

## FREE PAPERS (POSTERS)

### P. 1: AFFECTIVE DISORDERS

#### P. 1.1: Presence of depression during pregnancy may influence the mode of delivery

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**Aims and Objectives:** To detect the prevalence of depression during pregnancy by using the Beck Depression Inventory (BDI) and at the same time to assess whether the severity of depression influences the mode of delivery.

**Methodology:** In this cross sectional study, 203 patients who consented for the study, with otherwise no indication for instrumental delivery and between 8 and 40 weeks of pregnancy were randomly selected at Department of Gynecology, Antenatal Care Unit of Teaching Hospital. They were given the self-rated BDI Scale (21 itemed) in local language to fill-up with the guidance of a psychiatrist. However, those who are alcoholic, substance abusers, concurrently medically ill, mentally retarded and unable to read and understand the language of the scale were excluded from our study. The demographic data and the score of BDI Scale were collected. The mode of deliveries of non-depressed and depressed mothers, whether normal or instrumental (forceps/cesarean etc.) was noted and compared. The final data so collected were analyzed by SPSS version 15.

**Results:** The result shows that 39 (18%) subjects scored on BDI Scale at depressive level and 161 (82%) subjects scored at non depressive level. Of depressed subjects 5 (12.82%) have scored as mild, 25 subjects (64.10%) have scored as moderate and 9 (23.07%) subjects have scored at severe depressive level. Of 161 non-depressed mothers, 151 (93.8%) have delivered babies by normal delivery and 10 (6.2%) have needed instrumental aids whereas 13 (33.33%) of 39 depressed mothers have delivered babies with normal delivery and 26 (66.66%) mothers have got instrumental interference. Of 39 depressed mothers the highest rate of instrumental delivery have observed in severe depression (100%), followed by moderate depression (44.4%) where as only 20% in case of mild depression.

**Conclusions:** Major depression is very common in pregnant women and depression during pregnancy, leads to higher instrumental delivery than the non-depressed mothers.

#### P. 1.2: Shame as a predictor of depressive disorders

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**Aims and Objectives:** To find out role of shame phenomena in depression.

**Methodology:** The study was conducted at Psychiatric Centre, SMS Hospital, Jaipur including 100 subjects both study and control groups with fulfilling the specified inclusion and exclusion criteria were included in the study. After detailed history and mental status examination diagnosis of depression was made by a senior consultant psychiatrist according to ICD-10 criteria. This subject work evaluated on Beck Depression Inventory (BDI) to assess the severity of depression and other as Shamer scale (OAS) (Kaufman 1989, Cook, 1993) with use suitable statistics significant difference between means, a coefficient co-relation.

**Results:** By use suitable statistics 16% study case had mild depression, 40% had moderate depression and 44% had severe depression and OAS score was 38.02 in study group and 8.8 in control group the difference was statistically significant. Correlation between BDI Scores and OAS cores for Study Group  $r=0.85$ .

**Conclusions:** Shame phenomena predict further depression as per theory of social origin of depression.

#### P. 1.3: Prevalence of subclinical hypothyroidism in patients affected by major depressive disorder

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**Aims and Objectives:**

1. To determine the prevalence of subclinical hypothyroidism in patients attending a tertiary care hospital.
2. To seek association between various demographic and clinical, Biochemical variables with the Thyroid profile.
3. After 3 months patients were again followed-up to see the association with Thyroid status and changes in the depressive symptomatology.

**Methodology:** Inclusion Criteria: (a) Age between 18 and 70 years (b) Diagnostic and statistical manual (DSM-IV) TR diagnosed patients of major depressive disorder (MDD); 1<sup>st</sup> episode or not taking medicine for 1 month. (c) BMI  $\geq 18.5$  and  $< 30$  Exclusion Criteria: (a) Pregnancy (b) Lactation (c) Presence of medical diseases like (a) Hypertension (b) Coronary artery disease (c) Symptomatic thyroid disorder (d) renal diseases (e) liver diseases (d) Other psychiatric disorder like past history of Manic and hypomanic episode (f) Family history of bipolar disorders. Method: 132 eligible patients diagnosed with MDD as per DSM-IV TR attending out-patient Department of Psychiatry, IPGIMER, Kolkata who gave consent were selected purposively for this study. Depression was defined using Hamilton rating scale for depression which is a 17 item scale having score of 0-52. Blood was collected for testing TSH, FT4, liver function test, urea creatinine, lipid profile, haemoglobin. All patients were followed up after 3 months to assess the change in depressive symptomatology. The data was analysed using suitable statistical techniques and results will be interpreted accordingly.

**Results:** To be submitted during presentation.

**Conclusions:** To be submitted during presentation.

#### P. 1.4: Prevalence of antenatal depression attending antenatal clinic of a Teaching Institute in Kolkata during their 2<sup>nd</sup> trimester

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**Aims and Objectives:** To study the prevalence of depression among the 2<sup>nd</sup> trimester antenatal mothers attending antenatal clinic of a Teaching Institute in Kolkata.

**Methodology:**

1. Place of study: Department of Psychiatry and Department of Gynaecology and Obstetrics; R. G. Kar Medical College, Kolkata.
2. Study population: All the patients attending Antenatal clinic of R. G. Kar Medical College, Kolkata during their 2<sup>nd</sup> trimester. ( $n=1265$ )
3. Exclusion criteria: Past history of any psychiatric illness
4. Tools: SRQ, beck depression inventory (BDI) [Validated Bengali Version], ICD10DCR.
5. Steps: All subjects were screened with SRQ at ANC for two consecutive months. Subjects scoring higher than cut off for common psychiatric morbidity were sent to Psychiatric OPD for syndromal diagnosis of depression by ICD10DCR. Syndromally depressed subjects were applied BDI for further evaluation.

**Results:** (1) Prevalence of Psychiatric morbidity is 23.87% (2) Prevalence of antenatal depression during there 2<sup>nd</sup> trimester of pregnancy at a tertiary care Hospital in Kolkata is 16.21%. (3) Mild depression is 54.98%, Moderate depression is 30.24%, and severe depression is 3.44%.

**Conclusions:** A significant proportion of women suffer from psychiatric

morbidity during pregnancy. Depressive disorders are by far the commonest morbidity in the study population. Given the scope of the morbidity and the potential impact on obstetric and neonatal outcomes, early screening and treatment are warranted.

### **P. 1.5: Exploring seasonal variation in mania presenting to a tertiary care psychiatry hospital in South India**

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**Aims and Objectives:** To explore the existence of a seasonal trend in the occurrence of mania among out patients in a tertiary care mental health centre in Tamil nadu.

**Methodology:** A review of all cases presenting to the Department of Psychiatry of Christian Medical College and Hospital, a tertiary care centre in Tamil nadu was undertaken. Newly registered cases diagnosed as 'any mania' and 'first episode mania' from January 2010 to December 2011 were identified. Cosinor analysis was used to check for seasonality. Separate analyses were done for patients presenting with 'any mania' and for 'first episode mania'.

**Results:** The mean event rate was 17.3 per month and 8.5 per month for any mania and for first episode mania respectively. Cosinor analysis was also done to assess seasonality but did not to show any significant seasonal trend,  $P=0.13$  for any mania and  $P=0.35$  for first episode mania.

**Conclusions:** The results suggest that there is no significant evidence for seasonality of manic episodes in our sample.

### **P. 1.6: Case report of late onset seasonal mood disorder**

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**Aims and Objectives:** To report a case of late onset bipolar affective disorder during winter season.

**Methodology:** Reporting a case of 58 years old male diagnosed with Bipolar affective disorder Current episode mania without psychotic symptoms. First episode mania at the age of 53 years.

**Results:** Past history of five episodes of mania especially during the months of July-December every year since 2005.

**Conclusions:** This case report highlights atypical presentation of late onset Bipolar affective disorder during winter season.

### **P. 1.7: Assessment of cognitive impairment and functional disability in euthymic state in type I bipolar disorder: Is the recovery "complete"?**

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**Aims and Objectives:** Background: Euthymic state in bipolar disorder is often equated to symptomatic recovery. However, recent studies have revealed that there are subtle but definite neurocognitive deficits that remain in euthymic state. The impact of the neurocognitive deficit on day-to-day functioning has not been studied adequately. It has also been suggested that some cognitive domains could have neurobiological implications and may be a biological maker of the disorder. Aim: The study is to compare the cognitive functions and impairment in functioning between patients of Bipolar disorder-I in euthymic state with healthy controls.

**Methodology:** Methods: Twenty subjects of Bipolar disorder-I in euthymic state and 20 healthy controls (total 40 participants) were recruited by purposive sampling technique. The diagnosis of Bipolar Disorder-I was made using Structured Clinical Interview for Diagnostic and statistical manual (DSM-IV) axis II Disorders (SCID-II) Axis I Disorders-Clinician Version (SCID-CV). Impairment in daily

functioning was assessed using longitudinal evaluation Follow-up evaluation-Range of Impaired Functioning Tool (LIFE-RIFT) and Global Assessment of Functioning (GAF) scale. Healthy controls were assessed using General health Questionnaire. Cognitive assessment was done for attention, learning and memory, fluency, response inhibition and response inhibition was assessed using standard tests.

**Results:** Difference in the cognitive function tests and impairment in daily functioning have been found between the two groups. The results will be discussed further in detail during the presentation.

**Conclusions:** Deficits in neurocognitive functions do not remit fully with clinical remission in bipolar disorder which may have an impact on functioning. The exact domain which may serve as the marker of the illness and its association with impairment in functioning needs to be studied further.

### **P. 1.8: Association of levels of C-reactive protein and antioxidants among depressed adults**

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**Aims and Objectives:** To evaluate the association of serum levels of C-reactive protein (CRP) and antioxidants in depressed adults and comparison of the above mentioned parameters among the active and control groups.

**Methodology:** Subjects who fulfilled the ICD-10 criteria for depression were selected as active group (N=30). Normal controls (N=30) were selected from general population. Major depression was diagnosed by Psychiatrist on the basis of ICD-10 criteria. He also assessed the Severity of depression by Hamilton Depression rating Scale and Beck Depression Inventory (BDI) 2<sup>nd</sup> Edition. Morning sample of blood was collected in a sterile plastic tube and stored under 0°C refrigeration. And the sample was analyzed for anti-oxidants and CRP levels.

**Results:** In this study, 60 outpatient men and women of age range (18-65) years were evaluated by a psychiatrist for depressive symptoms using HAMD and BDI rating scales. Most of the patients were of age group 40-50 years. Moderate depression was the most common grade. The CRP level in depression was seen to be elevated in 13.33% of the subjects of the test group. The total antioxidant concentration (TAC) assessed revealed a significant decrease in their levels in depressed group ( $P<0.0001$ ) compared to healthy controls. The co-relation between the age, BMI and TAC values had no significance.

**Conclusions:** The association of TAC in depressed individuals is more significant compared to CRP levels and this may prove to have prognostic role in management of these patients. Thus additional studies for the same with larger samples may be needed.

### **P. 1.9: Profile of rapid cycling affective disorder patients-across sectional GHPU OPD based study from Eastern India**

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**Aims and Objectives:** The current study was undertaken to identify cases of rapid cycling affective disorder (RCAD) and to study the socio-demographic variables, clinical parameters, quality of life and functioning of RCAD patients.

**Methodology:** Nineteen (N=19) consecutive patients were diagnosed to be RCAD by MINI and number of episodes per year in the Department of OPD Psychiatry, Medical College and Hospital, Kolkata. Their socio-demographic, clinical, quality of life domains were assessed by the following instruments: socio-demographic proforma, clinical proforma (developed in MCH, Kolkata), global assessment of functioning (GAF), young mania rating scale (YMRS), Hamilton rating

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scale for depression (HDRS), HAM-A, WHO-QOL-Bref 26. Necessary statistical methods were applied where necessary.

**Results:** Most were unemployed, unemployed Hindu females, from rural areas and low/middle class background Educated up to class VIII. With the majority of them were BPADI had 5-8 episodes/year. Different domains of quality of life and GAF had significant negative correlations with age of onset, duration of illness, total no mood episodes, total no of hospitalisation, YMRS and HDRS total scores. GAF also had significant negative correlation with total no of depressive episodes.

**Conclusions:** This underscores the importance of larger longitudinal studies in RCAD patients.

### **P. 1.10: Pattern of neurocognitive impairment in first episode bipolar affective disorder and schizophrenia**

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**Aims and Objectives:** To know the pattern of neurocognitive deficit in patients with first episode bipolar and schizophrenia.

**Methodology:** Thirty patients (18-50 years) of first episode Bipolar (mania) affective disorder (mania) with Young's Mania Rating Scale score seven or more and 30 patients of first episode schizophrenia with brief psychiatric rating scale 30 or more who were diagnosed on the basis of (ICD-10) and 30 controls would be applied scales for cognition. For results we will use appropriate statistical tools.

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

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

### **P. 1.11: A typical clinical profile and treatment response in a case of bipolar mood disorder: A case report**

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**Aims and Objectives:**

1. To report an unusual presentation of a manic episode.
2. To report a preferential positive clinical response to low dose clozapine along with simultaneous severe eosinophilia.

**Methodology:** A 17-year-old male patient with history suggestive of bipolar mood disorder presented with near total muteness but continuous engagement in mime and mimicry at the motor level. He was kept in ward for observation and investigation. Later, after some improvement he clearly reported racing thoughts and expressed marked grandiosity. He did not show any response to olanzapine, sodium valproate and haloperidol.

**Results:** He showed immediate response to 50 mg clozapine. Simultaneously, he also showed marked eosinophilia from 11% to 42% (absolute count 6,400) within 8 days with dose increase from 50 mg to 75 mg. It came down to 3% within 5 days with gradual decrease and stoppage of clozapine.

**Conclusions:**

1. Mutism with a Bipolar background can be because of racing thoughts.
2. Verbal and motor manifestations can become delinked
3. Atypical clinical presentation should alert one to possible atypical treatment response.

### **P. 1.12: Case Report: Presentation of patient with Cushing's disease as psychotic depression**

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**Aims and Objectives:** To report a case of Cushing's disease who

presented with psychotic depression.

**Methodology:** Detailed history, examination, investigations, serial follow-ups were done of a 25-year-old male patient who initially presented with symptoms of psychosis and was treated with antipsychotic drugs and electroconvulsive therapy. Later he developed weight gain, moon face, buffalo hump, abdominal striae and depressive symptoms. Investigations confirmed Cushing's disease which responded to cabergoline. We reviewed the literature which suggested that psychiatric symptoms were known to be associated with Cushing's syndrome but the incidence of full-blown psychosis was much lower. We discuss the overlap and interrelationships between the symptoms and treatment of psychosis and Cushing's disease.

**Results:** Investigations revealed high levels of serum cortisol and 24 h urinary cortisol. Dexamethasone suppression test was positive. MRI brain revealed a pituitary microadenoma. The cortisol levels and the size of the microadenoma reduced remarkably after 18 months of treatment with cabergoline; along with clinical improvement.

**Conclusions:** Antipsychotic drugs causing weight gain, hyperprolactinemia and lactotrophic pituitary adenoma is well known, however, in this case a corticotrophic pituitary adenoma was probably causing psychosis which responded to antipsychotic drugs, and the adenoma responded to cabergoline, thus making it possible to avoid a neurosurgery.

### **P. 1.13: A study of co-morbidity of Cluster B personality disorders in patients of bipolar disorder**

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**Aims and Objectives:** Aims of the study were to find the extent of cluster B personality disorder in patients of bipolar I disorder and to examine the relationship between cluster B disorder and various socio-demographic and clinical parameters of bipolar I disorder.

**Methodology:** One hundred and seven patients of Bipolar I disorder in remission as per Diagnostic and statistical manual (DSM-IV)-TR criteria were assessed on structured clinical interview for DSM-IV axis II Disorders (SCID-II). Various other socio-demographic and clinical parameters were also studied such as age, sex, marital status, age at onset, number of episodes, inter-episodic period, etc., Those with and without cluster B disorder were compared on above mentioned parameters.

**Results:** Comorbid cluster B disorders were found in 14.02% patients. Borderline personality disorder was the most common diagnosis. Bipolar patients with cluster B disorder differed significantly from those without, in terms of age of onset of bipolar disorder, total number of episodes of mood disorder, mean duration of inter-episodic symptom free period and lifetime history of hospitalization and suicidal attempts.

**Conclusions:** Co-morbidity of cluster B disorder is high among bipolar patients. Comorbid cluster B disorder may predict an overall poor course and outcome of bipolar disorder.

### **P. 1.14: A study of FSH, LH and FPG levels in depressed non diabetic menopausal women**

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**Aims and Objectives:**

1. To assess the levels of FSH, LH and FPG in depressed non-diabetic menopausal women.
2. To Compare and ascertain correlation of FSH, LH and FPG among depressed non diabetic menopausal women.

**Methodology:** A prospective cross sectional comparative study conducted at Department of Psychiatry, S.M.S. Medical College, Jaipur. Forty depressed non diabetic menopausal women diagnosed on the bases of ICD-10 and fulfilling the inclusion and exclusion criteria and



willing to participate in the study were recruited. Thirty non-depressed non diabetic menopausal women were also recruited for comparison. The socio demographic characteristics, illness details were recorded in structured Performa after proper consent. The Hindi version of Beck's depression self rating scale administered to all the subjects for assessment of severity of depression.

The fasting blood sample of all the subjects were taken on next morning between 09 AM and 09.30 AM and all the tests done at the central lab, S.M.S. Medical College, Jaipur. All the findings recorded and suitable statistical analysis done and results discussed.

**Results:** There were no significant differences in levels of FSH between the groups. There were significant decreases in levels of LH in depressed group as compare to non depressed control group. Marginally decreased level of fasting plasma glucose were seen in depressed non-diabetic women.

**Conclusion:** Disturbed hormonal levels seen in depressed non diabetic menopausal women as compared to non depressed women and there was definite association of LH, FPG to depression and its severity. So for effective management of depression we should always look for status of hormones and plan treatment accordingly.

### **P. 1.15: Behavioral Therapy in a patient of compulsive water drinking with major depressive disorder**

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**Aims and Objectives:** To study the efficacy of behavioral therapy in a patient of compulsive water drinking with major depressive disorder (MDD).

**Methodology:** Here we present the case of a patient with compulsive water drinking with MDD.

**Results:** In our patient, compulsive water drinking had its origin in multiple interpersonal stressors with husband including domestic violence and various pre-disposing factors such as loss of both parents in early childhood, multiple health problems in family, low socioeconomic status, etc., We admitted the patient and treated her with behavioral therapy along with clozapine and acetazolamide successfully. Patient reduced her water consumption from 20 l/day to 6-7 l/day gradually over a period of 8 days of hospital stay. Patient is maintained and following regularly with the aim of total water consumption of 4-5 l/day.

**Conclusions:** It is vital for mental health professionals to identify and treat the cases of compulsive water drinking as they are very rarely seen in psychiatric illness other than schizophrenia and to decrease the morbidity and mortality associated with it. Behavioral therapy can be very successfully used in patients with compulsive water drinking along with clozapine and acetazolamide.

### **P. 1.16: Safety and efficacy of electroconvulsive therapy in a patient of bipolar mood disorder with a space occupying lesion: A case study**

Vishal Patil, Nilesh Shah, Avinash Desousa

Electroconvulsive therapy (ECT) is considered a relative contraindication in patients with Intracranial Space occupying lesion especially those with increased intracranial pressure, edema or mass effect. Here, we report the safe use of ECT in a patient of bipolar mood disorder with a subarachnoid cyst, who responded clinically and symptomatically and did not develop any complication during the course of eight ECTs.

### **P. 1.17: A study of temperament of the offsprings of Mania/BPAD patients**

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**Aims and Objectives:** To study and to tap nascent pathological changes if any, in the temperament of children of patients suffering from Mania/BPAD, Mania episode with or without psychosis, as compared to children of healthy parents.

**Methodology:** A semi structured performa was used to take details of the subjects. ICD-10-DCR criterias for Mania/BPAD, Manic episode with or without psychotic symptoms were used for the diagnosis. Two groups, each comprising of 50 children in the age group of 4-16 years were recruited as case group: Children of patients suffering from Mania/BPAD, Manic episode with or without psychosis and control group: Children of healthy parents. Both the groups were assessed based on an interview given by their healthy parents for the individual items of the temperament measurement schedule (TMS). Mann-Whitney *U* test was used to compare the means ranks of two groups.  $P < 0.05$  was considered to be cut off for the level of significance.

**Results:** Socio-Demographic profile: The majority of the study population was in the age group of 7-14 years. The mean age of case group was  $10.20 \pm 3.84$  years and that of control group was  $10.72 \pm 3.60$  years. The majority of subjects in the Case and control groups was from the lower SES status and belonged to nuclear family. TMS: Compare to the control group, the children in the case groups showed poor overall socialization ( $P=0.00$ ); predominantly irritable mood and more persistent with their disinhibited behavior ( $P=0.01$ ); hyper activity and more intense while doing any work. ( $P=0.00$ ); highly distractible ( $P=0.087$ ) and showed poor rhythmicity ( $P=0.076$ ).

**Conclusions:** BPAD in any family member has its impact on the whole family. On TMS, children of such patients were found to show significantly poor socialization, predominantly irritable mood, and disinhibited behavior, hyper/hypo active. Also such children show high distractibility and poor rhythmicity.

## **P. 2. ALCOHOL RELATED ISSUES**

### **P. 2.1: Peri-oral dyskinesia in substance withdrawal: A harbinger of impending delirium?**

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**Aims and Objectives:** To report a case of withdrawal delirium preceded by peri-oral dyskinesia.

**Methodology:** Case report of a 51-year-old male, dependent to alcohol for last 10 years, who presented to Medical Emergency of a tertiary-care hospital with pain abdomen and was diagnosed to have acute alcohol related pancreatitis. In addition to alcohol, he was found to be dependent on ephedrine and benzodiazepine.

**Results:** After about 60 h of abstinence, the patient developed bucco-lingual dyskinetic movements in the form of lip smacking and puckering, which was followed by the appearance of fine tremor bilaterally in both the upper limbs. Within a day of onset of these movements, he developed confusion and disorientation and was diagnosed as withdrawal state with delirium. All investigations including brain imaging were normal except initially elevated but gradually decreasing serum amylase. Chlordiazepoxide was started. Movements and confusion both subsided over a period of 24 h and 48 h, respectively. In the past too he had developed similar oral movements followed by delirium during acute alcohol withdrawal, again responding completely to chlordiazepoxide. Family history of movement disorder was not obtained. There was no other discernible cause for the dyskinesia on history, examination and investigations.

**Conclusions:** Peri-oral dyskinesia could be a presenting symptom of substance withdrawal.

### **P. 2.2: Cases of prolonged Delirium Tremens and its clinical significance**

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**Aims and Objectives:** Delirium tremens (DT) is a short lived but life threatening toxic confusional state with accompanying somatic disturbances, which is usually the consequence of absolute or relative withdrawal of alcohol in patients with severe dependence. The classic triad of symptoms includes clouding of consciousness and confusion with vivid hallucinations and illusion affecting any sensory modality and marked tremors. We report three cases that presented in a tertiary psychiatric hospital with prolonged Delirium of duration more than one and half months who required re-challenge with benzodiazepines for the control of DT.

**Methodology:** Prospective case series.

**Results:** All the three cases has prolonged and severe use of alcohol (>20 units of alcohol for more than 15 years), with atrophic changes in the brain. All the cases required prolonged use of long acting benzodiazepines with gradual tapering over few weeks to months.

**Conclusions:** The case series suggests impact of chronic alcohol use presents with prolonged delirium which may be a predictor of poor cognitive recovery.

### P. 2.3: Quality of life in patients admitted for alcohol de-addiction

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**Aims and Objectives:**

1. To assess quality of life in alcohol dependant individuals.
2. To study the relationship between socio-demographic and clinical variables with quality of life 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 deaddiction 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 (SOADQ). Once patient is fit for detailed interviewing, they are administered WHO-QOL-bref to assess the quality of life.

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

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

### P. 2.4: Cutaneous manifestations in chronic alcohol dependence patients

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**Aims and Objectives:** To identify cutaneous manifestations in patients with chronic alcohol abuse who are coming to psychiatry opd and in inpatients with history of chronic alcohol abuse and report them clinically.

**Methodology:** Detailed history and clinical examination to look in particular for cutaneous manifestations in patients of chronic alcohol abuse in our hospital on an outpatient and inpatient basis. Sample size 250 patients.

**Results:** Many patients with alcohol abuse had cutaneous manifestations, the most common ones being, telangiectasias, xeroderma, infections, palmar erythema, and hyper pigmentation. These signs and symptoms must be taken into account for early diagnosis of liver cirrhosis in alcoholic patients.

**Conclusions:** Alcohol abuse produces various skin manifestations. Recognition of alcohol abuse cutaneous markers may enable early identification and treatment and thus limit the negative consequences associated with alcohol abuse.

### P. 2.5: Spirituality and abstinent self efficacy in patients with alcohol dependence syndrome

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**Aims and Objectives:** To assess spirituality and abstinent self efficacy in alcohol dependence patient, and to find the relationship between spirituality and abstinent self efficacy in alcohol dependence patient.

**Methodology:** The sample comprises of 50 consecutive in patients diagnosed as alcohol dependence syndrome in the psychiatry ward deaddiction unit of Sri Ramachandra medical college, Porur. Their socio-demographic and clinical details obtained by semi structured proforma, and they were assessed for spirituality and abstinent self efficacy with spiritual (Sp) well being scale (SWB) and alcohol abstinent self efficacy scale (AASE).

**Results:** AASE negative affect subscale: Mean  $16.9 \pm SD$  3.8, social/positive subscale:  $18.9 \pm 4.2$ , Physical and other concerns subscale:  $20.5 \pm 4.8$ , craving and urges subscale:  $21.5 \pm 4.7$ , and AASE total:  $78.2 \pm 17.2$ . SWB meaning subscale:  $12 \pm 2.3$ , Faith subscale:  $14.5 \pm 2.8$ , Peace subscale:  $9.4 \pm 1.3$  and Sp total:  $36 \pm 5.2$ .

**Conclusions:** Spiritual belief and alcohol abstinent self efficacy is higher in our samples. Moreover spiritual variables has positive correlations with alcohol abstinence which shows positive relationship between spirituality and long term recovery in alcohol dependence.

### P. 2.6: Severity of dependence and comorbid personality disorders in alcohol dependence subjects

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**Background:** The comorbidity of mood disorders, anxiety disorders, substance abuse and personality disorders with alcohol dependence are high. Personality disorders, in particular, are considered to be an important contributing and/or predisposing factor in the pathogenesis, clinical course and treatment outcome of alcohol dependence. Finding the relationship between the severity of alcohol dependence and the type of personality disorder will be of help in tailoring the treatment strategies for alcohol dependence syndrome patients.

**AIMS:** To quantify the severity of alcohol dependence in patients suffering from alcohol dependence syndrome and to assess whether they are having any personality disorder to find the relationship between these two variables. 30 subjects who were admitted in De addiction centre, Chennai Institute of Mental Health, were recruited for the study.

**Materials and Methods:** Patient details were recorded using a semi structured scale for socio-demographic data and severity of alcohol dependence is measured using Severity of alcohol dependence questionnaire (SADQ-C). Diagnosis of personality disorders were made by using International Personality Disorder Examination. Appropriate statistical tests were used to assess the relation between the severity of alcohol dependence and personality disorders.

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

### P. 2.7: Rare hallucinations after alcohol withdrawal

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Alcohol withdrawal commonly presents with severe tremors, autonomic symptoms, anxiety features, restlessness, nausea, vomiting and insomnia. Often the presentation gets complicated in form of delirium tremens (DT), rum fits and perceptual disturbance mainly auditory hallucinations for which they come in emergencies in psychiatry and medicine. Hallucinations after alcohol withdrawal are considered

common and the syndrome is distinct from DT.

Here we present a case of alcohol withdrawal who came to us after 6 days of last intake of alcohol. He presented with auditory hallucinations which was threatening, abusing and commanding type. Voices of 5-6 persons of both sex, usually coming from behind as well as from inanimate objects around him like milk, shoes, currency notes, clothes and from his own pocket. So he had to act upon those hallucinations in form of removing clothes and remained fearful. He was given 75 mg chlordiazepoxide along with vit B1 and nutritional supplements and those hallucinations resolved within 4 days after this treatment.

### **P. 2.8: A comparative study of temperament and CNS white matter maturation of subjects at low and high risk for alcohol dependence: A diffusion tensor imaging study**

*B. Vinay, Vivek Benegal, G. Venkatasubramanian*

**Aims and Objectives:** Study the differences in white matter tracts in specific regions of the brain using diffusion tensor imaging procedures (DTI) and to examine the correlation between the externalizing symptom profile, novelty seeking (NS) and white matter abnormalities in subjects at high and low risk (LR) for alcoholism and combined group.

**Methodology:** Seventeen males aged between 8 and 21 years with high risk (HR) was compared to 19 age and sex matched low risk subjects. Both groups were evaluated for externalizing symptoms and NS. DTI scan was then performed on the subjects with three Tesla MRI machine. The data was analyzed using appropriate statistical tools.

**Results:** Significant positive correlation was found between total externalizing symptom scores (TES) and total NS scores and negative correlation of NS score with FA of corpus callosal regions (splenium and body) was noted in combined group. No significant differences were found in fractional anisotropy/mean diffusivity between the HR and LR groups.

**Conclusion:** There was no significant differences in the white matter microstructure in specific regions between groups to support the neurobiologic basis of alcohol dependence, even before the onset of alcohol related problems but combined group showed significant differences in the white matter microstructure in specific regions with externalizing symptoms and novelty seeking showing these behavioural component association with poor axonal and/or myelin fiber integrity.

## **P. 3: CAREGIVERS ISSUES**

### **p. 3.1: Validation of Hindi version of Duke - UNC Functional Social Support Questionnaire**

*Aditya Hegde, Subho Chakrabarti, Sandeep Grover*

**Aims and Objectives:** To validate Hindi version of Duke-UNC Functional Social Support Questionnaire (FSSQ).

**Methodology:** Duke-UNC FSSQ was translated to Hindi by using WHO methodology. Validation of the Hindi version was done by evaluating test-retest reliability and concurrent validity against the social support questionnaire (SSQ). Cross-language reliability was assessed by asking participants to complete Hindi and English versions of the FSSQ. Face validity was evaluated by giving the translated Hindi version to 6 mental health professionals and asking them to report what the questionnaire measures.

**Results:** The translated Hindi version was given to 75 caregivers of patients with severe mental illness. Of these 75 caregivers, 28 were asked to complete the same questionnaire after 1 week to evaluate the test-retest reliability and 24 were given Hindi and English versions of the questionnaire 1 week apart for cross-language reliability. For concurrent validity 57 participants were given FSSQ and SSQ. The cross language equivalence was found to be moderate (alpha value- 0.5). Test re-test

reliability of Hindi version was found to be good (alpha value- 0.94). Cross language equivalent was also found to be good (alpha value- 0.88). Face validity was also found to be good with all the health professional reporting that the scale assessed social support.

**Conclusions:** Hindi version of Duke-UNC Functional Social Support Questionnaire is a valid scale in Indian population for assessment of social support perceived by caregivers.

### **P. 3.2: Beliefs about the etiology amongst the caregivers of patients with delirium**

*Abhishek Ghosh, Deepak Ghormode, Sandeep Grover*

*ghoshabhishek12@gmail.com*

**Aims and Objectives:** To examine the caregivers' perceptions about the causes of delirium.

**Methodology:** One eighty seven consenting primary caregivers staying with the patients during the acute episode of delirium were evaluated for their beliefs on the plausible etiologies of symptoms of delirium. Patients were assessed for delirium by using the delirium rating scale-revised version (DRS-R-98) and Diagnostic and statistical manual (DSM-IV-TR) criteria for delirium.

**Results:** On spontaneous reporting, 67% of caregivers attributed underlying physical illness as the cause of delirium. Amongst other causes, 5% attributed the symptoms to supernatural causes, 10% to stress and 2.5% to hygiene related causes. The mean number of etiologies reported spontaneously were 1.2 (SD=0.99). On probing, the percentage of caregivers citing physical disorder as an etiology was 70% and supernatural causes as 16.5%. The mean number of etiologies reported on probing were 1.5 (SD=1.7).

**Conclusions:** Most caregivers of patients with delirium have proper etiological models about the causes of delirium.

### **P. 3.3: Caregiver burden in Dementia: A tale across two cultures**

*C.A. Sophia, E.S. Krishnamoorthy, A. Sorefan*

*sophia.c.albert@gmail.com*

**Aims and Objectives:** This qualitative study explores factors associated with caregiver burden in dementia across cultures: India and Mauritius and evaluates similarities and differences.

**Methodology:** Ten dementia caregivers in India and nine in Mauritius were subject to in-depth interviews that were audio recorded, transcribed and analysed using standard techniques.

**Results:** In both countries-family members were the primary caregivers; caregiving activities included helping in ADL, transportation, financial management; caregivers did not have previous experience or training; health care delivery was on OP basis; all patients were on drugs; many were in need of nursing care; most commented on treatment expenses being affordable presently, but were uncertain about future; gaps in clinical service provision in rural areas; lack of awareness about behavioural symptoms and its management; coping mechanisms included reading and discussions with family members; there was perceived lack of governmental health policy. The major differences-In India unlike Mauritius, none of the patients were in attending day care facilities; paid care services were affordable to Indian but not Mauritian families.

**Conclusions:** The results will be discussed.

### **P. 3.4: Impact of attention deficit hyperactivity disorder on family**

*Suresh Yadav, Vivek Agarwal, Amit Arya, Pawan Kumar Gupta*

**Aims and Objectives:** To study the impact of Attention Deficit Hyperactivity Disorder (ADHD) on family.



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**Methodology:** Impact of ADHD on the life of sixty seven patient's families (patients were between 6 and 16 years fulfilling the Diagnostic and statistical manual (DSM-IV)-TR criteria for ADHD) was assessed on impact questionnaire. Socio-demographic and clinical details including the severity of ADHD were assessed.

**Results:** Impulsive behavior had a definite impact on the family (79.1%), followed by demanding behavior (74.6%). The relationship among parent and child was most affected (91.0%), followed by relationship among parents (77.6%). Worry for the future of the child (89.6%), child's behavior affecting parent's work (88.1%), worry that second baby might also get similar problems (79.1%) had significant impact on lives of parents. Problems at school (92.5%), interaction with relatives (83.6%) and problems in society due to behavior of the child (80.6%) were reported.

**Conclusion:** ADHD has widespread impact on all aspects of the family's functioning. The impact on various domains and its implications are discussed in this study.

### P. 3.5: Quality of life of parents of children with intellectual disability and its correlates

Shubham Mehta, R.K. Solanki, Mukesh Swami, Pankaj Mittal  
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**Aims and Objectives:** To assess quality of life of parents of children with intellectual disability and its correlation with intensity of parenting hassles and other variables.

