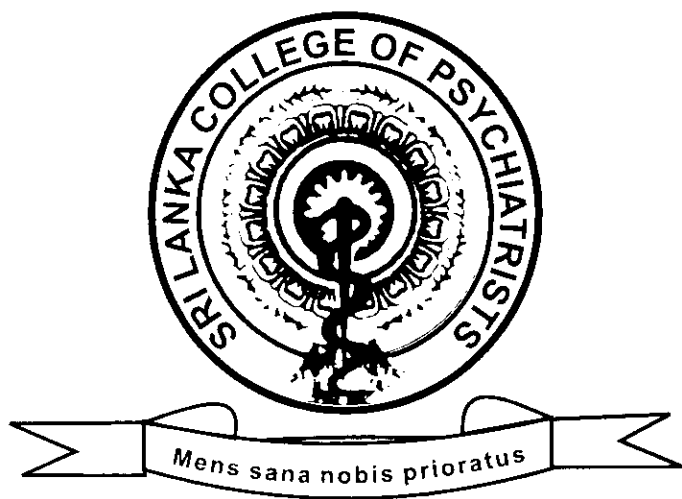


ANNUAL ACADEMIC SESSIONS  
24<sup>th</sup> - 26<sup>th</sup> February 2006



**Sri Lanka College  
of  
Psychiatrists**

Abstracts 1-8

**Oral Presentations**

Please note that the Authors of the individual abstracts are solely responsible for their work. Neither the Editor nor the Sri Lanka College of Psychiatrists are held responsible for the contents of the abstracts

## **Abstract 1**

### **Prevalence of ADHD among children seen at LRH for self-inserted foreign bodies a pilot study**

#### **Introduction**

Increased prevalence for injuries is seen in children with ADHD due to impulsiveness and lack of understanding about safety. Similarly, ADHD may have a higher prevalence of self-insertion of foreign bodies too is possible but there are no documented studies that have studied this possibility.

#### **Objectives**

To study the prevalence of ADHD among children seen at LRH for self inserted foreign bodies Compare with prevalence of ADHD among children seen as medical and surgical outpatients

#### **Method:**

##### **Cross sectional survey**

Children aged 3-12 years presenting to the ENT clinic LRH with self inserted foreign bodies were assessed for ADHD using Strengths and Difficulties Questionnaire and Conner's Parent Rating Scale

The prevalence of ADHD among medical and surgical outpatients was taken from a previous study.

#### **Results**

35 children were studied. 46% were males. Repeated insertion was seen in 23.3%. High hyperactivity scores were identified in 37.1% with SDQ and 20% with Conner's scale. ADHD Index was high in 14.3%. The comparative prevalence of ADHD in medical and surgical outpatients is 5.1%.

Correlation between ADHD Index (Conner's) and Hyperactivity scores (SDQ) was significant at  $p=0.05$ . Correlation between Hyperactivity scores (Conner's) and Hyperactivity scores (SDQ) was significant at  $p=0.01$

#### **Conclusions**

Prevalence 3 times higher than general patient population indicates that ADHD should be looked for in children who self-insert foreign bodies. More research is needed on bigger patient sample for better validation.

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## **Abstract 2**

### **Validation of "This happen to me" scale and a survey to detect abuse and children's reaction to abuse in the Borralasgamuwa area.**

#### **Objectives:**

1. To validate "This happen to me questionnaire" (THTMQ).
2. A survey to detect abuse and children's reaction to abuse in the Borralasgamuwas area  
he Scale THTMQ

#### **Methodology:**

Using Delphi process professionals from medical, social and education the consensual and content validity of the THTMQ was done. Using the translated version the test-retest reliability was determined by administration to a group of 16 year on school children in Colombo South. The survey was done among the 16 year old children in a conveniently located school in Borellasgamuwa area.

#### **Measurements:**

This included the original English (THTMQ) and its Sinhala translation and focus group guide.

#### **Results:**

The Sinhala version of THTMQ showed adequate consensual and content validity. The test-retest reliability was satisfactory. The total sample for the survey was 296 out of which 204 completed questionnaires were analyzed. Analysis revealed 153 children (75%) were emotionally abused .114 (55.88%) were physically abused 32 (15.69%) were sexually abused. Among the children 68 (33.33%) had family or friends who always gave them strength and support and 41 ( 20.1% ) did not have any support. The response rate for feelings among the abuse children were low (43.28%) it varied from feeling not bad to terrible.

