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ORAL PRESENTATIONS

Saturday 29th March (2.00 – 3.00 pm)

OP 1 - A preliminary study to validate a modified Beck Depression Inventory (BDI) for use in patients with end stage renal disease (ESRD)

D. Liyanapatabandi1, R.V. Cooray1, M. C. Dedigama1, R.A.J Rathnayake2, V de Silva2

1 National Hospital of Sri Lanka

2 Department of Psychological Medicine, Faculty of Medicine, University of Colombo

Background

The BDI is a 21 item self-report rating inventory measuring characteristic attitudes and symptoms of depression. It assesses both affective and somatic characteristics to identify and categorize depression as mild, moderate and severe. Depression has been identified as the most common psychiatric illness in patients with end-stage renal disease (ESRD). Somatic characteristics of depression have a similarity to the symptoms of uremia making the use of BDI to identify depression questionable.

Objective

To validate a modified BDI to detect depression in patients with end stage renal disease (ESRD)

Method

The questions on somatic symptoms were deleted from the original questionnaire after consultation with a content expert. The Original BDI and the modified BDI were distributed among 22 patients with End Stage Renal Disease admitted to wards 49 and 47 of the National Hospital of Sri Lanka during a 3 month period.

Results

Linear regression analysis between scores of the BDI and modified BDI revealed a R value of 0.96 and R2 value of 0.93. Positive and negative predictive values of the tool were 100%. Internal consistency was reflected by Chronbach Alpha value of 0.88.

Conclusion

This preliminary study suggests a high degree of correlation between the BDI and modified BDI. Internal reliability is high with high sensitivity and specificity. Further studies are suggested to evaluate the tool using larger samples.

OP2 - A Treatment Model and a Descriptive Retrospective Study of the Outcome of an Alcohol Intervention Programme in a General Hospital Psychiatry Unit

M.P.C.Jayamal de Silva, P. Siriwardhana, C. Gunasekera

Introduction

The population of patients with alcohol related problems is known to be very significant in general medical and surgical settings. Routine care of alcohol patients generally consists of emergency detoxification and nonspecific counseling. The outcome of interventions for alcohol dependent patients in Sri Lanka is not well studied. A separate alcohol and drug intervention programme was started in ward 59 of the NHSL about one and a half years back. The Psychological interventions are carried out by two trained Development Assistants in Mental Health and a model is followed.

The Treatment Model

We opted to carry out Screening and Brief Interventions (SBI) for patients who are unlikely to come back for follow up due to various reasons, e.g. distance, and Motivational Interviewing (MI) during the first session in almost all the other patients. Cognitive Behavioural Therapy (CBT) for Alcohol was carried out for people who came for follow up for more than 2-3 sessions.

Methodology

We aimed at assessing the outcome in terms of attendance and change of behaviour and related problems. All the consecutive patients who were referred to the alcohol programme during the last one year were included in the study. (N=31). The outcome was gauged retrospectively using the records. (Day files and patient records)

Results

Attendance ranged from 1-6 sessions and the median was 3 (9 patients); eight patients visited four or more times. Seven patients were found to have stopped alcohol completely and 11 claimed that there is a reduction in their drinking. Four patients continued to drink the same amount but with less problems and another four were found to have not changed at all. Five patients did not respond to the letters.

Discussion/Conclusions

During the initial weeks following emergency detoxification, psychological interventions may change drinking behaviour to some extent. Even though CBT could not be completed with many patients due to high default rate, a satisfactory outcome was observed with less intense treatments.

OP 3 - The burden on female informal carers of people with mental illness

A.Hapangama, K.A.L.A. Kuruppuarachchi

Introduction

Mental illness not only imposes a considerable burden on the patients who suffer from it but also has a strong impact on quality of life, and physical and psychological health of the caregiver. The available evidence suggests that many carers are women; particularly in developing countries.

Objectives

The objectives were to determine the percentage of female care givers, the impact of the mental illness on the female care giver and to find out carer's attitudinal change towards mental illness.

Method

A descriptive cross sectional study using a pre tested interviewer administered questionnaire was carried out at the out patient Psychiatry clinics at the North Colombo Teaching Hospital, Ragama, Sri Lanka. Carers of 312 patients who attended the clinic were included in the study.

Results

312 carers were interviewed. 64% were females and 38% were between the ages of 40 to 49 years. 34% and 22% were either the spouse or the parent of the patient. 63% were employed and 58% of them had to take at least one day of leave from work during the last one month due to the illness of the patient. 49.2% patients had an affective illness.

59% of the female carers believed that the patient's illness had caused a disturbance in social relationships. Of the female care givers 55% felt that they do not have any enjoyment in life. 49% and 46% of them admitted that their free time is being reduced and they were facing economic difficulties due to the illness, respectively. 48% of the female carers admitted that they had to spend an extra 1000 Sri Lankan Rupees because of the patient's illness.