**Methodology:** A cross-sectional study included parents ( $n=30$ ) of children with intellectual disability coming at our centre for certification. Socio-demographic profile, IQ of child, family history and other relevant variables were recorded. Parents were assessed with WHO-QOL BREF, parenting daily hassles scale. Disability of the child was assessed with assessment of disability in persons with mental retardation (ADPMR). Data were analysed with SPSS 17 with Pearson's correlation.

**Results:** Physical ( $r = -0.481$ ) and Psychological ( $r = -0.415$ ) domains of QOL correlated significantly negative with parenting hassle. Score on ADPMR correlated significantly negative ( $r = -0.461$ ) only with psychological domain of QOL. Social relation and environment domains didn't show significant correlation ( $P > 0.05$ )

**Conclusions:** Psychological domain of quality of life is primarily affected in the parents of children with intellectual disability. This issue should be considered as an important part of management.

## P. 4: CHILD AND ADOLESCENT PSYCHIATRY

### P. 4.1: Anorexia nervosa and bulimia nervosa in Indian setting

Joseph Saritha, S.M. Manohari, Vijaya Raman,  
S.R. Shanti Thomas, Preeti Pansari  
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**Aims and Objectives:** To describe the clinical features management, and outcome of anorexia nervosa and bulimia nervosa in the Indian setting.

**Methodology:** Retrospective chart review of six children and adolescents.

**Results:** The clinical features management and outcome will be described.

**Conclusions:** Anorexia Nervosa and Bulimia Nervosa once considered as a culture bound syndrome in western culture, these diagnosis are now being made in children living in India. The reasons for this and the management will be described.

### P. 4.2: Association of parental death and childhood psychiatric morbidities: A case control study

Pulkit Kaushal, Nayak Ajita Sunil  
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**Aims and Objectives:** The psychological well being of children is

influenced by parental care. Parental mortality can have an impact on children's mental health. Study was thus done to evaluate. 1) The psychiatric morbidities in children where one/both of the parents had died compared to children where both parents were alive. 2) Association of psychiatric disorders with cause of death (Acute/Chronic), the parent lost, age and support system.

**Methodology:** Eighty children in whom one/both of the parents had died were compared with 80 children having both parents alive from children attending a child guidance clinic in a tertiary care hospital. Diagnosis had been made on Diagnostic and statistical manual (DSM-IV)-TR criteria.

**Results:** Psychiatric disorders diagnosed in children with parental loss (81.25%), was higher than in children with alive parents (53.75%). ADHD and Enuresis were most common. 52.5% children had psychiatric disease when cause of death was acute, 30% when it was chronic. 81.63% children with paternal and 78.94% with maternal loss had psychiatric disorder.

**Conclusions:** Children who suffer parental death especially if it is acute must be screened for psychiatric morbidity. Early intervention measures need to be adopted

### P. 4.3: Psychiatric co-morbidity in children and adolescents with attention-deficit hyperactivity disorder: A cross-sectional hospital-based study

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**Aims and Objectives:** Evaluate comorbidities of children and adolescents with ADHD using standardized diagnostic instrument. Analyze clinical characteristics, co-relate any co-morbidity with gender, age and ADHD subtype

**Methodology:** Informed consent from the guardian cases [age from 5 to 16] diagnosed ADHD by Diagnostic and statistical manual (DSM-IV)-TR by two consultant psychiatrists. After Sociodemographic data, history the Kiddie-Schedule for Affective Disorders and Schizophrenia-Present and Lifetime Version will be completed in 50 patients attending the child psychiatry opd of IOP from december 2011 to december 2012 We would analyze clinical characteristics, psychiatric comorbidities, assess correlation of any co-morbidity gender, age and ADHD subtype.

**Results:** Till now of 38 participants, 26 (68.4%) have been diagnosed with combined-type ADHD, 09 (23.7%) were predominantly inattentive type, only 1 (2.6%) was found to have the predominantly hyperactive-impulsive type of ADHD. Twenty three (60.5%) subjects had at least one comorbid disorder such as conduct disorder;  $n=8$ ; 21%; oppositional defiant disorder ( $n=09$ , 23.7%), anxiety disorders ( $n=6$ , 15.8%) and affective disorders ( $n=3$ , 7.9%).

**Conclusions:** Psychiatric co-morbidity in ADHD is similar to western countries. Interestingly the inattentive-type group had a significantly higher ratio of comorbid disorders. Completed results and discussion will be presented at the time of presentation in the conference.

### P. 4.4: Prevalence of peri-natal complications among the children diagnosed as ADHD attending child guidance clinic of RGKMCH, Kolkata

Saikat Mitra, Anish Kumar Dawn, D.G. Mukherjee  
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**Aims and Objectives:** To determine the Prevalence of perinatal complications among the children diagnosed as ADHD attending Child Guidance Clinic of RGKMCH, Kolkata

**Methodology:** The present study was conducted in the child guidance clinic of a tertiary hospital, Kolkata. The inclusion criteria was children aged between 7 and 12 years and exclusion criteria were those with IQ less than 50, any sensory or other neurological deficit. Then they were

screened with child symptom inventory (CSI)- parent checklist to rule out any other co-morbid psychiatric illness. Those included in the ADHD inattentive, hyperactivity and combined categories were then sorted out and diagnostic and statistical manual (DSM-IV)-TR criteria were applied to diagnose them as ADHD. Then their detailed ante-natal, peri-natal and developmental histories were documented in a semi-structured format.

**Results:** Nine of the 28 (32.14%) children diagnosed as ADHD had a history of peri-natal insult-birth asphyxia in five, pathological jaundice in three and sepsis in one of them.

**Conclusions:** The results reinstate the hypothesis of acquired etiological influence in the form of mild cerebral insult to predispose ADHD and emphasize the need of proper neonatal care.

#### **P. 4.5: Study of behavior problems in intellectually disabled children: A cross sectional school based study**

*Jyothi Prakash, P.S. Bhat, K. Srivastava, R. Shashikumar, J.S. Rana*

**Background:** Behaviour disorders are common in children with Intellectual Disability and in addition to the subjective distress they cause the individual, they restrict opportunities to engage in many normal activities.

**Methods:** Fifty children from age group 6 to 14 years were randomly selected from a special school for intellectually disabled children and assessed for behavior problems.

**Results:** Analysis of the data revealed 66% the children to be above cut off score. Mean CBCL score was 56.42. There was significantly higher prevalence of behaviour problems in the younger age group. There was higher prevalence of behaviour problems in children with moderate intellectual disability than in children with mild intellectual disability. Common behavior problems reported in these samples were 'impulsive or acts without thinking', 'can not concentrate' and 'sudden changes in mood or feelings'. Common behaviour problems found in these children were primarily of extraverted nature.

**Discussion:** Analysis of the data revealed a significantly higher prevalence of behavior problem. Mean CBCL score was significantly high indicating a high severity of behavior disturbances. Further analysis of data revealed a significantly higher prevalence of behavior problems in the younger age group and children with moderate intellectual disability. No specific trend could be observed in the types of behavior problems as regards to sex, age, and income of the parents and severity of intellectual disability.

#### **P. 4.6: Study of stress and coping in school going children**

*Kundan Sandipan Kamble, Nayak Ajita Sunil*  
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**Aims and Objectives:**

1. To assess the stress in children.
2. To assess coping strategies in children.
3. To study the association of coping with stress in study sample.

**Methodology:** Stress is unavoidable and can occur in all facets of life. At some level, stress can be seen as a natural part of development and of adaptation to a changing environment. Stress that is prolonged and managed poorly can affect children's physical, mental, academic and cognitive outcome. The effects of stress depend upon coping strategies adopted by the children. Study was done in an urban school going children of 9<sup>th</sup> and 10<sup>th</sup> standard, 100 students were randomly selected for study after informed consent from the parents. Stress was assessed using Perceived Stress Scale-10 for children and adolescents. Pre-validated questionnaire for coping was used to assess coping based on factors like problem solving, avoidance, support seeking, blaming, etc., Statistical

analysis was carried using SPSS.

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

**Conclusions:** Conclusions will be discussed with the paper.

#### **P. 4.7: Collaborative Child Response Unit-The experience of working towards an effective Multidisciplinary Team approach to child abuse**

*Vyjayanthi Subramaniam, Murali Thyloth, Chandrika Rao, Shakila Shetty, Medha Rao*

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**Aims and Objectives:** To narrate the collaborative effort among the disciplines of Pediatrics, Obstetrics, Forensic Medicine, Psychiatry, Emergency Medicine, nursing staff and social work in a general hospital to deliver effective and sensitive child protection services. To evaluate the work done by the team and ways to improve the same.

**Methodology:** A Collaborative Child Response Unit (CCRU) was set up in 2011 in MS Ramaiah Medical College and Hospital, Bangalore to cater to the needs of child abuse victims. CCRU has designated staff and are available round the clock, referrals to the unit could be by anybody including police, family members, victims, Non-Governmental Organizations (NGO), other hospital staff and professionals. A standard protocol has been devised to assess the victims of child abuse, conduct forensic evaluation, and appropriate physical and psychological treatment and support offered to the victim and their families.

**Results:** CCRU received 13 referrals in ten months, between ages 8 months and 16 years, 12 females and one male. One case of 8 months age had shaken baby syndrome, other twelve were of sexual abuse. Nine cases were between 13 and 16 years of age; two were pregnant and underwent termination of pregnancy. The referrals were by police,<sup>[8]</sup> parents<sup>[3]</sup> and NGO.<sup>[2]</sup> The number of cases seen by the psychiatrist were seven. All cases seen by the psychiatrist were diagnosed with axis I mental disorders including post traumatic stress disorder, dissociative disorder, mixed anxiety and depression. Psychiatric services could not be delivered in 6 cases; referred by the police, who came for forensic examination and left the hospital soon after. The follow-up for psychiatric services was poor, with high attrition rates. The case of suspected physical abuse died at home.

**Conclusions:** Psychiatric morbidity is very high among victims of child abuse. CCRU can minimize reduplication of services, reduce system induced or secondary trauma and assist judiciary in bringing the offender to justice. It can render a sensitive, complete and effective child protection.

#### **P. 4.8: Stress response in adolescents with childhood maltreatment: Moderation by gender and genetic factors**

*Uma Rao, Elena Gorodetsky, David Goldman Goldman*  
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**Aims and Objectives:** The developing brain is highly sensitive to the effects of early-life stress and maltreatment (MALTX), and early-life adversity has been associated with alterations in the stress response systems. However, there is heterogeneity in neurobiological alterations and emotional/behavioral outcomes. Little information is available on the factors moderating neurobiological alterations. The purpose of this research was to compare hypothalamic-pituitary-adrenal (HPA) response to a standard psychosocial stressor in adolescents with and without childhood MALTX history. To examine whether single-nucleotide polymorphisms (SNPs) of the corticotropin-releasing hormone (CRH) receptor gene will moderate the HPA response.

**Methodology:** Seventy-three adolescents (31 males, 42 females) with



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MALTX and 35 adolescent controls (15 males, 20 females) without MALTX were administered a psychosocial stressor (modified Trier Social Stress Test). Salivary cortisol samples were collected before and after the stressor. CRHR1 SNPs were genotyped using the illumina goldengate genotyping assay.

**Results:** There was an interaction between MALTX status and gender on HPA response. Consistent with prior reports, control males showed higher HPA reactivity than control females. MALTX females had a delayed and more exaggerated HPA reactivity than their counterparts without MALTX. This pattern was reversed in males. MALTX also interacted with CRHR1 SNPs (rs110402 and rs242924) to modulate HPA response to the stressor. Genotypes associated with CRHR1 SNPs did not significantly influence HPA reactivity among controls. However, MALTX youth that were AA- homozygous had a blunted response and those individuals that were GG-homozygous had a highly robust HPA response (rs110402). A similar effect was seen for the rs242924. MALTX GG – homozygotes and higher HPA reactivity participants showed more severe self-reported depressive symptoms.

**Conclusions:** The moderating effects of gender and CRHR1 SNPs on the relationship between HPA reactivity and MALTX suggests a differential risk for emotional (high HPA reactivity) and behavioral (blunted HPA response) problems. Longitudinal data are available on this cohort. These data will be analyzed to examine the interactions among MALTX, gender and genetic SNPs in the differential longitudinal clinical course (i.e., development of emotional disorders, behavioral disorders, and their co-morbidity).

### P. 4.9: Diagnostic Dilemma of dissociative motor disorder in child with stress: A case report

Jai Singh Yadav, Samiksha Kaur, Abhishek Pathak

**Aim:** To find out the causes of walking difficulties in child with dissociation.

**Methodology:** A 9-year-old male child has consulted in OPD with problem of walking difficulties, refusal to go school, irritability, lack of interest, behavior problem since one year. For these problems their parents consulted many specialties. Child was taking clonazepam 5 mg/day, Amitriptyline 10 mg/day, Escitalopram 10 mg/day and dichlofenac since 1 year but he not responded. Hematological systemic and radiographical test of spinal and brain were normal. Then child was seen by psychologist IQ and CAT were done Individual counseling, parental and school counseling and cognitive behavior therapy were done.

**Result:** No response was found to treatment but side effects were noted. In IQ assessment he was found to be above average (110-120). CAT finding was normal, on psychological assessment the main stresses were change of tutor, death of grand mother to whom he was much close and poor performance in Hindi subject. His family was much supportive but they have less time to spend with child.

**Conclusion:** There is diagnostic problem arises among true neurological as well as psychological disorders mainly those existed longer duration. The clear history and examination helps in management of such patient.

### P. 4.10: Post traumatic stress disorder in children-A descriptive study in Tertiary Care Child and Adolescent psychiatry center

Jitendra Rohilla, J. John Vijay Sagar, Satish Chandra Girimaj, Shekhar P. Seshadri, Shoba Srinath  
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**Aims and Objectives:** To describe the clinical features management, and outcome of anorexia nervosa and bulimia nervosa in the Indian setting.

**Methodology:** Retrospective chart review of six children and adolescents.  
**Results:** The clinical features management and outcome will be described.

**Conclusions:** Anorexia Nervosa and Bulimia Nervosa once considered as a culture bound syndrome in western culture, these diagnosis are now being made in children living in India. The reasons for this and the management will be described.

### P. 4.11: Psychogenic wounds: A case report

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We report a case of 15-year-old otherwise healthy boy presented with multiple symmetrical skin lesions. It had occurred in a progressive manner rising from left toe to the left side of abdomen with sparing of genitalia and very few over the right side. As new lesions appeared, the older ones started healing. Every next day the caretaker noted that the number of lesions were more than those seen the day before. It had occurred mostly during night and occasionally self reported during the day. Patient was apparently completely unaware how it was occurring. Multiple consultations with Skin department gave no improvement. Routine investigations were normal, CNS examination didn't reveal any focal sign, clinically IQ was normal and personality structure was reasonably normal. Psychosocial issues were addressed. We tentatively started Fluoxetine (20 mg) along with Olanzapine (5 mg). The patient responded dramatically. After 4 days of pharmacological and psychodynamic interventions, no new lesion appeared and older ones started healing. All the lesions had disappeared over one month and the patient is being followed up.

### P. 4.12: Co-morbidity of obsessive-compulsive disorder in childhood and adolescent mood disorders

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**Aims and Objectives:** This study assessed the co-morbidity of obsessive compulsive disorder (OCD) in child and adolescent mood disorders, with an objective of comparing the sociodemographic and clinical variables between patients of mood disorders with or without comorbid OCD.

**Methodology:** It was a cross-sectional study conducted in child psychiatric inpatient and outpatient clinic of Central Institute of Psychiatry, Ranchi during a 1 year period. Kiddie-SADS-Present and Lifetime version was used to screen for comorbid OC symptoms in 100 patients (age<18 years) with mood disorders according to Diagnostic and statistical manual (DSM-IV)-TR and children's Yale-Brown obsessive compulsive scale was used to assess the severity of OC symptoms. Young Mania Rating Scale, children's depression inventory, Hamilton Anxiety Scale and Brief Psychiatric Rating Scale for Children was used to assess the associated psychopathological variables.

**Results:** Comorbid OCD was present in 4%, and subthreshold OC symptoms were present in 2% of the study population. The prevalence of various anxiety disorders was 22% of which 8% had panic disorder, 7% had Generalized Anxiety Disorder, 3% had Separation anxiety disorder and 1% had social phobia.

**Conclusions:** Co-morbidity between OCD and bipolar disorder is a significant clinical problem, the correct identification of which has relevant clinical implications.

### P. 4.13: Retrospective chart review of eating disorders in patients attending child and adolescent psychiatry services of a tertiary care centre

Suneetha Karkada Sadananda, Shoba Srinath, Preeti Jacob,  
Satish Chandra Girimaji  
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**Aims and Objectives:** Eating disorders were thought as a western phenomenon; however studies have shown that it exists in India. The exact incidence and prevalence of ED is not known in India. The data on clinical features, age of onset, co-morbidity, and outcome is also scarce. Hence aim was to study age of onset, sex distribution, age at presentation, clinical features, co-morbidity, and treatment approaches of eating disorders among child and adolescent population attending a tertiary care centre.

**Methodology:** A 10 year (March 2002-March 2012) retrospective chart review of children and adolescents (up to 16 years) who had attended the Child Guidance Clinic, NIMHANS and diagnosed to have eating disorders according to ICD-10 was done. Appropriate statistical analysis was applied using SPSS (version 16).

**Results:** The eating disorder was more common in females (78.6%) ( $n=11$ ) than males (21.4%) ( $n=3$ ). Mean age at presentation was 13-15 years, and duration of illness at presentation was 1 to 2 years. Fifty seven percentages had a comorbid psychiatric disorder. The treatment approaches used were pharmacotherapy combined with psychotherapy.

**Conclusions:** Eating disorders were more common in females. Further epidemiological studies are needed.

#### **P. 4.14: Elective Mutism in children and adolescents-experiences from a tertiary care centre**

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John Vijay Sagar, Srikanth  
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**Aims and Objectives:** To study the socio-demographic correlates and characteristics of elective mutism in children and adolescents.

**Methodology:** Chart review of patients of elective mutism, in both in-patient and out-patient settings, in Child and Adolescent (CAP) setup in tertiary care center, over the period of 10 years (Mar 2002 to Mar 2012).

**Results:** Mean age of presentation was 8 years while age of onset of illness was 6 years, of which 53.8% were males while 46.2% were females. 50% of children had history of language delay while 23% had motor and 11% had delay of social milestones. Of the patients reviewed only 26% had been admitted for in-patient care whereas the rest were seen during out-patient settings. Of those in in-patient settings 3% had required more than four admissions. Of the total charts reviewed 30.8% had co-morbid social phobia while 19% had emotional disorder NOS.

**Conclusions:** Elective Mutism is a disorder with onset in childhood with co-morbidity of speech and language delay, social phobia and emotional disorders.

#### **P. 4.15: Role of genetic expression in transmission of mood disorders in children and adolescents**

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**Aims and Objectives:** With the aim to look for pattern of parental genetic transmission, we tried to find out its role in mood disorders in child and adolescent population.

**Methodology:** We took 55 probands from Central Institute of Psychiatry who had diagnosis of mood disorder according to diagnostic and statistical manual (DSM-IV)-TR criteria for mood disorder. For this purpose DIGS was used to establish diagnosis of mood disorder in probands, FIGS was used to establish diagnosis of mood disorder in FDR's (if present), GAF and Impact of Illness

scale were used to access severity of illness while young mania rating scale (YMRS) and Conner's ADHD rating scales were used for differentiating mood disorder from other causes of hyperactivity and irritability in children and adolescents.

**Results:** 20% probands had history of mood disorder in their FDR's. Mothers (45.5%) were more frequently involved than fathers (36.4%) but this difference was not significant. There was significant difference in age at onset of mood disorder in probands and their FDR's in positive family history group. Probands developed disease around 6 year earlier than their FDR's.

**Conclusions:** There was significant difference between age at onset of probands and their first degree relatives but pattern of parental genetic transmission (whether maternal or paternal) could not be established.

#### **P. 5.: COMMUNITY PSYCHIATRY AND EPIDEMIOLOGY**

##### **P. 5.1: A study of socio-demographic variables of patients admitted with dissociative symptoms in a tertiary care hospital**

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**Aims and Objectives:** To study the socio-demographic variables of the patients who were admitted in the department of psychiatry with an initial diagnosis of dissociative disorder or dissociative symptoms.

**Methodology:** Patients who were initially admitted with a diagnosis of dissociative symptoms were taken into the study sample and the various sociodemographic variables such as age, sex, religion, educational status, marital status were studied. ICD-10 diagnostic criteria for dissociative disorders was used to diagnose dissociative disorders. The patients who were not initially diagnosed with dissociative disorders were excluded from the study.

**Results:** The results show that most of the patients ( $n=38$ ) were young female (84.21%) patients belonging 10-20 year age group (39.47%), currently married (44.26%), educated (84.21%) and hindu by religion (84.21%). In the majority of the patients the initial diagnosis at the time of diagnosis was not changed at the time of discharge (84.21%).

**Conclusions:** The findings of the study concur with the findings of other studies that dissociative disorders are more common in females of the 10-30 year age group and that the initial diagnosis remained unchanged in the majority of the patients. Most of the patients were educated though the level of education was not very high and in the majority of patients the prognosis is good.

##### **P. 5.2: Psychological benefits of yoga in industrial workers**

P.S. Bhat, Vishal Chopra  
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**Background:** The industrial workers are exposed to stress and strain due to the tough nature of their duties. There is a need to incorporate simple, cost effective and easily implementable measures among them to tackle this menace of stress. Yoga has been considered a suitable candidate for this job. Hence this study was undertaken to evaluate the psychological benefits of yoga in them.

**Method:** Four hundred healthy young workers of an industrial setup were enrolled for this study and made into four matched groups of 100 each. One group was given regular Yoga practice in the morning, another group was given regular Physical training (PT) in the morning, third group was exposed to regular PT in the morning and Yoga in the evening, and the last group was exposed to neither of them. All were assessed for their psychological state at base line, 4 weeks and at 12 weeks using specified scales. The findings were statistically analysed.

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**Result:** Yoga was found to have more beneficial psychological effect comparable to PT. However maximum benefit was obtained when Yoga was combined with PT.

**Conclusion:** Yoga has got positive psychological benefits for industrial workers when practiced regularly. The benefits are enhanced when Yoga is combined with PT.

### **P. 5.3: Fitness to drive in patients with severe mental illness: A study on compliance with driving guidance in a large mental health trust in UK**

Girish Kunigiri, Bal Powar, Punita Grover

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**Aims and Objectives:** To examine if patients with Severe Mental Illness (SMI) have been adequately assessed and informed about fitness to drive.

**Methodology:** All patients aged 16-65 years admitted to Leicestershire Partnership NHS Trust, UK from July 2007 to June 2008 and those known to services for up to 6 months prior to admission were included in the study. Of all admissions identified from the Trust electronic data records system, 91 case notes were audited at random. All sections of the notes upto 3 months post discharge (both written and typed) were then checked for evidence of assessment and discussion having taken place between the patient and psychiatrist regarding fitness to drive.

**Results:** In 53 (58.2%) cases there was no mention of whether the patient was driving prior to admission, 13 did not drive and 25 did. Out of 25 drivers in only eight psychiatrists had a documented discussion about fitness to drive post-discharge, of which two were advised to contact the Driver and Vehicle Licensing Agency (DVLA in UK) and one did.

**Conclusions:** Our study reiterates that psychiatrists are to adequately assess and inform patient's fitness to drive when they suffer from SMI as a part of risk assessment.

### **P. 5.4: Looking at mental health in an area of Sundarban: Incidence of psychotic symptoms in outdoor patients**

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**Aims and Objectives:** Many symptoms (as rage attacks, distorted grief reactions, paraphilias, attachment problems, trouble with habit etc.) are either ignored or not noticed in the community, can be labeled as minor psychotic symptoms in classification. NIBS has been working in the interiors of Sundarban, the biggest mangrove forest adjoining area, for continuous 5 years. It could be immense interest to investigate above minor psychotic symptoms in a population which has less access to medical assistance and has a lower socio-economic standing. The study has been taken to establish the incidence of self-reported psychiatric symptoms in a block of Sundarban. This can be an index of prevailing mental health status in this population.

**Methodology:** Follow-up assessments of 1 year study from the local block primary hospital outdoor have been used. Data has been taken on every month by the health professionals. Psychosis screening checklist has been used for the purpose. Association between the incidents at baseline and follow-ups has been compared. A total of 850 adults aged between 16 and 60 years who came to the local health centre for treatment have been entered in the study. Participants were either having a mental disarray (Score > 46), sub-threshold neurotic symptoms (Score 17-45), psychosomatic symptoms (Score A > 12) on a Medico-Psychological Questionnaire (MPQ). The participants were screened first by psychiatrist. The majority were able to complete the follow-up till 1 year (79%, n=673).

**Results:** The factors found associated with psychotic symptoms reported were adverse life events, neurotic symptoms, lower perceived support and family conflicts. About 11.5% (n=98) of the patients reported psychotic symptoms.

**Conclusions:** Study reveals that some risk factors can be associated with psychiatric manifestation. Careful avoidance of stigma is needed as people avoid to volunteer information. Some preventive control measure can be planned in the community and mental health workers can be trained to explore above areas to assess vulnerability. Importantly, acceptability of mental problems as treatable may improve local mental health.

### **P. 5.5: Community based case finding of dementia in rural areas of Central India**

Suyash Sinha, P.B. Behere, Richa Yadav, Aniruddh P. Behere, M. Behere

**Aims and Objectives:** To develop, implement and assess the practicability of a novel method of Dementia case finding for Central India.

**Methodology:** Anganwadi workers (AWW) were given training to screen patients in community. The Deoli Tehsil of Wardha District was surveyed. The population of Deoli is 155075 having about 97 villages. At the time of survey, the population was 98950 and having 97 villages, in this survey AWW were given training to screen patients in community. The Deoli Tehsil of Wardha District was surveyed. The population of Deoli is 155075 having about 97 villages. At the time of survey, the population was 98950 and having 97 villages, in this survey The Abbreviated New Castle Scale (ANCS) was used for screening. Among this 124 patients fulfilled criteria (2.10%) and were included in the study.

**Results:** In 21 villages, not a single patient of Dementia was found. Potential cases identified by AWW was 181, The positive predictive value 68.5%, Total number of subjects above 65 years of age were 5901 (6.05%). Actual patients of Dementia amongst above 65 years were 124 (2.10%).

**Conclusions:** In Dementia, many times, Depression is the only presenting symptom and is characterized by progressive loss of memory. The findings suggest that AWW could be able to identify cases of Dementia after training.

### **P. 5.6: Psychiatric morbidity in persons working in business process outsourcing in Delhi/National Capital Region**

Anjali Sehgal, Abhinav Kumar

**Introduction:** The Business Process Outsourcing (BPO) Industry has been growing exponentially in India over the last decade. In order to meet the growing international demand for cost-effective, customer oriented services, many multinational companies are setting up call centres in India, due to its highly qualified English speaking population. This in turn puts a lot of pressure on the BPO employees due to long working hours, shift timings, losing their identity, working under constant surveillance which is toppling their work-life balance. All these factors are leading to increased psychiatric morbidity in these employees. There is a need to increase the awareness amongst this work force so that they can identify the signs and symptoms related to psychiatric illness and seek timely intervention. Also the top management, who are the policy makers of these organisations, need to be apprised about the results of this kind of study so that they can take necessary action before it is too late.

**Aims and Objectives:** To assess the nature and extent of psychiatric morbidity in business process outsourcing employees in Delhi/National Capital Region.

**Methodology:** A total of 500 subjects working in various Delhi-national



capital region business process outsourcing (BPO) organisations, aged between 18 and 40 years of age who had completed at least one year in the organisation will be included. This study will be done in two phases. In the first phase screening of psychiatric morbidity will be done using General health Questionnaire (GHQ) 12. In the second phase of this study subjects who will score more than 12 on GHQ will be administered brief psychiatric and rating scale (BPRS) and Beck's anxiety and depression scale. Inclusion criteria; (1) age between 18 and 40 years, (2) working for at least one year in BPO, (3) no past history of any psychiatric illness. Exclusion criteria; (1) Known case of hypertension, diabetes or hypo/hyperthyroid state, H/O psychiatric morbidity before joining the BPO.

**Result and Conclusion:** The Result and Conclusion will be presented in the conference.

### **P. 5.7: Profile of admissions at a tertiary care psychiatric hospital across a decade**

Wenona Fernandes, Wenona H. Fernandes, Ashish Srivastava, Yvonne Da Silva Pereira, Neha Bhawe

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**Aims and Objectives:** To analyse and compare profile of patients admitted to a tertiary care psychiatric hospital in the year 2001 and the year 2010. **Methodology:** Retrospective analysis of randomly selected case records of patients admitted to a tertiary care psychiatric hospital in the year 2001 was carried out and compared to the admissions in the year 2010. The parameters recorded were socio-demographic details, mode of admission via the MHA, duration of hospital stay, number of earlier admissions, medical and psychiatric complications, diagnosis at the time of admission and co-morbidity. Data was analysed using appropriate statistical software.

### **P. 5.8: Patterns and profiles of referrals to psychiatry at a teaching hospital located in rural area**

Phanikanth Kondaparthi, Datt, Ravinder, Saikrishna

**Aims and Objectives:** To study the demographic details, sources and the disease profiles of referred cases.

**Methodology:** Referrals to the Department of Psychiatry in Kamineni Institute of Medical Sciences, Narketpalli in 1 year. Indoor sources include referrals from other departments. Sources in the community include private practitioners, NGO's, schools, industries, law and order agencies and other welfare institutions, etc., Voluntary and family consultations are excluded.

**Results:** Majority of subjects are males. Most of them are uneducated and belong to lower socio-economic group in Hindu community. Most of the cases are from Hospital source either as outpatient referrals or as inpatient liaison calls. There are very few referrals from other sources in the community.

**Conclusions:** These observations may give useful insights into the referring sources, the status of stigma about mental sickness in the community and awareness and acceptance of Psychiatry in the medical fraternity. This study may help in planning effective community based strategies to increase awareness about Psychiatry and dispel the stigma.

### **P. 5.9: Prevalence of psychosis in long term sentenced prisoners**

Manoj Sahu

Prisoners have a constitutional right to adequate health care, including mental health treatment. The situation is particularly challenging in the case of inmates with serious mental illnesses, who require specialized treatment and services. There has been consistent

evidence that persons with mental illnesses are overrepresented in jails, and determining the extent of these higher rates is a first step to improved jail management and the development of alternatives to incarceration. Prison populations are growing rapidly in India. Various reports have indicated an increasing numbers of prisoners over the past decade. Despite this, little is known about mental health status of Indian prisoners. Although rates of serious mental illnesses are reliably known in Western countries, it remains uncertain whether these findings are applicable to other countries. Present study investigated the prevalence of serious mental disorders (Psychosis) in long term sentenced prisoners (10 years or more) in Central Jail, Raipur, Chhattisgarh. Medical records of all long term sentenced prisoners were reviewed. Subjects with history of Psychiatric evaluation were identified and were assessed individually by MS to confirm the diagnosis. Out of 1104 subjects (1062 males and 42 females), 20 (1.8%) were found to be suffering from Schizophrenia and other Psychotic disorders. Detail findings and its implications are discussed in the paper.

### **P. 5.10: Psychiatric morbidity in student and non-student population: A comparative study**

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**Aims and Objectives:** To find out psychiatric morbidity in student and non-student population.

**Methodology:** 218 school children were selected through multistage random sampling. Age and sex matched controls were selected from general population. All the students and controls were administered six-item version of General health Questionnaire (GHQ) to screen for emotional problems. Raven's Standard Progressive Matrices was administered to evaluate IQ. Parents assessed their child's behavior using Childhood Psychopathology Measurement Schedule (CPMS). Both the groups were subjected for detailed clinical work-up. Categorical variables were analyzed using Chi-square test.

**Results:** Out of 218 students 152 (69.7%) had emotional problems. In non-student population 54 (24.8%) had emotional problems. This difference was significant. Majority of them had Depression in both the groups.

**Conclusions:** Students had more psychiatric morbidity than controls. Depression was the most common disorder in both the groups.

### **P. 5.11: Psychiatric and physical morbidity in patients admitted in a forensic psychiatry ward of a tertiary care hospital: A retrospective chart review from IHBAS**

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The purpose of the study was to assess the psychiatric and physical morbidity of a large patient sample admitted over a period of 1 year in Forensic Psychiatry ward at IHBAS. IHBAS receives court orders for admission of homeless mentally ill persons who often have co-morbid physical illness and is the regional center for admission of under trial patients and criminal mentally ill patients. Besides these, patients requiring medical board examination as directed by court are admitted for detailed observation and psychiatric evaluation. The clinical case records of such patients admitted between January 2010 and December 2010 were reviewed.

### **P. 5.12: Evaluation of epidemiological parameters of premenstrual syndrome among college students of Bhavnagar**

## Abstracts

Deepak Sachidanand Tiwari, Chintan M. Raval,  
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### Aims and Objectives:

1. To know the prevalence of premenstrual syndrome (PMS) and premenstrual dysphoric disorder (PMDD) among college students of Bhavnagar.
2. To study association of PMS and PMDD with demographic and menstrual factors.
3. To rank common premenstrual symptoms
4. To compare premenstrual symptom screening tool (PSST) with structured clinical interview for Diagnostic and statistical manual (DSM-IV)-TR defined PMDD (SCID-PMDD) in terms of diagnostic agreement, sensitivity and specificity.

**Methodology:** Settings and Design: Cross sectional survey in five colleges of Bhavnagar. Methods and Material: 489 college girls were given semi-structured proforma including socio-demographic data, menstrual history and PSST. Structured Clinical Interview (SCID-PMDD) was done among those who were positive on PSST and 20% of those who had negative PSST. Statistical analysis used: The data was subjected to statistical analysis using Microsoft Excel including proportions and descriptive analysis. Chi square test was done for qualitative variables and standard error of difference between two means for quantitative variables.

**Results:** The prevalence of PMS was 18.4% ('Moderate to severe PMS'-14.7%, PMDD 3.7%) according to DSM IV-TR and 91% according to ICD-10 criteria. The most commonly reported symptom was fatigue/lack of energy followed by decrease interest in work, anger/irritability. PSST have 90.9% sensitivity, 57.01% specificity and 97.01% predictive value of negative test.

**Conclusions:** Prevalence of PMS among college students is similar to that found in similar studies from Asia. PSST is useful screening tool for probable diagnosis of PMS but should be followed by more specific tools like SCID-PMDD or the gold standard prospective charting. Further investigation is required for exploring the association between PMS and physical activity.

### P. 5.13: Pattern of substance abuse in patients attending a private psychiatric clinic in Ludhiana

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**Aim:** To study the socio-demographic, clinical profile, and pattern of substance abuse in patients attending a private psychiatric clinic in Ludhiana over a period of 5 years.

**Methodology:** The study sample included 545 patients. Socio demographic profile of the user, pattern of substance use such as substance used in life time, age of user at first time, use in last month and last 12 months, how often the substance has been used, and mode of use of substance were obtained.

