

## FREE PAPERS (ORAL)

### F1. AFFECTIVE DISORDERS

#### F. 1.1: Significance of serum cytokines estimation in depressive episode

*K. Shirod Kumar Mishra, A.A. Pawar, V.S.S.R. Ryli*  
Military Hospital Barrackpore, Kolkata, West Bengal, India

**Aim and Objectives:** The study was carried out to determine the level of proinflammatory cytokines in the serum sample of first episode depressive patients and to compare the same with the healthy controls and to see the effects 4-6 weeks post-treatment with conventional antidepressants.

**Methodology:** The study was carried out in a 50 bedded tertiary care general hospital psychiatric unit. Fifty consecutive cases of first episode depression attaining the psychiatric OPD or admitted to psychiatric ward diagnosed as per the ICD-10 were administered beck depression inventory and brief symptom inventory at the entry. Blood sample was collected for IL-1, IL-6 and TNF- $\alpha$ . The level was estimated by ELISA method. Same process was repeated after 4-6 weeks of treatment. The sample was also collected for 50 age and sex matched control. The level was compared and the data was analyzed statistically.

**Results:** The findings showed there was a significant rise in the level of IL-6 and TNF- $\alpha$  among the depressed patients. The level reduced significantly following 4-6 weeks of treatment with conventional antidepressants. Details will be discussed during presentation.

**Conclusion:** To conclude the raise in the level of proinflammatory cytokines needs further research towards the development of cytokines specific antidepressants.

#### F. 1.2: Assessment of diabetes mellitus and dyslipidaemia among patients with bipolar affective disorder: A hospital based cross-sectional study

*Rajesh Nair, Anil Kakunje*

**Aims and Objectives:** To assess the prevalence of diabetes mellitus and dyslipidaemia among patients with bipolar affective disorder.

**Methodology:** All consecutive in-patients and out-patients diagnosed with bipolar affective disorder as per DSM-IV-TR criteria between the age-groups of 18-65 years were recruited for the study. Written informed consent was taken from all patients in their own language and study cleared by Institutional Ethics Committee. The study period was from December 2011 to May 2012. The sample size was 50 patients and 30 in the control group. The study design was a cross-sectional study. Blood samples drawn from the patients were analyzed for fasting blood sugar, post-prandial blood sugar, and fasting lipid profile (serum cholesterol, triglycerides, HDL and LDL). The results were compared with the laboratory values of a gender-matched comparative group comprising of patients under the "Yen-Arogya Health Card Scheme." The statistical analysis was done using SPSS software Version 11.5. For qualitative variables, Chi-square test was done and for quantitative variables, Student *t*-test was done and  $P < 0.05$  was taken as statistically significant.

**Results:** Statistically significant elevation of fasting and post-prandial blood sugars was seen in the comparative group as compared to the bipolar group. HDL levels were lower and triglycerides were elevated in the bipolar group as compared to the comparison group and were statistically significant. No statistical significance was found between the two groups for cholesterol and LDL levels.

**Conclusions:** Dyslipidemia was found to be higher among bipolar patients. These findings are in keeping with the findings of other

studies in patients with bipolar disorder. However, the sugar levels were elevated in the comparison group. Further research is needed to determine the exact prevalence and nature of metabolic abnormalities among patients with bipolar disorder in India.

#### F. 1.3: Co-morbid substance use disorders in patients of bipolar disorder in an Indian population

*Sannidhya Varma, Harjit Singh*  
CSMMU, Lucknow, UP

**Aims and Objectives:** To assess the extent of comorbid substance use disorders in patients of bipolar I disorder in an Indian population.

**Methodology:** On specified days in adult psychiatry OPD, CSMMU, Lucknow, UP, the first four diagnosed cases of bipolar I disorder were screened. Detailed psychiatric history was obtained on a semi-structured performa. Mini Hindi version 5.0.0. was administered by the investigator either on the same day or on a mutually convenient day to find the extent of any axis I psychiatric comorbidities in the subjects.

**Results:** Sixty (59.41%) patients were found to have a co-morbid substance use disorder out of which tobacco use disorder ( $n=57$ ; 56.44%) was the most common. Out of the 60 patients with comorbid substance use disorders, 49 did not have any other axis I psychiatric disorder. In comparison to those without any comorbid axis-I psychiatric disorder, those with comorbid substance use disorders were found to have a significantly higher number of total episodes ( $P=0.0240$ ) and depressive episodes ( $P=0.0445$ ), and history of suicidal attempts ( $P=0.0077$ ), suicidal ideations ( $P=0.0044$ ) and psychotic symptoms ( $P=0.0681$ ). Those without any comorbidity stayed well for a significantly longer duration of time as compared to those with substance use disorders ( $P=0.0057$ ).

**Conclusions:** Comorbid substance use disorders in patients of bipolar-I disorder were found to have a significant impact on the course of the latter. It is therefore imperative that substance use disorders should be assessed and managed appropriately in this patient group.

#### F. 1.4: A phenomenological study of the evaluation of Schneider's first rank symptoms in patients of bipolar affective disorder

*Rajesh Kumar, Hemendra Ram, Phookun, Dipesh Bhagabati*

**Aims and Objectives:** To evaluate

1. The Frequency of Schneider's first rank symptoms in patients of affective disorder.
2. The co-relations between the bipolar type and the first rank symptoms and socio-demographic variables.

**Methodology:** This is a prospective study of 50 patients with diagnosis of bipolar affective disorder according to ICD-10 diagnostic criteria who attended our clinic during a 1 year period. Assamese version of present state examination was administered to evaluate the first rank symptoms and data were analyzed by applying Chi-square test to find out the significance of differences between various socio-demographic variables and the frequency of the distribution of first-rank symptoms.

**Results:** Most of the patients were young, unmarried, males belonging to rural background and lower socio-economic strata. The study showed that 38% of the bipolar patients had one or more Schneider's first rank symptoms. Early age (15-25 years) of onset has more first rank symptoms and is statistically significant ( $P=0.0203$ ). First rank symptom in the form of voices commenting (33%) topped the list followed by audible thought and voices discussing (25%) and (13%) respectively.

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*Conclusions:* Schneider's first rank symptoms are not uncommon in bipolar affective disorders. An early age of onset has more first rank symptoms.

### **F. 1.5: Association between glycaemic control and prognosis of major depressive disorder: A prospective evaluation**

*Siddhartha Sankar Saha, Asim Kumar Mallick, S. Sarkhel, S. Saha*  
IPGME and R of Neuroscience, Kolkata

#### *Aims and Objectives:*

1. To find the prevalence of impaired glucose tolerance in patients diagnosed with major depressive disorders attending a tertiary care hospital, Kolkata.
2. To estimate the association of various socio-demographic characteristics and indicators of the glycaemic status of individual patient with major depressive disorder.
3. To determine the association between indicators of the glycaemic status and baseline depression with the prognosis of treatment among patients diagnosed with major depressive disorder over 3 months of follow-up.

*Methodology:* Co-hort study was done. 102 eligible patients diagnosed with major depressive disorder as per DSM-IV TR attending out-patient Department of Psychiatry, IPGME and R of Neuroscience, Kolkata who gave consent were selected purposively for this study. Depression was defined using hamilton rating scale for depression which is a 17-21 item scale having score of 0-52. Blood was collected for testing lipid profile, haemoglobin, thyroid stimulating hormone, liver function test, urea, creatinine and fasting blood sugar. Descriptive analysis was done first followed by logistic regressions to determine the predictor of the prognosis of treatment among patients suffering from major depressive disorders.

*Results:* Mean age of the participants was 34 and mean body mass index (BMI) being 21.62. Participants reported a mean period of 13.5 months as the duration of suffering from major depressive disorder. Based on the used scale the mean score was 20 at baseline and 15 after 3 months of treatment with a mean score decrease of 5.55 over 3 months. Mean HbA 1c level was 5.27 at baseline and 5 after 3 months. Among the participants, 55% were male, 75% married, 74% Hindu, 57% had high school or above level of education, 65% were from rural areas, 16% had impaired glucose tolerance test and 80% were middle class people. Baseline depression score was <13 for 6%, ≥13<18 for 16% and ≥ 18 for 78% of the participating subjects. After 3 months of treatment, the score was < 13 for 20%, ≥13 < 18 for 45% and ≥ 18 for 35%. Over this period 20% had little (<3), 45% had some (≥3<7) and 35% had gross (≥7) decrease in depression score. Compared to unmarried and urban residents, married and rural participants were more likely to have higher level of depression at baseline. Baseline depression score was found to be a strong predictor of prognosis (measured by decrease in the depression score) even after controlling for all the indicators of glucose metabolism. Better glucose tolerance was associated with better prognosis once the baseline depression score was held constant. Persons having similar depression level at presentation had better prognosis if they had good glycaemic control at baseline.

*Conclusions:* Level of depression during presentation may be considered as the most consistent predictor of the prognosis of major depressive disorders. Better glucose tolerance and glycaemic control are also associated independently with better prognosis of depression on treatment. Patients suffering from depression must be kept on stringent glycaemic control for better prognosis of treatment for major depressive disorders.

### **F. 1.6: A study of seasonality in bipolar affective disorder and influencing factors**

*Pankaj Kumar Mittal, Ram Kumar Solanki, Parth Singh Meena, Mukesh Swami*

*Aims and Objectives:* Seasonality which is often defined as the degree to which seasonal changes affect mood and behavior is common in mood disorders. Seasonal changes and factor affecting these changes might pose vulnerability for further episode seasonality and are likely to affect course of bipolar disorder. The current study was planned to assess the seasonality in bipolar patients.

*Methodology:* A cross-sectional study included 49 euthymic outpatients. Seasonality and chronotype was evaluated by using the seasonal pattern assessment questionnaire and the morningness-eveningness questionnaire scales. We used t-test, Chi-square and Pearson's correlation for analysis.

*Results:* Patients with bipolar disorder experience seasonality as well as significantly higher problems associated with seasonal changes. Seasonality correlates significantly positive with age and number of episodes. No significant pattern of seasonal variation could be found.

*Conclusions:* Findings of our study indicate that seasonal changes adversely affect course of Bipolar Affective Disorder. Identification of susceptibility to seasonal changes may prove fruitful in ensuring better quality of life of patients with BPAD.

### **F. 1.7: Comparative efficacy and safety of a herbal preparation along with Shirodhara therapy and fluoxetine in the treatment of major depressive disorder**

*Girish Chandra Baniya, Alok Tyagi, Md. Nazmul Huda, D.S. Mishra, Pradeep Sharma*

*Aims and Objectives:* This study was undertaken to assess the antidepressant effect and safety of a herbal preparation along with Shirodhara therapy for the treatment of major depressive disorder.

*Methodology:* Total 30 patients with mild and moderate type of major depressive disorder were included in a non-blind randomized controlled, open-label, using pre- and post-test control design. Patients were divided into two groups named as group 1 (active control group), was given fluoxetine 20 mg daily two times for 42 consecutive days per orally and group 2 (experimental group) was given 6 g herbal preparation in powder form which contained equal amount of Nardostachys jatamansi and Lavandula stoechas into two divided dosages for 42 consecutive days per orally and Shirodhara therapy (oil dripping therapy) by medicated Ashwagandha oil for 14 consecutive days.

*Results:* End of treatment, the clinical symptoms and the hamilton depression rating scale 17, CGI-S and CGI-I score was found significant ( $P<0.001$ ) improvement in both groups when compared to baseline and in intergroup comparison both groups showed the similar effects.

*Conclusions:* This study claimed that selected herbal preparation and Shirodhara therapy has the antidepressant effects and is safe in mild and moderate condition of major depressive disorder.

### **F. 1.8: Prodromal symptoms and temperamental characteristics in first episode of psychotic mania**

*M. Sandeep, D. Ram, Samir Kumar Praharaj, Varun S. Mehta*

*Aims and Objectives:* To identify a set of underlying symptoms that exist before the onset of first episode psychotic mania and to provide a description of the symptoms characterizing the 12 month period preceding the occurrence of such an episode, and to explore the temperamental characteristics in such patients and comparing it with normal healthy control group.

*Methodology:* Retrospective assessment of 51 consecutively admitted patients with first episode psychotic mania in the phase preceding the

emergence of mania and of the temperamental characteristics and its comparison with 25 normal controls.

*Results:* Before onset of first episode of psychotic mania, patients go through a phase of change from previous mental state where they present mood symptoms, sleep disruption and general functional decline. These clinical manifestations are however likely to have low specificity. However, their occurrence in patients presenting with certain characteristics such as the hypomanic or depressive temperament that were identified at a relatively high prevalence in our sample, may be an indicator of impending first episode mania.

*Conclusions:* Clinical features preceding the onset of psychotic mania can be identified. Early identification of patients at risk to develop a first episode of psychotic mania is unlikely to be possible on the basis of symptoms alone. However, the occurrence of certain clinical characteristics in patients who have hypomanic or depressive temperament could be a sign of impending first episode mania.

### **F. 1.9: Pattern of presentation of depression in patients attending tertiary care psychiatry hospital in the state of Goa for the first time during the period of 1 year (1<sup>st</sup> July 2011 to 30<sup>th</sup> June 2012)**

*K.S. Deepika, Y. Vonne Pereira, Ashish Srivatsava, Yopesh Kale*

*Aims and Objectives:* To find out the pattern of presentation of patients with depression attending the tertiary care psychiatry hospital in the state of Goa for the first time in the period of 1st July 2011 to 30th June 2012.

*Methodology:* Cross-sectional data collection of all the new patients with diagnosis of depression in terms of severity of depression as per ICD-10, socio-demographic variables and treatment aspects.

*Results:* The results will be entered into MS Excel data sheets to be presented later.

*Conclusions:* To be presented later.

### **F. 1.10: Comparison of socio-demographic and clinical characteristics of unipolar and bipolar mania: Retrospective file review**

*R. Senthil Vel Rajan, Samir K. Praharaj, Rishikesh V. Behere, P.S.V.N. Sharma*

Kasturba Hospital, Manipal

*Aims and Objectives:* To study the differences in socio-demographic and clinical profile variables between unipolar and bipolar mania.

*Methodology:* 604 Psychiatry case records of patients registered under Mood disorder clinic of the Department of Psychiatry, Kasturba Hospital, Manipal from the period of 2009 to 2012 will be screened and patients diagnosed to have bipolar affective disorder as per ICD 10 criteria will be included for the study. Patients with at least 3 episodes of Mania with no depressive episodes will be considered as representing 'Unipolar Mania' in the study (as defined by Shulman and Tohen, 1994). Socio-demographic and clinical profile (63 variables inclusive of age of onset, nature of episodes, course of illness, co morbid conditions, treatment related variables) will be extracted from the case files and recorded using a semi structured proforma. The differences in the above variables between unipolar and bipolar mania will be assessed using appropriate statistical analysis.

*Results:* The study will be conducted from October to December 2012. The results will be presented at the time of presentation.

*Conclusions:* Results and conclusions will be discussed during the presentation.

### **F. 1.11: Cognitive functioning in remitted first episode and multi-episode bipolar patients: Comparison with normal control**

*Neha Sayeed, Sayeed Akhtar, S.H. Nizamie*

*Aims and Objectives:*

1. To compare the cognitive functions between first episode, multi episode BPAD and normal control.
2. To study the socio-demographic and clinical correlates of cognitive functioning in remitted first episode and multi episodes BPAD patients.

*Methodology:* Bipolar affective disorder patients who were currently in asymptomatic/euthymic state were taken for the study. They were outpatients who come for follow up. State of remission was determined by administering the young mania rating scale (YMRS) and hamilton depression rating scale on these patients. The sample consisted of 20 from each group BPAD first episode remitted, multi episode remitted BPAD and from normal control, diagnosed as per DSM IV-TR (APA, 2002). Patients are taken from outpatient units. All such patients were screened and only those who met the inclusion and exclusion criteria of the present study were selected. Winconsins card sorting test (Heaton, 1981) Trail making A and B (Reitan, 1958), pattern drawing test, PGI-memory scale, COWAT, and n-back test (Kirchner, 1958) was administered on the three groups.

*Results:* BPAD multiple episode group showed more impairment in various domains of cognitive functioning than BPAD first episode. Performance of the groups, BPAD first episode and multiple episodes was poor in comparison with Normal control group. Analysis of socio-demographic data obtained from the three groups in the present study indicates that the groups did differ in their religion, past psychiatric history, and family medical history, significantly.

*Conclusions:* The present study concludes that bipolar affective disorder patient's who have suffered from three or more episodes of the illness, have greater deficits on executive tasks than do those who have suffered from a single episode of such illness.

### **F. 1.12: A comparative study of music therapy and antidepressant alone and in combination patients of depression**

*Brajendra Kumar Singh, Gyanendra Kumar, Sadhna Kaushik*

M. L. B. Medical College, Jhansi

*Aims and Objectives:* To study the efficacy of music therapy in reducing the symptoms of clinical depression and to compare the efficacy of antidepressant alone music therapy and music therapy plus antidepressants in patients of depression.

*Methodology:* This study was conducted at M. L. B. Medical College Jhansi on the patients attending psychiatry OPD, men and women of all ages were included in the study. Total 90 patients were included in the study. In this study ICD 10 criteria was used to diagnose depression. Patients were divided in three groups and each group contain 30 patients. Group I were treated by music therapy daily for 60 min. Group II were prescribed antidepressant. Group III were prescribed music therapy plus antidepressant. The psychiatric evaluation and scoring had been done pre- and post-therapy according to hamilton depression rating scale. Post-therapy rating was done at 2 weeks, 4 weeks and 6 weeks of therapy.

*Results:* Music therapy is comparable to drug therapy in mild cases of depression but in moderate and severe cases there is negligible effect of music therapy in reducing symptoms of depression and combined therapy (music + drug) showed excellent and highly significant effect against mild to severe cases of depression.

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### F2. ALCOHOL RELATED ISSUES

#### F. 2.1: Factors predisposing to development and severity of delirium tremens: A cross-sectional study

Aswin Krishan Ajit, V. Sathesh, P.G. Saji, Sandeep Alex, Ashok Antony

Department of Psychiatry at Government Medical College, Kottayam, Kerala

##### *Aims and Objectives:*

1. Assess for the risk factors of Delirium tremens.
2. Assess for predictive value of the above in determining the severity of delirium tremens.

*Methodology:* The study was conducted at the Department of Psychiatry at Government Medical College, Kottayam, Kerala. All the patients who were admitted to our inpatient services with a diagnosis of alcohol dependence syndrome, withdrawal state complicated with delirium according to DSM IV TR criteria during the 6 month period from July 2011 to January 2012 were taken up for the study. Severity of alcohol withdrawal syndrome was assessed using the revised clinical institute withdrawal assessment for alcohol (CIWA-Ar) scale at the time of admission before initiation of detoxification. Diagnostic confirmation of delirium was done with the confusion assessment method for the intensive care unit (CAM-ICU). A detailed proforma containing various demographic data and other details regarding pattern of alcohol use, other physical and psychiatric co morbidities, and certain relevant lab investigations were completed in each case. Data was tabulated and statistical analysis was done using SPSS version 16 and conclusions were derived.

*Results:* It was found that certain alcohol use patterns were associated with a higher incidence of DT and also presence of initial simple withdrawal symptoms also had a predictive role.

*Conclusions:* The detailed results will be discussed at the time of presentation.

#### F. 2.2: Sexual dysfunction in alcohol dependent males

Sai Krishna Puli, M. Dattatreya, E. Ravinder, K. Phanikanth

*Aims and Objectives:* To study sexual dysfunction in males with alcohol dependence with reference to their pattern of drinking, duration, quantity and choice of liquor.

*Methodology:* One hundred male subjects admitted in a de-addiction centre of a rural teaching hospital located in Nalgonda district of Andhra Pradesh with a diagnosis of alcohol dependence syndrome (F10.30-ICD 10 criteria) were assessed for sexual dysfunction with a checklist constructed using items from ICD10 DCR, Arizona sexual experience scale (ASEX) and international index for erectile dysfunction questionnaire (IIEF-5).

*Results:* Results will be discussed at the time of presentation.

*Conclusions:* High prevalence of sexual dysfunction in alcohol dependence is universal. It is also reported that cessation of alcohol abuse can reverse the condition. This positive and optimistic scenario can be utilized in structuring proactive strategies to wean people away from alcohol, especially the youth. A statutory warning on the liquor bottles, as in case of smoking, may have a beneficial effect. After all Man prides his sexual prowess more than anything in life!

#### F. 2.3: Sensation seeking, positive urgency and alcohol use among Bengaluru college students

K. Deepthi, L.N. Suman

*Aims and Objectives:* Abusive and underage college drinking are significant public health problems, and they exact an enormous toll on the intellectual and social lives of students on campuses across the world.

*Methodology:* The paper gives details of a cross-sectional study conducted on 200 college students (Boys = 105 and Girls = 95) of

Bengaluru to examine sensation seeking, positive urgency and their correlation with alcohol use in both the genders. Data was obtained using sensation seeking scale and measure of positive urgency.

*Results:* Results shows 48% of the population uses alcohol already. Alcohol users scored higher on both sensation seeking and positive urgency. Gender differences in these variables also noticed.

*Conclusions:* The study provides rationale for the development of interventions for sensation seeking behavior and positive urgency as a means to reduce alcohol use. The study also revealed that there is an upward trend in girl's alcohol consumption. So, specific but separate strategies to address this concern are the main implications of the study.

#### F. 2.4: Profile, correlates and drinking outcome of men with alcohol use disorder admitted at tertiary care hospital (IPHB) Bambolim, Goa

Veerappa Patil, Lisa Mascarenhas, Anil Rene

IPHB, Bambolim, Goa

*Aims and Objectives:* To study the socio-demographic profile, correlation of alcohol use with alcohol withdrawal and outcome at one year of De-addiction in men with alcohol use disorder hospitalized in tertiary care center, IPHB, Bambolim, Goa.

*Methodology:* Retrospective data analysis of men with alcohol use disorder hospitalized during September 2010 to August 2011 in IPHB, Goa is done. Socio-demographic profile, correlation of pattern of alcohol use and withdrawal, and outcome of the De-addiction method used over one year period follow up was assessed. Analysis to be done using SPSS software.

*Results:* To be presented later.

*Conclusions:* To be presented later.

#### F. 2.5: Comparative study of level impulsivity in children of persons with alcohol dependence

A. Sugraparaneetharan, Shivanand Kattimani, Ravi Philip Rajkumar, S. Mahadevan

*Aims and Objectives:* To compare the level of impulsivity in children of parents with alcohol dependence compared to the children of non-alcohol dependent parents. To find the strength of association between the impulsivity and childhood behavioral problems.

*Methodology:* Fifty children of persons with alcohol dependence were compared with age and sex matched children of persons with no alcohol dependence or harmful use on parameters like ADHD rating scale, barratt impulsiveness scale (BIS) and child behavior check list (CBCL). Correlations between impulsivity and behavioral problems were analyzed.

*Results:* Children of persons with alcohol dependence were found to have significantly higher level of mean score on inattention, hyperactivity/impulsivity, BIS total score, motor and non-planning subscore, CBCL total score and externalising symptom score compared to control group. Impulsivity scores correlated positively with CBCL total score and externalizing symptom score.

*Conclusions:* Impulsivity was found to be higher in children of persons with alcohol dependence compared to children of non-alcohol dependence. Behavioral problems particularly externalizing symptoms were more commonly seen in children of persons with alcohol dependence. Early measurement of impulsivity and intervention in these "high risk" children may protect them from developing above mentioned psychiatric illnesses including substance dependence in later life.

#### F. 2.6: Assessment of disability in patients admitted for alcohol de-addiction

V. Sravan Reddy, C.M. Pavan Kumar Reddy

*Aims and Objectives:*

1. To assess the disability in alcohol dependant individuals.
2. To study the relationship between socio-demographic and clinical variables with disability in patients with alcohol dependence syndrome.

*Methodology:* It is an ongoing cross-sectional study on alcohol dependent individuals. Patients who were admitted in psychiatry department for purpose of de addiction were selected as sample. Data about socio-demographic profile of these patients are collected in a semi-structured pro-forma and Severity of alcohol dependence is assessed by using severity of alcohol dependence questionnaire. Once patient is fit for detailed interviewing, they are administered WHODAS to assess the disability.

*Results:* Results and conclusions will be discussed in the conference.

*Conclusions:* Results and conclusions will be discussed in the conference.

### **F. 2.7: Differential influence of family history of alcoholism on alcohol dependent persons**

*Jayant Mahadevan, Shivandand Kattimani, Aniruddha Mukherjee, Arun Kumar*

Department of Psychiatry, JIPMER, Puducherry

*Aims and Objectives:* To find out difference in socio-demographic profile and alcohol use disorder related complications based on family history of alcoholism.

*Methodology:* This study was done during January 2012 to September 2012 in outpatient department of Psychiatry, JIPMER, Puducherry. Data was collected on semi structured proforma. Diagnosis was made using ICD-10 CDDG (clinical description and diagnostic guidelines) and current severity of alcohol use and nicotine dependence assessed using alcohol use disorder identification test (AUDIT).

*Results:* There were 49 male patients assessed during this period, 4 excluded due to non-alcohol dependence and lack of informant. Most of them were literate, belonged to Hindu religion, married and were employed in productive work. Mean age at current assessment was  $39.42 \pm 7.51$ , mean age of onset of initiation of alcohol (AOI) was  $39.42 \pm 7.54$ , mean age of developing dependence to alcohol (AOD) was  $29.09 \pm 6.52$ . Comparison of two groups based on family history of alcoholism (FHA) positive and negative, showed no significant difference except on monthly current income. Earlier age of onset of initiation of alcohol correlated with earlier age of developing dependence to alcohol (Spearman correlation coefficient  $\rho = 0.63$ ,  $P = 0.000$ ), longer duration of dependence ( $\rho = -0.349$ ,  $P = 0.019$ ).

*Conclusions:* Family history of alcoholism did not seem to have influence on alcohol dependent persons except for their income earned. Socio-economic factors may influence adversely in those with family history of alcoholism.

### **F. 2.8: Psycho-social adversities among adolescent children of persons dependent on alcohol**

*R. Balaguru, M. Kannan, C. Ramasubramanian, B. Ravichandran, M. Ramu, R. Rajakumari*

M. S. Chellamuthu Trust and Research Foundation, Madurai, Tamilnadu, India

*Introduction:* Generally children learn the social skills, moral values, and evaluating behaviors from the parents in the family. The family is the first institution that the children encounter with. Hence the child's behaviors, attitude and its entire personality is shaped by the family. Unfortunately faulty parents are a fertile source an unhealthy development and maladjustment. Children in families with alcoholism syndrome are generally ignored (Stanley, 2006; Stanley and Anitha, 2007). Of late

there has been an increasing focus on children of alcoholics seeking to understand the adverse impact of parental alcoholism on their growth and psychosocial functioning. Indian literature from this perspective is scanty and there is a need for more comprehensive investigation to explore the consequences of parental alcoholism particularly on adolescent children. *Aim:* An attempt has been made to understand the different psychosocial adversity of adolescent children of alcoholics.

*Methods:* The persons dependent on alcohol were identified at Trishul-integrated rehabilitation center for addicts, a project of M. S. Chellamuthu Trust and Research Foundation, by the psychiatrist using DSM-IV. Their children aged between 12 and 18 were considered as universe. Thirty Five children were selected randomly using inclusion and exclusion criteria. Yet another 35 children were selected from the families where no parent is dependent on alcohol, using matching techniques. The selected psycho social aspects like self-esteem, family interaction patterns, etc., were studied for two groups of children.

*Results and Conclusion:* Using the appropriate statistical tests the results were arrived at and the role of psycho social intervention approaches for such children were discussed in this paper.

### **F. 2.9: Analysis of alcohol dependence syndrome patients admitted to a tertiary care hospital in a calendar year**

*J.H. Nishanth, Harish M. Tharayil*

Government Medical College Kozhikode

*Aims and Objectives:* To collect data on all cases admitted in the calendar year 2012 with alcohol dependence syndrome to the de-addiction ward of Government. Medical College Kozhikode and look for various patterns based on information available by doing a chart review.

*Methodology:* Case records of all patients admitted with alcohol dependence syndrome in 2012 shall be recalled from the records library and data gathered based on the data sheet prepared. This will cover psychiatric diagnosis, physical and psychiatric comorbidities, results of liver function tests and other relevant demographic and clinical variables. Details of treatment offered including pharmacological and psychosocial interventions shall also be collected.

*Results:* Results shall be displayed in appropriate tables and charts.

*Conclusions:* This can help in finding out the profile of patients seeking care for ADS at a tertiary care centre and help to identify lacunae in existing services. Further plans for improvement can be made based on this.

### **F. 2.10: Epidemiological study of alcohol related mental health disorders in Deoli Taluka of dry district of Wardha in Central India**

*Anweshkak Das, P.B. Behere, M. Behere, Richa Yadav, Anirudh P. Behere*

*Aims and Objectives:* To find out the epidemiology of alcohol related mental health problems in rural community of Deoli.

*Methodology:* Study was conducted in the Deoli Tahsil in Central India, having 98951 populations. This was selected because of infrastructure of Anganwadi workers and sevikas. Study involves interviewing the alcoholics by trained psychiatric social workers, psychologists. All the alcoholics were assessed at his/her home for psychiatric symptoms. Cases were selected as per inclusion and exclusion criteria for the study. Instruments used were questionnaires of CAGE, TWEAK, SADD, BPRS, and BARS.

*Results:* We found 1427 (15%) potential cases of alcoholic users; finally after screening we found 1204 (12%) patients were having alcohol related problems in the community. The majority of users were between 30 years and 49 years of age (67%), 17.19% had somatic concern, 14.86% had anxiety features, 8.14% had guilt feelings, 11.05% had tension of moderate and moderately severe intensity, 2.32% had

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grandiosity, 8.98% had depressive mood, 1.24% had hostility of moderate and moderately severe intensity.

*Conclusions:* It can be easily made out that alcoholism brings with it, vast array of psychosocial problems which have negative impact on many spheres of person's life. This study suggests that alcohol related problem is an issue to be addressed in dry district.

### **F. 2.11: Psychiatric co-morbidity in patients with alcohol dependence syndrome in relation with quality of life of their primary care givers**

T. Ravikanth, V. Sharbandh Raj

S.V.S Medical College, Mahaboobnagar

#### *Aims and Objectives:*

1. To determine the prevalence and type of psychiatric co morbidities in alcohol dependent subjects.
2. To assess the quality of life of primary care givers.
3. To correlate the type of psychiatric co morbidity in the patients with the quality of life of the care givers.

*Methodology:* Place of study: S.V.S medical college, mahaboobnagar. Time of study: from May 2012 to October 2012. Study sample: The study sample consists of patients diagnosed as having alcohol dependence syndrome as per ICD-10 RDC and their primary care givers. The total sample size is 100 which includes 50 patients and their care givers. Methods:

1. MINI plus-for screening co morbid psychiatric illness in patients.
2. ICD-10 RDC-for confirming the diagnosis of ADS and other co morbid psychiatric illness in patients.
3. WHO QOL (BREF)-for assessing the quality of life in the primary care givers. *Statistical analysis:* Is done using SPSS.

*Results:* Will be discussed later.

*Conclusions:* Will be discussed later.

### **F. 2.12: A study estimating cost spent on alcohol by subjects with diagnosis of alcohol dependence**

Pradip Ranjan Shinde, Arun Kumar, M. Rajaram, K. Ramakrishnan

#### *Aims and Objectives:*

1. To study the prevalence of axis 1 disorders in primary caregivers of alcohol dependent patients.
2. To study the quality of life in primary caregivers of alcohol dependent patients.

*Methodology:* Eighty caregivers of patients of Alcohol Dependence attending the De-addiction OPD of KEMH were selected as cases. They were administered semi-structured questionnaires to obtain details about socio-demographic status, medical and psychiatric co-morbidities of their patients and duration of illness. Psychiatric Morbidities (Axis 1) were diagnosed using MINI. The quality of life was assessed using quality of life scales. Findings were analyzed using SPSS.

*Results:* Results will be discussed in the paper.

*Conclusions:* Conclusions will also be discussed in the paper.

### **F. 2.13: Visuospatial functioning in patients with alcohol dependence syndrome**

Anamika Sahu, Basudeb Das

*Aims and Objectives:* The present study aims to examine the visuospatial functioning in male persons with alcohol dependence in compared to normal healthy controls.

*Methodology:* It is a cross-sectional hospital based study in which 40 persons were chosen by purposive sampling. 20 patients with an ICD-10/DCR diagnosis of alcohol dependence syndrome (ADS) of male gender were recruited from de-addiction ward of Central Institute of Psychiatry, Ranchi. The patients with ADS were evaluated

for any depression and anxiety symptoms by implementing HAM-D, HAM-A, were done after two weeks of admission. The comparison group consisted of 20 age, gender and education matched subjects without history of neurological or psychiatry disorder. All participants underwent the extended complex figure test (ECFT) for assessment of visuospatial functioning.

*Results:* Alcohol dependent subjects differed significantly from normal healthy controls in the visuospatial functioning on various domains of extended complex figure test (ECFT).

*Conclusions:* The patients having alcohol dependence syndrome performed significantly worse than normal healthy controls.

### **F. 2.14: A Study of the prevalence of psychiatric morbidities and quality of life in primary caregivers of patients of alcohol dependence**

Rahul Bagal, Kranti Kadam, Rohann Bokdawala

#### *Aims and Objectives:*

1. To study the prevalence of axis 1 disorders in primary caregivers of alcohol dependent patients.
2. To study the quality of life in primary caregivers of alcohol dependent patients.

*Methodology:* Eighty caregivers of patients of Alcohol Dependence attending the De-Addiction OPD of KEMH were selected as cases. They were administered semi-structured questionnaires to obtain details about socio-demographic status, medical and psychiatric co-morbidities of their patients and duration of illness. Psychiatric Morbidities (Axis 1) were diagnosed using MINI. The quality of life was assessed using quality of life scales. Findings were analyzed using SPSS.

*Results:* Results will be discussed in the paper.

*Conclusions:* Conclusions will also be discussed in the paper.

### **F. 2.15: Psychiatric co-morbidities in alcohol dependent patients in psychiatric hospital**

Ajay Haldar, Sidha Mukhopadhyay, Parthasarathy Biswas  
Institute of Psychiatry, Kolkata

*Aims and Objectives:* To determine the prevalence of psychiatric co-morbidities among alcohol dependent patients and to compare among themselves.

*Methodology:* Patients are selected from indoor of Institute of Psychiatry, Kolkata. All the patients are administered semi structured proforma of socio-demographic variable and DSM-IV-TR for diagnosis. Statistical analysis done by SPSS 20 version.

*Results:* 100% male patients, 75% joint and 25% nuclear family. 67% are employed and 33% are unemployed. About the starting of alcohol use, the minimum age is 11 years, maximum age is 52 years. Mean age of starting alcohol use is 25.4 years. 62.5% subjects are using the substance for 10 or less years, 30% subjects are using for 10-20 years, 7.5% are using for more than 20 years. The majority of the subjects (70%) were dependent on alcohol for 5 years or less (25% 5-10 years, 5% >10 years). 17.5% had legal problem, 82.5% had no legal problem. The most common co-morbidities are depression (32.5%), personality disorder (10%), schizophrenia (10%), bipolar disorder (20%), anxiety disorder (17%), somatoform disorder (5%).

*Conclusions:* All the patients are male in this study. The reason is that alcohol consumption by women is socially unacceptable till now and women may not avail of treatment openly in a general hospital setting. V-X Std, married, hindu male of mean age group 25.4 years of monthly family income Rs. 1,000-5,000 are most vulnerable group of alcohol dependence with comorbidities. The most common psychiatric comorbidity is depression (32.5%) which is compared with study of Cadoret *et al.* (39%) and Alec *et al.* (33%) and Sing *et al.* (26%). Though generalization is not valid as this is a psychiatric indoor based

study, yet some definite trends have been found which are of research and clinical significance.

#### **F. 2.16: To study depression and suicidal intent in spouse of alcohol dependent in patients and its correlation with severity of alcohol abuse**

*Shubdham Mehta, Alok Tyagi, Mukesh Swami*

*Aims and Objectives:* Alcohol abuse is a common distressing social problem which not only affects the individual himself but also his family members, especially the spouse. The aim of this study is to assess depression and suicidal intent among spouse of alcoholics in view of analysing the distress.

*Methodology:* Thirty subjects (spouse of alcoholics) were included in the study. Subjects were recruited from de-addiction ward of our institute accompanying the admitted alcoholic patients. They were assessed with modified scale for suicidal ideation and patient health questionnaire-9. Correlation of these variables was done with severity of alcoholism as assessed by AUDIT questionnaire in respective patients.

*Results:* Will be discussed at the time of presentation.

*Conclusions:* Will be discussed at the time of presentation.

#### **F. 2.17: Locus of control, personality traits and spirituality and religiousness in individuals with alcohol dependence**

*Abhishek Samal, C.R.J. Khess, Sanjay Kumar Munda, Snighda Sinha*

*Aims and Objectives:* To assess the relationships between locus of control, personality traits and spirituality and religiousness in individuals with alcohol dependence.