43% of the female carers felt the illness had a bad impact on their jobs. 43% and 39% of them admitted that they had inadequate sleep and disharmony in the family due to the mental illness, respectively. 65% and 58% of the female-care givers admitted being worried about the symptoms or the handicap of the patient. 49% were worried about the stigma of the illness. 64 % of the carers claimed that their patient's illness had positively changed the way they look at a person with a mental illness.

Conclusion

The majority of the carers were female and were either the parent or the spouse of the patient. Most of them admitted to facing economic and social difficulties. Most of the carers were worried about the symptoms and handicap caused by the mental illness and a considerable number were worried about the stigma associated with mental illness. Despite these difficulties the majority mentioned that their patient's illness had made them look at mental illnesses in a positive manner.

OP 4 - Attention to psychosexual difficulties of in ward patients at the Institute of Psychiatry, Angoda, Sri Lanka

Ranasinghe C.K, Ellepola A, Jayawardana V.

Introduction

Psychosexual problems are higher among psychiatric patients. Data about psychosexual problems comes mainly from audits and studies done in the developed world. The ability of medical staff to identify these issues has not been formerly assessed at the Institute of Psychiatry or other mental health care facilities in Sri Lanka.

Objectives

To identify the quality of psychosexual assessment, identification of the sexual issues and management at the Institute of Psychiatry.

Methods

A retrospective study was conducted. Bed head tickets of patients admitted to Institute of Psychiatry during the period from 1st December 2007 to 31st December 2007 were scrutinized.

Results

A total of 444 bed head tickets were scrutinized. Male and female admissions were 269(60.58%) and 175(39.42%) respectively. The majority were temporarily admitted (373-84%). Admissions were done by Registrars (101-22.74), Diploma trainees (121-27.25%) and Medical officers (201-45.2%). There were 224(50.45%) married and 169(38.06%) single patients.

Psychosexual histories had been obtained from 4(2.285%) females and 11(4.08%) males. Of the doctors who took histories, 10 were Registrars (66.66%), 2 were Diploma trainees (13.33%) and 3 were Medical officers (20%). Seven (46.66%) female doctors and 8(53.33%) male doctors had obtained the Psychosexual histories. Seven (46.66%) doctors had taken histories from patients of opposite sex. Six (40%) patients were single and 9(60%) were married. The majority of patients were in the age range of 30-44(5-33.33%).

Details on relationships (9-60%), marriage (2-13.33%), current sexual practices (3-20%) were gathered. Staff had attempted to diagnose sexual problems in 5(33.33%) patients. Sexual problems were identified in 5(33.33%). Identified problems were sexual disinhibition (2), male erectile dysfunction (2) and a general medical condition (1) related issue. Psychosexual problems secondary to medication were not identified. Specific therapy was offered to only one patient.

Conclusion

Inadequate attention was given to psychosexual history taking at the institute of Psychiatry by all grades of medical staff. Since the percentage of psychosexual histories taken from the patients is low, it is difficult to comment on emphasis paid on different aspects of psychosexual history and identification of sexual problems during the management of patients in the institute. The advice, counseling or specific therapies offered for psychosexual issues at the Institute of psychiatry is negligible.

OP 5 - Newspaper Coverage On Mental Health Related Topics

*B.J.Mendis, P.B. Wickrama, S. Suthakaran, W.D.D Fernando
Teaching Hospital Angoda*

Background

Stigma and stereotyping is still a fact of daily life for people with mental health problems in Sri Lanka. Media is valuable in finding a solution to this problem. We aimed at finding the involvement of newspapers in mental health reporting in order to establish a dialogue between psychiatrists and the media.

Method

We analyzed articles on mental health, that appeared in three leading newspapers from each of the three languages, over a period of one week. Sixty-three newspapers were surveyed on their approach to reporting mental health and we analyzed articles where mental health issues should have been included but neglected.

Results

Sixty three articles were found related to mental health. 19 were in Sinhala, 28 in English and 13 in Tamil newspapers. The number of articles directly related to mental health were 7 in Sinhala, 9 in English and 4 in Tamil (0.3, 0.4 and 0.2 articles per paper).

Four articles in Sinhala, 12 in English and one in Tamil (20%, 40% and 10% of all articles) carried positive messages. Eleven articles in Sinhala, six in English and one in Tamil (60%, 20% and 10% of all articles) carried either negative, neutral or false messages. Five articles in Sinhala used stigmatizing words to indicate a person with mental health problems.

None of the articles carried the opinion of people with mental health problems

There were twelve articles reporting on suicide. The majority (10) were in Sinhalese. All the articles described the suicide method. Seven (60%) articles gave a simple explanation to the act and eight (70%) articles described the method as an easy way out.