#### **Conclusion:**

The Sinhala version of THTMQ is appropriate to be used with 16 year old Sinhala speaking school children in Sri Lanka. The surveys showed high number of children are abused in various forms in the community and their emotional reaction varied.

**Authors:** Dolage N.S, Prasangika S.M.D, Pradeepa W.S, Pannilahetige  
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### **Abstract 3**

#### **Psychological impact of erectile dysfunction among diabetic clinic patients**

##### **Objectives**

The impact of the presence of erectile dysfunction (ED) on the health related quality of life (HRQOL) among diabetic patients in Sri Lanka. We report the psychological impact of ED as a validated measure of HRQOL, in a cohort of diabetes patients in Sri Lanka.

##### **Methodology**

253 diabetic patients attending the diabetic clinic in Colombo South Teaching Hospital were enrolled. Structured interviewer administered questionnaire, International Index of Erectile Function (IIEF5), Psychological Impact of Erectile Dysfunction (PIED) instrument which consists sexual life experience scale and emotional life scale were used as study instruments.

##### **Results**

When compared to those with normal ereile function, individuals with ED had a significantly worse psychological impact ( $P < .0001$ ) as indicated by both the sexual experience scale (30.4 SD±18.9 vs. SD +7.5) and the emotional life scale (24.8 SD±14 vs. SD±7.4). Scores correlated with the severity of ED. The highest score for the sexual experience scale was seen in mild to moderate ED (40.2 SD±14.9), while the highest score for emotional life scale was seen in moderate ED (30, SD±10). This trend of mild to moderate and moderate ED having greater impact on HRQOL than severe and complete ED persisted even after excluding subjects aged above 65 years. Presence of good libido, younger age and premature ejaculation were negatively associated with both scales of psychological impact.

##### **Conclusions**

ED has significant negative psychological impact among diabetics. Worst impact is seen among those with moderate ED. Younger individuals with coexisting premature ejaculation with normal libido were the worst affected.

**Authors:** Malavige LS, Jayaratne SD, Sivayogan S, Kathriarachchi S, Fernando DJ, Levy J

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### **Abstract 4**

#### **Study on possession states in Jaffna**

##### **Introduction**

'Possession' an experience of being influenced, controlled by another force with the loss of self awareness or personal identity occurs in many different psychiatric illnesses, physical states, people perceived to be normal and supernormal in a cultural sense. To differentiate this one needs careful observation or description of the phenomena by interpretative empathetic and scientific psychology.

##### **Objectives**

To describe, differentiate presentation, prevalence and phenomena in normal, abnormal and supernormal subjects and compare the various possible associations, life events, influences or risk factors of possession states.

##### **Methodology**

Descriptive cross sectional study among psychiatric patients, general population and popular persons. Study period 01.08.03 - 31.01.04.

Setting - Psychiatric ward in Tellapillai, Jaffna and Manthihai; OPD in TH Jaffna, all accessible villages in Jaffna peninsula.

##### **Results**

An analysis of 21 variables gives the following early results. Education, marital status, age, work, possessing power, strength of belief, periodicity, personality change, past or family psychiatric history, social acceptance, psychiatric assessment, exposure to similar phenomena, help seeking behaviour and treatment outcome show differentiation between the 3 cohorts. Also sex, psychotic illnesses, past or family history of possession influences the occurrence of possession. Religion, monetary gain or recent changes in values show no correlation and monetary gain variable correlation in our study

##### **Conclusion**

The results give a good picture of those showing possession. Possession is a well established cultural phenomenon and a manifestation of those developing psychotic illness in our culture. More analysis and long term follow up will improve the diagnostic accuracy.

**Authors:** Somasundaram DJ, Thivakaran T  
Department of Psychiatry, University of Jaffna

### **Abstract 5**

#### **Assessment of knowledge and practices regarding health related behaviour in school children.**

Health promotion in schools is a new concept promoted by the World Health Organization to improve health among youth by modifying behavior.

