

FULL TEXT OF PLENARIES AND SYMPOSIA

District mental health care movement in Sri Lanka

“A local initiative of great significance with an immense potential to improve access to mental health care”

Prof. Nalaka Mendis
Emeritus Professor of Psychiatry University of Colombo.

Modern mental health concepts, practices and organisation has originated and evolved in the western culture. Based on these developments many other societies have established services to respond to the needs of their people, some of them have used very creative and innovative approaches. Universally, equitable access to mental health care has been accepted as a central core value. Sri Lanka over the years have come out with many developments to improve access to care including introduction of mental health care to the General hospital in the forties and the opening of units in general hospitals in the mid sixties along with liberalizing legal requirements for admission

The present paper reviews the a set of creative and innovative initiatives which evolved as a movement over a period of twenty five years to improve access to mental health care at district level. In the early phase of the movement some of the initiatives included public education, advocacy and the introduction of new interventions. These initiatives sensitized the institutions to respond to more specific initiatives to improve access during the later phase of the movement. These initiatives included development of district network of services, MOMH and Diploma programme and integration of mental health to general health care. These specific initiatives were undertaken by psychiatrists in the provinces and districts and were funded by a range of sources. These initiatives have been complemented by the services established in the private and the NGO sector. The district movement has greatly improved the access and has demonstrated the potential in local systems to develop creative and innovative approaches.

The significance of the district focused services is reviewed in the context of sociopolitical, other local and global activities aimed at improving access. The importance of critically evaluating the district focused care is discussed with a view to moving into the development of a national strategy based on these experiences.

'Manas' and Mental Health

Prof. M Thirunavukarasu

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Being the generation living in the 21st century, we occupy a special position in human history in that we have witnessed an unprecedented and unparalleled growth in our understanding and knowledge of the world around us and the life on the planet. While we bask in the glory, let us not forget that there are some important questions that remain embarrassingly unanswered. Most conspicuous of those questions is one that is central to the field of Psychiatry, i.e., “What is the mind?” Nevertheless, Psychiatrists have brazenly avoided or ignored this question due to a learned lack of enthusiasm. Given the historic inability to achieve a consensus about anything pertaining to the mind, not to mention the inevitable criticism and/or ostracism that relentlessly pursues anybody who takes a stand regarding this controversial issue. Psychiatrists did not want to open that 'can of worms', we simply hoped that if you manage to keep the can closed, the worms would suffocate and die and we never have to face the uncomfortable question again.

We believed that just as we had avoided the definition of mental illness, we would be successful in evading the definition of the mind. However, in the last several decades, human life has transformed so much that we are faced with a relatively new concept- mental health, which also needs to be defined. The list keeps growing and our silence has been deafening. While our understanding of the human brain, behaviour and neurosciences has grown exponentially, the task of describing/defining the mind has been increasing. Our willful indifference and tactical retreat from this tough question is not helping us one bit. Increasingly, we are telling ourselves that any definition of mind or mental health is not even a possibility, let alone plausibility. Let me highlight the importance of this issue in my topic.

In my experience as a clinical and teaching psychiatrist for the last 30 years the available definition and description of the mind and mental health are minimally beneficial in educating medical students, psychiatry residents and mental health professionals like nurses and paramedics. The definitions are too broad / loose for educating the mental health professionals who are often left without any working definition of the mind and mental health to understand psychiatric patients and approach them in a comprehensive manner. They are also unable to understand scientific literature and interpret it properly. Conversely, authorities of scientific manuscripts use the term interchangeably adding to the confusion. The existing definition gives room for much misunderstanding and misspeaking of terms. Inevitably, it allows personal bias to creep in leading to exploitation of the field by ideologists operating through non medical objectives. Psychiatrists also are unable to explain to the patients about mind or mental health. Worse, psychiatrists offer different/contrasting or rarely contradicting explanations leaving the public to assume that the psychiatrists do not know any more than the others about the mind. Such attitudes are widely prevalent and contribute to the pre existing stigma. This also stalls the progress in the attempt to increase mental health awareness.

In a sense, our delay in defining the core operational entity in our profession, the mind or mental health has not been beneficial. Is it possible to identify sanity from insanity? Usually, psychiatrists conclude by continually asking themselves if the patients has schizophrenia or depression and thereby arrive at a diagnosis of mental illness. Instead, if the psychiatrists ask themselves if the patient is mentally healthy or does hearing a voice make a patient mentally unhealthy, i.e the line of thinking rooted in identifying mental health and not mental illness. So, it is critically important that clinical evaluation, training and education in Psychiatry should start with mental health, moving to mental illness and not the other way around.

“Moulding the future psychiatrist” Overview of training systems in UK & Sri Lanka

Dr Thilak Ratnayake

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Psychiatry is a dynamic field in medicine with new developments and changes taking place expeditiously. Therefore the Psychiatric services need to adapt swiftly in accordance. The training of future psychiatrists plays a major role in meeting these challenges. Over the last ten years in the United Kingdom, as well as in Sri Lanka, Psychiatry training has undergone significant changes. These include changes to the exam system, duration of training and on-going assessments.

Previously, Psychiatry training came under the sole purview of the Royal College of Psychiatrists. This method was not dissimilar to the current system in place in Sri Lanka with the Board of Study in Psychiatry of the Post Graduate Institute of Medicine managing training. However, since 2008 the training has been decentralized and individual deaneries are responsible for the training. There are many benefits of this change, but also many difficulties, and the matter is much debated.

When considering the Membership of the Royal College of Psychiatrists (MRCPsych), the format has changed dramatically. The theory component consists of three multiple choice question papers. The written papers have been removed. The clinical component which used to consist of one long case and short cases has been replaced by a Clinical Assessment of Skills and Competencies (CASC) exam which consists of sixteen stations of simulated case scenarios thereby testing a wide array of skills. In the MD Psychiatry examination in Sri Lanka there are two components; Part 1 and Part 2. The Part 1 consists of a MCQ and structured essay papers. The part 2 examination has a MCQ, Essay as well as case based clinical examination involving actual patients. The implications of these changes are controversial.

The United Kingdom Psychiatry training system mainly relies on work place based assessments rather than performance in the exam. There are several assessment tools for this purpose such as Case Based Discussions (CBD), Assessment of Clinical Expertise (ACE) and the maintenance of an electronic portfolio.

Traditionally, the Sri Lankan medical education is based on the UK system. Appraising the newer developments in the two training systems is important to produce Psychiatrists who will meet the needs of the future.

To define mental health, we have to first define mind which historically has been a daunting undertaking. Let us take a look at the history and development of the concept of mind which clearly says that it is very hard to define. the mind and there has been no consensus. Why is this issue so controversial?

There are several reasons. So, what am I trying to conceptualize? Through centuries of indoctrination and linguistic idiosyncrasies, we are hard wired to think in a certain way when the words “mind” or “psyche” are used consciously or unconsciously. Therefore, I would like to deliberately avoid using the terms “mind” or “psyche”

Let me paraphrase my objectives. I'm not trying to conceptualize the mind /psyche as the world has known it. I'm trying to conceptualize the part of the human self that is the subject of interest in scientific study triggered by deviant human phenomena only for the purpose of producing medical relief to alleviate human suffering. I will baptize it by a term unused in contemporary Western literature in order to sever any connections/relations to what has already been philosophized for the mind/psyche and willfully exclude any pre existing assumptions about it. I choose the word “Manas” for this. My talk will cover in detail about this.

The usual way to define mental health is the absence of any mental illness. Probably, this is the easiest solution but it is undoubtedly useless. Mental health cannot be a diagnosis of exclusion because such a concept defeats the whole purpose of conceptualizing it.- the purpose is to promote Mental Health, not to treat mental illness alone. The clinical strategy to promote mental health is different from the strategy to treat mental illness. Let me make one point clear- *the presence of mental illness implies the absence of mental health but the absence of mental illness does not imply the presence of mental health.*

Based on the concept of Manas, I would like to propose the concept of mental health also, which can be used only in the assessment of individual people in the clinical setting and it is not applicable in the non clinical setting. Moreover, it is not for any group of people identified by a common denominators such as culture, geography, ethnicity, etc. With this summary, I will elaborate on the intricacies and minute details of Manas.

Cognitive Rehabilitation

Dr. Raveen Hanwella
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Faculty of Medicine
University of Colombo

There is an estimated 12,000 persons in Sri Lanka with residual brain damage following trauma. Among civilians this is mostly due to injuries following road traffic accidents and in military veterans to blast injuries. In addition there is also a group of people with brain injury due to strokes and damage following surgery for space occupying lesions. These injuries are at a macroscopic level. With an ever increasing elderly population the number of people with cognitive deficits due to dementia of the Alzheimer and non-Alzheimer types is also on the increase. This large population, the exact number of which is unknown, are functionally impaired due to their cognitive deficits and are a significant burden to themselves, their families and their community. Up to now medical care has been directed towards improving physical function by using physical methods of rehabilitation. But it is now realised even though the physical deficits are improved the cognitive deficits such as reduced concentration, poor memory, language and communication, visuospatial deficits and poor executive functions lead to major disability. In some countries especially in the United States there is an increased interest in developing methods of improving cognitive deficits in such patients.

Rehabilitation aims to improve human functioning and quality of life whereas other branches of medicine aim to prevent and treat disease. Rehabilitation can be defined as treatment or treatments designed to facilitate the process of recovery from injury, illness, or disease to as normal a condition as possible. The purpose of rehabilitation is to *restore* some or all of the patient's physical, sensory, and mental capabilities that were lost due to injury, illness, or disease. Rehabilitation includes assisting the patient to *compensate* for deficits that cannot be reversed medically. Rehabilitation is often considered in relation to improvement of physical deficits. For example rehabilitation in a person with paralysis after a stroke might include strengthening of muscles through exercise, or surgical transfer of tendons of non-paralysed muscles to more useful sites. In this person external mechanical aids such as braces or a wheel chair would increase mobility. Modification in the environment such as provision of ramps, wide doorways and disability toilets also help to improve functioning. However rehabilitation is not limited to physical rehabilitation. Cognitive rehabilitation aims to improve functioning and independence in patients with cognitive impairment following an acquired brain injury. As with physical rehabilitation, cognitive rehabilitation aims to reduce impairments as well as to minimise the impact of those impairments.

The term cognitive rehabilitation should not be understood in terms of its narrow definition and focus only on the remediation or compensation for cognitive deficits. Perhaps the term *rehabilitation of individuals with cognitive impairment* rather than *cognitive rehabilitation* better describes the aims and scope of this therapy. However for reasons of brevity the latter term continues to be used. Although the primary aim of therapy is to improve and compensate for cognitive disabilities the personal, emotional and social impact of brain injury should also be addressed. All these factors should be incorporated into a comprehensive cognitive rehabilitation program.

In cognitive rehabilitation, there are certain basic principles that should be followed.

1. It is not possible to isolate cognition. Brain damage affects cognitive, social, behavioural, and

emotional functioning. These four domains are interdependent and it is inappropriate to consider management of difficulties in one domain, such as cognitive function, without attending to the others.

2. An eclectic management approach is necessary. As there is, a range of problems management should draw from a variety of traditions including behavioural, sociological, psychological, and neuropsychological disciplines.

3. The cognitive problems need to be conceptualised. Working from a model of a cognitive process helps clinicians to organize assessment and treatment activities and practices.

4. Current knowledge in the field of cognitive psychology and neuroscience need to be applied. There is a rapidly expanding knowledge base within these fields that should guide treatment. Having a grasp of the theoretical underpinnings of attention, memory, and executive functions will allow clinicians to develop effective treatments.

5. A partnership needs to be formed with patients and families. Families have expert knowledge about their own members and functioning. Families provide critical direction for cognitive rehabilitation efforts. Clinicians are unlikely to effect meaningful changes in attention and memory function in the absence of a working relationship with a client's family.

Cognitive rehabilitation may also be classified as modular or comprehensive. These types of cognitive rehabilitation evolved out of treating different types of brain injury. Focal brain injuries, such as stroke or brain tumours, may result in one or a small number of cognitive impairments and largely spare other cognitive processes. In contrast, diffuse (i.e., multifocal) brain injuries resulting from trauma often result in multiple cognitive and behavioural impairments.