Discussion

The results show that a dialogue between psychiatrists and media personnel is mandatory to improve reporting on mental health in Sri Lanka.

Sunday 30th March (8.00 – 9.00 am)

OP6 - A study on co-morbid substance use in patients with severe mental illness, Institute of Psychiatry, Angoda.

*B.J.Mendis, W.D.D. Fernando
Institute of Psychiatry, Angoda.*

Background:

Individuals with schizophrenia and bipolar affective disorder are known to be at increased risk of co morbid substance use disorders when compared with the general population.

Method:

A cross sectional study among a sample of patients at unit 05 and 10, Institute of Psychiatry, Mental Hospital, Angoda was conducted, using a pre tested interviewer administered questionnaire which was designed to assess the above.

Results:

The majority (63.9%) of the study population (n=72) were in the 25 to 35 year age group with 55.5% being males. Though 72.2% of the sample was educated above grade 5, only 38.8% attended employment in the skilled and professional categories. 58.3% of the sample had schizophrenia and 36.6% had bipolar affective disorder. Out of the total sample 25% had co morbid substance use. 45% of the males and 12.5% of the females had co morbid substance use. Of the males, 20% were using alcohol but there were no females with alcohol use. Most of the substance users (55%) were using nicotine, and 44% were using alcohol. In the alcohol group 37.5% were dependent based on ICD 10 criteria. Cannabis was used by 15% of the male sample. No female cannabis users were found. Most (66%) out of the substance users, had the substance use history before the onset of the diagnosis of the psychiatric illness. 77% had taken the substances at least a week prior to the admission. All the substance abusers (100%) were not on regular treatment or clinic follow up.

Conclusion:

Routine screening for and assessment for substance use disorders among persons with severe mental illness is recommended.

OP7 - A Descriptive Study of Admissions to the Psychiatric Intensive Care Unit (PICU), Institute of Psychiatry, Angoda

*Mendis B.J, Attanayake A.M.S.K, Ellepola A.
Institute of Psychiatry, Angoda.*

Introduction

A Psychiatric Intensive Care unit can reduce the incidents of violence and aggression in psychiatric institutions. PICUs are not well developed in Sri Lanka. The four-bedded PICU at Angoda was started in May 2006. It functions from 7 a.m. to 7 p.m. with two nurses on each shift.

Objective

To describe the demographic and clinical characteristics of the patients managed at PICU.

Method

A retrospective evaluation of all the patients admitted to PICU from 1st of January 2007 to 30th of June 2007 using PICU assessment forms, admission books, day reports and bed head tickets was conducted.

Results

A total of 4542 patients were admitted to the institute, out of which 511 patients were treated at PICU. The largest proportion of patients were from 30-39 age group. 16 teenagers and 23 older adults were also treated. The youngest admission was of a 15-year-old boy. Male to female ratio was 3:2. The majority were from the Western Province (63%). The longest stay was 165 minutes. The average duration of stay was 51 minutes. Schizophrenia and other psychotic disorders accounted for 60.86% of admissions. Rapid tranquilization was not used in 32% of patients.

IM Midazolam with IM Haloperidol was used in the majority of the patients for tranquilization (47%). 5mg of IM Midazolam alone was used in 42 (8%) patients. Two patients settled with rapid dissolving sublingual Olanzapine. Four patients developed postural drop and one patient developed an allergic reaction. Seven patients were transferred to NHSL. Forty-six patients were discharged home after treatment at the PICU. The remainder were admitted to the wards at the Institute of Psychiatry for further care.

Discussion

32% of patients were de-escalated without parenteral medications. Serious adverse reactions to parenteral medication were not reported.

OP8 - Some rare presentations of epilepsy and its implications in medico legal practice.

Dr. S.C. A. Arambepola

Introduction

The association between epilepsy and crime is complex and poorly understood. Three case reports of rare epileptic presentations are described below.

Case 1

A 45 yr old married male teacher with 3 children, presented with a history of behavioural change characterized by wandering and laughing loudly of three days duration. He has had a generalized fit three days prior to admission. He completely recovered with sedation, and the diagnosis of post epileptic automatism was made. He is a known patient with epilepsy since 1998. On a subsequent occasion he killed his own child after an epileptic attack. The case was heard in 2007 and the patient was sentenced to death for murder.

Case 2

20 yr old boy was referred by the prison medical officer for a mental state assessment. On inquiry he was unable to name himself or state his whereabouts. He had been arrested by the police for loitering. After admission the patient developed a generalized fit and subsequently recovered completely. This patient had an epileptic fugue state.

Case 3

26 yr old married lady with a two year old child presented to us with a history of episodes of abnormal behaviour characterized by tearing her clothes, assaulting others and holding on tightly to any object that she came across. These episodes lasted less than five minutes. There were no generalised seizures. She had been on antiepileptic treatment with poor control. This patient was suffering from ictal automatism and there was a possibility of her harming the child or other persons during the seizures.

