



48th Annual National Conference
Indian Psychiatric Society



PROGRAMME
and
ABSTRACTS

ANCIPS '96

Bangalore

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PROGRAMME

PROGRAMME OVERVIEW of the CONFERENCE

Time	12.1.96 FRIDAY	13.1.96 SATURDAY	14.1.96 SUNDAY	15.1.96 MONDAY
9.00 to 10.30 am	CME (Krishna)	Presidential Address Col.Kirpal Singh Award Session (Cauvery)	8.30-10.00 BPS Silver Jubilee Award (Cauvery) Guest Lecture 10-10.30 (Cauvery)	8.30-10.00 Concurrent Sessions (21-25) Guest Lecture 10-10.30 (Cauvery)
10.30 to 11.00 am	TEA	TEA	TEA	TEA
11.00 to 12.noon		DLN Murthy Rao Oration (Cauvery)	Concurrent Sessions (6-10)	Concurrent Sessions (speciality section) (A-E)
12 noon to 1.00 pm	CME (Krishna)	Marfatia Award Session (Cauvery)	Concurrent Sessions (11-15)	
1.00 to 2.00 pm	LUNCH	LUNCH	LUNCH	LUNCH
2.00 to 3.00 pm		TVR Oration (Cauvery)	Concurrent Sessions (16-20)	Concurrent Sessions (26-30)
3.00 to 4.00 pm	CME (Krishna)	Bhagwat Award Session (Cauvery)		3.00 to 4.30
4.00 to 4.30 pm	TEA	TEA	TEA	Valedictory (Cauvery)
4.30 to 6.00 pm	Inauguration	Concurrent Sessions (1-5)	A.G.B. Meeting	TEA