#### **Objectives**

To assess the existing knowledge and practices regarding dietary habits, physical activities, use of addictive substances and sexual health among school children.

#### **Method**

WHO self administered questionnaire which was translated & modified to suit Sri Lanka.

#### **Results**

206 A/I. students participated from Colombo (94 boys; 112 girls). Among dietary practices commonest meal missed was breakfast (30.8%). 69.1% boys and 55.2% girls participated in sports regularly, difference was statistically significant ( $p < 0.05$ ). Students who have ever used alcohol were 13.4%, cigarettes 7.5%, addictive substances 1.5%. Commonest age of first consumption of alcohol was  $< 16$  yrs (54.5%), smoking 13-15 yrs (53.3%). 14.4% knew smoking is addictive. 15.3% knew all common methods of HIV transmission. 19.4% knew correct use of condoms prevent HIV transmission. As the best way to prevent transmission of HIV, 9.5% thought of abstinence while, 88.9% thought of having a single partner. Among boys, regarding masturbation 4.3% boys believed its abnormal while, 12% thought it results in poor health. 1.1% assumed nocturnal emission is a disease. 3.4% believed that it causes impotence. Among girls only 4.8% knew common physiological changes during menstrual cycle. A significant difference in knowledge about harmful consequences of teenage pregnancies was found between two sexes ( $p < 0.05$ ); girls had better knowledge.

#### **Conclusion**

There's a need to carry out an island wide study and health promotion in schools.

**Authors:** Guncrathne K P C, Perera T H S, Perera J  
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### **Abstract 6**

#### **Behavioral and psychological Factors in Children presenting with School Refusal**

#### **Introduction**

Mental health problems in children can manifest as school refusal. It can cause serious disruption of the child's well being.

#### **Objectives**

To study the social, familial, and environmental factors associated with children presenting with school refusal and the outcome of school refusal

#### **Method**

This retrospective descriptive study was carried out on all children with school refusal attending the specialist child mental health service LRH from January 2004 to April 2005. **School refusal** was defined as a child (with no medical illness) who was previously going to school but has recently (more than two weeks) attended school partially or not gone to school. A structured questionnaire was used to gather information from past records.

#### **Results:**

79 records of children (aged 5-15) with school refusal were analysed. One fourth had the problem present for more than one year. Somatic symptoms and learning difficulties were reported by 50% of children. Aggressive/disruptive behaviour was seen in 40%. Bullying was reported by one third of children and 33% had other difficulties with peers. Difficulties with teachers were seen in 24%. Academic pressure was reported by 31%. Temperamental difficulties were identified in all the children. Six months later, 33% had returned to school and 17% had partial attendance.

#### **Conclusions:**

Problems related to school environment (bullying) and learning difficulties are closely associated with school refusal and they should be properly assessed and adequate interventions undertaken.

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### **Abstract 7**

#### **Proportion of depression among adult patients attending Out Patients department (OPD) on two working days at Teaching Hospital Kandy**

Depression is the leading cause of morbidity worldwide. According to the WHO predictions depression would be the leading cause of morbidity by 2020. Previous literature suggests that it is largely under diagnosed in Sri Lanka.

#### **Objectives**

To assess the proportion of adult patients with depression, attending OPD in Teaching Hospital Kandy.

#### **Method**

Cross sectional study was conducted on two working days at the OPD of Teaching Hospital, Kandy. Patients were randomly selected and interviewed by a group of trained doctors in psychiatry, using an interview administered questionnaire. Diagnosis was made according to ICD 10.

#### **Results**

147 patients were interviewed among the total of 2012 adult patients who attended the OPD on the two days. 59 patients were diagnosed as depressed among the sample. At 95% confidence interval 36-44% of the population would be expected to be depressed. Among this 31 patients were moderately or severely depressed (21%) At 95% confidence interval 18-24% of the population would be expected to moderate or severely depressed.

#### **Conclusion**

Large number of patients attending the OPD- Kandy is depressed. We suggest that all doctors should be aware of the magnitude of this problem. All doctors should have a good knowledge of mental health particularly to identify depression and also be able to treat uncomplicated depression by themselves, as the case load would be very heavy.

