during prodromal period.

F48. USE OF ECT IN NEPAL: A ONE YEAR STUDY FROM THE COUNTRY'S LARGEST PSYCHIATRIC FACILITY

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Objective: Electro-Convulsive Therapy (ECT) refers to the electrical stimulation of the brain to produce seizures for therapeutic purpose. Since the development of ECT, its use has been consistent with significant improvement. Though commonly used in majority of the centers, such a data pertaining to ECT use in Nepal is lacking. This study was aimed at exploring the clinico-demographic profile of patients treated with ECT in the largest psychiatry facility in the country.

Methods: It is a retrospective descriptive study of patients treated with ECT during admission in the psychiatry ward of Universal College of Medical Sciences teaching hospital, a tertiary care center of Nepal, during a one year period (August 2012 to July 2013).

Results: Among the 1095 patients admitted during the specified period, 81(7.39%) patients received ECT. Majority

(44.44%) of the patients belonged to the age group 20-29 years. More than half of the subjects were Female (55.56%). Diagnostic profile showed that majority of patients receiving ECT were suffering from Schizophrenia (44.4%), followed by Bipolar Affective Disorder / Mania (29.6%), Depressive disorder (11.1%), Acute and Transient Psychotic Disorder (6.2%), Post-partum Psychosis (3.7%). About 3.7% of the patients received ECT for substance induced mood/psychotic disorders. High majority of subjects (75.3%) received about 5-7 ECT treatments. The mean seizure duration after ECT treatment was 31.13±5.79 seconds (minimum 15 and maximum 50 seconds). There were no any major complications noted after ECT.

Conclusion: Our study suggested that ECT is commonly used in young adults and females are more likely to receive ECT as treatment modality. Schizophrenia was the most common indication for ECT. DECT is safe when used judiciously.

F49. A FACTOR ANALYTICAL STUDY OF MANIA

Sanjeev Shah, Tapas Kumar Aich, Sandip Subedi

Background and objectives: No adequate factor analyses of signs and symptoms of mania have been reported. The factor analytical study of mania was found to be varying from country to country and from different culture. This type of studies, to our best knowledge, is still lacking in Nepal; which prompted us to undertake current study on factor analysis of Mania.

Methods: It is a hospital based descriptive observational study conducted at Universal college of Medical sciences, among 50 patients during 6 month period from February 2013 to July 2013. We enrolled patients who fulfilled ICD-10 diagnostic criteria for Manic Episode and/or Bipolar Affective Disorder-current episode mania for the present study. It was a cross sectional descriptive study for which we did purposive sampling technique according to certain inclusion and exclusion criteria. Tools used were ICD-10 Diagnostic Criteria for Research (DCR), Young's Mania Rating Scale (YMRS), and Brief psychiatric rating scale (BPRS). Principal components factor analysis was applied to the ratings.

Results: Factor analysis revealed the presence of four main factors, which explained 51.082% of the total variance. These are 'Pure Mania' which isolated 11 manic symptoms, 'Dysphoric Mania' isolated 5 depressive symptoms, 'Hostile Mania' isolated 6 symptoms and fourth factor, we called it 'Delirious Mania' isolated 4 symptoms.

Conclusion: The identified factors and subtypes can be a useful conceptualization of atypical features among patients with acute mania. To determine whether the identified subtypes are really of clinical and theoretical importance, however, further validation studies are required.

F50. RAPID TRANQUILLIZATION OF AGITATED OR AGGRESSIVE PATIENTS IN AN IN-PATIENT PSYCHIATRIC SETTING: RANDOMIZED DOUBLE-BLIND TRIAL OF INTRAMUSCULAR OLANZAPINE VERSUS HALOPERIDOL

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Objective: To compare the efficacy and tolerability of IM olanzapine and IM haloperidol in rapid tranquillization of

agitated or violent patients with schizophrenia, bipolar disorder, or other psychotic disorders.

Methods: Acutely agitated patients diagnosed with psychotic disorders, aged 18-65 years with total score of Positive and Negative Symptoms Scale-Excited Component (PANSS-EC) ≥ 14 or at least one item with a score of ≥ 4 were selected. 134 patients were randomized using computer generated random numbers in block size of 4. After receiving either intramuscular haloperidol 10 mg (N=67) or olanzapine 10 mg (N=67) as the study intervention, they were monitored over 2 hours. Patient and assessor were blind to allocation of medication.