*Methodology:* Thirty male detoxified inpatients of the institute's de-addiction centre, in the age range of 18-60 years and satisfying the diagnosis of alcohol dependence syndrome according to the ICD-10-diagnostic criteria for research were selected after they were screened using clinical institute withdrawal assessment of alcohol-revised scale. The severity of alcohol dependence was assessed using alcohol severity index. The Rotter's locus of control scale and NEO-PI-R were administered to determine the locus of control and assess the personality traits. The brief multidimensional measurement of religiousness/spirituality was administered to assess spiritual and religious dimensions. Appropriate statistical analysis was done.

*Results:* To be presented at the conference.

*Conclusions:* To be presented at the conference.

#### **F. 2.18: Alcohol dependence syndrome and the NEO-five factor inventory**

*Anindya Kumar Gupta, K.P. Sheshadri*

*Aims and Objectives:* To determine the effect of various personality traits on development and continuation of alcoholism using NEO-FFI.

*Methodology:* Fifty consecutive patients of alcoholism and 50 age and sex matched controls were compared using MAST and NEO-FFI. Mann Whitney U-test was used to compare two groups.

*Results:* On the MAST scale Alcoholism patients showed significantly higher scores than normal controls. On the NEO-FFI alcoholics scored significantly higher scores on neuroticism, extraversion, openness to experience and average to low scores on conscientiousness and agreeableness.

*Conclusions:* Certain personality traits have been found to maintain alcoholism but not promote it. Modification of certain aspects of personality and behavior may promote higher rates of abstinence in alcoholics.

### **F3. CARE GIVERS**

#### **F. 3.1: A comparative study of family functioning and family burden in caregivers of children with epileptic and psychogenic seizures**

*Bhoomika Sacharcher, V.K. Sinha, Nishant Goyal, S.H. Nizamie*

*Aims and Objectives:* The current study has been designed with the aim of comparing family environment and family burden in caregivers of children with epileptic and psychogenic non-epileptic seizure

*Methodology:* 30 caregivers each of children and adolescents with epilepsy and psychogenic seizures between the age group of 21-60 years who would be giving informed consent for the purpose of the study would be included and socio-demographic data would be collected using specially designed socio-demographic and clinical data sheet. General Health Questionnaire-12 would be applied to rule out any physical and mental morbidity. family environment scale and family burden interview schedule would be applied on the caregivers to assess the domains in both the groups.

*Results:* The results would be presented at the time of presentation.

*Conclusions:* The discussion would be presented at the time of presentation.

#### **F. 3.2: A study of burden of care on key-relatives of patients of somatoform disorders**

*Bandna Gupta, Harjeet Singh, Archana Shukla, Anil Nischal, Anurag Agarwal*

*Aims and Objectives:*

1. To assess the burden of care on the key relatives of the patients suffering from somatoform disorders.
2. To study various socio-demographic and clinical variables and disability of the patients in relation to burden of care on key relatives.

*Methodology:* 46 patients and their key relatives fulfilled selection criteria. ICD-10 DCR criteria were used to confirm the diagnosis of somatoform disorders. Quantification inventory for somatoform disorders (QUISS) was used for assessment of syndrome severity and treatment outcome. Patients were assessed on WHO Psychiatric Disability Assessment Schedule and key relatives were assessed on Burden Assessment Schedule.

*Results:* Mean total adjusted burden score was 73.36, meaning high burden of care. Burden was high in areas of physical and mental health, caregiver's routines, external support, taking responsibility and caregiver's strategy. Burden was high in key relatives of patients having somatisation disorder among different types of somatoform disorders. Positive correlations of burden with the dysfunctional overall behavior was observed in areas of physical and mental health, external support, support of the patient and total burden score.

*Conclusions:* Somatoform Disorders poses high degree of burden on the key relatives of the patients in various domains.

#### **F. 3.3: Managing depression by households: Cost of care giving**

*N. Girish Rao<sup>1</sup>, Srikala Bharath<sup>2</sup>*

<sup>1</sup>Additional Professor of Epidemiology, NIMHANS, Bengaluru <sup>2</sup>Professor of Psychiatry, NIMHANS, Bengaluru

*Aims and Objectives:* Depression is well known as the fourth most common cause of Burden of Disease. It also substantially and adversely affects family resources for health care. Hence we looked at costs of caregiving at the household level amongst patients who sought care at NIMHANS.

*Methodology:* Trained investigators interviewed 120 consenting adults with diagnoses of Recurrent Depressive Disorder, Dysthymia or equivalent using a structured, pre-tested and domain-experts validated instrument.

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**Results:** Average age was 43.3 years (23-65 years) with a male: female ratio of 1:2 and majority (46%) were illiterate. A greater proportion of families (four-fifths) were not covered by known social security/welfare measures (BPL card, health insurance schemes, pension, etc.,). The commonest diagnosis was Recurrent depressive disorder (42.3%) and 94.2% of them were currently on treatment and 90.8% were regular in their treatment. While majority had sought OPD consultation during the last 3 months, 10.8% had been hospitalized during the past year. The average amount spent during the last OPD consultation was Rs. 517.60 (range Rs. 50 to Rs. 1990) and Rs. 2405.78 (range Rs 600 to Rs 16,000) was towards inpatient care. Nearly 10% needed help in carrying out instrumental activities of daily living.

**Conclusions:** With no social security and wage-protection for loss of working and treatment follow up, the burden of depressive disorder even in those who are on treatment and in remission is significant. Health policies need to be framed with this perspective of the cost of care of mental illnesses like depression.

### F. 3.4: Caregiver burden in mental illness

*Prashanth Mishra, V. Sharbandh Raj, R.S. Swaroopa Chary*  
S.V.S Medical College, Mahaboobnagar

#### *Aims and Objectives:*

1. To assess the care giver burden in various psychiatric conditions.
2. To compare the amount of burden experienced by the care givers in various psychiatric conditions.

**Methodology:** Place of study: S.V.S medical college, mahaboobnagar. Time of study: from August 2012 to October 2012. Study sample: The study sample consists of 50 consecutive patients attending psychiatric out patient department. The psychiatric diagnosis in these patients is made according to the ICD-10 RDC which is later confirmed by a senior consultant. Consent for the study will be obtained. Care giver burden is assessed in the primary care givers of the patients.

**Methods:** (1) ICD-10 RDC-for making the psychiatric diagnosis in the patients. (2) Family burden interview schedule (FBIS)-to assess the burden in primary care givers. Statistical analysis: is done using SPSS.

**Results:** Will be discussed later in the conference.

**Conclusions:** Will be discussed later in the conference.

### F. 3.5: Caregiver burden in patients with bipolar affective disorder

*Abraham Verghese, Roy Abraham Kallivayalli, Kunji Chacko M. Jacob, A.M. Fazal Mohamed, Joice Geo*

Pushpagiri Institute Of Medical Sciences and Research Centre, Thiruvalla

#### *Aims and Objectives:*

1. To assess the caregiver burden in patients with Bipolar Affective Disorder.
2. To assess the effect of different illness variables of Bipolar Affective Disorder on caregiver burden.
3. To assess the disability of Bipolar Affective Disorder on Caregiver Burden

**Methodology:** It's a cross-sectional study in which 30 consecutive patients admitted in the psychiatry ward from June 2012 who have been diagnosed to have Bipolar Affective Disorder based on ICD-10 and consenting for the study are enrolled. Patients satisfying the inclusion and exclusion criteria are screened for the severity of depression and mania using the hamilton depression rating scale and the young mania rating scale respectively. The disability encountered in these illnesses would be assessed using the Indian disability evaluation and assessment scale and finally the burden on the caregiver would be assessed using the WHO Burden Assessment Schedule.

**Results and Conclusion:** Results obtained will be analyzed using

appropriate statistical techniques and the consequent findings obtained will be discussed.

### F. 3.6: Comparative study of quality of life and burden of care in alcohol and opioid dependent patients

*Nasira Shareef, Mona Srivatsava*

Sir Sundar Lal Hospital IMS, BHU Varanasi

**Aims and Objectives:** To compare the quality of life and burden of care, in patients with alcohol dependence and opioid dependence.

**Methodology:** Participants were selected from the de-addiction service of outpatient section of psychiatry in Sir Sundar Lal Hospital IMS, BHU Varanasi. The sample consisted of 37 patients of mixed sex and their family members. The Diagnostic and Statistical Manual of Mental Disorders, fourth edition text revision (DSM-IV TR) diagnostic criteria were used for the selection of patients with alcohol dependence syndrome and opioid dependence patients. Patients included in the study ranged in age between 18 years and 45 years and had a history of two or more relapses during the course of their illness despite getting treatment. The patients and their families included in the study had homogenous socio-demographic characteristics. The tools used in the study were The WHOQOL-BREF quality of life assessment scale and Family Burden Interview Schedule (FBIS).

**Results:** The results will discuss the multiple dimensions of quality of life and the burden in terms of economic, social and familial.

**Conclusions:** The study showed that the quality of life for both alcohol and opioid dependent patients was low and the burden on the care giver is high in both the groups. The details will be discussed in the presentation.

## F4. CHILD, ADOLESCENT PSYCHIATRY

### F. 4.1: Psychopathology in children with epilepsy: A retrospective prevalence study

*Abarish Dharmadhikari, Vinod K. Sinha, Nishant Goyal*

#### *Aims and Objectives:*

1. To estimate prevalence of psychopathology in children (9-17 years) with epilepsy.
2. To compare socio-demographic and clinical characteristics of children with epilepsy with or without psychopathology.

**Methodology:** The children aged 9-17 years with a clinical diagnosis of epilepsy registered with the epilepsy clinic of the institute would be selected for the study. The case record sheets of such children registered over the past two years would be taken after they satisfy the inclusion and exclusion criteria. The socio-demographic and clinical data sheet would be filled for each child from the case record sheets.

**Results:** The results would be presented at the time of presentation.

**Conclusions:** The conclusion would be presented at the time of discussion.

### F. 4.2: Profile of patients presenting to the child and adolescent substance use clinic at a tertiary care de-addiction center

*Aditya Pawar, Anju Dhawan, K.R. Aarya, Mohit Varshney*

Child and Adolescent Clinic of NDDTC, AIIMS

**Aims and Objectives:** This study aimed to look at the profile of children and adolescents presenting to a national level de-addiction center.

**Methodology:** Out-patient and In-patient records of children and adolescents who presented between January 2011 and March 2012 at the child and adolescent clinic of NDDTC, AIIMS were retrospectively reviewed. Clinical profile of 142 such patients were analyzed.

**Results:** Mean age of the patients who sought treatment from the center was 15.9 ( $\pm 2.20$ ) years. Only one patient was female. Tobacco



was the most frequently used substance (76%) with 65% subjects dependent on it, Inhalants use was found in 55%. Other substances used were alcohol (32.1%), heroin (29.6%), dextropropoxyphene (5%) cannabis (46.4%) and inj. Pentazocine (2.1%). One subject had used cocaine once. Primary drug of use was inhalant in 44.4% patients, Heroin in 26.7% cases and Cannabis in 14.1%. Earliest age of initiation was 7 years with the mean age being 12.5. Family history of substance dependence was present in 12.9% and 21.8% had peers using substances. 4 patients were injection drug users and 6 of them had a history of high risk sexual behavior. Deviant behaviors were present in 28.9%, 24.5% had conduct disorder and 7.1% ADHD. Thirty-five patients were school dropouts.

**Conclusions:** The results demonstrate the prevalence of different kinds of substances used in child and adolescent population. Considerable number of them were found with family history of substance use, peers using substances and showing deviant behavior.

#### **F. 4.3: Temperamental and emotional problems in children with specific learning disability: Teachers' perception**

*N. Mruthyunjaya, L. Anupama*

**Aims and Objectives:** To evaluate the emotional problems and temperament of children having SLD, by teachers and assess the relationship between the two.

**Methodology:** Forty children having SLD were consecutively selected and assessed. Teachers of those children assessed them for emotional problems using Childhood Psychopathology Measurement Schedule (CPMS) and temperament using Temperament Measurement Schedule (TMS). The relationship between the emotional problems and temperament was assessed.

**Results:** More than three fourth of the sample had significant psychopathology. Such children had significantly high scores on temperamental domains of sociability, emotionality, and distractibility.

**Conclusions:** Psychopathology in children having SLD was significantly associated with temperamental traits.

#### **F. 4.4: A study of subsyndromal anxiety symptoms in children and adolescents**

*Satyakam Mohapatra, Pravat Sitholey, Amit Arya, Vivek Agarwal*  
King George's Medical University, Lucknow

**Aims and Objectives:** The aim of this study was to assess the phenomenology of subsyndromal anxiety symptoms in children and adolescents.

**Methodology:** Patients between age group 6-16 years attending child and adolescent psychiatry clinic were screened by Screen for child anxiety related emotional disorders (SCARED) scale. Those patients having anxiety symptoms, but not fulfilling criteria for any anxiety disorder their phenomenology was assessed by SCARED scale. Impairment due to anxiety symptoms was assessed by Children's global assessment scale (CGAS).

**Results:** Out of 1465 screened patients 21 (1.43%) patients had anxiety symptoms. Mean age of patients with anxiety symptoms was 11.4±1.8 years. Majority 15 (71%) patients were in childhood (6-13 years) age group. 19 (90%) had the onset of symptoms before 13 years of age. Majority of patients were females patients 15 (71%). Majority of patients belong to urban area 15 (71%). Eighteen (86%) patients were students. Mean IQ of subjects was 92.24±1.82. 4 (19.05%) patients had family history of psychiatric disorders. Out of which 2 (50%) patients had family history of generalised anxiety disorder and 1 (25%) patient each had family history of major depressive disorder and bipolar affective disorders. Mean score of anxiety symptoms on SCARED scale was 18.24±2.51. Most of the subjects had some difficulty in functioning (Mean C-GAS score=68±3.78).

**Conclusions:** Subsyndromal anxiety symptoms are significantly (1.43%)

present in children and adolescents. Patients with these symptoms have impairment in functioning. Follow up of these patients may determine future outcome of any other psychiatric disorder including anxiety disorders.

#### **F. 4.5: Gender identity disorder of childhood: A respective chart review over 10 years**

*O.T. Sabari Sridhar, K. John Vijay Sagar, Shoba Srinath, Satish Girimaji*

**Aims and Objectives:** To study the pattern of socio-demographic profile and clinical characteristics of children with gender identity disorder of childhood.

**Methodology:** This is a retrospective review of charts of all patients under age of 16 years, both in-patient and out-patient, registered under department of child and adolescent psychiatry over a period of 10 years.

**Results:** Out of the cases registered during the study period, 7 charts were found with ICD10 diagnosis of Gender Identity Disorder of Childhood. Out of 7 children only one was female, mean age of the children 13.5, 5 out of 7 had co-morbid psychiatric diagnosis and 6 out of 7 had significant psycho-social factors issues.

**Conclusions:** Patients with diagnosis of Gender Identity Disorder of Childhood seem to be seeking help less often in a tertiary care setting. There is a need to study the prevalence, help seeking behaviors and treatment outcome of this unique disorder.

#### **F. 4.6: Adolescent male peer sexual abuse: An issue often neglected**

*Girish Banwari*

**Aims and Objectives:** To highlight the often neglected issue of adolescent male peer sexual abuse in sexually conservative countries like India.

**Methodology:** The above mentioned serious issue is discussed in reference to a case that came to light only after the victim developed a venereal disease.

**Results:** Sexual abuse of adolescents occurs across countries worldwide. It is underreported and under recognized when the victims are boys. The significance of the problem is undermined all the more when the abuse is perpetrated by a peer. Sexual activity between children and adolescents that occurs without consent or as a result of coercion is tantamount to abuse. A majority of the victims do not disclose the occurrence to anyone. **Conclusions:** All health care professionals need to be aware of and sensitive to the possibility of sexual abuse in their male patients. It is worthwhile to acknowledge that boys are as prone to sexual abuse and its repercussions as girls, and that it is not always an adult who abuses a child or an adolescent.

#### **F. 4.7: The predictive factors associated with treatment of dropout in outpatient child and adolescent psychiatry clinic**

*Minju Kakanatt Asokan, Satya Raj, Paul Swaminathan Russel, Preeti Mathew, Priya Mammen*

**Aims and Objectives:** We evaluated the predictive factors for drop-out in child and adolescent psychiatry population.

**Methodology:** The study was conducted in a child and adolescent psychiatric department. The details were identified from the data-base for patients ( $\leq 19$  years) during a 6-month period, within 150-km who were recruited if they had ICD-10 diagnosis, and were suggested treatment but did not comply ( $N=68$ ) or complied ( $N=87$ ). Univariate and multivariate logistic regression were used.

**Results:** Age ( $P=0.009$ ,  $OR=1.15$ ), education ( $P=0.04$ ,  $OR=1.36$ ) and religion ( $P=0.06$ ,  $OR=1.99$ ) of patient, distance from hospital ( $P=0.005$ ,  $OR=1.01$ ), area of residence ( $P=0.013$ ,  $OR=2.7$ ), index diagnosis ( $P=0.001$ ,  $OR=0.92$ ), conduct symptoms present ( $P=0.01$ ,

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OR=0.26), family history of mental illness ( $P=0.05$ , OR=2.03), parental education ( $P=0.001$ , OR=0.65), father's ( $P=0.001$ , OR=0.63) and mother's occupation ( $P=0.02$ , OR=0.76), treatment modality ( $P=0.06$ , OR=1.94), therapist change ( $P=0.001$ , OR=37.11), concessional treatment ( $P=0.05$ , OR=7.9), admission at index visit ( $P=0.006$ , OR=17.04) were independent risk factors. The risk-model showed that religion, distance from hospital, area of residence, father's occupation, therapists change predicted the population at risk for drop-out.

**Conclusions:** There are modifiable risk factors for Drop-out. Clinician should minimize the modifiable risk factors and maximize the protective factors to prevent drop-out.

### F. 4.8: Understanding and managing non-organic pain in children in a tertiary care hospital

Vidya Ganapathy, S.S. Deshpande, N. Bendre, M.R. Ghate

**Aims and Objectives:** Medically unexplained pain in children is a condition increasingly encountered in Indian settings. It causes significant functional decline in the child and distress to the family, but has no specific management protocols. We planned elaborate evaluation of these cases with objectives of assessing psychosocial adversities, psychiatric co-morbidities, socio-cultural background and parental characteristics. This could be the first step in developing practical management guidelines for our local setting.

**Methodology:** We evaluated 65 consecutive children referred from paediatrics, with pain symptoms lasting at least for a month, and with normal medical evaluation and investigations. 59 cases including 31 boys and 28 girls were followed up, 6 cases didn't complete the protocol. Clinical interviewing using a semi-structured format and diagnosis based on ICD-10 DCR criteria were done by a qualified psychiatrist, psychological assessment by psychologist.

**Results:** About half the cases had some co-morbid diagnosis. Depression (17/59), intellectual subnormality (7/59), or ADHD (6/59) were the most common. In others, the pain was due to academic stressors, or feelings of insecurity stemming from a disturbed family environment, often secondary to parental separation and/or psychopathology.

**Conclusions:** Thorough understanding of cases helped in effective management. Counselling of parents and child, play therapy, and pharmacotherapy when required, decreased the somatic expression of emotional needs in these children. Details will be discussed during the presentation.

### F. 4.9: Conduct symptoms in child and adolescent psychiatric disorders other than conduct disorder: Prevalence and risk factors

Preeti Mathew, Satyaraj, K.A. Minju, Priya Mammen

**Aims and Objectives:** To evaluate the prevalence of conduct symptoms in psychiatric disorders other than conduct disorder and elicit the predictive factors associated with these symptoms.

**Methodology:** The study was conducted in a child and adolescent psychiatric department. The details of conduct symptoms, diagnosis, demographic, family and treatment related were identified from the data-base for the patients ( $\leq 19$  years) for six months. Those with conduct symptoms ( $N=17$ ) and without conduct symptoms ( $N=134$ ) were recruited for the study. Bivariate analyses, univariate and multivariate logistic regression with boot-strapping (1000 sampling) were used.

**Results:** Conduct symptoms were noted in psychosis ( $N=2/17$ ), mood ( $N=2/91$ ), somatoform and dissociative disorders ( $N=1/4$ ), ADHD and conduct disorder ( $N=12/17$ ), but not in other disorders ( $N=0/22$ ). There was a significant relationship between the conduct symptoms and psychoses ( $\beta$ [SE] =  $-2.01$  (0.75),  $P=0.007$ ; OR=0.13), mood ( $\beta$ [SE] =  $-1.89$  (0.27),  $P=0.001$ ; OR=0.15) in the univariate regression. The model for risk factors for conduct symptoms in non-conduct disorders demonstrated age ( $\beta$ [SE] =  $0.32$  [0.16],  $P=0.05$ ; OR=1.38) and education

of the patient ( $\beta$ [SE] =  $-1.77$  [0.70],  $P=0.01$ ; OR=0.71) as risk factors.

**Conclusions:** Conduct symptoms are present in other childhood psychiatric disorders like psychoses and mood that needs screening. The risk factors of age and education of the patients needs to be considered while planning interventions.

### F. 4.10: Ten year retrospective review of electroconvulsive therapy practice in a tertiary child and adolescent psychiatric centre

Preeti Jacob, Shobha Srinath, Satish Girimaji, John Vijay Sagar  
Child and Adolescent Psychiatry Centre, NIMHANS

**Aims and Objectives:** The practice of electroconvulsive therapy (ECT) in children and adolescents is controversial. Our aim was to study the pattern and practice of ECT use in children and adolescents admitted to a tertiary care centre in the past 10 years.

**Methodology:** A 10 year (September 2002-September 2012) retrospective chart review of children and adolescents (up to 16 years) who had received ECT in the Child and Adolescent Psychiatry Centre, NIMHANS were reviewed. Written informed consent for ECT was obtained from parents of all the patients included in the study. Appropriate statistical analysis was applied using SPSS (Version 16).

**Results:** 21 children and adolescents received ECT over 10 years. There were 10 (47.6%) males and 11 (42.4%) females. All received modified ECT. The median number of ECTs received was 6 with a minimum of 1 and a maximum of 32. 52.4% were diagnosed to have catatonia. 14.3% received ECT as first line treatment, 33.1% to augment drug therapy and 38.1% as they could not wait for drug effects. 52.4% had no adverse effects while 19% had headache and 19% had one prolonged seizure. ECT was efficacious in 85.7%.

**Conclusions:** ECT has a place in the management of severe childhood psychiatric disorders.

### F. 4.11: A retrospective study of diagnostic profile of adolescents attending psychiatric out patient department in a tertiary care centre in Mumbai

Singh Deepika Abhainath, Jahnavi Kedare, Shubhangi Parkar, Ajita Nayak

**Aims and Objectives:** More and more adolescents are seeking psychiatric help. Today in U.S., one in ten children (10-19 years) suffer from mental disorders leading to impairment. Psychiatric morbidity among adolescents in other countries has been reported between 10% and 40%. There are not many Indian studies describing statistics on this. Commonest disorders diagnosed in a study by Malhotra *et al.* were mental retardation (18.4-33.2%), neurotic and stress related disorders (16.4-18.5%), epilepsy, organic brain disorder (7.1-15.1%), hyperkinetic and conduct disorders (8.3-17.9%). We decided to conduct the present study with following aims and objectives

1. To study socio-demographic profile of adolescents attending the psychiatric outpatient Department in a Tertiary Care Centre
2. To study diagnostic profile of these adolescent patients
3. To study stressors reported by them at the time of evaluation.

**Methodology:** A retrospective analysis of data of adolescent patients attending psychiatric opd of Seth GS Medical college and KEM Hospital was done. Adolescent patients between 13 years and 19 years were included in the study. Data was obtained from the opd case papers of these patients during the year January 2011-December 2011. Data regarding socio-demographic profile, diagnosis, stressors, treatment advised was collected and tabulated. Frequency distribution tables were made. Appropriate statistical methods were used.

**Results:** Results will be presented.

**Conclusions:** Conclusions will be presented.

#### **F. 4.12: Substance use in adolescents attending psychiatry OPD**

*Kamalendra Kishor, P.K. Dalal, Vivek Agarwal, Pawan Kumar Gupta, P.K. Sinha*

*Aims and Objectives:* To study the demographic, clinical, psychosocial factors and co-morbidities in adolescents with substance use attending Psychiatry OPD.

*Methodology:* 62 subjects (mean age 15.7±1.2 years) with substance use 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:* Most of the subjects were Hindu (82.3%), male (96.8%), from nuclear family (67.7%) and rural background (59.7%). 93% subjects had ever used nicotine. Nicotine was also the substance of first use in 91.3% of subjects and mean age of first use was 13.3±1.86 years. 46.8% of subjects were using substances for more than one year and family history of substance use was present in 46.8% subjects. ODD (29.5%) and conduct disorder (19.6%) were common comorbidities. Subjects were bothered more in the area of psychiatric status (59.7%), family relation (54.8%) and substance use (48.3%). Most common psychosocial problems were related to social environment (50.0%) and educational problem (43.5%).

*Conclusions:* Most subjects with substance use were Hindu, male, having high psychiatric comorbidities, high family history and psychosocial factors were related to social environment and educational problems.

#### **F. 4.13: Study of risk factors affecting adolescent aggression and violence**

*Supriya Vaish, S. Sudarshan, S. Choudhary, Sachin Sharma*

*Aims and Objectives:* This study purports to explore some psychosocial factors that contribute to risk taking among group of adolescents.

*Methodology:* Around 100 school and college going urban adolescents of both sexes between ages of 16-21 years were taken for study excluding subjects with mental retardation, traumatic injuries, serious psychiatric illness and epilepsy. Socio-demographic data sheet, and Teacher's rating scale by Rutter were used in the study. Statistical analysis was done using ANOVA, Fischer's f-test, Pearson's co relation co-efficient.

*Results:* Out of 11 risk factors studied each for adolescent males and females of age group 16-21 only 2 factors in females namely restlessness and performance in school were significantly co related with the teachers rating scale. No co relation was found between any of the factors studied in adolescent males with teachers rating scale.

*Conclusions:* There is an increasing awareness today to suggest that it is during adolescence that risk behavior such as smoking, eating disorder, alcohol, unsafe sexual practices and aggression are first evident during the teen years. Identifying certain risk factors during childhood may help in early intervention in the identified subjects.

#### **F. 4.14: Insight in child and adolescent patients with obsessive compulsive disorder and its association with clinical presentation**

*G. Sanjay Raj, V.K. Sinha*

*Venue-Central Institute of Psychiatry*

*Aims and Objectives:*

1. To assess insight in child and adolescent patients with OCD.
2. To examine the relationship of Insight with the expression and severity of OCD.

*Methodology:* Study Design-Cross-sectional, hospital-based, single contact study Venue-Central Institute of Psychiatry Subjects-20 Patients

*Results:* Insight and various Clinical variables of OCD using Spearman's correlational analysis was done.

1. A negative correlation was observed between compulsion interference, compulsion resistance and compulsion control variable of CYBOCS and symptom awareness of insight scale.
2. A negative correlation was also observed between Compulsion total score, CYBOCS total and symptom awareness.
3. A negative correlation was observed between clinical global impression severity score and Symptom awareness, Illness awareness and Insight Total.

*Conclusions:* 1. Insight is poor among Child and Adolescent patients with Obsessive Compulsive disorder. 2. Patients with poorer insight have relatively severe illness than those with better insight. 3. Female patients have better Control over Compulsions than male patients.

#### **F. 4.15: Child psychiatric disorders: Neurobiological mechanisms and early interventions**

*Valsamma Eape, Satish Girimaji, Uma Rao, M.V. Ashok*

*Aims and Objectives:* Early intervention has the potential to affect key outcomes in child psychiatric disorders but such programs are not easily available for young people in their most critical years.

*Methodology:* Using the examples of mood disorder, autism spectrum disorder (ASD), and intellectual disability, early intervention opportunities will be covered.

*Results:*

1. Early Start Denver Model (ESDM): Can an early intervention alter the developmental trajectory in ASD? (V.Eapen, UNSW, Australia): The clinical implications of brain plasticity and the involvement of neuronal circuitry in therapeutic interventions in the context of the ESDM model will be covered along with the findings from a clinical evaluation study in preschool children.
2. Neurobiological markers of risk for adolescent mood disorders: implications for treatment (U.Rao, Vanderbilt University, USA): This section will focus on neurobiological markers associated with vulnerability to mood disorders in at-risk adolescents and potential targeted behavioral and/or pharmacological interventions.
3. Early intervention in Intellectual Disability (S.Girimaji, NIMHANS): This section will cover the guiding principles in early intervention programs in intellectual disability.
4. Early identification and intervention in ASD in the Indian setting (M.V. Ashok, St.John's): This section will focus on the challenges and practices in early identification and intervention programs in the Indian setting.

*Conclusions:* The early intervention programs and the neurobiological mechanisms underpinning such interventions will be discussed.

#### **F. 4.16: The prevalence of perceived stress and coping strategies in parents of intellectually disabled children**

*Rahul Batabre, V.P. Kale, Shefali Shah, Maithilli Kadam*

*Aims and Objectives:*

1. To study perceived stress and coping in parents having children with intellectual disability.
2. To study correlates perceived stress, coping and behavioral problem in parents having children with intellectual disability.

*Methodology:*

1. Study group-50 parents of mentally retarded children age group 2-18 years having attended the psychiatry opd in tert.govt. hospital for certification assessed.
2. Semistructured interview proforma.
3. Family interview of stress and coping in mental retardation (fisc mr).
4. behavioral problem inventory (bpi-01) 5) Children IQ test was done.

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**Results:** Majority of children were boys (84%), with mild MR (50%) and moderate MR (74%) attending special school (74%) 2) Majority of caregiver mothers (64%) were living in nuclear family (58%) and belonging to middle class 3) Parents reported mild level of perceived stress and adequate coping with low level behavioral problem in children 4) Severely retarded children were more likely to have aggressive, more behavioral problem and higher perceived stress in parents 5) Behavioral problem in child lead to high level of stress and poor adaptation strategies in parents 6) Though parents education and socioeconomic status do not affect perceived stress but it was related to coping mechanism used.

### **Conclusions:**

1. Perceived stress in parents should be addressed and coping strategy to be strengthen.
2. Behavioral problem in children should be treated to reduce the parents stress and improve their coping strategy.

### **F. 4.17: Assessment of stress and coping pattern in parents of children with autism**

*Ashish Kumar Mittal, Ansu Soni, Meenakshi Agarwal, Shrigopal Goyal*

**Introduction:** Autism has attracted a remarkable degree of interest and concern from clinicians and researchers alike, more so in recent times. It is a complex neuro-developmental disorder that is behaviorally defined and is usually apparent from early childhood.

**Aims and Objectives:** The present study is an exploratory study which aims to assess the stress and coping pattern in parents of children with autism.

**Methodology:** The sample consisted of 20 parents. The tools used in the present research were a semi-structured interview schedule that aided in the process of data collection and to probe into relevant areas. A parent stress index questionnaire was used to assess the stress experienced due to child characteristics, parent characteristics and other life stresses. A coping checklist was used to study the coping styles adopted.

**Results:** The results indicated that the parents experienced stress due to certain characteristics of their child namely adaptability, demandingness and inability to positively reinforce the parents. Also parents felt incompetent at handling their child and felt isolated.

**Conclusions:** The coping styles adapted by the subjects varied, as certain coping styles were preferred over the others according to need of child.

### **F. 4.18: A retrospective study of pervasive developmental disorders in a tertiary care centre towards setting up a clinic based registry**

*John Vijay Sagar Kommu<sup>1</sup>, K.R. Gayathri<sup>2</sup>, Shobha Srinath<sup>3</sup>, Satishchandra Girimaji<sup>4</sup>, Shekar Seshadri<sup>5</sup>*  
NIMHANS, Bangalore

**Aims and Objectives:** Pervasive Developmental Disorders (PDD) are neurodevelopmental disorders characterized by distinctive social and communicative deficits and patterns of restricted and stereotyped behavior. This paper presents the data of a 6-month period collected as part of an ongoing retrospective study of all cases of PDD being conducted with the aim of setting up a prospective clinic-based registry.

**Methodology:** The present case series includes cases diagnosed as PDD (F-84.0 to 84.9 as per ICD-10) collected by retrospective review of charts of all patients under age of 16 years, both in-patient and out-patient, registered under Department of Child and Adolescent Psychiatry over a period of 6 months (July 2011 to December 2011).

**Results:** Out of a total of 1056 charts registered during the 6-month period, 107 children were diagnosed to have PDD (10.1%). 21 children were treated as in-patients (19.6%). PDD-NOS was the most common diagnosis (72%) followed by Childhood Autism (22.4%). Most common Axis-I co-morbidity was ADHD (29.9%). Most common Axis-III

co-morbidity was Mental retardation (43.9%).

**Conclusions:** The current study highlights the profile of treatment seekers with a diagnosis of PDD. Findings of this study would help in formulating a prospective clinic-based PDD registry

## **F5. COMMUNITY PSYCHIATRY AND EPIDEMIOLOGY**

### **F. 5.1: Study of factors related to readmission in psychotic mood disorder**

*Saurabh N. Shah, Deepak Tiwari, Bharat Panchal, Ashok Vala*  
T. Hospital, Bhavnagar

#### **Aims and Objectives:**

1. To know the rates of readmitted cases of psychotic disorders and mood disorders in indoor psychiatry department in consecutive 10 months.
2. To study socio-demographic and clinical variable association to readmission in both groups.

**Methodology:** We recruited 112 patients (psychotic disorder = 58, mood disorder = 54) who met the study criteria between August 2010 and May 2011 from the psychiatry ward, Sir T. Hospital, Bhavnagar. They were assessed using case proforma which include various socio-demographic and clinical variables. Severity of the disease symptoms was assessed by BPRS, HAM-D or YMRS and disability caused by the disease was assessed by IDEAS

**Results:** Readmission rate of psychotic and mood disorder was about 20% in 10 months and 50% of readmission occurred within 12 months. Adults (20-40 years), unemployed, low education level, rural backgrounds, positive family and substance use history, bipolar mood disorder and schizophrenia, long duration of illness, early age of onset, more admissions in past, brief hospital stay in last admission, short duration of treatment continuation after last discharge, persistent illness on treatment, h/o poor compliance and higher disability were found to be associated with readmission.

**Conclusions:** Psychotic and mood disorders were having high readmission rate. Long duration of illness, more admissions in past, inadequate hospital stay, premature discharge, inadequate response on treatment, inadequate treatment continuation, poor compliance and high disability caused by disease were associated with readmission and must be controlled to reduce readmission.

### **F. 5.2: HIV epidemiology in Nepal – “South Asian cocktail” a drug use pattern in Nepal and its correlation with spread of HIV**

*S.P. Ojha, S. Sigdel, U. Verthien, P.K. Khadga*

Department of Psychiatry, Tribhuvan University Teaching Hospital, Kathmandu, Nepal

**Background:** Data of Central Bureau of Statistic of Nepal from 2008 show a total of 46,310 (male 42,954, female 3,356) hard drug users, out of which 61.4% are injecting drug users (IDU). An injecting mix of medicines called “South Asia Cocktail” is prevalent. It is estimated that 70,256 people are living with HIV out of which 38.4% are IDUs. Drug users and people living with HIV are stigmatized and not accepted in the community. However, government of Nepal has started realizing and recognizing the drug use and HIV issue as significant health and social issues.

**Methods:** This study is carried out to have specific knowledge (for the first time in Nepal) on drug use behavior and health status with a focus on HIV in “cocktail” drug users. After an initial mapping of Kathmandu valley, 300 drug users, on a random basis, in contact of different treatment and counseling centers were interviewed. The research questionnaire was designed following EuropASI and Maudsley Addiction Profile standards.

*Results:* 90.7% of the respondents are male, 9.3% female. Mean age is 28.7 years. 95.3% are injecting drug users with an average 8.7 years of drug use history. 85.7% are injecting different “cocktails” usually made of buprenorphine, diazepam, phenergan and/or other substances (30 day prevalence). Similarly, 48.0% use heroin whereas only 0.2% take cocaine/crack. Risk behavior is very common i.e. 53.4% share needles/syringes, 66.1% share other equipments for intravenous use. Amongst tested for HIV ( $N=223$ ) 33.2% are positive (24.7% of sample population). Regarding hepatitis-C 59.1% of the tested ( $N=149$ ) are positive.

*Conclusion:* The results show that “South Asian Cocktail” is the predominant drug and risky behavior is very common within drug users in Nepal. Significant percent of Nepalese drug users are HIV infected. More attention should be given for preventive measures to reduce the spread of HIV amongst drug users.

### **F. 5.3: Development and validation of psychiatric morbidity screening tool**

*Manoj Kumar Sharma, S.K. Chaturvedi*

To develop and validate the screening tool for assessment of psychological distress/psychiatric morbidity in Indian context.

*Methodology:* A sample of 754 was taken from the community and in-patient and out-patient psychiatric setting of the hospital; it includes 229 normal subjects and 525 clinical subjects. Socio-demographic datasheet, Present state Examination, and tool developed for screening purpose were administered on them. Sample selection was random for normal population and stratified for clinical group population. Test-retest reliability was established on a sample of 30 normal subjects.