PROGRAMME
of
CONCURRENT SESSIONS

Chairpersons for Inauguration, Orations & Awards Sessions

★ PRESIDENTIAL ADDRESS

Chairperson

Dr **James Antony**, Trichur

Co-Chairperson

Dr **S S Jayaram**, Bangalore

★ COL. KIRPAL SINGH AWARD

Chairperson

Dr **P K Chakraborty**, Pune

Co-Chairperson

Dr Col. **M B Pethe**, Bangalore

★ DLN MURTHY RAO ORATION

Chairperson

Dr Col **G R Golechha**, New Delhi

Co-Chairperson

Dr **K Bhaskaran**, Bangalore

★ MARFATIA AWARD

Chairperson

Dr **M Vaidyalingam**, Madras

Co-Chairperson

Dr **V Venkataramaiah**, Bangalore

★ TVR ORATION

Chairperson

Dr **K Kuruvilla**, Vellore

Co-Chairperson

Dr **H S Subrahmanyam**, Bangalore

★ BHAGWAT AWARD

Chairperson

Dr **Ravi Abhyankar**, Bombay

Co-Chairperson

Dr **R Raguram**, Bangalore

★ BOMBAY PSYCHIATRIC SOCIETY SILVER JUBILEE AWARD

Chairperson

Dr **R Ponnudurai**, Madras

Co-Chairperson

Dr **K N Srinivas**, Bangalore

Chairpersons for Scientific Sessions

Session	Chairperson	Co-Chairperson	Session	Chairperson	Co-Chairperson
1	Dr P Ramachandra Kutty Lucknow	Dr N S Nambi Madras	16	Dr P S V N Sharma Manipal	Dr Lt. Col. Saldhana D Pune
2	Dr Sheela Fenn Madurai	Dr A B Patra Burdwan	17	Dr J N Vyas Jaipur	Dr I Ramasubba Reddy Vijayawada
3	Dr P G Sharma Warangal	Dr V Palaniappun Madras	18	Dr R Thara Madras	Dr R K Mahendra Kanpur
4	Dr B K Singh Patna	Dr Joseph Varghese Kochi	19		
5	Dr M A M Khan Hyderabad	Dr V G Watve Pune	20	Dr Baker Fenn Kottayaam	Dr J Mahapatra Burla
6	Dr S S Raju Ranchi	Dr Harjeet Singh Lucknow	21	Dr N Janakiramiah Bangalore	Dr S D Singh Kochi
7	Dr I B Das Cuttack	Dr Mohan Chandran Calicut	22	Dr J K Trivedi Lucknow	Dr V A P Ghorpade Bangalore
8	Dr Dipali Dutta Guwahati	Dr Alice Cherian Vellore	23	Dr P K Chowdury Dibrugarh	Dr M V Warunny Irinjalkoda
9	Dr P B Buckshey New Delhi	Dr Roy Abraham Kottayam	24	Dr Peter Fernandez Madras	Dr S N Waghray Hyderabad
10	Dr V S P Bashyam Madras	Dr K Chandrashekar Secunderabad	25	Dr Col. Sabhaney Indore	Dr Shubhangi Parkar Bombay
11	Dr Kari Rama Reddy Rajamundry	Dr K C Gurnani Agra	26	Dr Raghurami Reddy Hyderabad	Dr Jacob John Vellore
12	Dr G K Vankar Baroda	Dr G S Bhogale Belgaum	27	Dr D R Daivasigamani Thirunelveli	Dr S K Jayaprakash Bangalore
13	Dr P Ramakrishna Tirupati	Dr Syed Akhtar Ranchi	28	Dr P R Paikakode Salcete	Dr Abdul Jabbar Salem
14	Dr Shiv Gautam Jaipur	Dr E Mohandas Trichur	29	Dr D M Dhavale Pune	Dr M Matrubootham Madras
15	Dr Manilal Gada Bombay	Dr K Srinivasan Bangalore	30	Dr S K Tandon Bhopal	Dr K S Ayyar Bombay

ANNUAL CME PROGRAM

12.01.1996

Time 9.00 am to 4.00 pm

THEME

ANXIETY DISORDERS - I

UNDERSTANDING ANXIETY DISORDERS (ETIOLOGY, CO-MORBIDITY)

POSTER PRESENTATION : DIAGNOSTIC/ CLINICAL CRITERIA

9.00 am - 9.30 am : Inauguration

9.30 am - 9.45 am : Tea

SESSION 1

Chairperson : Dr James Antony, Trichur

Co-Chairperson : Dr S N Channabasavanna, Bangalore

TOPIC : ETIOLOGY

09.45 am - 09.50 am : Introduction of the faculty

09.50 am - 10.30 am : Neuro-Biochemical theories, Dr S K Sharma, B'bay

10.30 am - 11.00 am : Discussion

11.00 am - 11.30 am : Psycho-Social Theories - Dr R Raguram, B'lore

11.30 am - 12 noon : Discussion

12 noon - 12.15 pm : Summary of the Session

SESSION 2

Chairperson : Dr Col G R Golecha Delhi

Co-Chairperson : Dr H S Narayan, Bangalore

TOPIC : GUEST LECTURE

01.20 pm - 02.00 pm : Lunch

ANNUAL CME PROGRAM - CONTINUED

SESSION 3

Chairperson : Dr **Ravi Abhyankar**, Bombay
Co-Chairperson : Dr **M Ramachandran**, Bangalore

TOPIC : CO-MORBIDITY

02.00 pm - 02.05 pm : Introduction of the faculty
02.05 pm - 02.25 pm : Co-morbid Axes I & II disorders
-Dr **J K Trivedi**, Lucknow
02.25 pm - 02.55 pm : Discussion
02.55 pm - 03.15 pm : Co-morbid Axes III, disorders- Dr **Sohan Derasari**
Co-morbid Axes IV & V states Ahmedabad
03.15 pm - 03.45 pm : Discussion
03.45 pm - 04.00 pm : Summary of the Session

POSTER PRESENTATION DURING LUNCH AND AFTER 04.00 PM

CONCLUSION

SYMPOSIUM

SPECIALITY SESSION - A - REHABILITATION

TECHNIQUES IN PSYCHOSOCIAL REHABILITATION

Chairman : Dr **S Kalyanasundaram**, Bangalore
Co-Chairman : Dr **S K Tandon**, Bhopal

Topic	Speakers
Skills Training for Chronic Mentally Ill	: Dr T Murali , Bangalore
Yoga for structuring activities in Schizophrenia	: Dr Usha Sundaram , Bangalore
Neuropsychological Rehabilitation in Schizophrenia	: Dr Shobini Rao , Bangalore
Scales for assessing disability in Chronic Schizophrenia	: Dr Kiran Rao , Bangalore
Vocational Rehabilitation for Chronic Mentally Ill	: Dr K L Narayan