In modular models of CRT, treatments are generally aimed at a single cognitive impairment, such as memory ("memory remediation") or language ("aphasia therapy"). Such treatments, when delivered alone, might be expected to enhance activities and participation and is most effective in patients with a single or predominant impairment (i.e., patients with a more focal impairment). In contrast, patients with multiple impairments (i.e., deficits in attention and memory, along with impulsivity and depression) may receive a comprehensive program also referred to as "holistic," "multi-modal," or "neuropsychological rehabilitation." A comprehensive program for patients with moderate or severe traumatic brain injury might begin with a comprehensive neuropsychological assessment, along with a patient and family interview of current difficulties in activities, social behaviour, and mood. From this assessment, certain patient specific modules would be selected. For example, consider a female patient who has difficulty carrying out complex tasks and often forgets appointments and commitments. She might receive specific individualized treatment focusing on task-related problem solving, along with training in the effective use of a daily planner. In addition, she might participate in daily group discussions with other patients about the ways in which their lives have changed; group members receive feedback and support for their attempts to cope with and adapt to those life changes. She might also receive individual psychotherapy to address depression, along with periodic joint sessions with her husband to help him understand the sources of her unreliability as well as address his own sense of the loss of his familiar partner.

Cognitive rehabilitation is not a single therapy but a comprehensive system of therapies drawing from range of disciplines. The various components have to be individualised according to the needs of each patient. The therapy would also need to be delivered by a range of health care personnel with a range of expertise. Such a resource intensive management would not be feasible in all units but would need to be carried out in the more well-resourced centres where patients could be referred. However, considering the benefits for the individual patient this effort would be worthwhile.

Free papers 11.30-12.30

OP 01: Gender Based Violence presenting to a general hospital in Eastern Sri Lanka: a descriptive study

Wickrama P¹, Athukorala AMIU², Mangaleswary P²:

1. Acting Consultant Psychiatrist 2. Supporting Officer Gender Based Violence Unit, General Hospital Trincomalee

OP 02: Audit on Prescription and Administration of ECT at NIMH, Sri Lanka

Dahanayake DMA¹, Rohanachandra YM¹, Dissanayake ARK², Gambheera H³

1. Registrar in Psychiatry, National Institute of Mental Health, Sri Lanka 2. Senior Registrar in Psychiatry, National Institute of Mental Health 3. Consultant Psychiatrist, National Institute of Mental Health

OP 03: Factors associated with medication non-adherence among patients with schizophrenia in a teaching hospital psychiatry unit.

Punchihewa GD¹, Hewage CG²

1. Lecturer, 2. Senior Lecturer, Department of Psychiatry, Faculty of Medicine, University of Ruhuna

OP 04: School teachers' attitudes on mental illnesses – the factors associated with a positive attitude.

Hewage CG¹, Hewarathna U²

1. Senior Lecturer, Department of Psychiatry, Faculty of Medicine, University of Ruhuna, 2. Medical Registrar, National Hospital of Sri Lanka, Colombo

OP 05: Characteristics and motives of potential kidney donors assessed in a University Psychiatry Unit in Sri Lanka

Gunawardena HNS¹, Dayabandara LRM², Hanwella R³, de Silva V³

1. Registrar in Psychiatry, 2. Senior Registrar in Psychiatry, 3. Consultant Psychiatrist, University Psychiatry Unit, National Hospital of Sri Lanka, Colombo

OP 06: Prevalence of depression among patients diagnosed with brain tumours

Mendis BJ¹, Dolawaththa N², Kotalawala SW², Kapugama KGCL³

1. Consultant Psychiatrist 2. Senior Registrar in Psychiatry, 3. Registrar in Psychiatry, National Institute of Mental Health, Sri Lanka

Free papers 13.15-14.15

OP 07: Prevalence of depression among spouses of patients with alcohol-related problems in two villages of the Central Province of Sri Lanka

Ariyasinghe D¹, Abeyasinghe DRR²

1. Senior Registrar in Psychiatry, Teaching Hospital, Kandy, 2. Head, Department of Psychiatry, Faculty of Medicine, University of Peradeniya

OP 08: Case series on Transsexuals - A Sri Lankan experience

Ginige P¹, Rodrigo EK², Malalagama AS³

1. Lecturer, Department of Psychiatry, Faculty of Medicine, University of Peradeniya 2. Senior Staff Specialist in Psychiatry, Psychiatric Service Unit (PSU) Canberra Hospital ACT Health, Australia 3. Registrar in Psychiatry, Teaching Hospital, Peradeniya.

OP 09: A study of prevalence of life events as precipitants of mania

Mendis BJ¹, Kotalawala SW², Seneviratne RMAVL²

1. Consultant Psychiatrist, 2. Registrar in Psychiatry, National Institute of Mental Health, Sri Lanka

OP 10: Review of psychiatric liaison services provided at a teaching hospital in southern Sri Lanka: a quantitative and qualitative analysis

Ratnaweera R¹, Hewage C²

1. Consultant Psychiatrist, Base Hospital, Balapitiya 2. Head, Department of Psychiatry, Faculty of Medicine, Galle

OP 11: The Prevalence of Major Depressive Disorder among Parkinson's Disease patients presenting to neurology out-patient setting at National Hospital, Colombo

Ketharanathan T¹, Hanwella R², Weerasundera RYP³, De Silva V²

1. Senior Registrar in Psychiatry, University Psychiatry Unit, NHSL 2. Senior Lecturer, Dept. of Psychological Medicine, University of Colombo 3. Senior Lecturer, Department of Psychiatry, University of Sri Jayawardanapura

OP 12: Parental attitudes on the use of psychotropic medication in childhood ADHD

Hewamadduma SJ¹, Wijethunga GS³, Weerasinghe M⁴, Herath A⁴, Dalpatadu M²

1. Registrar in Psychiatry, National Institute of Mental Health, Sri Lanka 2. Registrar in Psychiatry, Colombo North Teaching Hospital, Ragama. 3. Consultant Psychiatrist, 4. Senior Registrar in Psychiatry, Child and Adolescent Mental Health Service, Lady Ridgeway Hospital, Colombo.

Free papers 13.15-15.15

OP 13: A Descriptive Study on the use of Rapid Tranquilization at the Psychiatric Intensive Care Unit (PICU) of the National Institute of Mental Health (NIMH)

Mendis BJ¹, Devadithiya MMP², Seneviratne RMAVL²

1. Consultant Psychiatrist 2. Registrar in Psychiatry, National Institute of Mental Health, Sri Lanka

OP 14: The Impact of a clinical rotation in Psychiatry on medical students' attitudes towards persons with mental illness.

de Alwis LAP¹, Perera IBRU¹, Vasantha HL¹, Henegama T¹, Fernando S²

1. Registrar in Psychiatry 2. Consultant Psychiatrist, University Psychiatry Unit, National Hospital of Sri Lanka, Colombo

OP 15: Functional status and cognitive impairment among patients with Dementia attending the University Psychiatry Unit, National Hospital of Sri Lanka

Ediriweera de Silva RE¹, Henegama T², Perera W.L.S.P¹, Hanwella R⁴, de Silva V⁴

1. Lecturer, Family Medicine Unit, Faculty of Medicine, University of Colombo. 2. Senior Registrar, University Psychiatry Unit, National Hospital of Sri Lanka. 3. Post Doctoral Fellow, Flinders University, Adelaide, Australia. 4. Senior Lecturer, Department of Psychological Medicine, Faculty of Medicine, University of Colombo.

OP 16: Patterns of weight distribution among out patients on Clozapine

Abeyasinghe DRR¹, Perera SR², Doluweera S²

1. Consultant Psychiatrist, 2. Senior Registrar in Psychiatry, 3. Registrar in Psychiatry, Teaching Hospital Peradeniya.

OP 17: Criminal responsibility for murder among remand prisoners sent for forensic psychiatric assessment

Fernando N¹, De Alwis LAP², Kotalawala SW²

1. Consultant Psychiatrist 2. Senior Registrar in Forensic Psychiatry 3. Registrar in Psychiatry, National Institute of Mental Health, Sri Lanka

OP 18: Sensory Processing Problems in children with Autistic Spectrum Disorder: a descriptive study

Isuru LLA¹, Weerasinghe M², Wijethunga S³, Perera IBRU⁴.

1. Registrar in Psychiatry, 2. Senior Registrar in Psychiatry, 3. Consultant Psychiatrist, 4. Senior Registrar in Child Psychiatry, Child and Adolescent Mental Health Service, Lady Ridgeway Hospital, Colombo.

OP 19: Psychoactive substance misuse among schoolboys in a district in central Sri Lanka: a descriptive study.

Abeywardena GS¹, Dharmaratne SD², Dhammika KKL³, Adhikari AMKJB³, Perera HSS³.

1. Consultant Psychiatrist, District General Hospital Matale, 2. Head, Department of Community Medicine, University of Peradeniya, 3. Temporary Lecturer, Department of Community Medicine, University of Peradeniya

OP 20: Attitudes towards mental illness among doctors and nurses at District General Hospital Matale

Abeywardena GS¹, Galhenage JS², Tennakoon S³, and Rajapakse TN⁴

1. Consultant Psychiatrist, District General Hospital, Matale 2. Medical Officer, District General Hospital, Matale 3. Senior Lecturer, Department of Community Medicine, University of Peradeniya, 4. Lecturer, Department of Psychiatry, University of Peradeniya

OP 21: Cerebral cortical grey matter and their relationship with associated factors in previously never medicated patients with schizophrenia in Sri Lanka.

Kumarasinghe N¹, Schall U², Rasser PA³, Tooney PA⁴, Mendis J⁵, Harischandra G⁶, Perera A⁷, Yasawardene SG⁸

1. Doctoral research associate 2. Professor of Psychiatry 3. Senior Research Officer 4. Senior Lecturer, Centre for Translational Neuroscience & Mental Health Research, University of Newcastle, Australia 5. Director 6. Consultant Psychiatrist, National Institute of Mental Health Sri Lanka 7. Professor of Family Medicine 8. Professor of Anatomy Faculty of Medical Sciences, University of Sri Jayawardenepura, Sri Lanka.

OP 22: Psychological Impact of Spinal Cord Injury: a rehabilitation hospital based study

Samarasekera D¹, Seneviratne S², Muniadasa D³, Rubasinghe J⁴, Karunapema P⁵, Williams SS⁴

1. Department of Health Sciences, Faculty of Natural Sciences, The Open University of Sri Lanka 2. Department of Medical Education and Health Sciences, Faculty of Medical Sciences, University of Sri Jayawardenepura 3. Rheumatology and Rehabilitation Hospital, Ragama 4. Department of Psychiatry, Faculty of Medicine, University of Kelaniya.

OP 23: Eating attitudes and behaviours among adolescent girls in the Colombo district, Sri Lanka

Wijeratne LT¹, Kuruppuarachchi KALA², Pathmeswaran A³, Williams SS⁴

1. Lecturer, Department of Psychiatry, 2. Professor of Psychiatry, Department of Psychiatry 3. Professor of Public Health, Department of Public Health, 4. Senior Lecturer, Department of Psychiatry, Faculty of Medicine, University of Kelaniya

OP 24: Energy drink consumption pattern in a group of medical students in Sri Lanka

Adicaram DRS¹, Ranasinghe JGS², Wijesinghe RD³, Wijesinghe DPD⁴

1. Temporary Lecturer, Department of Parasitology, University of Peradeniya. 2. Professor, Department of Biochemistry, University of Peradeniya 3. Intern Medical Officer, Peradeniya General Hospital 4. Consultant Psychiatrist, National Institute of Mental Health, Sri Lanka

OP 25: Study of characteristics of attendees and dropouts of a child and adolescent psychiatric clinic at Lady Ridgeway Special Hospital for Children.

Perera H¹, Hewagama M², Amaranayake K².