*Results:* There was no significant difference between the normal and clinical group with respect to age and education criteria, however the percentile score of 60 and above shows the presence of psychiatric distress in clinical group and normal group. The present scale also validated the clinical diagnosis based on ICD 10 criteria and cut-off scores for establishing presence of OCD, Mania and Substance abuse were obtained.

*Conclusions:* The tool has a utility in screening out psychiatric morbidity in normal and clinical group.

### **F. 5.4: Computerised system of diagnosis and treatment in telepsychiatry: Experience and feasibility study of diagnostic module**

*Ruchita Shah<sup>1</sup>, Savita Malhotra<sup>1</sup>, Subho Chakrabarti<sup>1</sup>, Aarzo<sup>1</sup>, Gopal Das Jassal<sup>2</sup>, Suneet Kumar Upadhyaya<sup>3</sup>, Mushtaq Ahmed Margoob<sup>4</sup>, Maqbool Dar<sup>4</sup>, Minali Sharma<sup>1</sup>, Anurati Mehta<sup>1</sup>, Vineet Kumar<sup>1</sup>*

Kashmir PGIMER, Chandigarh

*Aims and Objectives:* A computerised system of diagnostic assessment and management of psychiatric disorders has been developed as part of an ongoing project titled “Development and Implementation of a Model Telepsychiatry Application for Delivering Mental Healthcare in Remote Areas” at PGIMER. The experience of using this system at PGIMER has yielded a high degree of concordance against diagnosis made by psychiatrists. The application is now being used by non-psychiatrists at 3 sites in hill states of north India. This paper presents the experience of teams at peripheral sites in using the computerised diagnostic system.

*Methodology:* A total of 239 adult patients were assessed by non-specialists at three sites, who were asked to report on the ease of use, perceived utility and level of satisfaction in using this system, and its acceptability to interviewers and patients.

*Results:* The computerised interview was acceptable to both interviewers and patients; and its use was found to be easy and satisfactory to diagnose patients. The major problems encountered were internet connectivity

and power cuts leading to logistic difficulties in using the application.

*Conclusion:* The findings from the preliminary experience with telepsychiatry application shows that it is feasible to use and is helpful to non-psychiatrists, thus empowering them to identify mental disorders in their patients

*Acknowledgement:* Authors acknowledge gratefully the financial support received from Department of Science and Technology, Government of India, Delhi, India.

### **F. 5.5: Comorbid anxiety and depression symptoms in patients of tension type headache: A cross-sectional tertiary health care centre study**

*Arijit Gaurav, Samir K. Prahray, Rishikesh V. Behere*

Psychiatry Department of Kasturba Hospital, Manipal

*Aims and Objectives:* To study the prevalence of anxiety and depression symptoms in patients of tension type headache (TTH).

*Methodology:* Study design: Cross-sectional, Venue: Psychiatry Department of Kasturba Hospital, Manipal, Duration: 3 month study from aug 2012 to oct 2012, Sample size: 50 patients -International Headache Society II (IHS II, 2004) criteria for Tension type headache. Mini international neuropsychiatric interview and hospital anxiety and depression scale were used in this study

*Results:* The study is presently being conducted and will be completed by oct 2012.

*Conclusions:* The study findings shall be presented and discussed at the time of presentation.

### **F. 5.6: Various myths and beliefs in patients of “neurotic Stress related and somatoform disorders” during pathway of care**

*Anurag Agarwal, J.K. Trivedi, P.K. Sinha*

*Aims and Objectives:* To assess various myths and beliefs affecting help seeking behavior during pathway of care in patients of “neurotic, stress related and somatoform disorders”.

*Methodology:* The present study was a cross-sectional study of 156 patients who were assessed on various tools. The study sample was divided into Aware and Unaware groups on the basis of their awareness about psychiatric disorder at the time of onset/initial stages of illness. Various myths and beliefs in patients during pathway of care were studied and compared.

*Results:* Important myths and belief were those that symptoms may be a form of worry/tension and may resolve on its own, symptoms may be due to supernatural phenomenon and need faith healing, conflicting opinion between family members, depending upon severity of illness took the treatment or left the treatment, concern of stigma, lack of facility/knowledge from where to and how to seek proper help and ignorance of patient’s behavioral problem by family member. Significant differences were found between aware and unaware groups in various myths/beliefs.

*Conclusions:* The findings explain the indigenous role of our cultural beliefs in creating various myths/beliefs, which continue from generation to generation. Awareness about psychiatric disorders in community promotes desirable help seeking behavior and shortens the pathway of care.

### **F. 5.7: From tele-psychiatry to community intervention: Report of a sustainable and replicable model for mental health care delivery to remote areas**

*K.P. Jayaprakashan<sup>1</sup>, Iqbal<sup>2</sup>, Gulam Mohammed<sup>3</sup>, Anil Prabhakaran<sup>4</sup>*

<sup>1</sup>Assistant Professor of Psychiatry, Medical College, Thiruvananthapuram  
<sup>2</sup>Block Medical Officer, SNM Hospital, Leh, Ladakh <sup>3</sup>Senior Physician,

## Abstracts

SNM Hospital, Leh, Ladakh <sup>4</sup>Professor and Head, Department of Psychiatry, Medical College, Thiruvananthapuram

*Aim and Objective:* To illustrate a new model for mental health-care delivery to remote areas by using tele-psychiatry as a starting point.

*Methodology:* The authors were conducting regular tele-psychiatry clinic at SNM Hospital Leh, Ladakh, (Jammu and Kashmir) with the first with psychiatrist at the Medical College, Trivandrum and from 2006 onwards. Apart from diagnosing and treating mentally ill attending tele-psychiatry clinic, the meetings were utilized for

1. Training the doctors in identifying and treating mental illnesses.
2. Organising meetings with voluntary organizations
3. Training nurses and paramedical staff in identifying and managing mental illness
4. Preparing materials for IEC materials for training and public awareness

Following these regular tele-medicine interventions, the first three authors with the help of Government Health Services and Voluntary organizations, could organize

1. mental health camps for detection and treatment of mental illnesses
2. training for nurses, paramedical staff and volunteers in different parts of Leh and Kargil districts of Ladakh in the year 2008. In addition to above two activities, multi-specialty medical camps and disability certification for disabilities including mental illness were organized in the months of May and June 2009.

### **F. 5.8: Profile of persons with mental illness availing rehabilitation training at state run rehabilitation home for the persons with mental illness in Madurai-Ramnad districts**

*P.R. Rajesh Kumar, M. Kannan, C. Ramasubramanian, Manikandan, R. Rajkumari*

M.S.Chellamuthu Trust and Research Foundation, Madurai, Tamilnadu, India

*Introduction:* Severely mentally ill patients are dying on an average of 8.8 years earlier than the general population (Bruce.P.Dembling 1999). Similar findings are also observed by the researchers' from university of Virginia's south eastern rural mental health research centre. They further concluded that severe mentally ill are much more likely to die younger than members of the general public, due to biopsychosocial and environmental factors. Hence issues related to quality of life expectancy and Management of persons with mental illness involves multifarious factors. Although it is still a developing area in India, there is little provision for care. In other circumstances when the primary care givers start aging and their physical energy to take care of the mentally ill deteriorates and sheer physical in capacity to provide care often lead to these persons continuing to be leaving in the streets with virtually no social support or sense of self care or protection and so they deteriorate further into vegetative existence. This is certainly true for persons with severe mental illness.

*Aims:* An attempt has been made to study and understand the profile of the persons with Mental illness availing rehabilitation training programs.

*Methods:* Forty such persons have been selected randomly from the list. The psycho social profile of those beneficiaries has been compiled and the data were analyzed using the appropriate statistical tests.

*Result and Conclusion:* In order to give proper care and protection to persons with schizophrenic illness and to provide them rehabilitation services, the state commissioner for the differently abled has come out with a novel initiative to establish 10 rehabilitation homes for the persons with mental illness in various Districts in Tamilnadu with the support of reputed NGO's and assistance by the Government of Tamilnadu in the year November 2010.

Through this, the various rehabilitation interventions given to the persons with schizophrenic illness have been discussed at length in this paper.

### **F. 5.9: Comparative study of clinical profile of all psychiatric illness in two consecutive generations of index bipolar patients**

*Vijendra Nath Jha, Pramod Kumar Singh*

Patna Medical College Hospital, Patna

*Aims and Objectives:*

1. To study profile of transmission of all psychiatric disorders in two consecutive generations with respect to Index Bipolar Mood Disorder patient.
2. To specifically explore evidence for genetic anticipation in consecutive generations of bipolar mood disorder patient.

*Methodology:* The study comprised 50 cases of bipolar mood disorder between 20 years and 60 years diagnosed on the basis of ICD-10 criteria, coming to the Department of Psychiatry (OPD) of Patna Medical College Hospital, Patna, who also had a first degree relative in the preceding or succeeding generation with any psychiatric illness. Age of onset of illness was compared and severity of the illness was also assessed by Global Assessment of Functioning (GAF).

*Results:* The average age of onset in 1st generation was 32 years in contrast to 20 years in the 2nd generation, which was found to be statistically significant ( $P < 0.001$ ). However there was no significant difference in the severity of illness in the two generations.

*Conclusions:* The current study reveals earlier age of onset of Psychiatric illness in younger generation, irrespective of whether the inherited illness was phenotypically same or different.

### **F. 5.10: Service utilization, diagnostic stability and prescription trends over 1 year of new patients in Goa: A retrospective case record study**

*Xiyan Elvira Fernandes, Joraisa Dacosta, Anil Rane*

*Aims:* To study the service utilisation, diagnostic stability and prescription trends at a tertiary level hospital in Goa.

*Objectives:* To study the diagnosis and stability over one year of psychiatric illness. -To study the prescription trends for psychiatric illnesses. To measure the socio-demographic and illness correlates.

*Methodology:* This retrospective case record study was conducted at a tertiary care psychiatry hospital in Goa. All new cases registered at the out patient department between August 2010 and August 2011 were studied. The study excluded children and those seeking treatment for substance use disorders. Information on the socio-demographic data, diagnostic information and prescription trends was collected and analyzed.

*Results:* Will be presented.

*Conclusions:* Will be presented.

### **F. 5.11: An exploration of attitudes towards mental health among traditional faith healers in rural villages of Gujrat**

*Nisarg H. Shah, Sandip Shah, Lakhan Kataria, Craig Katz, Sonya Bohaczuk*

*Institution:* Department of psychiatry, Sbm and Rc, Sumandeep Vidyapeeth, at and Po Pipariya, Vadodara. Gujarat, India

*Aims and Objectives-*Present study aims at exploring beliefs and understanding of traditional faith healers towards mental illness, treatment offered by them to patients suffering from mental illnesses and their attitudes and willingness to co-operate with psychiatrists/hospitals.

*Methodology:* A descriptive-analytical study was performed on randomly selected 20 consenting faith healers of villages surrounding the institute in Vadodara Gujarat to understand the mental illness model of traditional faith healers by using modified version of SEMI (Short

Explanatory Model Interview) of Konkani Explanatory Model Interview/Shankar Interview.

**Results:** It was found that the knowledge of the faith healers towards mental illness was very limited with 79% of them not indentifying such problems as psychiatric disorders, 46% attributing the cause as supernatural and only 7% referring them to psychiatrists and hospitals.

**Conclusion:** Majority of Traditional faith healers still do not identify mental illness as psychiatric disorders. They attribute it to supernatural causes and their willingness to co-operate with psychiatrists and hospitals is limited.

#### **F. 5.12: Internalized Stigma: A consequence of long term illness among psychiatric patients of rural Vadodra**

*Vidhi Patel, Lakhan Kataria, Raghav Arora*

SBKS MI and RC, Sumandeep University, Piparia, Vadodra

**Aims and objectives:** Analytical studies depict that stigma against mental illness remains unbridled across all cultures and nations. This not only leads to a substantial barrier to successful treatment but also hampers quality of life of the patients. We aim to investigate the relationship between internalized stigma experienced by patients suffering from severe mental illness and find out its association with specific diagnosis.

**Methodology:** Consecutive 109 Outpatients with Axis I psychiatric illness in Psychiatry OPD in a tertiary care hospital were assessed using semi structured interview and Internalized Stigma of Mental illness Inventory to measure internalized stigma of mental illness.

**Results:** High internalized stigma was present in 50.46% of total participants. Descriptive multivariate analysis indicated that all subscales i.e., Alienation, Stereotyped endorsement, Discrimination and Social withdrawal are significant with a diagnosis of psychotic illnesses. Logistic Regression analysis indicated a diagnosis of schizophrenia and increase in duration of illness as the predictors of high internalized stigma.

**Conclusion:** Our study evidently denotes the need to control the negative attitudes and stigma of the psychiatric patients towards their illnesses which would not only help to carve a path for better treatment outcomes but also a healthier society free from the stigma of mental illness.

#### **F. 5.13: Supernatural beliefs in epilepsy: A study at tertiary centre from North East India**

*Roshan V. Khanande, Basub Das, Bhoomika Sachar, G.M. Venkatesh Babu*

Central Institute of Psychiatry, Ranchi

**Aims and Objectives:** To determine the attitudes of the patients and their key relatives regarding supernatural beliefs in epilepsy and its influence on the treatment seeking behavior.

**Methodology:** It was a cross-sectional study conducted at the outpatient department of the Central Institute of Psychiatry, Ranchi. 50 individuals of either sex diagnosed with epilepsy and their key relatives (informant accompanying the patient) were selected using the purposive sampling technique. Written consent was taken from the patients and their key relatives. The relevant socio-demographic data were collected from the patient and the key relative. The Supernatural Attitude Questionnaire was administered to the key relative accompanying the patient.

**Results:** The results would be presented at the time of presentation.

**Conclusions:** The conclusion would be presented at the time of presentation.

#### **F. 5.14: Perception of urban adults and young olds suffering from common mental disorders about issues of mental health**

*Bhupendra Singh, S.C. Tiwari, Nisha M. Pandey S.C. Tiwari<sup>1</sup>, Nisha M. Pandey<sup>2</sup>, Bhupendra Singh<sup>3</sup>*

<sup>1</sup>Professor and Head, <sup>2</sup>Senior Research Officer, <sup>3</sup>Lecturer and Corresponding author. Institution: King George's Medical University UP, Lucknow, India.

Present paper describes perception of adults (18-55 years) and elderly (55-65 years) suffering from common mental disorders (CMDs) about their own mental health problems, need for help, pattern of help seeking behavior, service utilization, reasons for utilization of particular services as well as barriers in utilization of mental health services etc., The data of 3600 subjects (3072 adults and 528 young old) from an ICMR funded Multi-centric project entitled 'Urban Mental Health Problems and Service Needs' were re-analyzed.

All these subjects were screened through General Health Questionnaire (GHQ). To arrive on definite diagnoses, subjects who scored two or more on GHQ were further interviewed using Schedule for Clinical Assessment in Neuropsychiatry (SCAN). Subjects with common mental disorders were then interviewed on a specifically designed brief questionnaire through which their own opinion regarding their mental health problems, help seeking behaviors, perception/beliefs related to mental illnesses and its curability, effectiveness of treatment, their own experiences as well as community understandings regarding curability/stigma/or availability and utilization of services etc., were explored, identified and analyzed.

Out of total subjects, 4.7% (168) of respondents were found to be suffering from common mental disorders. However, 60% of these CMDs perceived their problems as emotional or psychological problems, whereas 28.6% as physical and psychological and 6.8% as physical problems. In spite of understanding about the problem, majority did not seek help and amongst help seekers majority contacted nearby general practitioners only. The pertinent issues are discussed.

#### **F. 5.15: A study of psychopathology, personality and job satisfaction and its correlates with work absenteeism**

*Mayank Agarwal, Yusuf Matcheswalla, Sarika Mahadeshwar, Maithilli Kadam, Vinayak Kale*

**Aims and Objectives:** To assess the psychiatric morbidity, personality profile and job satisfaction in Government employees with work absenteeism.

**Methodology:** 94 consecutive government employees referred to opine on their work fitness after a period of absenteeism were assessed with Job Descriptive Index, NEO personality inventory and questions pertaining to the aims of study.

**Results:** Majority of sample were class 3/class 4 State Government employee. Mean Duration of leave was 14.9 months. Commonly cited reason for leave was 'feeling stressed'. Majority of sample had presence of some psychopathology (83%), most common being alcohol use disorders (63.8%), followed by alcohol dependence (45.8%), depression (40.4%) and psychosis (14.9%). Most of the subjects had co morbid psychiatric illnesses though most of them did not consult psychiatrist. 1/3 employees were unsatisfied with their promotion and pay. Openness to experience and conscientiousness had positive correlation with job supervisor. It was seen that those who availed leave > 6 months were more likely to feel less satisfied with opportunities for promotion.

**Conclusions:** Psychiatric evaluation should be done for employees availing sick leave to detect psychopathology so that job absenteeism can be reduced.

#### **F. 5.16: Cost-effective tripartite model for community mental health work based on surat-bharuch experience**

*Ritambhara Mehta, Kamallesh Dave, Parag Shah, Rajat Oswal*

## Abstracts

Department of Psychiatry, Government Medical College, Surat, and CHC Zankhvav

*Aims and Objectives:* Developing a Cost-effective Tripartite Model for Community Mental Health work

*Methodology:* In remote tribal villages of Surat and Bharuch districts of South Gujarat even general health services are inadequate. A Community Mental Health project was started in 2003, which was a pilot project through Gujarat Mental Health Foundation, after Mental Health Policy for Gujarat was made. Gradually a tripartite model was evolved, which consisted of Public (Dept. of Psychiatry, Government Medical College, Surat, and CHC Zankhvav), Private (Private psychiatrists), NGO (BAIF). Each was having a unique defined role.

*Results:* Even today, after 9 years, it serves the population where no Government or Private Psychiatric facilities are available to the patients. This model is highly workable; easily replicable at places and highly effective both in terms of patient care and the finances involved. Within 5 years of starting of this project more than 1400 patients had been benefited, and today nearly 1800 take free service, through camp OPD every fortnight.

*Conclusions:* Tripartite PPP model is the cheapest and most effective one for the community mental health work.

### F. 5.17: Overcoming challenges in community based rehabilitation programs in rural Madurai

A. Ramasubramanian, M. Kannan, K.S.P. Janardhan Babu, Mohan Ram, R. Rajkumari

*Introduction:* It has always been easier to define mental illnesses than to define mental health. Often one says that mental health is the ability to enjoy life, the ability to bounce back from adversity, balance in life, Flexibility and Self-actualization in life. Mental Health has often been associated with the urban population and to individuals. The emergence of Community Mental Health Concepts in the last era has thrown light on the need and importance of community participation and involvement in the mental health movement for the removal of stigma and brings awareness regarding mental health to the rural mass incorporating treatment and rehabilitation facilities. Thus M. S. Chellamuthu Trust and Research Foundation, Madurai-Tamilnadu, India was able to collaborate with Anderi Hillfi of West Germany to bring the program to the rural mass in and around Madurai District.

*Aims:* This paper is focusing on discussing the various approaches, adversities encountered and the ultimate success of the programs being renewed after 11 years of the original term.

*Methods:* The program was initiated from scratch beginning with door to door survey, identification camp, screening camp, treatment camp, rehabilitation and livelihood programs. The program also saw the emergence and formation of new initiatives through private public partnership.

*Result and conclusion:* The success of programs greatly relied on the activities, involvement and participation of the rural folk leading to the formation of Self Help Group, family support group and availing both state and central welfare schemes. The authors have spelt out the experiences they underwent in great detail.

### F. 5.18: Help seeking behavior before seeking psychiatric service

Asgar Alam, Vijaya Mahadevan, Srinivasagopalan, Zubaida Sultana, Shailaja

*Aim:* to determine help seeking behavior before consulting psychiatry service.

*Objective:* It is common in India for people to consult and seek magico-religious treatment, spend valuable money and time before seeking a psychiatrist help. It is widely believed to be more common in rural areas. our institution being located in rural part of

Kanchipuram, we took up this survey to find out the kind of help seeking behavior (magico-religious) before consulting a psychiatrist.

*Methodology:* A total of 100 patients were randomly selected over a period of march-december 2012 who attended the psychiatry dept of Meenakshi medical college and research institute.

*Results:* Will be discussed at the time of presentation.

*Conclusions:* Will be discussed at the time of presentation.

### F. 5.19: Study of pathway to care among patients with epilepsy

Sandip Subedi, Arun Kumar Pandey, Pramod Mohan Shyangwa, Rabi Shakya

BPKIHS, Nepal

*Aims and Objectives:* To assess the pathway to care among patients with epilepsy upto the tertiary care centre.

*Methodology:* It is a hospital based, cross-sectional descriptive study of 47 patients visiting BPKIHS, Nepal psychiatry OPD. A semi structured proforma was used to record the basic socio-demographic details after obtaining informed consent. Pathway Interview Schedule developed by WHO was used to collect the data.

*Results:* Majority (66.0%) of subjects were male. Generalized Seizures were most common (76.6%) type of seizure followed by complex-partial seizure (10.6%). More than half (51.1%) first contacted 'dhami-jhakri' for treatment of their illness. About 62 percent of patients had the first contact with the treatment provider within 4 years. Thirty eight percent subjects sought treatment as per advice from the family members while only 2.1% as per advice from the healthcare worker. The most common presenting complain was sudden loss of consciousness in 89.4% of patients. In majority of patients (57.4%), problem arised within 4 years. Slightly high number of patients (51.1%) were prescribed alternative forms of treatment like herbal medications, talisman, offerings and sacrifices and jhad phook for their presenting problem. About 87% patients had to travel less than 12 hours for the treatment while 10.7% had to travel a distance of more than 24 hrs for treatment with a mean duration of 7.95±14.58 hours. The mean duration that one patient spends before coming to a hospital for modern treatment was 5.64 months.

*Conclusions:* People suffering from epilepsy are still using the traditional healing practices leading to delay in the care. These findings call for a comprehensive educational program that can remove the misconceptions regarding this illness.

### F. 5.20: Route of psychiatric patient to reach mental health care centre

Kumar Vaibhav, Ajay Kohli, M.A. Siddqui, Anju Agarwal

*Aims and Objectives:* Aims-to trace the path which patient takes for reaching psychiatric care To measure the duration of untreated psychiatric illness Objectives-To see factors affecting the duration of untreated psychiatric illness To help in planning psychiatric care at primary center to reduce the duration morbidity.

*Methodology:* A cross-sectional study was conducted to understand the pathway of care adopted by psychiatric patients and its relationship with the Socio-demographic determinants in the study population. The subjects were selected from semiurban teaching hospital, psychiatry department and interviewed using a pre-tested, semi-structured (WHO) interview schedule and ICD-10 criteria. The data was analyzed using SPSS v10.0 software. The stastical tests as needed were applied

*Results:* A total of 103 patients (47 males) were included in this study. The majority of the patients were suffering from dissociative disorder (33%), followed by BPAD (26%). The majority of 67 (65%), were from the rural area, with 45 (43.6%) patients being illiterate. The majority of these 79 (76.6%) had first contacted faith healers and a



qualified psychiatrist was the first contacted person for only 6.79% of the patients.

**Conclusions:** The study found that the majority of patients needing psychiatric care belonged to the Female gender, rural locality, and was with a low educational status. Faith healers were the most commonly sought primary helping agency among the study subjects. Pathways involving faith healers and traditional healers took a longer time to reach the proper psychiatric help. The need for incorporating an efficient and effective referral mechanism, the role of various service providers in the pathway of care, and availability of services should kept in mind when preparing any mental health program in India.

## F6. CONSULTATION LIASON PSYCHIATRY

### F. 6.1: Patterns of consultation-liaison psychiatry among in-patients at a tertiary care hospital in Navi-Mumbai

*Darpan Kaur Mohinder Singh, Shaunak Ajinkya, Junaid Nabi, Asma Manzoor, Rakesh Ghildiyal*  
MGM Hospital, Navi-Mumbai

**Aims and Objectives:** To assess patterns of consultation-liaison psychiatry among in-patients at MGM Hospital, Navi-Mumbai.

**Methodology:** Open-label cross-sectional survey conducted in 2011. Consecutive in-patients referred for psychiatric consultation meeting the eligibility criteria were interviewed using a pre-designed data collection form. Informed consent and ethical clearance were obtained. Data was analyzed using appropriate statistical tests.

**Results:** Mean age of sample was 40.95 years (SD=18.05) with 70% males. Eighty-one percent were from rural areas with 19% from urban areas. Mean days of referral were 2.27 days (SD=3.155). Medicine Department contributed to maximum referrals (60%). Common reasons for referral were substance use (23.0%) and self harm (20%). Seventy-three percent patients were taking more than three medical drugs while 29% had received injectable antipsychotics prior to referral. Most common psychiatric diagnosis was alcohol dependence (24%). Dual psychiatric diagnosis was found in 10%. Fifty-eight percent received oral psychiatric medications while 42% received only psychotherapy.

### F. 6.2: Distress due to delirium experience in consecutive inpatients in consultation liaison

*Deepak Ghormode, Sandeep Grover, Abhishek Ghosh*  
Department of Psychiatry, PGIMER, Sector-12, Chandigarh

**Background:** Very few studies have evaluated the recall of the experience during delirium and associated distress in patients who have recovered from delirium. **Aim:** To study the recall of experience of delirium and associated distress in patients who have recovered from delirium. **Methodology:** 151 consecutive patients diagnosed with delirium were rated on delirium rating scale-revised-98 when symptomatic and were again evaluated on Delirium Experience Questionnaire after recovery from delirium for the recall of experience of delirium and the associated distress.

**Results:** Mean age of the patients was 46.64 ( $\pm$ 19.32) years. Less than one third ( $N=45$ ; 29.8%) remembered themselves to be confused and rest of the patients had no recollection of the same. Those who remembered their experience in general described it as sleep disturbance ( $N=34$ ; 75.6%), presence of visual hallucination ( $N=23$ ; 51.1%), being uncooperative ( $N=18$ ; 40%), being drowsy ( $N=16$ ; 35.6%), trying to pull out the tubes ( $N=11$ ; 24.4%), being abusive ( $N=10$ ; 22.2%), disorientated ( $N=9$ ; 20%), trying to run away ( $N=4$ ; 8.9%), presence of tactile hallucinations ( $N=3$ ; 6.7%), presence of delusions ( $N=3$ ; 6.7%), presence of auditory hallucinations ( $N=2$ ; 4.4%) and presence of attention deficit ( $N=2$ ; 4.4%). Half of those ( $N=23$ ; 51.1%) who could

remember their experience reported moderate level of distress and another one third ( $N=16$ ; 35.6%) reported mild level of distress. Very few patients ( $N=6$ ; 13.3%) reported severe distress due to symptoms of delirium.

**Conclusion:** Overall experience of delirium is distressing for the patients. Most of the patients those who remembered experienced had moderate level of distress.

### F. 6.3: Psychiatric morbidity in male patients with chronic obstructive pulmonary disease

*Ruth Sneha Chandrakumar, Rohan Dilip Mendonsa*  
Yenepoya Medical College, Mangalore, India

**Aims and Objectives:** To evaluate the prevalence of psychiatric disorders in patients with chronic obstructive pulmonary disease.

**Methodology:** Sixty consecutive male in-patients of medical wards with a clinical diagnosis of chronic obstructive pulmonary disease were assessed for psychiatric morbidity using Mini International Neuropsychiatric Interview (M.I.N.I PLUS).

**Results:** Psychiatric disorders were diagnosed in 26 (43.33%) patients. Major depressive disorder was diagnosed in 14 (23.33%) patients, followed by mixed anxiety-depressive disorder in 4 (6.66%), generalized anxiety disorder in 3 (5%), bipolar I disorder in 3 (5%), adjustment disorder with depressed mood and somatization disorder (1.6% each) respectively. None of the patients had received medications for psychiatric illness prior to the study. There was significant association between the duration of chronic obstructive pulmonary disease (COPD) and the occurrence of psychiatric morbidity ( $P<0.05$ ).

**Conclusion:** The present study concludes that adult male patients with COPD have significant psychiatric morbidity, the most common being major depressive disorder. Longer the duration of COPD, the occurrence of psychiatric morbidity was higher.

### F. 6.4: A study of prevalence and severity of nicotine dependence in chronic hypertension

*M. Pradeep Kumar*  
S. V. S Medical College, Mahaboobnagar

**Aims and Objectives:**

1. To know the prevalence of nicotine dependence in patients having chronic hypertension.
2. To assess the severity of nicotine dependence in them.
3. To correlate between the severity of nicotine dependence and duration of hypertension.

**Methodology:** Place of study: S. V. S medical college, mahaboobnagar. Time of study: from July 2012 to October 2012. Study sample: The study sample consists of 100 patients diagnosed by the general physician as having chronic hypertension. The prevalence and severity of nicotine dependence in these patients is assessed and later correlated with the duration of hypertension. **Methods:**

1. SEMI STRUCTURED PROFORMA-to record the socio-demographic and clinical details of the patient.
2. FAGERSTROM TEST FOR NICOTINE DEPENDENCE-to know the prevalence and to assess the severity of nicotine dependence. Statistical analysis: is done using SPSS 16v.

**Results:** As it is an on-going study, the results will be discussed in the conference.

**Conclusions:** Will be discussed in the conference.

### F. 6.5: Psychiatric morbidity with chest pain undergoing coronary angiography

*Mitesh Behari, K.K. Verma, A.K. Singhal, Harful Singh*

## Abstracts

**Aims and Objectives:** To assess psychiatric morbidity in patients with chest pain undergoing coronary angiography.

**Methodology:** A psychiatric assessment of 50 consecutive chest-pain patients was performed before coronary angiography and after angiography. A Structured Clinical Interview for DSM-IV-TR was used to obtain psychiatric diagnosis. The Beck Depression Inventory, the max hamilton anxiety scale and PEN inventory were used to assess mental symptoms. A coronary angiography with obstruction of a coronary artery by more than 50% was considered to indicate angiographic coronary disease.

**Results:** 26% (13) were found angiographically normal and 58.83% (7) of these patients exhibits one or the other kind of Psychiatric disorders whereas only 13.5% of coronary angiography positive patients were having Psychiatric symptoms. Significant difference found in anxiety and depression scale between coronary angiography positive and negative groups

**Conclusions:** patients with coronary angiography negative have high psychiatric co-morbidity.

### F. 6.6: Prevalence of depression in patients with type II diabetes mellitus and its impact on quality of life

*Ranjan Das, O.P. Singh, Asim Kumar Mallick, S.N. Ali, Rajashiri Guha Thakurta*

**Aims and Objectives:** To study the prevalence and severity of Depression and its impact on quality of life in patients with type II Diabetes mellitus

**Methodology:** Single centre, cross-sectional, single interview Material and methods: Total 195 type II DM patients are included in this study. To diagnose Depressive episode Structured Clinical Interview for DSM IV Axis-I Disorders, Research Version patient edition (SCID-I/P) is applied. All patients were evaluated with a semi-structured socio-demographic proforma to assess socio-demographic characteristics, Hamilton Rating scale for severity of depression (HAM-D), and Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q) SF (Short Form) to measure quality of life.

**Results:** Among them 46.15% (N=90; 41 males, 49 females) met the DSM-IV diagnostic criteria for major depressive episodes. Among the Depressed group majority are (36.7%) moderately depressed. QLESQ-SF total and each item score significantly lower in depressed group than the non-depressed group. Both the HAM-D scores and HbA1c level have significant negative correlations with QLESQ-SF total scores

**Conclusions:** Our study demonstrates that the presence of depression in type II DM further deteriorates the quality of life of the patients. Since treating depression would have a beneficial effect on the quality of life.

### F. 6.7: A study of pre- and post-operative anxiety in eye diseases

*Daniel Saldhana, Vivek Goyal, Arpita Karmakar, Preeti Menon, Kavita Bhatnagar*

**Aims and Objectives: Background:** Patients about to undergo surgery are often anxious. The fear of impending surgery on an important organ such as eye evolves considerable anxiety as complications result in blindness. Long term psychological problems may follow surgical interventions. Aim: To evaluate anxiety levels pre- and post-op in eye diseases using Hamilton's anxiety scale

**Methodology:** 100 Patients in the age-group 18 -65 years with Eye problems requiring surgical interventions, excluding those on psychotropic drugs were admitted. They were evaluated on the Hamilton's anxiety scale within 72 hrs. of admission and 48 hrs. after surgical intervention. Finally they were assessed at the time of discharge. Those with moderate to severe anxiety were given anxiolytic drugs and Psychotherapy, and only psychotherapy to mild anxiety cases.

**Results:** Mean age of the sample was 59.63 years. SD: 12.08. Male

to female ratio was 1:3. Preoperative anxiety was Mild in 74 cases, Moderate in 14 and severe in 12 cases. Post-op anxiety was mild in 84 and moderate in 16. 22% of the cases required psychoactive drugs and psychotherapy where as 78% were given only psychotherapy. Post-operatively only 18% required psychoactive drugs and Psychotherapy

**Conclusions:** Psychotropic drugs and psychotherapy has a role in reducing the anxiety in pre- and post-op cases.

### F. 6.8: Comparative study of post-partum depression and anxiety among subjects with caesarean deliveries and vaginal delivery

*Priyanka Sharma, Sandeep Choudhary, S. Sudarshan, Sachin Sharma, Supriya Vaish*  
Chatarpati Shivaji Hospital

**Aims and Objectives:**

1. To assess the psychiatric comorbidity (depression) in the Post-Partum period.
2. To compare the psychiatric co morbidity (depression) in the females who underwent caesarean section and vaginal delivery.

**Methodology:** The study was conducted in Chatarpati Shivaji Hospital, Meerut Subharti medical college. Total 50 females after delivery were selected, of which 25 females underwent caesarean section and 25 females had vaginal delivery. BDI rating scale was administered. Data was analyzed using statistical.

**Results:** Among females with caesarean subjects, depression was diagnosed in 5 as compared to 4 in subjects that delivered normally, anxiety was found in 7 with caesarean delivery, and 5 with vaginal delivery

**Conclusions:** However there was no significant difference in the frequency of depression among the two groups

### F. 6.9: A Clinical study of prevalence and pattern of anxiety and depression in pain and palliative care patients

*S.R. Saly John, R.B. Galgali, Shobha Nair*

**Aims and Objectives:**

1. To study the pattern and prevalence of anxiety and depression in patients attending pain and palliative care services.
2. To assess the need for psychiatric or psychological intervention for the betterment of the quality of life.

**Methodology:** This was a cross-sectional study conducted on inpatients referred to pain and palliative care department in a general hospital. Our study population included 150 patients from subgroups of advanced cancer, HIV and chronic pain. Patients with cognitive impairment were excluded using MMSE. Subjects were screened for symptoms of anxiety and depression using Hospital Anxiety and Depression Scale (HADS). Those screened positive were interviewed using Mini International Neuropsychiatric Interview PLUS. Visual Analogue Scale and Brief Pain Inventory were used to assess pain

**Results:** Out of the total 172 patients screened, 150 were included in the study. 57 (38%) subjects had Cancer, 57 (38%) had HIV and 36 (24%) had chronic pain. We found that 137 (91.7%) patients had symptoms of anxiety and depression. In the structured interview, 94 (68.6%) patients had a current diagnosis of depressive disorder, 9 (6.56%) had dysthymia, 8 (5.83%) subjects had generalized anxiety disorder 7 (5.10%) subjects had adjustment disorder, 6 (4.37%) had mixed anxiety and depression, 3 (2.18%) had alcohol dependence syndrome and 10 (7.30%) had no psychiatric diagnosis. Among the subjects with the current diagnosis of syndromal depression, 26 (18.98%) had mild, 48 (35.04%) had moderate and 20 (15.60%) had severe depression.

*Conclusions:* This study has found that prevalence of anxiety and depression is high in palliative care. Hence these subjects need to be screened and assessed for better clinical outcome and quality of life.

#### **F. 6.10: A cross-sectional descriptive study of prevalence and nature of psychiatric referrals from intensive care units in a medical college**

*P. Santosh Reddy, P. Kishan, N.D. Sanjay Kumar*

*Aims and Objectives:* Aim: The aim of the study was to estimate the prevalence and nature of comorbid psychiatric illness in the cases referred from ICUs.

*Methodology:* Settings and Design: Cross-sectional Observational study.

*Materials and Methods:* This study included all the consecutive patients referred from different ICUs to psychiatry department for consultation during the one year period from sep. 2011 to sep. 2012 and diagnosis was made using ICD-10.

*Results:* Will be discussed later.

*Conclusions:* Will be discussed later.

#### **F. 6.11: A clinical study of psychiatric morbidity in patients with dermatological disorders**

*Priyanka Singh, H.K. Goswami, Urmila Baruah*

AMCH, Dibrugarh

*Aims and Objectives:*

1. To study the prevalence of psychiatric morbidity in dermatological disorders.
2. To study the socio-demographic variables and to correlate them with the psychiatric morbidity in dermatological disorders.
3. To study the correlation between the type of psychiatric morbidity and diagnosis of dermatological disorders.
4. To study the correlation between the duration of dermatological disorders and psychiatric morbidity.