SPECIALITY SECTION - B - MEDICAL EDUCATION

Integrating Psychiatry & Sociobehavioural Sciences in the Basic Subjects of Medical Undergraduate Training - Case Study Examples

Chairperson : Dr **James T Antony**, Trichur

Co-Chairperson : Dr **A K Agarwal**,

Topic**Speakers**

Medicine : Dr **N G Desai**, New Delhi

: Dr **Om Prakash**, Bangalore

Paediatrics : Dr **Usha Naik**, Bombay

: Dr **Swarna Rekha**, Bangalore

Comm.Medicine : Dr **Jacob K John**, Vellore

: Dr **Ravi Narayan**, Bangalore

Discussion :

SPECIALITY SESSION - C - CHILD PSYCHIATRY**CHILD PSYCHIATRY**

Chairman : Dr **P C Shastri**, Bombay

Co-Chairman : Dr **Jharna Basu**, Calcutta

Topic**Speakers**

Genetics in Child Psychiatry : Dr **P C Shastri**, Bombay

Psychosomatic disorder in childhood : Dr **Deepali Dutta**, Guwahati

Affective disorder in Adolescent
and Childhood : Dr **Shoba Srinath**, Bangalore

SPECIALITY SECTION - D - COMMUNITY PSYCHIATRY**COMMUNITY PSYCHIATRIC SERVICES FOR INDIA**

(Organized by Community Psychiatric Section, Indian Psychiatric Society)

Chairperson	:	Dr Anil Shah , Ahemadbad
Co-Chairperson	:	Dr D M Dhavale , Pune
Topic		Speakers
Community Psy.Services for Old	:	Dr A.Venkoba Rao , Madras
Community Psyc.Services Child & Adolescent	:	Dr Lalit P Shah , Bombay
Community Services for Disaster & Special Groups	:	Dr Mohan Agashe , Pune
Blue Print for Com.Psych Services	:	Dr Channabasvanna , Bangalore

SPECIALITY SECTION - E - GERIATRIC PSYCHIATRY**GERIATRIC PSYCHIATRY**

PROGRAMME NOT YET RECEIVED

Chairperson	:	Dr
Co-Chairperson	:	Dr

SPECIALITY SECTION - F - FORENSIC PSYCHIATRY**FORENSIC PSYCHIATRY**

PROGRAMME NOT YET RECEIVED

Col. KRIPAL SINGH AWARD

Study of PTSD in Battle Casualties Admitted at 92 base Hospital

Abhaykumar

Srinagar

Militancy has been active in the valley of J&K since late 1989. Since then the armed forces have been continuously undertaking measures to prevent insurgency and violence. Gunshot wounds and bomb blasts live many of our jawans physically and psychologically crippled. Psychiatry dept of 92 BH studied PTSD in many battle casualties admitted from 01 Jan to 25 Apr 95. The aim was to find out (1) incidence and symptom profile of PTSD (2) to apply therapeutic modalities in PTSD 150 casualties admitted were studied. Diagnosis was as per DSM III R. Only troops in active combat were included in the study. A simple questionnaire based on DSM III R was used to assess PTSD.

PTSD was noted in 18% of our cases which was significantly lower than in other comparable combat actions. 81% had symptoms falling short of full blown PTSD. 83% of our cases were less than 35 years of age. Concomitant depression was found in 80% of our cases. Paucity of literature on therapeutic modalities made us to evolve our own treatment plan which is open to comments and suggestions. We have been successful in most of our cases. A larger study with long term follow-up would help clear some of our own questions. We sincerely hope that militancy comes to an end and suffering to all is reduced.

Depression in Negative Schizophrenia Rationale of Adjunctive Antidepressive Therapy

Kaushal A, Ramesh K M, Vasanthi M

Lack of drive affective flattening and poverty of ideation are some notable symptoms encountered in chronic or residual Schizophrenics. These negative symptoms are quite akin to the reduced energy, feeling of emptiness and impoverished thinking of depressed patients. Clinically the distinction between these symptoms is hazy. Benefit of antidepressive medication in such patients has received scant attention. A Study was conducted amongst inpatients at a zonal Military Hospital over a period of 18

months. Positive and Negative syndrome scale was used to screen 142 chronic Schizophrenic patients of duration of illness over 1 year. 33 of these patients who exhibited a predominant negative syndrome were rated on Hamilton depression rating scale. An index group of 18 patients assigned randomly received Imipramine hydrochloride in addition to trifluoperazine 5 mg per day. The control group of 15 patients received only the latter medication. After six weeks the tests were repeated. More than 80% of the index group had shown a significant response to antidepressive medication. The scores of control group on Hamilton depression ratina scale remained virtually unchanged.