Conclusions

It is important to consider epilepsy as a differential diagnosis when there is history of episodic abnormal behaviour.

OP9 - Reports of Near Death Experience (NDE)

K.A.L.A. Kurupparachchi, L. Kapuruge

Interest in out of body experiences has increased in the past decade and there are case reports from many parts of the world. The prevalence varies from 4-15% in different studies. A study done among patients at a cardiac care unit demonstrated that 18% experienced NDE and 12% had core experiences.

NDE includes multiple possible experiences. Detachment of body, feelings of total serenity, extreme fear, feelings of levitation, feelings of heightened sensations, coming to a border, presence of spiritual figures, meeting dead relatives and presence of light are described. NDE is usually reported in people very close to death or individuals who are pronounced clinically dead.

The aetiology remains controversial. However it has a relevance to the field of Psychiatry.

We report the following case histories to highlight some important issues.

Case 1

A 79 year old retired engineer became unconscious for about 10 minutes following blood loss after a surgical procedure. He was successfully resuscitated. He recalled that it was very painful initially and then he got detached from the body, floated about 500 metres above the ground and had wandered about and eventually ended up in his village temple. He had been able to touch and worship the Bo Tree. He mentioned that he did not feel pain once he was detached and it was a very pleasant experience and he had wished he would not return to his body.

Case 2

A Buddhist priest in his sixties developed a cardiac arrest and was unconscious for about 5 minutes. He recalled that he got detached from the body and was floating and had been able to communicate with the gods and angels. He described them as very delicate people and had been able to communicate with them.

Case 3

A sixty year old male developed a cardiac arrhythmia and was unconscious for about 15 minutes. He was successfully resuscitated. He recalled that he was detached and had wandered during this period. He mentioned that he met dead relatives and friends and communicated with them.

Case 4

A young woman in her thirties lost consciousness for about 20 minutes following a road traffic accident. After regaining consciousness she recalled that she wandered about and seen a bright light and it had been an extremely peaceful experience.

Case 5

A 50 year old male was resuscitated following a cardiac arrest. He was unconscious for about 10 minutes. He had got detached from his body and had watched the doctors and nurses moving around his body and resuscitating him.

Discussion

The causation of NDE includes physiological, psychological, spiritual and mystical aspects. The core features were described by Raymond Moody. Our case histories highlight some of the main features found in NDE. Interestingly all persons were Buddhists and educated above GCE A/L. The main features of NDE reported here are similar to that in the West. People seem to have a change in personality characteristics following this experience.

OP 10- The Phobic Bowel Syndrome : A Psychological Perspective Of A Common Cross-Specialty Condition

S.Panduwawela, Department of Psychiatry, Kurunegala Teaching Hospital

Introduction:

We have noted a novel trend where patients with gastro-intestinal symptoms end up in psychiatric consultations/clinics. They presented with features of irritable bowel syndrome (IBS) associated with a fear of evacuating bowels in an unfamiliar environment. The features of this syndrome will be described with patient attributes.

Patients and Methods:

The 20 study patients came from two different age cohorts: 5 children aged 7 – 12 years and 15 adults aged 19 – 32 years. All of them complained of a change in bowel habits with or without associated abdominal symptoms. They were evaluated using a questionnaire-based structured interview focusing on the clinical history, personality and mental state.

Results:

Children: 5 children gave different combinations of presentations: 4 of them were embarrassed to have a bowel motion at school; 2 were bullied by peers because of incontinence; 2 had to go to the toilet while they are being taught and were verbally harassed by a teacher because of faecal incontinence. Problems caused to the family by frequent bowel motions and prolonged toilet stay before leaving to school, precipitated psychiatric consultations.

Adults: 15 adults had different background factors including mental trauma during childhood with the urge to evacuate whilst in a gathering; eating selectively etc. 11 had 'normal' investigations. All have had attempts at "complete" evacuation; episodic abdominal symptoms; multi-specialty consultations etc. All were anxious while 2 were depressed.

Conclusions:

Patients with a high neuroticism score presenting with a "fear" of evacuation of bowels when the individual had to go out of his residence, usually associated with a traumatized mind following an embarrassment caused by an urge to empty bowels while in a social gathering, are included in Phobic Bowel Syndrome. With progression of time some of these patients may present with symptoms of IBS. Cognitive behaviour therapy may be helpful in some patients.

List of Poster Presentations

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PP-3 Death from clozapine-induced constipation-2 case reports

Vajira Dharmawardene, Dushan Alponso, Medani Hewagama, UL Sarafdeen, Gambheera Harishchandra.