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### **Abstract 8**

#### **Effect of demographic/cultural factors on the mean time lag in the first presentation of the main psychiatric illnesses at the Professorial Psychiatric Clinic, North Colombo Teaching Hospital**

Demographic and cultural factors are recognized as being affecting the time of presentation of patients to seek psychiatric treatment and influencing the outcome/ quality of care.

#### **Objective**

To assess whether there is an effect of the demographic/ cultural factors on the time lag of presentation.

#### **Methodology**

We went through clinic records of 250 patients, who visited the clinic for the first time between January to December 2005 and collected data on demographic/ cultural variables, diagnosis and the duration of illness before presentation.

#### **Results**

62.5% were male with a mean age of 22.3 years. 43.4% lived in urban areas while the rest were from semi urban areas/ villages. 49.6% had received education up to grade 9 or less. Majority (78.8%) had an income of less than Rs. 10,000 a month. 58.8% of the patients were Buddhists. Mean duration for presentation was 1.3 months irrespective of the diagnosis. 14.8% having Schizophrenia with a mean duration significantly higher among those who received an education less than grade 9 (2.38 months) and those from villages and semi urban areas. (2.07, 2.95 months respectively) A similar pattern was seen among those having Bipolar Affective Disorder and depressive disorders.

Majority (60.2%) of the patients/ relatives attributed the symptoms to cultural phenomena and had sought ritualistic modes of treatment prior to attending the clinic.

#### **Conclusion**

There was a time lag in the first presentation, in patients with a low literacy and those from villages or semi urban areas. Majority of patients, irrespective of their religion had sought help of a ritualistic healer before presenting to a psychiatrist.

**Authors:** Hapangama A, Kuruppuarachchi K.A.L.A.

Abstracts 9 - 17

**Poster Presentations**

Please note that the Authors of the individual abstracts are solely responsible for their work. Neither the Editor nor the Sri Lanka College of Psychiatrist are held responsible for the contents of the abstracts

### **Abstract 9**

#### **Study to Assess the Impact of Undergraduate Training in Child Psychiatry**

##### **Introduction**

Child mental health problems are commonly seen in paediatric patients. Studies have shown that the quality of undergraduate training in child psychiatry has future implications in the management of these problems. Child mental health exposure for medical students is minimal.

##### **Objective**

To assess the perceived relevance and usefulness of undergraduate training in child psychiatry for the doctors in current paediatric practice

##### **Method**

Design: Cross-sectional descriptive study. Study-population: All Intern /SHOs in medical/surgical wards at LRH and the Paediatric Wards of Colombo South Teaching Hospital. Data was collected using a self administered structured questionnaire.

##### **Results**

45 doctors participated in the study. 25% had no exposure to clinical child psychiatry. Around 80% could identify behavioural problems, sleep disorders, eating disorders, anxiety disorders, phobic disorders, OCD, ADHD, and mental health problems in physically ill children. 70% could identify somatization & learning disorders. Only 60% could identify functional enuresis, encopresis, separation anxiety disorder and conduct disorder. 45-55% could manage common child psychiatric problems. 56% felt the knowledge they gained about child psychiatry at undergraduate level was inadequate for their current practice.

##### **Conclusions**

The knowledge regarding identification of child psychiatric problems was adequate. Better clinical exposure will help them to manage common mental health disorders of childhood in any setting.

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### **Abstract 10**

#### **Clinical audit on Patients / relations education about their mental illness at ward 33, CSTH.**

##### **Introduction:**

There is a significant difference in knowledge about mental illnesses among patients and relatives who receive care from the Ward. There is a dire need for educating patients about their illnesses to improve the services of the Unit.

##### **Objectives:**

1. To educate patients and relatives about their illnesses.
2. To establish a standard of education in patients who receive services from Ward 33

##### **Standard of Care:**

Using literature review, clinical and patient experience, eight standards of care in relation to education were devised.

##### **Method:**

All staff members of Ward 33 were informed and trained about the audit project and their respective role.

A base line survey was done from July to August 2005 until one hundred consecutive patients /relatives were collected.

##### **Monitoring process;**

Following staff training the monitoring process was commenced. Ninety four of the patient /relations in the baseline survey were evaluated after 3 months. This group was compared with the standards created.