*Methodology:* Hospital based prospective study carried out at the OPD and indoor ward of dermatology department, AMCH, Dibrugarh. 100 cases were included in the study fulfilling the inclusion criteria that were laid for the study during a period of 11 months from september 2011 to august 2012. Patients were diagnosed by consultant dermatologist and then they were assessed by MINI plus for diagnosis of psychiatric morbidity.

*Results:* Prevalence of psychiatric morbidity was 33%. Depression was most common 45.5%, followed by anxiety disorder 18.2%, adjustment disorder 12.1%, social phobia and suicidality 9% each and dysthymia and panic disorder 3%.

*Conclusions:* The psychiatric morbidities are quite common in patients suffering from dermatological disorders specially those having chronic illnesses. Morbidity is more in patients having lesions in exposed parts of body. Further study is needed to evaluate the quality of life and progression of disease.

#### **F. 6.12: Psychiatric status, the quality of life and sexual satisfaction in women posted for hysterectomy**

*M. Vidhyavathi, Dr. Amar Bavle, Nagarathnamma,*

*G. Vishnuvardhan*

*Aims and Objectives:* To study the socio-demographic profile, quality of life, psychiatric morbidity and the sexual satisfaction of women posted for hysterectomy.

*Methodology:* A cross-sectional study of one month duration was conducted on patients undergoing hysterectomy, in a tertiary care hospital, Bengaluru. Of the 34 participants enrolled, the results were obtained from the 30 patients who completed the study.

*Results:* Majority of the women were housewives (56%), married (86%), illiterates (43%) and from families with income < 10,000Rs/month.

Literates had significantly poorer psychological wellbeing. 66.6% of those from high income families had psychological and environmental problems while 76.5% of the women had dysthymia. Majority of the women had issues with communication, contentment and compatibility with their sexual partners.

*Conclusions:* Psychiatric morbidity was high among the women posted for hysterectomy with dysthymia being the commonest. Literate women and those from high income families experience more psychological and environmental problems. Though routinely overlooked issues with communication, contentment and compatibility are common among these women. A thorough psychiatric assessment with appropriate intervention prior to hysterectomy would not only prepare them better for the surgery but will also improve the post-op recovery.

#### **F. 6.13: Psychiatric morbidity in patient with traumatic lower limb bone injury**

*Manmeet Singh, Mahesh Bhirud, Sunil Gupte*

Dr. Vasant Rao Pawar Medical College and Research centre, Nashik, Maharashtra

*Aims and Objectives:* To evaluate psychiatric morbidity among patients after 4-6 weeks of lower limb bone injury.

*Methodology:* Setting and Design: Descriptive study conducted in the Department of Psychiatry in collaboration with Department of Orthopaedics at Dr. Vasant Rao Pawar Medical College and Research centre, Nashik, Maharashtra. Subjects and Methods: Present study was carried out amongst patients who had sustained lower limb bone injury. Patients were evaluated 4-6 weeks after the trauma. The Outpatient Department of Orthopaedics was requested to refer cases of traumatic lower limb bone injury to Psychiatry OPD. 40 randomly selected patients were evaluated using semi-structured Performa and MINI version 6.0.0 (Mini International Neuropsychiatric Interview). The diagnosis was confirmed by two qualified psychiatrists of the Dept of Psychiatry. Necessary advice was given to the patient.

*Results:* Results will be discussed while presentation of paper during conference.

*Conclusions:* Conclusions will be discussed while presentation of paper during conference.

#### **F. 6.14: Pattern of inpatient psychiatric referrals within the general hospital**

*B. Swapna, K. Kiran Kumar, Fiaz Ahmed Sattar, Pallavi A. Joshi,*

*Niharika Singh, V. Pradeep*

VIMS and RC, Bengaluru

*Aims and Objectives:* To study the pattern of inpatient references to the psychiatry department.

*Methodology:* This is a cross-sectional hospital based study. Consecutive 100 cases referred to the department of psychiatry, VIMS and RC, Bengaluru from other departments were included in the study. Socio-demographic details and other related details were collected using semi structured proforma. Psychiatric diagnosis was made according to ICD-10 criteria.

*Results:* In our study it was found that the references were more from the Department of Medicine and most common references were for Alcohol Dependence syndrome followed by the assessment of Deliberate self-harm. Other common psychiatric diagnosis was Depression, Anxiety disorders, and Somatoform disorder other details regarding the socio-demographic details would be discussed at the time of presentation.

*Conclusions:* There is a large variation in the reference pattern of in patients. There is increase in references for the Alcohol dependence and for Deliberate self-harm and can be attributed to the increase awareness in the physicians about the psychiatric illness.

Abstracts

**F. 6.15: Influence of pain in depressed and non-depressed cancer patients attending a pain clinic**

A.M. Fazal Mohammed, Roy Abraham Kallivayalil, P.T. Thami, Kunj Chaco M. Jacob, Joice Geo, Abraham Verghese, Arun Gopalakrishnan

Department of Psychiatry, Pushpagiri medical college, Thiruvalla

*Aims and Objectives:*

1. To study the prevalence of major depressive disorder in cancer patients attending a pain clinic.
2. To study the influence of pain on major depressive disorder.

*Methodology:* Pushpagiri medical college is a reputed tertiary care hospital, teaching and research centre located in the central part of Kerala. Pain and palliative care clinic in the hospital caters to patients suffering from cancer, in pain and needing palliative care.

It is a cross-sectional study in which 40 consecutive new patients attending the pain clinic and consenting for the study are enrolled. Patients satisfying the inclusion and exclusion criteria are screened for depression using the Distress thermometer, for pain using visual analog scale for pain (VAS), Socio-demographic data and illness details. Those patients scoring 4 and above in the distress thermometer are again assessed for Depression using the DSM IV diagnostic criteria for major depressive disorder modified using Endicott's criteria.

*Results and Conclusion:* Results obtained will be compared using appropriate statistical techniques. The consequent findings got will be discussed.

**F. 6.16: A study report from Nepal on chronic headache and co-morbid psychiatric illness**

Uttam Kumar Gupta, Tapas Kumar Aich

Universal College of Medical Sciences, Bhairahwa, Nepa

*Aims and Objectives:* Aim was to study the socio-demographic and clinical profile of patients with chronic headache, and to study the frequency and pattern of psychiatric co-morbid illnesses amongst these patients.

*Methodology:* Aim was to study the socio-demographic and clinical profile of patients with chronic headache, and to study the frequency and pattern of psychiatric co-morbid illnesses amongst these patients. The study was done at the headache clinic under the Department of Psychiatry at Universal College of Medical Sciences, Bhairahwa, Nepal. All out patient attending our clinic over a period of three months and age between 15 years and 55 years were included in present study. Exclusion criteria all secondary chronic headache. Demographic and clinical profile of these patients were noted in a specially designed a socio-demographic and data sheet prepared for present study. SCAN was used as diagnostic instrument, HAM-A and HAM-D scale were used to rate the severity of Anxiety and Depression. Simple statistical procedure like frequency, percentage, t-Test and Chi-square test used for analysis of data.

*Results:* A total number of 70 cases were included in the present study. Forty seven (67.1%) of them could be diagnosed as migraine headache rest twenty three (32.8%) had diagnosed of Tension type headache. Forty four cases (77.1%) were female and rest were male. Psychiatric co-morbidity was present in forty seven cases (67%). Depression was the most common co-morbid diagnosis (34%). Followed by Anxiety disorder (33%). Chronic migraine populations were over represented by female, whereas patient from Tarai belt from the major patient population of Chronic Tension Type Headache.

*Conclusions:* Among Chronic Headache patient population the clinical differentiation between Migraine and Tension type headache was often difficult one, as the symptoms of Migraine could be seen in Chronic Tension Type Headache and Vice versa. Thus the concept of Chronic Daily Headache which encompasses the features of both Chronic Migraine and Chronic Tension Type Headache is a distinct clinical possibility.

**F. 6.17: Case reports of OCD and mania in HIV patients**

K.S. Ashoka Kumar, T.V. Asokan, G.S. Chandraleka, Venkatesh Madan Kumar

*Aims and Objectives:* To report 2 rare cases presenting with OCD and mania in HIV patients

*Methodology:* Description of the case A 34 year old male was referred for mood symptoms resembling mania of 4 months duration. Physical examination showed generalised lymphadenopathy and eczema. Subsequent testing was positive for HIV. His symptoms improved with mood stabilisers and HAART was initiated. A 48 year old female presented with recurrent impulses of calling aloud and intrusive sexual thoughts on seeing men. Past History revealed a HIV positive status on HAART. She was subsequently treated with SSRI medications.

*Results:* There is a speculation about the relationship of HIV to the psychiatric illness-is it causal or co morbid?

*Conclusions:* HIV is an illness with varied neuropsychiatric manifestations including organic mental syndromes, psychosis, depression and anxiety. The case reports presented above are reflective of the neurotropic aspects of HIV infection. We have not come across many literature of OCD in HIV patients though there are a few reports showing a late onset OCD in HIV. Presentation of mania in a HIV patient is rare in our experience. There is also a paucity of literature describing possible drug interactions between HAART and psychotropics.

**F. 6.18: Liaison psychiatric consultation in a tertiary care center from Chennai**

Kavita Rangaswamy, Karthick Duraisamy

SRM medical College Hospital, Chennai

*Aims and Objectives:* Socio-demographic profile and psychiatric diagnoses of patients referred to the department of psychiatry from other departments in SRM medical College Hospital, Chennai.

*Methodology:* A chart review of Patients who was referred to the Department of Psychiatry both as in and out patient departments over one year was done from Aug 2011 to July 2012. Socio-demographic profile and psychiatric diagnoses of patients referred to the department of psychiatry from other departments in the Hospital are retrieved from the available charts and data.

*Results:* Results will be discussed in the scientific forum.

*Conclusions:* Consultation liaison psychiatry in our hospital reveals the insensitivity of the health professionals in recognizing the psychiatric issues in the patients, especially the subclinical psychiatric morbidities.

**F. 6.19: Prevalence of post-partum psychiatric morbidity in hospital based population**

Bhaskar Mara, Adya Shankar Srivatsava, Balaram Pandit

SSL University Hospital, IMS, BHU

*Aims and Objectives:* 1. To study the correlation of socio-demographic variables with the psychiatric morbidity in postpartum period. 2. To study the correlation between obstetric factors and psychiatric morbidity.

*Methodology:* 100 consecutive subjects who delivered in labour room of SSL University Hospital, IMS, BHU were interviewed immediately after delivery using a semi structured proforma and were followed up after 6 weeks. Patients were assessed for psychiatric morbidities as per the DSM-IV TR criteria. Severity of psychiatric morbidities was assessed according to the scales: HAM D, HAM A, YBOCS AND BPRS. The findings of the study analyzed with the various parameters like baby's sex, religion, mother's occupation, socio-economic status, type of marriage, type of family, education, spouse habits, parity, ANC registration, plan of pregnancy and mode of delivery. Statistical analysis:-The data were entered and analyzed by SPSS version 16.0. Simple statistical analysis using Chi-square test, T-test, P value for significance and Correlation

coefficient were used.

*Results:* Will be discussed at the time of presentation.

*Conclusions:* Will be discussed at the time of presentation.

#### **F. 6.20: A comparative study on cross-sectional identification and assessment of premenstrual dysphoric disorder among college students and housewives**

*Sunil Kumar, Mukesh Swami, Parmjeet Singh, Ram Kumar Solanki, Harjinder Kaur*

*Aims and Objectives:* On account of premenstrual symptoms, majority of women during their childbearing age, suffer specifically from premenstrual disturbances of variable severity. In many, these dysfunctions adversely affect the women's functioning and overall productivity. This study was planned to explore these peculiar symptoms experienced often during the premenstrual phase of the menstrual cycle.

*Methodology:* A cross-sectional survey on 151 college girls and 150 housewives was carried out with a questionnaire of 11 items, prepared on basis of DSM IV-TR criteria for premenstrual dysphoric disorder. Analysis of the data was done with statistical software SPSS17.

*Results:* Would be discussed.

*Conclusions:* Would be discussed.

#### **F. 6.21: Relationship of disability of acne vulgaris and co-morbid depression**

*Prakash Ambekar, Sunil Goyal, Rajiv Dhir, Sunitha Shanker, Nachiket Palaskar*

*Aims and Objectives:*

1. To study the prevalence of depression in patients with acne vulgaris.
2. To study the relationship between severity of depression and acne disability

*Methodology:*

1. *Settings:* Skin out-patient department of tertiary care teaching hospital
2. Sample size = 100
3. Inclusion criteria: a. Patients diagnosed as Acne vulgaris b. Age-15-35 years Tools:
  1. Semi-structured performa for collecting demographic data.
  2. The World Health Organization-5 Well Being Index (WHO-5).
  3. The Cardiff Acne Disability Index
  4. HAM-D

*Results:* The prevalence of depression in cases of acne vulgaris was determined to be higher than in general population. The severity of depression was correlated to disability of acne. Results obtained have been analyzed with suitable statistical method and discussed.

*Conclusions:* There is a correlation between depression and disability due to acne vulgaris

### **F. 7. DELIBERATE SELF HARM**

#### **F. 7.1: Comparison of risk factors for suicidal ideations in patients of unipolar depression and schizophrenia**

*V. Umamaheshwari, Ajit Avasthi, Sandeep Grover*

*Aim of the study:* To compare the risk factors for suicidal ideation in subjects with unipolar depression and Schizophrenia.

*Methodology:* The study sample included 50 patients with unipolar depression and 34 subjects with Schizophrenia (as per MINI), aged

between 18 years and 60 years. On the basis of the score obtained on Beck Depression Inventory (score of 1 or more than 1 on suicidal thoughts and wishes) the study sample was divided into those with and without suicidal ideation. All the subjects in both the groups were assessed on Beck hopelessness scale (BHS), Beck depression inventory (BDI), Barrat's impulsivity scale version-11 (BIS-11), irritability, anxiety and depression (IDA) scale for irritability, anxiety and depression, Buss-Durke Hostile Inventory (BHI) and Brief psychiatric rating scale (BPRS).

*Results:* Twenty nine patients (58%) of unipolar depression and twelve patients (35%) with Schizophrenia had suicidal ideation. Compared to those with schizophrenia, patients with unipolar depression with suicidal ideations were significantly more frequently married, had later age of onset of illness, comorbid physical diagnosis, more anxiety, depression and irritability directed internally as assessed by IDA and had higher IDA total score. As expected, those with depression had higher BDI score, lower BPRS score and higher hopelessness as assessed by BHS. On BHI, those with schizophrenia scored higher in the domains of assault, indirect hostility and negativism.

*Conclusion:* There are certain differences in the risk factors for suicidal ideations in patients with unipolar depression and schizophrenia.

#### **F. 7.2: A study of prevalence of psychiatric co-morbidity in patients of attempted suicide**

*Ramjan Ali, H.K. Goswami*

*Aims and Objectives:* 1.To assess prevalence of psychiatric co-morbidities in patients with attempted suicide.2.To assess the socio-demographic variable in patients with attempted suicide.3.To compare the socio-demographic variables, psychiatric diagnosis and mode of suicide attempt between adolescent and adult.4.Correlation of psychiatric diagnosis and mode of suicidal attempt.

*Methodology:* Hospital based study, 100 patients between 13 years and 65 years are included. GHQ-6 applied. MINI-PLUS for assessment of psychiatric co-morbidity. IPDE applied for the diagnosis of personality disorders.

*Results:* In the present study, the most common psychiatric disorders being depression (18%), alcohol dependence (6%), alcohol abuse (5%). Among axis II disorder the most common being Histrionic personality disorder (10%), impulsive (8%), anxious personality disorder (6%) and other types were less common. The most common mode of suicidal attempt was pesticide consumption (14%) followed by phenyl (15%), sharp object (10%), hanging (10%), and prescribed drug (10%).

*Conclusions:* Suicide may be preventable with early identification of risk group and Timely intervention (at any level). Administrative measures may be helpful.

#### **F. 7.3: Psychosocial factors and psychiatric co-morbidity in patients attempting suicide**

*Prathibha Katre, Y.A. Matcheswalla, Rahim Pathan, Vanshree Patil*

*Aims and Objectives:*

1. To determine psychosocial profile of patients attempting suicide.
2. To study psychiatric co-morbidity associated with patients attempting suicide.
3. To compare those with psychiatric co-morbidity to those without.

*Methodology:* Sample of 50 consecutive patients those who had attempted suicide within last 10 years cooperative for study were included. Tools-

1. Semi-structured questionnaire
2. Becks Suicide intent score scale.
3. Life event inventory
4. Self-Reporting Questionnaire SRQ 5. DSM IV TR

*Results:* 1.Suicidal attempts were found to be common in age group

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of 16-35 years (i.e. 50%), in -females (72%), low socioeconomic state, married (60%). 2.Organophosphorus-most commonly used compound (i.e.60%).Precipitating factors -family conflicts (72%), marital conflicts (16%). 3.26% had psychiatric diagnosis, they reported more positive response on SRQ and had higher score on Beck score i.e. they had taken more (P-0.003) precaution against discovery, had timed the attempt that intervention was not probable, had not acted to gain help and had isolated themselves, were more sure that attempts would kill them that patient without psychiatric disorders with statistical significance (P=0.003).

*Conclusions:* Patients with underlying Psychiatric disorders headed for severe attempts, emphasizing need for timely intervention to save these young lives.

### F. 7.4: Clinical profile of first suicide attempters in a general hospital

Ranganath R. Kulkarni, K. Nagaraja Rao, Shamshad Begum

*Aims and Objectives:* To study clinical profile of survivors of first suicide attempt in a general hospital.

*Methodology:* One hundred consecutive cases of first suicide attempt in a general hospital were studied to know the clinical profile. Variables related to socio-demographic characteristics, family background, suicide characteristics, psychiatric morbidity and comorbidity were analyzed. Structured clinical interview (MINI Plus) and semi-structured clinical interview (IPDE) were used for axis-I and axis-II (personality) diagnoses. Risk-Rescue rating was applied to know the medical seriousness of the suicide attempt.

*Results:* Family history of substance use disorders (63%), other psychiatric illnesses (27%), and suicide (11%) were noted. Insecticides and pesticides were the most common agents (71%) employed to attempt suicide. Interpersonal problems with a significant person (46%) were the most frequent reason attributed by the suicide attempters. Overall medical seriousness of the suicide attempt was of moderate lethality (low risk, high rescue group). 93% of the suicide attempters had at least one axis-I and/or axis-II psychiatric disorder. Most common diagnostic categories were mood disorders, adjustment disorders and substance related disorders, with axis-I disorders (89%), personality disorders (52%) and comorbidity of psychiatric disorders (51.6%).

*Conclusions:* Individuals who made first suicide attempt were young adults, had lower educational achievement; overall seriousness of the suicide attempt was of moderate lethality (low risk, high rescue), high prevalence of psychiatric morbidity, personality disorders and comorbidity.

### F. 7.5: Prevalence and correlates of suicidal ideation and attempts in BPAD: A retrospective review

K. Arun, Abbas Mehndi, Mona Srivatsava

Sir Sunderlal Hospital of IMS BHU

*Aims and Objectives:* Few studies have investigated the prevalence of and risk factors for suicidal ideation and attempts among representative samples of psychiatric patients with bipolar affective disorders.

*Methodology:* All the charts maintained at the out patient section of the psychiatry department of Sir Sunderlal Hospital of IMS BHU were screened. The charts which were diagnosed as bipolar affective disorder were included in the analysis. The charts were diagnosed by the consultant incharge. The charts were analyzed for the socio-demographic data, age at onset, past, personal and family history, symptomatology, presenting symptoms, treatment details. The presence of suicidal attempt, suicidal ideation was assessed from the charts.

*Results:* During the current episode, 39 (20%) of the patients had attempted suicide and 116 (61%) had suicidal ideation; all attempters also reported ideation. During their lifetime, 80% of patients (N=152) had suicidal behavior and 51% (N=98) had attempted suicide. The analysis showed, severity of depressive episode and hopelessness

were independent risk factors for suicidal ideation, and hopelessness, comorbid personality disorder, and previous suicide attempt were independent risk factors for suicide attempts. Compliance of medication was a significant protective factor in terms of suicidal intent.

*Conclusions:* Over their lifetime, the vast majority (80%) of psychiatric patients with bipolar disorders have either suicidal ideation or ideation plus suicide attempts. Depression and hopelessness, comorbidity, and preceding suicidal behavior are key indicators of risk. Optimal treatment and follow up serve as important protective factors.

### F. 7.6: Risk factors of patients admitted with suicide attempt in Tata Main Hospital Jamshedpur

Manoj Sahoo, Prabhat Verma, Sanjay Agarwal

Tata Main hospital Jamshedpur

*Aims and Objectives:* To understand the psychological, social and other risk factors associated with patients admitted with suicide attempt in Tata Main hospital Jamshedpur

*Methodology:* The study is being carried out in the Tata Main Hospital Jamshedpur. Any act of self-damage inflicted with self-destructive intentions, however vague or ambiguous will be taken as suicide attempt, for the purpose of the study. Consecutive 100 suicide attempters referred from medical or surgical wards over a period of 6 months are taken up for study. Patients are interviewed once they gain physical stability after resuscitation and a period of observation in medical or surgical unit. Close family members of each patient are interviewed for additional information. Data is collected on socio-demographic sheet and specific Performa to collect various risk factors contributing to this behavior specifically designed for this study. Chi-square test used for comparison of categorical variables and t-tests for comparison of means.

*Results:* As per preliminary results male female ratio is close to one. Younger age, lower-middle income group, urban background, school educated, unemployed were more represented in this study. Around 60% of patients had psychiatric disorder but few among them had had treatment. Increase family conflicts, marital problems, financial difficulties and perceived humiliations are other risk factor frequently associated.

*Conclusions:* The risk factors associated in this study has preventive implications.

### F. 7.7: Trends in the methods used for suicide: A hospital based study

K. Kiran Kumar, Fiaz Ahmed Sattar, B. Swapna, A. Pallavi Joshi, Niharika Singh

*Aims and Objectives:* Introduction: Suicide is a major public health concern and it is one of the commonest Psychiatric emergencies. WHO estimates that about 170 000 deaths by suicide occur in India every year. Suicide rates are increasing and have become a global concern with an increase of suicide rate by 43% in the last three decades in India alone. Understanding the impact of popular suicide methods on overall rates of suicide may have important implications for public health surveillance.

*Aims and Objectives:* The aim of the present study was to assess the methods for attempted suicide.

*Methodology:* Cross-sectional study in a tertiary level hospital. Consecutive 100 cases of attempted suicide coming in contact to an investigating team were evaluated for methods opted for attempting suicide with the help of a special structured proforma and demographic variables were recorded and analyzed.

*Results:* Majority of the suicide attempters (47%) were in the age group of 11-20 years, and females (56%) outnumbered males. Sixty five percent of the subject belonged to urban background. Out of 100 suicide attempters 54 of them attempted by consuming poison, 27 by

drug overdose, 11 by hanging, 5 by using sharp instruments, 2 by burns and 1 by drowning.

**Conclusions:** This hospital based study may help in understanding about the various commonly used methods of suicide attempts which may be helpful in formulating suicide prevention strategies at different levels.

### **F. 7.8: Observation of coping style in adolescent with deliberate self-harm: A cross-sectional study**

*Amrita Chakraborti, Prasenjit Ray, Asim Kumar Mallick*

**Aims and Objectives:** To observe coping style in adolescents attempting self harm.

**Methodology:** The study is a cross-sectional one and would be conducted in outpatient setup of a medical college hospital. Adolescent males and females, aged between 10 years and 19 years, capable of understanding Bengali, who attempted self-harm in recent past and cooperative for interview, would be assessed using the Bengali version of Coping Checklist (Rao et al., 1989), after obtaining written informed consent. The responses would be analyzed using appropriate statistical software to find out coping style of the individual and the results would be compared across different socio-demographic variables.

**Results:** As it is an on-going study the results would be shared at the time of presentation.

**Conclusions:** As it is an on-going study the conclusion would be shared at the time of presentation.

### **F. 7.9: Process of first suicidal attempt and its correlates**

*Dushad Ram, T.S. S. Rao*

JSS Medical College Mysore

**Aims and Objectives:** To find out process of suicidal attempt, demographic characteristic, and its relationship in subjects with first suicidal attempt.

**Methodology:** In this hospital based cross-sectional study hundred consecutive subjects were recruited after informed consent by purposive sampling method, which were admitted for the first suicidal attempt and were stable. Inclusion criteria included both male and female, suicidal attempt within 15 day, age more than 14 years. Exclusion criteria included terminal illness, inability to recall details of suicidal attempt, presence of psychotic symptoms. Assessment was done using socio-demographic and clinical proforma, suicide specific behavior questionnaire and Pierce suicide intent scale. Group difference for categorical variables were examined with the Chi-square test, whereas an independent t-test was used for continuous variables.

**Results:** Sample was characterised by attempters aged between 20 and 39 (64%), Hindu (96%), belonged to middle socioeconomic status (47%), educated up to pre-university (49%), used poisoning as a method for index suicidal attempt (94%). Most of them got information that suicide can be an option first time about months- years back through media, index was the first attempt committed within minutes to hours of decision to commit suicide and used whatever means were available. Though they were little tensed but mostly sad and believed that attempt was done when they were under the control of emotion and didn't try to resist it. Most of the variables in process of suicide have significant correlation with socio-demographic variable.

**Conclusions:** The process of first suicidal attempt may have significant relationship with socio-demographic characteristic who attend tertiary centre. Further study needed with more sample size and comparison with multiple attempters.

### **F. 7.10: Psychosocial-cultural factors and life events in relation to attempted suicide**

*C.L. Pradhan*

STNM Hospital, Gangtok

“Suicide is a permanent solution for a temporary problem”. It has become a major health problem which is alarmingly increasing at a tremendous rate worldwide leading to loss of human life.

In view of the rising suicidal tendencies, the present study was designed to assess the relationship of psycho-socio-cultural factors with respect to life events in suicidal patients. The study was undertaken in the department of psychiatry, STNM Hospital, Gangtok. Patients were recruited from the Psychiatry OPD, indoor admission and casualty of STNM Hospital presenting with suicidal attempts. For each suicidal attempter, the next consecutive subject presenting with suicidal ideation was incorporated as a comparison. Total of 94 subjects were enrolled, 47 patients each with suicidal ideation and attempters matched for psycho-socio-cultural variables.

Diagnosis was made on the basis of DSM-IV criteria and was assessed on HAM-D as well as SIQ for suicidal intent. Results showed that the suicidal attempters had significantly higher HAM-D, PSLE and SIQ scores compared to the control group.

## **F. 8. FORENSIC PSYCHIATRY**

### **F. 8.1: Emerging trends in neurolaw – The marriage of science and law**

*Julian A.C. Gojer*

In the last decade neuroscientists have attempted to answer certain complex legal issues like the insanity defense, fitness to stand trial, risk assessments and lie detection. A recent case, involving a neuroscientific technique, from Mumbai has sparked considerable ethical interest internationally. How much reliance should we be giving to emerging neuroscientific techniques in the courtroom and where are we heading?

**Objectives:** Review basic legal concepts relevant to psychiatry.

Review how the neurosciences are being used to answer complex legal questions in the area of criminal law.

Presentation of selected legal cases including an Indian perspective

Discuss if science usurps the role of the fact finder?

### **F. 8.2: Exclusion of mental illness from the domestic violence act – Is it justified?**

*Indira Sharma, Abhishek Pathak, Nasra Shariff*

**Aims and Objectives:** The fact that Domestic violence could be because of mental illness in the victim or the perpetrator has been ignored in the Protection of Domestic Violence Act (2005). To present a patient with bipolar affective disorder who lodged a police report regarding domestic violence.

**Methodology:** A 28-year-old, 12th class pass, old Hindu woman of middle socio economic status, lodged a police report at Mirzapur of violence and confiscation of her dowry. After ensuring the return of the dowry to her and affidavit regarding transfer of the property in her name, the police staff insisted that she was definitely mentally sick as she talked incessantly and advised the family to get her treated. She was brought to the hospital and admitted. She was diagnosed as bipolar disorder.

**Results:** She improved with treatment and was discharged after 15 days. At the time of discharged she had good insight and regretted that she had made the police report and shamed the family.

**Conclusions:** The above case highlights that the dowry was a non-issue. The main issue was symptoms of mental illness.

### **F. 8.3: Females with severe mental illness in remission: Psychological and human rights issue**

*Javagal Krishnamurthy Vathsala, Dushad Ram, T.S.S. Rao*

JSS Medical College Mysore

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### *Aims and Objectives:*

- To know the pattern of psychosocial consequences and human rights issues in females with Severe Mental Illness after remission from index episode.
- To know the relationship of psychosocial and human rights issues with socio-demographic variables.

*Methodology:* This hospital based cross-sectional study included 38 consecutive female patients aged 18-65 years discharged after an episode of severe mental illness selected by purposive sampling method after taking an informed consent. These patients were assessed for psychosocial and human right issues using a Questionnaire for Psychosocial Functions and Human Rights. They were also assessed using Rating Scales like HAM-D, YMRS, and BPRS and IDEAS for any syndromal disorder and disability respectively at the time of assessment. *Results:* Out of the 38 patients assessed, the commonest psychosocial issue was in the area of change in the attitude of acquaintances, peers, colleagues, neighbours, and community members (23%) followed by changes in social interaction (21%), support from acquaintances, peers, colleagues, neighbours, and community members (21%). The commonest Human Rights Issue was in the area of Freedom of Expression.

Marital status, socio-economic status, occupation and diagnosis were significantly correlated with the psychosocial and human rights issues.

*Conclusion:* Severe mental illness often results into psychosocial and human rights issues that can have adverse effect in the management. However, further studies with a larger sample size is suggested.

### **F. 8.4: Association of socio-demographic variables in victims of domestic violence**

*Arvind Jinger, Pradeep Sharma, Alok Tyagi, Anil Tambi, Gunjan*

Mahila Salah Suraksha Kendra, Jaipur

*Aims and Objectives:* A study to find out associations of socio-demographic variables in victims of domestic violence who attending Mahila Salah Suraksha Kendra, Jaipur

*Methodology:* The present study was carried out on a sample population of 35 women consecutively attending Mahila Salah Suraksha Kendra, Violence against women counseling Centre Jaipur. These subjects were retrospectively asked about the socio-demographic variable including age, sex, occupation, education, marital status etc., with using suitable inclusion and exclusion criteria.

*Results:* Majority of the women in case group (80%) fall in age range 19-32 years, and 63% were married and 32% were separated and 3% each were either widow or divorce. One quarter belong to Housewives 25.71%. Secondary level as against to 2/3rd of the controls (68.57%). In Family types 89% of case group woman as against to 75% controls belong to joint family. As regards to occupational status of these two groups it is observed that one quarter of the sample in each group belong to Housewives (Case group women 28.57%, Control group women 25.71%). Nearly 50% of sample (45.71%) in each group was hailed from skilled worker category.

*Conclusions:* Less educated working women are more prone to domestic violence.

### **F. 8.5: Prevalence and patterns of domestic violence against women mentally ill patients attending psychiatric OPD**

*Nand Kishore, Nupur Niharika, A.K. Seth, Umang Kochhar, Abhineet*

Santosh Medical College Hospital in Ghaziabad

*Aims and Objectives:* To study the prevalence and patterns of Domestic Violence against women mentally ill patients attending psychiatry OPD

of a tertiary care teaching hospital.

*Methodology:* The study will be cross-sectional and descriptive in design on women mentally ill patients attending Psychiatry OPD of Santosh Medical College Hospital in Ghaziabad in NCR Delhi. 50 consecutive mentally ill adult women patients attending Psychiatry OPD, giving written and informed consent will be included in the study. Patients having mental retardation on clinical assessment will be excluded from the study. Diagnosis of psychiatric illness will be made as per ICD-10 (WHO, 1992). A semi-structured interview proforma will be used to collect information on socio-demographic details. Women Abuse Screening Tool (Brown JB *et al.*, 2000) will be used to screen for the presence and to assess the patterns of Domestic Violence in all the subjects included in the study. Relevant statistical tests will be applied for the analysis of the collected data.

*Results:* Will be presented.

*Conclusions:* Will be presented.

## **F. 9: GERIATRIC PSYCHIATRY**

### **F. 9.1: A study of subclinical hypothyroidism and cardiovascular risk in the elderly depressed women**

*Adit Ranawat, R.K. Solanki, Mukesh Kumar Swami*

*Aims and Objectives:* As we know that the mild thyroid failure can have a number of clinical effects such as depression, memory loss, cognitive impairment and a variety of neuromuscular complaints. Myocardial functions have been found to be subtly impaired in depression. The main purpose of this study is to find out association of subclinical hypothyroidism to cardiovascular risk.

*Methodology:* To fulfil the above aim the present study was planned. Sixty four depressed elderly women were recruited for the study meeting the inclusion and exclusion criteria and willing to participate in the study.

The study sample is divided in two groups on the basis of TSH level i.e. subclinical hypothyroidism (34) and euthyroid (30)

The lipid profile of both the groups were compared

*Results:* In our study the hypothyroid groups have increased serum total cholesterol, low density lipoprotein and decreased levels of high density lipoprotein fraction. All these levels are indicative of increased cardiovascular risk.

*Conclusion:* On the basis of the results there is high association of subclinical hypothyroid depression and cardiovascular risk. All the elderly depressed women should be thoroughly assessed for TSH and lipid profile to detect subclinical hypothyroidism and altered lipid levels, so as to avoid cardiovascular risk.

### **F. 9.2: Delineate the characteristics of PTSD, and its impact on mental health quality of life in later life**

*Mohit Chopra*

*Methodology:* 1,185 older adults, with a mean ( $\pm$ SD) age of 73.53 ( $\pm$ 5.98) years, at Veterans Affairs primary-care clinics, screening positive for mental distress and/or suicidal ideation were assessed for trauma and PTSD, along with co-morbid depression, anxiety and alcohol use disorders, using the Diagnostic and Statistical Manual-Fourth edition (DSM-IV) criteria. MHQoL was assessed using the Short Form-36 mental component score.

*Results:* Eighty-one (6.8%) participants were diagnosed with PTSD, while the remaining could be divided as: Partial PTSD ( $n=114$ , 9.6%), trauma only ( $n=319$ ), and no trauma ( $n=661$ ). The PTSD group had higher frequencies of co-morbid depression and anxiety disorders, and lower prevalence of at-risk drinking compared to the other groups. PTSD had an independent negative effect on MHQoL, after accounting for



the co-morbid disorders. PTSD was reported to be present for 28 ( $\pm 19$ , range: 1-64) years, and a chronic, fluctuating course was observed over six months of prospective observation.

**Conclusions:** Similar to other lifetime MH disorders, PTSD is chronic, fluctuating disorder, with negative effects on MHQoL in older adults. (Military/Geriatric Psychiatry)

### F. 9.3: Correlation of socio-demographic/clinical factors with quality of life in elderly persons with cognitive impairment

Abdul Quadir Jalani, Shailendra Mohan, Dhanjay Chavan, S.C. Tiwari

**Aims and Objectives:** To assess the quality of life; and correlation of QOL with various socio-demographic and clinical factors in persons suffering cognitive impairment.

**Methodology:** This study is a part of Lucknow Rural Elderly Study. All people aged > 55 years in a defined geographical rural area were screened on Hindi Mental State Examination (HMSE), and those who scored < 23 on HMSE were further assessed on CAMDEX-R for confirmation and categorization of cognitive impairment. All the studied subjects were assessed on WHO QOL-BREF (Hindi).

**Results:** Out of total sample (N=1243); 6.5% (n=81) subjects were screened positive on HMSE. Of these (n=81), 81.5% had a diagnosable cognitive impairment. Socio-demographic factors like age, gender, religion, educations, marital status and socio economic status do not correlate with quality of life.

**Conclusions:** Quality of life of patients with cognitive impairment is independent of socio-demographic factors. There is need of consideration of physical co-morbidity (higher prevalence) while evaluating quality of life.

### F. 9.4: Assessment of caregiver burden in caregivers of dementia patients

Ambica, Keshav Pai, Supriya Hegde, Ravish Thunga  
Kasturba Medical College Hospital, Attavar

**Aims and Objectives:** To assess the care giver burden while caring for dementia patients. To assess the emotional and psychological well being of carers of dementia patients.

**Methodology:** This is a cross-sectional study done in kasturba medical college hospital, attavar. Primary caregivers of dementia patients on treatment are approached and informed consent obtained. Care giver burden is assessed using a 22 item self-rated questionnaire. A translated kannada version of Zarit burden interview is used and the scores marked on a likert scale of 0-5 ('never' to 'always'). The scale has a total score of 88. Higher the score, higher the burden. Sample size, n=30. The results would be subjected to statistical analysis.

**Results:** Results would be discussed on the day of presentation as it is an on-going study.

**Conclusions:** Yet to conclude the study.

### F. 9.5: Prevalence of depression in non-psychiatric geriatric inpatients in developing countries: A cross-sectional multicentre study

Virukashi Jalihal, Pallavi Joshi, Charanya, Bakhir Karim, Rohit Shankar

**Aims and Objectives:** To study the prevalence and severity of depression in general hospital geriatric population in developing countries.