**Results:** Mean age of the users was 34 years. Only two were females, 72.5% were married, 98.2% were literate, 76.0% were employed – most of them were clerical, shop owner or farmer (54.5%), coming from city (42.8%). Alcohol (71.7%) was the most commonly used substance in life time, followed by tobacco (62.4%) and opium (56.0%). Most common substances used in the last 1 month were alcohol (61.7%) followed by tobacco (59.8%) and opium (48.1%). Among the current users 20.2% were using single substance, 27.9% were using two substances and 51.9% were using more than two substances. Age of first use of substance ranged from 19 to 28 years. Most of the individuals were using substances almost daily; 6.5% were using drugs intravenously (Injection buprenorphine, Avil, Calmpose, Fortwin, Phenargan). Among the other drugs, five were using carisoprodol, 19

were using kamini and other Ayurvedic sex stimulants, and one was using volatile solvent.

**Conclusion:** Alcohol, tobacco and opium are the common substances abused by patients attending a private psychiatric clinic in Punjab. Polysubstance abuse is common.

### P. 5.14: Sociodemographic and clinical characteristics of inpatients admitted to a district hospital: A cross sectional study

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**Aims and Objectives:** The current study aimed to characterize the sociodemographic and diagnostic make up of the inpatients admitted in our hospital during the period between years 2005 and 2011.

**Methodology:** All the new consecutive patients admitted under psychiatry, Government hospital Udupi between January 2005 and December 2011 was included. Hospital records examined and data related to demographic and clinical variables were noted.

**Results:** The sample consisted of 1186 patients. Majority from lower socioeconomic, Hindu, rural, nuclear families. Majority hailed from within 50 km radius. Majority have completed primary/high school education. 77% of patients were shown difficult premorbid personality. 43% of patients had past mental illness and family mental illness present in significant 63% of the patients. Bipolar affective disorder constitutes majority of diagnosis and alcohol dependence and schizophrenia were next common diagnosis. Majority of the patients were brought by the parents, spouses and siblings for admission.

**Conclusions:** The government district hospitals in India is still at an infancy stage but contributing significantly to mental health care services in this country; and this information may help for planning and implementing mental health facility in more effective manner.

## P. 6. CONSULTATION LIAISON PSYCHIATRY

### P. 6.1: Study of psychiatric morbidity in patients with chronic backache

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**Aims and Objectives:** Chronic backache is a leading cause of disability. It interferes with quality of life and work performance. Prevalence of depression among patients with chronic pain ranges from 10% to 100%, whereas about 30-100% of depressed patients report pain. Prominent and distressing emotions, cognitions, and behaviors frequently accompany chronic pain. In many cases, these psychological symptoms will be sufficiently severe to qualify the patient for a diagnosis of a mental disorder.

1. To study prevalence of psychiatric morbidity in patients with chronic backache.
2. To study sociodemographic profile of patients with chronic backache having psychiatric morbidity.
3. To study type of psychiatric morbidity in these patients.

**Methodology:** 100 consecutive patients with chronic backache and age > 18 years included. Ethics committee approval and informed consent was taken. Socio demographic data collected using semi-structured proforma Psychiatric diagnosis made according to Diagnostic and statistical manual (DSM-IV)-TR system. Hospital Anxiety and Depression Scale (HADS) applied to assess depression and anxiety. Data thus collected tabulated and statistically analyzed.

**Results:** To be discussed in view of available literature.

### P. 6.2: Predictors of delay in referral of patients with delirium to a psychiatry consultation liaison team

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**Aims and Objectives:** The aim of this study was to determine the predictors of delay in referral of patients with delirium to a psychiatry consultation liaison team in a tertiary care hospital.

**Methodology:** Study included 461 patients with delirium that were evaluated by consultation-liaison psychiatric team and rated according to Delirium Rating Scale-Revised (DRS-R) 98 and etiology of delirium was recorded using a structured format.

**Results:** Mean duration of delirium was  $4.02 \pm 6.10$  days at the time of assessment. Total numbers of etiologies associated with delirium were  $4.58 \pm 2.28$  and there was slight preponderance of patients referred from medical set ups (51.6%) compared to those from surgical set ups (48.4%). The significant variables which were associated with delay in psychiatric referral were higher age, being admitted in a medical setting compared to those admitted in surgical setting and presence of axis-I psychiatric disorder. On DRS-R-98, the symptoms which were associated with delay in referral were presence of sleep wake disturbance, visuo-spatial disturbance and fluctuation of symptoms. With regards to severity of symptoms on DRS-R-98, severity of sleep disturbance and motor retardation emerged as the significant correlates. In logistic regression severity of sleep disturbance, presence of axis-I comorbidity and being admitted to medical set up emerged as the significant predictors.

**Conclusions:** Patients with axis-I psychiatric comorbidity, those with sleep disturbances and those admitted in medical set-up are more likely to have delayed referral for their delirium.

### P. 6.3: Prevalence of depression and anxiety among cancer patients

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**Background:** Depression and anxiety occur in 15-25% of cancer patients further reducing the quality of life and survival rates. There are not many studies regarding this in India. We propose to study this in our population. This might be helpful in developing better informed interventions aimed at improving the quality of life of cancer patients who are suffering from depression and anxiety.

**Objective:** To find the prevalence of depression and anxiety in cancer patients.

**Methods:** Design: Observational, cross-sectional, descriptive study.

**Setting:** Hospital.

**Participants:** Patients admitted in Dept of Radiation Oncology, RGGGH, Chennai.

**Inclusion criteria:** All patients diagnosed with cancer irrespective of stage or grade.

**Exclusion criteria:** Patients not willing to participate, those already diagnosed as having any mental illness before the onset of cancer, those not physically fit enough to complete the study, those with severe cognitive impairment screened by MMSE.

Informed consent will be obtained from all participants.

**Scales Administered:** Semi-structured proforma for socio-demographic and illness related information, HADS, HAM-D, GDS, HAM-A, Holmes and Rahe Stress Scale.

**Statistics:**  $\chi^2$  test, logistic regression.

### P. 6.4: Study of quality of life and well being in HIV seropositive cases

K. Srivastava, Megha Agarwal, S. Goyal, I.N.H.S. Ashwini

**Background:** Though studies are carried out to evaluate psychosocial profile, however coping with the disease has not been addressed.

**Aim:** To evaluate Quality of life and well being in HIV seropositive cases.

**Objectives:** To evaluate coping methods in HIV seropositive cases. And to evaluate well being in HIV seropositive cases. Further study attempts to evaluate anxiety and depression in seropositive cases.

**Methodology:** A descriptive cross sectional study was planned with a sample size of 100 seropositive cases. They were interviewed on demographic profile, WHO well being index, General health questionnaire (GHQ) and HADS scale of anxiety and depression were administered in individual setting. Coping strategies were also evaluated. Appropriate statistical methods were used to evaluate the results.

**Results:** Anxiety was noted in 54% of the individuals whereas only 30% suffered from depression. GHQ showed morbidity in 44% individuals. WHO well being index noted poor psychological well being in 46% of individuals. These findings show that the quality of life in this sample of HIV positive patients is compromised in certain domains; particularly those related to physical work.

**Conclusion:** HIV seropositive status besides its physical implications, has negative psychological impact on suffering individuals. This influences quality of life and well being. Coping strategies play an important role. This study reiterates the importance of psychological counselling in HIV afflicted individuals in conjunction with suitable pharmacotherapy.

### P. 6.5: Medical co-morbidity in patients admitted in male rehabilitation ward of a tertiary care neuro-psychiatric hospital: A chart review

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**Aims and Objectives:** The aim of the study was to assess the medical co-morbidity in eighteen long stay male patients admitted in the Rehabilitation ward at IHBAS.

**Methodology:** A retrospective chart review of the case records along-with was done to find out the medical co-morbidities.

**Results:** The mean age of the patients was 53.83 years and each patient had average of 2.16 medical ailments. The average number of medical ailments was 3.625 if no family member was in contact and 1.4545 if family member was in contact.

**Conclusions:** The long stay psychiatric patients have high degree of medical comorbidities and presence of family contact is associated with lower medical comorbidity rates.

### P. 6.6: Prevalence of diabetes mellitus in 60 consecutive schizophrenic and 60 bipolar mood disorder patient

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**Aims and Objectives:**

1. To study the prevalence of diabetes mellitus in 60 consecutive schizophrenic and 60 bipolar disorder patients.
2. To compare the prevalence of diabetes mellitus between the two groups and to compare the same with the general population
3. To assess the current diabetes control in those diagnosed during the study by doing glycosylated hemoglobin.
4. To assess the demographic parameters of the two groups and comparing them.
5. To assess the possible role of psychotropic medications in the diagnosis (causation) of diabetes.

**Methodology:** Patients satisfying the ICD 10 criteria of schizophrenia



## Abstracts

and bipolar mood disorder would be taken in the study. 60 consecutive schizophrenic and 60 consecutive bipolar mood disorder patient coming to the institute would be screened for diabetes (Symptoms of DM plus random blood glucose > 200 mg %). Socio demographic details would be taken from the patients. Other parameters like duration of psychiatric illness, exposure to psychotropic medications, and family history of psychiatric illness as well as diabetes mellitus would be accounted. The prevalence of diabetes in both groups as well as other comparable would be assessed using appropriate statistical tests.

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

**Conclusions:** The conclusions would be indicative of the results keeping in mind the aims and objective of the study.

### **P. 6.7: An analysis of cases referred to the CLP clinic in a rural central travancore tertiary care hospital**

*P. Soumya Suseelan, Roy Abraham Kallivayalil, Kunjichacko*

*M. Jacob, A.M. Fazal Mohamed, Joice Geo*

Pushpagiri Medical College, Kerala

**Introduction:** Consultation liaison (C-L) psychiatry is the study, practice and teaching of relation between medical and psychiatric disorder. In C-L psychiatry, psychiatrist serves as consultant to medical colleagues or other mental health professionals. In addition, C-L psychiatrists consult patients in medical or surgical setting and provide follow-up psychiatric treatment as needed. C-L psychiatry is associated with all diagnostic, therapeutic, research and teaching services that psychiatrists perform in general hospital and serves as a bridge between psychiatry and other specialties.

**Aims and Objectives:** To study the sociodemographic profile and psychiatric morbidity among patients referred to C-L psychiatric clinic of the Department of Psychiatry at Pushpagiri medical college.

**Materials and Methods:** Pushpagiri medical college is a reputed tertiary care hospital, teaching and research institute located in a rural district of Kerala. Patient admitted to various departments of Pushpagiri medical colleges are referred to C-L psychiatric clinic if they needed psychiatric intervention. It is a retrospective study where patients who had been referred to CLP clinic of department of psychiatry from 01/01/2012 to 31/06/2012 were included. The data was analyzed from CLP register maintained in the clinic. The patients were interviewed by a qualified consultant psychiatrist and the sociodemographic profile was ascertained. Psychiatric diagnosis was made according to ICD-10 during interview.

**Results and Conclusions:** To be included.

### **P. 6.8: A descriptive study on clinical profile of patients attending consultation-liaison psychiatry in a tertiary care centre in Kerala**

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**Aims and Objectives:** To understand the clinical profile of patients in Consultation liaison (C-L) Psychiatry in a tertiary care centre.

**Methodology:** Retrospective study done in a tertiary care centre. Data of patients who sought psychiatric services as part of C-L psychiatry services from May 2012 to July 2012 were collected and analysed. Study variables taken into account were age, sex, source of referral, psychiatric diagnosis and treatment received.

**Results:** Of the 872 cases studied, 87 were aged 60 years and above (9.97%). The Department of Medicine referred 526 cases (60.3%), surgery-101 cases (11.6%). The maximum number of referrals were for suicide attempts-261 cases (29.9%), altered behavior/confusion-159 cases (18.2%). The diagnoses made were-intentional self-harm-214 cases (24.5%), delirium-149 cases (17.1%). Treatment recommendations prescribed were pharmacotherapy alone in 39 cases (4.5%), psychosocial intervention alone in four cases (0.5%), investigations/review/OP review/opinion from other specialties

307 cases (35.2%), combination of above 513 cases (58.8%).

**Conclusions:** Majority of referrals were from the Department of Medicine. The maximum number of referrals was made for suicide attempts. The majority of cases were recommended a combination of pharmacotherapy, psychosocial intervention, reviews/review in psychiatry OP or expert opinion sought from other specialties. Numbers of referrals in suicide attempts have shown a rise compared to older studies from India.

### **P. 6.9: Anti-depressant induced remission of Gardner diamond syndrome**

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**Aims and Objectives:** Gardner Diamond Syndrome also called auto erythrocyte sensitization syndrome or psychogenic purpura is a psychologically induced painful bruising condition. We hereby report amelioration of ecchymosed lesions in this syndrome with anti depressant treatment.

**Methodology:** A 25-years-old woman was referred to psychiatry by the dermatologist for presence of depressive features. She also had painful bruising over arms and face, occurring recurrently for which she was under treatment from the dermatologist and was diagnosed as having gardner diamond syndrome. In view of her depressive symptoms, patient was started on Tab. Escitalopram and had weekly follow-up.

**Results:** As her depression improved and patient started feeling better, her symptoms of recurrent bruising and pain completely subsided and in her two months follow-up patient is currently symptom free.

**Conclusions:** Around 30% of patients with skin disorders are reported to have psychiatric disorders and psychosocial impairments and vice versa. Antidepressant treatment as seen in our patient induced remission in the Gardner diamond syndrome. An increased awareness about psychocutaneous disorders often leads to improved patient outcomes.

### **P. 6.10: Clinical profile and prevalence of depression in patients with diabetes mellitus**

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**Aims and Objectives:** To study the clinical profile and prevalence of depressive disorder in patients with diabetes mellitus in secondary care private hospital.

**Methodology:** It is cross sectional study. Person diagnosed with diabetes mellitus as defined by World Health Organization criteria were included. They were also on either oral hypoglycemic agent and/or on insulin therapy. Existence of depression was evaluated by using PHQ-9 questionnaire which is standard tool used for evaluation for depression. Semi structured questionnaires are used to get clinical profile of patients.

**Results:** Totally 75 cases were screened for existence of depression. Preliminary data analysis suggest mean age presentation was  $52.1 \pm 12.5$ , educated upto  $9.1 \pm 4.8$  standard, 95% were married, majority of them were working as farmer or housewives. Prevalence of depression was present in 73.6% of patients. Out of them 26% had mild, 21% moderate, 16% moderate to severe, 10.6% severe depression was present in these patients.

**Conclusions:** Prevalence of depression is common in chronic illness and it require proper intervention

### **P. 6.11: Perceived social support and its correlates in HIV positive patients**

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**Aims and Objectives:** Assessment of perceived social support in HIV patients, its correlates and the relationship between perceived social support and treatment adherence.

**Methodology:** It is a cross sectional clinical observational study done at the Anti-retroviral Therapy Centre, Government Medical College, Mysore. 100 HIV positive subjects were assessed on MMSE and Multidimensional Scale of Perceived Social Support (MSPSS). Data was analysed using ANOVA.

**Results:** Seventy men and 30 women were HIV positive. 91% of the total sample were on ART. The current study upholds the fact that the family is willing to help the patient make decisions and also can talk about their problems with their friends.

**Conclusions:** Social support play a potentially important role in helping HIV-positive people adhere to the complicated schedules for taking their medication to control the virus that causes AIDS.

### **P. 6.12: Depression and suicidal ideation in patients with acne, psoriasis, atopic dermatitis and alopecia areata**

*Amit Jagtiani, Sujata Sethi, Purshottam, Parmil Kumar*  
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**Aims and Objectives:** To recognise psychiatric co-morbidity of depression and suicidal ideation among dermatology patients with acne, psoriasis, atopic dermatitis and alopecia areata.

**Methodology:** A total of 200 consecutive patients attending the Skin OPD of Pt. BD Sharma, PGIMS, Rohtak diagnosed with acne, psoriasis, atopic dermatitis and alopecia areata will be sent to Psychiatry OPD of the same institute for assessment of co-morbid depression and suicidal ideation as per ICD-10 diagnostic guidelines. The severity of depression and suicidal ideation will be assessed using beck depression inventory (BDI) and Beck Scale for Suicide Ideation (BSSI) respectively.

**Results:** To be discussed in the conference.

**Conclusions:** To be discussed.

### **P. 6.13: Sexuality and quality of life in women survivors of breast cancer: A preliminary investigation**

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**Aims and Objectives:** To study Sexuality and Quality of Life in Women Survivors of Breast Cancer To study (a) Pattern of Body Image issues, (b) Sexuality, (c) Marital Satisfaction, (d) Anxiety and Depression and (e) Quality of Life.

**Methodology:** Tools were administered and in-depth semi-structured interviews were done with five survivors. Tools included Socio-Demographic and Clinical Data Sheet, Mini Mental Status Examination, Hospital Anxiety and Depression Scale, Body Image Scale, Sexual Responsiveness Scale, Marital Quality Scale and Functional Assessment of Cancer Therapy-Breast.

**Results:** Quantitative analysis revealed one survivor met the cut-off for anxiety; two survivors met the cut-off for marital discord and three survivors refused to respond to the sexual responsiveness scale. Qualitatively, themes related to diagnosis involved awareness about symptoms, apprehensions of surgery, helplessness related to side-effects, mixed reactions of whether felt needs were met, body images issues involving 'sense of loss and incompleteness,' changes in relationship with husband, cancer as a 'kind of club,' being perceived as a 'heroine,' more a fear of relapse than death, attributing illness to 'scientific' causes and impact on self-concept suggestive of post-traumatic growth.

**Conclusions:** Themes suggest that culture lends itself to the experience of breast cancer survivorship trajectory. However, findings from a larger study are required to provide more comprehensive patterns of information.

### **P. 6.14: Referrals to psychiatric Service: An analysis of the content of referrals**

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**Aims and Objectives:** To study the appropriateness and quality of psychiatric referrals presented in the referral document at a tertiary care referral centre.

**Methodology:** Referral documents/forms of all patients referred from other departments to the psychiatric service of PGIMER Dr R.M.L. Hospital on Mondays during past one year were studied. Monday was randomly selected among all week days. The data collected included information on: Identifying data, reason for referral, symptomatology, relevant medical history and investigations, provisional diagnosis made by the referring unit/after review, recommended action, and the management response of the Consultation Liaison psychiatrist. The diagnosis in the referral letter was compared to the ICD-10 and to the final diagnosis in the case notes for agreement.

**Results:** Among the whole sample of 75 referrals, 42 were for males (56%) with mean age of 34.12 years (SD=19.05). Majority (65.3%) of referrals were from Department of General Medicine. Symptoms were mentioned in 73.3%, while diagnosis was clearly indicated in only six referrals and was that of delirium. Also physical examination and investigations were not mentioned in the majority of referrals. The psychiatrist initiated 50% of the patients on psychotropic medications and others were treated with only non-pharmacological measures.

**Conclusions:** There is poor quality of referral and poor response rate of psychiatrists. This is an indication for urgent need for intensive training to physicians and psychiatrists alike.

### **P. 6.15: Hypothyroidism presenting as psychosis: A case report**

*Priyanka Sharma, S. Sudarsanan, Sandeep Choudhary, Sachin Sharma, Sumit Puri*  
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**Aims and Objectives:** To present a case of hypothyroidism presenting as psychosis.

**Methodology:** 24-years-old female was brought to psychiatric opd with chief complaints of suspiciousness towards family members, easy irritability, abusiveness, poor self care, hearing voices and sleep disturbances from 3 years, gradually patient starting remaining aloof, was dull withdrawn, posturing was present and reduced oral intake from past 3 month on general examination patient had pallor, puffiness over face, Sparse scalp hairs, Dry and coarse skin with ulceration Hoarse voice. Past history and family history of any neurological or psychiatric illness was not significant, and substance use history was also insignificant, Pulse 64/min; B.P 100/60 mm of Hg, rigidity +. Investigation revealed T3=0.26 (0.59-1.51 ng/ml), T4=6.0 (60-120 nmol/L), TSH: >60 (0.25-5).

**Results:** Patient was started with thyroid replacement therapy and anti psychotics.

**Conclusions:** The range of physical and psychiatric presentations and their potential subtle manifestations make hypothyroidism a diagnosis that is easy to miss. Behavioral changes may occur in the absence of the classical physical signs and symptoms of the disorder. As a result, it is imperative to remember that many patients presenting with psychiatric disorders may have alterations in endocrine function. The endocrine dysfunction may be the cause of the presenting complaint, a factor complicating the management of an underlying illness, or a consequence of treatment.

### **P. 6.16: Acute cutaneous lupus erythematosus and psychosis**

## Abstracts

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**Introduction:** In Acute cutaneous lupus erythematosus (ACLE) the primary lesions are confluent erythematous macules and papules in a photo-distributed pattern. Corticosteroids are used to treat inflammatory manifestations of ACLE. In this setting, one out of every 2-3 patients prescribed steroids may develop psychiatric symptoms including psychosis, mania, delirium and depression.

**Case Report:** Here is an unusual and rare case of a 13-year-old girl who presented with skin lesions of ACLE with toxic epidermal necrolysis (TEN) like presentation and psychotic features like inappropriate smiling and gesturing, over talkativeness, irrelevant talking and then referred to the psychiatric OPD. Investigations revealed systemic involvement.

**Discussion:** Psychiatric symptoms often occur with lupus patients who are treated with corticosteroids. Now the question arises: Are the psychiatric symptoms due to the disease itself (e.g., lupus cerebritis) or steroids. In SLE psychiatric symptoms can occur in the form of depression, mania, and psychosis. Corticosteroid induced psychosis refers to a spectrum of psychiatric symptoms ranging from subtle mood changes to memory deficits to frank psychosis that can occur at any time. Corticosteroid dosage however has not been correlated with onset, severity, or duration of psychiatric symptoms.

### P. 6.17: Diagnosing the undiagnosed psychiatric patients at surgeon's couch

Siddharth Kalucha, P.B. Behere, H.S. Shukla, Richa Yadav,  
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**Aims and Objectives:** To Diagnose cases of abdominal pain in patients who attend surgical unit and otherwise remain undiagnosed, by combining Surgical and Psychiatric approach

**Methodology:** We studied 150 hospitalized patients of pain abdomen. In 75 patients no organic cause could not be found. It was compared with 75 patients (Age and Sex matched), which formed the control group in which organic diagnosis of abdominal pain was made. Pre- and Post-surgical evaluation of all the patients was done using P.G.I. Health Questionnaire-N2. It carried 60 question items. 50 for Neuroticism and 10 for Lie score. A semi-structured proforma was used incorporating socio-demographic characteristics of Patients.

**Results:** After operation in negative laparotomy, symptoms relieved in 22.2% cases, No response in 46.3% cases and worsening in 31.5% cases. While in controls, the symptoms relieved in 93.3% cases after operation, No response in 5.3% cases and worsening in 1.3% cases. Psychiatric intervention was done in patients who underwent psychiatric intervention.

**Conclusion:** It is more important to know what type of a person has the disease than what disease the person has.

### P. 6.18: Psychological response among blood donor attending to department of transfusion medicine department at RD Gardi Medical College, Ujjain

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**Introduction:** Blood donation is a voluntary activity to save the life of critically ill patients and thought as social services. In spite of these virtue these are also some related to blood donation as for example if he donate blood of such amount he will be sick, because of such reasons and unawareness related to blood donation may results in psychological complication and has immediate response which compounds blood donation process. This study explores such responses among donors.

**Aims and Objectives:** To explore immediate psychological response among donor who is going to the procedure.

**Methodology:** The randomly selected 100 persons who were relatives of admitted patients in inpatients wards or volunteer donor were selected for this study. They were not formally educated regarding the procedure. Before the start of these procedure each patients were interviewed on definite Performa based on mental status examination and present status examination PSE-9. The stated objectives were recorded on a format. At the end of the study, the collected data were computed and analyzed.

**Results:** The mean age of participants was  $28.77 \pm 6.46$  SD. They were exclusively male, had showed fear to the procedure in 5%, phobic attitude in 10%, with numbness in hand feet in 3%, palpitation in 7% swatting in 9%. None of them had reported perceptual and thought disturbances.

**Conclusions:** The psychological responses found in blood donor are mostly of anxiety symptoms commonly presented with swatting, palpitation n numbness in hands and feet with phobic attitude. Blood donation is commonly done by male adults.

### P. 6.19: Psychiatric Comorbidity in medical patients

Santhosh Reddy, P. Krishna, N.D. Sanjay Kumar

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**Aims and Objectives:** To assess the rate of anxiety and depression in the patients suffering from various medical diseases.

**Methodology:** Cross sectional study. Place and duration of study: The study was conducted in Prathima Institute of Medical College and Hospital, Karimnagar, Andhra pradesh from September 2011 to September 2012.

**Subjects and Methods:** Participants were inducted in the study through purposive convenient sampling technique. 100 patients of cardiac, stroke, hepatic and dermatological diseases, comorbidity of psychiatric disorders was screened out with the help of ICD 10 criteria for Depression and Generalized anxiety.

**Results:** Will be discussed later.

**Conclusions:** Will be discussed later.

### P. 6.20: Prevalence of antenatal depression: A study from tertiary care hospital

Shruti S. Hegde, Hulegar A. Abhishekh, K.R. Sandeep, Keshav Pai

**Aim and Objective:** To identify the prevalence of antenatal depression and risk factors associated with it.

**Methods:** The present cross-sectional questionnaire-based study was carried out in Antenatal wards and Obstetric OPD of tertiary care hospital, Mangalore. A total of 253 women formed the study subjects. Each of them were provided with the Kannada/English version of the EPDS and allowed to complete guiding them wherever they had queries. For illiterates, the author assisted in filling the questionnaire by vernacular translation. EPDS score greater than or equal to 10 was taken as mild depression and score greater than 13 as depressive illness. The Data collected was analyzed using SPSS version 11 and  $P < 0.05$  was taken as significant.

**Results:** The prevalence of depressive illness was found to be 36.75%. Male gender preference, unemployment, poor relation with the husband, term pregnancy and lack of recreation were independently associated with antenatal depression, whilst support from family and husband, being satisfied with pregnancy and being employed were associated with a reduced likelihood of depression.

**Conclusion:** Rates of antenatal depression were found to be high with some associated risk factors. Given the high prevalence, screening of women for antenatal depression may be indicated to allow adequate treatment.



### P. 6.21: Ciprofloxacin induced psychosis

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**Aims and Objectives:** To report a case of psychosis induced by Ciprofloxacin.

**Methodology:** We report at 21-year-old female who was prescribed Injection Ciprofloxacin 500 mg IV BD for 2 days, then orally for 5 days 500 mg BD for gastroenteritis and observed during this period.

**Results:** She developed psychotic symptoms within 2 days of starting ciprofloxacin, and after discontinuation of the medicines, within 1 week all her psychotic symptoms subsided.

**Conclusions:** Ciprofloxacin can rarely cause psychosis.

### P. 6.22: Prevalence and phenomenology of catatonia in consecutive delirium inpatients in consultation liaison

Deepak K. Ghormode, Abhishek Ghosh, Sandeep Grover

**Aims and Objectives:** To study the prevalence of catatonic symptoms in patients with delirium.

**Methodology:** 224 consecutive patients diagnosed with delirium were rated on Delirium Rating Scale-Revised-98 and Bush Francis Catatonia Rating Scale (BFCRS). The diagnosis of catatonia is made when two or more features are present for more than 24 h.

**Results:** Majority of patients were males (66.5%) and mean age of the patients was 46.64 ( $\pm 19.32$ ) years. Slightly more than one-fourth ( $N=65$ ; 29%) had catatonia. The most common symptoms of catatonia which were seen included excitement ( $N=174$ , 77.7%), immobility/stupor ( $N=50$ , 22.3%), mutism ( $N=30$ , 13.4%), impulsivity ( $N=19$ , 8.5%), staring ( $N=18$ , 8%), withdrawal ( $N=14$ , 6.2%), combativeness ( $N=13$ , 5.8%), negativism ( $N=11$ , 4.9%), rigidity ( $N=9$ , 4%), autonomic abnormality ( $N=7$ , 3.1%), grimacing ( $N=4$ , 1.8%), posturing ( $N=3$ , 1.3%), stereotypy ( $N=3$ , 1.3%), grasp reflex ( $N=3$ , 1.3%), autonomic obedience ( $N=2$ , 0.9%), echolalia and perseveration each ( $N=1$ , 0.4%).

**Conclusions:** Catatonic symptoms are seen in one fourth of patients with delirium.

### P. 6.23: Psychiatric co-morbidity among patients with erosive and non-erosive reflux disease

Asma Manzoor, Rakesh Ghildiyal, Shaunak Ajinkya, Darpan Kaur, Junaid Nabi  
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**Aims and Objectives:** Comparing incidence and types of psychiatric co-morbidities among patients with erosive (ERD) and non-erosive reflux disease (NERD).

**Methodology:** Cross-sectional observational study at a tertiary care hospital in Navi Mumbai. 200 patients of GERD attending GI Clinic segregated into two groups-ERD and NERD. Psychiatric co-morbidity determined using General Health Questionnaire. Patients with co-morbid medical and psychiatric illnesses excluded. Patients with score  $> 5$  (psychiatric morbidity) interviewed with SCID-I to diagnose psychiatric illness. Results were tabulated and analyzed.

**Results:** Seventy-two percent patients with GERD had NERD. Patients with NERD were significantly younger. Females were significantly associated with NERD while ERD was more seen in males. Forty percent patients with GERD had psychiatric co-morbidity with major depressive disorder (MDD) being the most common. Prevalence of psychiatric co-morbidity was highest among NERD patients. Panic disorder with agoraphobia was significantly associated with NERD while alcohol dependence was significantly related to ERD.

**Conclusions:** Key differences between NERD and ERD found were

younger age group, female sex and higher prevalence of psychiatric co-morbidity, especially panic disorder with agoraphobia, in patients with NERD. This suggests that patients with GERD may benefit from formal psychological assessments and adjunctive psychiatric therapy, in addition to standard medical therapy.

### P. 7: DELIBERATE SELF HARM

#### P. 7.1: Suicidality in females with post-partum onset psychiatric disorders: A cross-sectional comparative study

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**Aims and Objectives:** To assess the prevalence of suicidal ideation and attempts among women with post-partum onset psychiatric disorders and to compare with non-postpartum onset psychiatric disorders. To assess the clinical, childbirth related and demographic correlates of suicidal ideation in this group.

**Methodology:** 10 patients diagnosed to be suffering from any psychiatric disorders as per ICD 10 DCR criteria with onset within 6 months of childbirth will be selected for the study after satisfying the inclusion criteria and written informed consent. Socio-demographic data sheet will be filled for each patient. Comprehensive Psychopathology Rating Scale and Edinburgh Postnatal Depression Scale will then be applied to assess psychopathology and severity of the symptoms. Further Scale for Suicide Ideation will be applied to assess suicidality. Similarly 10 patients diagnosed of psychiatric disorders meeting ICD 10 DCR criteria with non-postpartum onset will be selected after matching for age and diagnosis. Comprehensive Psychopathology Rating Scale, Edinburgh Postnatal Depression Scale and Scale for Suicide Ideation will be applied.

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

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

#### P. 7.2: Prevention of Farmers' suicides in central India: Barriers

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**Aims and Objectives:** Introduction: Central India is identified as zone of suicides by farmers. Research so far shows a complex interplay of social, economic and psychiatric risk factors. No intervention has proved to be effective. Solution needs to be comprehensive with both short term and long term goals.

**Methodology:** Current Approach: Currently 'welfare approach' is used to tackle the problem. It includes announcement and distribution of monetary packages, ex-gratia financial help, distribution of live stock etc., There are no clear guidelines for these.

**Results:** Barriers and Boundaries: Multiple risk factors are involved. Stressing only on economic factors will not help in the long run. Long term economic policies should be made favorable to farmers. Mental health professional can play a key role. Social factors, mental illness and stressful life events are important in farmers' suicides. Unless all are tackled, farmers will continue to commit suicides.

**Conclusions:** Prevention strategies: Prevention of farmers' suicides can be planned at all levels of prevention: Primordial, primary, secondary and tertiary level. This can be best done through a National Suicide Prevention Policy. Beyond prevention: Apart from prevention of suicides, farmers need comprehensive efforts to raise their self esteem and belief in the profession. Currently there are over 2 lakh farmers' suicide survivors in country. Our study had revealed that over a third of survivors themselves have suicide ideas and many more are in distress. Survivor activities should be integral part of National Suicide Prevention Policy.

## Abstracts

### P. 7.3: Psychiatric morbidity in survivors following their first attempt of deliberate self harm at tertiary care centre

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#### Aims and Objectives:

- (1) To determine the psychiatric morbidity of act of deliberate self harm
- (2) Identification of modifiable factors and use of this data to suggest preventive and social intervention methods to prevent further acts of DSH

**Methodology:** The study will be conducted at the dept of psychiatry, Base Hospital, Delhi Cantt, after obtaining clearance from the hospital ethical committee. Source of Data: (1) Psychiatry OPD 2. Inpatient A sample size of 100 which consist of consecutive patients who have attempted deliberate self harm for the first time. clinical data sheet (socio-demographic profile and clinical risk factors) Inclusion Criteria (1) Participation will be based on informed consent. (2) Age during interview > 15 years. (3) Patients having attempted deliberate self harm for the first time only four able to read English or understand spoken Hindi. Exclusion Criteria (1) Persons having prior history of deliberate self harm (2) Mental retardation.

**Results:** In the present study, psychiatric disorders were present in 65% of the attempted suicide cases. When comparing with the Indian studies, the psychiatric morbidity is much higher which can be explained due to sampling characteristics in a tertiary hospital population. The use of MINI plus instrument in the present study can also explain the higher pick up rate of psychiatric disorder as the earlier studies. Diagnosis of depressive episode or adjustment disorder in majority of patients matches the existing literature from India Followed by Mood disorder >> Substance disorder >> Schizophrenia >> anxiety disorder (Parker *et al.*, 2006). It is to be noted that 43% of subjects had past history of psychiatric illness but most of them had not sought treatment for the same. Probable relationships between perceived income adequacy and depression, substance dependence, physical illness burden and other unmeasured factors should be considered, however, and the finding interpreted with caution.

### P. 7.4: Study on the methods of attempted suicide among persons in Bundelkhand area

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**Aims and Objectives:** This study is conducted to identify the methods of attempted suicide among persons in Bundelkhand area.

**Methodology:** Those who attempted suicide and were admitted in medical and surgical unit of M.L.B. medical college and referred to Department of Psychiatry for psychological evaluation. A sample of 200 consecutive cases of attempted suicide was taken and analysed.

**Results:** Results showed that females (54%) attempted more suicide than males (46%), majority (56%) were married, educated upto 10<sup>th</sup> standard (62%) and belongs to low socio economic status (56%). poisoning by was the most common (71%) mode of suicide, where in 48% of total cases were use stone hair dye.