The study highlights the clinical dilemma - whether the residual Schizophrenic is depressed ? Our study reveals that some of them undoubtedly are. They are also likely to benefit from a trial of standard antidepressants.

Key words : Negative Schizophrenia. Depression. antidepressants.

Profile of Militants

(An attempt to study the mind of Militants)

Saldana D

31 militants who were evaluated through somatic inkblot psychological tests of Cassell and personalised interviews were divided into hard core (67.74%), moderate core (22.58%) and soft core (19.68%) types. They were drawn from 8 recognised militant groups operating in the valley. 74.19% were below 30 years. 61.29% were unmarried. 93.55% were matric and below. 83.89% belonged to large families. 74.19% had volunteered for militancy. 61.29% showed hostile and aggressive responses on SIS scale. Concordance rates between psychological (SIS) and intelligence reports was as high as 77.77%. Psychological stress was revealed only in 3.22%. 67.74% were unlikely to benefit from rehabilitative measures. The usefulness of somatic inkblot tests understanding militant psychology is discussed.

Key words : Somatic ink blots (SIS) Militants.

MARFATIA AWARD

Abstracts not yet received from the Awards Committee

TILAK VENKOBA RAO ORATION

Psychosis in relation to epilepsy - a clinical model of neuro - psychiatry

Amresh Kumar Shrivastava

Bombay

Psychosis occurring in epileptics has always been an area of research interest, particularly, because of possible link of mental illness, organic lesions, convulsive process and behavioural abnormality, all occurring together in the same subject. Vast amount of investigation on this subject has been with a view to understand something more fundamental in brain - behaviour connection. Occurrence of inter-ictal phase of psychosis long after cessation of seizure has driven investigators to conclude the two being unrelated, which has brought important issues of brain pathology and behavioural abnormality into focus of research from dimension of genetics, neuroendocrine and environmental influences. The aspects of behavioural neurology, behavioural genetics, genetics of epilepsy and shared common genetic diathesis for development of psychosis, possibly converge in the neuropsychiatric model of psychosis in relation to epilepsy'. EEG - spiking and regional slow waves in inter-ictal phase is emerging as correlates determining behaviour. Status of prolactin - dopamine relationship and its correlation to neurocognition may be another pointer in guiding some of these complex issues. It is expected that current focus should be able to develop on the profile of psychotic brain as well. One of the major clinical issue is identifying epileptic subjects prone to develop psychosis with precision on nature and type, not only because such developments jeopardises and compromises the state of art treatment done for epilepsy, but also because of devastating deterioration in quality of life of patients and relatives, besides having pharmacoeconomic devaluations. Studies have revealed that more detailed work-up in the beginning may possibly identify high risk groups based upon clinical phenomenology, EEG, topography, endocrine status, regional brain damage, etc. The presentation attempts to focus some of the relevant clinical issues with reference to a particular comparative study of psychosis in epilepsy and functional psychosis (schizophrenia) to understand co-existence of divergent clinical condition.

Oration by Dr A K Shrivastava

BHAGWAT AWARD

Impact of Substance Abuse Comorbidity on Psychopathology And Pattern of Remission in Mania

P.N. Suresh Kumar, S.S.Raju

Ranchi, Bihar

This prospective study was conducted to explore the onset, psychopathology and the pattern of remission of bipolar affective disorder (mania) complicated by substance abuse. Hundred patients with a diagnosis of bipolar affective disorders, currently mania were interviewed using the structured clinical interview for PSM IIR (SCID-P), D.S.M.IIR check list for mania, Beck-Rafaelson mania scale and a questionnaire concerning socio-demographic and clinical profile. The life time prevalence of substance abuse including alcohol was 52%. Substance abusers were younger, unmarried, unemployed and had more dysphoric symptoms, irritable mood and persecutory delusions with an age of onset less than 20 years. At the end of 3 months follow up substance abusers were significantly more symptomatic than non-abusers. A risk factor analysis showed that substance abuse is consistently associated with a negative outcome in mania, inspite of receiving adequate dose of lithium and antipsychotics. The implication of these findings are discussed.