**Methodology:** It is a cross-sectional study, the study participants were inpatients older than 65 years. Any patient who had known mental illness, dementia, cerebrovascular disease or any form of confusional

state was excluded from study. The Geriatric Depression Scale Short Form (GDS-S) was administered to general hospital inpatients in 3 centres (Mangalore, Mumbai and Erbil) in 2 developing countries (India and Iraq) over 2 weeks.

**Results:** The total patients screened for the study were 3147 of whom 402 patients satisfied the study criteria and gave their informed consent to participate. 233/402 (58%) subjects had GDS score of > 5 indicative of depression. 106/402 (26%) subjects had GDS score of > 10 indicative of definite depression. There appear to be much higher rates of depression in all 3 centres; the prevalence varied between 52% in Mangalore, 60% in Erbil and 70% in Mumbai. However there was a great degree of variation in the degree of depression in different centres.

**Conclusions:** It is concerning that such high levels of undiagnosed or unscreened depression exist in general hospital inpatient settings in developing countries. There is a pressing need to develop psychiatric services and train the general hospital staff to meet the psychiatric needs of these elderly and vulnerable individuals.

### F. 9.6: Depression and social support in the elderly

Virinichi Sharma, V. Sharbandh Raj  
S.V.S Medical College, Mahaboobnagar

**Aims and Objectives:**

1. To know the prevalence of depression in the elderly population.
2. To assess the social support in the elderly population.
3. To correlate the severity of depression with the social support.

**Methodology:** Place of study: S.V.S medical college, mahaboobnagar. Time of study: From May 2012 to October 2012. Study sample: The study sample consists of 100 people aged above 65 years who are screened for depression and their social support is assessed. The prevalence and severity is correlated with the amount of social support.

**Methods:**

1. GERIATRIC DEPRESSION SCALE (GDS)-to screen for depression.
2. ICD-10 RDC-for confirming the diagnosis of depression.
3. Hamilton rating scale for depression-to rate the severity of depression.
4. Duke Social Support Index scale"-to assess the social support in the study population. Statistical analysis: is done using SPSS.

**Results:** Will be discussed later in the conference.

**Conclusions:** Will be discussed later in the conference.

### F. 9.7: Prevalence of depression among older people with diabetes: A population based study

K.S. Shaji, K.S. Jyothi, Sebind Kumar, T.P. Sumesh, P.P. Rejani, N. Anisha

**Aims and Objectives:** To compare the nature of depressive symptoms among community resident older people with and without diabetes.

**Methodology:** All older people (65 years or more) with history of diabetes and an equal random sample without diabetes were invited to take part in the study. All consenting subjects were interviewed by clinicians who made assessments using montgomery-asberg depression rating scale (MADRS). Diagnosis was made using ICD-10 criteria. The total score, as well as the presence or absence MADRS items, were compared among the groups with and without diabetes.

**Results:** A total of 583 older people were evaluated. There were 166 cases of depression. Among these cases, 63 had diabetes and 103 did not. There was no significant difference when total MADRS scores were compared. However, reduced sleep (item 4 of MADRS) was more frequent in the diabetic group. The frequencies of all other symptoms were found to be similar.

**Conclusions:** We have earlier reported similar prevalence rates for

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depression among older people with and without diabetes. It appears that this is true regarding the clinical features except sleep disturbance which is more common in those with diabetes.

### **F. 9.8: Clinical features of late life depression: A study of people with and without diabetes**

*Sumesh T.P. Sebind Kumar, K.S. Jyohti, P.P. Rejani, N. Anisha, K.S. Shaji*

*Aims and Objectives:* To compare the nature of depressive symptoms among community resident older people with and without diabetes.

*Methodology:* All older people (65 years or more) with history of diabetes and an equal random sample without diabetes were invited to take part in the study. All consenting subjects were interviewed by clinicians who made assessments using Montgomery-asberg depression rating scale (MADRS). Diagnosis was made using ICD-10 criteria. The total score, as well as the presence or absence MADRS items, were compared among the groups with and without diabetes.

*Results:* A total of 583 older people were evaluated. There were 166 cases of depression. Among these cases, 63 had diabetes and 103 did not. There was no significant difference when total MADRS scores were compared. However, reduced sleep (item 4 of MADRS) was more frequent in the diabetic group. The frequencies of all other symptoms were found to be similar.

*Conclusions:* We have earlier reported similar prevalence rates for depression among older people with and without diabetes. It appears that this is true regarding the clinical features except sleep disturbance which is more common in those with diabetes.

### **F. 9.9: Psycho social interventions for caregivers of dementia**

*A. Thirumoorthy, T.V. Vijayan, Mathew Verghese*

*Aims and Objectives:* The aim of the present paper is to review the efficacy of psychosocial interventions among family caregivers of persons with dementia. To review studies related stress, burden depression among the care givers of dementia. To review studies related to various psycho social interventions used to address the psychosocial problems of caregivers of dementia.

*Methodology:* A systematic review of the different types of psycho social interventions focused on caregivers of people with dementia will be collected through research studies and evidence based literature.

*Results:* This paper will high light those psychosocial interventions with a clearly defined aim that includes giving information and having a conversation group have significant, positive effects on burden, depression and stress for caregivers of people with dementia.

*Conclusions:* Psychosocial interventions may improve outcomes for caregivers and reduce the likelihood of institutionalization for care recipients. Caregiver interventions have been successful at increasing caregiver knowledge, improving mood, reducing stress and depression levels, and delaying nursing home placement.

### **F. 9.10: Psychiatric morbidity in elderly patients reporting to tertiary care general hospital**

*Vinay Kumar, M. Kishor, T.S. Sathyanarayana Rao, A. Triveni*  
JSS Medical College Mysore

*Aims and Objectives:* To study the psychiatric morbidity among elderly patients reporting to outpatient Departments of Tertiary Care General Hospital.

*Methodology:* Sixty consecutive elderly patients aged 60 years or above of either sex, reporting to General Outpatient registration counter of JSS Medical College and Hospital, were considered for Study.

- Inclusion criteria: Those who were aged 60 years and above of either sex.
- Exclusion criteria: Those who reported to casualty.

Informed consent was taken and they were screened with General Health Questionnaire (GHQ-12). Those who are positive on GHQ-12 criteria were further evaluated for diagnosing psychiatric morbidities according to WHO ICD-10.

*Results:* Out of 60 patients (63.3% males and 36.7% females) screened, 58.3% were positive and 41.7% were negative for GHQ-12. Among positive patients, 82.8% were diagnosed with psychiatric morbidity and 17.2% were not having any syndrome of psychiatric illness. Nine (31%) cases of depression (6 Mild and 3 Moderate), seventeen (58.6%) cases of substance dependence (3 Alcohol and 14 Nicotine), two (7%) cases of Generalized Anxiety Disorder and one (3.4%) case of Dementia were diagnosed according to WHO ICD-10 criteria. Physical co morbidity among GHQ-12 positive patients were 25.7% cases of Hypertension, 8.5% cases of Diabetes Mellitus, 11.5% cases having both Hypertension and Diabetes Mellitus and 54.3% cases having other morbidities.

*Conclusions:* Studies on geriatric population will be important for future health care management. Psychiatric morbidity will adversely have an impact on physical illness. Substance use disorders and depression among elderly population may be of concern, which needs to be further studied with larger population.

### **F. 9.11: Prevalence of depressive disorders in elderly in a rural and suburban area of Uttar Pradesh**

*Ajay Kumar Singh, Sanjay Gupta, T.B. Singh*

*Aims and Objectives:* To know the prevalence of depressive disorders in older age and its possible association with socio-demographic variables in a rural and suburban area of Varanasi district, Uttar Pradesh.

*Methodology:* The study included 200 individuals of  $\geq 55$  years of age, who represented the families selected by systemic random sampling of the study villages. The distribution of depressive disorder was assessed by community based cross-sectional approach, face to face interview for socio-demographic details and subsequently screening was done by using geriatric depression scale – 15 items. Screened positive individuals were interviewed and assessed on a semi structured PSE-10 part I and diagnosed in accordance with the ICD-10 criteria.

*Results:* The overall prevalence of depressive disorders in a rural and suburban study area of U.P. was 27.5%, higher in females (30.7%) than males (23.9%). The prevalence rate of depressive disorder was highest (86.7%) in oldest old ( $>80$  years.) individuals and the lowest prevalence of depressive disorder was in 55-60 years age group (13.6%). Present study show increase in prevalence rate with increasing age. The prevalence was higher in rural then sub urban area. The prevalence was higher with low socioeconomic status (32.9%) compared to upper and upper middle (14.6%) groups. The prevalence was higher in single (62.1%) compared to married group (15.4%). Depressive disorders were more in individuals who had physical problems (37.1%) as compared who do not had physical problems (5%). Mild depression was the most common (11.5%) depressive disorder in both rural and sub-urban population.

*Conclusions:* With an overall prevalence of 27.5% depressive disorders had a high societal burden in study population. Increasing age, low socio-economic status, fewer years of education, low family income, marital factors, and physical problems were associated with depressive disorders in the study population.

## **F. 10. INTROSPECTIVE ASPECTS OF PSYCHIATRY**

### **F. 10.1: Mental Illness: Who do the health professionals blame?**

*Biswadip Chatterjee, Rajesh Sagar, Piyali Mandal, Nand Kumar, Anamika Sahu*

*Aims and Objectives: Background:* Stereotyped attitude and stigma towards mentally ill patients and their families is fairly prevalent in community but a similar attitude is not expected among healthcare professionals. *Aims and objectives:* To assess and compare the stereotyped and stigmatizing attitude towards mentally ill and their families among health healthcare professionals. Secondary objective was to compare the effect of professional orientation and length of time in the healthcare field on the above variables.

*Methodology:* Total of 100 healthcare professionals belonging to a tertiary care centre participated in the study comprising of mental-health professionals, non-mental health professionals and nursing professionals. After taking an informed consent, detailed socio-demographic and professional profile was recorded in a semi-structured proforma. The stereotyped attitude towards mentally ill was assessed using Community Attitudes towards the Mentally Ill scale. The stigmatizing attitude towards the patient and the family was assessed using nine-item Attribution Questionnaire and Family Questionnaire respectively. In order to test the validity of participants' responses, Marlowe-Crowne desirability scale was applied.

*Results:* Difference in attitude and the level of stigma was found between the three groups. Correlation between professional orientation, length of time in the field and the scale scores was noted. The results will be discussed further in detail during the presentation.

*Conclusions:* This study provides insight into the attitude of the healthcare professionals towards mentally ill and their family. Besides usual professional training there is need to sensitize all healthcare professionals regarding mental illness.

#### **F. 10.2: What is different in psychiatric practice in developing and developed world? An experiential account from Australia and India**

*Nagesh Pai, Naveen Chandra*

*Aims and Objectives:* This is a narrative account of two psychiatrists (from Wollongong, NSW and Mangalore, India) who swapped their location of practice and reviewed their experiences.

*Methodology:* Experiential account of two geographically similar locations are compared after swap and the outcome is being discussed

*Results:* The rural community seem to relatively accepting of people with mental disorders, perhaps out of necessity because, in rural India, people with mental disorders generally remain within the family and village community due to an absence of viable alternatives. Culture is likely to influence the experience, expression and determinants of stigma, and the effectiveness of different approaches to stigma reduction, and there is an unmet need for further research into this phenomenon in non-western cultures Even in Australia, considerable socioeconomic and geographic inequities in access to health services exist. Because health care services are not in unlimited supply or ubiquitously available, key challenges of level of service provision, availability, affordability and accessibility of services in addition to sustainability of service provision remain unanswered.

*Conclusions:* In conclusion, 'No one size fits all' in rural and remote areas. Recruitment and retention in rural and remote areas will remain problematic without all the other service prerequisites in place

#### **F. 10.3: The dummies guide to patient safety and risk management system in psychiatry: Lessons from Australia**

*Rajeev Jairam, Kim Breckon*

*Aims and Objectives:* Patient safety and risk management is an important part of good mental health management. NSW in Australia has implemented an effective system, the Incident Information Management System (IIMS). Such a system is necessary, especially in large hospitals, as it offers ability to comprehensively manage safety and risk in clinical settings.

*Methodology:* We describe the mechanics of IIMS from reporting to

action. IIMS data for 2011 from Campbell town Hospital (56 psychiatry beds including 10 adolescent beds) and associated outpatient clinic over a 12 month period were reviewed. Those incidents that needed further investigation via reportable incident briefs (RIBs), adverse event reviews (AERs) and root cause analyses (RCAs) were examined in greater detail.

*Results:* There were in total 741 IIMS reports in 2011 from Campbell town hospital psychiatry department and 71 reports for the associated out-patient clinic. Of these 45 had a Severity Assessment Code (SAC) of 1 or 2 which merited further investigations. There were 26 AERs and 5 RCAs during this period. We further elaborate these using case examples and present key recommendations from them.

*Conclusions:* Every psychiatric hospital and unit needs an effective patient safety and risk management system. Investigation of the more serious incidents does generate recommendations which further enhance patient safety. The process of applying such a system is discussed together with its advantages and challenges.

#### **F. 10.4: Ethical perspective of published literature in the Indian Journal of Psychiatry**

*Rashmita Saha, Suman Kumar Sinha, Dinesh Kumar Sinha*

*Aims and Objectives:* To examine the reporting of written informed consent and ethical approval in the published articles of Indian Journal of Psychiatry (IJP).

*Methodology:* All the original research articles published in the IJP during the period of 2008-11 were examined to collect data with respect to reporting the ethical aspects of the reported research. The data was tabulated and analyzed using descriptive statistical methods.

*Results:* Ethical approval was reported in 28.7% of the original articles. Written informed consent is reported in 40.2% of the original articles rest being either not mentioned explicitly or not being informed. Source of funding and conflict of interest is reported in all the articles.

*Conclusions: Discussion:* The ethical aspects of articles need to be improved while writing the articles. It may help to make it mandatory for authors to explicitly report this for their articles just on the pattern of source of funding and conflict of interest.

#### **F. 10.5: A study of Psychiatrists – Their reasons for choosing psychiatry and the level of stress**

*Naik Ajit Ramakant, Shilpa A. Adarkari*

*Aims and Objectives:*

1. To study the reasons for taking up psychiatry for post-graduation, among psychiatrists.
2. To study the level of stress amongst them.

*Methodology:* The study was conducted amongst 100 psychiatrists of a metro city. Those in academic institutes as well as in private practice were included in the study. Permission of the Institutional Review Board was taken. After obtaining the written informed consent, the Psychiatrists were given a semi-structured proforma with questions about the reasons for choosing psychiatry as a career. An abbreviated Maslach Burnout Inventory scale was used to assess the levels of stress in them.

*Results:* Variety of reasons like "exposure during undergraduate training," "personal experience," "entrance exam results" were obtained. This data and the data about the level of stress were then tabulated and appropriate statistics was applied. The results are discussed.

*Conclusions:* The conclusions are discussed in paper.

#### **F. 10.6: Trends in scientific research spanning across a decade in two major Psychiatric Journals: A comparative study**

*Wenona H. Fernandes, Anil Rene, Abhijit Nadkarni, Xiyun E. Fernandes*

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*Aim:* To compare the trend of research publications between a national (Indian journal of psychiatry) and regional (East Asian journal of psychiatry) journal.

*Objectives:* To assess trends in original research articles in both the journals viz theme of study, sub-speciality involved, type of study, setting of study, co-morbidity, ethical clearance, statistical analysis carried out.

*Methodology:* An analysis of original research articles published in the Indian Journal of Psychiatry and The East Asian Journal of Psychiatry from the year 2001 to 2010 was carried out. following data was extracted:-Theme of Study, Sub Specialty Involved, Type of Study, Setting, Ethical Clearance and Statistics. Results were compared within each journal and across the two journals over the decade. Data was analyzed using STATA software.

*Results:* Data analyses under way.

*Conclusions:* The variance in themes reflects the mental health concerns at national and regional level. Data analyses are still under way but preliminary findings suggest qualitative and quantitative differences across the two journals.

### F. 10.7: Psychiatric organizations in times of psychosocial adversity

Dinesh Sinha

The presentation will focus on 'Psychiatric Organisations in times of Psychosocial Adversity'. We will discuss the historical and recent movements within psychiatric health care settings, including the effects of splits between biological and psychological psychiatry.

There will be discussion of the divisions of care in the UK into primary, secondary and tertiary systems with the role of the care program approach. We will compare and contrast models of psychiatric organisations. This will include the public and private sectors in various international settings to explore the evolving nature of the psychiatrist – patient relationship and the impact of organisational change. Clinical vignettes will illustrate problems left unanswered by the prevalent models of case management, such as in establishing therapeutic alliance and responding to complexity. We will evaluate the crucial role of psychiatric organisations in the delivery of mental health care and in modulating the patient's overall experience of adversity.

Additionally there is now real change impacting on current and future healthcare provision, resulting from the on-going economic challenges. The focus then needs to be on the patient's perspective; the stress of maintaining therapeutic relationships and resultant gaps in care. The question is if psychiatrists and psychiatric organisations are able to remember lessons from the past to serve the growing needs of the future.

## F. 11. MENTAL HEALTH ASPECTS OF MEDICAL/ PSYCHIATRIC EDUCATION

### F. 11.1: A study of professionalism in a medical college

Anuragha Durairaj, Thyloth Murali, N. Manjunatha

*Aims and Objectives:* To study the professionalism in a medical college among interns, residents and medical faculty

*Methodology:* This is cross-sectional questionnaire based study conducted at MS Ramaiah Medical College, Bengaluru. The data from all participants is collected in "Penn State College of Medicine professionalism Questionnaire" which has undergone good validity and reliability. This contains 36 items representing six elements of professionalism: accountability, altruism, duty, excellence, honesty and integrity, and respect, with six items representing each element.

*Results:* Data will be analyzed with appropriate statistical package. Discussion and conclusion will be presented at the time of presentation

*Conclusions:* Data will be analyzed with appropriate statistical package. Discussion and conclusion will be presented at the time of presentation

### F. 11.2: Attitude towards psychiatric illness amongst non-psychiatric health professionals

Janani Sankar, T.P. Subhalakshmi, B. Sri Sudha

*Aims and Objectives:* To study the attitude and approach of non-psychiatric health professionals towards people with mental illness in a tertiary care set up.

*Methodology:* Through a descriptive cross-sectional study design, we collected information from 50 non-psychiatric post-graduate doctors. We used a semi-structured questionnaire that included a 10-item questionnaire on attitude towards psychiatric illness and psychiatric management. The data were analyzed using spss version 16.

*Results:* Of the fifty participants, 28 (56percent) were men and 22 (44percent) were women with a mean age of 29.9 (standard deviation, SD: 3). They had 6 years (SD: 3) of clinical experience after completing their MBBS. In this study sample, majority considered psychiatric illness as equivalent to other medical illnesses with pharmacotherapy and counselling as treatment strategy. All opined that they would consider psychiatric consultation for their mentally-ill relative. Still half of them (47.2 percent) felt that electroconvulsive therapy (ECT) was not a treatment option for psychiatric illness. Fifty percent never asked about emotional wellbeing of patients, whom they see in their departments. On bivariate analysis, using Chi-square test, statistically significant correlation was found between female gender and probing about emotional wellbeing during their clinical practice (*P* value: 0.007). Male non-psychiatric doctors considered ECT as less agreeable treatment option when compared to women, however this correlation was not significant (*P* value: 0.709)

*Conclusions:* Clinicians with training and expertise in modern system of medicine consider psychiatry as a medical speciality. Yet they hold misconceptions towards ECT as a treatment option. Women doctors are more likely to probe into emotional wellbeing of their patients. These findings have implications on medical undergraduate training.

### F. 11.3: Prevalence and Salient features of internet addiction among Indian college students

Vyjayanthi Subramaniyan, Murali Thyloth, Sundarang Ganjekar, N. Manjunatha, Virupakshi Jalihal

*Aims and Objectives:* To investigate the prevalence of internet addiction among Indian college students and to explore the salient features of addiction.

*Methodology:* A total of 810 UG students from engineering and other disciplines were selected after informed consent and were given young's internet addiction test and semi structured questionnaire to be self-administered in their class rooms and data sheets collected from them after 30 minutes.

*Results:* As per our study the estimate of prevalence was 8.8%. The number of males addicted is more than females. (47 > 24) The number of engineering students was more than other students (49 > 22), those with net dependence used multiple types of net and with faster accessibility, they used more interactive features of the web such as multi load games and social networking. Females outnumbered males in social networking and males outnumbered in multi load games. Those with addiction used the net for more than 5 hours a day (45.5%) and more than 10hours per week (81%). They also missed study hours (40%) classes and even assessments. There was significant social impairment, arguments with parents, partner and isolation from groups. There was physical impairment in the form of insomnia (26.8%) day time sleepiness (20%) eye strain (19%) and numbness, tingling of wrists (14%).

*Conclusions:* Our study suggests that Internet addiction is prevalent among Indian college students, more common among men, more common among students in wired environment, causing significant academic, social and physical impairment.

#### **F. 11.4: Competency based psychiatry training: Is it a reality or fantasy in India?**

Vikas Garg, Nagesh Pai

*Aims and Objectives:* The RANZCP has currently moved into a new curriculum Competency Based Fellowship Program (CBFP) that will start from Jan 2013. The Competencies are determined by the Canadian Medical School called CANMEDS domain. The aim and objective is to make an argument so that Indian system could embrace these models in the future.

*Methodology:* Literature search and personal experience of being trained in the new system will be highlighted

*Results:* The CANMEDS has seven domains: Medical Expert, communicator, collaborator, scholar, professional, manager and leader; these domains has a set of specific skills that must be achieved. These domains are assessed both on formative and as a summative basis.

*Conclusions:* The CANMEDS competencies gives a new framework for training psychiatry registrars and residents. The authors would recommend that these ideas be considered for future developments of psychiatry training in India.

#### **F. 11.5: Attitude towards psychiatry among medical students: Impact of internship training in psychiatry**

Johann Philip, Ananda Pandurangi, R. Sathiananthen, R. Balakrishnan

Department of Psychiatry at Sri Ramachandra University

*Background:* Psychiatry and the understanding of its biological basis have been expanding rapidly; the application of basic neurosciences to treatments in psychiatry has broken new ground in the past decade. However, undergraduate training in psychiatry has failed to keep pace with this perspective, and thus has affected the attitude to psychiatry among undergraduates. Psychiatry perhaps is unable to attract bright undergraduate medical students. A lacuna is possibly the lack of awareness among them about psychiatry as a medical specialty, and the biological underpinnings of psychiatric disorders and their treatments. Therefore, misconceptions regarding the true nature of mental illness and the resultant stigma to psychiatry in general may impact medical students' attitude to psychiatry. Considerable work on attitude to psychiatry among medical students has been done, though objective data from the Indian subcontinent is sparse. The ideal period to study the attitude to psychiatry and the practical measures to be adopted to positively change it is internship, as this is a crucial period of active training in specialties.

*Aim:* To study the attitude to psychiatry and attitude to mental illness among undergraduate medical students, and to analyze for impact of internship training in psychiatry to bring about a change.

*Method:* Compulsory Rotatory Residential Interns (CRRIs) posted to the Department of Psychiatry at Sri Ramachandra University between January and August 2012 were selected for the study. The attitude to psychiatry (ATP) and attitude towards mental illness (AMI) scales were administered on day 1, and on completion of the 15-day psychiatry posting. During the posting, the CRRIs were taught psychiatry-disorders, classification, diagnosis and treatments, through lectures, discussions, and examination of patients in the out-patient and in-patient ward rounds. Data was analyzed for any change in attitude towards psychiatry and mental illness, at the end of the posting.

*Results and Conclusion:* The findings and implications of the study will be discussed during the presentation.

#### **F. 11.6: Relationship of resilience and personality factors among post graduate medical students**

Austin Fernandes, Sunil Goyal, Kaushik Chatterjee, Jyoti Rathod

*Aims and Objectives:* This study aims to

1. Assess the level of resilience among post graduate medical students.
2. Assess the personality attributes of post graduate medical students.
3. Assess the relationship between student's level of resilience and their personality.

*Methodology:* The 14 item resilience scale and NEO Personality Inventory were used to assess resilience and personality respectively. This cross-sectional study was conducted at a tertiary care teaching hospital in Mumbai. 100 post graduate medical students participated in the study. Data obtained was pooled and statistically analyzed using SPSS ver 20.

*Results:* Resilience had a positive relationship with certain personality factors such as openness and a negative relationship with neuroticism.

*Conclusions:* This study shows that there is a correlation between resilience and certain personality factors.

#### **F. 11.7: Attitude of undergraduate medical students towards psychiatry in Jharkand**

Chandra Kiran, Suprakash Chaudhary

Department and Institution/Affiliation: Department of Psychiatry, Ranchi Institute of Neuro-Psychiatry and Allied Sciences (RINPAS), Kanke, Ranchi

*Background:* Despite their ubiquitous nature, lack of information and knowledge about psychiatric disorders is almost universal which also permeates in undergraduate medical students leading to decreased career interest in psychiatry.

*Aims:* To determine and compare the attitude of male and female undergraduate medical students towards psychiatry.

*Methodology:* This was a cross-sectional study involving 313 undergraduate medical students from two Medical Colleges of Jharkhand who had no prior psychiatric exposure.

*Results:* Nearly 95% of the students considered psychiatry as an upcoming and efficacious branch of medicine. More than 75% (76.2% males and 79.0% females) had a clear opinion about the role definition and functioning of psychiatry. Although majority believed that psychiatrists make enough money as other counterparts still they felt that psychiatrists held a lower prestige among the general public as well as among the medical specialties (53.2% females as opposed to 47.1% males;  $P<0.01$ ). 48.6% males and 38.7% female students ( $P<0.05$ ) believed that psychiatry is chosen willfully and expressed that their families and friends discouraged them from entering psychiatry. Nearly 90% had a positive view of psychiatrists and the psychiatric teaching at their medical school but also felt that no effort was made to encourage them becoming psychiatrists (37.5% male students as against 60.5% of the female students;  $P<0.01$ ).

*Conclusion:* Although the students felt that psychiatry is an upcoming branch nevertheless psychiatrists have a lower prestige in the society and thus many don't consider it as a good career option.

#### **F. 11.8: Stigmatizing attitude of undergraduate medical students towards psychiatry: A cross-sectional comparative study**

Charan Singh Jllowa, Mukesh Swami, R.K. Solanki, Pankaj Mittal

*Aims and Objectives:* Present study was designed to know the attitude of medical students with different years of exposure to medical education, toward psychiatry as a specialty.

*Methodology:* The presenting study is a cross-sectional and comparative study. Self-administered socio-demographic and attitude toward psychiatry-30 items (ATP-30) questionnaires were given to second year and intern medical students and the scores were analyzed using appropriate statistical tools.

*Results:* Among all 84% second year medical students and 52% intern

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students have positive attitude toward psychiatry ( $P=0.00$ ). Only five second year and two intern students affirmatively indicated to choose psychiatry as a career choice, while 73% denied.

**Conclusions:** The results of the study did not support the hypothesis that the greater the exposure to psychiatry, the higher the attitude toward psychiatry. Increasing negative attitude in higher classes might be due to poor teaching in under graduation, ridiculous stereotypic comments and remarks by medical teachers belonging to other specialty branches. Through exposure in depth and high quality teaching will decrease the negative attitude. It has been felt that psychiatry remains neglected subject during the undergraduate training. Thus, there is a need to relook into current curriculum of undergraduate medical students.

### **F. 11.9: Empathy in medical students as related to gender and year of education**

*R. Shiva Kumar, R. Swaroopa Chary, V. Sharbandh Raj*  
S.V.S Medical College, Mahaboobnagar

*Aims and Objectives:*

1. To assess the empathy in medical students.
2. To know how empathy varies between male and female medical students.
3. To study how empathy varies in various years of medical under graduation.

*Methodology:* Place of study: S.V.S Medical College, Mahaboobnagar. Time of study: From August 2012 to October 2012. Study sample: The study sample consists of 250 medical students belonging to various years of medical under graduation including intern ship. Methods:

1. A semi structured proforma-to obtain the details about the individual student which includes gender and year of graduation.
2. Jefferson scale of physician empathy (JSPE)-to assess the empathy.

*Statistical analysis:* It is done using SPSS.

*Results:* Will be discussed later in the conference.

*Conclusions:* Will be discussed later in the conference.

### **F. 11.10: Perception and attitude of post graduate students of various specialities towards psychiatry and mental health**

*Mohammed Afiz Ashraf, Vijaya Mahadevan, Srinivasa Gopalan, Zubeida Sultana, Cattamichi Vinila*  
Meenakshi Medical College and Research Institute

*Preferred mode of Presentation:* Free Paper-Oral.

*Aims and Objectives:* A cross-sectional study to be conducted at Meenakshi Medical College and Research Institute to evaluate the perceptions, knowledge and attitudes of non-psychiatry post graduates towards mental illnesses.

*Methodology:* Study is to be conducted using a self-reported questionnaire, ATP-30 scale addressing the above said aspects among post graduates of all specialities including non-clinical departments.

*Results:* Results are to be presented during the conference.

*Conclusions:* To be presented.

### **F. 11.11: Emotional quotient and coping styles in junior doctors**

*Harish Kulkarni, C.Y. Sudarshan, Shamshad Begum*

*Aims and Objectives:* To assess Emotional Quotient (EQ) and Coping Styles in junior doctors and study their association.

*Methodology:* One hundred and six junior doctors belonging to both the sexes were briefed about the study and scales used for assessment. After consenting for the study, they answered the self-rated questionnaire

to assess EQ and Coping styles. Protocols with high lie scores were excluded from analysis. t-test and  $\chi^2$  test were used for continuous variables and categorical variables respectively. Pearson's correlation was used to study the relationship between continuous variables.

*Results:* Sample consisted of an equal number of both sexes, majority of who were from urban background, belonging to Hindu religion, nuclear family and were unmarried. No gender differences were observed in EQ and coping styles. Sensitivity and Maturity dimensions of EQ had significant negative correlation with Distraction Negative and Denial dimensions of coping styles respectively and Competency dimension of EQ and Total EQ had significant negative correlation with both. Substance users and non-users didn't differ in EQ significantly. Intensity of different dimensions of EQ had differential correlation with coping styles.

*Conclusions:* EQ can have significant influence on coping skills.

### **F. 11.12: Mental health research projects: A practical integration of mental health into a medical curriculum**

*Judy Mullan, K.M. Weston, P.L. McLennan, W.C. Rich, N.B. Pani*  
University of Wollongong, Australia

*Aims and Objectives:* The University of Wollongong (UoW) graduate-entry medical course embeds research and critical analysis within the curriculum, concluding with students undertaking a regional/rural community-based research project. Students are encouraged to design a research project of interest to them and the local community. This study analyzed whether conducting research projects enhanced learning/understanding about rural/regional mental health issues amongst UoW medical students.

*Methodology:* An audit was conducted of research projects completed during 2007-2009 ( $n=217$ ), to identify the study design and mental health area of research interest.

*Results:* Eleven projects (5.1%) incorporated mental health themes. They used quantitative, qualitative and mixed-method research designs and focused on topics such as: Barriers to treatment of mental illness in rural/regional practice; strategies to reduce stress; attitudes towards depression in primary care; and mental health issues for medical students/doctors.

*Conclusions:* Mental health is an important component of regional/rural medical practice. Embedding research and critical analysis within a medical curriculum helps to develop research-readiness among graduating doctors and enables specialised areas, such as mental health, to be integrated into the program. The opportunity to undertake a research project in situ raises the awareness of doctors-in-training to the prevalence of mental health issues in rural/regional Australia.

### **F. 11.13: Clinical psychiatry teaching for medical students: Reflections of a psychiatric preceptor in a regional medical school**

*Nagesh Pai, Nalin Wijesinghe, Beverly Rayers*

*Aims and Objectives:* The purpose of this study was to delineate the process of acquiring basic Psychiatric knowledge and skills during medical education and the internship Period. It was motivated by a need to effectively deliver the steadily increasing scientific knowledge about psychiatric disorders and their treatment to graduate entry medical students. We describe our reflections on being a clinical preceptor for Graduate Students of GSM (Graduate School of Medicine) during the 5 week rotations in Hospital based clinical rotations in Psychiatry.

*Methodology:* Initial five years experience in teaching graduate medical students in a new Medical School will be presented. This regionally

based medical school uses adult learning principles that include the identification of clear goals, relevance to practice and the opportunity for reflection. Reflecting on the notes of preceptors' peer group we delineate the process of acquiring basic psychiatric knowledge and skills during the clinical rotation.

*Results:* Learning processes involve complex interactions between individual background factors as well as aspects of the learning environment, supervision and experience. Individual psychological factors such as feelings, reflective processes and attitudes are also involved. The outcome of learning processes involves both the development of competence as well as the development of a belief in one's own capabilities to organize and execute actions to produce a given result – in brief, self-efficacy.

*Conclusions:* Alignment between the student's needs and the teacher's plan for teaching remain an on-going challenge that drives on-going improvement in teaching methods

#### **F. 11.14: Internship training in psychiatry: Need for a review**

*D.G. Mukharjee*

*Aims and Objectives:* Internship Training in Psychiatry provides the initial exposure to undergraduate Psychiatry Education considering both challenges and prospective opportunities for medical student. However, a number of issues, including structure of training, faculty development and providing quality training and education remain yet to be resolved.

*Methodology:* One hundred and thirty medical students undergoing internship training in Psychiatry were assessed following experiential training in psychiatry. Multi-disciplinary learning was emphasised on learning of effective communication skills, allowing preparations for addressing and treating mental disorders. Formative assessment was also done later after four weeks separately to assess the knowledge, skills and expertise to treat and manage mental disorders.

*Results:* Study findings will be discussed in detail, considering the various issues related to improvement of structure of internship training in psychiatry.

*Conclusions:* Research evidences show: interests and attitude amongst medical students with respect to Psychiatry has been found to be low. Lancet Editorial commented that the best teaching is unlikely to prevail against poor working conditions, a bad professional image and the frustration of dealing with society's misfits and people who rarely appeared cured, is less rewarding. However, recently there has been a shift in favourable direction in the general attitude to Psychiatry among medical students considering Psychiatry speciality as challenging and scientific.

#### **F. 11.15: A study of perceived stress and coping in interns in Assam Medical College, Assam**

*Amit Baliram Nagdive, R.U. Zaman*

Department of Psychiatry, AMCH, Dibrugarh

*Aims and Objectives:*

1. Assess the stressful life events in interns.
2. Study coping strategies used by interns.
3. Study co-relation between perceived stressful life event and coping in interns.
4. Study co-relation between socio-demographic variables, perceived stress and coping.

*Methodology:* Hospital based study at the Dept. of Psychiatry, AMCH, Dibrugarh. Hundred interns were included during a period of 13 months. Screening was done using GHQ-30. Stress assessed using presumptive and stressful life events scale by Gurmeet Singh and perceived stress scale by cohen. Coping strategies assessed using Ways of Coping by Susan Folkman and R Lazarus.

*Results:* Within the study group, females have more perceived Stress. Positive reappraisal is most common coping mechanism followed by self controlling and escape avoidance. Stressful life events have better co-relation to coping styles as compared to perceived stress.

*Conclusions:* Person having more number of stressful life events also experience more perceived stress. Both stressful life events and perceived stress have effect on coping strategies used. By reducing stress associated with life events, perceived stress can also be reduced.

#### **F. 11.16: Prevalence of burnout and its correlates among residents in a tertiary care center**

*Badr Ratnakaran, Vidhu Kumar, Anil Prabhakaran*

Government Medical College, Thiruvananthapuram, Kerala

*Aims and Objectives:* To study the prevalence of burnout and its correlates among interns and residents at Government Medical College, Thiruvananthapuram, Kerala.

*Methodology:* A Cross-sectional study of burnout of 558 interns and residents of Government Medical College, Thiruvananthapuram, Kerala. Data was collected by distributing among the participants the Copenhagen Burnout Inventory which assesses burnout in the dimensions of Personal burnout, Work burnout and Patient related burnout, using 50 as the cut off score for each dimension. Correlates for burnout among participants were also assessed. Univariate and bivariate analyses were done.

*Results:* The overall personal, work and patient related burnout were 55.2%, 34.8% and 35.12% respectively. Burnout was found to be the highest among the interns in the domains of personal burnout (64.05%) and patient related burnout (68.62%) and in junior residents for work related burnout (38.87%). Super specialty senior residents had the least prevalence of burnout in all three dimensions. Among the residents, non-medical/non-surgical residents had the least prevalence of burnout all three dimension, whereas surgical specialty residents had the highest of personal burnout (57.92%) and Medical specialty residents had the highest patient related burnout (27.13%). Both medical and surgical specialty residents had equal prevalence of work burnout. The study also showed that as the number of years of residency increased, the burnout also increased i.e. the first year residents had the least and the third year residents had the highest prevalence of burnout in all 3 dimensions. Significant gender difference in burnout was not noticed in the study.

*Conclusions:* The results and findings have been discussed.