##### **Results:**

Despite several meetings and training of the ward staff only 38.3% of patients/relations had received education leaflets about their illness. Patient /relatives knowledge about the illness, the treatment choices and importance of compliance among drug users had increased from 74% to 78%, 68% to 71.3% and 71% to 81.9% respectively.

##### **Conclusion:**

The structural criteria of developing 62 education leaflets in Sinhala and English were achieved. However, the process criteria was difficult to achieve despite staff meetings. Standard leaflets on various mental disorders can improve the patients /relations knowledge about the illness and the importance of compliance. In addition the study highlights the importance of re-auditing, if standards are to be achieved.

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## **Abstract 11**

### **The knowledge and attitude of paediatric nurses to child mental health**

#### **Introduction**

Paediatric nurses mainly focus on physical health care and have limited opportunity to gain competence in mental health care. As the physical and mental health of children is inter-related, having satisfactory knowledge and healthy attitude regarding mental health is important for their work.

#### **Objectives**

To survey the knowledge and attitude of paediatric nurses to child mental health problems (CMHPs).

#### **Method:**

Cross sectional survey

A random sample of paediatric nurses working in non-psychiatry wards of LRH

Assessment tool: pre-tested self-administered anonymous questionnaire.

#### **Results**

121 nurses responded to the questionnaire. 96.7% strongly agreed that both mental and physical health is important to wellbeing of children. 45.5% was totally confident that CMHPs present as physical illness. 19.3% knew that difficult behaviour is presentation of CMHPs but only 27.3% firmly believed that children with developmental problems present with behaviour disorders. 97.5% agreed CMHPs can cause exacerbation of certain physical illnesses, but only 30.3% were totally confident that children with physical illness are vulnerable to CMHPs. 6.8% believed that CMHPs were caused by witchcraft or sorcery. 10.7% were strongly pessimistic about prognosis of CMHPs. Knowledge about available services was poor and the majority had acquired knowledge about mental health from the media and educational activities at LRH.

#### **Conclusions**

Although nurses claimed to have knowledge, the majority were not definite about their understanding of presentation and aetiology of CMHPs.

**Authors:** **Fernando S, Perera H, Senanayake S, Jayasinghe YAC, Neelamani WD, Sandyanganie MSV, Chandradasa JMMT, Weerasekara AMGDN, Ekanayake EMDK, Ranjani KD -**  
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University of Colombo

## **Abstract 12**

### **Clinical audit on patient's perception regarding standard of care provided by the staff of Ward 33 Colombo South Teaching Hospital.**

#### **Introduction:**

If quality of care is to be improved in a unit it is very important to know the patients expectations. Furthermore, patients perception and suggestions about the current services should be taken as constructive criticism.

#### **Objectives:**

1. To describe the patients' perception about the staff
2. To generate suggestions from the patients to improve the services offered by the unit.

#### **Method:**

100 consecutive patients who received services were given a questionnaire to find out their views about the services offered by the staff. None of the staff was individually identified. Data was collected by self-administered questionnaire and placed in a box kept near the reception.

#### **Results**

Out of the 100 patients used for the audit, 94% of them responded to the questionnaire. Overall patient satisfaction is higher with doctors' (84%) more than nurses (66%) or minor staff (67%). Out of the services offered patients are more satisfied about the staff cooperation (doctors' 90%, nurses 71%, minor staff 73%) than kindness, helpfulness or communication. Patients are dissatisfied about the communication skills of (doctors' 1%, nurses 2%, minor staff 2%) all categories of staff. Education about their illness has been requested by majority service users.

#### **Conclusion**

Even though high percentage of patients are satisfied about the services offered by Ward 33 there is room for improvement. The study highlights the importance of communication skills in all sectors if services are to be improved and staff should pay more emphasis on this area when delivering such services. As suggested by the patients education about mental disorders, is an important area that need to be addressed when offering services.

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### **Abstract 13**

#### **A study to assess abuse among students aged 15-18 years in the Boralesgamuwa MOH area.**

##### **Introduction**

Today child abuse has become a major health issue due to its increased incidence. However many cases remain unreported because the victimized children are reluctant to complain due to fear and or embarrassment.