Stability of Neutoric Syndromes

D.G.Mukherjee

Calcutta

Proper methodological studies regarding stability of 'Neurotic Symptoms' in relationship to 'Neurotic Diagnosis' are rare. The aim of the present study was to examine (i) Whether there are significant differences between the major neurotic syndromes with regard to their symptom profile, cross-sectionally at an initial contact level and later after a six months interval. (ii) Whether particular pattern of symptoms or symptom - groups in a particular

neurotic syndrome remains stable over a period of time, distinguishing them from others. (iii) Whether occurrence of a particular symptom in a syndrome can discriminate it from other syndromes. 46 subjects (30 males and 16 females) with a diagnosis of a major neurotic syndrome (Anxiety Neurosis, Depressive neurosis, Phobic State and Obsessive Compulsive Neurosis according to the ICD-9) were assessed for their symptom profile with the standardised instrument, the Present State Examination, 9th Edition, at an initial contact level and after a six months level. Cross-sectionally three obsessive symptoms were found to be stable and discriminatory for the diagnostic syndrome of 'Obsessive Compulsive Neurosis'. Heterogeneity regarding the symptom profile was evident for all the other diagnostic groups. However, following grouping of the 36 symptoms according to six groups. (Anxiety, Depressive, Obsessive, Mixed anxiety - depressive, Phobic and Hypochondriacal) hierarchical presence of obsessive, phobic and depressive symptom - groups were found to be prevalent among 'Obsessive Compulsive Neurosis', 'Phobic State' and 'Depressive Neurosis' respectively. The implications of 'specific' symptoms or 'symptom groups' for assessment of diagnostic stability in the various categories are discussed.

Key words : Stability · Neurotic disorders · psychopathology · cross sectional · short-term longitudinal

Predictors of Adherence to Treatment in Chemical Dependence

Hemraj P, Kishore C, Agarwal S, Sharan P, Pandey R M

New Delhi

Treatment in chemical dependence is fraught with a very high rate (30%-50%) of dropouts. Factors associated with this have been focused upon though no consensus in differentiation has been achieved. The study addresses to the issue of differentiating factors. The subjects comprised of 268 cases of drug dependence admitted to the treatment centre in one year. Results indicate that about 68% of inpatients do not complete a 28 day package consisting of detoxification and psychosocial management. Multivariate strategies using stepwise logistic regression yielded three parameters, viz, heroin as the primary drug of dependence, associated use/dependence of another substance excluding tobacco and presence of legal problems as differentiating the group of completers from drop outs. The limitations of the study and implications in treatment planning are highlighted.

Key words : Substance abuse, Treatment, Adherence.

An Investigation into the Psychobiology of Social Phobia Personality Domains and Serotonergic Function

Sudipto Chatterjee, MD T.A. Sunitha, M.Sc. Ajay Velayudam, D.P.M.

Sumant Khanna, MD, PhD

Bangalore

The current study explored a psychobiological perspective in the etiology of social phobia. The emphasis was on serotonergic function and personality. Twenty social phobics according to ICD-10 DCR were assessed on Schedule for Clinical Assessment in Neuropsychiatry and International Personality Disorder Examination. They were compared with an age matched normal population on Fear of Negative Evaluation scale, Social Avoidance and Distress Scale, Temperament and Character Inventory, and platelet 5HT₂ receptor function. Other axis I disorders and Cluster C Personality Disorders were frequently encountered. The social phobia group was characterised by having high Harm Avoidance, low Novelty Seeking, low Co-operativeness and low Self Directedness. Platelet 5HT₂ receptor density did not differentiate between groups, but was associated with severity of the disorder in social phobia. An integrated psychobiological model is presented.