1. Professor in Psychological Medicine Department of Psychological Medicine, Faculty of Medicine, University of Colombo; 2. Registrar in Psychiatry, Child Mental Health Unit, Lady Ridgeway Hospital, Colombo

OP 26: Survey on Difficulties Encountered in Sending Patients Home after Discharge at NIMH, Sri Lanka

Rohanachandra YM¹, Dahanayaka DMA¹, Dissanayaka ARK², Gambheera H³

1. Registrar in Psychiatry, 2. Senior Registrar in Psychiatry, 3. Consultant Psychiatrist, National Institute of Mental Health

Poster presentations

- PP 01: A modern day Hamlet**
Abeyasinghe DRR¹, Perera SR²
1. Consultant Psychiatrist, 2. Registrar in Psychiatry, Teaching Hospital Peradeniya
- PP 02: Attitude and perception of patients referred to the day unit of the University Psychiatry Unit, National Hospital of Sri Lanka**
Amaranayake R.M.K¹, Fernando S²
1. Registrar in Psychiatry, University Psychiatry Unit of the National Hospital of Sri Lanka. 2. Lecturer, Consultant Psychiatrist, Department of Psychological Medicine, Faculty of Medicine, Colombo.
- PP 03: Profile of inpatients at a general hospital psychiatric unit**
Senanayake SM¹, Gunawardhana YAML³, de Silva VA², Hanwella R².
1. Lecturer in Psychiatry, 2. Senior Lecturer in Psychiatry, 3. Research Assistant, Department of Psychological Medicine, University of Colombo.
- PP 04: Suicide rates in Sri Lanka from 1995-2009: an analysis of age and sex distribution**
Senanayake SM¹, de Silva VA², Hanwella R².
1. Lecturer in Psychiatry, 2. Senior Lecturer in Psychiatry, 3. Department of Psychological Medicine, University of Colombo.
- PP 05: Geographical variation in admissions due to poisoning in Sri Lanka: a time series analysis**
de Silva VA¹, Senanayake SM², Hanwella R¹.
1. Senior Lecturer in Psychiatry, 2. Lecturer in Psychiatry, Department of Psychological Medicine, University of Colombo.
- PP 06: School Refusal Visited and Re-visited**
Perera H¹, Fernando SM², Jeewandara KC³
¹Professor in Psychological Medicine, ²Lecturer, Department of Psychological Medicine, University of Colombo, ³Medical Officer, Lady Ridgeway Hospital for Children, Colombo
- PP 07: Patients diagnosed with schizophrenia who are on prolonged antipsychotic treatment**
Attygalle UR¹, Karunaratne GSL¹, De Silva VA²
1. Registrar in Psychiatry, National Hospital of Sri Lanka, Colombo. 2. Senior Lecturer, Consultant Psychiatrist, Department of Psychological Medicine, University of Colombo. 2
- PP 08: The Community Psychiatric Nursing (CPN) Programme: a one year self evaluation after initiation**
Mendis BJ¹, Abeywickrema CP²
1. Director and Consultant Psychiatrist, National Institute of Mental Health, Sri Lanka. 2. Medical Officer, National Institute of Mental Health, Sri Lanka
- PP 09: A patient with Meningioma presenting with psychiatric symptoms**
Fernando N¹, Jurajj AGM², Goonawardena KDDR³, Gunathillaka KDK³, Wanniarachchi KD⁴
1. Consultant Psychiatrist, 2. Senior Registrar, 3. Registrar, 4. Diploma trainee, National Institute of Mental Health, - Angoda.
- PP 10: A study on prevalence of Gender Based Violence (GBV) in female patients with psychiatric illness at the National Institute of Mental Health IMH**
Mendis BJ¹, Seneviratne RMAVL², Devadithya MMP²
1. Consultant Psychiatrist, 2. Registrar in Psychiatry, National Institute of Mental Health
- PP 11: Landau-Kleffner Syndrome: A Diagnostic and a Management Challenge**
Wijethunge GS¹, Padeniya A², Wijesiri HGVW³, Balasooriya NS³
1. Consultant Psychiatrist 2. Consultant Pediatric Neurologist 3. Registrar in Psychiatry, Lady Ridgeway Hospital for Children, Colombo

- PP 12: Mental Health Outpatient Clinic Programme in Trincomalee District: A case study**
Wickrama PB¹, Lesley AS²
1. Acting Consultant Psychiatrist 2. Social Worker, Mental Health Unit, General Hospital Trincomalee
- PP 13: A comparison of psychiatric liaison referrals between two hospitals in Sri Lanka and the UK**
Dissanayake LK¹, Jayaratne WCS², Sumanatissa T³, Ratnayake T⁴
1. Specialist Registrar in Psychiatry, Psychiatry Unit, Weller Wing, Bedford, UK,
2. Clinical attachée, Bedford Hospital, Weller Wing, UK, 3. Consultant Psychiatrist, T.H. Hospital Kegalle, Sri Lanka 4. Consultant Psychiatrist & Director of Medical Education, Bedford Hospital, Weller Wing, UK

- PP 14: Assessing the effectiveness of psychiatric nurses performing the initial review; findings from a general hospital in the United Kingdom**
Dissanayake L¹, Malnas A², Fernando P³, Riaz-Ul-Haq R⁴, Wijesinghe CA⁵, Ratnayake T⁶
1. Specialist Registrar 2. Core Trainee 3. GP Trainee 4. Trust Grade Doctor 5. Specialist Registrar 6. Consultant Psychiatrist and Head, Crisis resolution and home treatment service, Mental Health Unit, Bedford Hospital, United Kingdom

- PP 15: Perceptions and beliefs of elders and care givers surrounding depression in the elderly in Southern Sri Lanka**
Rajapakse H¹, Perera B², Ranabahu S³, Ostbye T⁴, Maseko J⁵, Watt M⁶
1. Department of Psychiatry 2. Department of Community Medicine, Faculty of Medicine, University of Ruhuna 3. Department of Geography, Faculty of Humanities, University of Ruhuna 4. Department of Community and Family Medicine 5. Duke Global Health Initiative 6. Duke Global Health Initiative, Duke University, USA

- PP 16: Employment status of individuals with Psychiatric disorders**
Mendis BJ¹, Rajapakse RPSS²
1. Consultant Psychiatrist, National Institute of Mental Health, 2. Registrar in Psychiatry, National Institute of Mental Health

- PP 17: Atypical presentation of a patient with unipolar psychotic depression**
Wijesiri HGVW¹, Arambepola SCA²
1. Registrar in Psychiatry, 2. Consultant Psychiatrist, Teaching Hospital, Kandy

- PP 18: Case report of a female with persistent genital arousal**
Wijesiri HGVW¹, Wickramasinghe WAL²
1. Registrar in Psychiatry, 2. Consultant Psychiatrist, Teaching Hospital, Kandy

- PP 19: Rickettsial cerebral vasculitis: can it predispose to mania?**
Wijesiri HGVW¹, Wickramasinghe WAL², Siriwardena MGMMAR³
1. Registrar 2. Consultant Psychiatrist 3. Senior Registrar, Teaching Hospital, Kandy

- PP 20: Steroid induced psychosis in a patient with Systemic Lupus Erythematosus (SLE).**
Lakmini WD¹, Mendis TSS¹, Samarasinghe D²
1. Registrar 2. Consultant Psychiatrist, University Psychiatry Unit, National Hospital of Sri Lanka

- PP 21: The Community Psychiatric Nursing (CPN) Programme: a one year review after initiation**
Mendis BJ¹, Abeywickrema CP²
1. Director and Consultant Psychiatrist, National Institute of Mental Health, Sri Lanka 2. Medical Officer, National Institute of Mental Health, Sri Lanka

ABSTRACTS OF ORAL PRESENTATIONS

OP01: Gender Based Violence presenting to a general hospital in Eastern Sri Lanka: a descriptive study

Wickrama P¹, Athukorala AMIU², Mangaleswary P²

1. Acting Consultant Psychiatrist 2. Supporting Officer Gender Based Violence Unit, General Hospital Trincomalee

Background: The setting up of units to address Gender Based Violence (GBV) is a new service in regional Sri Lanka.

Aims: To describe the adult client population presenting to the GBV unit of a general hospital in eastern Sri Lanka and the interventions adopted.

Methods: The sample consisted of all clients over eighteen who visited the GBV unit during the first six months of operation of the unit. Data was gathered anonymously using a structured, interviewer administered questionnaire. Effectiveness of intervention was assessed using the General Health Questionnaire (GHQ) filled on registration and at three months. Outcomes were documented after three months either by clients being reviewed at the unit or by a telephone interview.

Results: Seventy three clients were included in the study. 70 were females. 62 (85%) were unemployed. Among the victims, 91% of faced violence at home with the husband being the perpetrator in 78% of cases. Over a third of victims (39%) had physical wounds and 31% had attempted suicide. A minority (15%) had a psychiatric illness. Most victims (86%) were referrals from the hospital. A significant proportion of clients (43%) had a GHQ score above the mean. All clients underwent at least two sessions of counseling and 23% were referred to Police, 22% to Department of Probation and Childcare Services and 22% to other services. The unit was able to contact only 50 victims (68%) to assess out comes. Of them, 32 (64%) were free from violence while ten were engaged in legal action against the perpetrator. Thirty nine clients filled the GHQ on review at three months. There was a significant reduction in the mean GHQ score in the follow up group.

Conclusion: Interventions by the GBV unit appear effective. However data of all clients were not available for review at three months. Services also appear to be largely confined to hospital patients.

OP02: Audit on Prescription and Administration of ECT at NIMH, Sri Lanka

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Background: Audits on the practice of Electroconvulsive Therapy (ECT) have shown deficiencies in meeting expected standards and highlight the need for such reviews as being essential for the improvement of the quality of services provided.

Aims: This audit aimed to evaluate the practice of ECT at a tertiary care centre specializing in mental health with a view to enhancing the quality of service provision. It also assessed the adequacy of ECT related documentation.

Methods: A cross-sectional descriptive study design was used. A consecutive sample of 111 patients and their records were assessed. Data collection was done using a specifically designed instrument. Guidelines for ECT proposed by the Royal College of Psychiatrists, United Kingdom and the Royal Australian and New Zealand College of Psychiatrists were used as prescribed standards.

Results: The average age of recipients of ECT was 39.9 years and 44% were males. While schizophrenia (37%) was the commonest psychiatric diagnosis, failure of first line treatment (33%) was the most frequent indication for ECT irrespective of diagnosis with marked variation among different units. The ECT record filled by doctors showed 70% completion in this sample. The indication for ECT was mentioned in 47% of records. The duration of motor seizure was recorded to the approximate second in 5% of patients. There was no adequate recording of the seizure response in 77% of records. Recommended modifications for drug regimes were adopted in 53%. Only 50% of patients developed a motor seizure of over 20 seconds duration. The Average energy dose increment was 13% of the initial ECT in each subsequent session. In 78%, the post-ECT assessment was sub-standard.

Conclusions: The maintenance of ECT related records, the uniformity of indications for ECT and the monitoring of seizure response are unsatisfactory. Many patients have not developed an adequate seizure. Modifications of drug regimes were not adopted in a significant proportion. There is marked reluctance in incrementing energy doses. A re-evaluation after the introduction of guidelines for administering ECT and maintaining ECT records is recommended.

OP 03: Factors associated with medication non-adherence among patients with schizophrenia in a teaching hospital psychiatry unit.

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Background: Adherence to therapies is a primary determinant of treatment success. A major clinical problem in the treatment of schizophrenia is suboptimal medication adherence resulting in recurrences and re-hospitalisation. The identification of factors associated with non-adherence may help in designing effective interventions.

Aims: To evaluate factors associated with medication non adherence among patients with schizophrenia.

Methods: Data was collected from 100 patients with a relapse of schizophrenia admitted to a university psychiatry unit over a period of one year. A questionnaire developed using the Medication Adherence Rating Scale as a guide was used to collect data.

Results: A majority of the sample (80.6%) included individuals below the age of 50 years. The mean duration of the illness was 10.39 years (SD=0.76) and the mean number of relapses was 4.38 (SD=2.699). The rate of non-adherence was 63%. No significant associations were found between non-adherent patients' demographic characteristics, duration of illness, number of relapses, type of medication, route of administration and the number of anti-psychotics prescribed. A significant association was found between non-adherence and patients' insight ($p=.000$), medication side effects ($p=.008$) and clinic non attendance ($p=.026$).