##### **Objective**

To describe the types of child abuse that takes place in group activities, and outside group activities, and subsequent action taken by the victims.

##### **Methodology**

A descriptive cross sectional study was carried out.

The study population consisted of school children aged 15-18 years of age who attended schools both in and around the Boralesgamuwa M.O.H. area.

Non probability convenient sampling method was used to select the schools, and data was collected via a self administered questionnaire, which was distributed to all students, in the specified age group, after obtaining parental consent.

##### **Results**

Our sample consisted of 1433 students out of which 71.46% were found to participate in group activities. 7.03% of these children were abused physically out of which 4.46% of them were from Boralesgamuwa. The remaining 2.57% of students lived outside Boralesgamuwa.

Among the children who did group activities 10.15% of children were found to be abused mentally out of which 7% came from Boralesgamuwa and 3.15% from outside Boralesgamuw. 2.53% of them were abused sexually out of which 1.27% of them were from Boralesgamuwa with 1.26% coming from out side.

Out of the 202 children who were abused out side the context of group activities, 31.68% were abused physically, 49% were abused mentally and 19.3% were abused sexually. Of this 6.03% , 11.56% and 5.52% who were abused physically, mentally and sexually respectively came from Boralesgamuwa.

##### **Conclusion**

It is evident therefore that intensification of measures for the prevention of child abuse in Sri Lanka deserves high priority.

**Authors :** Abeysekera D.M.S.M, De Silva P.R.C, De Silva R.N.D, Dissanayaka M.H.P, Gamage H.G.P.L, Hemachandra D.N, Jayaweera I.L, Lakshani M.T, Medagoda M.A.W.S, Nawarathna R.M.D.N.R, Prasath S, Rupasinghe D.G.I.K, Sanjeewa R.A.D.N, Udani K.S, Weerasinghe R. Dolage N.S  
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### **Abstract 14**

#### **Brain Drain of Psychiatrists**

##### **Introduction**

UNESCO defines brain drain as loss of skilled intellectual or technical labour through the movement of such labour to more favourable geographical, economic, or professional environments.

The Postgraduate Institute of Medicine (PGIM), University of Colombo is responsible for human resource development among medical professionals in Sri Lanka Specialist training in psychiatry includes a mandatory period of overseas training before Board Certification.

##### **Objectives**

To study the statistics of specialist psychiatrists produced by the PGIM and the trained psychiatrists lost to the country.

##### **Method**

The data was obtained from the available records at the PGIM, from 1980 to September 2005.

##### **Results**

During the study period 93 have obtained MD (Psychiatry). Up to 2003 January 57 trainees have gone on foreign training and 37 (64.91) have returned: and were Board Certified as specialists psychiatrists. After 2003, 22 trainees have gone on foreign training and 6 have returned.

There are two peaks of losses during the study period: 1985-1987 (66.67%, 50%, 75%) respectively in 1985, 1986, 1987) and 1996-2000 (33.34%, 66.67%, 50%, 66.67% & 40% respectively in 1996, 1997, 1998, 1999 & 2000)

The countries where trainees have proceeded for foreign training are available from 1999 onwards. 64.7% had gone to Australia, 17.6% to UK, 14.7% to New Zealand and 3% to USA. Of them 45.45% had returned from Australia, 16.67% from the UK, 40% from New Zealand and 100% from USA.

##### **Conclusions**

In the last 23 years (1980-2003), there has been a loss of trained psychiatrists prior to board certification. Losses after 2003 cannot be confirmed at present.

The number of board certified specialists psychiatrists lost to the country has not yet been studied.

**Authors:** Ediriweera H.W, Preena N., Siribaddana P.A, Mendis L  
Medical Education Unit, PGIM

### **Abstract 15**

#### **Study on Knowledge and Practices of Caregivers on the Care of Patients with Schizophrenia**

##### **Introduction**

Psychoeducation of those family members caring for a person with schizophrenia (caregivers) has been shown to reduce relapses.

##### **Objective**

To study the knowledge and practices of caregivers on schizophrenia.