Results: Repeated measures ANOVA with a Greenhouse-Geisser correction determined that reduction in agitation (mean PANSS-EC) between time points was significant for haloperidol (F=100.945, $p < 0.001$) and olanzapine (F=151.118, $p < 0.001$), but there was no significant difference between them (F=1.339, $p = 0.259$). No statistically significant difference was found in terms of, extrapyramidal side effects (Haloperidol N=5, olanzapine N=7) and number requiring physical restraining (haloperidol N=20, olanzapine N=23). 19.4% (N=13) in both groups required additional IM medication to calm the patient.

Conclusion: Though previous studies including RCTs sponsored by industry, suggest superiority of IM olanzapine over IM haloperidol, this study shows that both are effective in reducing agitation without any statistical significant difference between them in efficacy or tolerability.

F51. A HOSPITAL BASED STUDY: IS THE PRESCRIPTION OF BENZODIAZEPINE CONSISTENT WITH THE GUIDELINES?

Thapa DK, Lammichhane N, Subedi S

Objective: Benzodiazepines are one of the most frequently prescribed psychotropic drugs. They confer a therapeutic value in a wide range of conditions. Nearly all of the disadvantages of benzodiazepines result from long term use leading to development of tolerance, dependence and withdrawal. This study was done to determine if the pattern of benzodiazepines prescription among the psychiatric patients is consistent with the guideline.

Methods: This was a descriptive, hospital based cross-sectional study done in the psychiatry department at Gandaki Medical College. The consecutive 50 patients who either had a past history of treatment with or were still regularly on prescription for any of the following medication; alprazolam, chlordiazepoxide, clonazepam, diazepam, and lorazepam were included in the study. The psychiatric diagnosis of the patients, duration and types of benzodiazepines dispensed to patients were worked up. The duration of study was 6 months (Jan-June 2013).

Results: The total numbers of subjects enrolled in the study was 50. Female constituted 28 (56%), majority were married 45 (90%) and most of the subjects 31 (62%), were from the local district of Kaski. The mean age of the subjects was 41.1 ± 15.3 years. Among the types of benzodiazepines prescribed, clonazepam was the most frequently prescribed benzodiazepine. Dispensing of less than 30-days or 1 month supply of benzodiazepines, a practice typically recommended by practice guidelines, occurred in only 5 (10%) of the users. The study showed that there was a huge variation regarding the duration of benzodiazepines use, ranging from the period of less than 1 month to the maximum duration of 192 months or 16 years with mean duration of use 34.8 ± 50 months i.e. near about 3 years.

Conclusions: Despite guideline cautions, long-term benzodiazepines use remains a common treatment pattern.

F52. THE STUDY OF PSYCHIATRIC DISORDERS IN PATIENTS WITH THYROID DISORDER AT THE TERTIARY CARE CENTRE IN WESTERN REGION OF NEPAL

Thapa DK, Upadhyaya TL, Lamichhane N, Subedi S

Background: Recent advances in biotechnology have led to an improved understanding of the impact of thyroid functions on the adult, mature brain. This development has been particularly helpful in elucidating the role of thyroid hormones in the pathophysiology of psychiatric disorders. The aim of the study was to evaluate the occurrence of various psychiatric disorders in adult patients affected by different thyroid disorders.

Methods and materials: This was a descriptive, cross-sectional, hospital based and a collaborative study between the internal medicine and the psychiatry department at Gandaki Medical College, Pokhara, Nepal. Based on the ICD-10 psychiatric diagnosis, 60 consecutive consenting subjects of any gender above 18 years of age were included in the study. The duration of the study was 6 months.

Results: The total numbers of subjects enrolled in the study were 60. The female consisted of 81.7% (49). The mean age was 39.62 ± 12.85 years. Regarding the thyroid disorder; 76.7% (46) had hypothyroidism, 15% (9) had sub clinical hypothyroidism, and both the hyperthyroidism and Hashimoto thyroiditis were found in 3.3% (2) of the cases while papillary carcinoma was found in 1.7% (1) case. Determination of psychiatric comorbidity showed that; greater numbers of the subjects i.e. 48.3% (29) had neurotic, stress-related and somatoform disorders (F40- F48), 26.7% (16) had mood (affective) disorder (F30- F39), 13.3% (8) had simultaneously two psychiatric disorder, 10% (6) had headache.

Conclusion: Compared to males, Females are more likely to have thyroid disorder. Clinician has to be alert to the possible underlying psychiatric disorder in subjects with any thyroid disorder.