Conclusion: The main contributory factors for medication non-adherence in schizophrenia in this study are a lack of insight, side effects of medication and clinic non-attendance.

OP 04: School teachers' attitudes on mental illnesses – the factors associated with a positive attitude.

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Background: The global prevalence of disabling mental illness in children and adolescents is 20%. The impact of child mental disorders is life long, causing a significant disease burden and a reduction in the quality of life. Early recognition of child mental disorders and timely interventions could minimize the burden of disease. In Sri Lanka where child mental health professionals are scarce, a cost effective method is to utilize school teachers in the identification and subsequent management of these children. A teacher's contribution to promoting the health of a mentally disordered child is mainly influenced by the teacher's attitudes.

Aim: To assess attitudes and the factors that affect attitude towards mental illness among school teachers.

Methods: A cross sectional study was conducted among 400 teachers in a district in southern Sri Lanka using a self administered questionnaire which was compiled from the Sinhalese translation of the Attitudes to Mental Illness questionnaire (AMIQ).

Results: A positive attitude towards mental illnesses was seen in 61.4% of teachers. The AMIQ mean score was 60.98. The teachers' education level, having encountered children with mental illness and awareness that mental illnesses could be treated were significantly associated with having a positive attitude.

Conclusions: Efforts should be taken to enhance favorable attitudes towards mental illness among teachers. Providing teachers with opportunities to encounter mental illness and educating them about these illnesses could be useful strategies.

OP 05: Characteristics and motives of potential kidney donors assessed in a University Psychiatry Unit in Sri Lanka

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Background: Psychological evaluation is an essential component in the assessment of a potential kidney donor. Studies that have dealt with the reasons that motivate people to donate a kidney are few in number.

Aim: Describe characteristics of kidney donors and their motives to donate.

Methods: Twenty three potential donors referred to a university psychiatry unit were assessed. Data was collected from clinical interviews and records and using a self administered questionnaire. This was designed based on a literature review. A Likert scale was used to assess motives and concerns.

Results: The mean age of potential donors was 45.34 years. Of the donors 56.52% were females, 78.3% were married, 70% were related to the recipient and 47.8% of the recipients were immediate family members. The mean monthly income of a potential non related donor was Rs 20,000. It was difficult to establish whether they received a payment for donation. Among the potential donors, 30.4% had donated blood in the past. One potential donor was a patient with schizophrenia in remission. Another potential donor was found incompetent as he was having acute mania. The strongest motives to donate were a wish to help (95%), identification with the recipient (87%), logical reasoning (74%), a religious motive (73%) and self-benefit from the recipient's improved health (69%). A sense of guilt regarding past relationships (48%) and increased self-esteem (56%) were other motives. Pressure from others was a weak motive for donation (9%).

Conclusions: Kidney donors were commonly middle aged married relatives of the recipient. Living kidney donor assessment should include an exploration of the individuals' motives and ambiguities. These are important in the assessment of suitability for donation.

OP 06: Prevalence of depression among patients diagnosed with brain tumours

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Background: The prevalence of depression in communities is estimated between 2 and 5 per cent; however, prevalence rates are higher in patients with brain tumours. Relevant Sri Lankan data is limited.

Aim: To determine the prevalence of depression among patients diagnosed with brain tumours admitted to the neurosurgery units at a tertiary care hospital in Sri Lanka.

Methods: A descriptive cross sectional study was conducted. A sample of 50 in-patients with brain tumours at neurosurgery units in a tertiary care hospital in Sri Lanka were interviewed using a self administered questionnaire to assess the presence and severity of depression, along with the validated Sinhala version of the Beck Depression Scale followed by a clinical interview.

Results: Twenty eight (56%) were males. The mean age was 45.7 years (Range 22-71). The most encountered tumour locations in the sample were frontal lobe (n=7, 14%), temporal lobe (n=6, 12%) and cerebropontine angle (n=6, 12%). The most common tumour types in the sample were meningiomas (n=15, 30%) and glioblastomas (n=6, 12%). In the sample, 24% (n=12) of patients had mild depression; 18% (n=9) had moderate depression and 4% (n=2) had severe depression. A majority (n=27, 54%) of patients did not have depression.

Conclusions: A significant proportion of patients with brain tumours had depression suggesting the need for every patient diagnosed to have a brain tumour to have a psychiatric evaluation.

OP 07: Prevalence of depression among spouses of patients with alcohol-related problems in two villages of the Central Province of Sri Lanka

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Background: Alcohol-related problems (hazardous and harmful use and dependence syndrome) are a common health issue in Sri Lanka. Alcohol-related problems in men in turn affect the wellbeing of their spouses. The problems faced by the spouses include domestic violence and threats of violence, emotional and sexual abuse, lack of confiding relationships, financial hardships and an unhappy

marriage which are known risk factors for depression. However, there is dearth of data on the prevalence of depression in this group of women.

Aim: The aim of the study was to estimate the prevalence of depression among spouses of men with alcohol related problems.

Methods: The study was carried out in two villages in the Central Province of Sri Lanka. Alcohol-related problems among men were assessed using the Alcohol Use Disorders Identification Test (AUDIT) questionnaire whereas depression among their spouses was ascertained using the Structured Clinical Interview for DSM-IV Disorders (SCID IV) for major depression.

Results: Twenty-six out of the 71 women (36.6%) interviewed in one village and 26 out of 85 (30.6%) in the other village fulfilled the criteria for depression. When the two villages were combined the prevalence of depression was 33.3%. The three most common symptoms experienced by depressed women were depressed mood (90.4%), markedly diminished interest or pleasure (92.3%) and fatigue/loss of energy (90.4%).

Conclusion: The prevalence of depression among spouses of men with alcohol related problems is markedly higher than the point prevalence of depression observed among community-living Sri Lankan women in previous studies. The study highlights a hitherto neglected group of individuals who are at a high-risk of depression, revealing the clinical and public health implications of the problem. Research aimed at examining the effect of intervention-mediated reduction of alcohol-related problems in males on the prevalence of depression among their spouses, is indicated.

OP 08: Case series on Transsexuals - A Sri Lankan experience

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Background: The term 'transsexual' (or 'transgender') is used to describe a heterogeneous group of people who do not conform to the conventional types of male and female genders according to anatomical sex. Gender specialists offer triadic therapy and psychotherapy for this group in developed countries. No published studies are available on transsexuals in Sri Lankan literature and research is limited globally. There is a need to raise awareness among health professionals as transsexuals need a multi sectorial approach in their management.

Aims: The study aims to raise awareness among involved health professionals in managing transgender patients and explores the need for consensus in management.

Methods: Eight transsexual patients who presented at a Sri Lankan teaching hospital were investigated. Those who had more than one contact with the clinic were included.

Results: The psychological, physical, social and legal aspects of a sex change has significant implications for an individual in Sri Lanka as described in each case.

Conclusions: Transsexuals suffer psychological and social distress due to negative and often hostile attitudes of the community. There is a lack of awareness about transsexuals among the general public as well as health professionals. Psychiatrists who take the initiative also encounter obstacles in managing transsexuals. Effective management requires improved cooperation and awareness of the multi-sectorial team.

OP 09: A study of prevalence of life events as precipitants of mania

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Background: Clinical experience suggests that a significant proportion of manic episodes in bipolar affective disorder are precipitated by life events.

Aims: To describe the significance of life events as precipitants of manic episodes

Methods: A descriptive cross sectional study was carried out, where fifty three in-patients were selected by simple random sampling during the study period of one month. The data was obtained through an interviewer administered questionnaire and the Holmes-Rahe Stress scale.

Results: Thirty two (60.3%) of the study subjects were females and the mean age was 35.8 years (range 18-62 years). Bipolar affective disorder with a manic episode with psychotic symptoms was the diagnosis in 52.8% (n=28). Thirty one patients (58.5%) had experienced life events in the month preceding the onset of the manic episode. Eight (25.8%) of the life events were above 50 life change

units of Holmes and Rahe Stress Scale. The most commonly occurring life events were marital separation (n=5, 16.1%), disputes with family members (n=5, 16.1%) and changes in living conditions (n=4, 12.9%). The other precipitant identified was defaulting treatment which was present in 43.3% (n=23).

Conclusion: The results suggest that life events played an important role in precipitating manic episodes in patients with bipolar affective disorder, a finding that merits further investigation.

OP 10: Review of psychiatric liaison services provided at a teaching hospital in southern Sri Lanka: a quantitative and qualitative analysis

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Background: General hospital staff deals with high rates of psychiatric illness. However, liaison psychiatry services are often underdeveloped and provision varies greatly. In the teaching hospital where this study was conducted, liaison psychiatry services were provided by general adult psychiatrists in the absence of a dedicated liaison psychiatry team.

Aims: To quantitatively and qualitatively analyze services provided in liaison psychiatry.

Methods: Data collected from 191 patients using an interviewer administered questionnaire was analysed using SPSS software; a thematic analysis was also performed.

Results: The majority of referrals (75.9%) were of patients under 45 years. More women than men (60.2%) were referred. The highest numbers of referrals (71.2%) were from medical wards and the commonest reason for referral (in 52%) was deliberate self-harm. The most prevalent diagnosis (in 27%) was depression. More than 80% were assessed within 24 hours of referral.

There was a statistically significant difference ($p = 0.000$) in willingness to visit the psychiatry unit for assessment among patients who were informed and not informed. Patients experienced significantly greater anxiety immediately before than after the completion of the assessment ($p=0.000$). Among patients who attended, 80% needed collateral information to confirm the diagnosis. 28.2% patients were referred to the out-patient clinic, 22.5% were transferred to the in-patient unit and 22% were referred to a multidisciplinary team. Themes identified with regard to patients' feelings about being referred to a psychiatrist were related to their perceptions, experience, fears and the acknowledgement of the positive effects of consultation.

Conclusions: Deliberate self harm is the major component of liaison psychiatry related work in this hospital. Effective communication with patients and families will help reduce anxieties about referrals in liaison psychiatry.

OP 11: The prevalence of Major Depressive Disorder among Parkinson's Disease patients presenting to neurology out-patient setting at National Hospital, Colombo

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Background: Depression is common in Parkinson's disease (PD) and has a significant impact on the functional level and quality of life of these patients. Though there have been many studies done on this aspect in western populations there is a lack of data from the Asian region.

Aims: The aim of the study was to assess the prevalence of depression in PD patients presenting to an out-patient clinic in a tertiary care centre in Sri Lanka, and identify potential risk factors.

Methods: A sample of 104 consecutive idiopathic Parkinson's disease patients as defined by the United Kingdom Parkinson's Disease Society Brain Bank Diagnostic Criteria were included in the study. An interviewer administered questionnaire, Hoehn-Yahr (H-Y) staging and Schwab-England Scale (S-E) were used for assessment. Depression was diagnosed by DSM-IV criteria and all the patients were rated by the Montgomery-Asberg Depression Rating Scale (MADRS). Descriptive statistics and logistic and linear regression analyses were used for statistical analysis of data.

Results: The prevalence of depression in the study population was 37.5%. Depression was significantly associated with the stage of PD, functional impairment, civil status, level of education, caregiver

dependence and diabetic co-morbidity. Depression was a significant predictor of functional impairment.

Conclusions: A Significant proportion of PD patients suffer from depression. The prevalence of depression in the sample was similar to that reported in previous studies. Depression in PD patients contributes significantly to functional impairment.

OP 12: Parental attitudes on the use of psychotropic medication in childhood ADHD

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Background: Attention deficit hyperactivity disorder (ADHD) is a common psychiatric disorder in childhood for which effective and well established pharmacological agents are available. However compliance with treatment in children is influenced by the attitudes of parents towards medication.

Aims: The study attempts to assess parental attitudes towards psychotropic medication in childhood.

Methods: An interviewer administered, pre-tested, semi structured questionnaire specifically developed for this study was used to assess 53 parents whose children were diagnosed with ADHD and were attending a clinic at a tertiary care centre.