**Conclusions:** Poisoning by stone hair dye is the most common mode of suicide in this region.

### P. 7.5: Intentional self harm in a patient with alcoholic hallucinosis

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**Aim:** To present a case of alcoholic hallucinosis culminating in a potentially lethal suicidal attempt.

**Methodology:** Case report of a 32-year-old single male who was dependent on alcohol since last ten years, did not have any past or family history of mental illness.

**Results:** The index case had developed low grade fever for 1 day which forced him to abstain. On the next evening while he was afebrile, in clear consciousness he began to have extra-campine auditory hallucinations which were threatening to kill him and making derogatory comments. Extremely frightened by the intensity, reality and the content of the hallucination, he felt like a helpless victim that he could not escape death and slit his throat with a sharp object. He was brought to the emergency facility and was examined to have deep cut throat but fortunately there was no injury to either airway or major blood vessels. Psychiatry referral was made on the next day. On mental status examination, hallucinations were found to be resolved. He denied any suicidal ideation. On physical examination, mild withdrawal symptoms were present. He had a fair degree of insight into his symptoms. MMSE score was 28/30. Laboratory examination showed mild abnormality in the liver function test. Brain imaging was normal. He was discharged after 2 days without recurrence of hallucination and on out-patient follow-up he is maintaining abstinence on psychological intervention for relapse prevention.

**Conclusion:** Apparently innocuous alcoholic hallucinosis might harbor potentially serious consequences and thus should be taken seriously.

### P. 7.6: To study the relationship between suicide ideation and dimensions of family functioning in patients with depressive disorder and alcohol dependence

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**Introduction:** Suicidal behavior as a term includes suicidal ideation, attempts, and completed suicides. Suicide also creates deep distress in the surviving family and friends. Studies of survivors show that loss of loved one through suicide is one of the greatest burdens individuals and families may endure. Identifying the correlates of suicide ideation which is a prerequisite to threatened suicide, attempted suicide or committed suicide is obviously important because earlier the identification the more feasible is intervention and prevention. The aim of the present study was to study the relationship between suicide ideation and dimensions of family functioning in patients with depressive disorder and alcohol dependence.

**Method:** The study was conducted at the Psychiatry Outpatient Department of Government Medical College and Hospital, Sector 32, Chandigarh. Patients who were diagnosed with depressive disorder and alcohol dependence were included in the study. Sample was N=100 males in each group. The inclusion criteria were diagnosis of depressive disorder (first episode depression or alcohol dependence, age between 18 years and 65 years). The exclusion criteria was any comorbid psychiatric disorder or any co morbid major medical disorder.

**Analysis:** Correlations were calculated.

**Results and Conclusions:** In depressives and alcoholics the correlations of suicide ideation with different dimensions of family functioning were found to be significant. Understanding the role of family functioning in depressives and alcoholics can help prevent suicide. Interventions must focus on both the patient's and family's vulnerability. Family therapy may be an important therapeutic element that can improve their family functioning.

### P. 7.7: Study of psychiatric co-morbidity and psychosocial stress factors in the patients attempting suicide

Rajakiran Arjun Salunkhe, Vinayak Kale, Maithili Kadam, Soumya Chatterjee

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*Aims and Objectives:*

1. To find prevalence of psychiatric co-morbidity in patients attempting suicide.
2. To find psychosocial stress factors in the patients attempting suicide.
3. To evaluate the correlation between alcohol and attempted suicide.

*Methodology:* Study is still going on in Department of Psychiatry in Grant government medical college, Mumbai since the last 3 months. In this cross-sectional study, 100 consecutive patients with alleged history of attempting suicide being referred in the Department of Psychiatry in government hospital fulfilling following criteria will be selected. After taking the informed consent. Inclusion Criteria: (1) Patients with in age group of 15-65 years. Exclusion Criteria (1) Patients in critical condition. (2) Patient without any relative (3) Unwilling or non-cooperative patients Tools (1) Diagnostic and statistical manual (DSM-IV)-TR. (2) Becks suicide intent scale. (3) Presumptive stressful life events scale data collected will be analyzed statistically with SPSS software and appropriate statistical tests.

*Results:* Results of study will be displayed at the time of presentation.

*Conclusion:* Conclusion will be displayed and discussed at the time of presentation.

**P. 7.8: Emotional and interpersonal themes in psychotherapy: Recognizing maintaining factors in men with substance use disorders**

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*Aims and Objectives:* To examine the factors related to initiation and maintenance of substance use among men seeking help for substance use disorders.

*Methodology:* A total of 15 male patients with substance use disorders were seen for individual psychotherapy at the in-patient setting of Centre for Addiction Medicine, NIMHANS during the month of August 2012. The mean age of the sample was 35 years (range of 21-58 years). The mean number of sessions was 9 (range of 3-20). Goals of therapy ranged from identifying factors related to substance use, helping these patients come to terms with financial losses and grief related to loss of a family member, enhancing their sense of self-worth, hope-building and also improving coping. Techniques used for individual interventions included grief therapy, supportive psychotherapy, client-centered therapy and cognitive behavioral therapy.

*Results:* The patients were found to be keen to ventilate, disclosed their psychological turmoil and reported feeling understood. Improvement was noted in terms of their motivation to stay abstinent, better self-esteem and reduced distress. Psychotherapy helped them understand the underlying issues which were maintaining their substance use.

*Conclusions:* Findings indicate need for customized therapeutic modalities for individuals who seek help for substance use problems.

**P. 7.9: Study of psychiatric illnesses among the patients admitted for self-poisoning in a tertiary care hospital**

Ajay Risal, Pushpa Prasad Sharma

*Background:* Self-poisoning is the commonest mode of suicide in our part of the world. Patients attempting suicide by self-poisoning usually land up in the Emergency. They are admitted for management of medical complications and subsequently referred to Psychiatry for the evaluation of possible Psychiatric illnesses.

*Aims and Objectives:* To study the patterns of psychiatric illnesses in the

patients admitted for self-poisoning in a tertiary care hospital.

*Methodology:* The study population included those patients who were admitted and being managed for self-poisoning and brought for psychiatric evaluation during the period of 1 year (1<sup>st</sup> June 2011 to 30<sup>th</sup> June 2012) at Dhulikhel Hospital. Each patient underwent a detailed psychiatric evaluation by a consultant psychiatrist once they were medically stable. Psychiatric diagnoses were considered as per ICD-10 criteria and patients were managed with pharmacological/non-pharmacological measures.

*Results:* Details of the patients including socio-demographic data, psychiatric diagnosis considered, treatment offered and outcome will be tabulated, analyzed and discussed. Statistical Package for the Social Sciences (SPSS) software will be used to compute the results.

*Conclusion:* The results so obtained will be discussed and conclusions will be drawn.

**P. 8: DIAGNOSIS, PHENOMENOLOGY**

**P. 8.1: Is there any variation in pattern of thought, language and communication disorders across various diagnostic groups?**

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*Aims and Objectives:* To compare the pattern of thought, language and communication (TLC) disorders in patients of schizophrenia, mania and depression.

*Methodology:* A total of 90 symptomatic patients were selected by purposive sampling of age group of 18-60 years, consisting 30 patients each of schizophrenia, depression (Both unipolar and bipolar) and mania meeting the diagnosis at the time of presentation as per International Classification of Diseases-10 Diagnostic Criteria for Research. The patients with any co-morbid psychiatric diagnosis, Schizoaffective disorder, history of substance abuse and dependence, history of organicity and mental retardation were excluded from the study. Each patient was subjected to Scale for the Assessment of TLC and brief psychiatric rating scale (BPRS); other than these scales Positive and Negative Syndrome Scale (PANSS), Hamilton rating scale for depression (HDRS) and Young Mania Rating Scale (YMRS) were to schizophrenia patients, depression patients and mania patients respectively.

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

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

**P. 8.2: Delusion/obsession or occupational hazard?**

Rachana P. Pole, Hemang Shah

Mrs. Y, daughter of Mrs. X came to psychiatric OPD to seek help regarding her mother who reportedly had developed extreme possessiveness towards her 2-year-old granddaughter since last 4 months. The grand daughter had been staying with her since birth as both parents were working. The grandmother was excessively involved in taking care of the granddaughter and insisted on staying with her for the whole day. She would be anxious and aggressive whenever child's mother tried to take the child to her father's home. Her possessiveness increased further to the extent that she became suspicious that child's father was abusing her verbally, physically and sexually. She believed he is a pervert and the granddaughter needed supervision. The beliefs were not so firm as to qualify as delusion but could not be categorized as an obsession or ideation either. She also had depressive symptoms. Child, its parents and grandparents were interviewed together and separately. The grandmother's fears were found to be based on her occupational experiences in past while she worked for women's welfare organisation. She was prescribed Fluoxetine 20 mg and she responded with 50% improvement in symptoms within 2 weeks. Clinician's dilemma about diagnosis is discussed at length.



## Abstracts

### P. 8.3: Changes in psychiatric diagnoses from admission to discharge: Review of the charts of 463 patients

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**Aims and Objectives:** The diagnosis of psychopathology among inpatients requires comprehensive evaluation. To our knowledge, no papers in the psychiatry literature have systematically examined diagnostic changes during single admissions in our country. We aim to find out the diagnostic stability in an inpatient psychiatry unit of a tertiary care hospital in eastern Nepal.

**Methodology:** This a retrospective and descriptive study. We reviewed the charts of 463 patients consecutively admitted under psychiatry care over 12 months. We recorded admission diagnoses from initial treatment plans, and discharge diagnoses from discharge summaries.

**Results:** The average patient age was 30 years and average length of stay was 17 days. The most common primary diagnoses were psychotic and mood disorders. The most common secondary diagnoses were substance use and dissociative disorders. Primary diagnoses and secondary diagnoses changed in a significant number of cases. More details will be provided at the time of presentation.

**Conclusions:** Inpatient admission may be valuable for clarifying the diagnoses of psychiatric patients which obviously improve overall outcome of the treatment provided.

### P. 8.4: Psychiatric co-morbidities in residents of a home for the mentally challenged

Mahima Acharya, Samir Kumar Praharaj  
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**Aims and Objectives:** To assess the psychiatric co-morbidities in the residents of a home for the mentally challenged.

**Methodology:** 40 patients staying in a home for mentally challenged will be assessed using structured diagnostic interviews during the period of November 2012-December 2012.

**Results:** The results, discussion and conclusions will be given at the time of presentation.

**Conclusions:** Conclusions will be given at the time of presentation.

### P. 8.5: Study of theory of mind deficit in major depression with psychotic symptoms versus schizophrenia

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**Aims and Objectives:**

1. To assess Deficit in Theory of mind in depression with psychotic features and schizophrenia and its relation with severity of psychotic features.
2. To assess the difference in magnitude of the deficit.

**Methodology:** Subjects of depression with psychotic features ( $N=60$ ) were compared with a control group of healthy subjects ( $N=60$ ) and to Schizophrenia subjects ( $N=60$ ) over Theory of mind tasks (ToM first order and second order tasks, Faux pas Task, brief psychiatric rating Scale [BPRS]).

**Results:** To be discussed during presentation.

**Conclusions:** To be discussed during presentation.

## P. 9: FORENSIC PSYCHIATRY

### P. 9.1: Case report of application under right to information ACT 2005 and issue of confidentiality

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**Aims and Objectives:** To explore the conflicts ethics and legalities regarding confidentiality in the doctor patient relationship and right to information 2005.

**Methodology:** Discussion of a case report of application under right to information act 2005 with references and opinions.

**Results:** The legal right to information should be balanced with the established principles of patient confidentiality.

**Conclusions:** The legal right to information should be balanced with the established principles of patient confidentiality.

### P. 9.2: Spousal abuse in partners of persons with serious mental illness

M. Jayamaaduri, Rajshekhar Bipeta, Srinivasa S.R.R. Yerramilli,  
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**Background:** Spousal abuse is mostly underreported in Indian setting due to its culture and traditions. However, this is more so in spouses of persons with mental illnesses. There is a dire need to systematically study and quantify the abuse; to assess and compare the factors of abuse across different disorders.

**Aim:** To study and compare abuse in spouses of patients with serious mental illnesses, i.e., schizophrenia and bipolar affective disorder.

**Material and Methods:** This is a hospital-based cross-sectional study on spouses of patients with schizophrenia and bipolar affective disorder. The following tools were used: (1) Intake proforma: To capture sociodemographic and clinical data, (2) Diagnosis as per International Classification of Diseases 10<sup>th</sup> Revision (ICD-10 criteria, WHO) confirmed on Mini-International Neuropsychiatric Interview (MINI), (3) Clinical Global Impression-Severity (CGI-S) to assess the severity of illness, (4) Spouse Abuse Identification Questionnaire (Geffner, *et al.*), to assess and quantify the severity of spouse abuse, 5) General Health Questionnaire (GHQ-12) to evaluate the presence of psychopathology in spouses.

**Results and Conclusions:** Yet to be known as study is under progress.

### P. 9.3: Mental Health Legislations in South Asian Countries

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Mental health legislations are primarily required for the protection of human rights of persons with mental illness, though in early 20<sup>th</sup> century the main objective of the 'Indian Lunacy Act 1912', drafted by British was to save the society from 'dangerous lunatics'. After Universal Declarations of Human Rights by the United Nations in 1948, India initiated steps to modify its mental health laws and the Mental Health Act, 1987 was enacted in the year 1987. The Act describes procedures for establishment of psychiatric hospitals, the process of voluntary/involuntary admissions, as also the management of property matters of mentally ill persons. This Act is currently under the process of amendment to bring it in harmony with the UNCRPD, 2006 and a new Mental Health Care Bill is to be introduced in the Parliament.

Pakistan inherited the Lunacy Act, 1912, which was replaced by Pakistan Mental Health Act in 2001. However, the 18<sup>th</sup> Constitutional Amendment passed in April, 2010 devolved the psychiatric health care from federation to provinces virtually abrogating the Act of 2001. Sindh Mental Health Bill, 2012 is in the pipeline. Other provinces are expected to follow. Lunacy Act, 1912 is still in force in Bangladesh, but the process to get a new Mental Health Act is under way since it was drafted in 2006. Nepal enacted its Mental Health (Treatment and Protection)

Act, 2006. The Act describes the process of establishment and operation of National Mental Health Centre, mental health examination and treatment, and benefits and protection of mentally ill persons. In Sri Lanka, the Lunacy Act drafted by the British in 1873 is still in force with some modifications, but a draft new Mental Health Act is ready to be enacted. Mental Health legislation was enacted in Afghanistan in 1997, which focuses on least restrictive care, competency, capacity, guardianship issues, mechanisms to oversee the involuntary procedures and rights of mental health service consumers. Other countries, Bhutan and the Maldives do not possess specific mental health legislations.

#### **P. 9.4: Certification in psychiatry: Issues faced by a Government psychiatric facility**

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**Aims and Objectives:** The aim of the presentation is to acquaint the peers of various certification process in psychiatric certification and the problems arising of such issuance of certificates and recommend guidelines in order to avoid any legal problems.

**Methodology:** The certificates issued in the central Institute over a period of 1 year, July 2011 to June 2012 was scrutinised and the various types of certificates issued and the process of certification and problems arising of such certification was analysed.

**Results:** Over a period of one year 292 treatment certificate, 87 disability certificates was issued. 27 cases were referred for medical board, mainly for police personnel and railway workers. Disability certificate were issued mainly to Mentally retarded. Treatment certificate was issued to all patients who applied for them. However patient were placed in Medical Board only when referred. Patients who had dementia invariably were declared unfit for job. The medical board never issued fitness of job which required handling of firearms.

**Conclusions:** The implication of findings will be discussed with respect to different formats of certification, certification of disability, fitness for job specially for armed police personnel and railway employees.

### **P. 10: GERIATRIC PSYCHIATRY**

#### **P. 10.1: A study of relationship between perceived social support and severity of depression among the inmates of old age homes**

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**Aims and Objectives:**

1. To find out the association between perceived social support and levels of depression among the elderly.
2. To assess the prevalence of depression in old age homes (OAH).

**Methodology:** A cross-sectional, descriptive study involving 52 consented inmates of two OAH in Bangalore. Everybody, aged 60 years or above was interviewed. The objectives of the study and the right to withdraw at any time were explained. Demographic data was collected. multidimensional scale of perceived social support (MSPSS) and geriatric depression scale (GDS) were administered. The data obtained was statistically analyzed.

**Results:** Mean age of the sample was 72.7 years 98.1% of them were females. 93.5% were widows. 69.2% of them had been staying for less than 3 years 88.5% were literate, 77% of them were depressed. 21.26% had perceived mild social support and none of them had perceived strong social support. Inverse relationship between PSS and levels of depression was noted.

**Conclusions:**

1. OAH are found to be dominated by females.
2. Death of the spouse appears to be one of the main reasons for

institutionalization of the elderly.

3. Prevalence of depression in OAH is significantly higher than in the general population.
4. Perceived social support has inverse relationship with depression in OAH. i.e., as the perceived social support decreased, levels of depression increased and vice versa.
5. Though physical support, health care, daily requirements etc., are provided in OAH, the levels of perceived social support is low.
6. Period of stay had significant relationship with levels of depression and perceived social support.

#### **P. 10.2: Prevalence of dementia among old age home residents in four cities of India: A joint project of help age India and ARDSI**

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**Aims and Objectives:**

1. To create awareness among old age home (OAH) residents, care givers and local population on Alzheimer's Disease and other forms of dementia. The project also aimed to educate the carers on improving the quality of care of patients with dementia.
2. To conduct memory screening among residents of OAH to identify those requiring further assessment and intervention.

**Methodology:** This study was done as part of Dementia sensitization programme by the alzheimers and related disorders society of India (ARDSI). The ARDSI team for sensitization consisted of a care giver, volunteer and a trained person who went to the OAH to talk about the local services of ARDSI. The cities identified were Delhi, Kolkata, Bangalore and Cochin. The sessions held followed an empirical mode but covered common symptoms of dementia, its effect on the patient and care givers, early detection and management. The sessions also focused on local services enabled by ARDSI. Memory screening was done using a standard questionnaire.

**Results:** As part of sensitization on dementia 54 OAH/Senior citizen associations covering 2358 residents were visited. Of these 15 OAH were in Delhi, and eight in Kolkata, 16 in Bangalore and 15 in Cochin. 1221 residents were screened for dementia and 329 were found to have dementia at a prevalence rate of 26.9%.

**Conclusions:** There is a high proportion of residents in OAH with undetected cognitive impairment. The implications of the findings will be discussed. The learning experiences of the team during this exercise will also be discussed.

#### **P. 10.3: Prevalence and risk factors for depression in older people**

*Anisha Nakulan, T.P. Sumesh, Sebind Kumar, P.P. Rejani, K.S. Shaji*  
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**Aims and Objectives:** To study the prevalence and risk factors for depression among community resident older people.

**Methodology:** Two hundred and seventy five people (65 years or older), from three wards were invited to participate in the study. Clinicians made assessments during camps or home visits organized for this purpose. Diagnoses were made as per ICD-10 research diagnostic criteria. Information regarding potential risk factors were collected.

**Results:** 220 consenting subjects were assessed. Point prevalence of depression was 39.1% (95% C.I: 32.6-45.9). Poor perceived family support and having a significant life event in the year prior to assessment were risk factors for depression. Participation in household activities was protective.

**Conclusions:** Depressive disorders are common in community resident older people. Early identification and prompt management of depression in community/primary care settings can improve quality of life of older

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people. Training non-specialist health care providers to identify and initiate management of depression in late life would help.

### **P. 10.4: A study of somatic symptoms in elderly patients with depression**

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**Aims and Objectives:** Very often elderly depressed patients present with somatic symptoms. They also have symptoms of anxiety. They also suffer from medical disorders. Hence, depression may go unnoticed. In a study by Peter H. Hilderink *et al.* (Am J Geriatr Psych, 17: Dec 2009) it was found that medically unexplained physical symptoms were present in depressive disorder in 56%, Anxiety disorder in 31%, and substance use disorder in 19%. This study was conducted with the following aims and objectives

1. To study presence of somatic symptoms in elderly depressed patients.
2. To study the association between somatic symptoms and severity of depression.

**Methodology:** 50 patients attending Geriatric OPD of a tertiary care centre Mumbai, in the age group of more than 60 years and diagnosed as major depressive disorder (MDD) as per Diagnostic and statistical manual (DSM-IV)-TR criteria were taken up for the study. A semistructured proforma was used to get sociodemographic data, history of medical illness and to record somatic symptoms of the patients. Hamilton rating scale for Depression (HAM-D), Hamilton rating scale for Anxiety (HAM-A) were used to assess for severity of depressive and anxiety symptoms. Appropriate statistical methods were used for analysis.

**Results:** Will be presented.

**Conclusions:** Will be presented.

### **P. 10.5: Lifestyle factors in late onset depression: A cross sectional comparison between treatment seeking population and matched healthy controls**

G.S. Ramkumar, Srikala Bharath, P.T. Sivakumar,  
Seema Mehrotra, Theenarasu

**Aims and Objectives:** To compare the life style in late onset depression subjects with age and sex matched healthy controls based. The five life-style factors considered for this study are <sup>[1]</sup> diet, <sup>[2]</sup> exercise/physical activity, <sup>[3]</sup> leisure activities including hobbies, <sup>[4]</sup> social interactions and <sup>[5]</sup> alcohol and tobacco use.

**Methodology:** Subjects ( $n=46$ ) above 50 years of age who satisfied Diagnostic and statistical manual (DSM IV) criteria for Major Depressive disorder (MDD) were recruited into the study after informed consent. Age, sex and socioeconomic status matched healthy controls were recruited.

**Results:** There was no significant difference between the LOD and the control groups on the various parameters of diet explored for the current study. There was no significant difference between the LOD group and the control group with respect to physical activity. There was no significant difference between the two groups with respect to socialization. There was no significant difference between the groups with respect to leisure activities. Sub analysis will be discussed during presentation.

**Conclusions:** This cross sectional study on Life-Style Factors in LOD did not find significant difference between elderly with LOD and matched controls. However, in this study there were certain interesting findings in relation to life-style and LOD in the Indian sociocultural context. Depressed elderly were more often vegetarians, hence consumed more dietary fibre and consumed more dairy products. They perceived themselves being more physically active and following healthier diet before the onset of depression. They socialized less with

their peers, but seemed to interact more with family, probably as a function of living with offsprings. Substance use was observed to be generally low. Further research both in standardization of the tool and also identification of specific life-style factors in LOD in India need to be carried out.

### **P. 10.6: Clinical profile of patients with late onset psychosis-retrospective chart review of patients attending geriatric clinic**

Sureshkumarramasamy, Srikala bharath, Vikram Sing Rawat,  
P.T. Shivakumar, Mathew Varghese  
NIMHANS, Bangalore

**Aims and Objectives:** Schizophrenia and related Non-affective, Non organic psychotic disorders have been studied predominantly in adolescence; some individuals however, experience psychotic symptoms for the first time during old age.

**Aim:** To understand the clinical picture of Patients with late onset psychosis.

**Methodology:** Retrospective chart review of patients who attended geriatric clinic in NIMHANS between June 2006 and May 2011. The file of patients who developed first episode of psychosis (non-affective, non-organic psychosis) after 50 years of age was reviewed.

**Results:** Total of 83 files were reviewed (Males 27, Females 56), socio demographic profile, age of onset, psychopathology (positive symptoms, negative symptoms, affective symptoms, behavioral and cognitive symptoms), comorbidity, treatment etc., was analyzed.

**Conclusion:** Late onset psychosis-Is it similar to early onset psychosis with only a late onset? Is the phenotype clearly different necessitating a separate diagnostic inclusion? These will be discussed based on the retrospective analysis.

### **P. 10.7: Association of vitamin D deficiency or insufficiency with cognition and body pains in hospitalized elderly psychiatric patients**

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**Aims and Objectives:** To assess the association of serum deficiency/ insufficiency of vitamin D3 and cognitive impairment and body pain in in-patient elderly population.

**Methodology:** In last 2 months of August and September 2012, all the hospitalized patients of age 60 or above in the Department of Geriatric Mental Health, King George Medical University, Lucknow who could financially afford for assessment of vitamin D3 level were included in the study. The patients were assessed for serum level of 25-Hydroxy vitamin D levels, for psychiatric diagnoses on standard diagnostic criteria, for cognitive impairment on mini-mental status examination and for pain on verbal description scale. All the patients with vitamin D deficiency (less than 20 ng per mL) or insufficiency (20-30 ng per mL) have been supplemented with cholecalciferol 60,000 IU/ week for 8 weeks before further evaluation of severity of pain and cognition.

**Results:** Out of 55 included patients, 40 patients have either insufficiency or deficiency of vitamin D. Eighty five percent ( $N=34$ ) and 65.5% ( $N=29$ ) of the patients with vitamin D deficiency were found to have significant cognitive impairment and (mild, moderate or severe) pain respectively. The patients will be reassessed for the improvement in cognition and severity of pain following weekly supplementation of Cholecalciferol 60,000 IU per week for eight weeks. The result of reassessment will be presented.

**Conclusions:** Will be presented.



## **P. 11: MENTAL HEALTH ASPECTS OF MEDICAL/ PSYCHIATRIC EDUCATION**

### **P. 11.1: Knowledge, attitude and altruism of medical students towards organ donation**

Darpan Kaur Mohinder Singh, Shaunak Ajinkya, Jayashree Ghanekar, Rakesh Ghildiyal

MGM Medical College

*Aims and Objectives:* To assess knowledge, attitude and altruism of medical students towards organ donation.

*Methodology:* Medical students studying at MGM Medical College were encouraged to participate in the study. Data was collected in a phased manner covering all batches of students and 408 out of 500 eligible medical students completed self-administered questionnaires comprising of data collection form and prior validated and reliable "knowledge, attitude and altruism scales" (Morgan and Miller). Informed consent and ethical clearance were obtained. Data was analyzed with descriptive and Chi-square tests using SPSS.

*Results:* There were 184 (45.1%) males and 224 (54.9%) females. Mean age was 21.40 years (SD 3.189). Individual item analysis revealed six items out of nine items on knowledge scale, six out of six items on attitude scale and 11 out of 11 items on altruism scale were statistically significant ( $P < 0.005$ ) across different semesters. Overall, students had poorer knowledge regarding organ donation. Their attitudinal and altruistic responses were agreeable towards organ donation.

*Conclusions:* Medical institutions should direct their attention towards assessing the knowledge, attitudes and altruism of medical students towards organ donation and accordingly plan interventions to improve existing lacunae. Further studies exploring the interplay of culture, personality, belief systems and spirituality regarding organ donation are needed.

### **P. 11.2: Psychological well-being and its correlates among psychiatry residents in a tertiary care hospital in South India**

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*Aims and Objectives:* To assess the psychological well-being of postgraduate psychiatry residents in a tertiary centre in South India. The stressful, satisfying aspects of their work as they perceive it and their response to the stress will also be studied. To explore the association between the well-being and perceived stress and satisfaction at work.

*Methodology:* A cross-sectional descriptive study was done. All the Postgraduate residents working in the Department of Psychiatry ( $n=20$ ) at the time of the study were included. The residents completed two self-administered questionnaires, including the General Health Questionnaire (GHQ) – 28 and the Consultant's Stress and Satisfaction Questionnaire. SPSS version 16 was used for the statistical analysis that includes Chi-square, Fisher Exact test and Pearson correlation.

*Results:* Among the 20 participants 60% of the subjects were men and 40% were women. The mean age of the sample population is 31 (SD – 5.196) [male mean age-30 years, female mean age-32 years]. Sixty five percent ( $n=13$ ) are married. In the study population 60% ( $n=12$ ) of the subjects satisfy psychiatric caseness as per the GHQ-28 cut-off score of  $> 4$ . More female doctors (75%) were found to satisfy psychiatric caseness than male doctors (50%) however the association is not statistically significant ( $=0.373$ ). Among the married subjects 84.6% are found to satisfy psychiatric caseness as opposed to 14.3% among single subjects. This difference across marital status was found to be statistically significant with ( $P=0.004$ ). A positive correlation (Pearson correlation coefficient 0.432) was found between the psychological distress as measured by the GHQ-28 total score and perceived stress at work as measured by the Consultant's stress and satisfaction questionnaire. However this correlation between the GHQ-28 total score and work

related stress is not statistically significant  $P=0.057$ .

*Conclusions:* The study concludes that a large percentage of the psychiatry residents experience psychological distress. Being married is found to be a predictor for poor psychological well-being. While marriage as an institution is found to be protective the reason for married residents being psychologically unwell has to be explored.

### **P. 11.3: Personality profile and academic performance, are they related for medical students?**

Virendra Vikram Singh, P.S. Bhat, Vijay Pande, Kalpana Srivatava, Surender Sharma

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*Aims and Objectives:* To study the relationship of personality profile of undergraduates medical students with their academic performance in their first year of medical education.

*Methodology:* The study was conducted in a government medical college in Pune. 100 students of first year MBBS participated in the study. They completed 240 item NEO-PI-R questionnaire for assessment of personality domains of five factor personality theory. For academic performance percentage of aggregate marks scored in first (preclinical) year university exam were recorded. Pearson correlation coefficient was calculated for relationship. Multiple regression analysis of the personality domains was also done with percent marks as dependent variable.

*Results:* Students in first year scored in average range for neuroticism, agreeableness and conscientiousness. They scored high for extroversion and openness. Conscientiousness domain was found to be significantly correlated with academic performance even after controlling for gender and academic performance in prior XII class. Personality significantly predicted academic performance.

*Conclusions:* Personality factors can predict academic performance in medical education; this knowledge can be used in various ways in selecting, assistance and selective focusing during medical education as advocated by some selectors in west.

### **P. 11.4: Assessment of stress among medical students using MMSQ in a rural medical college**

A.L. Yashwanth, Srirama, M. Mohan Reddy

SDUMC, Kolar

*Aims and Objectives:*

1. To assess the prevalence of stress among 1<sup>st</sup> year medical undergraduates studying at SDUMC, Kolar over a period of 1 year using the medical students stress questionnaire.
2. To treat those medical students who come with stress related issues as and when required.

*Methodology:* This is a prospective, observational study carried out during 2011-2012 at SDUMC, Kolar. (1) Data was collected using medical students stress questionnaire. (2) Informed consent was obtained from the students. (3) The undergraduates were given the questionnaire at the end of 1 year of MBBS course. The prevalence and determinants of stress was assessed thereafter.

*Results:* Out of 150 1<sup>st</sup> years UGs, 103 consented to participate and completed the questionnaires. Out of which 52 (50.48%) were Males and 51 (49.52%) were Females. Major stressors are, (1) Increased work load during exam-92 (89.3%), (2) Vast Syllabus-83 (80.5%), (3) Tight Schedule from 8.00 am to 4 pm-83 (80.5%), Fear of ragging or harassment-66 (64%). Least stressors are, (1) Failure in 1<sup>st</sup> examination-39 (37.8%), (2) Not getting enough time for drawing and writing records after completing daily studies 38 (36.8%).

*Conclusion:* Exams and vast syllabus have always been a major stressors among medical students. In our study we found that tight academic schedule further exaggerated the stress involved with exams and vast syllabus. Fear of Ragging or Harassment was least among

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major stressors for UGs' probably due to the strict implementation of the anti-ragging measures.

### **P. 11.5: Undergraduate training at mirrabook mental health unit: A semiquantitative study**

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**Aims and Objectives:** Mirrabook is an acute inpatient unit, among many units, recognized by the University of Wollongong for psychiatry rotation. The students are rotated for 5 weeks in total, during their MBBS course. The experience of teaching psychiatry for 5 weeks is interesting. The aim is to present the authors experience and challenges while going through the training program.

**Methodology:** All students are asked to give their feedback about their training and breadth and depth of exposure; their feedback is analysed and key themes are presented.

**Results:** More than 50 students passed through their training over 3 years through Mirrabook. Their feedback has been overwhelmingly positive in terms of their breadth of experience and methods of teaching. All themes will be presented.

**Conclusions:** Teaching psychiatry for medical students is a challenging experience and would lay a foundation for further uptake of psychiatry by prospective students in future.

## **P. 12: NEUROPSYCHIATRY**

### **P. 12.1: To study the perceived stress and quality of life in migraine patients**

Nand Kishore, Nupur Niharika, A. K. Seth, Umang Kochhar, Deepshikha

Santosh Medical College, Ghaziabad Delhi

**Aims and Objectives:** To study the perceived stress and quality of life in migraine patients attending the Psychiatry OPD of a tertiary care teaching hospital.

**Methodology:** The study will be cross-sectional and descriptive in design on migraine patients attending the Psychiatry OPD of Santosh Medical College Hospital in Ghaziabad in NCR Delhi which is a tertiary care teaching hospital. 50 consecutive adult patients of either sex diagnosed to be suffering from migraine (as per International Headache Society criteria), giving written and informed consent will be included in the study. Migraine patients having co-morbid psychiatric disorders (as per ICD-10) and major medical illnesses will be excluded from the study. 50 gender and age matched healthy controls (non-migraine group) will be recruited for the group comparison. A semi-structured interview proforma will be used to collect information on socio-demographic and clinical details of both the groups. Perceived stress scale (PSS), (Cohen S *et al.*, 1983) will be applied on both the migraine and control groups to assess the perceived stress in them. WHOQOL-BREF scale (WHO, 2004) will be used to assess the quality of life in both the groups. Relevant statistical tests will be applied for the analysis of the data.

**Results:** Will be presented.

**Conclusions:** Will be presented.

### **P. 12.2: Analysis of migraine triggers in patients attending neuropsychiatric OPD at Gandaki Medical College, Pokhara, Nepal**

Nirmal Lamichhane, A.K. Pandey, D.K. Thapa, G.P. Hirachan, N.S. Gurung

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**Aims and Objectives:** Trigger identification and management is an integral part of Migraine management. The objective of the study was to document the triggers in the patients with migraine attending Neuropsychiatric OPD of a tertiary care general hospital in Western Nepal.

**Methodology:** A total of 70 new patients attending the Neuropsychiatry OPD of Gandaki Medical College Teaching Hospital and Research Centre (P) Ltd with a primary diagnosis of migraine by a consultant neuropsychiatrist were included in the study. The study period was from 1<sup>st</sup> Asar 2067 (15<sup>th</sup> June 2010) to 31<sup>st</sup> Jestha 2068 (14<sup>th</sup> June 2011). It is hospital based cross-sectional descriptive study. Criteria proposed by the International Headache Society (IHS) were used during the study. Patients who fulfilled the criteria were included in the study only after their consent. Either sex was included and there was no restriction over the age. All patients were specifically queried as to whether they had noted any specific factors to serve consistently as migraine attack triggers and additionally were surveyed as to whether they might have "other" triggers not listed on the intake questionnaire. Data were analysed by using SPSS 12 software.

**Results:** The seven most common triggers were, in increasing order; skipping meals/fasting (27.10%), weather changes (28.50%), physical exhaustion (37.10%), changes in sleep pattern (45.70%), bright lights/sun exposure (52.80%), noises/crowd (58.50%) and emotional stress (71.40%). In majority of the cases (93%) triggers were multifactorial.