##### **Design**

Cross Sectional Descriptive Study

##### **Method**

Caregivers of patients with a diagnosis of schizophrenia (ICD 10) for more than one year attending the psychiatric clinic, National Hospital Of Sri Lanka for October to December were studied. A pre-tested interviewer mediated questionnaire was used to collect data (after informed consent was obtained).

##### **Results**

72 caregivers whose ages ranged from 27-75 were assessed. 61% of them were above 50 years of age. Although 61% were informed by the name of their illness by medical personnel only 9% recalled it correctly. 41% claimed schizophrenia was a minor mental stress condition and 33% identified it as a major mental illness. 69.8% did not know the possible causes for schizophrenia. 1/3 did not know the name of the medication the patient was using. 5.5% reported that the drugs should be continued only till the patient said he needed them. 8% said they should be given till the patient seemed better. 47% of them did not know the side effects of the drugs the patient was taking. 2/3 identified stressful life problems, critical comments, over-involved family and cessation of medication as causes for relapse.

##### **Conclusions**

Knowledge and practices on relapse prevention and drug treatment among caregivers needs to be improved

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### **Abstract 16**

#### **Posttraumatic stress disorder: A patient who did not respond to EMDR**

Posttraumatic stress disorder (PTSD) is by definition a result of having been subject to severe stressful situations. Usually it is noted that this stressor is a highly traumatic situation where there is intentional harm like rape or war; or it is an act of god like the recent Tsunami. Very high comorbidity is reported, mainly depression and substance use. Pharmacotherapy, mainly antidepressants, and psychotherapy, especially cognitive behavioural therapy (CBT) and eye movement desensitisation with reprocessing (EMDR) have been shown to be effective in reducing symptoms.

We present a middle aged female patient with PTSD. A point of note in her case is that the stressor is not similar to typical traumatic incidents usually reported. Instead it was the medical investigation, diagnosis and treatment of her late husband's illness, a colonic cancer, that gave rise to the flashbacks.

Secondly we would like to report the classical flashbacks she had, which almost caused an accident while she was driving. Furthermore she had developed symptoms of PTSD while already on high doses of medications for agoraphobia with panic disorder for the preceding two years.

Her symptoms worsened with one session of EMDR, which had to be discontinued. Then she responded to a comprehensive treatment package delivered by two therapists, consisting of CBT and dynamic psychotherapy, together with pharmacotherapy. She was repeatedly, in imagination, exposed to the contents of her flashbacks. And her guilt and other conflicts were addressed psychodynamically. All symptoms of PTSD disappeared within three months but psychodynamic issues seem to need further interventions.

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## **Abstract 17**

### **Prevalence of Use of Herbal Medicine among Psychiatric patients**

In Sri Lanka where ayurvedic medication plays a significant role in the health seeking behaviour of people, the use of herbal medication is common. No studies have been carried out to find the extent of its use or the knowledge of such medicine among patients with psychiatric morbidity.

#### **Objectives**

1. To determine the prevalence of the use of herbal medication among patients with psychiatric illnesses
2. To assess the awareness regarding the interactions between herbal and psychotropic medication.

#### **Methodology**

A cross sectional study was carried out using a pre-tested interviewer administered questionnaire at the psychiatric clinic of the North Colombo Teaching Hospital in January 2006.

#### **Results**

Out of the study population 30.5 % had Bipolar Affective Disorder, 33% Schizophrenia and 27.5% had unspecified psychotic illness. 22.9 % with Bipolar Affective Disorder, 36.5% with schizophrenia and 14.5% with unspecified psychotic illness have used herbal medication. There was no significant difference in herbal use among the different religions. From the patients who have had the psychiatric illness for more than 5 years 35.29% have used herbal medication. This was statistically significant compared to the 15.3% of those who had the illness for less than 5 years. 33.3% of those who used herbal medication, used it with the intention of improving physical health, while 20.8% used it to improve mental health. From those who used herbal medication 58.8% was not aware that there could be interactions between herbal and psychotropic medication.

#### **Conclusions**

Those with long term psychiatric illnesses tend to use herbal medication more than the others. From those who used herbal medication only 41.2% was aware of the possibility of interactions taking place with psychotropic medication.

#### **Authors :**

Kuruppuarachchi K A L A , Marasinghe M M N A, Minihella D M R P,  
Wijeratne L T