Results: Nearly 80% of participants had used traditional healing methods and/or religious activities prior to seeking treatment. Among participants, 65% reported concerns about psychotropic medications such as potential for addiction, interference with intellectual abilities and reduction of growth. About 38% feared using psychotropic medications while 38% was also against using any medication in childhood. About 35% believed that the use of psychotropic medications during early childhood led to addiction later in life. About 34% believed that psychotropic medications caused harm to internal organs of the body.

Conclusions: It is important to appreciate the beliefs and concerns of parents and educate them regarding the efficacy and safety of psychotropic medications to improve compliance of children on such medication.

OP 13: A Descriptive Study on the use of Rapid Tranquilization at the Psychiatric Intensive Care Unit (PICU) of the National Institute of Mental Health (NIMH)

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Background: Rapid tranquilization is the use of psychotropic medication to control acutely disturbed behavior. The Psychiatric Intensive Care Unit (PICU) functions as the unit in which psychiatric emergencies are managed on admission to the specialized mental health care facility.

Aims: To estimate the percentage of total admissions that required rapid tranquilization on admission and to compare treatment methods by age, gender, route of administration and the number of tranquilizers.

Methods: A descriptive cross sectional study involving all admissions (n=1143) to the PICU was conducted from January to April 2011. Data was gathered from admission registers.

Results: Of the total admissions, 47% were admitted to PICU and of them 45% were tranquilized. The male to female proportion among them was 1.3: 1. Among them, 22% were less than thirty years of age, 66% were 30-60 years of age and 12% were over sixty years. The intramuscular route was preferred over the oral route regardless of the age group ($\chi^2 = 66$, $df=10$, $p=0.000$) and sex ($\chi^2 = 15$, $df=3$, $p=0.002$). The majority (59%) were administered two intramuscular medications. The majority of patients under 60 years of age received more than one drug while those over 60 years received one drug ($p=0.04$).

Conclusions: There is a significant preference of the intramuscular route over oral medication in all age groups and in both sexes. The widespread usage of the intramuscular route for sedation merits further investigation.

OP 14: The Impact of a clinical rotation in Psychiatry on medical students' attitudes towards persons with mental illness.

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Background: Working and associating with people with mental illnesses is believed to change attitudes towards mental illnesses.

Aims: To determine the effect of a six week clinical rotation in Psychiatry on the attitudes of final year medical students towards persons with mental illness.

Methods: The 20-point Attitude to Mental Illness Questionnaire (AMIQ) was used to assess attitudes before and after a six week clinical rotation in Psychiatry in five consecutive groups of medical students in a university psychiatry unit from January to December 2011.

Results: Questionnaires were received from 194 medical students, (88% response rate) before the commencement of the rotation from 137 medical students, (62% response rate) after the completion of the rotation. The mean AMIQ score had improved for schizophrenia, depression, heroin use and alcohol use, following the completion of the rotation. The difference in AMIQ stigma scores were significant for heroin use (two-sided $p=0.014$, median difference = 0.4), schizophrenia (two-sided $p=0.049$, median difference = 0.3), and depression (two-sided $p=0.014$, median difference = 0.4) using the Wilcoxon Signed Rank test. However the improvement in score was not significant for alcohol use (two-sided $p=0.068$, median difference = 0.4). Stigmatizing attitudes were significantly higher for depression (two-sided $P < 0.0001$), and schizophrenia (two-sided $P < 0.001$) compared to the medical illness, diabetes in both pre-rotation and post-rotation samples.

Conclusions: The final year clinical rotation in Psychiatry significantly reduces stigmatizing attitudes towards mental illness among medical students.

OP 15: Functional status and cognitive impairment among patients with Dementia attending the University Psychiatry Unit, National Hospital of Sri Lanka

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Background: Dementia affects elderly people around the world. It is a disabling disease and is recognized to be one of the top ten causes of disability burden. Impaired functional status and poor cognitive functions are important factors affecting the quality of life of dementia patients and their carers.

Aims: To describe the functional status and cognitive functions of patients with dementia attending a university psychiatry unit.

Methods: A descriptive cross sectional study, among 40 consecutive dementia patients attending a university psychiatry unit in a major hospital in Sri Lanka over a period of three months. A pre-tested interviewer administered questionnaire was used to assess Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) while cognitive functions were assessed using the Montreal Cognitive Assessment Scale.

Results: The mean duration of dementia was 1.5 years, and 25% (n=10) of them were on medication for dementia. The mean age was 70.1 years. The male: female ratio was 0.8:1. In this sample, 52.5% were looked after by their children and 22.5% by their spouse. While a majority were independent in their ADL (ADL ≥ 12 : 72.5%), 2.5% were totally dependant (ADL < 4). The majority were dependent in performing IADL. Cognitive functions were impaired in most domains. The cognitive functions most impaired were visuo-spatial activities (in 90%), memory (90%) and attention (90%).

Conclusions: Although the majority were independent in their Activities of Daily Living, they were greatly dependent in performing Instrumental Activities of Daily Living. Cognitive functions were significantly impaired in the majority.

OP 16: Patterns of weight distribution among out patients on Clozapine

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Background: Weight gain is among the main adverse effects of Clozapine. However, it has been clinically observed that some patients lose weight instead of gaining weight. A few case reports have described this unusual and unexplained phenomenon.

Aim: The study aims to study the pattern of change in weight among patients on clozapine, identify the proportion of patients who lost weight and estimate the mean percentage weight loss.

Results: The total sample population was 63 patients. Thirty four (53.9%) gained weight, five (7.9%) neither gained or lost weight while twenty four (38.1%) lost weight. The majority of those who lost weight, lost between 5-10% of their original weight. The maximum weight loss was 22.6% and the minimum weight loss was 1.9% of the original weight. Two thirds of those who lost weight were males. The age range for those who lost weight ranged from 34 to 53 years of age. A proportion of patients who gained weight, had initial weight loss prior to their weight gain.

Conclusions: The majority of patients in the study gained weight. However, 38% of patients lost weight when compared to their original weight while on Clozapine. This merits further investigation.

OP 17: Criminal responsibility for murder among remand prisoners sent for forensic psychiatric assessment

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Background: 'Unsound mind', as defined in the Penal Code of Sri Lanka, excludes persons from responsibility for crimes. However, a psychiatric diagnosis does not always exclude them from criminal responsibility. A psychiatric assessment is used to assess the responsibility for a crime. Psychiatrists are often requested by courts to give opinions on this issue.

Aims: To describe the criminal liability among those charged with murder and referred for psychiatric assessment.

Methods: A retrospective study, where court reports of persons charged with murder and admitted for psychiatric assessment in 2011 at a specialized forensic psychiatry unit were analyzed.

Results: Among 42 admitted for assessment (38 males, 4 females), 37 (88%) had a mental illness. Among them, 13 (35%) were deemed to be of 'unsound mind' at the time of the alleged offence while 12 (32%), were found to be of 'sound mind' and therefore liable to the charge of murder, despite having identified mental illnesses. In 13 (31%) the mental state could not be reconstructed due to lack of information. The commonest diagnosis encountered was schizophrenia.

Conclusions: The Penal code in Sri Lanka is sufficiently flexible for psychiatrists to provide an expert opinion on the offenders' criminal responsibility.

OP 18: Sensory Processing Problems in children with Autistic Spectrum Disorder: a descriptive study

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Background: Autism Spectrum Disorder (ASD) is a neuro-biological disorder characterized by qualitative impairment in communication and ritualistic behavior. In addition to these core features, the prevalence of Sensory Processing Problems (SPP) is common. Incidence of SPP reported in literature range from 42% - 88%. Most of the behavioral problems seen in ASD are due to SPP.

Aim: To describe the pattern of SSPs in children with ASD.

Methods: Fifty one children diagnosed to have ASD as defined by DSM IV criteria were included in the cross sectional descriptive study. Data including socio demographic data and a check list of sensory symptoms was collected from clinic records using a semi structured questionnaire.

Results: The children ranged in age from 2 to 10 years with 29.4% being three years of age. Approximately one third of the sample (31.4%) was diagnosed to have ASD at the age of 3 years. Speech delay was the commonest presenting complaint (84.3%). SSPs were seen in 80.4% of the sample.

Auditory sensory processing problems were the commonest (75.6%) followed by vestibular (63.4%), tactile (36.6%) and visual (24.4%) problems. The commonest auditory sensory processing problem was enjoying strange noises and making noises inappropriately, seen in 61.3%. Not responding when being called by name was seen in 54.8%. Among children with vestibular sensory processing problems 30.8% were engaging in movements interfering with daily routines.

Conclusion: SPPs are common among children with ASD and must be assessed to initiate effective interventions.

OP 19: Psychoactive substance misuse among schoolboys in Matale district: a descriptive study.

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Background: Clinical experience suggests that substance misuse among adolescents is increasing. An association has been found between early substance misuse and precipitation of psychiatric disorders in adolescents.

Aims: To describe the patterns of substance use and other related factors among schoolboys.

Methods: A cross sectional descriptive study was conducted in fifteen schools in a district in central Sri Lanka in boys studying in year 9 to year 13 at school. A self-administered questionnaire was used for data collection along with a sub-questionnaire with 6 questions with a cut off score of 2 (CRAFT model) to determine clients who will need intervention. The data was analyzed using SPSS 13.0. Chi Square tests were used at 5% significance levels.

Results: In the study, 161 (28.1%) indicated they have used one or more psychoactive substances during their lifetime. In a majority of them, (51.5%) the source of the psychoactive substance had been a friend. Among users, 20% reported using substances to "forget problems", 17.4% to experience a "floating effect" and 5% to "improve their memory". A significant proportion of users (63.9%) were identified as being in need of intervention.

Conclusions: Psychoactive substance use is a significant problem among schoolboys and a majority of users are in need of intervention.

OP 20: Attitudes towards mental illness among doctors and nurses at District General Hospital Matale

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Background: Stigma is a challenging issue for the mentally ill. Stigmatizing attitudes towards the mentally ill could inadvertently lead to discriminatory practices even within the health sector.

Aims: This study attempts to describe attitudes towards the mentally ill among doctors and nurses at a district general hospital in central Sri Lanka.

Methods: A 20-item questionnaire was used for the study, derived from the Community Attitudes towards the Mentally Ill (CAMI) scale. Doctors and nurses working in non-psychiatry units at the hospital were invited to complete the questionnaire anonymously, in English or Sinhalese. Results were analyzed using MS Office Excel 2007.

Results: Among 232 participants, 131 were nurses and 101 were doctors. Most doctors and nurses (>70%) had non-stigmatizing attitudes towards patients who have had a mental illness in the past, but are now well. However more than 80% perceived those who are currently mentally ill as dangerous, and that they should not be part of the community. More than 80% of both doctors and nurses disagreed with the concept that anybody may develop a mental illness.

Conclusions: Health professionals require more information and education regarding mental health to reduce stigma towards those the mentally ill.

OP 21: Cerebral cortical grey matter and their relationship with associated factors in previously never medicated patients with schizophrenia in Sri Lanka

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Background: The diagnosis of schizophrenia still lacks a broadly accepted biological basis and its heterogeneity may well represent a group of disorders with different aetiologies.

Aims: This aims to examine cerebral cortical grey matter changes in previously never medicated schizophrenia patients in relation to psychotic symptoms and cognitive deficits.

Methods: Cerebral grey matter cortical pattern averaging in MRI scans from 18 previously never medicated patients meeting DSM-IV diagnostic criteria for schizophrenia were examined after six weeks of treatment with anti-psychotics. Data were compared to 18 pair-wise (ages, sex and handedness) matched healthy volunteers from the same communities. Statistical (SPSS) and theoretical exercises were executed in an attempt to integrate the psychotic symptoms; cognitive deficits and cerebral cortical grey matter density data.

Results: Widespread cerebral cortical grey matter deficits were detected in those with schizophrenia. Deficits in the right dorsolateral prefrontal cortex were the strongest predictor of diagnosis. Symptom severity and treatment response were associated with regional grey matter deficits in older patients with a longer history of untreated illness, while significant structure/function associations with cognitive impairment in prefrontal and temporal cortices were found across all ages.