Key words : Social Phobia, Personality, Serotonin

BOMBAY PSYCHIATRIC SOCIETY SILVER JUBILEE AWARD

Gamma Glutamul Transpeptidase and mean corpuscular volume -Their relationship to alcohol consumption

*Dr. M.Shajahan, Dr. M.Suresh Kumar, Prof. N.Mathrubootham, Prof. K.S.Subbaiah -
Madras, Dr. Ibrahim Haroon(USA)*

The study aims to test the utility of GGT & MCV as indicators of excessive alcohol consumption and alcohol related health problems in alcohol dependent individuals. The study sample consisted of 74 consecutive DSM III-R defined alcohol dependents seeking admission into the de-addiction ward of the Institute of Mental Health, Madras-10 during the month of February, 1991: and 65% persons recruited from a community sample of 'current alcohol users' detected by an epidemiological study in a rural setting (Mathrubootham et al'91). The study population was interviewed using structured proforma to collect relevant data including alcohol dependence and problem related issues. Apart from extensive clinical examination and routine blood alalsis, GGT & MCV tests were performed. The data was analyzed and univariate statistical test, pearson correlation matrix and multiple logistic regression analysis were done. Results indicate that GGT & MCV serve as good indicators of excessive alcohol consumption in hospitalized alcohol users and the combination of the two tests to yield a composite index improved the overall accuracy in hospitalized alcoholics. GGT as well as the combination of GGT + MCV predicted excessive alcohol consumption in multiple logistic regression analysis. There was association between poor health status and both tests being positive in hospitalized sample: the odds of having poor health status was higher (OR:4.5 (1.8, 5.6) when the two tests were positive. Results indicate that the tests are useful tools in indentifying excessive alcohol consumption and poor health status in hospitalized patients.

A study of Event Related potentials and Temperamental Traits in Children of Alcoholics

Dr. Avneet Sharma, Dr. Savita Malhotra, Dr. Murugeschachetty, Dr. Anil Malhotra,
Chandigarh

We studied event related potentials and temperamental traits in children of alcoholics (CoAs) and compared the findings with control group. Amplitude P300 was found to be significantly smaller in CoAs; CoAs also showed significant deviations on traits like activity, distractibility, conduct problems etc. Multiple regression analysis with P300 amplitude as the dependent variable revealed that activity and conduct problems seen to be important psychological variables affecting P300 amplitude in our study. The implications of the findings are discussed especially with reference to markers of risk in alcoholism.

Clinical Validity of Schizoaffective Disorder - Two Years follow - up study

Shrivastava Amresh K, Rao, Sangeeta.
Bombay

Schizoaffective disorder, though an established clinical diagnosis in almost all systems of classification, remain an area of investigation for validity because of various data bringing out information in support and also against it. Various models of coexistence of affective and schizophrenic symptoms have been proposed. There is some evidence of its proximity to schizophrenia and also to depression. A possibility of third psychosis has also been suggested. However biological, family studies and long term outcome support is not established. The present study attempts to examine the outcome and diagnostic validity over two year follow up of schizoaffectives.

Method : In a psychiatric treatment setting, 103 patients diagnosed as schizoaffective using DSM III R, ICD 9 and RDC, were subjected to detailed semistructured data collection and studied using schizophrenics (50) and major depression (50) as control groups. Clinical, phenomenological, treatment variable (open, three treatment design) and outcome of progress over two years were studied. Clinical and psychometric assessment tools were used.

Results : The present study found younger schizoaffective population, with severe psychopathology, parallel out come to schizophrenics at 12 weeks and 2 years. Significant number (72.3%) changed the initial diagnosis to schizophrenia (61.8%), mood disorder (10.5%) and 9.2% remitted. Treatment design and psychosocial stress does not correlate with change, however patients with conceptual disorganisation, unusual thought content and hallucinatory behaviour are found to predict change to schizophrenia whereas motor retardation indicates change to mood disorder.

Conclusion : Schizoaffective disorder is an inconsistent diagnosis. More support would be required to retain it in its present form. It seems schizoaffectives seen in our population are closer to schizophrenics in terms of clinical features, treatment response and outcome.

Keywords : Schizoaffective, Diagnosis, Validity, Change of Diagnosis, Course and Outcome

ELECTROCONVULSIVE THERAPY (ECT)

1-1

Factors influencing decision for ECT

Reddy B, Akhtar S, Khanna R

Ranchi

Electroconvulsive therapy (ECT) continues to be one of the most useful alternative for treatment of psychiatric patients. In making decision in favour of ECT, apart from clinical diagnosis, several other factors are taken into account. It was our endeavour to delineate those factors which contributed to decision making for ECT. The study was conducted in CIP. The patients admitted were treated by the concerned unit and when the patients were advised ECT by the consultant or the Sr.Resident, the investigators immediately took up the case for analysis. Of 310 admissions over a period of 3 months, ECT was advised in 52 patients. Patients were rated on BPRS and through a Symptom Checklist specifically designed to delineate factors responsible for decision making for ECT. Restlessness and increased psychomotor activity (36.53%) was the commonest reason for advising ECT, closely followed by feeding problems (25%), violence (23%), catatonia (21%) and non response to pharmacotherapy. Other factors were disorganised behaviour, suicidal risk, absconding tendency and past history of response to ECT.