**Conclusions:** Triggers in migraine are mostly multiple and don't seem to vary much across the population. Identification of triggers plays an important part in the holistic management of patients with migraine as some triggers may be avoided and thus reducing the frequency of attacks.

### **P. 12.3: Hot water epilepsy: A case report**

P. Bharathi, G.S. Chandralekha, T.V. Asokan, Mohammed Ilyas, Venkatesh Mathan Kumar

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**Aims and Objectives:** Hot water or Bathing Epilepsy is an unique form of reflex epilepsy, precipitated by hot water during bathing. One such case is presented for its rarity.

**Methodology:** 27-year-old married lady had seizures since 6 years on pouring hot water on the head. Pt's father, brother and sister also had similar complaints and avoided hot water bathing. Patient after marriage had once poured hot water over her head and reported feeling pleasure during the seizure and induced seizures herself. Last 4 months patient had been presenting with visual and auditory hallucinations and complex automatism.

**Results:** Patients CT was normal, while EEG showed left temporal spiking. Patients was started on Tablets carbamazepine 400 mg/day and raised gradually to 1,000 mg/day. Majority of patients with HWE are males and children (with ratios more than 70% for men). They are self induced, benign and self limited; often induced for pleasure as in this patient.

**Conclusion:** It is important to ask patients with HWE about bathing habits, the temperature and amount of bathing water, duration of bathing, any additional spontaneous seizures and family history. Elimination of precipitating factors help in treatment of HWE.

### **P. 12.4: Bournville's schizophrenia**

Saba Anwar Ansari, Lohit, R.B. Nayak, S.S. Chate, N.M. Patil

### **P. 12.5: Catatonia in an adolescent presenting after an episode of chicken pox**

Deepak Moyal, Amit Khanna, Deepak Kumar

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**Aims and Objectives:** To study the presentation of catatonia in an adolescent manifesting after an episode of chicken pox.

**Methodology:** A young adolescent presenting with catatonia was

assessed in a tertiary care psychiatry unit.

**Results:** It was concluded that patient had suffered from organic catatonia manifesting as a sequelae to chicken pox.

**Conclusions:** Organic catatonia is difficult to manage than functional catatonia.

### **P. 12.6: Acute onset Obsessive compulsive disorder in a patient following right basal ganglia infarct**

Venkatesh Kumar Kandappan, Abhishek Ghosh, Subho Chakrabarti, Venkatesh Kumar Kandappan

### **P. 12.7: Depression in idiopathic Parkinson's disease**

Alakananda Dutt, Hrishikesh Kumar, Chitrita Sengupta, Muktalesha Mukherjee

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**Aims and Objectives:** To compare the socio-demographic, clinical, cognitive profile and activities of daily living in patients with and without major depression in Idiopathic Parkinson's Disease as comorbid depression often leads to greater morbidity and poor quality of life.

**Methodology:** 60 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. Major Depression was assessed by mini international neuropsychiatric interview and the severity of depression was recorded by the patient health questionnaire 9.

**Results:** 45% patients had major depressive episode at the time of the study. There was no significant difference in the socio-demographic, clinical profile and cognitive performance of patients with and without depression. Patients with depression had significant difficulties in activities of daily living, motor symptoms and complications of therapy than those without depression.

**Conclusions:** Major depression in patients with Parkinson's Disease is associated with greater impairment in motor functions and activities of daily living.

### **P. 12.8: Whether Delirium acts as ECT? A case series**

Shailendra Mohan Tripathi, Indrapal Singh, Shrikant Srivastava, S.C. Tiwari

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**Aims and Objectives:** Whether delirium acts as electro convulsive therapy which is considered to be an effective treatment modality for the patients with mood disorders and psychosis?

**Methodology:** Delirium primarily presents with fluctuations in consciousness and may completely resolve with appropriate treatment of the underlying cause. Patients with delirium are commonly present in the geriatric psychiatric settings. Age is an individual risk factor of delirium. Does anyone expect what may happen if the delirium occurs in patients with active mania, psychosis and depression during the course of treatment? We are reporting a case series of six psychiatric patients aged above 60 years, who improved significantly following recovery from delirium. The delirium developed in these patients because of different reasons (drug induced infection) during the course of the treatment of their active psychiatric illness.

**Results:** Development of delirium in the mentioned cases results in resolution of psychiatric symptoms.

**Conclusions:** Recovery from psychiatric symptoms following delirium due to any cause is an observation. This observation needs to be explored further.

### **P. 12.9: Pandas: A case report**

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**Aims and Objectives:** To present a rare case of pandas

**Methodology:** Patient A 15-year-old male patient with no past or family history of any psychiatric or neurological illness, presented to the outpatient psychiatric clinic of the university hospital with sudden onset of motor and vocal tics along with obsessions regarding contamination and compulsive acts of washing, spitting and prolonged bathing. Two months prior to this patient had developed high grade fever, cough and throat pain. After the treatment from physician, his general condition had improved. However, it was noticed by the family members that the patient had become very restless. Within 3 days following improvement in his symptoms patient started spitting repeatedly along with the repetitive sudden grunting noises and repetitive blinking and frowning gestures. Patient also started washing his hands repeatedly and taking prolonged bathing for which the patient expressed distress and "ghabrahat" to the parents but was unable to stop. Patient also had abrupt onset of other compulsions like ordering, arranging and counting numbers many a times. The entire sequence of these acts were monotonously repeated several times during the day and ceased during sleep. Patient's condition worsened with time, as his sleep and appetite decreased markedly, he became very irritable, showing verbal as well as at times physical aggression towards family and stopped going to school. After various consultants, patient was referred for a psychiatric consultation. At onset patient had Y-BOCS scores of 34. Abrupt onset of tics, obsessions, compulsions prompted the psychiatric team to investigate the patient. Computed topographic scan was found to be unremarkable. Anti-streptolysin zero titres were also done which were found to be markedly raised to 505 units. A diagnosis of PANDAS was made and the management was started. Patient was started on Cap fluoxetine 20 mg/day on an outpatient basis with psycho education for the patient and family members. The further treatment followed as per the current guidelines for treating PANDAS. Currently patient is in our and paediatrician's follow-up care and showing consistent improvement, with ASO titres as 300 units and Y-BOCS score of < 7.

**Results:** Abrupt onset of tics, obsessions, compulsions prompted the psychiatric team to investigate the patient. Computed topographic scan was found to be unremarkable. Anti-streptolysin zero titres were also done which were found to be markedly raised to 505 units. A diagnosis of PANDAS was made and the management was started. Patient was started on Cap fluoxetine 20 mg/day on an outpatient basis with psycho education for the patient and family members. The further treatment followed as per the current guidelines for treating PANDAS. Currently patient is in our and paediatrician's follow up care and showing consistent improvement, with ASO titres as 300 units and Y-BOCS score of < 7.

**Conclusions:** The lack of cases of PANDAS in the Indian context can be attributed to an inadequate awareness regarding this disorder and an infrequent liaison among the various specialties. A good cross referral between the paediatricians and the psychiatrists can serve in decreasing and eliminating the morbidity and the disability which are associated with this disease.

### **P. 12.10: Psychiatric sequelae of traumatic brain injury: A pilot study**

Ambarish Ghosh, Abhinav Tiwari, Preeti Menon

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**Aims and Objectives:** Traumatic brain injury is a leading cause of morbidity and mortality worldwide and particularly in India due to the demographic changes of modernization in recent times. It is difficult to estimate the loss in economy not only to the individual in particular but the organization in general. Current estimates put the rate of brain



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injured 1.5-2 million deaths in India per year. With improvement in treatment and sophistication in Trauma care those who survive are left with severe psychiatric sequelae. Aim: To evaluate the psychiatric sequelae of traumatic brain injury

**Methodology:** 20 Patients in the age-group 6-60 years with head injury admitted/attending tertiary care hospital excluding previous psychiatric problems, repeat head injury, history of epilepsy hypertension and Diabetes Mellitus, were taken in the study protocol and were assessed with Glasgow Coma Scale to ascertain the severity, MMSE, General health questionnaire (GHQ), Beck depression inventory (BDI), BCRS.

**Results:** Mean age of the sample was 36.60 and SD 13.088. BDI score was within normal range with a mean of 9.95 and SD 9.75. However there was significant global deterioration in BCRS with a mean of 9.05 and SD of 6.76. GHQ also showed distress with a mean of 11.527 and SD 5.77.

**Conclusions:** Traumatic Brain injury is a major problem which involves significant high cost of rehabilitation services.

### P. 12.11: Fourth ventricle tumor associated with Schizo-affective disorder

Ravindra, Samir Kumar Praharaj, Shripathy M Bhat

**Aims and Objectives:** To report a case of 4<sup>th</sup> ventricle tumor which presented as schizo-affective disorder.

**Methodology:** Evaluation of a case of schizo-affective disorder. Required investigations like CT, MRI, EEG were done.

**Results:** A 26-year-old person diagnosed with schizoaffective disorder of 8 years duration was found to have 4<sup>th</sup> ventricle tumor (ependymoma/subependymoma) on imaging following evaluation for associated migraine with visual aura.

**Conclusions:** Brain tumor patients usually manifest with features of intracranial pressure changes, focal neurological deficits and seizures. Psychotic manifestations are usually rare. Though rare, these can be associated with intracranial tumors and can be the only manifestations of tumor for a prolonged period. Patients presenting with psychosis associated with atypical manifestations or focal neurological deficits or seizures should warrant a full workup to exclude structural intra-cranial mass lesions.

### P. 12.12: Exploratory study of resting state networks in mild AD vs cognitively normal controls

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**Aims and Objectives:** Alzheimer's Dementia is a neurodegenerative disorder characterized by progressive cognitive decline. Resting state network (RSN) connectivity is due to the continuous firing of neurons in synchronous during rest. Role of RSN in cognition has been reported in the literature. Here we explore the role of these RSN in differentiating mild AD from Cognitively healthy controls (Chc).

**Methodology:** Mild AD ( $n=2$ ) diagnosed according to NIA-AA-2011 criteria and Chc ( $n=2$ ) formed the sample. These subjects underwent detailed cognitive assessment and MRI imaging under Philips-3T-MRI scanner. Structural image and resting state fMRI was acquired. Data driven (Independent component analysis) approach was used to analyze the data. Analysis was performed using FSL-MELODIC software. Group analysis was performed, with mild AD and Chc. Various networks such as Default mode network, executive network, ventral salience networks and cerebellar networks were identified and compared between the two groups.

**Results:** Two groups differed in their cognitive scores. Of the various networks identified executive networks, DMN, ventral salience networks showed difference between the two groups.

**Conclusions:** Resting state connectivity is affected even during the early

course of AD. Study involving larger sample is required to prove the effect of RSN on cognition in AD.

### P. 12.13: Spinocerebellar ataxia type 2 comorbid mood disorder: A case report

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**Aims and Objectives:** To report a case of spinocerebellar ataxia type 2 comorbid with mood disorder.

**Methodology:** A 50-year-old male diagnosed as spinocerebellar ataxia type 2 and mood disorder with family history of spinocerebellar ataxia type 2 with mood disorder in father and brother has brought by relatives with c/o irritability, decreased sleep, elated mood, expansive ideas.

**Results:** Patient was started on mood stabilizers and had not come for follow-up. On telephonic interview pt was maintaining well on mood stabilizer.

**Conclusions:** This case highlights a rare combination of mood disorder and spinocerebellar ataxia type 2 with family history of the same.

### P. 12.14: Neuropsychiatric aspects of Kleine-Levin syndrome: Description and follow-up of three cases presenting to a tertiary psychiatric centre in Kolkata

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**Aims and Objectives:** Kleine-Levin Syndrome (KLS) is a rare and complex disorder characterized by periods of hypersomnia and altered behavior. Symptoms last for days to weeks and may include excessive food intake, irritability, disorientation, lethargy and hypersexuality. We aim to describe clinical features, course and outcome of treatment in three cases with KLS attending a tertiary psychiatric centre in Kolkata.

**Methodology:** Information regarding family history and details of onset of illness, past and presenting episodes was collected. Baseline biochemical and hematological tests, EEG, MRI brain and neuropsychological evaluation were performed. Patients were followed up for about 6 months.

**Results:** This case-series describes symptoms of episodic hypersomnia, associated behavioral alterations and the subjective experiences, and in two females aged 14 and 26 years, and one 18-year old boy. All had onset of symptoms in early adolescence with return to premorbid levels in the intervening periods.

**Conclusions:** KLS causes diagnostic confusion with primary psychiatric disorders, and poses a therapeutic challenge, though Lithium and/or Modafinil may be effective.

### P. 12.15: Dementia in a normal pressure hydrocephalus-is it Alcohol Induced or a coincidence? A case report

Sameer Guliani, Daniel Saldanha, Labanya Bhattacharya, Madhav Garg, Abhinav Tewari

**Aims and Objectives:** Background: Reversible dementias are rare and mostly caused by neurosurgical causes those are easily revealed by neuro-imaging. Alcohol dementia constitutes 4% of all dementias. The presence of normal pressure hydrocephalus vis-à-vis chronic alcoholic abuse has not been reported. Aim: To report a case of Alcohol induced cerebral atrophy indirectly causing NPH and to emphasize its reversibility.

**Methodology:** Case A 66-year-old male patient was admitted by relatives with the complaints of forgetfulness, urinary incontinence and difficulty in walking of 6 months duration under a background history of alcohol

abuse of 35 years. Onset was insidious and symptoms were progressive. Examination and investigations revealed waddling gait, hypertonia in all limbs, hyperreflexia, impaired memory and concentration, MMSE score of 3/30, Ventriculomegaly with non-obstructive hydrocephalus with cerebral atrophy on MRI.

**Results:** Treatment and outcome: The patient underwent right sided ventriculoperitoneal shunt surgery. Tab Piracetam plus citicoline and multivitamins were given. MMSE was 09/30 after 10 days of surgery and he had good bladder control. Gait improved. His memory improved gradually.

**Conclusions:** Cerebral atrophy, dementia, other structural damage due to chronic alcohol abuse are well known. What is not documented is NPH associated with alcoholism.

### **P. 12.16: Fahr's disease presenting with manic symptoms: A case report**

*S. Subedi, S. Mukhi, P. Pandey*

Bilateral striopallidodentate calcinosis (BSPDC), commonly known as Fahr's disease is a rare syndrome characterised by symmetrical calcification over the basal ganglion and dentate nucleus. No case of Fahr's disease with associated manic symptoms has been described in the literature till date. We report an unusual case of Fahr's Disease in a 18-year-old unmarried male who presented to the emergency department of Universal College of Medical Sciences – Teaching Hospital, Nepal with symptoms of mania. Computed tomographic scan of the patient demonstrated extensive symmetrical calcification over the basal ganglia and dentate nuclei. No underlying cause for the bilateral calcification was found. This rare case of Fahr's disease, which has never been reported in Indian literature has been reported to highlight this unusual condition and its differentiation from the commoner Fahr's syndrome.

### **P. 12.17: Electro convulsive therapy for control of psychiatric manifestations of Wilson's disease**

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**Aims and Objectives:** Wilson's disease occurs due to an inborn error of metabolism. Psychiatric symptoms are often the first manifestation of the disease and can obscure the diagnosis. There are five neuropsychiatric symptoms clusters established for Wilson's disease patients: Behavior and/or personality disorders, mood disorders, cognitive deficits, and psychotic manifestations and others. The frequency with which psychiatric manifestations appears in Wilson's disease remains vague. However whenever they occur, need to be correctly identified and treated. Though encouraging results have been obtained in controlling Psychiatric manifestations of Wilsons with psychotropic medications, some sub group of patients fail to respond to any therapy. We aim at finding options for controlling psychosis in these patients with electroconvulsive therapy (ECT).

**Methodology:** Two patients exhibiting neuropsychiatric manifestations of Wilsons not responding to psychotropic medication were considered for ECT.

**Results:** Considerable control over psychiatric manifestations with ECT was observed in both patients.

**Conclusion:** We stress upon prompt recognition of psychiatric manifestations in Wilsons and the use of ECT should be emphasized for its treatment.

### **P. 12.18: Hunter's Syndrome: A case report**

*Sydney Moirangthem, S.B. Gopala Krishnan,*  
*Usha Surianarayanan, Arul Varman*  
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**Aims and Objectives:** Reporting of a rare disorder.

**Methodology:** Case referred to the Out Patient Department. We report the case of a 6-year-old boy, referred to our OPD for complaints of aggressive behavior and losing of previously acquired mile-stones. A clinical assessment reveals coarse facial features, protruding tongue and a pigeon shaped chest. The problem was noted 1½ years back starting with the changing physical appearance followed by behavioral anomalies. At the time of presentation prominent mile-stones lost were-ability to speak, count, understanding relationships and writing skills. A tentative diagnosis of Childhood Disintegrative Disorder was made and bio-chemical investigations and neuro-imaging were advised. A low dose risperidone 1 mg/day was also given to control aggression. MRI (brain)-diffuse cerebral atrophy with dilated lateral ventricles with thinned out corpus callosum. Biochemical: Heparan and Dermatan Sufate were positive. The diagnosis of Hunter's Syndrome was confirmed.

**Results:** The parents couldn't afford enzyme replacement therapy and the case was lost after three follow-ups, with a decrease in aggression.

**Conclusions:** The need to identify a rare disease and offer timely help in the management of a fatal illness.

### **P. 12.19: Performance on intelligence tests following traumatic brain injury**

*Manju Mohanty, Rajesh Chhabra, S. K. Gupta, S. N. Mathuriya*

**Aim and Objectives:** The aim of the present study was to assess impairment in verbal and performance intelligence of the patients with traumatic brain injury (TBI).

**Methodology:** Thirty adults in the age range of 18-55 years (27 males and three females) with TBI were assessed using verbal adult intelligence scale and bhatia short battery of performance tests. Patients having sensory or motor deficits, past history of brain trauma, chronic medical illness and psychiatric illness were excluded.

**Results:** Significant impairment in IQ (below 70) was present in only 10% patients (severe TBI) and 16.7% had borderline IQ (71-80). 13.3% had impaired verbal IQ and 20% had borderline VIQ. Performance IQ was impaired in 13.3% and 13.3% had borderline PQ. Though majority had no impairment in IQ but had impairment on specific subtests. Scatter across VIQ and PQ was present in 26.7% patients. Older age was associated with impairment in Digit span, Arithmetic and Alexander Pass along Tests. Right sided lesions were associated with impairment in Koh's Block Design Test.

**Conclusions:** TBI emerged to affect performance on specific domains and also have more impact on verbal IQ.

### **P. 12.20: A case report of a female patient of Kleine Levin syndrome maintaining well on combination of Aripiprazole and Sertraline**

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**Aims and Objectives:** To present a case of 26-year-old female patient of Kleine Levin Syndrome who responded to a combination of Aripiprazole (10 mg) and Sertraline (100 mg).

**Methodology:** The patient was seen in the Psychiatry OPD, PGIMER, Chandigarh on 16/01/2012. A detailed history was taken. Serial Mental status examinations were conducted. Investigations such as EEG, polysomnography and MRI brain were done in the following 2 months.

**Results:** Patient was a 26-years-old female patient with episodes of hypersomnia, hypersexuality, hyperphagia, irritability and cognitive impairment such as decreased concentration for the last 4 years. EEG of the patient revealed generalized tonic clonic pattern. MRI of the brain revealed right parietal gliosis. Polysomnography however revealed no abnormality. The patient was treated with a combination of Aripiprazole (10 mg) and

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sertraline (100 mg) to which she has shown a satisfactory response  
*Conclusions:* In the present case we wish to highlight two differences: Firstly, the symptoms in the present case started after 20 years of age whereas literature reports that the symptoms in most cases start during adolescence, and secondly, the patient responded well to a combination of aripiprazole and sertraline whereas literature shows mood stabilizers such as lithium have been shown to produce the best response.

### P. 12.21: Case series of Kleine Levin syndrome

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*Aims and Objectives:* Introduction: Kleine-Levin syndrome (KLS) is a rare disease predominantly affecting adolescent males (70%), with recurring episodes of hypersomnia, compulsive hyperphagia, and hypersexual behavior, lasting from a few days to a few weeks, with substantial remission in-between episodes. Aims and Objectives: To present the clinical characteristic of a rare syndrome in three young individuals.

*Methodology:* Three cases of Kleine Levin Syndrome are presented. Episodic course with spontaneous remission of each episode and characteristic features of hypersomnia, hyperphagia, disinhibited behavior, affective features like irritability and cognitive disturbance made the diagnosis of Kleine Levin syndrome in our patient.

*Results:* Will be discussed during the presentation.

*Conclusions:* KLS is a complex syndrome with a triad of hypersomnolence, hyperphagia, and hypersexuality. Treatments include psychostimulants, mood stabilizers, and light therapy.

### P. 12.22: Case report of a typical presentation and treatment resistant psychotic symptoms of neurosyphilis

Rajesh Kumar, Dipesh Bhagabati, Hemendra Ram Phookun

*Aims and Objectives:* In recent years, Neurosyphilis rarely presents in its classical form rather presents with atypical features. Due to its atypical presentation, physician often find it difficult to diagnose. In this case report we tried to describe a case of neurosyphilis presenting with treatment-resistant psychotic symptoms which responded to antibiotic treatment.

*Methodology:* A single case report.

*Results:* We describe a 43 year old, single male chronic alcohol abuser presenting with insomnia, irrelevant speech, forgetfulness, poor hygiene, fearfulness, gait disturbance, unprovoked aggression, muttering to self, irrelevant speech, fearfulness, suspiciousness, bizarre thinking, auditory hallucinations and disinhibited behavior along with memory disturbances. Initially he was diagnosed as a case of alcohol induced psychotic disorder. Initial non-response to antipsychotic and anti-dementia drug made a diagnostic dilemma of this patient. Patient was diagnosed neurosyphilis on the basis of CSF findings (Reactive CSF –TPHA, VDRL) and other clinical features. Patient was treated with penicillin in addition to Olanzapine and improved both symptomatically.

*Conclusions:* Neurosyphilis can present with various neuropsychiatric manifestations. The schizophrenia like profile as presented by this patient was less common in the existing literature. Due to the rare occurrence of the disease diagnosing patients of neurosyphilis becomes a challenge and requires a high index of suspicion.

### P. 12.23: Forced normalisation presenting with catatonic symptoms in a girl with normal intelligence-the first case report

V. G. Srivatsa, E.S. Krishnamoorthy, Veera Panch,

James Devasagayam, Amritha, Sailakshmi Ganesan  
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We present a 16-year-old girl who presented to us with catatonic symptoms in the form of rigidity, negativism, ambivalence, posturing and automatic obedience for the last one year with disorganized behavior, occasional crying spells, muttering and smiling to self, significantly disturbed biological functions and impaired functioning in all areas. The current exacerbation lasting for about 3 weeks is the second following a bout of high fever one year ago. Psychotic symptoms have been waxing and waning since the last six months. These symptoms began about 5 days after a temporal lobe seizure in the absence of fever 6 months ago. She has been treated with mood stabilisers, antipsychotics, antidepressants and benzodiazepines with an inadequate trial of medication. Best response has been with oral risperidone. She has been investigated for all treatable causes of catatonia and is currently on antipsychotics, mood stabilisers and benzodiazepines. She has shown significant improvement within 10 days of hospital stay on various parameters. She is being presented to highlight the importance of forced normalization in catatonia as literature on this topic is scanty with very few case reports.

### P. 12.24: Association of bipolar affective disorder with Charcot marie tooth disease: A case report

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*Aims and Objectives:* Hereditary sensory motor neuropathy (Charcot Marie Tooth Disease) is the most common genetically inherited neurological disorder involving peripheral nerves characterized by slowly progressive demyelination. Most commonly it is autosomal dominant, less often autosomal recessive and rarely X-linked.

*Methodology:* Association of psychiatric disorders in patients with hereditary sensory motor neuropathy is a rare association.

*Results:* In this case report, a patient with hereditary sensory motor neuropathy with history of seizure disorder presented with bipolar affective disorder. The parents of the patients did not have any neurological disorder or psychiatric disorder, but one of the siblings is having hereditary sensory motor neuropathy with mood disorder.

*Conclusions:* This presentation aims at focusing the clinical presentation of this rare association and ideas for future research.

### P. 12.25: A case report of unusual psychiatric manifestations in a case of central pontine myelinolysis

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*Aims and Objectives:* Central pontine myelinolysis (CPM) and extrapontine myelinolysis (EPM) are well recognized syndromes related to the rapid correction of hyponatremia, which are reported to show brain stem signs and various movement disorders. Behavioral manifestations in osmotic myelinolysis may have been underestimated due to the prominent brain stem symptoms and movement disorders which present in a more dramatic way than psychiatric symptoms.

*Methodology:* We report a case of CPM and EPM with predominant psychiatric manifestations. The patient presented with psychotic and affective symptoms, his historical details was suggestive of CPM and neuroimaging confirmed the diagnosis.

*Results:* Advances in neuroimaging and broader neuropathological understanding have improved the detection rates and accuracy of the diagnosis in the last few decades. Though the presentation in this patient was unusual due to the presence of affective symptoms, detailed history and high index of suspicion lead us to the diagnosis of CPM.



**Conclusions:** CPM remains a condition for neuropsychiatrists to be aware of, as various psychiatric medications and psychiatric illnesses can be a potential risk for hyponatremia.

### P. 13: OBSESSIVE-COMPULSIVE DISORDER

#### P. 13.1: Executive dysfunction in obsessive-compulsive disorder

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**Aims and Objectives:** (1) To find out whether executive functions in obsessive compulsive disorder (OCD) patients is impaired in comparison to their matched controls. (2) If so, which domains of executive function are affected.

**Methodology:** 20 Consecutive OCD patients with duration more than 1 year and 20 controls general health questionnaire (GHQ  $\leq 3$ ) without family history of psychiatric illness in the first degree relative of controls (age, sex, education matched) between the age group of 18 and 50 years were taken. Patient with history of substance abuse, psychosis, mental retardation, significant head injury, dementia and co-morbid medical illness like seizures or neurodegenerative disease, ECT in past 6 months were excluded. YBOCS rating scale and symptom checklist, Beck Depression Inventory (BDI) were applied on the patient group and tests for executive dysfunction like Trail making test A and B (Switching ability), Stroop neuropsychological test (response inhibition), clock drawing test (visuospatial and organizational ability), N-back test (working memory) and frontal assessment battery (frontal lobe function tests) were applied on both groups and were compared with appropriate statistical methods.

**Results:** Executive Dysfunction was found in the OCD group compared to control group which will be discussed in details at the time of presentation.

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

#### P. 13.2: Family burden and disability in patients with obsessive compulsive disorder

*Deepak Kumar, Sujata Sethi, Aparna*

**Background:** Obsessive compulsive disorder (OCD) is a psychiatric disorder that often tends to run a chronic course. The lifetime prevalence of OCD is around 1-3%. The families of OCD patients report considerable burden due to illness and reduce their social activities leading to isolation and distress.

**Aim:** To analyze and compare the family burden with severity and disability in patients suffering from OCD.

**Materials and Methods:** All subjects who met study criteria between September 2012 and December 2012 from the psychiatric services of the Post Graduate Institute of Medical Sciences (PGIMS), Rohtak, India will be included in the study. Instruments used in the study will be the Family Burden Schedule, Yale-Brown Obsessive Compulsive Scale and the WHO-Disability Assessment Schedule (DAS) to assess family burden, severity and disability respectively.

**Results:** Indian families experience significant degrees of burden in the care of their relatives with OCD and functional level of patient was an important determinant of both the objective and subjective burden on caregivers. Results of the study will be analysed in the light of above findings.

#### P. 13.3: A rare variant of obsessive compulsive disorder – Primary obsessive slowness: A case report

*P.S. Bhat, Maj Ankit Singal, Kalpana Srivastava, R. Shashikumar, Jyoti Prkash*

Obsessive compulsive disorder (OCD) is a chronic disorder with multiple facets and varied presentations. Obsessive slowness is described to be a syndrome of extreme slowness in performing various tasks. Various investigators challenge its entity as an independent diagnosis, who regard it to be a part of obsessive OCD to the obsessions. Traditional drugs of OCD are not found to be very beneficial. Behavioural techniques of pacing, prompting and shaping are recommended for treatment of this condition. We describe here a case of a 18-year-old male patient who presented with this debilitating slowness. The rarity of presentation along with diagnostic difficulties and management issues are highlighted.

**Introduction:** Rachman (1974) introduced a rare syndrome, termed "primary obsessive slowness". It is characterized by prominent debilitating slowness especially in doing daily activities of self care, change in behavior, extreme meticulousness, absence of an increase in anxiety or discomfort either before or following the behavior (or with initiation of treatment) unlike simple obsessive compulsive disorder and relative lack of resistance on part of the patient.

Subsequently, others published case reports or case series (4-10 patients) that detailed features of this syndrome. Veale challenged the proposed syndrome by pointing out that slowness in most of these patients is secondary to behavioral or mental rituals, aimed at suppressing or neutralizing obsessional thoughts. Although most examples of slowness observed in patients is secondary to checking rituals, it is proposed that there is real but rare disorder in which slowness is primary. We present here a case of 18-year-old male who presented with extreme slowness which was manifesting in his daily activities.

**Case report:** Mr. P. S. a 18-year-old male from second non-consanguineous marriage of upper socio economic hindu nuclear family background studying Engineering in 1<sup>st</sup> year presented with 2 years h/o progressive slowness in doing activities of daily living. At the time of presentation he was taking 2-3 h in doing his normal morning routine 1 h for bathing, 45 min for brushing, 1 h for eating his breakfast and almost daily reaching late by 2 h. He was introvert by nature with no h/o any substance abuse or head injury.

He was noted to be becoming slow for 2 years when he started writing slowly and missed his papers. He was an above average student but his academic performance deteriorated to 35-40%. He would walk in a peculiar manner, would not lift the pen while shifting, eat the fruits by taking tiniest possible bite (would take 1 h to finish one banana or eat an apple), brush his teeth in a block of three at a time and then again take toothpaste and brush another three teeth, would take off his clothes very slowly without any peculiarity or any fixed manner, was slow on responding, was disorganized at his residence and inspite of multiple coaxing by parents he will not be doing his acts fast. There was no evidence of distress. No h/o any obsessive thoughts preceding his actions. His condition had drastically deteriorated over last 2 months when he shifted to college hostel when prompting by his parents had reduced. On testing he was slow in doing simple calculations or scoring out the number and in a real life task of eating the food. Repeated prompting and speeding him did not help much.

Investigations including haemogram, blood biochemistry; urine examination, electroencephalography and NCCT did not reveal any abnormality. Thyroid function tests revealed normal TSH levels (4.45 IU/ml; normal range: 0.6-6.0 IU/ml).

He was started on Tab. Clomipramine built up to 75 mg per day and behavior therapy in form of prompting, pacing and shaping as advised by Rachman were advised. Patient during OPD follow up had shown some improvement in his slowness but repeated promptings are required. Presently he is under OPD follow-up.

**Discussion:** The present case highlights the difficulties inherent in the concept, diagnosis and management of a patient with slowness. Rachman<sup>[1]</sup> described a syndrome where other obsessions were not present nor the slowness was in response (secondary) to other

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obsessions found in OCD. Veale stated that most of the cases belonging to this syndrome suffer from OCD with secondary slowness. In an attempt to find biological correlates of obsessional slowness Hymas *et al.* studied basal ganglia pathology of 17 patients with obsessional slowness. All patients exhibited slowing in self-care and goal directed behavior. All patients were shown to have soft signs, delay in initiating limb movements, difficulty in switching from one motor act to another, difficulty in carrying out two motor acts simultaneously, speech and gait abnormalities and general clumsiness. However, similar features were reported in adult patients with OCD (without slowing). So far no validation attempt either on brain pathology, neuropsychology or multivariate analysis has been able to delineate subgroup of slowness symptoms with in the syndrome of OCD. Different authors have advocated exposure and response prevention to inexactness and unmeticalousness and exposure to obsessional thoughts by audio-tape feed back as methods to overcome slowness. Cognitive work and supportive therapies have also been advocated as a part of the package of OCD, but these have not been tested specifically in the treatment of slowness.

Takeuchi *et al.* reported a long term follow up of a case series of four cases in Japan which share the same characteristics as the original cases, long term observation and treatment supported the diagnostic independence of POS. Slowness remained after other accompanying symptoms of obsessive-compulsive disorder had been successfully treated, showing that the slowness was not secondary and more challenging to treat.

In end primary obsessive slowness is a rare enigmatic entity which is difficult to manage and till date no controlled studies are available. It is an agony for the family and it presents a challenge to treating psychiatrist both for diagnosis and treatment.

## P. 14: PSYCHOPHARMACOLOGY AND BIOLOGICAL TREATMENTS

### P. 14.1: Acyclovir in bipolar disorder: A mismatched combination?

Naveen J.

**Background:** Antiviral drug acyclovir is commonly used for the treatment of varicella zoster infection. Acyclovir and its congeners can rarely result in psychosis, mania and neurotoxicity in elderly, immunocompromised individuals.

**Method:** Authors report a case of 55-year-old female with Bipolar affective disorder and hypothyroidism, who developed hypomanic episode after treatment of chicken pox with acyclovir.

**Results:** Patient presented with 3-day history of irritability, increased talkativeness and decreased need for sleep. Five days prior to onset of these symptoms, she was diagnosed to have chicken pox and was started on treatment with oral acyclovir 1,600 mg/day. Hypomanic symptoms were reported to have started 24 h after starting acyclovir. She improved after stopping acyclovir.

**Conclusion:** Acyclovir is a risk factor for mood episode in vulnerable individuals and one need to be cautious while using antiviral agents in patients with psychiatric disorders. This risk is more in elderly and immunocompromised patients.

### P. 14.2: rTMS: A novel treatment option for management of adolescent mania

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**Aims and Objectives:** To evaluate the efficacy of R-TMS in treatment of adolescent mania.

**Methodology:** Study of 10 cases admitted in our center Deva Institute of Health Care (Varanasi) aged between 13 and 18 years provisionally diagnosed as manic episode as per Diagnostic and statistical manual (DSM-IV)-TR. Patients were initially not responsive to pharmacotherapy (1 week) later planned to manage by TMS for ten consecutive sessions. YMRS score of both pre and post TMS compared.

**Results:** Out of total 10 subjects initial YMRS values range between 36 and 42. Patients were benefitted with 10 consecutive sessions of TMS after calculating adequate protocol. Out of 10 subjects eight had shown marked reduction in YMRS values ranging from 18 to 24. However two subjects had shown no improvement. There was no adverse effect of the therapy.

**Conclusions:** Despite our sample size was small but response to TMS cannot be ignored. 80% of patients had responded well. This unique pioneering work sets platform for future research in this therapeutic area.