PP-4 A study on the Knowledge and attitudes regarding the mental illness among doctors and nurses in a tertiary mental health care institution

B.J.Mendis, W.D.D Fernando, C.D. K. Mudalige

PP-5 A study on socio-demographic and disorder characteristics of patients with bipolar affective disorder, currently mania in a unit, Institute of Psychiatry, Angoda.

B.J.Mendis, W.D.D Fernando, N. Dolawatte, S. Suthakaran, S. Gonakubura, V. Siriwardena, A.K.I.N. Perera

PP-6 A Case of Resistant OCD

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PP-7 Puerperal psychosis with peripartum cardiomyopathy- a case report

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PP-8 A pedigree with movement disorders : Huntington's disease? - A case report

Hanwella, R. & Ketharanathan, T.

PP-9 A study on socio-demographic and disorder characteristics of patients with bipolar affective disorder, currently mania in a unit, Institute of Psychiatry, Angoda.

B.J.Mendis, W.D.D Fernando, N. Dolawatte, S. Suthakaran, S. Gonakubura, V. Siriwardena, A.K.I.N. Perera

PP-10 Attitudes and awareness of patients and their carers with regard to Electro Convulsive Therapy

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PP-11 A Case Report on Male Anorexia Nervosa

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PP-12 The importance of thorough assessment of patients on antipsychotic medication, presenting with neck movements – 3 case reports

S.T.Kathirarachchi, M.Kulatunga, I.U.K.Mudalige

Poster Presentations

PP1 - Thrombocytopenia associated with antipsychotic treatment – A Case report

Karandawala I, Weerasundera R, Hettiarrachchi P

Hematological side effects of antipsychotic drugs occur infrequently but remain a potential cause of serious toxicity. Thrombocytopenia is a known but uncommon complication and is known to have been caused by a range of antipsychotics

This report describes a case of recurrent thrombocytopenia that developed in an 18 year old male with schizophrenia treated with risperidone, and which continued after changing to haloperidol, trifluoperazine, and olanzapine, without other clinically significant abnormal hematological parameters.

Our patient had to be trialed with all of the above drugs over a period of one year. He also had treatment free periods because of the development of thrombocytopenia and thus had early relapse of symptoms. The treatment difficulties and implications of this case are discussed in detail.

PP2 - An unusual case of hoarding in obsessive compulsive disorder- a case report

Weerasundera R, Karandawala I, Atapattu K

Hoarding is a recognized symptom of several psychiatric disorders including obsessive compulsive disorder, schizophrenia and dementia but its psychopathological significance is not established. We report a case of compulsive hoarding in a 41 year old female presenting several diagnostic and management problems.

The patient displayed clear obsessional thinking that led to hoarding behavior; however, the extent of her hoarding and the resulting implications exceeded those usually seen in obsessive compulsive disorder.

We review her presentation in the context of the psychopathological significance of hoarding. We present her management which led to a successful outcome through the use of several pharmacological and behavioural interventions.

PP3 - Death from clozapine-induced constipation- 2 case reports.

Vajira Dharmawardene, Dushan Alponso, Medani Hewagama, UL Sarafdeen, Gambheera Harishchandra, Institute of psychiatry, Angoda.

Clozapine is now widely used to treat patients with resistant-schizophrenia. It is known to be associated with dangerous side effects, agranulocytosis being the most widely appreciated. Intestinal obstruction associated with clozapine use is also considered to be one of several other dangerous side effects. Fecal impaction and intestinal obstruction on many occasions has led to surgical laparotomy.

There are several reports of deaths in the literature following this side effect. It is considered to be related to the anticholinergic properties of clozapine.

Here we report 2 cases of deaths associated with clozapine-induced intestinal obstruction at Institute of Psychiatry, Angoda.

Case 1 is of a 57 year old male with resistant schizophrenia who was found to have volvulus of colon with a gangrenous bowel loop at an emergency surgical laparotomy. Though he recovered from the operation he died 3 weeks later probably from sepsis.

Case 2 is that of a 52 year old female who died within 12 hours of complaining about constipation of 3 days duration. At post mortem she was found to have an extensive obstruction with massive dilatation of the large bowel.

Both the patients had minimal features of classic intestinal obstruction. Case 1 patient has not complained of pain and the second patient had minimal pain and was ambulatory 3 hours before death. This relatively asymptomatic and non specific pattern is compatible with the reported cases in literature.

The two case reports are followed by a discussion on the possible steps that can be taken to prevent this sequelae.

PP4 - A study on the Knowledge and attitudes regarding the mental illness among doctors and nurses in a tertiary mental health care institution

B.J.Mendis, W.D.D Fernando, C.D. K. Mudalige, Institute of Psychiatry, Angoda.

A cross sectional, descriptive study on the Knowledge and attitudes regarding the mental illness among doctors and nurses in a tertiary mental health care institution

Background: Stigmatization of people with mental illness is an age-old issue. The conceptions about the topic in health care workers in a psychiatric setup are of great importance, as they directly or indirectly involve with the psychiatric patients.