#### **F. 11.17: A study of internet addiction disorder among under graduate medical and dental students**

*Raghav Arora, Lakhan Kataria, Sandip Shan, Vidhi Patel, Diwakar Sharma*

Department of Psychiatry, Smt. B.K Shah Medical Institute and Research Centre, Vadodara. Gujarat  
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*Aims and Objectives:* To find out (i) prevalence of internet addiction disorder among undergraduate medical and dental students (ii) association between internet addiction disorder and co-morbid depression.

*Methodology:* A cross-sectional study was conducted among 350 undergraduate medical and dental students. CRF (containing demographic details and questions related to internet use), young's internet addiction and beck depression inventory scales were given.

*Results:* The overall prevalence of internet addiction were 32.28% moderately addicted and 5.71% severely addicted. It was found that association between internet addiction and depression is positive (19.5% had mild mood disturbance, 13.3% borderline clinical depression, 12.4% moderate depression, 7.1% severe depression, 0% extreme depression while in severely addicted showed 30% mild mood disturbance, 5% borderline clinical depression, 15% moderate depression, 10% severe depression, 20% extreme depression). Demographic correlation depicted

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more males than females and more medical than dental students were severely addicted to internet.

*Conclusion:* Similar to substance abuse prevention, programs aimed at addicted individuals and specialized training can educate students about the warning signs of online addiction, in order to assist the early detection of this disorder.

### **F. 11.18: Declining attendance among medical students in the classroom – Who is responsible?**

*Itee Shree Sidana, Sushil Gawande, Rahul Tadke, Vivek Kirpekar, Sudhir Bhawe*

*Aims and Objectives:*

1. To study various factors responsible for declining attendance among medical students in the classroom.
2. To generate suggestions from the students to improve the attendance.

*Methodology:* This study was conducted in a medical college attached to a tertiary care hospital. Hundred students were selected of first, second and third MBBS and their informed consent was taken. Their knowledge, attitude and perception was assessed using a semi-structured proforma which included 19 questions, out of which first 14 were to assess the factors responsible for declining attendance in the classroom and rest 5 were to generate suggestions from the students to improve the attendance. Data collected was statistically analyzed and following results were drawn.

*Results:* Various factors were found responsible for declining attendance in the classroom among MBBS students in which personality and gender of the teacher, private coaching, exhaustive syllabus and pattern of lectures were statistically significant. All the students reported that they wish to spend more time in clinical postings than in lectures.

*Conclusions:* This study points towards the need of change in teaching pattern and implication of various measures to increase interest of students for improving the attendance.

### **F. 11.19: A survey on emotional and physical wellbeing of medical post graduate students**

*Vanjari Nakul Ashok, Neena Sawant*

*Aims and Objectives:* Medical education is one of the toughest educations to have. Medical education in post-graduates is seemingly an endless sequence of vast workload and educational course compacted in a short duration with an alarming increase in emotional and physical stress among medical students. There are few studies in this context and hence we decided to study the emotional wellbeing, physical illnesses and stress faced by the medical post-graduate students.

*Methodology:* Fifty medical post-graduate students each in their 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> year of residency program respectively will be included in study after their informed consent. The study would be initiated after the institutional ethics approval. A specially prepared proforma with questions pertaining to the demographic profile, sleep patterns and the aims of the study with scales such as Beck's depression inventory and student life stress inventory will be given to the post-graduate students and appropriate statistical tests would be applied.

*Results:* The results would be analyzed and discussed.

*Conclusions:* The study would highlight on presence of emotional distress, physical illnesses in the medical post-graduate students and also give information regarding various stressors experienced by them in the residency program, so that preventive measures can be considered to make their residency program less stressful.

### **F. 11.20: To assess the prevalence and correlates of internet addiction and the level of stress in MBBS students in a medical college**

*Sydney Moirangthem, Vidyendran Rudhran, D.C. Mathangi, Arul Varman, S. Usha*

*Aims and Objectives:* To assess the prevalence of internet addiction and the level of stress perceived by MBBS students. To assess the correlates of the extent of internet usage and with the level of perceived stress.

*Methodology:* Cross-sectional study. N =400; 100 MBBS students from each year will be taken. The following instruments will be used: The general health questionnaire-12 (GHQ -12), The internet addiction test (IAT), The perceived stress scale – 14 (PSS-14) and the brief symptom inventory (BSI).

*Results:* The results will be analyzed using appropriate statistical tool.

*Conclusions:* The implications of the study results shall be described and discussed in the paper.

## **F. 12. NEURO PSYCHIATRY**

### **F. 12.1: Semiological variables of patients with psychogenic non-epileptic seizure and epileptic seizure**

*Vikram Singh, K.K. Verma, A.K. Singhal, Harful Singh, Siddharth Aswal*

*Aims and Objectives:* To compare semiological variables of patients with pure Psychogenic non-epileptic and pure epileptic seizure.

*Methodology:* Sample -30 patients of psychogenic non-epileptic seizure (PNES) who fulfilled the criteria of PNES was studies from psychiatry ward of PBM hospital and equal number of patients with pure epileptic seizures taken from neurology department. Tools:

1. Diagnosis criteria of PNES.
2. International league against epilepsy (ILAE) criteria for epilepsy
3. ICD-10 classification of mental and behavior disorder
4. Socio-demographic data sheet-this will include data like name, age, sex, father's/husband's name, address, marital status, family status, birth order, education, occupation, monthly family income. Performa also record duration of PNES, history of neurological and psychiatric institutionalisation, history of antiepileptic drug treatment and suicidal attempt.

*Results:* Result is awaited after the statistical evaluation and after initial evaluation it was found that there is a significant variation in the clinical profile of the psychogenic non-epileptic seizure and epileptic seizure.

*Conclusions:* We can diagnose and differentiate between psychogenic non-epileptic seizure and epileptic seizure by proper history and clinical evaluation.

### **F. 12.2: Psychogenic impact of early (<30 years) onset dementia of familial origin: A case report**

*Chandra Chowdhury, Jay Singh Yadav, Saiksha Kaur, Balram Pandit*

*Aims and Objectives:* To portray a case of early (<30 years) onset dementia of familial origin. To assess the stress arising from illness on the spouse.

*Methodology:* A 28-year-old male patient coming to OPD with gradual onset progressive forgetfulness, difficulty in finding things and calculation, and slowness of activity was Clinically evaluated. Diagnosis was made using assessment scale (MMSE), Investigations like Blood Investigations: routine and serum vitB12 and folic acid, Imaging (NCCT Brain) and Electrophysiology (EEG). ICD-10 DCR criteria was used to look for any Psychotic disorders Similarly RORSCHACH INKBLLOT test was applied to note whether there was any Disorders of thought. Marital cohesion subscale of revised dyadic adjustment in spouse was applied in the patient to detect post illness stress on the spouse.

*Results:* His complaints pointed towards cognitive deterioration. Similar deterioration was seen in his mother and sister before their 30s Mother died at late 30s due to same illness, sister is leading a sedentary life now. MMSE score was 11/30 with gross impairment in orientation,



registration, recall and attention. NCCT Brain showed-Prominent sulci with ventricular enlargement suggestive of cortical atrophy. No feature of psychosis was found. RORSCHACH INKBLOT test showed neurotic trait. Marital satisfaction significantly decreased after onset of illness. *Conclusions:* We worked up in a case of early onset dementia of moderate degree of familial origin leading to marital stress in spouse.

### **F. 12.3: EEG abnormality in children with febrile convulsion, a study of 41 cases**

*Tapas Kumar Aich, Sanjeev Shan*

Universal College of Medical Sciences-Teaching Hospital, Bhairahawa, Nepal

*Aims and Objectives:* Aim was to study the pattern of EEG recorded in a series of children presented with a diagnosis of febrile convulsion.

*Methodology:* The study was conducted at the EEG lab of Universal College of Medical Sciences-Teaching Hospital, Bhairahawa, Nepal. Study sample consists of children under 10 years of with an established history of febrile seizure attack/s whose EEG's were reported by the first author over a period of 5 years. Exclusion criteria were patients with history of Mental retardation and febrile seizure following overt brain pathology, e.g., bacterial meningitis. For analyzing the data, thus obtained, we use both 'bipolar' as well as 'referential' montages. Twenty-one channel computerized EEG machine was used to record the EEG data of our patients. Report is being given is a typed printed page, in a semi-structured format used in most EEG centers. Pattern of background EEG activity and specific transient events were noted. This format was also used to note down basic demographic and clinical profile of our patients. Data thus obtained were subjected to simple descriptive statistics like frequency and percentages.

*Results:* Total number of EEGs reported by the author during the specified time period was 825. Amongst these 825 reports, 195 patients (23.6%) were in the age range of 1-10 years. One-hundred and forty (71.7%) of them had a diagnosis of seizure disorder. A total number of 41 cases (29.3%) of febrile seizure were sent to us for EEG during this 5 years period. Thirty patients (73.2%) were male and the rest 11 (26.8%) of them were female. Mean age of the patients were 5.1 years. Abnormal EEG were noted in a significant 34 (82.9%) of them. Focal seizure activity was seen in 15 (36.6%) patients, focal seizure with secondary generalization was seen in 18 (43.9%) of them. Centro-temporal focal seizure was the most common EEG abnormality noted.

*Conclusions:* Our study revealed a very high percentage of focal seizure discharge in children with history of febrile seizure. Study finding was more significant because it has been established that at least 50% of those with temporal lobe epilepsy and MRI evidence of Hippocampal sclerosis have had a history of febrile convulsions. Detail of the study findings, their clinical relevance and future implications will be discussed during the conference.

### **F. 12.4: Posterior pituitary tumour presenting with psychiatric manifestations**

*Ashaben Arajanbhai Patel, Parag Suresh Shah*

*Aims and Objectives:* Brain tumors rarely present without any localizing signs but psychiatric symptoms are present. Current literature mentions mainly about tumors of frontal or temporal lobes and sparingly reports any association between tumor location/type and psychiatric symptoms.

*Methodology:* We describe a case of 40 years old female presenting to psychiatry clinic with prominent depressive and cognitive symptoms for 3 years and complaints of polydipsia, polyuria, amenorrhoea and weight gain for 21 years without any neurological complaints.

*Results:* Clinical and neurological examinations were unremarkable with no evidence of focal signs or raised ICT. Visual acuity, visual field and fundus examination were within normal limits. Laboratory investigations revealed raised fasting blood glucose levels whereas normal thyroid profile, LH, TSH, serum cortisol, plasma ACTH, 24

hour urinary cortisol and dexamethasone suppression test. MRI study of brain demonstrated a neoplastic pathology in the floor of third ventricle – hypothalamus – mamillary body region, involving the pituitary stalk and reaching up to the postero-superior aspect of sella (possible Pituicytoma/Germinoma).

*Conclusions:* Thus, relatively rare tumors of the supra-sellar region like pituicytoma/germinoma can present with primarily psychiatric manifestations. Clinicians should have an index of suspicion for brain tumors in patients with new onset psychiatric symptoms, atypical presentations as well as treatment resistance, and consider neuroimaging.

### **F. 12.5: Subtle neurological deficits in psychotic disorders**

*Ashutosh Singh, Sudhir Kumar, Anil Sisodia, Rakesh Kumar*

*Aims and Objectives:* To study the presence of neurological soft signs in patients with schizophrenia and bipolar disorder with psychotic symptoms and compare various subscales.

*Methodology:* It was cross-sectional study using purposive sampling method. Sample consisted of 90 subjects in 3 groups. Clinically symptom free patients fulfilling ICD-10 criteria for schizophrenia ( $n=30$ ) (PANSS subscale scores-4  $\geq$  delusion, 4  $\geq$  hallucination, 5  $\geq$  conceptual disorganisation), BPAD-I (Most recent episode with psychotic symptoms) ( $n=30$ ) (HDRS<7; YMRS<7) and controls ( $n=30$ ), fulfilling the inclusion and exclusion criteria. Subjects were rated for NSS using neurological evaluation scale.

*Results:* On various subscales of neurological evaluation scale, schizophrenia patients scored significantly higher than bipolar patients on all the subscale but not on the sequencing of complex motor acts subscale. On various subscales of neurological evaluation scale, schizophrenia patients scored significantly higher than controls on all the subscale. On various subscales of neurological evaluation scale, bipolar patients scored significantly higher than controls on all the subscale but not on the motor coordination and primitive reflex subscale.

*Conclusions:* Neurological soft signs are present in both schizophrenia and bipolar patients. Neurological soft signs are present even during the symptom free period and therefore they are not due to the effects of active illness. Hence, these neurological soft signs in our study may represent a trait like abnormality in both schizophrenia and bipolar disorder.

### **F. 12.6: Usage of antipsychotics in fronto-temporal dementia: A clinical review at NIMHANS**

*Rakesh Balachandrar, Srikala Bharat, Shilpa Sadanand, Sivakumar Palanimuth Thangaraju, Santosh Loganathan*

NIMHANS, Bangalore

*Aims and Objectives:* Fronto-temporal dementia (FTD) is often associated with behavior and psychological disturbances (BPD). Management of BPD involves antipsychotics usage and behavioral treatment (BT). Developing countries lacking trained professionals and para-professionals predominantly use antipsychotics for managing BPD. However Antipsychotics itself being associated with cognitive dysfunction can worsen the cognitive functions in patients with FTD (PwFTD). Hence 'Antipsychotic Burden' in PwFTD is a relevant concern in treating FTD. Here the Geriatric clinic group, NIMHANS retrospectively studied usage of antipsychotics in managing BPD of PwFTD.

*Methodology:* Clinical records of 77 FTD patients (F=37) (DSM-IV criteria) visiting NIMHANS, from 01/01/2006-31/03/2012 were identified and reviewed. BPD symptoms recorded during clinical evaluation including agitation, depression, apathy, irritability, motor-disturbances and night-time behaviors were recorded in R-software-data-sheet. Dosage of other antipsychotics were converted

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to quetiapine equivalent doses (QuD) (100 mg Quetiapine = 5 mg Aripiprazole = 1 mg Risperidone = 2.5 mg Olanzapine).

*Results:* Apathy (80%), irritability (57%) were common BPD. 62.3% PwFTD were on antipsychotics with mean QuD of 70.5±100.5 mg. QuD was significantly associated ( $P < 0.005$ ) with irritability.

*Conclusions:* Antipsychotics were used in PwFTD for non-psychotic BPD in this set-up. There is a need to incorporate BT strategies as part of intervention to address the non-psychotic BPD in this clientele to decrease the carer burden and improve the quality of PwFTD.

### F. 12.7: Psychosis in Idiopathic Parkinson's disease

*Alakananda Dutt, Hrishikesh Kumar, Chitrita Sengupta, Muktalekha Mukherjee*

*Aims and Objectives:* To compare socio-demographic, clinical, cognitive profile and activities of daily living in patients with and without psychosis in Idiopathic Parkinson's disease as there are very few Indian research in this field.

*Methodology:* 65 patients with Idiopathic Parkinson's Disease diagnosed by UK Brain Bank Criteria were assessed on socio-demographic and clinical profile, the unified parkinson's disease rating scale, modified Hoehn and Yahr staging and Schwab and England activities of daily living scale. Cognitive assessment was done by the Mini Mental State Examination. Parkinson's associated psychosis was determined using the National Institute of Neurological Disorders and Stroke, National Institute of Health (NINDS-NIMH) criteria and the Mini International Neuropsychiatric Interview was used to screen for all psychiatric illness.

*Results:* 21.5% (14 patients) had psychosis for a mean duration of 20 months at the time of the study. Visual hallucinations were the most common presentation. Patients with psychosis had significantly greater difficulties in activities of daily living, motor impairment, and greater severity of disease and cognitive impairment than those without psychosis.

*Conclusions:* Psychosis is associated with poor motor functioning and cognitive performance and hence poorer quality of life.

### F. 12.8: A Case report on Tourette's syndrome plus

*Tony Thomas, Sandeep Alex, V. Sathesh*

### F. 12.9: Cerebellar pontine angle tumour presenting with psychiatric manifestations

*Parag Suresh Shah, Ashaben Arjanbhai Patel*

*Aims and Objectives:* Tumours of the cerebellopontine (CP) angle account for 8%-10% of all intracranial tumours, with Neuromas being the most common followed by meningiomas and epidermoid respectively.

*Methodology:* We report a case of 52 years old male presenting with predominant complaint of ideas of infidelity for last 2 years. He also had complaints of forgetfulness, irritability, stammering, change in voice, decreased hearing for last 2 years and heaviness over the right side of face for last 6 months. Mental status examination revealed significant cognitive disturbances and neurological examination showed fifth and eighth cranial nerve involvements, cerebellar signs and brisk reflexes. Audiometry reported mild to moderate and moderate to severe sensorineural deafness in left and right side respectively whereas laboratory reports showed raised fasting blood glucose and ESR.

*Results:* Brain imaging showed a large neoplastic calcified mass in right CP angle (acoustic neuroma or meningioma), extending into right internal auditory canal and having mass effect on right side of cerebellum, brain stem and fourth ventricle.

*Conclusions:* None of the reports of CP angle tumors has described any cognitive problems or other psychiatric disturbances until now. Neuroanatomical correlation CP angle mass and psychiatric manifestation may be an area of further research.

## F. 13: OBSESSIVE COMPULSIVE DISORDER

### F. 13.1: Schizotypal features in obsessive compulsive disorder

*Vijay Choudhary, Dr Pradeep Sharma, Alok Tyagi, Anil Tambi, Mukesh Swami*

*Aims and Objectives:* High frequency of obsessive compulsive symptoms among schizophrenia is frequently reported. Similarly several studies have found that schizotypal features are common in OCD and schizophrenia may be linked or lie on same spectrum. So present study was planned to assess schizotypal features in patient with OCD in Indian context.

*Methodology:* Fifty patients with OCD were recruited in study. They were assessed with yale-brown obsessive compulsive scale (YBOCS) and schizotypal personality questionnaire (SPQ-B). Analysis of data was done with SPSS 17.

*Results:* Results are discussed in light of their implications.

*Conclusions:* Conclusions awaited.

### F. 13.2: A case of OCD with tic disorder

*Natalia Elizabeth Chako*

*Department of Psychiatry, Medical College, Kottayam*

Obsessive-compulsive disorder (OCD) is a psychiatric disorder that can severely disrupt academic, social, and vocational functioning. A subgroup of childhood-onset OCD and/or tic disorders with postinfective autoimmune-mediated aetiology has been named PANDAS (Paediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections).[1-3]

*Case Report:* Master A. An 8-year-old male child was referred from Department of Neurology, Government Medical College, Kottayam.

Six months back he had a history of sudden onset of motor and vocal tics and repeated hand washing and rubbing of the face, one week after an attack of Lower Respiratory Tract Infection. After one month, there was spontaneous improvement of the symptoms. There was no consultation during this period.

Two months later, following another LRTI he had relapse with greater intensity. The patient had multiple consultations for the past 3 months. He was treated with Haloperidol 0.25 mg bid for two weeks, following which his motor tics reduced. But vocal tics, rubbing of face and hand washing remained as such. Hence he was referred to our Department.

On examination, he was restless and was running around in the consultation room, picking up and examining things kept on the table. He also had vocal tics, obsessions of having cob webs on his face and was compulsively rubbing his face. He could not control his behavior. He was irritable and assaulting mother at times. There were no features of depression, psychosis, antisocial behaviors etc.

Blood investigations were normal except for high ASO titres (400 units/ml).

A provisional diagnosis of PANDAS was made based on the NIMH criteria. Treatment was started with Risperidone 0.5 mg at night. Escitalopram 10 mg as night dose was added after one week for obsessive symptoms. His hyperactivity and vocal tics worsened, though obsessive compulsive symptoms improved. So Escitalopram was stopped and Clonidine 0.1 mg ¼ twice daily was added. Risperidone 0.5 mg twice daily was continued. On follow up after 2 week he reported overall improvement. He resumed schooling and reached premorbid level of functioning by two months. Now the improvement is maintained for last one month. Currently he is on Risperidone 0.5 mg twice daily and Clonidine 0.1 mg ¼ twice daily.

*Discussion:* The case which is being described here had psychiatric co morbidity in the form of obsessions, compulsions, complex motor and vocal tics and hyperkinetic symptoms. Our case had spontaneous remission and exacerbation during the course of the illness. ASO titre was raised. All NIMH criteria for PANDAS were satisfied except positive throat swab culture.

Future Suggestions: The proposed post streptococcal inflammatory aetiology provides a unique opportunity for further research to determine whether or not antibiotic prophylaxis can help prevent PANDAS.

### **F. 13.3: Pregnancy-induced obsessive compulsive disorder: A case report**

*Abbas Mehdi, J.S. Yadav, K. Arun, Nasra*

*Aims and Objectives:* Pregnancy is a well-recognised risk factor in precipitating obsessive-compulsive disorder. The phenomenology of the observed disorder was similar to earlier reports of obsessive-compulsive disorder in pregnancy, i.e. the obsessions and compulsions were predominantly related to the concern of contaminating the foetus resulting in washing compulsions. Here we focus on precipitation of ocd during pregnancy.

*Methodology:* We present and discuss a case with the onset of obsessive-compulsive disorder in the fourth month of gestation, which fully recovered two weeks after delivery.

*Results:* Despite the initial success with anti-obsessional drugs, the patient stopped the medication in the last month of gestation. Nevertheless, she fully recovered two weeks after the delivery without any psychiatric intervention. There were no obsessive-compulsive symptoms at one-year follow-up.

*Conclusions:* As full recovery was seen after delivery, our case report negates the proposed mechanism in postpartum OCD of adverse impact on serotonergic functions by rapid withdrawal of oestrogen and progesterone in postpartum period. Careful prospective studies of pregnancy-associated OCD will help in understanding predisposing and aetiological factors involved in such cases.

### **F. 13.4: Phenomenology of OCD in a teaching hospital OPD patients**

*Piyush Prakash Singh, R.K. Gaur*  
JNMC, AMU, Aligarh

*Aims and Objectives:* To delineate the phenomenology of OCD in a sub metropolitan teaching hospital.

*Methodology:* This is an observational study with  $n=171$  involving consecutive patients attending the OPD at JNMC, AMU, aligarh. Diagnosis of OCD was done by a psychiatrist followed by Y-BOCS symptom list and scores. Verbal assent of patients was obtained for use of obtained data in research purposes.

*Results:* Male to female sex ratio 1.11:1. Onset of symptoms by age 25 in 75% patients. Younger onset pts. Tended to be males; with family history + 0. 95% had both obsessions and compulsions. Commonest obsessions were of contamination, aggressive, doubt, symmetry etc., commonest compulsions were of washing, checking, miscellaneous, ordering etc., Most pts had moderate severity of ocd. MDE (50%) was commonest co-morbidity followed by other anxiety disorders.

*Conclusions:* The phenomenology of OCD at our setting is grossly same as per the pattern obtained at other sites, with some local variations in the frequency of obsessions and compulsions. The co-morbidity rates suggest for keeping body dysmorphic disorder in OC Spectrum disorders.

### **F. 13.5: An interesting case of obsessive compulsive disorder with atypical presentation**

*G. Vanishree, T.V. Asokan, G.S. Chandraleka, Mohamed Ilias, Venkatesh Madan Kumar*

*Aims and Objectives:* To report an interesting case of a patient with obsessive compulsive disorder who presented with a surgical complication.

*Methodology:* Descriptive case summary. A 40-year-old lady was referred for psychiatric fitness for surgical repair of a rectal prolapse of recent onset. History revealed a long duration of obsessive doubts of contamination and

of incomplete bowel emptying along with repetitive washing, checking, straining at stools, embarrassing behavior and verbal rituals. There were no premorbid personality traits. Patient had been on treatment with medications with a reduction in the symptoms. Despite improvement, she had developed a serious outcome, which required surgery.

*Results:* The oddities in this case are-Presence of a verbal ritual. Can it be construed as a compulsion?-Presence of both yielding and controlling compulsions-The theme of obsession.

*Conclusions:* OCD is a disorder with heterogeneous presentation. The symptom dimensions of OCD are as yet expanding and provide an intrigue to the patient and the clinician. We were unable to find any symptom constructs describing verbal rituals in OCD patients, in literature. Hence we report this as a signal case.

### **F. 13.6: Obsessive compulsive disorder with bipolar mood disorder: Challenge for treatment: A case report**

*Sneh Kumar, P.D. Garg, Neeru Bala*

*Aims and Objectives:* The co-occurrence of bipolar and anxiety disorder seems to result in something more complex than simple add on effect. Multiple comorbidities and consequent symptomatological instabilities appear to be most challenging for treatment.

*Methodology:* 18 years old female presented in psychiatry OPD for obsessive compulsive symptoms of one year duration and was prescribed tab. Paroxetine 25 mg. She was responding on this treatment. After 2 years she was hospitalized for increased speech output, agitation, increased psychomotor activity and grandiose ideas about her knowledge with OC symptoms and put on tab. Divalproex sod. 1500 mg. She showed 50% reduction of manic symptoms on YMRS scale but no improvement in OC symptoms. After 1 year she presented with depressive symptoms with prominent suicidal ideation and was put on electroconvulsive therapy and was relieved of depressive and OC symptoms and discharged on tab. Fluvoxamine 100 mg and after 1 year she landed with manic symptoms and on treatment with tab lithium carbonate 400 mg and tab risperidone 4 mg. improvement was observed in manic symptoms but not in OC symptoms.

*Results:* The lack of information about connection between anxiety and bipolar disorder may have negative impact on treatment choice. These disorders certainly require well designed prospective observations.

*Conclusions:* The lack of information about connection between anxiety and bipolar disorder may have negative impact on treatment choice. These disorders certainly require well designed prospective observations.

### **F. 14: PSYCHOPHARMACOLOGY AND OTHER BIOLOGICAL THERAPIES**

#### **F. 14.1: Zotepine-induced convulsive seizures in a chronic case of treatment resistant paranoid schizophrenia**

*Neha Gupta, Praveen Khairkar, Sushil Kumar Varma*

With the remarkable expansion in the use of antipsychotics, concerns about their immediate, intermediate and long-term adverse effects have intensified as these adverse effects could be extensively varied, frequently intolerable, often serious and sometimes even fatal in clinical practice and seizure is one of them. Almost all first and second generation antipsychotics elicit dose-dependent seizure threshold lowering, indicating increased seizure risk at higher drug dosage and in overdose. The adverse event of zotepine induced seizure is known but has been only published in few case reports and none from India. We report the occurrence of myoclonic seizure with subsequent progression to generalized tonic-clonic seizures with clear temporal association of

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dose dependent modulation with zotepine, a newer second generation dibenzothiepine tricyclic drug while treating chronic case of treatment resistant paranoid schizophrenia.

### **F. 14.2: A comparative study of baclofen vs. lorazepam in the treatment of alcohol withdrawal syndrome**

*Vidyendaran Rudhran, Sydney Moriangthem, Arul Varman*

**Aims and Objectives:** To compare the efficacy, tolerability and safety of baclofen versus lorazepam in the treatment of alcohol withdrawal syndrome (AWS).

**Methodology:** 40 patients with AWS were enrolled in the study and randomly divided into 2 groups. Baclofen (30 mg/day for 10 consecutive days) was orally administered in one group and Lorazepam (at a diazepam equivalent of 0.5 to 0.75 mg/kg/day for 6 consecutive days, tapering the dose by 25% daily from day 7 to 10) was administered in the other group. The Clinical Institute Withdrawal Assessment (CIWA-Ar) was used to evaluate physical symptoms of AWS. Severity of alcohol dependence was also assessed using severity of alcohol dependence questionnaire (SADQ). On days 1 and 10, liver function tests were assessed using biochemical investigations. Informed written consent was obtained from the study participants and the study design also fulfilled the norms of the institute ethics committee.

**Results:** The results of the study are to be described in the paper.

**Conclusions:** The implications of the study results shall be described and discussed in the paper.

### **F. 14.3: Evaluation of comparative analogy of olanzapine related constipation profile, prevalence and risk factors in psychiatric patients using naturalistic case-control nested study design**

*Mohar Singh Jakhar, Praveen Khairkar, Srikanth Reddy*

**Aims and Objectives:** We aim to evaluate the comparative prevalence and risk factors for olanzapine induced constipation versus overall psychotropic medications.

**Methodology:** 525 subjects of age 18-75 years irrespective of gender who were diagnosed as psychotic disorder (s) and were prescribed olanzapine alone were recruited purposefully from March 2012 to August 2012 in both inpatient and outpatient psychiatric unit from MGIMS, Sevagram. They were cross-matched and compared with 200 random patients attending psychiatric outpatients irrespective of any psychotropic medications. A naturalistic, case-control, nested study design with cross-sectional, two-time evaluation spaced by two weeks was used. Standardized clinical assessment tools were used for diagnosing psychotic disorders and monitoring adverse effects.

**Results:** Out of 525 patients on olanzapine, 315 were males and 210 were females (1.5:1), while out of 200 controls, 108 were males and 92 were females (1.17:1). The mean age in olanzapine group was 37.22 + 12.63 years whereas in control group it was 37.04 + 13.6 years. We observed the prevalence of 16.19% (85 out of 525) with olanzapine (mean dose was 12.5 mg/day and median duration of 22 days) versus 4% on any psychotropic. 15 out of 85 (17.64%) patients were shifted to other atypical because of severe constipation. Complicated constipation was noted in 2 out of 85 (2.35%) one of them had paralytic ileus while other had bleeding per rectum.

**Conclusions:** This study reflects the interception of comparative analogy for olanzapine versus overall psychotropics inducing constipation in clear naturalistic setting and provides valuable insights about risk factors and cautions to treating clinicians.

### **F. 14.4: Effect of amisulpride and risperidone treatment on metabolic profile: A case report**

*Harshil Yogeshkumar Chauhan, Deshva Pai, Supriya Hegde, D. Rajkiran, Sohil Takodara*

**Aims and Objectives:** Second generation antipsychotics are known to be associated with higher incidence of metabolic side-effects. In our study, we have tried to compare the effects of Amisulpride and Risperidone treatment on metabolic profile of patients to that of healthy controls.

**Methodology:** Fifteen patients each taking either Amisulpride or Risperidone for a minimum period of 3 months will be recruited in the study, along with 15 healthy controls. Patients already having diabetes or dyslipidemia will be excluded. Study subjects will be assessed on following parameters: weight, BMI, blood pressure, random blood sugar and TC: HDL ratio. Collected data will be subject to statistical analysis.

**Results:** Results will be discussed later.

**Conclusions:** Conclusion will be discussed later.

### **F. 14.5: Neuroleptic malignant syndrome – A case series**

*Amitava Dan, Kaushav Chacraborty, Supartha Baruva, Arghya Dutta, Gobindo Chandra Basak*

<sup>1</sup>Department of Psychiatry, N R S Medical College and Hospital, Kolkata, <sup>2</sup>Department of Psychiatry, College of Medicine and J.N.M. Hospital, WBUHS, Kalyani, West Bengal, and <sup>3</sup>Department of Psychiatry, R.G. Kar Medical College and Hospital, Kolkata

**Aims and objectives:** Neuroleptic malignant syndrome (NMS) is a rare but potential life threatening side effect of antipsychotic therapy. This disorder is recognized as a hypodopaminergic state characterized by muscle rigidity, hyperthermia, altered sensorium, autonomic instability and elevated serum creatinine phosphokinase (CPK) levels. This study was performed to investigate the clinical spectrum, antecedent events and outcome of NMS patients admitted in the Medicine emergency department of a large teaching hospital of Eastern India.

**Methodology:** Fifteen cases of NMS were identified as per DSM-IV-TR criteria among the patients referred to psychiatry referral team during a six month period. Their socio-demographic and clinical data were recorded using a proforma designed for this purpose.

**Results:** Majority of the subjects were Hindu (66.7%), male (73.3%), married (66.7%), coming from rural background (60%) and aged 42 (SD 19.02) years. Majority (60%) received a diagnosis of affective disorder (F30-F39), whereas about half (46.7%) of the subjects had comorbid substance use disorders. Mean daily dose and duration of antipsychotic treatment before development of NMS was 321.67 mg chlorpromazine equivalent and 10.06 (SD 8.63) days respectively. Majority of the subjects received either second generation antipsychotic (SGA) (46.7%) or combination antipsychotic (20%). Around half (53.3%) of the subjects had comorbid physical diagnosis. Majority of the subjects had tremor (93.3%), dysphagia (93.3%), raised liver enzymes (86.7%), mutism (80%), and myoglobinuria (55.3%). Serum creatinine phosphokinase level was raised by 6.7 (SD 3.04) times of normal. Majority (40%) were treated with bromocriptine. Four (26.7%) patients died of NMS, mostly because of kidney and pulmonary complications (33.4%).

**Conclusions:** Clinicians should be aware of this potential life threatening side effect of antipsychotic therapy and should waste no time in instituting emergency management.

### **F. 14.6: Comparative efficacy and safety of a herbal preparation therapy and zolpidem in the treatment of insomnia**

*Vijay Choudharay, Alok Tyagi, Ajay Kumar Sahu, Ajay Kumar Sharma, Girish Chandra Baniya*

**Aims and Objectives:** This study was undertaken to assess the tranquilizers effect and safety of a herbal preparation therapy for the treatment of Insomnia.

**Methodology:** Randomised open controlled clinical trial Study population-60 consenting patients of Insomnia were selected randomly from Arogyashala, N.I.A., Jaipur.

**Results:** The trial drug Mansyadi Kwatha when administered at 40 ml bd with Shirodhara (Milk) for 2 weeks significantly improves sleep in Insomnia patients. The trial drug was well tolerated without any adverse events.

**Conclusions:** Mansyadi Kwatha and Shirodhara with milk have potent therapeutic effects in the management of Insomnia.

#### **F. 14.7: Effect of tricyclic-antidepressants versus duloxetine on symptom severity in somatoform disorders: A naturalistic prospective study**

E. R. Manas, Rishikesh V. Behere, Samir K. Praharaj, K. Sreejayan, Preeti Sinha, P.S. V.N. Sharma  
Kasturba Hospital, Manipal

**Aims and Objectives:** To compare the effect of tricyclic antidepressants versus duloxetine on symptom severity in somatoform disorders.

**Methodology:** Patients attending out/in-patient services of department of psychiatry Kasturba Hospital, Manipal and diagnosed as somatoform disorders (ICD 10 – F 45.0 to F 45.9) and who are not on any psychotropic medications for the past 3 months were enrolled into the study after taking informed consent. Subjects were assessed at baseline using Somatoform disorder schedule, Quantification inventory for somatoform syndromes (QUISS), WHO-quality of life scale (WHO-QOL) and Hospital anxiety depression scale (HADS). Patients received either a TCA or Duloxetine along with psychological interventions as decided by the treating psychiatrist. Subjects were reassessed after 30-45 days of treatment on the UKU side effect rating scale, HADS, QUISS, and WHO-QOL.

**Results:** The study is presently being conducted and will be completed by December 2012.

**Conclusions:** The study findings shall be presented and discussed at the time of presentation.

#### **F. 14.8: An open label study to assess effectiveness of amitriptyline versus clomipramine for prophylaxis in patients with migraine and tension type headache – Indian experience**

Rishab Gupta, Shrigopal Goyal, Rajesh Sagar  
All India Institute of Medical Sciences, New Delhi

**Aims and Objectives:** To assess the effectiveness of Amitriptyline and Clomipramine in improving headache frequency, severity and duration in both groups of patients and to compare both drugs on various clinical parameters.

**Methodology:** 100 patients (50 patients each in 2 groups – one with Migraine and other with TTH, with each group sub-divided further into 2 equal sized groups based on use of Amitriptyline or Clomipramine) were recruited from psychiatry outpatient department, All India Institute of Medical Sciences, New Delhi, India. Study was of 4 weeks duration with follow up at 2 and 4 weeks. Written informed consent was obtained from all the subjects before participation in the study and those satisfying selection criteria were included. Participants were assigned the diagnosis of migraine or TTH by applying International Headache Society's diagnostic criteria in the clinical interview. Participants were screened for any co-morbid Axis I disorders using MINI and were excluded if found to be positive for any of the listed psychiatric disorders. Subjects in Amitriptyline subgroup of both Migraine and TTH group ( $n=25$ ,  $n=25$  respectively) were started on 10 mg/day

of Amitriptyline and subjects in Clomipramine subgroups of both Migraine and TTH were prescribed 25 mg/day of Clomipramine. All the subjects were given prescription for analgesics (either Paracetamol 650 mg, Ibuprofen 400 mg or Naproxen 500 mg), and anti-emetics to be used on as and when required basis with instruction to keep account of analgesic use (number of tablets consumed and name of analgesic used during entire study period) by using a diary maintained by patients themselves. Subject were advised to maintain headache diary (Frequency, duration, severity of headache) and also requested to record similar information of any other drugs used to treat headache or any other pain they had).

**Results:** Overall as per study design, 100 subjects were recruited. Majority of them were females and their average age was 28 years. Details would be presented in the conference.