### P. 14.3: Cardiovascular responses are similar in bifrontal and bitemporal ECT

A. Hulegar, Abhishekh, B.N. Gangadhar, Jagadisha Thirthalli, Vivek H. Phutane, K. Muralidharan  
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**Aims and Objectives:** Most research in the field of ECT has focused on reducing cognitive side effect without compromising therapeutic efficacy. In this context bifrontal electrode placement (BFECT) has shown promise. In depression there is evidence that BFECT is either equally effective or superior to bitemporal ECT (BTECT). In acute mania and schizophrenia, BFECT has greater efficacy than BTECT. Greater hemodynamic response (e.g., increase in heart rate and blood pressure) during ECT is associated with greater therapeutic benefits. This is linked to possible generalization of seizure in central autonomic network. In a study comparing the efficacy of BFECT and BTECT in schizophrenia, we examined if there is any difference in the hemodynamic response between the two electrode placements.

**Methodology:** Of 122 patients who were randomized to receive either BFECT or BTECT, 114 completed the study. We recorded pulse and blood pressure of patients just before induction of anesthesia, after the induction of anesthesia but just before electrical stimulation, during convulsion, 1 min following cessation of seizure and 2 min following seizure during 2<sup>nd</sup> ECT session in 88 patients. At each of these 5 time points, we calculated the rate-pressure product (RPP) by multiplying heart rate and systolic blood pressure. Complete data was available for 51 in BFECT and 37 in BTECT.

**Results:** The RPP was significantly higher during the ictal and post-ictal recordings (repeated measures ANOVA, time effect:  $F=50.71$ ;  $df=4,332$ ;  $P<0.001$ ). However, there was no difference in RPP across time points between those receiving BFECT and BTECT (group effect:  $F=0.459$ ;  $df=83$ ;  $P=0.5$ ). There was no difference in maximum heart rate [mean (SD) for BFECT and BTECT=127.04 (26.3) and 127.89 (22) respectively;  $t=-0.161$ ;  $P=0.87$ ], maximum systolic blood pressure [mean (SD) for BFECT and BTECT=165.74 (24.5) and 161.29; (26.1)  $t=0.819$ ;  $P=0.415$ ], maximum rate pressure product [mean (SD) for BFECT and BTECT groups=20768 (6719.7) and 20217; (5991.1)  $t=0.397$ ;  $P=0.693$ ], maximum rise in heart rate [mean (SD) for BFECT and BTECT=23.96 (26.6) and 23.81; (21.1)  $t=0.028$ ;  $P=0.977$ ] and maximum rise in RPP [mean (SD) for BFECT and BTECT=6799 (6434.1) and 7223; (5395.8)  $t=-0.326$ ;  $P=0.746$ ].

**Conclusions:** Patients receiving ECT with these two electrode placements experienced similar hemodynamic changes during ECT. It has two implications<sup>[1]</sup> BFECT's reported superiority over BTECT seems to be associated with no additional increase in cardiovascular load;<sup>[2]</sup> frontal lobe stimulation alone has greater therapeutic relevance in schizophrenia than seizure generalization. Greater increase in

cerebral blood supply to frontal lobe reported during BFECT may have relevance in explaining the latter aspect.

#### **P. 14.4: A case report of mania related to discontinuation of bupropion therapy for smoking cessation**

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**Aims and Objectives:** Both initiation and discontinuation of antidepressants are known to induce manic episodes. This side effect must be considered as a severe complication of any antidepressant therapy used in bipolar disorder. It is controversial whether these episodes occur less frequently with newer antidepressants such as bupropion than, with classical tricyclic antidepressants. This study aims to focus on precipitation of mania after withdrawal of bupropion.

**Methodology:** Here, we describe the case of a patient who underwent smoking cessation therapy with bupropion, a noradrenergic and dopaminergic reuptake inhibitor, and developed mania 2 weeks after discontinuation.

**Results:** The acute manic episode was treated with by 6 mg/day of risperidone and 1000 mg of divalproex sodium. After 16 days, Ms. A's acute manic symptoms were largely remitted and he was discharged.

**Conclusions:** A clear-cut causal relationship between bupropion discontinuation and the patients' manic episode cannot be claimed. However, the proximal onset of manic symptoms suggests this connection. In summary, induction of a manic episode must be considered when treating nicotine dependence in predisposed patients.

#### **P. 14.5: Metabolic syndrome in patients with severe mental illness undergoing psychiatric rehabilitation receiving high dose antipsychotic medication**

Bapu Ravindranath

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**Aims and Objectives:** To review evidence of chronic antipsychotic medication and the association with metabolic syndrome in mentally ill patients. This evidence was used to analyse a cohort of patients with severe mental illness and to deduce a correlation between the prevalence of metabolic syndrome and their dose regimens including high dose antipsychotic medication.

**Methodology:** Twenty four male patients undergoing psychiatric rehabilitation underwent a review of current medication and assessment of risk factors for metabolic syndrome. Assessment criteria was based upon international diabetes federation (IDF) guidelines and National cholesterol education programme expert panel (NCEP on detection, evaluation and treatment of high blood cholesterol in adults adult treatment panel III (ATP III) criteria, incorporating waist circumference, raised triglycerides, reduced high density lipoprotein, raised blood pressure and fasting blood glucose. Pubmed, Nature and Science Direct databases have been used to compile the medical and scientific background on metabolic syndrome and antipsychotic medication and the effect on patients particularly on high dose.

**Results:** Out of twenty four patients, ten patients (41.7%) were receiving high dose antipsychotics (HDA) and four were on maximum dosage limits of 100%. 8.3% (2/24) patients were receiving only one first generation antipsychotics (FGA), 37.5% (9/24) patients were receiving only one second generation antipsychotic (SGA), 45.8% patients (11/24) were receiving two or more SGA only, and only one patient was receiving two or more FGA. One patient was receiving a combination of FGA and SGA. PRN ("as needed") therapy was not included in this study as their usage was limited. Clozapine was mostly prescribed in these patients (10/24, 41.6%). Four out of the twenty four

patients refused blood tests therefore were excluded from the following results. In the patients evaluated, 55% (11/20) had confirmed metabolic syndrome. In these patients with metabolic syndrome, 45.4% (5/11) were on HDA and 27.3% (3/11) were on maximum British National Formulary (BNF) limits of 100% of dosage. Four out of the nine remaining patients not diagnosed with metabolic syndrome were on HDA.

**Conclusions:** Evidence supports the association between antipsychotic medication and metabolic syndrome. The data extrapolated from this cohort of mentally ill patients demonstrates that there is an increase in risk factors for metabolic syndrome and weight gain in the majority of patients on antipsychotic medication. The data however does not support any further predisposition to metabolic syndrome in these patients taking HDA. It also cannot be assumed that antipsychotic medication is independently associated with the prevalence of these abnormalities.

#### **P. 14.6: Clozapine practice in psychiatry rehabilitation**

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**Aims and Objectives:** Clozapine is one of the commonest drug in treatment refractory schizophrenia or schizoaffective disorder. We bring to you our experience in the usage of clozapine in this group of patients treated at Forensic rehabilitation and general rehabilitation.

**Methodology:** We audited all discharge summaries over one year period at James Nash House and compared with the same period (in duration) at Glenside Mental Health campus.

**Results:** 42 discharge summaries from James Nash House and less than 20 discharge summaries from Glenside Campus were reviewed and compared. We found that Clozapine was one of the commonest drug used in rehabilitation setting. The challenges of managing patient on Clozapine are numerous apart of strict monitoring guidelines.

**Conclusions:** Clozapine is one the best drug for treatment refractory schizophrenia and should be encouraged.

#### **P. 14.7: Linezolid induced visual hallucinations - A way forward to our understanding of schizophrenia?**

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**Aims and Objectives:** Linezolid is well associated with serotonin syndrome in the presence of proserotonergic drug. We report a rare adverse effect of linezolid in the form of visual hallucinations.

**Methodology:** 49-year-old male who was operated for Fournier's gangrene was started on Linezolid. He developed incessant visual hallucinations with significant acting out behavior for 3 days which stopped after cessation of the drug. Serial examination revealed intact sensorium (Mini Mental state examination score-30/30), thus ruling out delirium. Other causes like sepsis, intracranial lesions, substance use, metabolic derangements, renal and hepatic impairment were ruled out with relevant history and investigations. Patient remained asymptomatic on the follow-up in absence of linezolid.

**Results:** Naranjo probability scale suggests possible relationship between Linezolid and psychotic symptoms. Linezolid by being a non-selective Monoamine Oxidase inhibitor, is well known to cause increase in synaptic levels of monoamines, especially serotonin and thus serotonin syndrome.

**Conclusions:** Naranjo probability scale suggests possible relationship between Linezolid and psychotic symptoms. Linezolid by being a non-selective Monoamine Oxidase inhibitor, is well known to cause increase in synaptic levels of monoamines, especially serotonin and thus serotonin syndrome. Linezolid induced visual hallucinations is probably



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a result of preferential increase in synaptic dopamine. This paves way for an understanding that complex pharmacodynamic dopamine-serotonin synaptic interaction could explain relative increase in one of the synaptic monoamines and thus the expression of symptoms. Further receptor studies are needed for better understanding of pathogenesis of schizophrenia.

### P. 14.8: Azathioprine induced panic attacks

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**Aims and Objectives:** To present a case of acute onset obsessive compulsive disorder (OCD) following cerebro-vascular accident (CVA) **Methodology:** A case of a 75-year-old female who developed left sided hemi-paresis and OC symptoms. Brain imaging showed sub-acute infarct in the right basal ganglia, tiny lacunar infarct in right fronto-parietal region in sub-cortical white matter and mild cerebral atrophy. Magnetic resonance angiography demonstrated major blockade in the right carotid artery.

**Results:** After 2 weeks of that vascular event she was noticed to take more time in washing hands. She would get repeated thoughts of hands being dirty and also would fear of contracting infection through her nostrils and ears. She would plug her ears with cotton balls and cover nostrils with a handkerchief. She regarded these intrusive thoughts as her own and didn't regard these as absurd. Eventually these symptoms resulted in a significant distress and dysfunction in her daily activities. Additionally she had emotional lability. Immediately after carotid end-arterectomy her obsessive symptoms had worsened further, necessitating psychiatric consultation. On exploration, she was found to have a strong family history of OCD.

**Conclusions:** Onset of OCD with a clear temporal association with CVA indicates an organic etiology, the focus of which was on the structures of cortico-thalamo-striato-cortical (CSTC) circuit which has been implicated in the neurobiology of OCD. Presence of family history in this case points towards a genetic vulnerability conferring an additional risk for the development of OCD.

### P. 14.9: Armodafinil induced psychosis in a case of Kleine Levin syndrome: A case study

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**Aims and Objectives:** To study the safety and efficacy of Armodafinil in a case of Kleine-Levin Syndrome (KLS) during the episode of hypersomnia

**Methodology:** A young female patient, earlier diagnosed as a case of recurrent MDD, referred by a private practitioner, was interviewed in detail. Clinical history revealed the presence of recurrent spells of hypersomnia, wherein the patient would sleep for nearly the whole day, woke up just for the biological functions and would be emotionally cold during such spell. These episode lasting 8-15 days were interspersed with normal sleep-wake cycle and mood reactivity. Her diagnosis was hence revised as per the ICSD criteria to KLS. During the spell of hypersomnia the patient was started on Armodafinil 50 mg OD. Within a day the patient reported suspiciousness, referential ideas, irritability and anger outbursts. These features subsided in a week after stopping the medication.

**Results:** Patients with sleep disorders are often misdiagnosed. Use of Armodafinil in our patient resulted in development of psychotic features.

**Conclusions:** Armodafinil should be used with caution in patients of sleep disorder and in all the patients in general with a watch on development of psychotic features.

### P. 14.10: Dissociative catatonia-Responds with low dose first generation anti psychotics

Kalrav H. Mistry, Parth Vaishnav, Girish Banwari

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**Aims and Objectives:** Dissociative Catatonia, its existence still continues to be a source of several debates and there are complexity inherent in the treatment of its diagnosis. The objective is to discuss phenomenon in reference to a case report.

**Methodology:** We report a case of Dissociative Catatonia patient who has 1<sup>st</sup> episode of two months, presenting with dissociative disorder gradually progressing towards catatonia.

**Results:** The course of the patient in this case report supports the possibilities of Dissociative catatonia and the patient responds well with low dose Trifluorazine without ECT or Tranquilizers.

**Conclusions:** Dissociative Catatonia may respond to a short course of low dose first generation anti psychotics. It needs to be defined more precisely to promote further research into it.

### P. 14.11: Change in trend of psychotropics use by non psychiatrist clinicians

Sunil Kumar, Lalit Batra, Paramjeet Singh, Mukesh Swami,

Raghav Shah

**Aims and Objectives:** This study was conducted to examine the change in pattern of psychotropics prescription by non psychiatrist clinicians and to find out the type and dosage of the prescribed drugs and to analyse the difference between prescribed dosage and standard dosage.

**Methodology:** Data from 863 prescription of non psychiatrist clinicians were collected in august 2012 and compared with the data collected on the same on 738 prescriptions in august 1996. The information given on the clinicians prescriptions was recorded on a precoded register. Data thus gathered will be analyzed by using suitable statistics.

**Results:** Will be discussed.

**Conclusions:** Will be discussed.

### P. 14.12: Sertraline-Induced acne vulgaris: A case report

Siddhartha Sinha, Samir Kumar Praharaj,

P. Rajeshkrishna Bhandary, Suma Udupa, N. Ravindra

Serotonin reuptake inhibitors (SRIs) are among the most widely prescribed antidepressant medications. Adverse cutaneous drug reactions associated with SRIs are uncommon. Sertraline has rarely been reported to induce acne. We report a case of a 38-year-old female, with a diagnosis of paranoid schizophrenia, who developed acne after treatment with sertraline 50 mg/day for depressive symptoms, and it subsided within 5 days of discontinuation of the drug.

### P. 14.13: Divalproex sodium extended release pellets in capsule: A novel dosage form with unique extrusion spheronization pellets technology

Mandlik Rahul, Maseeh Arun

**Aims and Objectives:** A survey has suggested that most of the patients experience discomfort when swallowing pills, but only few of them complain to their doctor. An inability or unwillingness to swallow medication can further reduce acceptance and compliance with medication, which has an impact on effectiveness. These concerns of poor compliance in psychological disorders can lead to possibility of relapse, increased risk of suicide and ultimately burden of morbidity and mortality of the illness.

**Methodology:** Freedom from such concerns is being comforted by the advancement of the technological tides in the area of dosage formulation. One of such, very first, attempt has been successfully made through Extrusion Spheronization Pellets (ESP) technology.

**Results:** Divalproex sodium is a first-line therapy for manic episodes in bipolar depression. Through ESP technology, divalproex sodium extended release (ER) pellets in capsule are developed for the first time. These pellets are made to be sprinkled and swallowed through soft foods like honey, curd, milk-shake, etc.,. This technology provides uniform pellets of drug with 1 mm size with ER benefit. Lower size pellets avoid the risk of chewing and gastro-intestinal irritation.

**Conclusions:** Further, it consistently releases drug that may help in maintaining steady plasma levels and preventing dose dumping.

#### **P. 14.14: A comparative study of short term efficacy of aripiprazole and risperidone in schizophrenia**

Ravi S. Pandey, T. Jagadisha, Sajeev Kumar, P.T. Sivakumar, C. Naveen Kumar

**Aims and Objectives:** To compare the short term antischizophrenic efficacy of aripiprazole and risperidone.

**Methodology:** Schizophrenic patients (diagnosed according to Diagnostic and statistical manual (DSM-IV)-TR criteria) getting aripiprazole (10 to 30 mg/day;  $n=13$ ) or risperidone (3 to 8 mg/day;  $n=22$ ) who satisfied specified inclusion and exclusion criteria were rated blindly on Positive and Negative Syndrome Scale (PANSS) and Patient Global Improvement Scale (PGIS) and scores compared using RMANOVA and *t*-test.

**Results:** There was no statistically significant difference between improvement on PANSS ( $P=0.999$ ) or on PGIS ( $P=0.089$ ) in the two groups.

**Conclusion:** Aripiprazole and risperidone are equally efficacious in short term management of schizophrenia.

#### **P. 14.15: Valproate induced hyperammonemic encephalopathy in a patient with bipolar affective disorder: A case report**

Mansi Pradeep Somaiya, Nilesh Shah, Avinash De Sousa, Tejal Doshi, Delnaz Palsetia  
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**Aims and Objectives:** To study the effect of stopping valproate in a patient with bipolar affective disorder with mania with psychotic symptoms who developed hyperammonemia after the introduction of valproate.

**Methodology:** The patient was a 45 year male with bipolar affective disorder with mania with psychotic symptoms for which divalproex extended release 2000 mg/d, olanzapine 20 mg/d, Risperidone 2 mg/d were given. He presented with confusion, disorientation, tremors and ataxia few days after starting the medications. Liver function was normal. Serum Ammonia levels were raised to 92 mg/dl and 106 mg/dl on two occasions. Hence, olanzapine and divalproex extended release were stopped.

**Results:** A week after stoppage of divalproex and introduction of lactulose syrup (30 ml/d) his ammonia levels reached within normal limits (33 mg/dl). The metabolic workup for a urea cycle disorder was deferred considering the improvement of symptoms and fall in ammonia levels. The temporal correlation of altered sensorium after the administration of divalproex and the reversibility of the state of consciousness following its withdrawal established the diagnosis of valproate induced encephalopathy.

**Conclusions:** Hyperammonemia without a hepatic involvement as a cause for encephalopathy in a patient on valproate must be kept in mind. Early diagnosis and discontinuation of valproate can promptly reverse the condition.

#### **P. 14.16: Is weight gain lower with orally disintegrating vs standard olanzapine?**

Samir Kumar Praharaj, P.S.V.N Sharma

**Aims and Objectives:** To conduct a systematic review and meta-analysis of randomized controlled trials comparing weight gain with orally disintegrating olanzapine vs standard olanzapine tablets.

**Methodology:** Studies will be identified using online searches of PubMed/Medline and Cochrane database (CENTRAL), supplemented with manual search of cross-references. The search will be restricted to publications in the English language. Systematic review and if possible, meta-analysis will be performed to see the differences on body weight gain with both the treatment.

**Results:** Will be presented later.

**Conclusions:** Will be presented later.

#### **P. 14.17: Prevalence and type of sexual dysfunction in female patients receiving psychotropic medications**

Natasha Kate, Sandeep Grover, Ajit Avasthi  
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**Aims and Objectives:** To assess the rate and typology of sexual dysfunction in female patients receiving various psychotropic agents using the Arizona Sexual Experience Scale (ASEX).

**Methodology:** A cross-sectional design was employed. The study sample included 76 married women with various psychiatric disorders receiving psychotropics (i.e., antidepressants, antipsychotics, mood stabilizers, or combination of these medications) for at least 3 months' duration. Subjects with a history of sexual dysfunction prior to antipsychotic intake or chronic medical illness were excluded.

**Results:** The mean age of the study sample was 38.44 (SD=7.08) years. More than four-fifth (82.9%) of patients had sexual dysfunction as per the ASEX. Using a cut off score of four or more to define sexual dysfunction in various domains, decreased desire was seen in 84.2%, reduced arousal was seen in 75%, reduced ability to reach orgasm was seen in 73.7%, reduced satisfaction was seen in 57.9% and poor vaginal lubrication was seen in 63.2%.

**Conclusions:** Sexual dysfunction is quite prevalent in female patients receiving psychotropic medications.

#### **P. 14.18: Review of lithium toxicity in new civil hospital, Surat during last 1 year and role of lithium alert card as preventive measure**

Prashant Jariwala, Ritambhara Mehta, Kamlesh Dave, Nilima Shah

**Aims and Objectives:** To increase the knowledge of lithium toxicity among young psychiatrists; To increase the awareness about various manifestations and Drug-Drug interaction among physicians/general practitioners; To increase the awareness about lithium therapy among patients (through lithium alert card).

**Methodology:** We reviewed cases which were previously stabilized on lithium or lithium was just started and developed lithium toxicity due to increased serum lithium concentration and admitted in NCHS during last one year.

**Results:** We reviewed five cases of lithium toxicity, of which one patient was having no clear-cut evidence of lithium toxicity; three patients were having medical condition and developed signs/symptoms of lithium toxicity due to drug-drug interaction and one patient was having a surgical condition. Better part of story was that there were no deaths due to lithium toxicity in NCHS during last one year and even no intensive care/hemodialysis was required.

**Conclusions:** Lithium toxicity manifest in various forms, of which CNS symptoms are most the common. Patient's psychoeducation about lithium, physician's awareness about drug-drug interaction can prevent lithium toxicity. Knowledge about various manifestation of

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lithium toxicity, its early detection, early use of effective treatment will prevent morbidity associated with lithium toxicity.

### **P. 14.19: Case report: Use of mirtazapine in treating ulcerative colitis**

*Pallavi Arvind Joshi, Kiran Dixit*

**Aims and Objectives:** We present this case to report the excellent response to drug Mirtazapine 15 mg orally in resistant case of Ulcerative Colitis

**Methodology:** Inflammatory bowel disease (IBD) is a group of relapsing incurable diseases of the gastrointestinal tract. There is ongoing active research to find curative treatment and understand the aetiology of IBD in immunology, microbiology, molecular biology and food science. Number of studies have suggested a link between the patient's psyche and the course of IBD. Although pharmacotherapy with antidepressants has not been widely explored, some investigators have proposed that treating psychological co-morbidities with antidepressants may help to control disease activity. This case report also throws light on the treatment of IBD with antidepressant.

**Results:** 26 year old male patient presented in our clinic on referral from Gastroenterologist, with features of Generalized Anxiety Disorder and with diagnosis of Ulcerative Colitis who was on treatment with immunomodulators and received many pulses of steroids in the past without much relief. We started the patient on T. Mirtazapine 15 mg p.o. at night, patient showed improvement in anxiety features in 2 weeks and also decreased urgency of defecation and reduced tenesmus were reported. After 6 weeks, there was complete resolution of bloody diarrhea and rectal pain, in addition to relief from anxiety features.

**Conclusions:** Our case is unique in many ways (1) A resistant case of Ulcerative colitis responded well to Mirtazapine. (2) Mirtazapine was the sole drug continued later as the maintenance therapy for sustaining the remission and that too in a 15 mg HS dose. (3) This can be a new role of Mirtazapine in treating Inflammatory Bowel Disease.

### **P. 14.20: Glycopyrrolate for clozapine-induced sialorrhea**

*Ravindra N. Munoli, P.S.V.N. Sharma*

**Aims and Objectives:** To report a case with persistent clozapine-induced sialorrhea who improved with glycopyrrolate.

**Methodology:** Observation of a case of paranoid schizophrenia on clozapine therapy who had persistent sleep-related sialorrhea that improved with glycopyrrolate.

**Results:** There was marked reduction in sleep-related sialorrhea following treatment with glycopyrrolate 1 mg/day, with a reduction of estimated diameter of wet surface area from > 30 cms to < 5 cms.

**Conclusions:** Glycopyrrolate may be considered as a therapeutic option in the treatment of clozapine-induced sialorrhea.

### **P. 14.21: Use of naltrexone in ketamine dependence: A case report**

*Amit Garg, Pallavi Sinha, Bhavuk Garg, Pankaj Kumar  
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Ketamine is used as a cheap alternative to anaesthetic agents in developing countries. It is also misused as a rave drug because of its psychedelic effect. There are no guidelines for effective management of ketamine withdrawal effects or dependence. Herein, we report a case of ketamine dependence and its successful treatment with opioid receptor antagonist, Naltrexone.

### **P. 14.22: Olanzapine induced neuroleptic malignant syndrome in a case of mental retardation with psychosis**

*Thingbaijam Bihari Singh, Mhetre Bhushan Bhagwan, Munnawar S. Hussain, Athokpam Ranita Devi*

**Introduction:** Neuroleptic malignant syndrome (NMS) is a life-threatening medical complication that occurs as a result of dopaminergic receptor blockade in nigrostriatal pathways. This syndrome is mainly accepted as an idiosyncratic reaction to typical antipsychotic medications. Incidence of NMS induced by olanzapine, an atypical antipsychotic is extremely rare (prevalence 0.4-1.4%).

**Case:** We report a case of a 29 year old male with mental retardation (IQ=36) and psychosis of one month duration. He was started on oral olanzapine 15 mg following which he developed features of NMS such as altered sensorium, high fever (101.0 F), increased BP (180/100 mm Hg), generalised rigidity. His investigations revealed a creatinine kinase-1483 U/L, SGOT-68 U/L and SGPT-52U/L. MRI brain was normal and other investigations were inconclusive. Olanzapine was stopped and patient was given Tab. Bromocriptine 2.5 mg BID, Tab. Ropinirole 0.25 mg BID, and Tab. Baclofen 20 mg OD along with supportive care. Patient showed significant improvement within a week. On subsequent follow-up, he was prescribed with tablet Aripiprazole 15 mg OD.

**Conclusion:** Our patient had an additional risk factor of mental retardation for developing NMS after taking olanzapine which has a rarity in itself. Early diagnosis and stopping the offending drug along with aggressive management is critical to prevent mortality in NMS.

### **P. 14.23: Case report: Tardive dystonia associated with amisulpride**

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**Case Report:** A 30-year-old male was admitted to Poona hospital for involuntary twisting movements of left shoulder and arm including left hand. This was associated with twisting of neck and involuntary movements of mouth (like grimacing). The abnormal movements have appeared since June 2011.

A complete Neurological work up was done. MRI brain, tests for K. F. Ring and other lab. tests were negative. All causes of Primary Dystonia were ruled out. The patient was diagnosed as having Secondary Segmental Tardive Dystonia due to anti-psychotic drugs.

He has been diagnosed earlier as Depression with Mood congruent Psychotic features since 2009. He has been under psychotropic drug treatment since then with different Psychiatrists. The maximum exposure he has received is with Amisulpride (50-100 mg per day) for nearly 3 years.

We report this rare association and discuss the clinical manifestations and treatment.

### **P. 14.24: An open-label trial of memantine in treatment-resistant obsessive-compulsive disorder**

*Ajay Kumar Bakhla, Vijay, Subhas Soren, Sujit Sarkhel,  
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**Aims and Objectives:** In view of reported role and clinical benefit by Glutamatergic neurotransmission modulating agents like memantine, an NMDA receptor open channel blocker (antagonist) in Obsessive-compulsive disorder (OCD) this open label trial was conducted.



**Methodology:** Twelve subjects of OCD who had been on various medications for over 5 years but with poor response were enrolled for a 12-week open-label trial with fixed dose (10 mg/day) of Memantine as an augmenting agent along with continuation of their regular medications. Pre and post rating with Yale-Brown Obsessive-Compulsive Scale was done and adverse effects of drug were monitored.

**Results:** Mean age of the sample was 30.33 years (SD=6.84) and the mean duration of illness was 94.5 months (SD=22.17). Eight subjects had clear benefit with reduction of 25% or more on Yale-Brown Obsessive-Compulsive Scale (YBOCS). Among responders, mean baseline YBOCS score was 29.25 (SD=3.37) which reduced to 16.37 (SD=3.07) at the end of 12 weeks, i.e., 44% improvement from baseline. Wilcoxon Signed-Rank test revealed a significant difference in Y-BOCS obsession, compulsion and total scores between baseline and week 12 ( $P<0.003$ ,  $0.002$  and  $P<0.002$ ). There were no side effects with the medication.

**Conclusions:** Memantine may be beneficial for treatment-resistant OCD as an augmenting agent.

#### P. 14.25: Agomelatin-A double blind trial in bipolar depression

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**Aims and Objectives:** To assess the Efficacy and Safety of Agomelatin Vs. Placebo in addition to Mood Stabiliser in Bipolar I patients with current Major Depression.

**Methodology:** Patients of Bipolar I disorder experiencing a Major depressive episode were recruited in the study as per Inclusion and Exclusion Criteria. Patients were receiving Lithium or Valproate in therapeutic doses and confirmed by serum Lithium or Valproate levels. Patients were randomised to receive Agomelatin 25 mg or 50 mg daily or Placebo and were assessed on Montgomery Asberg Depression Rating Scale (MADRS), Clinical Global Impression (CGI) and other scales every 2 weeks for a total duration of 8 weeks.

Those patients completing 8 weeks had further option of continuation for further 40 weeks. In case of a switch to Mania, patient was to be terminated from study.

**Results:** Poona hospital was one of the sites participating in this multicentric trial in which globally more than 300 patients of Bipolar Depression were recruited. We will report the results for our site, both for 8 weeks of acute treatment and further follow-up of 40 weeks.

**Conclusions:** Agomelatin was a safe and effective drug in the acute treatment of Bipolar depression, in addition to mood stabiliser. During long term maintenance treatment at our site, no patient had any switch to Mania during 40 week follow-up.

#### P. 14.26: Metabolic syndrome in patients with schizophrenia: A comparison of Olanzapine and risperidone over 6 months

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Sandeep Grover

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**Aims and Objectives:** To study the prevalence of Metabolic syndrome (MetS) in patients with schizophrenia over a period of 6 months.

**Methodology:** 35 patients with schizophrenia (16 on Olanzapine and 19 on Risperidone) were evaluated at baseline and at 6 months follow-up. An overnight fasting blood sample was drawn for LDL, HDL and FBS levels. MetS was defined as per consensus definition.

**Results:** The two groups were matched on sociodemographic variables and no significant difference was observed between the two groups with regards to mean dose of antipsychotics in terms of chlorpromazine

equivalent dose. At baseline assessment, 50% of patients on Olanzapine and 21% of patients on Risperidone had MetS and these figures increased to 62% and 26% in both the groups respectively over a period of 6 months.

**Conclusions:** To conclude, present study suggests that patients with Olanzapine are more likely to have MetS as compared to patients on Risperidone.

#### P. 14.27: Clozapine withdrawal catatonia: A case report

Nasra Shareef, Balram Pandit, A.S. Srivastava, J.S. Yadav

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**Aims and Objectives:** To report a case of clozapine withdrawal catatonia. Withdrawal can be confused with psychotic relapse, so differentiation between them is essential.

**Methodology:** A 66-year-old male with chronic Schizophrenia was well maintained on clozapine. He went to attend a marriage ceremony and couldn't take medicine for 3 days. On day 3, he stopped communicating so he was taken to a nearby hospital. On presentation there, he was catatonic. He had negative work up for medical causes of catatonia and he didn't improve for 5 days so he was presumed to have catatonic state secondary to his schizophrenia and transferred to our university hospital. On presentation to us, immobility, mutism, negativism, catalepsy, waxy flexibility, stupor, parkinsonian tremors and rigidity were apparent, but autonomic instability was absent. Work up failed to reveal any medical cause.

**Results:** With lorazepam his catalepsy and waxy flexibility responded but he still exhibited mutism, negativism and stupor. We started injectable Olanzapine and gradually over 7 days his catatonic features resolved.

**Conclusions:** Chronic clozapine treatment increases GABA turnover in the substantia nigra. Low GABA, high 5-HT<sub>1A</sub>, low D<sub>2</sub> activities predisposes for catatonia and trouble of any of these receptors can result in catatonia.

#### P. 14.28: Rare adverse events of electroconvulsive therapy

Ranganath R Kulkarni, Sateesh Melkundi

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**Aims and Objectives:** Electroconvulsive therapy (ECT) is commonly used in the management of medication non-responsive depressive disorder, with proven efficacy in psychiatric practice since many decades. Rare complication of intracranial bleed following this therapeutic procedure has been reported as sporadic case reports in the English literature.

**Methodology:** Presentation and analysis of reports of rare adverse events following ECT through retrospective chart review of 5,000 ECT treatments

**Results:** Rare adverse events like cardiac arrest, persistent delirium, urinary incontinence and repeated episodes of projectile vomiting following ECT procedure were noted in few patients (<1%). Magnetic resonance imaging (MRI) brain revealed bilateral acute subdural hematoma in one case. Neurosurgical exploration and evacuation of hematoma improved the general health of this case.

**Conclusions:** Advanced medical technology has reduced complications associated with ECT. Sporadic case reports of subdural hematoma following ECT in the past decade are known, but the exact causation remains obscure. Despite the view that it may be used in neurological conditions without raised intracranial tension, it will be worthwhile to be vigilant during post-ECT recovery for such rare emergent complications.

#### P. 14.29: Relationship between insight and medication adherence in patients with chronic psychiatric illnesses: A qualitative study

## Abstracts

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**Aims and Objectives:** To explore the relationship between insight and medication use by patients with chronic psychiatric illnesses using qualitative methods of analysis.

**Methodology:** Forty patients with schizophrenia ( $n=21$ ), bipolar disorder ( $n=8$ ) and recurrent depression ( $n=11$ ) were divided into adherent ( $n=20$ ) and non-adherent ( $n=20$ ) groups using self-report and clinician ratings. Semi-structured interviews regarding different aspects of medication use were carried out, recorded, transcribed and translated. Themes were generated using directed content analysis. Dimensions of insight and its relationship with adherence were examined.

**Results:** The components of insight relevant to medication use were: Clear acknowledgement of having illness, naming the condition, awareness of symptoms, consequences and need for treatment, ability to re-label psychotic symptoms, to distinguish ill from well state, and distinguish symptoms of psychiatric disorders from physical disorders. Adherent patients were significantly more likely to have insight into their illness. Comparisons of those with ( $n=19$ ) and without insight ( $n=21$ ) revealed significant differences in description of symptoms, awareness of causes of illness, awareness of benefits and necessity of treatment, perceptions about the information imparted and communication with the doctor.

**Conclusions:** Insight is a multidimensional construct, which has major influence on medication adherence, and exerts this influence through multiple pathways.

## P. 15: SCHIZOPHRENIA AND OTHER PSYCHOSES

### P. 15.1: Effect of COMT gene polymorphisms on stroop performance in schizophrenia and healthy subjects

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**Background:** The study of cognitive deficits has been one of the central issues in schizophrenia research over the last decade. Frontal executive dysfunction is robustly demonstrated in schizophrenia. Several fundamental information processing deficits reported in schizophrenia underlie the various symptom dimensions. These deficits were attempted to be linked to polymorphisms on various candidate genes. One of the most robust associations between gene polymorphisms and neuropsychological deficits in schizophrenia pertains to the COMT gene.

**Methodology:** We examined 34 schizophrenia patients attending OPD of NIMHANS and 30 healthy comparison subjects recruited for the study after obtaining informed consent. Hypothesis-driven Computerized Stroop Test was applied on these subjects. Genotyping data was available for 25 patients and 30 controls. Of the 55 subjects whose genotypes were available, we compared the Stroop performance between Met carriers and Non-Met carriers as well as between Val carriers and Non-Val carriers. Univariate analysis of co-variance with HMSE and WAIS III as correlates showed that Met-Met subjects performed significantly better than non-Met carriers (Val-Met/Val-Val).

**Results:** No significant effect of COMT genotype on Stroop performance emerged on separate analysis of patients and controls. However, in the pooled sample (schizophrenia + healthy control subjects), we found that Val-carriers performed poorly on Stroop test when compared to Non-Val carriers.