Methods: A cross sectional, descriptive study among a sample of doctors and nurses at randomly selected four units in Institute of Psychiatry, Mental Hospital, Angoda was conducted, using a pre tested self administered questionnaire which was designed to assess the above.

Results: Out of the total sample of 84, 65.6% of doctors and 82.7% of nurses responded. Majority (79.6%) was females and 65.6% were between 20 to 30 years age group. 32.8% were degree holders. Majority agreed that a person with depression, alcoholism and drug addiction as unpredictable. Great majority agreed on alcoholic and drug addicts as a danger to others. Majority believed that depression, schizophrenia, alcoholism and drug addiction improve with treatment and recover but not dementia.

Majority believed mental illness As a result of genetic causes (68.8%), bad deeds in this life (64.1%). Majority of nurses' sample disagreed to manage a psychotic person at home or at a general hospital setup, but a neurotic person. Though majority felt comfortable to live next to a person with bipolar affective disorder or schizophrenia, majority of the nurses' sample felt uncomfortable to allow their children to play with them, with a great majority nurses and doctors, felt uncomfortable on their children getting married to such a person.

Conclusion: Conceptions of mental illness are often dictated by prevailing socio-cultural factors and the philosophy of the time, and it occurs regardless of the level of understanding of mental illness.

PP5 - A study on socio-demographic and disorder characteristics of patients admitted to a unit, during the last quarter of 2007, Institute of Psychiatry, Angoda.

B.J.Mendis, W.D.D Fernando, J. U. B. Ratnayake, Institute of Psychiatry, Angoda.

A study of socio-demographic and disorder characteristics of patients admitted during the last quarter 2007 to a unit, Institute of Psychiatry, Angoda.

Background: By passing primary and secondary care units to get admitted to a tertiary care institution is a common phenomenon.

Method: A sample of 406 patients - all the admissions to unit 5 and 10 (Units admitting specifically patients from Southern province and some areas at Colombo district) from 1st of October 2007 to 31st of December 2007 was used. The data was obtained from Bed Head Tickets (BHTs) and a pre tested interviewer administered questionnaire was filled, which was designed to assess the above.

Results: The majority (60.3%) of the sample was males, 47% single in marital status and 51.2% were in the 26 to 45 years age category.

60.3% from Colombo district and 33.3% from the Southern province of the country, in which 43% were living within 30 kilometers, of Teaching Hospital Karapitiya.

70.4% were direct out patients' department admissions and 14.3% were requested admissions from two consultant psychiatrists. 9.1% were judicial admissions. 69.2% of patients had a hospital stay up 30 days. 66.7% of patients were discharged and taken up by relatives, while 8.4% were sent on voluntary basis or with psycho social worker (PSW). Absconded patients percentage was 5.7% while the percentage did not return from their leave was 6.9%. There were no deaths during period of study.

Conclusion: By passing phenomenon was well represented in the study and need to attend to reduce the over crowding of tertiary psychiatric care hospitals. A fair percentage of voluntary discharges and sending patients with PSW may add more to the hospital expenditure burden.

PP6 - A Case of Resistant OCD

WMMP Weerasinghe, H Perera

Eleven year old school girl, a diagnosed patient with OCD presented with a 8 month history of altered behaviour characterized by repeatedly saying sorry to everybody, increased frequency of blinking, grimacing, abnormal shrugging movements of shoulders, bending, worshipping everybody and speaking in written language. Her symptoms were so severe that her parents were in severe distress though the child seemed not bothered about it at all. Previously she has shown poor response to adequate doses of Fluoxetine & Sertraline each given for more than 2 months and behaviour therapy (exposure & response prevention). She was brought for admission since her condition was deteriorating despite pharmacotherapy & extensive behaviour therapy.

There was a past history of somewhat similar but less severe episode 3 years back which resolved without treatment after about 1 month. She had no family history of either mental or neurological illness but had second degree relatives with obsessional traits. Temperamentally she was an oversensitive, socially inhibited girl with perfectionist traits.

On presentation she showed grossly abnormal behaviour including bending & worshipping everybody. Further assessment revealed obsessional thoughts, compulsive rituals, neutralizing & reassurance seeking behaviours. In addition to those she had lot of irrational cognitions leading to poor self esteem. Child was treated with Clomipramine (upto 75 mg) & Risperidone 1 mg (reduced to 0.5 mg after 1 month). At the same time cognitive strategies (challenging beliefs, reassessing responsibility) were also used together with desensitization using a mirror during interviews. Later this was replaced with positive imagery followed by relaxation. Child complied well with above strategies & home work sessions. At 3 month follow up she showed 90% improvement of her problem behaviours.

Severe cases of OCD are difficult to treat & SSRI's are known to be less effective than Clomipramine. For a successful outcome primary antiobsessional drug has to be augmented with Risperidone & intense CBT is necessary.