Conclusions: The study demonstrates that sophisticated brain imaging methodology can guide research into the neurobiology of schizophrenia beyond the limitations of a purely diagnostic approach when defining the phenotype. Though the study lacks the statistical power to detect other potential associations with the schizophrenia phenotype, similar studies on a significantly larger cohort may potentially validate the current findings.

OP 22: Psychological Impact of Spinal Cord Injury: a rehabilitation hospital based study

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Background: Spinal cord injury leads to permanent disability and is a major life changing experience for those affected.

Aims: To study the psychological impact of spinal cord injury by assessing depressive symptoms and coping skills.

Method: A cross sectional descriptive study was conducted among patients with spinal cord injuries, three months after the injury, while undergoing rehabilitation at a specialised rehabilitation hospital in Sri Lanka. Demographic data was collected from the participants using a structured questionnaire. The degree of disability in terms of the level of injury, bladder, bowel and autonomic involvement was recorded. The Barthel Index was used to assess activities of daily living. The Hopkins Somatic Symptom Checklist and the Spinal Cord Lesion Coping Strategies Questionnaire were used to measure depression, anxiety and coping. The data was analysed using SPSS version 16.

Results: The Hopkins depressive scores showed significant correlation with the degree of impairment in activities of daily living as measured by the Barthel Index ($r^2 = 0.266$; $p = 0.024$). However there was no correlation of depression or anxiety scores with the level of injury or duration of disability. Only two persons met clinical criteria for a depressive disorder in a sample of 72 participants. Females had higher mean scores for anxiety ($p = 0.016$) and depression ($p = 0.013$) when compared to males.

Conclusions: Despite their disability the psychological wellbeing of most patients is not markedly impaired. Those with greater impairment in activities of daily living may need more psychological support to cope with their difficulties.

OP 23: Eating attitudes and behaviours among adolescent girls in the Colombo district, Sri Lanka
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Background: Eating disorders are considered by some to be a culture bound phenomena confined to the West. Its prevalence among young adolescents in Sri Lanka is not known.

Aims: To describe the concerns and attitudes regarding weight and body shape among adolescent school girls in the Colombo district.

Methods: A descriptive cross sectional study was conducted in selected National, type 1AB, type 1C and type 2 schools in the Colombo district, using a self administered questionnaire that included demographic data and the Eating Attitude Questionnaire (EAT 26). The EAT 26 was translated to Sinhalese and validated using the Delphi technique.

Results: The study population consisted of 1564 adolescent girls from 18 schools. A high risk for developing an eating disorder in terms of the EAT 26 questionnaire was seen in 217 (14%) and a moderate risk in 554 (36%). In the sample, 14% believed they were 'fatter' than their peers. Of those who believed they were 'fatter' than others, 25% had an EAT 26 score indicating a high risk for developing an eating disorder. Dieting was undertaken by 34% to lose weight.

Conclusions: A Risk of developing eating disorders is present in urban adolescent girls in Sri Lanka. Clinicians need to consider this differential diagnosis in young females presenting with weight loss.

OP 24: Energy drink consumption pattern in a group of medical students in Sri Lanka

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Background: Energy drinks are targeted at consumers in the 18 to 35 year age group. Available data suggests that consumption of highly caffeinated energy drinks may be associated with risks of heavy drinking and alcohol dependence.

Aim: To study the pattern of energy drink consumption among medical students throughout their period as an undergraduate.

Methods: A self administered questionnaire was used on final year medical students at a medical faculty to obtain data.

Results: A total of 194 students responded. Among them, 31.4% had consumed an energy drink with a marked difference in gender (m: f=52%: 13%). Among all consumers, 45.9% had consumed the drink for examination purposes, 42.6% expected to gain energy and 13.1% consumed it with alcohol during a party. Only 26.2% believed that they achieved the expected effect; 44.3% were uncertain about the effect and 29.5% reported that there was no effect. Following consumption, 11.5% experienced nausea and 8.2% reported palpitations. Nearly half (49.2%) of students who consumed the drink recommended the drink to a close friend. Consumers obtained information regarding the drink from television (60.7%), from friends (54.1%) from supermarkets (8.2%). A statistically significant increase in consumption was observed during the final year compared to the 1st, 2nd and 4th years (p=0.01, p=0.002, p=0.005 respectively).

Conclusions: A significant number of medical students consumed energy drinks during examinations and at parties. More than one in eight consumed the drink with alcohol. Television advertisements, friends and promotions at supermarkets had an influence on consumption. Gender differences in consumption and association with alcohol dependence merit further investigation.

OP 25: Study of characteristics of attendees and dropouts of a child and adolescent psychiatric clinic at Lady Ridgway Special Hospital for Children.

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Background: Demographic and illness related characteristics in child and adolescent mental health service users in Sri Lanka are unknown. Such data would help streamline existing services and plan new services.

Aims: To ascertain demographic data regarding patients attending a child and adolescent psychiatric clinic in Lady Ridgeway Hospital and to identify patients' characteristics of defaulters.

Methods: This descriptive study investigated clinical data on 242 patients who registered in 2009. A 22 item data extraction form was used. Defaulters defined as those who attended less than 6 appointments.

Results: Sample consisted 126 males and 76 female, with a mean age of 9.39 years. Sixty of them had been referred by a paediatrician while 43 had presented to the OPD without a referral. One third presented with the complaint of poor school performance. Hyperkinetic disorder (66) was the commonest diagnosis. Many had co-morbidities with the primary diagnosis. Sixty percent patients had defaulted follow up, while 26 had not needed further follow up. Improvement in presentation (P<0.05), mean age of presentation (P<0.05) and the decision to disperse medication at the first visit (P<0.001) were significantly associated with continuing attendance, whereas other parameters were not.

Conclusions: This clinic serves children from 2-17 years, males more than females. A large number are referred by paediatricians and secondly by parents themselves. The commonest presentation is poor school performance. However teachers are not one of the main sources of formal referral.

A large proportion of patients have defaulted follow up while another large number had needed very brief psychiatric intervention. Improvement of symptoms as well as prescription of medication appears to be significantly associated with attendance.

OP 26: Survey on difficulties encountered in sending patients home after discharge at NIMH, Sri Lanka

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Background: Difficulties in discharging patients from acute and intermediate psychiatric units are encountered regularly due to lack of support from families, leading to congestion in wards and increasing the workload of the staff.

Aims: To identify the reasons for prolonged stays in psychiatry wards

Methods: A cross-sectional descriptive study of 223 patients admitted to one unit at a specialized mental health care facility from November 2011 to January 2012 was conducted. Data was extracted from patients' records using a specifically designed questionnaire. The social histories of patients identified as having difficulties in being discharged home were assessed further, using interviews by psychiatric social workers.

Results: The mean age was 42.7 years and males comprised 56.5% of the sample. Seventy-two percent were from the Colombo District. The average duration of stay (in days) for different diagnoses was: schizophrenia 23.76(19.42-28.10), bipolar affective disorder 19.75(17.24-22.25), dementia 10.75(6.49-15.01) and depression 13.43(8.65-18.21). The mean duration of stay after discharge was 2.9 days.

In 62%, a proper social assessment was not done initially. Sixty patients (27%) were identified as having problems with being discharged home. Twenty-seven patients stayed for more than seven days after discharge. Twenty-six patients were transported home and five patients were placed in long-term residential care facilities by social workers. The common reasons for prolonged stay included practical reasons delaying the families from arriving to take over the patient (22%) and unwillingness of the families to accept the patient due to their attitude towards the illness (18%). In another 18%, carers were not sufficiently enthusiastic about removing the patient from hospital, although willing to accept the patient.

Conclusions: Multiple, often family related factors are involved in delaying patients' departure from hospitals. Further research is needed to improve the quality of care and ensure optimum service delivery

ABSTRACTS OF POSTER PRESENTATIONS

PP01: A modern day Hamlet

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Background: Case presentations resembling fictional characters and settings are of interest to psychiatrists.

Case: A 19 year old man presented with severe depression of six months duration. During this period he was very irritable and violent towards his stepfather and attempted to stab him. Unable to tolerate his increasing violence, his stepfather sent him away from home to stay with a relative as he feared the patient may eventually kill him. The patient believed his stepfather had killed his father a year ago and married his mother so that he would inherit the property which belonged to his father. The patient claimed he saw his father come to him as a 'vision' to reveal this and also advised him to take revenge from his stepfather.

Discussion: The entire history and psychodynamics in this family were significantly similar to the play 'Hamlet' written by William Shakespeare. These similarities led us to present this as a case report. Prince Hamlet's dead father appeared as an apparition, telling Hamlet that he was murdered by his own brother who subsequently married hamlets mother, acquired property and land and became king, which prompted prince Hamlet to plan his revenge by murder. Although the young man in the clinical scenario was subsequently treated for depression, whether the young prince Hamlet too was portrayed as having been clinically depressed remains an open and debatable question.

PP02: Attitude and perception of patients referred to the day unit of the University Psychiatry Unit, National Hospital of Sri Lanka

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Background: Studying the attitudes and perceptions of patients referred to psychiatric day units is important to develop services in these units which serve as a link between the community and mainstream psychiatric services.

Aims: To ascertain the attitudes and perceptions of patients referred to a day-unit including the perception of stigma, patients' preferred treatment setting and barriers to seeking mental health care.

Methods: This descriptive study investigated 22 patients using a self administered questionnaire.

Results: Among the referrals, seventy two percent of patients were referred from another ward, 9% by other doctors and 18% were self-referrals. With regard to preferred site of assessment, 45% preferred to be assessed at the ward they were referred from, 18% at the day-unit and outpatient clinic and 9% in the private sector. Eighty percent stated they had been poorly treated when they sought help for mental health problems. However, 72% felt they were not discriminated against by doctors at the day-unit. Two thirds were ashamed to say that they had mental health problems. Two thirds reported that the doctors provided satisfactory explanations for their condition and 80% stated that doctors treated them in a friendly and courteous manner.

Conclusions: A majority of the patients preferred to be seen in the wards they are referred from because they did not like to be seen at a psychiatry unit due to stigma. Even though patients are ashamed to say they have had a mental health problem, the majority were satisfied with the services provided. Reducing stigma may increase referrals to a day-unit.

PP03: Profile of inpatients at a general hospital psychiatry unit

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Background: Identifying the inpatient profile in a general hospital psychiatry unit affiliated to a university and providing both inpatient and outpatient services and resources for clinical teaching helps to plan and improve services.

Aims: To describe the age, sex, diagnostic profile and monthly rate of in-ward admissions.

Methods: Analysis of database of in-ward patients for the twenty-four month period from January 2008 to January 2010, by age, sex, and diagnosis.

Results: The database contained 1163 records. Readmissions were considered as single records. Analysis showed that 57.3% of admissions were of male patients and 49.1% were in the 20-39 year age group. The main diagnostic categories were schizophrenia, schizotypal and delusional disorders (37.6%), depressive disorder (15.8%) and bipolar disorder (15.6%). More males were admitted with schizophrenia, bipolar disorder and psychoactive substance use. More females were admitted with dementia and adjustment disorder.

Conclusions: A higher number of inpatients are male. Over two-thirds of inpatients are between 20-59 years. Psychotic and affective disorders comprised of 69% of admissions. Patients with deliberate self harm and psychoactive substance use are admitted infrequently. The majority of inpatients have major mental illness.

PP04: Suicide rates in Sri Lanka from 1995-2009: an analysis of age and sex distribution

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Background: Suicide rates vary according to age and sex. As the suicide rate in Sri Lanka has declined since 1995 an analysis was carried out to find out if the patterns had changed according to age and sex.

Aims: To compare the pattern of suicides in Sri Lanka according to age and sex between 1995 and 2009.

Methods: Data on suicides was collected from records of the Sri Lanka Police. Population data on age and sex distribution was obtained from the Department of Census and Statistics. Rates were calculated per 10000 population.

Results: The rate of suicide in all age categories was lower among females. In 1995, among males, the lowest rate was in the 16-20 year age group (43.07) while the highest rate was in >60 year age group (145.96). Among females the lowest rate was in the 41-50 year age group (27.68) while the highest rate was in the 21-30 year age group (39.54). The rates have almost halved between 1995 and 2009. In 2009 among males the lowest rate was in the 16-20 age group (18.91) while the highest rate was in the >60 year age group (61.92). Among females, the lowest rate was in the >60 year age group (7.99) while the highest rate was in the 16-20 year age group (16.74). In 1995, the male to female ratio was 3:1. By 2009, this had changed to 4.3:1.