**Conclusion:** Importantly, the cognitive deficits could be linked to genotypes (COMT-Polymorphisms) independent of phenotypes (Schiz and Healthy).

### P. 15.2: Effects of paid work assignments on psychosocial functioning of hospitalized chronic schizophrenic patients

Sudhir Kumar, Sandhyarani Mohanty  
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**Aims and Objectives:** Gainful employment is viewed not only as a treatment outcome but also as a highly effective treatment modality in enhancing meaningful community integration. Although most individuals with schizophrenia are unemployed, evidence suggests that work rehabilitation is effective for this population. The researchers have investigated various dimensions of occupational functioning in the persons with major psychiatric disorders. The present study explored effects of paid work assignments on psychosocial functioning of hospitalized chronic schizophrenic patients.

**Methodology:** 200 chronic schizophrenic patients were drawn in two groups (a) Experimental ( $n=100$ ) (b) Control ( $n=100$ ) from in-patients of Institute of Mental Health and Hospital, Agra. Between groups, repeat measures design was used. Both the groups were engaged in different activities but payment was made to only experimental group Dysfunctional Analysis Questionnaire (Pershad *et al.* 1985) was used to measure psychosocial functioning of patients at baseline and three follow-ups.

**Results:** The data were organized and processed for computation of Mean, SD, Chi-square and ANCOVA to analyze and present the results. ANCOVA was used to cancel out the effects of baseline differences in scores and estimate group differences. The results will be presented.

### P. 15.3: Assessment of oral health among patients suffering from schizophrenia

Nishanth Vemana, Sameer P. Kumar, P.S.V.N. Sharma, Swathi, Pratibha  
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**Aim:** To estimate the prevalence of oral health problems in patients suffering from schizophrenia.

**Objectives:** To estimate the oral health problems and determine the prevalence of poor oral health in patients suffering from schizophrenia with respect to various clinical and socio-demographic variables.

**Methodology:** Institution Ethics Committee clearance will be obtained. The study is a case control study with a sample of 50 cases and controls. Cases diagnosed with Schizophrenia receiving treatment from Psychiatry Department, Manipal and Controls from free Dental Camps conducted by Manipal College of Dental sciences will be taken. Informed written consent along with relevant socio economic details will be taken. Screening for relevant patients after taking due consent and using the inclusion and exclusion criteria will be done. Session 1 assessment: MINI/general health questionnaire (GHQ) to exclude other psychiatric conditions, Fagerstrom scale for nicotine dependence, PANSS for assessing symptoms and severity of schizophrenia, Relevant clinical details from file Oral Health Examination. Simplified Oral Hygiene Index (OHI-S), decayed-missing-filled teeth (DMFT), community periodontal index of treatment Needs (CPITN) scales will be evaluated by a trained dentist.

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

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

### P. 15.4: Nicotine dependence and severity of illness in patients with schizophrenia

Sunil Suthar, Charan Singh Jilowa, Mukesh Swami, R. K. Solanki  
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**Objectives:** To examine the relationship between clinical features, social adjustment and nicotine dependence in patients with schizophrenia.

**Methodology:** It is a cross sectional study which includes 150 patients with schizophrenia with the application of scales for social adjustment, abnormal involuntary movement, barmes akathisia, simpson angus,

fagerstrom test for nicotine dependence.

*Results:* Awaited.

*Conclusions:* Awaited.

### **P. 15.5: Factors associated with expressed emotion in spouses of schizophrenic patients**

*Sudhir Kumar, Ashotosh Singh, Sandhyarani Mohanty, O.P. Gangil*  
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*Aims and Objectives:* Expressed emotion is the critical, hostile, and emotionally over-involved attitude that relatives have towards a family member with a psychiatric disorder specially schizophrenia. High expressed emotion is considered as a potential risk for relapse in psychiatric disorders. This study aims at identification of clinical, demographic and psychosocial factors associated with expressed emotion in spouses of schizophrenic patients.

*Methodology:* A sample of 40 spouses (20 male and 20 female) of schizophrenic patients would be drawn after determination of defined inclusion/exclusion criteria from OPD and Family Ward of Institute of Mental Health and Hospital, Agra. Following tools shall be individual administered on the participants. (a) Burden Assessment Schedule [Thara *et al.* 1998] (b) Social Support Questionnaire [Nehra *et al.* 1996] (c) Devaluation-Discrimination Scale [Link *et al.* 1989] (d) Family Emotional Involvement and Criticism Scale [Shields *et al.* 1992] (e) Clinical and Demographic Information Sheet

*Results:* The data will be analyzed using regression models for identification of significant factors associated with expressed emotion. The results will be presented.

### **P. 15.6: Clinical and demographic correlates of stigma and social distance in spouses of schizophrenic patients**

*Sudhir Kumar, A.K. Srivastava, Sandhyarani Mohanty, K. Rai*  
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*Aims and Objectives:* The people at large have a negative attitude towards psychiatric illnesses and the persons afflicted with such an illness. They perceive them as dangerous and maintain distance from psychiatric patients. Despite recent advances, schizophrenic patients still experience stigma that results in barriers to mental health care, reluctance to seek appropriate care which hinders their full integration into society. In this study, we are interested to explore about the correlates of stigma and social distance in the spouses of schizophrenic patients

*Methodology:* A sample of 40 spouses (20 male and 20 female) of schizophrenic patients would be drawn after determination of defined inclusion/exclusion criteria from OPD and Family Ward of Institute of Mental Health and Hospital, Agra. Following tools shall be individually administered on the participants. (a) Devaluation-Discrimination Scale [Link *et al.* 1989] (b) Social Distance Scale [Penn *et al.* 1994] (c) Clinical and Demographic Information Sheet.

*Results:* The data will be analyzed using regression models for identification of significant factors associated with stigma and social distance. The results will be presented.

### **P. 15.7: Prevalence of metabolic syndrome in patients with Schizophrenia**

*Cattamichi Vinila, B. Shailaja, Zubedia Sultana, Srinivasa Gopalan, Vijaya*  
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*Aims and Objectives:* Different studies have consistently shown an enhanced prevalence of metabolic syndrome in individuals with schizophrenia with two to three fold increase in incidence than compared to the general population. Studies have shown schizophrenic patients

to develop metabolic abnormalities secondary to psychiatric disorder itself, faulty life style and antipsychotic medication.

*Methodology:* A minimum of 30 patients attending the Psychiatry OPD of Meenakshi Medical College Hospital who were diagnosed as having schizophrenia using ICD-10 DCR were taken into the study after meeting the inclusion and exclusion criteria. These patients were assessed using positive and negative symptoms of Schizophrenia (PANSS) Rating Scale and were screened for metabolic syndrome as per the definition of International Diabetic Foundation (IDF) after taking informed consent.

*Results:* Will be discussed during the presentation.

*Conclusions:* Will be discussed during the presentation.

### **P. 15.8: Schizophrenia: All in the brain? A case report**

*G.K. Vankar*

Mrs X, a 52 year old, Gujarati speaking house wife presented to the psychiatric OPD with auditory hallucinations of her two dead sisters, secondary delusions of control that the sisters would enter her body from her nose, mouth, vagina and take control of her body which also caused her burning abdominal pain. The duration of illness was 2 years and was continuous in nature. Patient also had two suicidal attempts earlier due to family squabbles. Family history revealed that two of her sisters had committed suicide and one other sister had illness similar to her. Provisional diagnosis of schizophrenia was made and antipsychotics were started. But patient responded to neither typical nor atypical antipsychotics. After starting ECT s, there was partial improvement in her hallucinations but the improvement was limited.

It was then that we conducted a more thorough psychiatric interview of the patient to understand the underlying psychodynamic aspects. There was always a strong dissociative component along with the psychotic component. In the interview, we tried to explore her relationship with her siblings and their problems and the nature of their illness.

Through this case report we want to highlight the fact that even in biological illnesses like schizophrenia, if we have a holistic approach, there would be great improvement in treatment outcomes.

### **P. 15.9: Ingestion of multiple non-edible objects in a case of Schizophrenia**

*Patil Jaideep Kishore, S. N. Panse, I. S. Netto, A. V. Pawar*  
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*Aims and Objectives:* To describe the clinical features, complications and management of ingestion of multiple foreign bodies in a case of Schizophrenia

*Methodology:* Case history: A 22 years unmarried female was brought by her mother, a good informant, with history of psychotic behaviour of 10 years, with an insidious onset and progressive course. Her mental status examination revealed a bizarre delusion that to get married she should consume various non-edible objects. She also had second person auditory hallucinations, commanding her to consume various non-edible objects. She ingested the following non-edible objects: Batteries, hair-clips, currency notes, coins, nails, needles, pins, nail-cutters, combs and pens. After consuming a door latch she presented to the emergency department with complaint of acute pain in abdomen.

*Results:* She was diagnosed as paranoid schizophrenia continuous [F 20.00] with foreign bodies in other and multiple parts of alimentary tract [T 18.8]. Treatment: An urgent exploratory laparotomy was done. She was started on Clozapine 12.5 mg/day and the dose was gradually increased to 200 mg/day. She improved with treatment and has not consumed any more non-edible objects.

*Conclusions:* Patients of schizophrenia with bizarre delusions related to eating and poor insight may consume various non-edible objects requiring urgent surgical intervention along with psychiatric management.



## Abstracts

### **P. 15.10: Cotard's syndrome and delusional zoopathy in schizophrenia: A case report**

Manickaraj Kavitha, S. Nakkeerar, Jayaprakash  
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**Aims and Objectives:** Cotard's syndrome is a nihilistic delusion leading the patient to deny his own existence and that of the external world. It occurs mostly in patients of depression, organic mental disorders, parietal lobes lesions and rarely in schizophrenia. Internal delusional zoopathy is a condition involving the belief that there is an animal inside the body. Both conditions present simultaneously.

**Methodology:** 47-year-old male with suspiciousness, hearing voices for the past 28 years was admitted in IMH. He stated that people around are doing harm to him and hearing threatening voices. He believed that doctors had put 10 small snakes into his ears and had lost vision. He stated that he died long back. On MSE, the patient was restless, anxious with decreased tone and rate of speech, fearful mood, restricted affect, Delusion of persecution, nihilistic delusions, auditory hallucinations, Illsustained concentration, poor judgement and Absent Insight. Patient was treated previously with antipsychotics and ECT and is currently getting antipsychotics and mood stabilizers.

**Results:** Patient met ICD-10 criteria for Paranoid schizophrenia with delusion of 10 snakes inside ears and delusion that he was dead.

**Conclusions:** Cotard's syndrome occurs mostly in women having endogenous depression and organic brain syndromes. Coexistence of Cotard's syndrome and delusional zoopathy in a male of Paranoid Schizophrenia has not been reported before.

### **P. 15.11: Very late onset schizophrenia-like psychosis (Paraphrenia): A case report and review**

Bhaskar Mara, Balram Pandit, A.S. Srivastava, J.S. Yadav  
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**Aims and Objectives:** To report a rare case of very late onset schizophrenia-like psychosis and discuss few pertinent diagnostic and management issues.

**Methodology:** A 60-year-old illiterate married male, a truck driver by profession and a resident of a remote rural area who was struggling with a land dispute with relatives visited our university hospital of BHU with 2 month history of suspiciousness that his food is being poisoned by family members and his neighbours made him drink the tea mixed with something and the associated intermittent symptoms like worry about land issue, ghabarahat, dryness of mouth and throat, sadness of mood, weeping episodes, etc. A full work-up including detail MSE, Physical and neurological examination was done. Besides routine investigations, all relevant laboratory and radiological investigations were done.

**Results:** Ruling out the differential diagnosis of psychotic depression and dementia, a diagnosis of very late onset schizophrenia like psychosis was made and the patient was managed with risperidone and is currently maintaining well on risperidone 2 mg.

**Conclusions:** Very late onset schizophrenia-like psychosis differs significantly with adolescent and adult onset type in terms of its prevalence, clinical presentation and the age related possible medical and psychiatric co-morbidities. Hence, it requires utmost precautions at the time of diagnosis and management.

### **P. 15.12: Evaluation and comparison of neuro-cognitive deficits in patients with stable schizophrenia, first degree relative of patients of schizophrenia, and controls**

Sunny Chattopadhyay, N.M. Patil, R.B. Nayak, S.S. Chate  
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**Aims and Objectives:** To compare and estimate prevalence of cognitive deficits in patients of stable schizophrenia, first degree relatives, and controls. **Methodology:** Study included<sup>[34]</sup> patients with diagnosis of schizophrenia,<sup>[37]</sup> first degree relatives of patients of schizophrenia and<sup>[47]</sup> controls recruited as per inclusion and exclusion criteria. They were screened using PANSS and GHQ-28. Subjects were subsequently subjected to various cognitive tests for each individual domain of neuro-cognition. The domains assessed were Speed of Processing, Working Memory, Learning and Memory, Attention and Executive Function.

**Results:** There were significant neurocognitive impairments in patients and first degree relatives with respect to control subjects. The commonest impairment was in speed of processing among patients of schizophrenia under remission (68%) and impairment in working memory among first degree relatives (56%). No statistically significant difference in the scores between patients of schizophrenia under remission and first degree relatives were found unlike significant difference compared to control subjects.

**Conclusions:** Cognitive deficits were present in stable patients of schizophrenia under remission as well as unaffected first degree relatives of patients of schizophrenia.

### **P. 15.13: EEG mu waves in patients with schizophrenia: A 8 week prospective study into the mirror neuron system. Preliminary report**

Sayantana Mitra, Nishant Goyal, Samsul Haque Nizamie  
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**Aims and Objectives:** Existing studies suggest that mu oscillations are responsive to motor activity in a social context, and suggest that mu wave suppression measures the workings of a neural network integral to the processing of socially adaptive environmental stimuli. A relationship between disturbances in this system and subsequent misattribution of agency has been proposed to underlie the basic psychopathology in patients with schizophrenia. Studies have demonstrated the impaired functioning of the mirror neuron system in patients with schizophrenia. Researchers have also found a correlation between mu wave suppression with increased negative symptoms and poor social adaptation in patients with schizophrenia. This high density electrophysiological study tried to establish a correlation, if any, between the modulation of mu wave activity in response to a biological motion and symptom severity in schizophrenic patients, and to prospectively look into the activity in the mu frequency band over a period of time in them.

**Methodology:** 5 drug naïve/drug free patients with a diagnosis of schizophrenia having met the required criteria were recruited. The patients were rated on Positive and Negative Syndrome Scale (PANSS), and were presented with a video clip of total 22 min duration, having an alternate sequence of a biological motion and a white visual noise. While on the task, 192 channels EEG recording was made. The EEG recordings were repeated after 4 and 8 weeks on similar task, and rated again on PANSS. For comparison, 5 age, sex and education matched healthy controls were tested under similar task condition. The EEG data was analyzed using appropriate software.

**Results:** To be shared during presentation.

**Conclusions:** To be shared during presentation.

### **P. 15.14: Yoga therapy as an adjunctive therapy: Effect on psychopathology of patients with schizophrenia**

Sagar Lavania, Sagar Lavania, Snehal Khandkar,  
Vinod Kumar Sinha, Samir Kumar Praharaj  
sagarlavania@rediffmail.com

**Aims and Objectives:** Yoga therapy has been found to be successful in clinical populations with depression and anxiety, but published research studies examining the effects of yoga therapy in individuals

with schizophrenia are few. The aim of the study was to study the efficacy of Yoga Therapy as an adjunctive therapy and its effect on psychopathology of patients with schizophrenia.

**Methodology:** Ten inpatients diagnosed to be suffering from schizophrenia as per ICD-10 DCR with history of 2 weeks of hospitalization assigned to Yoga therapy ( $n=10$ ) along with medications and 10 patients only on medications ( $n=10$ ) were included. Both the groups were assessed at the baseline followed by four point assessments using Positive and Negative Syndrome Scale (PANSS) and two point assessments using CDSS and HAM-A and global assessment of functioning (GAF) during the course of the interventions, by a rater, blind to the group status.

**Results:** Results revealed that the Yoga therapy group has shown significant statistical improvement in GAF at the end of the study but in terms of the ratings of PANSS, CDSS, and HAM-A no significant difference was observed between the two groups.

**Conclusions:** Yoga therapy can prove to be beneficial in improving the global functioning of the patients with schizophrenia.

### P. 15.15: Rare symptoms of schizophrenia: A case report

Rahul Saha, J.K. Trivedi

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Schizophrenia with onset during childhood and adolescence may have a particularly deleterious effect on cognitive and social functioning, as the illness disrupts normal neurodevelopment processes.

A young adolescent male of 17 years of age was admitted with chief complaints of decreased interaction, withdrawn behavior, repetitive acts, bizarre activities and impaired attention from last 11 years having a fluctuating course. Exploration of history revealed appearance of symptoms with excessive concern for cleanliness since 5 years of age which progressed in severity for next 3 years. There was deterioration in his school performance after 9 years of age due to progressive impairment in his attention span. Since 11 years of age, he started showing bizarre behavior such as spending more than 14 h in toilet and drinking about 10-15 l of toilet water daily till he vomits it all out. Other symptoms appeared such as fearfulness, muttering to self, gesturing in air, marked increase in psychomotor activity, disorganized behaviour such as urinating and defecating in clothes, licking his own spit, abusiveness aggressiveness, and two attempts to kill his 3-month-old brother, repetitive acts such as rocking movements of body and abnormal movements of hands, withdrawn to self, poor self care and lack of emotional reactivity to family members. Mental status examination showed repetitive stereotyped acts, flat affect and very poor communication. A diagnosis of early onset schizophrenia was confirmed and patient gradually showed improvement in his symptoms on antipsychotics and psychosocial intervention.

This case report is being presented to highlight some of the rare symptoms of childhood schizophrenia and to discuss related issues.

### P. 15.16: Capgras' syndrome or a symptom? A case report

Madalsa Agrawal, Daniel Saldanha, Arpita Karmakar, Sameer Guliani, Vivek Goyal

**Aims and Objectives:**

**Background:** Paranoid illness manifests in bizarre ways. They constitute a fascinating area in clinical Psychiatry. Imposter syndrome considered to be rare is usually described as a manifestation of Schizophrenia.

**Aim:** To report a case of Capgras' delusional symptom in a case of Schizophrenia.

**Methodology:** Case Report: A 18-year-old schizophrenic woman was admitted with undue fear, suspiciousness, muttering to self, poor self care and sleeplessness of one and a half months duration. Her medical, obstetric history was unremarkable. Mental state revealed delusions

of reference, believed her aunt has been replaced by her exact double. She believed that cameras had been placed to monitor her movements. She was treated with parenteral Haloperidol and ECT. Investigations revealed normal hemogram, urine, ECG and MRI were NAD. The patient recovered well with ECT's and drugs. Her delusional symptoms gradually reduced. At the time of discharge she had regained her insight.

**Results:** Capgras' Syndrome was initially described as an imposter syndrome by Capgras' and Reboul Lachuk in 1923. It has aroused nosological controversy due to its separate diagnostic status. Capgras' symptoms have been described in many conditions. Its presence in Paranoid Schizophrenia is well established. The present report is one such which resolves with active treatment in the early stages.

**Conclusions:** Capgras' symptoms occurring in a well recognized paranoid Schizophrenia can at best be considered as a symptom rather than separate syndrome.

### P. 15.17: Gamma oscillatory activity in sporadic and familial schizophrenia: A 192 channel EEG study

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**Aims and Objectives:** To test the hypothesis that gamma oscillatory activity is significantly different in patients with schizophrenia and to investigate differences in gamma spectral power in patients with familial and sporadic schizophrenia.

**Methodology:** Fifty nine drug free or drug naïve patients of schizophrenia were divided in to 24 patients of 'Familial' schizophrenia having a positive family history of schizophrenia and 35 patients of 'Sporadic' schizophrenia with no family history of schizophrenia or any psychiatric illness. Severity of psychopathology was assessed on Positive and Negative Syndrome Scale (PANSS). Forty five age, sex, handedness and education matched healthy participants who scored below Three on general health questionnaire (GHQ-12) were enrolled in the 'Control' group. All 104 participants underwent resting-awake EEG recording on 192 channels. Activity in gamma (30-100 Hz) frequency was assessed in terms of spectral power. Gamma spectral power was compared between the three groups on one way ANOVA and correlation analysis was conducted between gamma spectral power and clinical variables using spearman's correlation coefficient.

**Results:** Except for occupation, all three groups were comparable on various socio-demographic variables. Results on spectral power will be presented at the conference.

**Conclusions:** Will be discussed focusing on genetic-environmental explanations for a neurodevelopmental basis for abnormal gamma oscillations.

### P. 15.18: Clinical improvement and weight gain in patients with psychosis

Joseph Saritha, Sunita Simon Kurpad, R.B. Galgali  
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**Aims and Objectives:** To find out the relationship between clinical improvement and weight gain.

**Methodology:** Cross-sectional and one week follow up study.

**Results:** Statistically significant correlation found between clinical improvement measured by positive Positive and Negative Syndrome Scale (PANSS) score and weight gain.

**Conclusions:** Weight gain occurs as early as in the first week of treatment as the patient improves.

### P. 15.19: A rare case of Fahr's disease masked by schizophreniform psychosis: Case report and implication for psychiatrists

## Abstracts

Balram Pandit, A.S. Srivastava, J.S. Yadav  
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**Aims and Objectives:** To report a rare case of Fahr's disease masked by Schizophreniform Psychosis and highlight its implication for psychiatrists.

**Methodology:** A 25-year-old male presenting with 40 days history of symptoms suggestive of a provisional diagnosis of schizo-phreniform disorder (according to criteria laid down by Diagnostic and statistical manual (DSM-IV)-TR reached our university hospital, displeased by the treatment of a fellow psychiatrist. Suspecting the evolution and look of the patient, full neurological examination was done and differential diagnosis of organic condition was kept. Full routine investigations were done and a CT scan of brain was advised.

**Results:** The routine investigations were within normal limit but the CAT scanning revealed dense calcification involving basal ganglia and periventricular gray matter structures. Results of further laboratory studies including determination of serum electrolyte, calcium, phosphorus and parathyroid hormone were within normal range. The diagnosis was revised and case was managed in liaison with neurology department.

**Conclusions:** The diagnosis of Fahr's disease risks to be missed when additional factors complicating the clinical pictures are present. The likelihood of missing such cases especially in Indian clinical set-up is even more. Only strong clinical suspicion based on proper work up of the patient and the standard clinical methods can help in such cases.

### P. 15.20: Folie a deux: Case report

Mukimulhasan S. Saiyad

**Aims and Objectives:** To report a rare case of shared psychosis with a rare presentation in two wives of a person.

**Methodology:** Case report from OPD patients.

**Results:** Characteristics of patients and their symptom presentation will be discussed.

**Conclusion:** Folie a deux is a rare entity in itself and this case report had further rare combination in two wives.

### P. 15.21: Clinical profile of persons with acute and transient psychotic disorder

Mahima Acharya, Samir Kumar Praharaj, Shripathy M. Bhat

**Aims and Objectives:** To study the Clinical Profile of persons with Acute and Transient Psychotic Disorder.

**Methodology:** In this cross-sectional study, 30 inpatients aged 15-60 years diagnosed with ATPD were assessed. The clinical profile and socio-demographic data were assessed using SCAAPS, severity of individual symptoms was assessed using BPRS-E and SSPI. PSLES and CGI-S were administered. The collected data was statistically analyzed using SPSS 11.5 for Windows.

**Results:** In the present study, majority of cases were females (66.7%) and the mean age at onset was 27.9 (SD 10.09) years. Other ATPD (40%) and Acute Polymorphic Psychotic Disorder without Symptoms of Schizophrenia (33.3%) were the commonest subtypes of ATPD. Psychomotor excitement and agitation (80%), hallucinations (80%) and delusions (73%) were the commonest clinical symptoms presented. Delayed sleep, anxiety were the commonest associated non-psychotic symptoms and insight was absent in majority of cases.

**Conclusions:** Hallucinations, psychomotor agitation and excitement, and delusions were commonest symptoms in ATPD. Female preponderance with higher stressful life events is seen in ATPD.

### P. 15.22: Correlates of substance misuse in first episode psychosis in a tertiary hospital on the Indo - Myanmar border

Loitonglham Nelson, S. Gojendra Singh, N. Heramani Singh, R.K. Lenin Singh, L. Roshan Singh  
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**Aims and Objectives:** To identify the prevalence and pattern of substance use and misuse in first episode psychosis (FEP) and the relationships with diagnosis, mode of presentation and demographic variables.

**Methodology:** Consecutive patients of FEP admitted in a period of 1 year were analysed and the associations between substance misuse, diagnosis and demographic factors were examined.

**Results:** 125 subjects met the inclusion criteria for FEP with males being the majority. The mean age of onset of FEP for the total sample was 29.34 years. Criteria for substance use and misuse were met by 26% of the sample and the mean ages between substance misusers and non misusers do not differ significantly. Substance misuse in cases of FP was seen exclusively in males (38.1%). Majority were diagnosed with Psychosis NOS, followed by Affective Psychosis, Schizophrenia and Substance induced psychosis. Majority were found to be misusing alcohol (11.2%), followed by polysubstance misuse (7.2%), cannabis (3.2%) and opioids (3.2%) respectively.

**Conclusions:** This study affirms high rates of substance misuse at the onset of psychosis. There is evidence for an increase in diagnosis of substance-related psychotic disorders. Those most at risk of substance misuse are young males.

### P. 15.23: A phenomenological study of first episode acute and transient psychotic disorder

Rajesh Kumar, Dipesh Bhagabati, Hemendra Ram Phookun  
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**Aims and Objectives:** To study the phenomenons of acute and transient psychotic disorder (ATPD) and the correlation of socio-cultural and demographic variables of the patients.

**Methodology:** A cross-sectional study of 50 patients with diagnosis of ATPD according to ICD-10 diagnostic criteria who attended our clinic during a 1-year period. Brief psychiatric rating scale (BPRS) and psychotic symptoms rating scale were administered and data were analyzed by applying student *t*-test (SPSS v17).

**Results:** Most of the patients were young, unmarried, females belonging to rural background and lower socioeconomic strata. Females had an earlier age of onset (mean = 21.9 years  $\pm$  4.24) than males (mean = 28.1 years  $\pm$  9.35). 30% of patients had stress factors. Incidence of the illness peaked in summer. BPRS scores showed that suspiciousness, hallucinations, unusual thought content, uncooperativeness was moderately severe; anxiety and grandiosity were moderate in nature. Males had higher excitement ( $P=0.009$ ) and motor hyperactivity ( $P=0.036$ ). Patients having stress before onset of symptoms had higher depression ( $P=0.005$ ) and motor retardation ( $P=0.039$ ).

**Conclusions:** The present study shows evidence suggesting significant correlation with the socio-demographical profile of the patients. Patients had marked emotional and behavioral abnormality, gross impairment of personal and social judgement with poor insight. A hypothesis that both biological and socio-cultural factors are possible etiology for this illness can be made.

### P. 16: SOMATOFORM, DISSOCIATIVE AND CONVERSION DISORDER

#### P. 16.1: Conversion disorder presenting as convergence spasm: A case report



Gourav Gupta, Abhishek Ghosh, Susanta Kumar Padhy  
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**Aims and Objectives:** To present and discuss the diagnosis, management and implication of a case of conversion disorder presenting with convergence spasm.

**Methodology:** Case report of a 27-year-old female from urban north India with pre-morbid histrionic traits and a past history of medically unexplained headache.

**Results:** The index case presented with frequent episodes of acute onset diplopia in horizontal plane with both the eyes fixed in a convergent position for 4 months. Symptoms rendered her unable to continue household pursuit and a frequent treatment seeker to various specialties. Subsequently, she had multiple episodes of unresponsiveness seemingly conversion stupor. Because of her unremitting and distressing symptoms, she was admitted in neurology. On examination, pupils were normal and reactive; no weakness was noted in the extra-ocular muscles when each eye was examined separately. The CSF and blood chemistries were also normal and so also brain imaging, electro-oculogram and visual field charting. On further exploration, significant psychosocial stressors and its temporal correlation with symptoms of convergence spasm were evident. Diagnosis of conversion disorder was considered. Empathic validation for her symptoms and psychological distress, reassurance, behavioral intervention and self management skill helped to alleviate her physical symptoms and made her functional.

**Conclusions:** Presence of atypical symptoms should not deter the clinician from suspecting and diagnosing conversion disorder if there are adequate psychological vulnerability and social adversities. Assessment should always be holistic and comprehensive. On one hand this would prevent iatrogenic damage by unnecessary invasive tests or inappropriate medication while on the other hand would minimize secondary gains.

#### **P. 16.2: Female dhat syndrome precipitating obsessive compulsive disorder: A case report**

Nikita Rajpal, Natasha Kate, Sandeep Grover  
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**Aims and Objectives:** To present a case of a female with vaginal discharge akin to Dhat syndrome, which led to precipitation of Obsessive compulsive disorder (OCD).

**Methodology:** Case report: A 19-year-old single female graduate from rural background presented with symptoms of vaginal discharge since 2 years along with fatigability, body aches and weakness which she attributed to passage of the vaginal discharge. On further exploration, patient gave descriptions which suggested that this cultural belief was prevalent to certain extent in their socio-cultural background. She had also consulted multiple doctors for the same and on investigation was not found to have any infective etiology for her vaginal discharge. After 6 months of starting of symptoms, she developed Obsessive compulsive symptoms regarding her private parts and hand being dirty. She attributed these symptoms also to the passage of vaginal discharge. The diagnoses of OCD and Dhat syndrome were made and the patient was psychoeducated about the female reproduction and her experiences were normalized and was started on Tab Sertraline 200 mg/day; with which the patient had significant improvement in all symptoms.

**Result:** Vaginal discharge as a Dhat syndrome variant in females is possibly unrecognized and inquiry for the same is warranted.

**Conclusions:** Vaginal discharge as a Dhat syndrome variant in females is possibly unrecognized and inquiry for the same is warranted.

#### **P. 16.3: A study on psychiatric comorbidity in non-organic chronic headache patients**

S. Jaiganesh, A. Shanmugiah, R. Jeyaprakash

**Background:** Non-organic Chronic headache is a common, challenging

presentation in clinical practice. There are ample Western studies which evaluate the co-occurrence of Anxiety and depression in Chronic head ache patients. Studies on Indian population about psychiatric comorbidity of Chronic headache are meagre. Hence, this current study has been ventured.

**Aim:** To analyse the psychiatric comorbidity in non-organic Chronic headache patients.

**Method:** Thirty patients with history of Chronic head ache who have been evaluated by an ophthalmologist, an ENT surgeon, a neurologist with CT brain revealing normal findings have been recruited for study at Institute of Neurology, Madras Medical College. Patients are initially screened using Brief Psychiatric Rating Scale and Hospital Anxiety and Depression Rating Scale has been administered.

**Results:** Data will be analysed by appropriate statistical methods. The results will be discussed.

**Conclusion:** Most patients suffering from Chronic non-organic head ache also suffer from co-morbid Anxiety disorders.

#### **P. 16.4: Unusual presentation of a young male under stress**

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**Aims and Objectives:** To highlight the rare presentation and rarely detected Ganser Syndrome in a male under stress.

**Methodology:** Case report of a 27-year-old male government employee, resident of Maharashtra posted at a distant and remote place in Assam. While at home nearing the end of his leave in the background of his father's illness who was recently diagnosed with Carcinoma alveolus, he presented with acute onset of behavioural abnormalities. He presented with symptoms of hearing of voices of dead people calling him and seeing accidents, dead bodies on road which other could not see lasting for about 5 h followed by oddities of behavior in the form of worshipping his daughter, not recognizing family members. Psychiatric evaluation on admission and during in patient treatment revealed him giving approximate answers to questions, disorientation and assuming odd postures for long hours. His physical examination was unremarkable. Relevant Investigations did not reveal any medical cause. He responded quickly to treatment with short course of Benzodiazepines over 48 h, followed by post recovery amnesia for the events.

**Results:** He was managed as a case of Gansers syndrome. On follow up, he has remained asymptomatic without drugs.

**Conclusions:** Recognition is important in this underdiagnosed and little known condition.

#### **P. 16.5: Study of psychiatry morbidity in patients with Chronic backache**

Riddhish Khushal Maru

**Introduction:** Chronic backache is a leading cause of disability. It interferes with quality of life and work performance. Prevalence of depression among patients with chronic pain ranges from 10% to 100%, whereas about 30-100% of depressed patients report pain. Prominent and distressing emotions, cognitions, and behaviors frequently accompany chronic pain. In many cases, these psychological symptoms will be sufficiently severe to qualify the patient for a diagnosis of a mental disorder.

**Aims and Objectives:** (1) To study prevalence of psychiatric morbidity in patients with chronic backache. (2) To study socio-demographic profile of patients with chronic backache having psychiatric morbidity. (3) To study type of psychiatric morbidity in these patients.

**Material and Methods:** (1) 100 consecutive patients with chronic backache and age > 18 years included. (2) Ethics committee approval

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and informed consent taken. (3) Socio-demographic data collected using semi-structured proforma. (4) Psychiatric diagnosis made according to Diagnostic and statistical manual IV TR system. (5) Hospital Anxiety and Depression Scale applied to assess depression and anxiety. (6) Data thus collected was tabulated and statistically analyzed.

*Results and Discussion:* To be discussed in view of available literature.

### P. 17: SUBSTANCE ABUSES/DEPENDENCE

#### P. 17.1: Harm rankings of psychoactive substances according to substance users and caregivers

*Srinivas Balachander, Siddharth Sarkar, Debasish Basu*

*Aims and Objectives:* Harm ranking of different substances has received negligible attention in Indian scientific literature. This study aimed to find the perceived harm rankings of different substances according to substance users and their caregivers attending a deaddiction centre in India.

*Methodology:* Substance users and their caregivers were recruited from the Drug Deaddiction and Treatment Centre of PGIMER, Chandigarh. Socio-demographic details of the subjects were noted. The subjects were then asked to rate a list of psychoactive substance preparations according to the harms they thought the preparation caused. The list of substances was developed taking into consideration substance commonly encountered in the geographical area. The harm ratings were transformed on a scale of 0-100.

*Results:* All of the subjects were males, majority of them were educated above tenth standard, were not employed and belonged to urban background. Most of them had taken psychoactive substances in their lifetimes, but were currently abstinent. Most of the subjects endorsed intravenous drugs as the most harmful, followed by heroin with harm ratings of 95.2 and 94.6 respectively. Zarda (a smokeless tobacco form) and beer were considered the least harmful substances with harm ratings of 32.5 and 11.2 respectively. Limited awareness was present about harms of carisoprodol, volatile solvents and cocaine.

*Conclusions:* Harm ratings from patients and caregivers reflect the risk perception of various psychoactive substances. These can be used as an adjunct while formulating policies.

#### P. 17.2: Addiction to lizard: Is cannabis responsible? A case report

*M. Garg, B.S. Sidhu, Raj Rajnish*

*Background:* Although it is known that many plants contain psychoactive substances, the fact that certain animals also do is barely known. The use of various insects as substances of abuse is interesting and has not been reported in detail in medical literature. We would like to illustrate a case of lizard being used for their psychoactive properties and a brief review is provided.