**Conclusions:** Details would be presented in the conference.

#### **F. 14.9: Efficacy of Lithium as anti-aggression agent in patients with antisocial personality disorder**

Pankaj Surekha, Sandeep Govil  
Central Jail Hospital, New Delhi

**Aims and Objectives:**

1. To study the severity of aggression and impulsivity in patients suffering from antisocial personality disorder.
2. To study the efficacy of lithium in reducing aggression and impulsivity in patients suffering from ASPD.

**Materials and Methods:** Hundred patients free from any Axis I psychiatric diagnosis satisfying criteria for ASPD were taken in the study. They were started on lithium after initial assessment and were reassessed once in a forth night for evaluation for total period of one year. Lithium was started in dose of 900 mg/day, given twice daily in equal divided doses.

**Inclusion criteria:**

1. Age of patient between 18 years and 60 years.
2. Patients diagnosed as ASPD by DSM-IV-TR criteria.
3. Patients willing to give written consent.

**Exclusion criteria:**

1. Patients with co-morbid severe illness that might have hampered the assessment process.
2. Patients who were not co-operative for the interview for study purposes.
3. Current suicidal and homicidal ideation.
4. Current use of psychotropic medication

**Instruments used in the study:**

1. Specially prepared Performa
2. Structured Clinical Interview for the DSM-IV (SCID)
3. Structured Interview for DSM-IV Personality (SIDP)
4. Buss-Perry aggression questionnaire (BPAQ)
5. Barratt impulsivity scales – 11 (BIS)
6. Abnormal involuntary movement scale (AIMS)

**Assessment Procedure:** The study was carried out over a period of 9 months. An average length of interview of each subject was 3–4 hours. As a first step, detailed physical and neurological examination of the patient including application of AIMS was carried out, and then inclusion and exclusion criteria were applied to the subjects. Those eligible after applying inclusion and exclusion criteria were further assessed. Socio-demographic data was collected from the patients by using Performa prepared specifically for the study. Presence of antisocial personality disorder was assessed using the SIDP. Axis I diagnoses were assigned using the SCID. Participants then completed behavioral measures of aggression (BPAQ) and impulsivity (BIS).

After completion of baseline assessment these patients were started with 900 mg. of lithium carbonate in two divided doses and were subsequently optimized after 5 days to maintain serum level

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between 0.8 mEq/litre and 1.2 mEq/litre. The side effects if any were noted at the same time. Blood urea, serum creatinine, random blood sugar, serum electrolyte, ECG were done as baseline and on monthly basis. In case of female patients urine pregnancy test was done prior to starting of lithium. Thyroid function test due to limitation of resources was only done as baseline and in middle of the study. The patients were assessed on BPAQ, BIS and AIMS on a monthly basis.

Statistical analysis: Data was entered in the data based computer program and was analyzed using the Statistical Package for Social Sciences (SPSS). Descriptive statistics were used to report data on socio-demographic variables and clinical variables. There was no separate comparison group, however male and female patients were compared on socio-demographic and clinical variables. Using the SPSS, the following tests were performed:

1. Chi-square test of association was used as a test for finding difference between male and female groups on discrete variables.
2. T-test was used as a test for significance to determine the difference between male and female patients on continuous variables.

Results and *Conclusions*: To be presented.

### **F. 14.10: Study of intravenous lorazepam in the management of delirium tremens at Gandaki Medical College, Pokhara, Nepal**

*Nirmal Lamichhane, A.K. Pandey, D.K. Thapa, G.P. Hirachan, N.S. Gurung*

Gandaki Medical College Teaching Hospital and Research Centre (P) Ltd, Nayabazaar, Pokhara, Nepal

*Aims and Objectives*: The aim of the study was to analyze the outcomes of treatment of alcohol withdrawal state with intravenous lorazepam and to treat the initial symptoms and prevent the occurrence of severe withdrawal.

*Methodology*: This was a perspective; hospital-based study, consisting of 34 subjects, conducted in Gandaki Medical College Teaching Hospital and Research Centre (P) Ltd, Nayabazaar, Pokhara, Nepal. The study was collaboration between the department of Neuropsychiatry and Internal medicine. The study period was of 6 months (2010/6/1 to 2010/11/30). The diagnosis of alcohol withdrawal state with or without complication was approved by the consultant neuropsychiatrist, based on ICD-10 criteria. The physical co-morbidities were evaluated by the consultant physician and managed likewise. After all ethical considerations, data were collected and analyzed by using Microsoft Excel and SPSS 12.0 software.

*Results*: The total number of subjects were 34 (N=34). Nineteen subjects (55.89%) were admitted from the emergency department while 15 (44.11%) were from outpatient departments. All 34 subjects were male. The maximum age at presentation was 63 years and minimum age was 27 years. The mean age of the subjects was 42.97 (SD 10.01) years. Almost half of the subjects (52.94%, n=18) were below 40 years of age and remaining percent was above 40 years of age.

*Conclusions*: Symptoms triggered regimen is an effective method because patients present with differences in the duration and amount of alcohol use, differences in the severity of presenting symptoms and the amount of benzodiazepine needed to control the symptoms can vary from person to person.

### **F. 14.11: Advantages of ECTs at night: A naturalistic observational study**

*T. S. Sathyanarayana Rao, G. T. Harsha, K. N. Karthik*

JSS University, JSS Medical College Hospital, Mysore

*Background*: Amidst advances in non-pharmacological therapies for

psychiatric disorders ECT reserves its own place in management of most of the psychiatric disorders and treatment resistant cases. ECT is generally given during the day time and most of the patients and even their care givers find it difficult to accept and tolerate few adverse effects like drowsiness, easy fatigability, confusion etc., which persists for few hours. If one can accept and tolerate these adverse effects ECT can still be used as one of the most important treatment modality.

*Objective*: To show better tolerability and acceptance of receiving ECT during night times from both the patients' and the care givers perspectives.

*Materials and Methods*: Of 450 (55% males, 45% females) inpatients admitted in 'Sumana', Vinayaka Nursing Home, Mandya from the year 2009 to 2011, 228 patients were given ECT during night time after taking the informed consent. ECT was given for various indications like Major Depressive Disorders, Mania, Schizophrenia etc., of which Major Depressive disorder was the most common indication (54% patients).

*Conclusion*: The study is a naturalistic, qualitative and descriptive. It was observed that many of the complaints pre and post ECT were overcome by administering ECTs at night. The behavioral and cognitive disturbances were significantly less, also the acceptance of the ECT was very high. The presentation looks into various nuances of the timing of ECTs and the related issues.

## **F. 15: PSYCHOTHERAPY**

### **F. 15.1: Mobile phone based supportive patient care**

*M. Murugan*

*Aims and Objectives*: With mobile phones being used increasingly worldwide for healthcare services being monitored and delivered, our aim is to evaluate the usefulness of mobile phones in enhancing supportive patient care in psychiatry.

*Methodology*: This is a prospective study where 30 patients between the ages of 18 and 60 with a diagnosis of depression are recruited. 15 were assigned to use smartphones to monitor their health status. Along with an emr company a mobile phone mental health monitoring app was developed and these patients will enter data of their current activity, sleep pattern, anxiety, recent stressful events, substance use, mood and appetite through their phones on a daily basis over 6 weeks. The other 15 matched patients were not given this option. Both groups completed pre, post and 4 week post test measures of depression and anxiety.

*Results*: The study is ongoing and the results will be presented during the annual conference.

*Conclusions*: Mobile health has expanded a lot globally and is expected to become a multi billion dollar field by 2017 including 6.8 billion dollars in Asia. Mobile phone penetration in India being amongst the highest in the world, it's potential needs to be harnessed appropriately to improve the delivery and monitoring of health. Our study is an attempt in this direction.

### **F. 15.2: A self-guided relaxation exercise: Development, usefulness and feasibility of use**

*Aarzo, Savita Malhotra, Subho Chakrabarti, Anurati Mehta, Minali Sharma, Ruchita Shah, Vineet Kumar*

Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh

*Aims and objectives*: To present the process of development of a self-guided relaxation (SGR) exercise and describe its feasibility, usefulness and training in its administration

*Methodology*: A modified form of standard autogenic relaxation exercise was developed as part of a telepsychiatry project, which aims to deliver mental health care through internet to patients in remote areas. SGR exercise comprises of three phases: The preparatory phase, the relaxation phase and the experiencing phase. Pilot testing of the exercise was done prior to examining its usefulness and feasibility, among 8 therapists and 37 patients

with different psychiatric disorders over one-month of follow-up.

**Results:** Patients, caregivers and therapists felt that the exercise could be easily taught or learnt in a single session lasting about 30 minutes, and found the use of a manual to be helpful. There was a consistent reduction in HAM-A scores over the follow-up period and improvements were noticed in positive experiences, adherence, depth of relaxation, perceived benefit and patient-satisfaction with the exercise.

**Conclusion:** These findings pave the way for a larger, randomised-controlled trial and for testing the applicability of the exercise as a net-based psychological treatment.

**Acknowledgement:** Authors acknowledge gratefully the financial support received from Department of Science and Technology, Government of India, Delhi, India.

### F. 15.3: Evolving philosophy of talk therapy

*Devashish Konar*

Consultant Psychiatrist Mental Health Care Centre, West Bengal

**Aims and Objectives:** To review the philosophical evolution of different principles of psychotherapy and find out its relevance in current treatment strategy.

**Methodology:** Literature review of text books and through Google, Pubmed and Medscape.

**Result:** Talk therapy has always been part of treatment in some form or other. Mental Health problems have been understood in diverse ways using different theoretical perspectives. They are different, yet complementary. You can pick up a method that suits your temperament and addresses the patient's need adequately. There is always scope of an eclectic model. When developing your own model, take culture into consideration. Now you know that even psychopharmacology has some psychodynamic elements and those dynamic elements need to be identified, to be a good clinician. Scientists being equipped with high resolution neuroimaging techniques, brain changes as a result of psychotherapy are being identified. Neurobiological results have re-strengthened our belief in talk therapy with resurgence of interest. Disease can never be conceptualized only at molecular level, the suffering has to be identified and addressed which is mostly done by talk therapy and so doctors need to master that.

**Conclusion:** We need to re-focus on talk therapy in our clinical practice in light of emerging supporting data.

### F. 15.4: Evaluation of family therapy for Indian psychiatric OPD

*Madhao Gajananrao Raje, Vinesh D. Chandramaniya, Jayaram*

**Objectives:**

- (i) Mental health services in India should be enriched and reinforced by practice of family therapy.
- (ii) Changing scenario in Indian family needs family therapy to stabilize.

**Description:** Introduction: Though institution of family is fully developed; practice of family therapy is ignored in India despite its huge need. Indian Psychiatrist/Psychologist inherits vast history of storytelling psycho-social structure but they seldom adopt it professionally. Types of Family Therapy:

1. Milan's family therapy
2. Affective-experiential family therapy
3. Structural family therapy
4. Strategic family therapy
5. Bowenian family therapy
6. Behavioral family therapy.

**Discussion:**

1. Milan's family therapy: They believe in 'epistemological error'. They don't adopt 'instructive interaction', but instead focus on changing pattern of relationships within family.

2. Affective –Experiential family therapy: Focuses on (i) Intrapsychic and inter personal pathology, (ii) destructive communication. Therapist is facilitative and not instructive. Help increase emotional bonds within. Raise self-esteem of family member.
3. Structural family therapy: Minuchin and Jay Haley promoted clear sense of identity and personal boundaries for healthy family relationship. They identified cross generational alliance/coalition disrupt healthy boundaries of family. This is very pertinent in Indian scenario of joint or extended family set up.
4. Strategic family therapy: Milton Erickson's school was first to identify that problematic family member is triangulated in cross generational interactions. Faulty interaction was considered reason behind psychopathology. Their techniques like symptom prescription/PI are brief and result oriented.
5. Bowenian family therapy: Murray Bowen highlighted importance of balancing equation of individuality and togetherness to enhance family mental health. They used method of storytelling.
6. Behavioral family therapy: They insisted upon changing behavior of family member by positive or negative reinforcement. It is utilized especially to endorse behavioral parent training, or marital training. Live demo/dramatics will be used to create picturesque impression. Live demo will include members of dysfunctional family and therapist/author playing pre-defined roles. Mental health care provider need adopt flexible approach to select suitable school of family therapy while treating patients in Indian scenario.

**Conclusion:** Family therapy facilitates recovery. Live demo may reinforce motivation of psychiatrist to practice family therapy regularly.

### F. 16. SCHIZOPHRENIA AND OTHER PSYCHOSES

#### F. 16.1: A Study on the pattern of clinical presentation in acute and transient psychotic patients in Nepal

*Aidya Kumar Varma, Tapas Kumar Aich*

Department of Psychiatry, Universal College of Medical Sciences, Teaching Hospital, Bhairahawa, Nepal

**Aims and Objectives:** Aim was to study the socio-demographic and clinical profile of patients diagnosed as acute and transient psychotic disorder and to study the pattern of symptom profiles of these patients.

**Methodology:** The study was conducted at the Department of Psychiatry, Universal College of Medical Sciences, Teaching hospital, Bhairahawa, Nepal. All the consecutive cases in the age range of 18-45 years, with a diagnosis of acute and transient psychotic disorder, that was admitted in our inpatient department over a period of 6 months, was taken up for the present study. DCR of ICD-10 was used to confirm the diagnosis of Acute and Transient Psychosis. A semi structured proforma was patients' various demographic and clinical variables. Pattern and severity of psychopathology was assessed by using "A comprehensive psychopathological rating scale (CPRS)". Data thus obtained on 50 patients were taken up for final analysis. Analysis was done by using *t*-test for the continuous data, and Chi-square test with Yate's correction, whenever appropriate, to categorical data.

**Results:** Putting our ATPD cases into current ICD-10 diagnostic category (F23) we got majority of cases belonging to sub-category acute schizophrenia-like psychotic disorder (F23.2). Significant psychological and physical stress was found in 60% (30) of our study population. By applying CPRS most frequently observed symptoms (more than 70% cases) were apparent sadness (82%), hostility (76%), and lack of emotional responses (70%), distractibility (82%), withdrawal (96%), perplexity (94%), blank spells (86%), disorientation (92%), and hallucinatory behavior (96%).

**Conclusions:** Besides presence of psychotic symptoms ATPD patients also showed varied other clinical symptoms like presence of depressive symptoms, psychotic and non-psychotic behavior, changes in biological rhythms, etc., Details of the findings, its clinical relevance and future implications will be discussed in the conference.

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**F. 16.2: Pre-morbid functioning and duration of untreated psychosis may predict clinical presentation in first-episode psychosis**

*Bhushan Bhagwan Mhetre, N Heramani Singh, S. Gojendra Singh, Athokpam Ranita Devi*

*Aims and Objectives:* The study aims to evaluate whether pre-morbid functioning and duration of untreated psychosis (DUP) are related to clinical presentation of first-episode psychosis at first hospitalisation.

*Methodology:* Forty-four antipsychotic-naïve, first-episode psychosis patients were included with exclusion of organic and substance related psychosis. Patients were assessed with BPRS, SAPS, SANS and pre-morbid adjustment (PAS) scales on admission. Data was dichotomized into schizophrenia-like and affective psychosis and analyzed with SPSS for not normally distributed variables. Spearman's correlation and multiple regression analyses were performed.

*Results:* In patients with schizophrenia-like psychosis ( $n=25$ ), DUP was positively correlated to SANS score ( $r=0.459, P=0.021$ ). In affective psychosis patients ( $n=19$ ), there was negative correlation of DUP with total BPRS score ( $r = -0.499, P=0.030$ ) and SAPS score ( $r = -0.494, P=0.032$ ). And also, mean PAS score was negatively correlated with SAPS score ( $r = -0.484, P=0.036$ ). Further, regression analysis concluded that DUP in patients with affective psychosis, significantly predict the composite SAPS score ( $B = -0.642, P=0.038$ , and  $R^2=0.287$ ).

*Conclusions:* Our findings suggest that DUP and pre-morbid functioning may be important predictors of clinical presentation of first-episode psychosis and thus, attempts for early diagnosis may also have effect on treatment response.

**F. 16.3: A study of Trajectory of psychoses – A preliminary report**

*Arpita Karmakar, Vivek Goyal, Sandanha Daniel, Goel Digvijay Singh*

*Aims and Objectives:* To evaluate the trajectory of treated psychoses at 2 weeks, 6 weeks, 6 months.

*Methodology:* Patients in the age-group 18-65 years admitted with schizophrenia and schizophreniform psychoses, excluding bipolar disorders, were evaluated on the PANSS within 72 hours by a team member not involved in actual treatment of the patient. The score on PANSS, along with demographic, diagnostic and other details were recorded. PANSS was administered again at 6 weeks, 6 months, with the treatment and relevant details being updated at each stage.

*Results:* 10 Schizophrenics as per ICD 10 were registered. None of them had previous treatment history. Out of 10, 8 were started on Olanzapine, 2 on Risperidone and haloperidol. Out of 8, 6 responded to Olanzapine within first 2 weeks. 2 did not respond. 80% responded to the first antipsychotic compared to 20% who did not. 5 patients had more than 90%, 3 had 70%, 1 had 50% and 1 patient had less than 10% improvement in positive symptoms vis-à-vis negative symptoms after 6 months.

*Conclusions:* The results at 6 months support the hypothesis that absence of significant response to treatment in the initial fortnight predicts subsequent non-response.

**F. 16.4: Prevalence of spontaneous Dyskinesia in drug naïve schizophrenia and its relation with positive and negative symptoms of schizophrenia**

*Samrat Singh Bhandari, Dipesh Bhagwati*

*Aims and Objectives:* This study aims to assess the prevalence of abnormal involuntary movement in never medicated patients with schizophrenia and to find its relation with demographic variables and

with the positive and negative symptoms of schizophrenia, this study also aims to assess the topography of the dyskinesia and patient's awareness regarding dyskinesia.

*Methodology:* Socio-demographic data of 100 consecutively selected patients who fulfilled the ICD-10 Diagnostic Criteria for Research were collected in a 12 month period. These patients were rated with the Positive and Negative Syndrome Scale and Abnormal Involuntary Movement Scale. Patients were labeled as having spontaneous dyskinesia if they fulfilled the criteria of Schooler and Kane which needs a score of two (mild) in at least two areas or score of three (moderate) or four (severe) in one area.

*Results:* 52% of the study samples were male and 48% were female with mean age of 30.72 years with standard deviation of 8.7 years. 16% of the patients had dyskinesia when examined with Abnormal Involuntary Movement Scale. However only 14% fulfilled the Schooler and Kane's Criteria for spontaneous dyskinesia. A strong correlation was found between the presence of dyskinesia and negative symptoms of schizophrenia. 57.1% of these 14 patients had dyskinesia located in their oral and facial region. 71% of these patients with dyskinesia had no awareness of their involuntary movements.

*Conclusions:* Spontaneous dyskinesia, negative symptoms and lack of awareness of the abnormal involuntary movement can be taken as one of the presenting symptoms of schizophrenia.

**F. 16.5: Family burden in obsessive compulsive disorder as compared to schizophrenia – A cross-sectional tertiary OPD based study**

*Sourav Ganguly, Rajarshi Neogi, Sibasis Roy, Dilip Mondal*

*Aims and Objectives:* To assess anxiety and depressive symptoms, quality of life and family burden as perceived by the primary caregivers of the patients with obsessive compulsive disorder (OCD) and to compare them with caregivers of the patients with schizophrenia.

*Methodology:* Patients with chronic stable schizophrenia and OCD were consecutively sampled from the OPD and rated on clinical global impression – Severity and GAF scales. Both the groups were matched for duration of illness, CGI-severity scores, GAF scores, sex, age, place of residence (urban/rural), monthly income of the family, monthly expenditure for the illness and type of family. Thirty-five consecutively matched patients were taken from each group. Their primary caregivers were assessed by HAM-A, HAM-D, family burden scale, WHOQOL-Bref-26 scale. Appropriate statistical analyses were used to measure the differences in the two groups and correlation statistics used for finding significant correlations.

*Results:* OCD patients were more males, slightly younger, had less education from rural Muslim nuclear families with more family income and had spent more for the patients compared to their Schizophrenic counterparts though the difference was not statistically significant. OCD patients had significantly less family members. In the OCD group, financial and family interaction burden had significantly negatively correlated with monthly income of the family. Disruption of routine family activity burden, family interaction burden and total burden was found to be significantly positively correlated with monthly expenditure for the patient. Effect on mental health of others and Total burden were significantly positively correlated with CGI-S score of the patient. Psychological domain of WHOQOL correlated very highly with most domains of burden.

*Conclusions:* The burden of caregivers of chronic psychiatric illnesses, like schizophrenia and OCD is sufficient to cause significant stress. Hence, family intervention programs are needed in our setting.

**F. 16.6: EEG abnormalities in adolescents having schizophrenia**

*Chetan Dilip Vispute, Shubangi R. Parkar, Heena Merchant, Chetan Dilip Vispute*



*Aims and Objectives:* To study in adolescent onset schizophrenia (a) Prevalence of EEG abnormalities. (b) Type of EEG abnormalities.

*Methodology:* Research site: The study was retrospectively conducted in the EEG Centre of Department of Psychiatry in a Tertiary Care Public Hospital. All records of adolescent patients (13-18 years) diagnosed as schizophrenia as per DSM IV criteria by the consultant psychiatrist were included in the study. All case record forms having prior history of seizure were excluded from study. The Department of Psychiatry does EEG recording of all patients of adolescent age group presenting with psychopathology as its policy. All the EEG in this study was reported by one of the Investigators. 105 case records forms were screened and only 70 patients EEG records were included in study after satisfying inclusion exclusion criteria.

*Results:* Shall be discussed in Paper.

*Conclusions:* Shall be discussed in Paper.

### **F. 16.7: Role of Ranitidine in negative symptoms of schizophrenia**

*Varun S. Mehta, D. Ram*

*Aims and Objectives:* To evaluate the role of H2 antagonist ranitidine in the negative symptoms of schizophrenia.

*Methodology:* 75 inpatients with an ICD-10-DCR diagnosis of schizophrenia as their first episode were divided into three groups of 25 patients each, receiving 150 mg/day ranitidine, 300 mg/day ranitidine and third group receiving only olanzapine. They were rated on PANSS at baseline, four and eight weeks along with UKU scale at four and eight weeks.

*Results:* When the change in the symptom severity was assessed from baseline to four weeks, it was seen that there was a significant reduction in the scores of the negative scale in patients receiving high dose of ranitidine in comparison to patients not receiving ranitidine (olanzapine only). However, the difference was not seen when the patients were assessed again at the interval of eight weeks.

*Conclusions:* A 300 mg/day dose of ranitidine when combined with olanzapine was effective in reducing the scores of the negative scale of PANSS at the end of four weeks. The improvement no longer remained significant at the end of eight weeks probably due to the tolerance to the actions of ranitidine.

### **F. 16.8: A cross-sectional study to compare the quality of life among schizophrenic patients attending occupational training centre, outpatient clinic and residential care**

*P.Kavitha, K. Ramakrishnan, N. Arunkumar*

*Aims and Objectives:* To compare the quality of life, severity of illness among patients attending day care centre, rehabilitated in residential care, and cared by family members

*Methodology:* Schizophrenia is diagnosed using ICD-10 criteria, 30 patients attending Nambikai-training centre Trichy, 30 patients randomly selected from Trust Shantivanam Residential home Trichy, and 30 consecutive out patients attending psychiatric OPD in ATHMA hospital Trichy were taken for the study. Patients were administered scale for positive and negative symptoms (PANSS) to look for illness dimension and severity, the WHO Quality of life-BREF to assess the quality of life among the study population

*Results:* Findings will be discussed during the presentation.

*Conclusions:* Findings will be discussed during the presentation.

### **F. 16.9: Minor physical anomalies in patients diagnosed with schizophrenia, bipolar disorder and their first degree relatives: A comparative study**

*Abhivav Pandey, Ajay Kohli, Sudhir Kumar*

*Aims and Objectives:*

1. To estimate magnitude of various Minor Physical Anomalies (MPAs) in schizophrenia and bipolar disorder.
2. To compare MPAs between schizophrenic patient and their First Degree Relatives (FDRs).
3. To compare MPAs between bipolar affective disorder patient and their FDRs.
4. To compare MPAs between schizophrenia and bipolar affective disorder patients.

*Methodology:* The study was a cross-sectional comparative hospital based study. The subjects were recruited for the study by the purposive sampling technique. The study was conducted at the Institute of mental health and hospital Mathura road Agra. Data was collected over a period of 12 months from 15th march 2009 to 15th March 2010 The study sample consisted of 20 schizophrenia patients, 20 Bipolar affective disorder patients diagnosed as per ICD-10 DCR (WHO, 1994) criteria, 40 first degree relatives, one for each patient. Total sample size is 80. Adult patients, their first degree relatives (FDRs) meeting their respective exclusion and inclusion criteria were taken up for the study. Detailed data was collected on the socio-demographic and clinical data sheet designed for the purpose. All patients and their respective FDRs were assessed for minor physical anomalies with the Waldrop scale and in addition the bipolar patients were assessed using the Young Mania Rating Scale (YMRS) and schizophrenia using PANSS scale. Data was analyzed using standard statistical software package, SPSS 10.1. Descriptive statistics and inferential statistics, such as students t-test, independent t-test was used. The level of significance (alpha) of 0.05 and 0.01 were adopted in the study. Chi-square test was used to ascertain group difference between categorical variables, students t-test was used in case of determining group difference of dimensional variables.

*Results:* In schizophrenic patients maximum anomalies are present in eyes, then mouth followed by anomalies of head, feet and ear. In patients of Bipolar disorder It is observed that maximum anomalies are seen in Mouth region followed by head followed by anomalies of eyes hand and ear. In comparison between anomalies in various regions in schizophrenia and bipolar patients showing more anomalies in schizophrenia in all regions of body except in hand region where bipolar patients have more anomalies. The total no of anomalies are also more in schizophrenic patients and are higher than bipolar patients and this is statistically significant.

*Conclusions:* The schizophrenia patients had significantly more MPAs than their FDRs and bipolar patients. The rate of MPAs in bipolar patients was more than their FDRs but not statistically significant.

### **F. 16.10: Peripheral neuronal nitric oxide Synthase expression in drug naïve schizophrenia patients**

*Shashwat Saxena, P.K. Dalal, J.K. Trivedi, Madhu Dikshit, P.K. Sinha*

*Aims and Objectives:* To compare nNOS levels in neutrophil of drug naïve schizophrenia patients with their first degree relatives and healthy controls and to study relation between symptom profile of patients with nNOS expression.

*Methodology:* nNOS expression in venous blood of drug naïve schizophrenia patients (aged between 18 years and 45 years and who were not suffering from any comorbid Axis-I disorder or major physical illness) estimated by reverse transcriptase method was compared with age and sex matched first degree relatives and healthy controls. Comparison was also done between symptom profile of schizophrenia patients (assessed by PANSS) and family history of psychosis with nNOS expression.

*Results:* Mean nNOS expression in schizophrenia patients (108.32; SD=56.24; [n=27]) was significantly higher ( $P<0.009$ ) than their first degree relatives (mean=70.52; SD=47.33 [n=28]) and ( $P<0.0001$ ) healthy

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controls (mean=27.50; S.D.=13.07; (n=29)]. Mean nNOS expression in first degree relatives was significantly higher ( $P<0.0001$ ) than controls. No significant association of nNOS was found with symptom profile of the patient. Patients with positive family history of psychosis (n=8) had higher mean nNOS expression i.e. 126.23 (SD=62.90) than patients without family history of psychosis (n=19) i.e., 100.78 (SD=53.17).

**Conclusions:** nNOS expression was significantly higher in schizophrenia patients as compared to their first degree relatives and healthy controls. nNOS expression was also significantly higher in relative group as compared to controls.

### F. 16.11: Study of minor physical anomalies in Schizophrenic patients – A case control study

Swapanjit Sharma, Hemendra Ram Phookun

Department of Psychiatry, GMCH

**Aims and Objectives:**

1. To compare the prevalence of minor physical anomalies between schizophrenic patients and normal controls.
2. To find relationship of age of onset of schizophrenia and MPAs.
3. Predictive value of the minor physical anomalies in early detection of cases of schizophrenia.

**Methodology:** Study was conducted in Dept. of Psychiatry, GMCH for a period of 1 yr. Study design was case control study (50 cases and 50 controls). Diagnosis was made by ICD-10 criteria. WALDROP SCALE FOR MINOR PHYSICAL ANOMALIES was administered in the study groups and findings analyzed by student t-test, Fisher's Exact test and Chi-square test.

**Results:** Schizophrenics showed significantly more total anomalies than controls (mean 6.38 vs. 1.76,  $P<0.0001$ ). Early age of onset cases had more anomalies than late onset cases ( $P=0.044$ ). Total anomaly score of 4 and 5 had highest specificity and predictive value for discriminating schizophrenic patients.

**Conclusions:** This is the 4th of its kind of studies in India and 1st in Assam. Minor Physical Anomalies have high discriminative value for schizophrenia. Also, imparting strength to the neurodevelopmental hypothesis, early onset cases have higher total anomalies than late onset cases.

### F. 16.12: Comparison of cognitive functions in patients of schizophrenia with and without co-morbid substance dependence

Nitin Sethi, Christoday R.J. Khess

**Aims and Objectives:** Aim of the index study was to look for the impact of co-morbid substance dependence on cognitive function profile in the patients with schizophrenia.

**Methodology:** In this cross-sectional hospital based study, 60 patients with ICD-10 DCR diagnosis of schizophrenia, divided into two equal groups of "with" and "without" co-morbid substance dependence and were assessed using CANTAB neuropsychological battery. Severity of psychopathology was assessed using PANSS, CDSS and ASI. Data were analyzed by chi square and student t test using SPSS version 16.0 for windows

**Results:** As compared to patients with schizophrenia without substance dependence, patients with co-morbid substance dependence had lower severity of depressive symptoms on CDSS. On cognitive function assessment, these subjects in comorbid substance dependence group had poorer visual sustained attention and speed of processing. These subjects also performed poorer in other cognitive domains but statistically significant differences were not found in those areas.

**Conclusions:** Cognitive profile in patients with co-morbid substance dependence was poorer than patients with schizophrenia without substance use disorder especially in domains of visual sustained attention, speed of processing, planning and strategy use.

## F. 17. SEXUAL DYSFUNCTION

### F. 17.1: Prevalence of sexual dysfunction in a clinic based population

Rohit Verma, Yatan Pal Singh Balhara, Shiraj Ul Hasan, Shaily Mina

**Aims and Objectives:** To quantitatively evaluate the prevalence of sexual dysfunction at a tertiary care psychiatric hospital.

**Methodology:** A retrospective chart analysis of all consecutive patients presented to psychiatry outpatient department at a tertiary care hospital (2006-2010) was carried out. The data included information on socio-demographic details, clinical details, and the type of sexual dysfunction diagnosed by a psychiatrist using ICD-10.

**Results:** Among the sample of 698 subjects, all were males (mean age: 30 years  $\pm$  SD=8.6). The majority were married (67%), Hindu population (79.5%) from urban area (91.7%), belonging to middle and lower classes (99.4%) and were educated above 10th standard (61.5%). The majority had erectile dysfunction (29.5%) with premature ejaculation (24.6%), Dhat syndrome (18.1%) and erectile dysfunction with premature ejaculation (17.5%) following it. About 21.6% of the subjects had more than one type of sexual dysfunction. There was a history of stress prior to the onset of sexual complaint in 65.9% subjects. Neurosis was the most frequent psychiatric diagnosis (19.5%) with depressive disorder in the majority of subjects.

**Conclusions:** There is high prevalence of psychosexual disorders in psychiatric outpatient clinics. Sexual dysfunction in Indian society has more representation among males as compared to female counterparts. Stress in various forms contributes to onset of psychosexual illnesses.

### F. 17.2: Prevalence of depression in patients suffering from premature ejaculation

Surendra Paliwal Jainanjal, Sanjay Jan, Rajesh Sharma

**Aims and Objectives:** To find out prevalence of depression in patients suffering from premature ejaculation.

**Methodology:** A total of 156 consecutive male patients coming to psycho-sexual clinic during months of April 2012 to September 2012 seeking treatment for Premature Ejaculation were included in the study. Participants were asked to complete a questionnaire requesting detailed medical and sexual histories and the Beck depression inventory (BDI). PE was evaluated using Masters and Johnsons' definition, a condition in which a man ejaculates before his sex partner achieves orgasm, in more than fifty percent of their sexual encounters.

**Results:** PME patients suffered from various psychological problems, such as depression, low self-esteem, both, and low sexual satisfaction. Even after excluding erectile dysfunction (ED) subjects, a significant relationship was found between PE and depression.

**Conclusions:** To be presented at the time of presentation.

### F. 17.3: Erectile dysfunction in diabetes mellitus: Its magnitude and predictors, integration in a bio-psycho-social model

Kaustav Chakraborty, Manas Mandal, Somsubhra Chatterjee, Manabendra Makhil, Gobindo Chandra Basak

College of Medicine and J.N.M. Hospital, WBUHS, Kalyani, West Bengal, Sagar Datta Hospital, Panihati, West Bengal, North Bengal Medical College, Darjeeling, West Bengal, R.G. Kar Medical College Darjeeling, West Bengal

**Aims and objectives:** Sexual activity is considered to be one of the important indicators of quality of life. Persons suffering from diabetes mellitus (DM) are at higher risk of developing erectile dysfunction (ED). Several factors contribute to diabetic ED. Only few studies have

attempted to explore physical, psychological and social factors in a single study. The aim of the index study was to measure the prevalence of diabetic ED and to determine the contributory role of various socio-demographic, physical, and psychological variables.

**Methodology:** Eighty four consenting consecutive male diabetic patients were included in the study. Participants were assessed on International Index of Erectile Function Questionnaire (IIEF-5), UKU side effect rating scale, dyadic adjustment scale (DAS), and Beck's depression inventory (BDI). Pretested Bengali versions of these scales were used in the index study.

**Results:** Prevalence of ED (defined by IIEFQ-5 total score < 21) was 41.67% (35 out of 84) with mean score of 17.79±7.68. Age, family type, body mass index, type of treatment, presence of comorbid physical illnesses, presence of micro/macrovacular complications, medication side effects, quality of marriage, and depressive symptoms were significantly correlated with severity of ED. In linear regression analysis age, depressive symptoms and quality of marriage had significant predictive role ( $P < 0.05$ , adjusted R-square 0.622) on erectile performance.

**Conclusions:** Prevalence of ED among diabetic male patients is quite high and many of the diabetic patients were even reluctant to discuss about their sexual function with physicians. Both physical and psychosocial factors predict the occurrence of ED in a diabetic male. So, both physicians and psychiatrists should remain aware about the multi-faceted causative role of diabetic ED.

#### **F. 17.4: Sexual dysfunction among females receiving psychotropic medication: A hospital based cross-sectional study**

*N. Veda Shetageri, R.B. Nayak, G.S. Bhogale, N.M. Patil, S.S. Chaate*  
Department of Psychiatry JNMCC, Belgaum

**Aims and Objectives:**

1. To know the prevalence of SD among females receiving psychotropic medication.
2. To study the nature of SD
3. To compare the SD among female patients receiving antipsychotics and antidepressants.

**Methodology:** Female patients visiting the psychiatry outpatient department at JNMCC, Belgaum between 01-01-2010 and 30-04-2011 were selectively recruited for the study. Initial diagnosis was made as per ICD-10 DCR criteria. If patient had SD; DSM-IV-TR was used to categorize the SD. Then the severity of SD was assessed using FSFI scale. The collected data was analyzed using SPSS software.

**Results:** SD was present in 68.32% of 101 patients studied. Among 15 patients treated with antipsychotics 8 (53.33%) and among 17 patients treated with antidepressants 14 (82.35%) were found to have SD. Among 41 patients treated with antidepressants and benzodiazepines 27 (65.85%) were found to have SD. Among 101 patients 48 (47.52%) were found to have more than 2 types of SDs.

**Conclusions:** SD was present among many (68.32%) of 101 female patients receiving psychotropic medication. The relationships between a. different psychotropic medications and types of resultant SD b. prevalence of SD due to different categories of psychotropic medications could not be established conclusively as numbers of patients on single psychotropic drug were very small.

#### **F. 17.5: Study of SSRIs induced sexual dysfunction**

*Raina Garg, Sandip Shah, Lakahn Kataria*

Department of Psychiatry, SBKS MI and RC, Sumandeep Vidyaapeeth, At and Po Pipariya, Vadodara, Gujarat

**Aims and Objective:** To assess SSRIs induced frequency of sexual dysfunction, types and gender differences.

**Methodology:** Ninety-six subjects with DSM-IV-TR diagnosis of major

depressive disorder on medication with SSRIs for minimum one month were administered the Arizona sexual experience scale and who did not report sexual dysfunction before starting the SSRIs were recruited in the study. Sexual dysfunction as determined by a total score equal or greater than 19 out of a possible 30 on the arizona sexual experience scale.

**Results:** As measured by scores on the arizona sexual experience scale from total 96 subjects (46 men and 50 women) 80.2% reported of sexual dysfunction in which sexual dysfunction was more in men (93.5%) than women (68%). Also in men, ease of orgasm and orgasm satisfaction is of more concern than women and there was a trend toward worsening sex drive than women.