Conclusions: The age distribution pattern of suicides has not changed significantly between 1995-2009 but the decline in suicide rates in females is more than among males. Globally suicide rates are known to increase with age, a pattern seen among males in Sri Lanka but not among females. In females the highest rates were in the younger age groups (16-30 years) which is similar to patterns in India and China.

PP05: Geographical variation in admissions due to poisoning in Sri Lanka: a time series analysis

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Background: The methods used for self harm in Sri Lanka have changed over time. Geographical variation over time in substances used in poisoning in Sri Lanka have not been explored in detail previously.

Aims: A time series analysis of hospital admissions for poisoning between 1995-2008 in all districts was carried out to identify trends and geographical variations in the substances used in poisoning.

Methods: Data of hospital admissions due to poisoning was obtained from the Annual Health Bulletins of the Ministry of Health from 1995 to 2008. The suicide rate and admissions for poisonings were calculated

per 100,000 population. Time trends in the rates of suicide and self-poisonings were calculated using univariate time series analysis. Data was fitted to linear, quadratic and exponential growth models.

Results: All districts except Kilinochchi & Mullaitivu showed increasing rates of admissions due to poisoning with drugs, medicaments and biological substances. Colombo, Kalutara, Hambantota, and Anuradhapura showed an exponential increase. Other districts show a linear increase. The mean rate of hospital admissions during 2005-2008 showed low rates in Nuwara Eliya (45.62), Mullaitivu and Kilinochchi (48.5). High rates were seen in Kurunegala (146.3), Moneragala (157.01), Anuradhapura (167.14), Puttalam (167.91) and Polonnaruwa (195.06). The rate of admission due to pesticide poisoning increased in Colombo, Hambantota, Moneragala and Nuwara Eliya. All other districts showed a linear decrease. The highest mean rates of pesticide poisoning were seen in the Polonnaruwa (279.74), Anuradhapura (262.37), Hambantota (218.76) and Kurunegala (174.5) districts. The total number of admissions due to poisoning shows a negative trend in Anuradhapura, Polonnaruwa, Ampara, Jaffna, Matale and Batticaloa. Other districts show a positive trend.

Conclusion: Almost all districts show an increase in the rate of poisoning with drugs and medicaments. Pesticide poisoning rates are declining in most districts. The districts of Polonnaruwa, Anuradhapura, Kurunegala and Hambantota show high rates of poisoning with both pesticides and medicaments.

PP06: School Refusal Visited and Re-visited

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Background: Children with school related anxiety and non-attendance are typically described as having phobic anxiety, depressed mood and a vulnerable temperament. However, there are no studies that have explored whether such presentations are consistently seen in clinical settings.

Aims: To study the identifiable causes for school refusal in children and associated emotional and behavioural co-morbidities and compare these variables in two samples presenting five years apart in the same clinical setting.

Methods: Children in normal stream education, who have previously attended school regularly, but not attending for two weeks or more, where distress about attending was the main complaint, were included in the study. The setting was a tertiary care child mental health service. Data was gathered from January 2004 to April 2005 (sample 1) and from January 2009 to July 2010 (sample 2), using an interviewer-administered semi-structured questionnaire. There was no overlap of subjects in the two samples. The underlying diagnosis was made on DSM IV-TR criteria. Children with truancy and those not in school with parental knowledge were excluded.

Results: Sample 1 consisted of 79 children with a mean age of 9.6 years. Sample 2 consisted of 71 children with a mean age 9.1 years. The gender distribution and ethnic mix was similar in both samples. Noticeable differences were evident in the two samples in presenting complaints and possible cause. Although anxiety was detected in all, in Sample 2, separation anxiety (28.2% vs 10.1%) and somatic complaints (98.6% vs 59.6%) were more evident. Learning difficulties were identified as the main cause in Sample 1 (48.1%), but found to affect only 1.4% in Sample 2. Distribution of the precipitant to the problem was similar in proportion in both samples.

Conclusions: The study highlights the heterogeneous nature of school refusal as opposed to the typical presentation suggested in most literature. Awareness of such variation may prevent the undermining of reliable clinical judgment and assist in individually tailored management.

PP07: Patients diagnosed with schizophrenia who are on prolonged antipsychotic treatment

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Background: Schizophrenia is a chronic illness where patients receive treatment for prolonged periods.

Aims: To identify the symptom profile and functional level of patients with schizophrenia, who have been

on antipsychotics for more than two years.

Methods: A descriptive study was conducted at the out patient clinic of a university psychiatry unit of a major hospital in Sri Lanka during a four week period. Those on treatment with clozapine were excluded. Functional levels were assessed using the Global Assessment of Functioning (GAF) Scale and the presence of symptoms using the Brief Psychiatric Rating Scale (BPRS).

Results: The sample included 16 patients. Seven patients had been on treatment for more than 10 years (mean=19 years). They had a mean BPRS score of 27 and a mean GAF score of 70. These patients experienced a mean number of one admission and one relapse not requiring admission. They stated that they wished to continue treatment to ensure that they stay healthy. Nine patients who had received treatment for less than 10 years had a mean BPRS score of 29 and GAF Score of 72. These patients experienced a mean number of one admission and two relapses not requiring admission during the course of their illness. The items which had the highest scores in the BPRS were anxiety, somatic concern and suspiciousness.

Conclusions: Functional level and BPRS scores of patients on antipsychotic treatment for more than 10 years were not significantly different from those on treatment for 2-10 years. Patients on prolonged antipsychotic treatment had experienced fewer relapses. This may be because of good compliance. However the study also highlights the need to reassess the need for prolonged treatment in patients with schizophrenia, who had experienced few relapses, had a low level of symptoms and were functioning well.

PP 22: The Community Psychiatric Nursing (CPN) Programme: a one year self evaluation after initiation

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Background: The first batch (n=46) of Community Psychiatric Nurses (CPNs) are currently serving in their respective stations and represent a new category of professionals in mental health care in Sri Lanka.

Aims: To obtain feedback from CPNs a year after the initiation of the CPN programme.

Methods: Data was collected from CPNs using a self-administered questionnaire.

Results: The study yielded 34 responses. Among them, 32 (94%) were serving as CPNs. They had a mean of 34 working hours per week and traveled a mean distance of 174 km per week. The majority stated they attended to their responsibilities such as preparing a monthly advance programme (65%), maintaining a daily activity record (87.5%) and undertaking emergency visits (65%). They reported administering a mean number of 24 depot injections a month. Only a minority (34%) claimed transport allowances while 42.9% reported difficulty obtaining medication. A majority (94%) of CPNs acknowledged difficulties with their superiors while 14.7% reported difficulties with their multi-disciplinary team.

Conclusion: The CPN's feedback is mostly satisfactory.

PP 09: A patient with Meningioma presenting with psychiatric symptoms

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Background: Cerebral tumours may not produce any symptoms other than progressive changes in personality and intellect until they are large in size. Such patients may present first to psychiatric clinics.

Case Report: A 63 year old female was functioning well when she was noted to be muttering, and smiling to herself. She heard unidentifiable voices when alone and was forgetful. Symptoms progressed gradually and she then became socially disinhibited and developed a voracious appetite. Later she developed urine and faecal incontinence. Her mental state revealed a euphoric mood, elementary auditory hallucinations, and global cognitive impairment with defects in orientation and memory. Frontal executive and right hemisphere functions were markedly impaired. Left hemisphere functions were relatively preserved. Neurological examination was unremarkable. Contrast-CT Brain revealed a well defined predominantly hypodense mass in the right frontal lobe suggestive of a meningioma which was surgically removed.

Histopathology showed an angiomatous meningioma. Three weeks following surgery a marked improvement in cognitive functions was noted.

Discussion: Psychiatric symptoms may be the only initial manifestation of cerebral tumours. Neuroimaging in patients with late onset psychiatric symptoms, atypical presentations and treatment resistant instances will help in early detection of such brain tumours.

PP 10: A study on prevalence of Gender Based Violence (GBV) in female patients with psychiatric illness at the National Institute of Mental Health (NIMH)

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Background: Gender based violence is any act that results in, physical, sexual or psychological harm based on gender. Patients with psychiatric illness, being a marginalized group in society are perceived to be at an increased risk.

Aims: To assess the prevalence of gender based violence in female in-patients, possible risk factors and the sequelae of such violence.

Methods: A descriptive cross sectional study was carried out including all consenting patients fulfilling the inclusion criteria (n=32). They were recruited from four female wards by simple random sampling during the study period of one month. Data was obtained through an interviewer administered questionnaire.

Results: The mean age of the study population was 41.5 years (SD=12.9). Gender based violence occurred in 56% in the form of physical abuse (78%), psychological abuse (75%) and sexual abuse (17.6%). In 67%, gender based violence occurred after the onset of psychiatric illness but no significant association was found with the type of illness (p=0.773). Married females were more likely to be abused than unmarried females (p=0.002). There was no significant association between gender based violence and employment (p=0.542), family history of gender based violence (p=0.109) and the presence of confiding relationships (p=0.688). Although 44% of the abused confided in someone, only 16.7% took some form of legal action.

Conclusions: Gender based violence appears to be widely prevalent among female psychiatric patients, especially those who are married. Other risk factors need further assessment.

PP 11: Landau-Kleffner Syndrome: A Diagnostic and a Management Challenge

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Background: Landau-Kleffner syndrome (LKS) causes neuropsychological impairment and shows paroxysmal electroencephalograph (EEG) activity. Overlap in the semiology of LKS and autistic spectrum disorder (ASD) and poor evidence base make diagnosis/management challenging.

Case: A boy aged four presented with regression of speech and fine-motor skills since 3½ years. Despite delayed speech (single words-1½ years); he spoke few two-word phrases by 3½ years. Subsequently he stopped responding on being called and then stopped speaking. Fine motor skills which had developed appropriately deteriorated. Gross-motor development was age appropriate. He preferred to be alone stacking objects, showed poor interactions, appeared detached, and could not tolerate noise. During the preceding year parental attention was reduced. Although he cried for his mother, he was ambivalent during reunion. His brother has ADHD. No ante-natal/peri-natal/post-natal complications. Child appeared miserable with poor interactions and poor communication (verbal/non-verbal). Differential Diagnosis of emotional disorder, ASD, LKS was considered. EEG showed disorganized sleep-spindles and K-complexes with frequent spike/poly-spikes with/without slow waves mainly in F3/C3 regions with a spread to the para-sagittal regions. LKS was diagnosed and treated with oral prednisolone and six pulses of IV methylprednisolone over the next year. Improvement of the EEG, speech and Fine motor skills occurred but sensory issues persisted and sensory integration therapy was started.

Discussion: This demonstrates the importance of considering LKS in children with speech regression, especially if the onset is with auditory agnosia, which manifests as inability to recognize words/sounds (e.g. name). It also demonstrates the benefit of corticosteroids in LKS.

PP 12: Mental Health Outpatient Clinic Programme in Trincomalee District – A case study

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Background: Outpatient mental health services in the Trincomalee district are provided through regular clinics at a general hospital (GH), three base hospitals and several outreach clinics. A review of these services will help in planning better service delivery.

Aims: To identify shortcomings in services with a view to devising improvements.

Methods: Data was gathered through questionnaires filled by medical officers of mental health (MOMH) and a pre-tested questionnaire filled by clients attending clinics.

Results: Out patient services commenced in 2000. Many clinics which had been discontinued restarted after the appointment of a psychiatrist in 2010. Clinics cover ten divisional secretary areas. Psychotherapy is available only at the GH and social supports are provided by liaising with other government organizations. About 7200 patients are registered in the clinics. Of them, about 800 are registered at outreach clinics. Transport is not readily available in some areas. A quarter of outreach clinic patients spend over two hours in traveling to the clinic. The waiting time for a consultation is over one hour for 70% of patients. A doctor spends five minutes or less in over 80% of patients. There is no active case finding, active dropout re-engagement, systematic data collection or outcome measurement methods. Prior to this study, services have never been evaluated.