*Case Report:* A 25-year-old man with a 15-year history of cannabis use was imprisoned for alleged illegal activities. While serving his term, the patient shifted his drug of use to lizards due to non-availability of cannabis (sulfa). He would catch lizards pull out their internal organs and burn them. He would later take the charred remains and fill them in a cigarette and inhale deeply. He claimed instant high on this substance and claimed it to be as pleasurable as cannabis. On his release from the prison, he continued using lizard and cannabis. He was admitted with acute psychosis and on treatment with 6 mg risperidone per day, he gained insight within 2 weeks and reported that other jail inmates with cannabis addiction also used lizard and it was a common practice in jail. However, it was not used by any inmate with any other addiction. The same was confirmed from visiting psychiatrist in jail.

#### P. 17.3: Bilateral gluteal pyomyositis and multiple sinus tracts due to pentazocine: A case report

*Nikita Rajpal, Siddharth Sarkar, Debasish Basu*

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We present the case of a 43-year-old male shopkeeper who presented to us with multiple complications of pentazocine use. Patient had visited several doctors for his migranous headache but did not find satisfactory relief with various medication trials. Then he was given pentazocine and had remarkable relief. He became a regular user of pentazocine and would take it in a dependent fashion. He continued use despite having seizures whenever he injected excess amounts. He shifted to intramuscular route, when he could not find an intravenous access, and would inject in buttocks, deltoid, forearm etc., In the buttocks, he had developed deep non healing indurated ulcers and deep sinuses with foul smelling purulent discharge. Magnetic resonance imaging which was done revealed pyomyositis with cellulitis and abscess formation in bilateral gluteal region with multiple sinus tracts. His ulcers and sinuses were managed conservatively with adequate course of antibiotics and showed adequate healing. He was prescribed naltrexone to prevent relapse to injectable opioids. This case highlights that in atypical cases, deep and extensive sinuses can develop due to pentazocine abuse.

#### P. 17.4: Patterns of substance use in patients with mental illness

*Adita Dagaria, Kedar Tilwe, Bindoo S. Jadhav, Bharat Shah*

*adita\_dagaria@yahoo.com*

*Aims and Objectives:*

1. To study prevalence of substance use in patients with mental illness.
2. To study type of substance use in different mental illness.

*Methodology:* 500 new patients attending psychiatry OPD of a general teaching hospital were included. Patients with primary Axis I substance use disorder were excluded. Ethics committee approval and informed consent were taken. Socio-demographic data was collected using semi-structured proforma. Data thus collected was tabulated and analyzed.

*Results:* To be discussed in view of available literature.

*Conclusions:* To be discussed.

#### P. 17.5: Snake venom abuse in rave parties

*Khot Pawan Vilas, Sarika Mahadeshwar, Mayank Agrawal,*

*Maithili Kadam, Vinayak P. Kale*

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*Aims and Objectives:* The abuse of snake venom as way to get a "high" among thrill-seeking addicts is on the rise in metro cities of India. Only four cases have so far been reported in our country, though the practice is said to be far more common in India. We had two patients who reported to have taken snake bite in rave parties.

*Methodology:* We had two cases of young males from middle class who were opiod dependent. They started taking snake bites in rave parties. On tapping, snake used to bite on the site (tongue or toe). Pt were falling asleep-for 12-20 h and had feeling of dizziness, blurred vision followed by heightened arousal and sense of well being. No withdrawal features were seen. One of them had gradually increased the frequency of taking snake bite.

*Results:* Our patients were young adults who were enthusiastic to experience something new after trying the regular substances.

*Conclusions:* There are various hypothesis regarding the possible mechanism of the high experienced after taking this snake venom that will be discussed in detail.

#### P. 17.6: A 5-year retrospective review of in-patients with opioid use in an addiction medicine facility in a tertiary psychiatry centre

*Lekhansh Shukla, Arun Kandasamy, Deepak Jayarajan, Sonia Shenoy, Aditi Singh*  
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**Aims and Objectives:** Opioid use is a growing problem. Our aim was to study the patterns of use among those admitted to a tertiary addiction medicine centre in the past 5 years.

**Methodology:** A 5 year (January 2007-January 2012) retrospective chart review of patients admitted to the Centre for Addiction Medicine, NIMHANS who had a history of opioid use was done. Appropriate statistical analysis was done using SPSS (version 16).

**Results:** The patterns of opioid use in terms of gender distribution, types of opioid used, age of initiation, reasons for initiation, age of dependence and approximate amounts will be described. Co-morbid drug use, psychiatric disorders, medical disorders, pharmacological treatments used as well as follow-up data (in terms of number of follow-ups, whether still in follow-up, compliance and current use patterns) will also be described. Differences between those using prescription opioids and those using illicit opioids will also be described.

**Conclusions:** The use of opioids in the Indian context requires more study in terms of long-term outcome. The use of buprenorphine as a treatment modality is important.

### **P. 17.7: Lomotil (diphenoxylate) dependence: A case series from India**

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**Aims and Objectives:** To find out the clinical characteristics and correlates of patients taking diphenoxylate (lomitol) as a substance of abuse.

**Methodology:** A retrospective chart based study was conducted at the Drug Deaddiction and Treatment Centre of PGIMER, Chandigarh. Treatment seekers who were taking diphenoxylate in a dependent pattern were identified from the consecutive case records by trained personnel. The clinical characteristics and outcome data was extracted from case records.

**Results:** From the records, 41 cases were identified as currently taking diphenoxylate. All of the cases were males. The patients were typically married, employed, educated till 10<sup>th</sup> grade, belonged to Sikh religion of extended or joint family of rural background. The mean age of the sample was 32.4 years. The average number of diphenoxylate tablets being consumed in a day varied from 3 to 250. The median duration of use of opioids and diphenoxylate were 72 and 48 months respectively. Majority of the patients had tried other opioids and were concomitantly dependent on other substances.

**Conclusions:** Misuse of diphenoxylate by opioid dependent patients raises a clinical concern. Easy availability and low cost increases the propensity of this medication being abused widely. Timely steps to effectively regulate its sale can avert misuse of this drug.

### **P. 17.8: A 5-year retrospective review of in-patients with benzodiazepine use in an addiction medicine facility in a tertiary psychiatry centre**

*Sonia Shenoy, Arun Kandasamy, Deepak Jayarajan, Lekhansh Shukla, Aditi Singh*  
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**Aims and Objectives:** Benzodiazepine use is a growing problem. Our aim was to study the patterns of benzodiazepine use among those admitted to a tertiary addiction medicine centre in the past 5-year.

**Methodology:** A 5-year (January 2007-January 2012) retrospective chart review of patients admitted to the Centre for Addiction Medicine, NIMHANS who had a history of benzodiazepine use was done. Appropriate statistical analysis was done using SPSS (version 16).

**Results:** The patterns of benzodiazepine use in terms of gender distribution, types of benzodiazepine used, age of initiation, reasons for initiation, age of dependence and approximate amounts will be described. Co-morbid drug use, psychiatric disorders, medical disorders, pharmacological treatments used as well as follow-up data (in terms of number of follow-ups, whether still in follow-up, compliance and current use patterns) will also be described.

**Conclusions:** The use of prescription drugs such as benzodiazepines in the Indian context requires more study. The use of pharmacological agents in treatment also requires more evaluation.

### **P. 17.9: Opioid substitution therapy under national AIDS control programme at GMC, Amritsar: Profile of patients recruited in first 1 year**

*Sneh Kumar, P. D. Garg, Atul Ambekar, Neeru Bala*  
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**Aims and Objectives:** We present the data from a retrospective chart review study aimed to characterize demographic and clinical profile of patients included in the programme in the 1<sup>st</sup> year.

**Methodology:** Data was extracted from the files of 150 subjects who were recruited in the Opioid substitution therapy centre over a period of 1 year. After tabulation, data was analyzed.

**Results:** Most of the patients were males (98%), with the mean age of 30 years (SD 6.5). About 47% were married and 28% were illiterate. All 150 patients reported as currently using injection buprenorphine. An overwhelming majority had comorbid nicotine dependence. Besides opioid and nicotine dependence, about 58% satisfied lifetime diagnosis for dependence upon one or more of other substances (alcohol/cannabis/benzodiazepines). Among various consequences of drug use, the reported ones were: Abscess/ulcers-13%, hepatitis-3% and TB-5%. A huge proportion (47%) reported to be HIV + ve. About a quarter reported as experiencing legal complications.

**Conclusions:** Current study indicates a subgroup of opioid dependent patients who have a severe degree of illness (IDU, high poly drug use, high HIV positivity). This profile is different from profile of patients routinely seen in government drug treatment centres. It is imperative to scale-up the harm reduction services for IDUs.

### **P. 17.10: Socio-demographic profile and clinical profile of patients attending the de-addiction clinic of tertiary care centre in Eastern India**

*Parthasarathy Biswas, Sikha Mukhopadhyay*  
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**Aims and Objectives:** The current study explores the pattern of substance abuse among the individuals seeking treatment from the de-addiction center of a tertiary care hospital in Eastern India.

**Methodology:** The study was conducted at a tertiary care multi-specialty hospital in Eastern India. The current study is a retrospective chart review of the cases with substance abuse/dependence presenting to the clinic. All the treatment records of the de-addiction clinic were reviewed and information gathered regarding patients with substance abuse/dependence. Appropriate continuous and categorical variables were used.

**Results:** Socio-demographic profile, e.g., age, marital status, education, employment status, income, religion, family type, locality, distance will be analyzed. Clinical profile, e.g., primary substance abuse, secondary substance abuse, duration of use of substance, duration of dependence and family history of substance abuse will also be analyzed. The results will be presented during the conference.

**Conclusions:** Will be presented during the conference.



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### **P. 17.11: A study on profile of tobacco use by patients attending tobacco control clinic at a tertiary health care centre**

Raghav Shah, Paramjeet Singh, U.S. Chauhan, Lalit Batra, Sunil Kumar  
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*Aims and Objectives:* To study the profile of tobacco use by patients attending tobacco control clinic at a tertiary health care centre.

*Methodology:* A cross sectional hospital based descriptive study to study the profile of tobacco use by patients attending our tobacco control clinic; socio-demographic profile of patients along with their unique tobacco use patterns will be studied and correlations established.

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

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

### **P. 17.12: Prevalence of drug abuse and dependence in urban population of Bikaner city (North West Rajasthan)**

Shekhar Goyal, K.K. Verma, Harful Singh  
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*Aims and Objectives:* The paper evaluates the substance and drug dependence in urban population of Bikaner city. This work was conducted by Department of Psychiatry, S. P. Medical College, Bikaner to estimate the various drug dependence pattern and poly-substance users in urban population of Bikaner city.

*Methodology:* In this study, we surveyed 8.62% individuals of the total census population. The various pattern of substance and drug dependence among 4822 people were investigated in randomly selected wards of Bikaner city. All randomized subjects were assessed and diagnosed by ICD-10, BPRS scale and dose regimens.

*Results:* Tobacco and Cannabis (Marijuana) were the primary substances of dependence for majority of urban substance users and 23% population of total surveyed population used both drugs as a poly substance. Prevalence of tobacco users was notified to be 12.62% which lagged the cannabis users by 10.91% of total surveyed population. 55% cannabis abusers consume cannabis on daily basis. Alcohol users show their prevalence 3%, opium and tablet drug dependence consumers is very less in number. Majority of them were assessed as having health related problems (39.31%) due to drug dependence or poly substance use, as per clinical examination and after applying various parameters and scales.

*Conclusions:* Drug dependence is a growing problem and consequences of drug dependence cost heavily to the people and form a major health issue. This study reflects or highlights the need for comprehensive treatment including medical assessment and treatment of associated health problems.

## **P. 18: MISCELLANEOUS**

### **P. 18.1: Clinical profile and client satisfaction among the patients referred to psychiatry in a teaching hospital**

Bheemsain Tekkalaki, Anil Nischal, Adarsh Tripathi, Amit Arya  
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*Aims and Objectives:* In this short term follow up study, we aimed to study the clinical pattern of psychiatric referrals and patient satisfaction with the psychiatric service at the end of 4 weeks.

*Methodology:* One hundred thirty five in-patients referred from various departments to the Department of Psychiatry K.G.M.U Lucknow, and belonging to Lucknow or adjoining districts were included.

Clinical assessment was done. Psychiatric diagnosis was made as per ICD-10 DCR guidelines and appropriate management instituted. Patients were followed up after 4 weeks and client satisfaction was evaluated using Client Satisfaction questionnaire-8 (CSQ-8).

*Results:* Medicine and Neuroscience departments were commonest sources of referrals. About 30% of patients had no diagnosable psychiatric illness. Organic mental disorder was the most common psychiatric diagnosis (19%). Clients reported a high level of satisfaction (CSQ-8 score, 24±4.1).

*Conclusions:* Medicinal branches and departments of Neuroscience are the major sources of referrals to psychiatry. Liaison model of working may be considered at least to these departments where feasible. Further studies are needed to confirm the high rates of client satisfaction in C-L set up.

### **P. 18.2: IMHH anhedonia scale: Preliminary observations**

Sudhir Kumar, Sandhyarani Mohanty, Rakesh Kumar  
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*Aims and Objectives:* Anhedonia theoretically represents a hedonic capacity deficit. Anhedonia has been described as a schizophrenic symptom by many authors, including Bleuler and Kraepelin. Anhedonia is also found in other disorders like major depression and is most likely related to abnormalities in dopamine-rewards pathways. Research is ongoing to determine the exact causes of anhedonia. There are two approaches to assess the presence of anhedonia – (a) self-report measures (b) clinician rated measures. A review of literature suggested that Chapman's scales are most popular self-reported measures for assessment of anhedonia. Whereas, in clinician rated measures, the only option is the anhedonia-sociality subscale of Scales for Assessment of Negative Symptoms (SANS). This study was designed to develop an alternative measure for assessment of anhedonia in the category of clinician rated measure of anhedonia.

*Methodology:* Through an extensive survey of literature and consultations with experts, we prepared a comprehensive list of items for inclusion in the scale and finally selected 08 items representing various domains of pleasure in day to day life of a person with psychiatric disorder. The scale was administered on a sample of 56 patients with schizophrenia who fulfilled inclusion and exclusion criteria. A screening probe was also added for possible presence of anhedonia. Only the patients who were positive on the probe were included. A re-test reliability was estimated on a sub-sample of 19 patients.

*Results:* The correlation co-efficient indicated very high consistency in scores on two occasions. The validity was computed by correlating the scores on anhedonia scale with the scores of SANS which also yielded a high correlation co-efficient between scores of two scales. Detailed results will be presented.

### **P. 18.3: Intermittent explosive disorder: A case report**

Amitabh Saha

Impulse control disorder was observed and managed. In this case, the serving soldier of the Indian army presented with explosive outbursts of extreme violence and anger, which was not clearly directed. Following this act of aggression, he would experience a sense of gratification and relief. The episodes were recurrent and resulted in assaults or destruction of property. The aggression displayed was out of proportion to any perceived provocation and the individual felt increasing tension or arousal before committing the act. He did not have any feelings of regret, remorse or guilt about the behavior.

### **P. 18.4: A study of contraceptive awareness in women with severe and persistent mental illness versus women with medical illness**

*S.K. Shilpasri, Mahesh R. Gowda, M. Chandrashekar, H.R. Vinay, Meena K. Iyer*  
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**Aims and Objectives:** Contraceptive awareness in mentally ill women has seldom been addressed in spite of evidence that these women have reproductive and sexual problems. Most of the psychiatrists do not address these issues during follow ups. This study assessed contraceptive awareness and practices among women with severe and persistent mental illness and compared them to women with medical illness.

**Methodology:** A Sample of 200 women in the age group of 18-45 years with diagnosis of schizophrenia, schizoaffective disorder, delusional disorder, severe depression and common medical illnesses attending the out-patient department at Spandana Nursing Home were taken for study. Psychiatric patients maintaining well on treatment without any active psychopathology at the time of interview were taken for evaluation. An informed consent was taken. They were administered a semi structured proforma and questionnaire devised for assessing the awareness and practices of contraception.

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

**Conclusions:** Mental health professionals need to acknowledge the needs of mentally ill women and improve the awareness regarding the contraceptive methods. Efforts should be made to promote information, education and communication regarding contraception in all mentally ill women of reproductive age group.

### **P. 18.5: Psychiatry on fingertips: Expanding horizons**

*Ankita Shah, G.K. Vankar*

Mobile apps are applications developed for small handheld devices like smartphones, mobile phones Personal Digital Assistant etc. In addition to mobile apps that are useful for day to day life, there are applications that will enable one to unravel the mysteries of psychiatric world.

Various types of mobile apps cover almost all aspects of psychiatry. They can be broadly categorized as apps related to academics dealing with psychiatry books-journals, thesaurus, diagnostic applications like those for psychiatry scales, diagnostic codes and apps that will enable one to manage patients more efficiently like apps for psychotherapy, serial MSE recordings, and patients' medical records. The technology goes one step further to help patients as well with applications that will educate them and help them monitor themselves for various psychiatric disorders. These apps are a boon for psychiatric students helping them with tedious datas, multiple choice questions and questionnaires. The apps are advantageous, in that they are customized, keep oneself updated and user friendly.

The only black box warning is chances of misuse, questionable authenticity and depersonalization of doctor patient relationship. Applications can be easily downloaded from application markets and supporting software are android, iOS, JAVA etc., Before you decide to use these applications, do evaluate them for authenticity, adaptability, agility and interaction design. With this poster we intend to unfold this newfound approach to psychiatry and discuss its pros and cons at length.

### **P. 18.6: An unusual case of xylophagia (paper eating)**

*Bhavin M. Patel, Mahesh R. Gowda, M. Srinivasa, D. Sumit, S.K. Shilpa Sri*  
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**Aims and Objectives:** To report a case of adolescent who presented with xylophagia (paper eating) along with history of inhalant abuse.

**Methodology:** Diagnostic and statistical manual-IV TR has classified pica under feeding and eating disorder of infancy and childhood as the persistent eating of non-nutritive substance for at least 1 month. Brief review of literature pertinent to pica like paper eating and association of inhalant abuse was done. The clinical experience and potential

implications will be discussed.

**Results:** Not applicable.

**Conclusions:** Brief case of a 17-year-old unmarried girl from village background with no past or family history of any psychiatric illness and studying in 1<sup>st</sup> PUC presented with h/o inhaling substances like petrol, kerosene, whitener, nail polish remover, books and news print since 6 years, eating paper 15 times a day since 3 year. Patient experienced withdrawal symptom in the form of severe headaches, jitteriness, irritability whenever she tried to cut down eating paper or reduce the frequency of sniffing the substances. Patient was admitted, investigated and started on SSRI and benzodiazepines. Psychotherapy was done on regular basis. Patient is on regular follow up till date after discharge. Details of the case and management plan will be discussed in the poster. To conclude, so far a case of xylophagia (paper eating) as result of inhalant abuse has not been reported. Behavioral management was a challenge which will be discussed during poster presentation.

### **P. 18.7: Oxazepam use as an add on therapy in patients with trichotillomania**

*M. Pimple Priyadarshani, Nilesh B. Shah*  
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**Aims and Objectives:** Trichotillomania is characterized by repeated hair pulling causing noticeable hair loss. There are no established guidelines for the management of these cases. The aim of the study is to present the effects of Oxazepam as an add-on therapy in two cases of trichotillomania in addition to the usual line of treatment.

**Methodology:** We present a 20-year-old female who was referred to our out-patient department from dermatology to rule out trichotillomania with an onset 1½ year prior to presentation. Hair pulling was at the scalp, eyebrows and legs and the patient at the time of presentation was unhappy with her situation. We present a second case of a 11-year-old female child with attention deficit hyperactivity disorder, pica and mild conduct traits who on history taking and assessment revealed trichotillomania. In both the cases, Oxazepam was used as an add-on therapy.

**Results:** The first case was on 300 mg of fluvoxamine and 600 mg of oxcarbazepine over a month with 40% improvement along with behavioural management. Adding risperidone showed no improvement. Oxazepam was added in the dose of 10 mg 3 times a day. She returned for a visit in 20 days with 100% improvement. This improvement has been sustained over the last 8 months and she follows up regularly. In the second case, the girl was started on half tablet of 0.5 mg risperidone 3 times a day along with 1 mg of trihexyphenidyl. Risperidone was increased to 1 mg. There was 10% improvement in her symptoms. Atomoxetine 40 mg and Fluoxetine 20 mg was started due to partial response to impulse control with a total 60% improvement. Oxazepam was added in view of anxiety in dose of 10 mg twice a day. The patient improved up to 90% in 15 days and 100% better in about a month.

**Conclusions:** We feel that Oxazepam may be considered as an add-on therapy for patients showing a partial response in trichotillomania though more studies are prudent.

### **P. 18.8: Computerised system of diagnosis and treatment in Telepsychiatry: Development and feasibility study of pharmacological treatment module**

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**Aims and objectives:** As part of the ongoing project titled "Development and Implementation of a Model Telepsychiatry Application for Delivering Mental Healthcare in Remote Areas," a computerized, knowledge based decision support system has been developed for diagnosing and managing psychiatric disorders with the aim to train and empower non-psychiatrists in identifying and managing mental illnesses. The paper presents the

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development and feasibility of the pharmacological treatment module.

**Methodology:** Pharmacological and non-pharmacological intervention modules have been developed for 18 psychiatric disorders in adults based on standard guidelines, clinical expertise and knowledge, taking into account ethnic differences and technical requirements. The drug-treatment module provides for each disorder an armamentarium of commonly prescribed drugs, suggested starting dosage and increments, information regarding the class of drug, onset of action, dosing, side effects, contra-indications and cautions. Prescription is generated based on diagnosis, illness severity and clinician's judgement and is saved in an electronic form and can be printed.

**Results:** Using computerized management system in 30 patients was found to be easy and satisfactory, and acceptable to patients and the clinicians. The drug and dosage selection through the decision support system matched with decision of independent psychiatrists for all patients.

**Conclusion:** The findings are promising as the management decision support system in conjunction with the diagnostic system will enable the non-specialists to manage patients with mental illnesses.

### **P. 18.9: Association study of 5HT-2A GENE 1438A/G promoter region polymorphism in major depression and anxiety disorders**

*Raheel Mushtaq, M.S.V.K. Raju, Abhay Harsulkar, Nilesh Naphade*

**Aims and Objectives:** To study 5HT-2A 1438A/G single nucleotide polymorphism in major depression and anxiety disorders. To investigate the relationship between 1438A/G polymorphism and major depression as well as anxiety disorders.

**Methodology:** Thirty patients of major depression, 30 patients of anxiety disorders and 40 healthy volunteers were studied on a case control design using polymerase chain reaction and agarose gel electrophoresis after digestion with HpaII endonuclease.

**Results:** Genotypic frequencies for controls were AA-19 (47.5%) GG-7 (17.5%) and AG-14 (35%) while for depression the same were found to be 4 (13.3%), 15 (50%) and 11 (36.6%) respectively ( $X^2$  25.5 DF2  $P < 0.001$ ). For anxiety disorders the frequencies were AA-7 (23.3%), GG-13 (43.3%) and AG-10 (33.3%) ( $X^2$  6.08 DF2  $P < 0.05$ ). Allele frequency of G in major depression was 66.6% and in anxiety disorders it was 60% while in controls it was 35% ( $X^2$  6.88 DF1  $P < 0.01$  and  $X^2$  4.32 DF1  $P < 0.05$  for depression and anxiety respectively).

**Conclusions:** 1438A/G single nucleotide polymorphism in the promoter region of 5HT-2A gene may be associated with anxiety and major depressive disorders. Association in depression appears more robust.

### **P. 18.10: Lights, camera, action-reel psychiatry as entertainment**

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**Aims and Objectives:** Learning about mental illnesses through cinema; incorporating the use of movies into teaching curriculum.

**Methodology:** A mention of a few depictions of cinema from all over the world, dealing with psychiatric illnesses.

**Results:** Movies are a complex entity representing simultaneously an art form, a powerful industry, and a social phenomenon. They entertain us, inspire us and every now and then teach us something new about issues and conditions. An increasing awareness and popularity of movies dealing with issues of mental health has been seen. Even the perceptions and portrayals are becoming more balanced, more realistic and less sensationalistic in the recent times. As the goals of psychiatric education are evaluated and innovative teaching methods are sought, cinema represents an untapped resource. Thoughtful viewing of films and discussing them in a group as part of the residency training program is a useful and enjoyable teaching format. Incorporating this, in form of a psychiatry movie club will help

bridge the gap between the art and science of psychiatry.

**Conclusions:** Movies have the power to entertain and educate.

### **P. 18.11: Antipsychiatry: A boon or bane**

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**Aims and Objectives:** To understand the concept of Antipsychiatry, examine its relevance.

**Methodology:** A detailed search of the literature was done by reviewing the standard textbooks, journals, online articles, websites of antipsychiatry, Scientology, books by stalwarts of antipsychiatry, the Rosenhan experiments in order to analyse the different viewpoints so as to ultimately help in strengthening psychiatry.

**Results:** Antipsychiatry has been sidelined in much of the mainstream literature of psychiatry, but for a few notable exceptions like the Indian Psychiatric Society. The concept of Antipsychiatry predates its present name which was given by Dr. David Cooper. In the 17<sup>th</sup> century itself madmen were ill-treated by society, psychiatry in its then form became a jurisdiction without appeal, gradually anything that was considered not ideal by the society or the state in whatever its form be it democracy, theocracy, dictatorship or socialism, time and again took help of psychiatric diagnosis or confinement. Anti psychiatry itself is coloured by controversial interests of its stalwarts and has ignored the sufferings of patients.

**Conclusions:** Some pertinent issues raised needs attention. Rights of patients needs emphasis. The mistakes of the past should not be repeated. Antipsychiatry can be used to strengthen psychiatry.

### **P. 18.12: Impact of spirituality and religion on quality of life and perceived stress of people in Delhi NCR**

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**Aims and Objectives:** To study the impact of Spirituality and Religion on the Quality of life and perceived stress of people in Delhi NCR.

**Methodology:** This will be a non-interventional descriptive study using purposive sampling technique. The universe will be the general adult population of Delhi NCR. The following rating scales will be used: (1) For rating the participant on religiosity-WORCS – Ways of religious coping scale (Boudreaux *et al.*, 1995) (2) For rating the participant on spirituality adapted from Robert Cloninger; Spirituality Index of Well-Being (Timothy P. Daaleman, DO and Bruce B. Frey, Ph.D.); WHOQOL-SRPB (Spirituality, Religiousness and personal beliefs) instrument; Meaning in Life Scale (Warner 1987). (3) For assessing the quality of life of the participant-WHOQOL-BREF: The World Health Organization Quality of Life (Brief) scale. (4) For assessing the perceived stress of the participant-Perceived Stress Scale (PSS)-Perceived Stress Scale, PSS (Cohen *et al.* 1983) relevant statistical tests will be applied for analysis of the data.

**Results:** Will be presented at the conference.

**Conclusions:** Will be presented at the conference.

### **P. 18.13: The case of the old meek who turned devil at night**

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**Aims and Objectives:** To report a very rare and unique case of RBD in a 67-year-old man. REM sleep behavioural disorder is a parasomnia involving abnormal behaviour during REM sleep phase. The major abnormal feature of RBD is loss of muscle atonia during otherwise



intact REM sleep. Vivid dreaming occurs, loss of motor inhibition leads to wide spectrum of behavioural release during sleep, from simple limb twitches and vocalizations to more integrated movements which may be violent and injurious to either the patient or their bed partner.

**Methodology:** A single case report which was thoroughly investigated and treated. Retired machine operator, walked in with great distress narrating the singularly disturbing events over the past few years. Since then, his nights were filled with vivid florid and frequent combative dreams. He behaves as if the dreams were true. Generally he shrieked, shouted and hit people around him. Quick neuropsychiatric assessment, magnetic resonance imaging and EEG was done to rule out primary neurological condition. Patient initiated on Clonazepam. Nights are no more dreadful to him, his wife and family members.

**Results:** Patient is being followed up regularly and since the initiation of treatment he is free from all nocturnal activities during sleep and considers himself to be "liberated."

**Conclusions:** RBD is an uncommon entity. Acute forms may be commonly overlooked. Old age may be associated with the chronic forms along with many organic conditions. Spreading knowledge about rare conditions helps create awareness, as the eyes see what the mind knows.

#### **P. 18.14: Spontaneous remission in anorexia nervosa following a spiritual experience: A case report**

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**Background:** Anorexia Nervosa is an eating disorder with a chronic course and significant morbidity. It is often difficult to motivate patients to seek treatments, which are usually intensive and characterized by protracted time to recovery.

**Methodology:** Case Report.

**Results:** This case report discusses a 17-year-old adolescent girl who presented with a four years history of diet restriction, weight loss and menstrual irregularities who showed spontaneous symptom remission following a spiritual experience.

**Conclusions:** Such cases are rare in literature. The report emphasizes the importance of looking into the spiritual as well as psychological needs of anorexic patients.

#### **P. 18.15: Attitudes and perceptions towards ECT among nurses and attenders in a tertiary mental health care centre in South India**

*Starlin Vijay, Sivakami P. Suresh, T.P. Subhalakshmi*

**Aims and Objectives:** (1) To assess knowledge among nurses and attenders of various aspects of ECT. (2) To assess attitudes and perceptions towards use of ECT and compare between nurses and attenders.

**Methodology:** All the attenders and nurses working in Department of Psychiatry, Christian Medical College, Vellore, were recruited into the study. A structured questionnaire with 16 questions covering different aspects of ECT was administered in either the local language or English. 21 participants were included in the study. \*Frequencies and percentages were computed for responses to each question and tabulated. Fisher's exact test was used for statistical comparison of responses to questions between nurses and attenders.

**Results:** Majority of nurses and attenders (78.6% and 71.4%) reported that ECT is not an inhuman form of treatment. 93% and 86% of nurses and attenders respectively agreed that ECT is not a mode of punishment for violent patients. Majority of respondents showed a favourable attitude towards questions intended to explore misconceptions towards ECT. Majority of respondents were aware of pre-requisites of ECT. 100% of nurses and 71% of attenders agreed

that ECT causes only temporary impairment in memory. There was a significant difference in response between nurses (100%) and attenders (0%) with regards to indication of ECT in pregnant women, wherein nurses opined that pregnant women can also receive ECT. No statistically significant disagreement was seen between the two groups in other areas tested.

**Conclusions:** Overall, the attitudes and perceptions among nurses and attenders regarding various aspects of ECT seem to be satisfactory. Educational programs intended towards improving awareness, knowledge and correcting misconceptions regarding ECT would help in smooth conduction of ECT services.

\*The study is on-going and the full results will be presented at the time of presentation.

#### **P. 18.16: Psychiatric and medical co-morbidities among patients with sleep related disorders**

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**Aims and Objectives:** To study the associations of psychiatric and medical co-morbidity among various sleep disorders at Neuro Psychiatric centre.

**Methodology:** A review of demographic and clinical features of 67 patients diagnosed as primary sleep disorders was conducted systematically. The diagnostic break-up was: Non-organic insomnia-24 (35.8%); non-organic sleep disorders-17 (25.4%); Parasomnia-15 (22.4%) and other sleep disorders 11 (16.4%). Psychiatric and medical co-morbidity were noted in 37% and 32% respectively. Comparison of patients with and without Psychiatric or medical co-morbidity was done by using 2-test.

**Results:** Mean age and duration of illnesses were 43.19±17.738 and 6.34±6.591 years respectively. Common co-morbid Psychiatric mental illness and medical illness were Anxiety disorder (9%) and Hypertension 11 (16.4%) respectively. Only four (6%) patients came for follow-up. Patients with or without psychiatric ( $\chi^2=4.54$ ,  $P=0.208$ ) or medical co-morbidity ( $\chi^2=2.01$ ,  $P=0.570$ ) didn't differ significantly as regards to different sleep related disorders (SRD).

**Conclusions:** Though one third of patients had psychiatric as well as medical co-morbidities, however, patients with SRD did not differ significantly with respect to their co-morbidities and had poor retention for treatment at psychiatric tertiary care centre.

#### **P. 18.17: Koro: A culture bound syndrome: An anxiety disorder**

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**Aims and Objectives:** Koro is a culture bound syndrome and patients present with symptoms of unshakable belief of retraction of genitalia into abdomen with fear of death. The present study attempts phenomenology of the patients diagnosed with Koro. We also tried to know the differences in presentation between the classical presentation of the disease and the actual presentation of the disease that has been observed in the present study.

**Methodology:** A cross sectional study of 20 patients who presented to our clinic over the period of 5 days during an epidemic of Koro in Assam were included.

**Results:** Most of the patients were young, unmarried male belonging to lower socio economic strata. During our studies, we found that the patients were complaining of 3 common symptoms:<sup>[1]</sup> Tingling sensation that starts from the thigh and goes to the abdomen or other parts of the body.<sup>[2]</sup> Shortening of the penis.<sup>[3]</sup> Severe degrees of anxiety with increased worrying about their genitalia, restlessness, help seeking behavior, increased sweating and a fear of death. The on set of symptoms were sudden and severe in intensity for a short duration.

**Conclusions:** Phenomenologically Koro presents as an acute anxiety

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state and has a good prognosis which responds to psycho-education and benzodiazapine.

### **P. 18.18: Facial emotion recognition deficits in social anxiety disorder: Evidence for enhanced emotional threat perception**

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**Aims and Objectives:** Social anxiety disorder is characterized by negative appraisal of self and the environment. However, emotional threat perception using facial emotion paradigms have not been studied in social anxiety disorder. Aim was to examine the emotion recognition deficits and patterns of misidentification in social anxiety disorder in comparison to healthy controls.

**Methodology:** 27 patients with social anxiety disorder (Diagnostic and statistical manual-IV) and 26 age, sex, education matched

healthy control subjects were recruited. They were assessed on Social interaction anxiety scale and Tool for Recognition of Emotions in Neuropsychiatric Disorders (TRENDS). The subjects had to indicate whether they considered the facial emotional stimuli to be threatening (fear, anger), non-threatening (happy, surprise) or neutral. TRENDS accuracy (TRAC) scores (percentage of emotions correctly identified) and TRENDS over-identification (TOI) scores (percentage of neutral and non-threatening stimuli misidentified as threatening) were computed.

**Results:** Patients scored significantly higher on SIAS ( $P<0.001$ ). Patients had significantly lower TRAC scores ( $67.7\pm20.8$  vs.  $78.5\pm17.9$ ,  $P=0.05$ ) and also significantly higher TOI scores ( $35.1\pm28.9$  vs.  $19.8\pm9.3$ ,  $P=0.01$ ).

**Conclusions:** To the best of our knowledge this is the first study to assess facial emotion recognition deficits in social anxiety disorder from India. The study supports that enhanced threat perception towards facial emotional stimuli may underlie the genesis of anxiety in social situations.