PP7 - Puerperal psychosis with peripartum cardiomyopathy- a case report

Weerasundera R., Jegan, Y

Psychotic illness in the puerperal period has a low incidence. Peripartum cardiomyopathy is a rare complication of pregnancy with an incidence of 1 in over 10,000. We report a case of the two conditions occurring in the same patient, presenting significant management problems.

The development of peripartum cardiomyopathy was a contraindication for the use of antipsychotics as well as electroconvulsive therapy in this patient who was extremely disturbed due to her psychotic symptoms but needed absolute bed rest for her cardiac condition.

We describe her management, discussing the need to balance the potential risks of her cardiac status against the benefits of recovery from her psychotic condition.

PP8 - A pedigree with movement disorders : Huntington's disease? - A case report

Hanwella, R. & Ketharanathan, T.

Introduction

Huntington's disease is a rare, inherited disorder associated with progressively worsening choreic movements, cognitive impairment, emotional and behavioural problems which cause great distress to the affected individuals.

Case presentation

We came across this 54 year old lady who had been regularly bringing her son suffering from schizophrenia to the clinic. Routine inquiry into the mother's health revealed the presence of progressively increasing abnormal, involuntary, non repetitive, jerky movements in the extremities along with facial twitching and unsteady gait over the last 5 years. Movements were present in the sleep also. Depressive features such as sadness, feeling worthless, impaired sleep and appetite, and weight loss have also been present. Similar late onset movements, but in a more severe form with associated dementia like picture have been observed in her family, spanning at least 3 generations including her mother, maternal uncle, at least half of her siblings and a nephew. Anticipation was evident.

On examination she had involuntary, non stereotyped jerky movements in upper and lower limbs, manifesting as fidgetiness and tapping of feet, twitching around the mouth and a broad based dancing gait.

MRI brain scan was normal. In the background of high clinical suspicion of Huntington's disease, efforts to carry out confirmatory genetic testing have failed due to the unavailability of the test cost free.

In the absence of any curable treatment genetic counseling may have been valuable to this family, the inability to provide which may carry significant future implications.

PP9 - A study on socio-demographic and disorder characteristics of patients with bipolar affective disorder, currently manic in a unit, Institute of Psychiatry, Angoda.

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A descriptive study of socio-demographic and disorder characteristics of patients with bipolar affective disorder, currently mania in a unit, Institute of Psychiatry, Angoda.

Background: The socio-demographic characteristics are important in the long term management of patients and in the prevention processes.

Methods: A sample of fifty patients with bipolar affective disorder, currently manic with psychotic symptoms according to the ICD 10 criteria were selected on the random basis from unit 05 and 10, Institute of Psychiatry, Angoda. It was conducted by using a pre tested interviewer administered questionnaire which was designed to assess the above.

Results: 42% were in the 26 to 35 years age category. Gender distribution was 66% males and 34% females. 58% of the sample was non-employed and 36% were doing non-skilled jobs.

72% of the sample was relapsed patients, out of which 58.3% in their 4th or more relapse. 83.3% and 91.7% of the relapsed sample were not on regular treatment and not on regular clinic follow ups respectively. Of the relapsed sample, 41.7% has had a relapse during the previous six month time. 58.3% of the relapsed patients have had three or more hospital admissions in the past.

90.9% of the male sample had co morbid substance abuse, 72.7% alcohol, 54.4% nicotine and 18.2% cannabis. No female substance abusers were present in the sample.

In the current episode 52% had a score of more than 40 in Young Mania Rating Scale (YMRS) and in the management, 94% were on both a mood stabilizer and an antipsychotic, 12% had undergone electro convulsive therapy as a form of management.

Conclusion: Poor compliance was identified as an association with recurrent admissions and relapses. Routine screening for and assessment of substance use among males with bipolar affective disorder and an integrated approach to the treatment of both disorders is a necessity.

PP10 - Attitudes and awareness of patients and their carers with regard to Electro Convulsive Therapy

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Introduction

Electroconvulsive therapy (ECT) is an effective treatment for patients with major depressive disorder, mania and catatonia. In recent years there has been much interest in the views and experiences of patients who have undergone ECT. The aim of this study is to determine attitude of patients' and their carers towards ECT.

Objectives

To assess the attitudes and perceived benefits and side effects of ECT by the patients and their carers.

Method

173 consecutive patients and 98 of their carers were interviewed using an interviewer administered questionnaire. The patients had either undergone ECT in the past or were currently undergoing ECT. The study was carried out on patients of the Professorial Psychiatry Unit, NCTH or their carers from 1st of November 2007 to 10th March 2008.

Results

87% who had undergone/undergoing ECT were diagnosed having a depressive disorder. 73% of the patients had received ECT following a suicidal attempt.