Conclusions: Services in the Trincomalee district are less than satisfactory in many aspects and are in need of significant improvements.

PP 13: A comparison of psychiatric liaison referrals between two hospitals in Sri Lanka and the UK

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Background: Liaison psychiatry addresses the mental health concerns of patient in General Hospitals. These services were provided by the Crisis resolution team in Bedford hospital, similar to services in Sri Lanka. The two hospitals surveyed were serving similar demographic pattern, Bedford hospital in UK and Kegalle Hospital in Sri Lanka.

Aim: To compare psychiatry liaison referrals in two different hospitals.

Methods: Data was collected retrospectively for three months, January to March 2012. Similar numbers of referrals were observed from Kegalle Hospital, Sri Lanka. Demographic data, quality of referrals and the outcome after assessment were collected using a ten item checklist.

Results: From the 38 referrals received by Bedford CRHT, the majority 11 was aged 56-65 (28.9%); compared to 14 out of 40 referrals from Kegalle Hospital, were aged 16-25 (36.8%) and 10 (26.3%) were aged 25-35. High percentages 81.5% of referrals were marked urgent in Bedford, while only 18.4% in Kegalle. In both hospitals, similar patterns were observed of inadequate details in referrals. In both hospitals, the majority of patients weren't previously known to psychiatric services (63.1% in UK, 92.1% in Sri Lanka). Following assessment 10.52% in UK were admitted to inpatient units or CRHT, compared to 55.2% in Sri Lanka. 42.1% in Sri Lanka were given outpatient clinic appointments. The majority outcomes in the UK 50% were discharged to the GP.

Conclusion: Similarities such as inadequate referral detail, and patients not known to services observed. The differences were of the age groups, urgency and the outcome of referrals.

PP 14: Effectiveness of psychiatric nurses performing an initial assessment: findings from a general hospital in the United Kingdom

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Background: Initial assessment of patients with mental illness is ideally done by a psychiatrist but this is not always possible. In some centres, nursing staff of crisis resolution teams undertake this task.

Aims: To review demographic details, patterns of presentation and effectiveness of interventions in clients presenting to a crisis resolution team.

Methods: Retrospective descriptive study. All initial assessments undertaken by the crisis resolution team were analysed, by reviewing their hospital records.

Results: The Sample size was 842 with a mean age of 33 years and a male: female ratio of 47:53. The main presentations in order of frequency were self-harm, affective symptoms, anxiety and substance misuse. Aggressive and psychotic presentations were less common. Patients were seen on average within 70 minutes of referral. Among those assessed, many were discharged to a general practitioner (40%) while others were accepted for home treatment (27%), admitted to a ward (23%) or discharged to community mental health team (10%). When decisions taken by nursing staff of the crisis resolution team were correlated with the opinion of the consultant psychiatrist, 82% of decisions were deemed appropriate. However, three patients discharged subsequently committed suicide.

Conclusions: A psychiatric nurse performing initial assessments appears to be a feasible method of improving efficiency of care as it reduced time from referral to assessment. However further education of staff on risk assessment and closer supervision with regard to certain clients may be required if this practice is to be adopted widely.

PP 15: Depression in the elderly- perceptions and beliefs of elders and care givers in Southern Sri Lanka

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Background: Sri Lanka with a rapidly aging population has no organized system of social care and elders are dependent on an intergenerational support system. Recent socio-economic changes threatens the viability of this care system.

Aims: To assess perceptions and beliefs on depression among the elderly and caregivers with a view to identifying family related modifiable protective and risk influences.

Methods: Four focus group discussions with 20 elders from rural and urban settings and fifteen in depth interviews with carers were conducted. Purposive sampling was used to obtain the widest range of views. Discussion topics included what depression meant, causal influences and help seeking behaviours.

Results: Participants recalled elders being affected by "distress" and "unhappiness". They were reluctant to accept this state as a psychiatric illness. Social isolation, overburdening with family responsibilities, family conflicts, loss of financial independence and standing in society, transfer of decision making power, physical limitations and loneliness were identified by elders as likely causes. Poor support from caregivers and perceived 'sins' from past lives were additional causative influences identified by caregivers. Rewarding relationships with grandchildren, taking on social responsibilities outside the home and strength from religious beliefs were perceived by the elders to be protective influences. Whilst agreeing that religious beliefs and social responsibilities helped, the caregivers identified better communication within families, non family companionship, leisure activities and continuing financially gainful employment as being protective.

Conclusions: An unsatisfactory mental state was externalized and perceived as arising from adverse life circumstances and not considered an illness requiring treatment. Whether this perception is a result of stigma or a true lack of appreciation of depression needs further enquiry. Developing links outside the family's social contacts, strengthening family relationships and seeking solace from religion were identified as conferring resilience against the development of depression.

PP 16: Employment status of individuals with Psychiatric disorders

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Background: A large number of persons with psychiatric disorders are unemployed and dependant.

Aims: To assess the level of unemployment among patients who attend a psychiatry follow up clinic at a teaching hospital and study its impact.

Methods: Patients between 18- 60 years, who attended the clinic on a single day were assessed with a self-administered questionnaire

Results: A sample of 65 patients with diagnoses of schizophrenia, bipolar affective disorder, recurrent depressive disorder, schizoaffective disorder, epilepsy and learning disability were assessed. Among them, 24 patients were currently employed but 23 had never worked. Eighteen patients worked in the past but were unemployed at the time of the study. They cited frequent absences from work, excess workload and poor salary as reasons for ceasing work. Among those who were employed, 85% had brief hospital admissions and 19% claimed that they were subjected to stigma at their workplaces.

Conclusions: Nearly two thirds of the sample studied was unemployed. Unemployment among those suffering from mental illness is a significant consequence of the illness and must be specifically addressed.

PP 17: A patient with unipolar psychotic depression-an atypical presentation

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Background: Delirium is a common problem in hospitalized patients. We report a patient who developed a severe depressive episode with psychotic features following delirium.

Case Report: A 28 year old male presented with episodic fearfulness and agitation for three days after a road traffic accident in which he suffered head injuries. He had no past history of mental illness or

substance abuse. He had been conscious and abusive after the incident. The CT-brain was normal. Subsequently he became very agitated, fearful, sweaty, tremulous, had hallucinatory behaviour episodically and was fearful and perplexed. When he was not agitated, retardation, posturing and paucity of speech were noted. His mood was anxious. A persecutory delusion (that he will be killed), an obsession (that he had killed an elephant) and second person auditory hallucinations of a derogatory type were noted. He was disoriented only during episodes of fearfulness. Physical examination was normal except for a varying pulse (72-108/minute) and blood pressure (130/70 to 180/110). Biochemical parameters including CSF analysis, an EEG and an abdominal ultrasound were unremarkable. Initially his delirium was managed and he was subsequently treated for severe depression with psychotic features with fluoxetine, olanzapine and clonazepam. He improved after a week and was discharged in six weeks. He was in remission a year later.

Discussion: Though the patient responded to treatment for psychotic depression a cause for his delirium was not identified. An intracranial hemorrhage, infective causes, seizure disorder, pheochromocytoma and hyperthyroidism were excluded.

PP18: Case report of a female with persistent genital arousal

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Background: Sexual dysfunction is a common complaint but persistent genital arousal and spontaneous orgasms are a rare presentation.

Case Report: A 23 year old unmarried lady presented with persistent sexual arousal, reduced concentration, poor sleep, and depressed mood. During a stressful period one year prior to her presentation she experienced recurrent thoughts and images of a sexual nature which she attempted to resist. Simultaneously she developed prolonged and intrusive genital arousal without desire, which was associated with multiple spontaneous orgasms. The genital arousal did not disappear following orgasms. Subsequently she was distressed and developed low mood, poor concentration, and reduced sleep. She complained of her symptoms to a psychiatrist without revealing the sexual symptoms, was diagnosed with depression and commenced on fluoxetine. After one month the depressive symptoms and intrusive thoughts reduced but the spontaneous arousal and spontaneous orgasms persisted throughout the following year and increased in frequency. She was unable to concentrate on daily activities due to this. Subsequently she developed depressive features again. On mental state examination she was depressed and anxious, did not have suicidal ideas but had ideas of guilt and unworthiness. There were no obsessive thoughts, images or impulses and no psychotic features.

Discussion: This is a rare presentation and there were no published reports of similar cases locally. Her symptoms are consistent with a disorder known as persistent genital arousal disorder which was first described in 2001.

PP 19: Rickettsial cerebral vasculitis: can it predispose to mania?

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Background: Cerebral vasculitis is a known complication of Rickettsial infections but mania occurring as a long term sequelae of rickettsial cerebral vasculitis is rare.

Case report: A nine year old girl presented with over-activity, over-talkativeness, rhyming, and sexual disinhibition for over two months. She talked to unknown males and to kiss and caress them. She had begun to touch her nipples and genitalia in public. When she was six years of age she had developed fever and seizures and she had been diagnosed with Rickettsial infection causing cerebral vasculitis with an MRI had showing a sub acute left parietal lobe hemorrhage. After recovery she had been apparently well until the onset of the current presentation. She was of normal intelligence and had been an above average student in her class. There was no history of child abuse. Her father had an episode suggestive of an acute psychotic episode when he was eighteen years of age. Her mental state examination revealed excessive gestures and disinhibition. Her speech was spontaneous and excessive. Her mood was

elevated and she did not have psychotic features. She was commenced on risperidone and showed an improvement with 8 weeks of therapy and is stable on review at follow-up.

Discussion: A differential diagnosis of organic mood disorder and childhood mania was considered in this patient. The previous cerebral insult supports the possibility of an organic contribution to the aetiology but the three year gap between the Rickettsial infection and the onset of symptoms of mania favors it being a predisposing factor than a direct causative factor.

PP20: Steroid induced psychosis in a patient with Systemic Lupus Erythematosus (SLE).

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Background: Neuropsychiatric manifestations are reported in up to 60% of patients with SLE. A psychiatric disturbance due to cerebral lupus is a diagnosis of exclusion. Many patients on glucocorticoids develop disturbing psychiatric symptoms which may appear within a few days.

Case report: A patient with long standing SLE developed a reactivation (with menorrhagia associated with thrombocytopenia) which improved after increasing the dose of prednisolone to 60mg/day. Two weeks after the dose increase, she developed over talkativeness and disorganized behavior progressing to severe agitation and motor excitement. Mental state examination revealed restlessness, disinhibition, pressurized speech, and grandiose and persecutory delusions. She has a history of seven episodes of reactivation of SLE and five distinct psychotic episodes. MRI brain was normal; biological markers of lupus activity were negative. Prednisolone was reduced over three weeks and symptoms gradually improved within two weeks after treatment with haloperidol.

Discussion: Mood changes accompanying steroid therapy often consist of mild elation than depression. In steroid induced psychosis, the clinical picture defies formal classification, often representing a complex mix of affective, schizophreniform and organic features. Little is characteristic, other than the changeability of the clinical picture.

PP21: The Community Psychiatric Nursing (CPN) Programme: a one year review after initiation

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Background: The first batch (n=46) of Community Psychiatric Nurses (CPNs) are currently serving in their respective stations and represent a new category of professionals in mental health care in Sri Lanka.

Aims: To evaluate the services performed by CPNs by their respective consultants and Matrons/Senior Grade Nursing Officers (SGNOs) a year after the initiation of the CPN programme.

Methods: Data was collected from consultants and SGNOs using a self-administered questionnaire.

Results: The study yielded 26 responses. Consultants and SGNOs noted that the majority of CPNs performed their assigned duties, maintained a record of daily activities and attended emergency community visits. It was noted that over 90% of CPNs wore casual dress for community work. The majority of CPNs (57%) were provided with transport. The mean number of depot injections undertaken per month by a CPN was 22. A minority of those surveyed (15.4%) felt that CPNs had difficulties with their superiors while 77% observed that CPNs faced difficulties within the multi-disciplinary team.

Conclusion: The response to the CPN programme from consultants and SGNOs is mostly satisfactory.