**Conclusions:** This study shows high prevalence of SSRIs induced sexual dysfunction, more in men. Hence, Physicians should not underestimate the same.

#### **F. 17.6: Comparative study of SSRIs in sexual dysfunction**

*Parth Vaishnav, Kalrav Mistry, Girish Banwari, Prateek Sharma*

Department of Psychiatry, Sheth V S General Hospital, Ellis Bridge Ahmedabad, Gujarat

**Aims and Objectives:** We aimed at assessing the relative potency of the antidepressants Escitalopram, Sertraline, Paroxetine and Fluoxetine in causing adverse effect related to sexual function among males.

**Methodology:** Newly diagnosed cases of male MDD patients, 50 in each group were selected and followed up monthly after initiation of the treatment. SSRIs induced effect on sexuality was noted in a questionnaire international index of erectile function (IIEF) and sexual health inventory in males (SHIM). A Score on premature ejaculation scale was obtained pre and post study.

**Results:** 17.24% of enrolled males showed lower levels of sexual desire among the study group. 54.05% of them were on Fluoxetine. 21.07% complained of decreased ability to attain proper erection as compared to baseline level. Out of them 59.78% were on Paroxetine. While 32.06% reported delay in their ejaculatory function compared to baseline 68.05% of whom were consuming Paroxetine.

**Conclusion:** SSRI treatment caused sexual dysfunction in males but the rates are lower as compared to other studies, While, Paroxetine is related more to erectile dysfunction, Fluoxetine is associated with loss of sexual desire. Paroxetine is the most commonly associated drug with sexual dysfunction.

#### **F. 18. SOMATOFORM, DISSOCIATIVE, CONVERSION DISORDERS**

##### **F. 18.1: Physical symptoms in depression and somatoform disorder: A comparative study**

*K. Sreejayan, Sweta Bothra, Shweta Rai*

Kasturba Medical College Manipal

**Aims and Objectives:**

1. To compare the nature of physical symptoms in patients with depression and somatoform disorder.
2. To compare the severity of the physical symptoms in these disorders.

**Methodology:** The sample would be recruited from Kasturba Medical College Manipal, a tertiary health care centre in South India. Sampling: Purposive sampling Type of study: Cross-sectional study Inclusion criteria: Group 1: Subjects with mild to moderate depressive episode according to ICD 10 Group 2: subjects with somatoform disorder according to ICD 10 Exclusion criteria: 1. Any co-morbid psychiatric diagnosis. 2. All substance dependence except nicotine. 3. Patients with debilitating diseases Tools: Somatoform disorder symptom checklist-SCL, The Somatoform disorder symptom checklist is derived from somatoform disorder schedule used by clinicians. The symptom checklist has been operationalized to help the clinician to arrive

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at ICD 10 diagnosis. The symptom checklist containing 60 items was modified by the researcher to assess the severity of somatic symptoms. The subjects were asked to rate the severity of each symptom on a five point scale from ranging from 'not at all' to 'very much'. The total score indicated the symptom severity. Institutional ethics committee approval would be taken. Subjects diagnosed to have depression and somatoform disorder according to ICD 10 by a consultant psychiatrist would be included for the study. A written informed consent would be taken. Both groups would be evaluated on Somatoform Disorder Symptom Checklist. Analysis: descriptive statistics would be used to describe the various physical symptoms in both groups. Chi Square test would be used to compare the difference between both the groups in terms of various physical symptoms.

*Results:* Results would be discussed during the presentation.

*Conclusions:* Conclusions would be discussed.

### **F. 18.2: Clinical profile of patients with dhat syndrome: A review of 30 cases**

*Parthasarathy, Shivanand Kattimani, Arun Kumar, Rajiv Philip Rajkumar*

*Aims and Objectives:* To describe the clinical profile of patients presenting with dhat syndrome in a general hospital setting.

*Methodology:* The current study is a chart review. The charts of patients with dhat syndrome who were evaluated in the marital and psychosexual clinic of the Department of Psychiatry, JIPMER were reviewed. The profile of all these patients, including age at onset, duration, socio-demographic details and clinical comorbidity were obtained from the records.

*Results:* Will be presented in the full paper.

*Conclusions:* Will be presented in the full paper.

### **F. 18.3: Explanatory models in patients of somatoform disorders: A cross-sectional study from North India**

*Jitender Aneja, Sandeep Grover, Sannidhya Verma, Akhilesh, Sharma Debashis Basu*

*Aims and Objectives:* The purpose of this study was to assess the explanatory models of patients with somatoform disorders presenting to a tertiary care hospital in Northern India.

*Methodology:* Ninety nine consecutive adult patients ( $\geq 18$  years) with diagnosis of somatoform disorders according to the International Classification of Diseases-10<sup>th</sup> revision (ICD-10) were evaluated for their explanatory models using the causal models section of explanatory model interview catalogue (EMIC).

*Results:* The mean age of the study sample was 36.52 years and the mean duration of illness was 59.39 $\pm$ 57.68 months. The most common clinical diagnosis was that of persistent somatoform pain disorder. The most common explanations given were for psychological factors (68.7%) followed by weakness (67.7%), social causes (51%), karma-deed-heredity (53.5%) category. The mean number of etiological categories reported were 2.60 (SD=1.70). Among the various specific causes the commonly reported explanations by one half of the sample in decreasing order were: general weakness (63.6%), mind-thoughts-worry category (59.6%) and loneliness (53.5%). The mean number of specific etiologies were 4.90 (SD=3.83).

*Conclusions:* Most of the patients with somatoform disorder attribute their symptoms to psychological factors.

### **F. 18.4: Psychopathology and personality traits in dissociative patients**

*Isha Sharma, Vishal Sinha, Rakesh Kumar Pawan, Hasheeh Khan*

*Aims and Objectives:* To assess personality traits and psychopathology in patients of Dissociative disorder at Tertiary Care Hospital in Northern India.

*Methodology:* All consecutive patients visiting psychiatry OPD in three months period will be interviewed using a pre-structured performa and assessed using scales for personality and dissociation. (Dissociative Experiences Scale-II).

*Results:* The results and conclusion of the study will be discussed during the presentation.

*Conclusions:* The results and conclusion of the study will be discussed during the presentation.

### **F. 18.5: Intracranial (structural) changes in conversion disorder: A computerized tomography scan study**

*Nupur Niharika, A.S. Srivastava*

*Aims and Objectives:* To assess intracranial structural changes in Conversion Disorder with computerised Tomography scan.

*Methodology:* Thirty patients of conversion Disorder between 21 and 40 years of age and fulfilling various inclusion and exclusion criteria were taken and compared with regard to ventricular size, Evans ratio and ventricular brain ratio (VBR).

*Results:* Patients of conversion disorder were found to have greater cortical atrophy and scored significantly higher in parietal area of brain. There are no significant changes in ventricular size, Evans ratio and ventricular brain ratio.

*Conclusions:* Evidence of Neuro-radiological abnormalities in patient with Conversion disorder suggests that this disorder should not be considered merely functional in the traditional sense.

## **F. 19. SUBSTANCE ABUSE, DEPENDENCE**

### **F. 19.1: Prevalence of substance use disorder in psychiatric patients: A prospective hospital based study**

*Ashok Patel, Mona Srivastava*

*Sir Sunderlal Hospital of IMS, BHU*

*Aims and Objectives:* Substance use disorder (SUD) is very commonly found in psychiatric patients. Systematic analysis of this group of dual diagnosis patients can help in optimal management of these patients. Very often this diagnosis is also missed in a busy OPD.

*Methodology:* All new cases presenting to the OPD services of the Department of Psychiatry of Sir Sunderlal Hospital of IMS, BHU were screened for the presence of SUD including nicotine use. All patients having SUD were then assessed by using a socio-demographic data sheet, severity of alcohol use questionnaire, drug abuse screening test, dysfunctional analysis questionnaire. 30 users and 30 age sex matched normal subjects, who were often the accompanying relatives of the patients were assessed on the scales.

*Results:* The prevalence of substance abuse and psychiatric illness was studied in a psychiatric evaluations unit. Twenty-six percent of the subjects received a psychiatric diagnosis only with no concomitant substance use disorder. Thirty-four percent were diagnosed with a substance use disorder but with no other psychiatric disorders. Thirty-nine percent of the subjects had a history of both psychiatric and substance use disorder; 62% of these substance abusers with a psychiatric illness reported using drugs (including alcohol) the week before the interview; 56% used illicit drugs while 44% used alcohol only. The substance abuse diagnosis is often missed and it is only obtained after an in depth screening and analysis.

*Conclusions:* Diagnosis of drug abuse in psychiatric patients is not an exercise in futility. The presenting symptoms of florid psychosis may not be related to the patient's underlying psychosis, and hence appropriate diagnosis of drug-related psychopathology may change the prognosis.

Drugs also may have an impact on nutrition and on the physical health of the patient.

### **F. 19.2: Ketamine dependence in medical professionals: Review of literature catalyzed by two cases**

*Shrigopal Goyal, Atul Ambekar, Mirmmay Das, Rajat Ray*

National Drug Dependence Treatment Centre, AIIMS, New Delhi

*Aims and Objectives:* Introduction: The prevalence of substance use disorders in medical professional is not very different from that of the general population. Medical professional may be prone to develop dependence due easy accessibility of certain psychotropic substances. We provided treatment to two cases of Ketamine dependent medical professionals in quick succession at the National Drug Dependence Treatment Centre, AIIMS, New Delhi which catalyzed a brief review of literature. Aims and objectives: To explore the published literature regarding abuse/dependence of ketamine in medical professionals in the light of two cases of ketamine dependence in medical professionals being reported.

*Methodology:* We conducted a literature search regarding dependence of ketamine in medical professionals by using different key words (Ketamine abuse or dependence and Medical professionals or Anaesthetics; recreational ketamine use and Medical professionals or doctor; Ketamine dependence).

*Results:* There are some case reports of ketamine dependence in the literature (Pal et al., 2002; Hurt et al., 1994; Jansen et al., 1990; Moore et al., 1999) but very few reports specifically in medical professionals. Certain medical specialties (like anaesthesia and veterinary medicine) are more likely to abuse ketamine due to easy accessibility. One of the two cases had seen by us highlights development of significant tolerance to ketamine without prominent physical withdrawal symptoms and cyclical use of very high doses of ketamine. The psychotropic effects of ketamine range from dissociation and depersonalization to psychotic experiences and include a sensation of feeling light, body distortion, absence of time sense, enhancement of sexual, musical and sensory enjoyment, novel experiences of cosmic oneness and out-of-body experiences. Thus, Ketamine could be a drug of choice for sophisticated medical personnel seeking to use a drug for intoxication while minimizing the chance of being caught. The literature is largely silent on any specific pharmacological interventions for ketamine use disorders.

*Conclusions:* Ketamine abuse could be recreational use or self-medication for depression and anxiety. It has a definite abuse potential in medical professional due to easy accessibility. Additionally, the short half-life makes it difficult to detect in body fluids. Thus, caution in use of ketamine is reiterated in light of its Abuse liability. Meanwhile, efforts to understand ketamine dependence and search for pharmacological treatment options must continue.

### **F. 19.3: Profile of substance-using women presenting to a tertiary care de-addiction facility**

*Aarya K R, Aditya Pawar, Anju Dhawan*

*Aims and Objectives:* The purpose of the current study was to gain insights into the profile of female attendees at the outpatient facility of a national level de-addiction center.

*Methodology:* Retrospective chart review of patients presenting to NDDTC, AIIMS OPD between January 2012 and September 2012 was done. Records of 33 female patients were obtained. Socio-demographic and clinical profiles were analyzed.

*Results:* The mean age of the patients who sought treatment from the center was 38.8 ( $\pm 13.4$ ) years Majority were married (72.7%), illiterate (80.7%), unemployed (72.7%) and hailed from urban backgrounds (72.7%). The substance most frequently used in a dependent pattern was Nicotine (54.55%) followed by Heroin (48.48%) Other substances were Alcohol, Pentazocine, Benzodiazepine, Buprenorphine,

Dextropropoxyphene, Opium and Cannabis. 21.1% of were currently injecting drug users. Heroin, Buprenorphine and Pentazocine were the drugs injected. The average age of initiating substance use was 27.3 years. Partners were substance dependent in 39.4% of these patients and iatrogenic initiation came through in 15.2%. Family history of substance dependence (other than nicotine) was present in 15.2%. Depressive disorder was present in 3 patients and 1 had a diagnosis of Anxiety disorder. Nearly half of the patients followed up further and 27.3% were abstinent on treatment.

*Conclusions:* This review permits a glimpse of patterns of substance use amongst treatment-seeking females. Range of substances used, prevalence of injection use and substance dependence in partners are certain striking findings.

### **F. 19.4: A Comparative urinalysis bases study of cannabis use among opioid dependent**

*Yatan Pal Singh Balhara, Raka Jain, Rizwana Qureshi*

*Aims and Objectives:* Buprenorphine/buprenorphine-naloxone is one of the two most widely used Opioid Substitution Therapy (OST) for long term management of opioid dependence. It has been found to be effective for this indication. However, the research has suggested that reduction in use of one substance following its treatment can be accompanied by an escalation in use of other drugs. The current study aimed at assessment of use of cannabis by opioid dependent men on OST with buprenorphine/buprenorphine-naloxone. Also it aims at assessing the difference in cannabis detection rates among those on buprenorphine and buprenorphine-naloxone.

*Methodology:* Use of cannabis by opioid dependent men on OST with buprenorphine was assessed using urinalysis. Urine sample of subjects on buprenorphine were analyzed using TLC and cassette test for presence of buprenorphine, naloxone and cannabis. Data were analyzed using SPSS ver 15.0. Descriptive statistics and Fisher's exact test were performed for in between group differences for buprenorphine positive and buprenorphine urine samples.

*Results:* A total of 100 urine samples were analyzed for the study. All the study subjects except one were male. The mean age of the subjects was 37.75 ( $SD \pm 11.05$ ) years. Cannabis was detected in 32% of the samples on urinalysis. No significant differences were observed between buprenorphine positive and negative samples with regards to cannabis detection (Chi-square-0.04,  $df=1$ , Fisher's exact test  $P=1.00$ ). Also there was no difference between the buprenorphine-naloxone and buprenorphine groups with regards to cannabis detection on urinalysis ( $P$  value- 1.00).

*Conclusions:* Around one third of opioid dependent patients on OST with buprenorphine/buprenorphine-naloxone combination use cannabis. It is important to address cannabis use during long term management of opioid dependence.

### **F. 19.5: Are non-injecting opioid users at risk of transition to injecting? A multisite study from North India**

*Atul Ambekar, Rajesh Kumar, Manish Kumar*

AIIMS, New Delhi, Society for Promotion of Youth and Masses, New Delhi, Punjab State AIDS Control Society, Chandigarh

*Aims and Objectives:* It is well known that Injecting Drug Users (IDUs) constitute an at-risk group for acquiring and transmitting HIV infection in India. Many studies have noted that a majority of IDUs begin their drug career by using non-injecting opioid drugs. Thus, many non-injecting drug users, particularly opioid users, remain at risk of transition to injecting route of drug use. We studied the socio-demographic profile, drug use pattern, and knowledge and awareness of non-injecting opioid users at multiple sites in North India.

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**Methodology:** States from where data was collected were: Chandigarh, Delhi, Haryana, Jammu, Punjab and Rajasthan. Inclusion criteria were: male gender, age more than 18 years, history of having taken any opioid drug in the past one month, no history of having taken any drug through injections 'ever', and an ability and willingness to participate. Trained interviewers collected data at multiple community-based sites after obtaining informed consent. Ethical clearance from AIIMS ethics committee was obtained. Study was coordinated and implemented by society for promotion of youth and masses (SPYM), New Delhi.

**Results:** A total of 712 non-injecting opioid users were interviewed. Mean age was about 31.9 years (SD 8.4). About 50% were married and one-third was skilled workers. Just about 22% were illiterate; however a minority (12%) had studied beyond 12th standard. Proportion of respondents reporting use of various non-opioid drugs in last one year was: Tobacco – 67%, Alcohol – 62%, Cannabis – 30% and oral non-prescribed sedatives – 20%. Most common opioid drugs used were: oral pharmaceutical opioids (38%), heroin (33%) and opium (30%). A majority (70%) were aware that some people take psychoactive drugs through injections. About 45% reported having peers who injected drugs and 38% reported having witnessed acts of injecting drugs. As many as 35% respondents reported that they had been "offered drugs through injecting route". About 53% subscribed to the belief that "Injections give better or faster intoxication". Just about 59% were aware that sharing injections can transmit HIV infection. Only a minority reported having received various services.

**Conclusions:** Findings suggest that a sizable proportion of non-injecting opioid users are exposed to injecting route of drug intake and remain at the risk of transition to injecting route. Low levels of awareness and poor access to services compounds this risk. All opioid drug users should be regarded as group, at-risk of transition and their access to services should be facilitated.

### F. 19.6: Correlation of opioid dependence with brainstem auditory evoked responses

Rakesh Lal, Ajay Kumar Bhatt, Manvir Bhatia

**Aims and Objectives:** To compare the brainstem auditory evoked responses between opioid dependent patients and normal controls.

**Methodology:** The study was conducted in 40 male opioid dependent patients (ICD-10 criteria). All were using heroin. The experimental group was selected from inpatients undergoing detoxification. Patients dependent on alcohol or benzodiazepines were excluded though those who were abusing these substances were included because it would not have been possible to get a pure sample of heroin dependent patients. Since only acute changes are reported in brainstem auditory evoked responses (BAER), a 12 hour nicotine free period was ensured prior to assessment. Parenteral drug users were excluded because microemboli may cause BAER changes.

Controls comprised of 25 age and sex matched individuals selected from amongst residents and students.

**Results:** Only male patients were included with a mean age of 32.425 years (SD6.2956). In the experimental group 36 were married and 4 unmarried. The figures were 17(married) and 8 (unmarried) in the control group.

In the experimental group 11 had finished matriculation, 25 under matriculate and 4 were illiterate. All the controls were above matriculate. No statistically significant difference was found between the two groups in absolute latency, interpeak latency or amplitude ratio.

Although the latencies of wave 1,111 and V were prolonged in subjects reporting dependence for more than 5 years this was not statistically significant.

The mean amplitude ration V/1 was 2.2883 in patients reporting dependence for less than 5 years and 1.9067 in those dependent for more than 5 years. Even this was not statistically significant.

Absolute latencies of wave 1,111 and V were prolonged among patients

having latent interval of less than 2 weeks. The prolongation of wave 1 was significant.

**Conclusion:** There was no statistically significant difference in BAER between the subjects and the control group. However in intragroup comparison a statistically significant difference was found in delayed latency of wave 1 between those who were dependent for more than 5 years and in individuals on whom BAER recording was done within 2 weeks of last dose of heroin.

Further studies with a larger sample size and combining other modalities like EEG and VER can improve our understanding of mechanisms.

### F. 19.7: Inhalant-induced psychotic disorder in a patient with obsessive compulsive disorder: Case report

K. Gaurav, B. Sivaprakash

Department of Psychiatry, Mahatma Gandhi Medical College and Research institute, Pondicherry

Inhalant abuse (DSM 305.9) is endemic worldwide throughout various socio-cultural settings. These substances have the potential to cause physiological and neuropsychiatric manifestations. Most commonly abused are glue, paint and gasoline. We report a case wherein the patient had obsessive compulsive disorder with poor insight (DSM 300.3), which precipitated and perpetuated his inhalant substance dependence. Mr. N 25 years old, student presented with a 7 years history of OCD, on treatment, which had begun following a head injury and also 5 months history of petrol inhalation. He was moderately built, guarded, had tremors in hands, anxious and slurring of speech. Suspiciousness, referential and grandiose ideas, irritability, auditory and visual hallucinations were reported of same duration. There were episodes of aggression, self-injurious behavior and suicidal attempts. He had recurrent intrusive thoughts of contamination of body by bacteria and algae and repeated ritual of hand washing and bathing initially with water and soap, then disinfectant solutions (Dettol, Lysol, and hand sanitizer) and finally bleaching powder. This ritualistic behavior precipitated his inhalant use in form of petrol sniffing which had similar odour as of the disinfectants used by him. He responded well to an adequate dose of antipsychotic drugs.

### F. 19.8: Inhalant abuse in adolescent females

D. Devi, T.V. Asokan, G.S. Chandraleka, Mohamed Ilyas Rahmathullah, Venkatesh Mathan Kumar

**Aims and Objectives:** Intentional inhalation of volatile solvents for recreational purpose is a common practice seen globally in last decades. In an attempt to highlight the issues concerned with this growing problem, we present the below cases.

**Methodology:** Case report 1; 17 year old single female, belonging to low socioeconomic background presented with the complaints of petrol inhalation since the age of 15 years, increased rate of use over several months and craving before sessions of use. She was even stealing petrol and kerosene from the nearby household. Specific attention was focused over psycho education and active support for continued schooling. However, the patient relapsed within one week after the discharge. Case report 2; 18 year old college student was brought by her parents for the complaints of petrol inhalation for about 2 years duration, who even shared with her friends and they were using it together. When she was stopped from inhalation, she was found irritable and motivation to discontinue the use was poor and she never returned for follow-up.

**Results:** Common co morbid presentations were depression, anxiety and personality disorders.

**Conclusions:** Inhalant abuse is often underreported and overlooked in terms of addiction, but severe psychopathology and co morbidities occur. Especially among the female adolescent population, the use is definitely on the rise and is a potential psychosocial problem.

### **F. 19.9: A study on relation between pattern of response on adult ADHD self report scale (ASRS) screener and nicotine dependence in young adult subjects**

*Raghav Shah*

*Aims and Objectives:* To study relation between pattern of response on adult ADHD self-report scale (ASRS) screener and nicotine dependence in young adult subjects

*Methodology:* A cross-sectional study on 100 patients randomly selected from various 'paan bhandar'/cigarette shops, was carried out. Data regarding Socio-demographic profile and pattern of tobacco use were recorded. Responses on adult ADHD self report scale screener were recorded. Modified Fagenstrom questionnaire was used to assess nicotine dependence.

*Results:* Data thus gathered, will be analyzed by using suitable statistics and results will be discussed at the time of presentation and implications of the study will be highlighted.

*Conclusions:* to be presented at the time of presentation.

## **F. 20. MISCELLANEOUS**

### **F. 20.1: Validating the cultural formulation interview for clinical use in Pune**

*Kanak Patil, Vasudeo P Parlikar, Sanjeev Sarmukaddam, Mitchell G Weiss*

*Aims and Objectives:* The cultural formulation interview (CFI) proposed for DSM-5 captures and articulates role of culture in mental health assessment and intervention. Our study evaluates feasibility, acceptability and perceived clinical utility (FAPCU) of the CFI and compares views of patients, their relatives and clinicians.

*Methodology:* Each clinician ( $n=8$ ) conducted minimum 3 CFI's ( $n=36$ ) in psychiatry OPD of a general hospital in Pune. Semi-structured debriefing interviews were conducted for patients, relatives ( $n=12$ ) and clinicians ( $n=8$ ) after the CFI. We derived Likert scale scores for indicators of FAPCU; each indicator assigned a value from -2 to +2.

*Results:* FAPCU were positively rated ( $P=NS$ ) by all participants. Trends showed higher acceptability by clinicians (mean = 1.20) and higher utility scores by patients (mean = 1.26). Feasibility was the same for patients and clinicians (mean = 0.96). If relatives' data were omitted,  $P$  values increased for acceptability indicating polarization between views of patients and clinicians.

*Conclusions:* CFI was doable, acceptable and useful for clinicians, patients and relatives. Insignificant differences among patients, relatives and clinicians highlighted their agreement about its value. Relatives may help improve the acceptability. Benefits of enhanced rapport/empathy outweighed concerns about additional time for the CFI in overall assessment.

### **F. 20.2: A case of atypical tourette's disorder with inappropriate sexual behavior**

*S. Iniayan, T.V. Asokan, G.S. Chandralekha, M. Mohamed Ilyas Rahmatulla, Venkatesh Mathan Kumar*

*Aims and Objectives:* A case with atypical features of Tourette's disorder with inappropriate sexual behavior is presented for assessing phenomenology and co-morbidity.

*Methodology:* Nineteen year male studying diploma engineering from middle class sub-urban milieu presented with complaints of repeated utterances of obscene words, episodes of repeated involuntary movements, repeated sexual gestures without his control, pleasure seeking inappropriate sexual behavior. Initially, at 10 years of age, he was indulging in act of repeated stone throwing, followed by repeated

involuntary movements of the body and repeated utterances of obscene words. He gives history of promiscuous homosexual and heterosexual relations. For past 2 years, he gives history of both repeated obscene sexual looking gestures occurring without control but also excess pleasure seeking sexual thoughts and sexually inappropriate behavior like touching opposite sex which are egosyntonic. Past history of 1 febrile seizure. Family history of stuttering in paternal aunt. On examination, he exhibited disinhibited behavior, was talking mostly about opposite sex. Multiple motor tics and occasional vocal tics present.

*Results:* Investigations: No KF Ring, Normal MRI, Negative for HIV, VDRL and peripheral smear for acanthocytes.

*Conclusions:* The above presentation is quite rare. They may represent a type of Tourette's disorder or part of a syndromal construct. Further follow up is needed.

### **F. 20.3: Self-injurious behavior in mental retardation**

*Shailay Mina, Rohit Verma, Shachi Mathur, Yatan Pal Singh Balhara*

*Aims and Objectives:* To describe the clinical characteristics of self-injurious behavior in mentally retarded population.

*Methodology:* Pubmed data was analyzed suggesting the involvement of serotonergic, dopaminergic, and opiate neurotransmitter systems in the expression of self-injurious behavior in individuals with mental retardation.

*Results:* Self-injurious behavior is noted among individuals with mental retardation, psychosis, inmates, and those with severe character disorders. No useful therapeutic approach has yet evolved from the theoretical psychological models of self-injurious behavior. Animal studies suggest variable involvement of serotonergic, opiate and dopaminergic mechanisms in self-injury among the mentally retarded but the data on benefits of pharmacological agents is controversial. Lithium and carbamazepine has the maximum literature support, and some behavioral interventions appear to be successful too for mentally retarded individuals. Self-injuring patients with borderline personality disorder may benefit from milieu treatment.

*Conclusions:* Although still in jeopardy over managing self-injurious behavior in mentally retarded individuals, literature suggests therapeutic trials with dopamine antagonists, serotonin reuptake inhibitors, and opiate antagonists to be of value.

### **F. 20.4: Nutrition, nutraceuticals, complementary treatments in prevention, diagnostic, therapeutic and prognostic metrics in neuropsychiatric conditions**

*Babu Rankupalli, Anand Pandurangi, Anthony Fernandez*

### **F. 20.5: The personality of Sri Krishna: A psychiatrist's perspective**

*C. Radhakanth*

Department of Psychiatry, Maharaja's Institute of Medical Sciences, Nellimarla, Vizianagaram

Given recent developments in narrative forms of psychotherapy (Angus and McLeod) this paper examines a culturally popular iconic personality who is also deified in mythology and the Hindu religion as God. Sri Krishna is considered a true historical person who lived about 5000 years ago in India according to some historians (K.M. Munshi).

He was considered both an adept at psychotherapy (Bhagavad Gita) and highly adaptive to various crisis like situations coming out all the stronger from each one of those situations (C.Rajagopalachari).

Psychotherapy in India needs a grammar and idiom of its own (Neki et al.) to make it suitable for the patients who are steeped in folklore, mythology and religious beliefs. The personality of Sri Krishna is thus very interesting, educative and appropriate for use as an illustration and

## Abstracts

for narration of biographical stories as part of narrative psychotherapy in India.

Narrative psychotherapy believes that reworking the stories people tell about themselves and others through metaphors, plots and characters is a powerful way to produce change in individuals (Ricoeur). Since biographies, literature and other approaches form the repertoire of narrative psychiatry (White and Epston), such stories of psychic pain and adaptive responses are bound to give the Indian therapist a greater set of options.

### **F. 20.6: Characteristics of patients presenting for emergency assessment at a tertiary care psychiatric hospital in Goa: A retrospective case record study**

*Kimbreley Lourdes Lobo, Sofia Flora D'Aquino Henriques, Anil Rane, M.C. D'Souza*

Institute of Psychiatry and Human Behavior, Goa

*Aims and Objectives:* Aims: To study the profile and correlates of patients presenting at a tertiary care psychiatric hospital in Goa during emergency hours. Objectives:

1. To study the socio-demographic profile of patients presenting in a tertiary care psychiatric hospital during emergency hours
2. To study the illness profile and diagnosis of these patients
3. To study the pattern of referrals received during emergency hours.

*Methodology:* This retrospective case record study was conducted on all cases arriving during emergency hours, during a three month period, at the Institute of Psychiatry and Human Behavior, which is the only tertiary level psychiatric hospital located at Goa. Information on the socio-demographic data, presentation of the patient, referring facility, illness details and diagnosis was collected and analyzed.

*Results:* To be presented later.

*Conclusions:* To be presented later.

### **F. 20.7: Aggression in psychiatry: Impact of family history, substance use, psychiatric history, and dual diagnosis**

*Aims and Objectives:* Associations have been reported between aggression and person (s) with mental illness. This study aimed to assess patterns of aggression, extent to which patients characteristics (psychiatric history, substance use behavior) and parental characteristics (substance use and psychiatric disorder in family), predict violent behavior, and finally to compare aggression in different diagnostic categories.

*Methodology:* Forms of aggression and their severity were assessed based on questions of overt aggression scale (OAS). Data were collected from inpatients about the nature of their aggressive incident during a 12-month period. The characteristics of those patients involved in aggressive incidents were compared with those of others who had not been aggressive. Patterns of aggression and their severity were assessed based on questions of OAS.

*Results:* Total 472 patients were included in the study. The prevalence rate of aggression in the study population was 55.7% ( $n=263$ ). Among the aggressive patients, 53.6% ( $n=253$ ) exhibited verbal aggression, 36.4% ( $n=172$ ) exhibited aggression towards objects, 32.2% ( $n=152$ ) exhibited aggression towards others, and 16.1% ( $n=76$ ) exhibited aggression towards self (more than one form of aggressive behavior is noted). There were high correlations of one form of aggression in presence of other forms. Family history of substance abuse, family history of mental illness, substance abuse, psychiatric history and dual diagnosis found as a major risk factor for the aggressive behavior.

*Conclusions:* Like weather forecasting, predictions of future violence will not always be correct. However, present study revealed that

patients characteristics (psychiatric history, substance use behavior) and parental characteristics (substance use and psychiatric disorder in family), predict violent behavior. The utility of these factors to identify patients who subsequently will exhibit violent behavior may provide an empirically substantiated basis for efficient psychiatric population screening for violence prevention.

### **F. 20.8: A study of stigma and discrimination by family caregivers towards mentally ill**

*Umang Kochhar, Nand Kishore, A. K. Seth, Nupur Niharika*

*Introduction:* Mentally ill patients have to suffer a lot of stigma and discrimination worldwide. At times, even the family caregivers of these patients indulge in stigmatizing and discriminatory attitude and behavior towards them.

*Aims and Objectives:* To study the stigma and discrimination by family caregivers towards mentally ill patients in Delhi NCR.

*Methodology:* This was a non-interventional descriptive study using purposive sampling technique. The participants ( $n=62$ ) were taken from immediate family caregivers of mentally ill patients in Delhi NCR. A closed ended self administered questionnaire adapted from Link and Phelan (2001), Jones et al.(1984) was used. It had a total of 45 items under 8 dimensions. The items had to be rated on a 5-point Likert's rating scale. Data analysis was done by using SPSS software and MS Excel.

*Results:* 34% family caregivers indulged in stigmatizing and discriminative attitude and behavior towards the mentally ill patients. 57% did not do so while 9% were not sure. Detailed results will be presented at the conference.

*Conclusion:* There is definite presence of stigma and discrimination towards mentally ill in Delhi NCR by their family caregivers as per this study. Maximum number of people wanted to conceal the status of the patient from other people. Contrary to western studies where dangerousness is a common perception, here it was not so. Interventions like support groups/systems help decrease stigmatizing and discriminatory behavior.

### **F. 20.9: Hand-prints of mind – Decoding personality traits and handwritings**

*Nikhita Harish, Mahesh R. Gowda, A. Arun, P. Mangala, Radhika Magaji*

*Aims and Objectives:*

1. To study the possibility of a co-relation between clinical diagnosis and graphological analysis.
2. To explore the key links between the underlying personality traits and its manifestations in handwriting among children.

*Methodology:* The study is a joint venture of Mental Health Professionals and Graphologists. After obtaining an informed consent from the care-givers, data was collected using a validated semi structured proforma from the following groups: Study group: 30 successive out patients of our tertiary care clinic, aged between 9 years and 15 years, diagnosed with axis I and II disorders (DSM) were included. Control group: 30 students from a nearby school, matching the age and sex of the study group, who in opinion of the teachers and parents are academically and behaviorally normal, are chosen. A detailed clinical history, MSE and diagnostic evaluation are done on both the groups by a qualified psychiatrist. Revised junior eysenck's personality inventory was administered on both the populations. Using a standard validated handwriting sample given by the Blinded Graphologists handwriting samples are collected, analyzed and interpreted. The clinical diagnosis and the graphological analysis are then compared on background of the JEPI scores. Appropriate statistical analysis is used to interpret the results.

*Results:* The study is ongoing; the results will be presented.



### **F. 20.10: The 4-Layer, 5-Part Theory: A new, comprehensive theory of mind and its relationship with the brain**

*Shrirang Bakhle*

*Aims and Objectives: Background:* Psychology and Psychiatry evolved around 'mind'. But even today, 4 basic questions related to 'mind' remain unanswered: What is mind?, What is it made up of?, How does it work?, What is exact relationship between mind and brain? Inability to answer these questions and focusing of spotlight on brain in psychiatry has generated another fundamental question: If 'mental illness is disease of brain', then what's the difference between psychiatry and neurology?

*Methodology:* This unusual presentation describes a new, comprehensive theory of 'mind' called '4-Layer, 5-Part Theory'. The theory precisely defines mind. It describes relationship between mind and brain using a new '4-layer and 5-part' concept. It describes 'functional anatomy' (parts of mind), 'physiology' (how mind processes individual and multiple inputs), 'pathology' (dysfunctions in different parts and input-processing function of mind). It shows how 'dysfunctions in mind' is central in 'mental' disorders, how all aspects of mental disorders are related to it: aetiology, clinical manifestations, diagnostic criteria and classification of mental disorders, investigations, treatments. The theory is compatible with contemporary psychiatry and neuroscience.

*Results:* As in conclusion.

*Conclusions:* The '4-Layer, 5-Part Theory' can provide a comprehensive and coherent framework to describe entire range of clinical and neuroscience observations related to mind and mental disorders. It has potential to become the standard model used by psychiatrists to describe all mind-related phenomena.

### **F. 20.11: A clue to compliance: The 'compliance evaluation questionnaire'**

*G. Prasad Rao, Prasad S. Shetty*

*Aims and Objectives:* The objective of this tool is to detect the non-compliance in psychiatric patients. The need of the tool arises from the fact that it is often difficult to ascertain factors leading to poor compliance and even suspect non-compliance. If poor compliance/non-adherence is suspected early, consequences can be avoided especially in chronic illnesses.

*Methodology:* In an endeavor to improve treatment outcomes in depression, leading psychiatrists across India came together to prepare and validate a compliance evaluation tool for psychiatric patients. The feedback of around 113 psychiatrists via questionnaire was taken (based on WHO identified domains in non-compliance). Further, through expert group meetings pertinent factors leading to non-compliance in Indian patients were identified. The process and methodology adopted to prepare this tool and the plans for validation of the same would be discussed in this presentation. This tool will be user friendly, concise, easy to administer on an OPD basis and valuable in enhancing our practice.

*Results:* The Validation is under process.

*Conclusions:* The results will be discussed at ANCIPS.

### **F. 20.12: To study the relationship between insight, stigma and treatment adherence in psychiatric patients**

*Khot Pawan Vilas, Vinayak P. Kale, Isha Dhingra, Maithilli Kadam*

Sir JJ Hospital

*Aims and Objectives:*

1. To study the effects of insight and stigma on treatment adherence in psychiatric patients.
2. To compare the relation of insight and stigma in psychiatric patients.

*Methodology:* In this comparative study, 100 patients suffering from psychiatric disorders attending Psychiatry OPD, Sir JJ Hospital, fulfilling following criteria will be selected. (a) Inclusion criteria:

1. Patients having psychiatric disorder for more than 6 months in age group 18-60 years.
2. Patients willing to be questioned for study and willing to give written and informed consent. (b) Exclusion criteria:
  1. Psychiatric condition which may interfere with assessment.
  2. Unwilling or non-cooperative patient.
  3. Medical condition which may interfere with the study. Tool:
    1. Proforma
    2. DSM-IV TR
    3. Scales (a) Brief Psychiatric rating scale (b) Kings stigma scale (c) Schedule for assessment of insight (d) Drug attitude inventory.

*Results:* Will be discussed during the presentation.

*Conclusions:* Will be discussed during the presentation.