92.6% of the patients told that they were given adequate information with regard to ECT including its side effects. 4% of the patients and 2.4% of the relatives felt that the patient was coerced to undergo ECT. 96% of the patients 93% of the carers thought that the pre and post ECT care of them was satisfactory.

63% of the patients thought that ECT is a form of treatment for patients with suicidal intent while 58% thought that it is given to patients who do not eat or drink. 23% knew that ECT can be used in patients who are drug resistant. Only 3.2% of the patients were of the view that ECT is given as a form of punishment to patients who have been aggressive. 89% of the patients and 93% of the carers thought that ECT was an effective form of treatment. 87% of the patients and 89.3% of the relatives who believed that ECT was an ineffective form of treatment with a lot of side effects have been given information of this procedure by other patients, relatives of other patients or their relatives and neighbours who have never received ECT themselves.

Most common side effects perceived by the patients were headache (89%), confusion (76%), body aches (76%), memory problems (69%), nausea and vomiting (68%).

None of the patients or their carers thought that ECT was barbaric or it should be abandoned. Most of the patients (79%) and 83% of the carers were of the view that the general public is ill informed about ECT.

Discussion

Most patients and carers reported a favourable attitude towards ECT. Most common Psychiatric diagnosis among the patients who underwent ECT was depressive disorder while the most common indication was a suicidal attempt. According to the patients and their carers the most common indication for ECT was, harbouring suicidal intentions.

The side effect which was complained by most of the patients was headache. Most patients and their relatives who did not perceive ECT as an effective form of treatment have been informed about this procedure by non medical people. Most of the patients and their carers thought that the public should be made more aware about this form of treatment.

PP 11 - A Case Report on Male Anorexia Nervosa

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Introduction

Anorexia nervosa is an illness mainly seen in females. Female Anorexia nervosa is not common in eastern world and male Anorexia nervosa is rarer. We describe a male patient present with Anorexia nervosa to our unit.

Case report

Master T a 14 year old school boy presented with the complaints of fear of being fat, not eating adequate food and threatening parents that he would commit suicide for four months duration during which period he had lost about 10 kg of weight. This has started following an incident of bullying at the school.

He had marked avoidance of food, did vigorous exercises in pursuit of thinness and reassurance seeking behaviours like only eating watching his brother doing the same. He had no binge eating episodes.

On MSE he had an overvalued idea of being too fat and obsessional symptoms related to food and didn't have any suicidal ideas.

On physical examination, he was emaciated.

Management

As an inpatient, Master T's weight was restored to a healthy weight. He was started on Fluoxetine for his obsessional symptoms. Family sessions were conducted to educate about the illness and to modify the weight reducing and reassurance seeking strategies, which master T was using.

Discussion

As the disorder is rare in Sri Lanka chances of missing the diagnosis and failing to provide proper management is high.

PP 12 - The importance of thorough assessment of patients on antipsychotic medication, presenting with neck movements - 3 case reports

S.T.Kathriarachchi, M.Kulatunga, I.U.K.Mudalige

Introduction: Neck movements of patients on psychotropics are mostly attributed to medication. The importance of examining the underlying cause before stopping antipsychotics or adding antimuscarinics, is discussed.

Case 1

A 34 year old male, on antipsychotics since 1997, for schizophrenia. He had been abusing cannabis for over 20 years and engaging in voyeuristic activities. He was arrested several times and to prevent further legal proceedings the family kept him chained.

He presented with painful deviation of neck of 6 months duration. At present he is being investigated for an organic cause, since he had perseveration in speech and change in personality. He was prescribed a regular dose of Haloperidol 10mg tds with Benzexol 2mg tds, following which he improved remarkably.

Case 2

A 34 year old single chef from Kuwait developed obsessional images and was prescribed Clomipramine and Risperidone. While on this medication for four months he developed painful, abnormal posturing of his neck of two months duration. Following investigation by a neurologist he was diagnosed as having spasmodic torticollis, with poor response to medical treatment. History and mental state examination revealed underlying conflicts and he was managed as a person with dissociative motor disorder. He made a complete recovery.

Case 3

A 43 year old widow, diagnosed with paranoid schizophrenia in 2000, was on Risperidone 6 mg nocte. She developed repetitive, involuntary, painful neck movements of 6 months duration and her medication was reduced and Benzexol was added. After one month she stopped the medication on her own. She relapsed and as a result of hallucinations she met with an accident fracturing her tibia and fibula. On examination she had cervical tenderness; MRI cervical spine revealed degenerative changes and cervical spondylosis.

Discussion: The first case was managed as drug induced movement disorder, while continuing medication and investigations for organic pathology. The second case was a conversion disorder and responded to appropriate management. The third case showed cervical spondylosis. These cases illustrate the importance of thorough evaluation of patients with neck movements.