1-2

Evaluation of pre-ECT antihypertensive drug administration in the minimization of ECT-induced retrograde amnesia.

Chittaranjan Andrade, Shridhar Kamath, Ramteke S, George J, Venkataraman B V, Naratan N, Suresh Chandra J

Bangalore

The sharp rise in systolic blood pressure during ECT may disrupt the blood-brain barrier, releasing macromolecules into the intercellular fluid in the brain; it is hypothesized that temporary neuronal dysfunction may result, leading to the familiar constellation of cognitive

impairments induced by the treatment. To test this hypothesis, in 3 separate experiments using the Hebb-Williams complex maze and the T-maze, adult, male, Sprague-Dawley rats which had undergone maze training received either 2 once-daily electroconvulsive shocks (ECS) or sham ECS, and either antihypertensive drug (subcutaneously) half an hour pre-ECS or vehicle alone. Assessment of retention of pre-ECS learning on the day(s) post-ECS found that verapamil and felodipine but not clonidine attenuated ECS-induced retrograde amnesia. It is concluded that the administration of calcium-channel blockers immediately pre-ECT may reduce the cognitive adverse effects induced by the treatment.

1-3

Effect of stimulus energy on the seizure EEG response to bilateral ECT.

Sanjana Motreja

Bangalore

Seizure EEG was recorded on two channels during the ECT procedure from forty patients receiving bilateral ECT, on the 1st ECT session of each of three consecutive weeks of treatment. Twenty patients received high-energy (240 mC) stimulus and the other twenty low-energy(threshold) stimulus; this allocation being done randomly. The two groups had comparable severity of illness at onset of treatment and did not differ on most of the independent variables, except medication status, with the high-energy group having a larger number of patients (n=9) on antidepressants. The coded seizure EEG data was visually analysed using a Manual Rating Scale. The Spectral power in the 2-5.5 Hz and the 2-30 Hz frequency bands and the Fractal Dimension (FD) were computed for the early, mid- and the post-seizure EEG phases. The seizure duration was also assessed by an automated method. Using a step-wise discriminant function analysis, it was observed that at the 3rd week, 80% of the patients could be correctly classified into either high or low-energy groups, based on five of the seizure EEG variables. Among the drug-naïve patients (n=29), it was possible to correctly classify 83.3% of the patients into the two treatment groups, using three of the EEG variables (viz, average amplitude and duration of polyspike phase and global seizure pattern). At the 3rd week, the high-energy ECT seizure EEGs were

characterised by greater seizure intensity, better seizure pattern (regularity) earlier onset of slow-wave activity and shorter seizure duration, as compared to the low energy seizures. These observed differences between low and high-energy seizures suggest that high energy stimuli yield more 'robust' seizure activity, with earlier seizure generalisation and an earlier onset of seizure-inhibitory responses.

1-4

An audit of the transition from unmodified to modified ECT

Prathap Tharyan, Paul Russell, Jacob K John

Vellore

In the wake of the transition from predominantly unmodified ECT given by psychiatrists to modified ECT given under anaesthetist supervision, we conducted an audit to assess standards of practice, training and supervision of ECT at this centre. The recommendations of the Royal College of Psychiatrist (1989 & 1995) the APA Task Force Report (1990) and the National Workshop on ECT (1992) were amalgamated into a set of guidelines against which we compared our ECT facilities and equipment, patient selection and indications for ECT, obtaining consent, preparation of patients, modification procedures, monitoring of seizure activity, ensuring adequacy of treatment evaluation of progress and adequacy of training. Deficiencies in practice and training were discussed with the team and recommendations for improvement formalised. A limited re-audit was undertaken 2 months later to assess the implementation of these recommendations and close the audit loop. The usefulness of clinical audit as a tool to improve clinical practice and the implications of our findings on training in ECT are highlighted and discussed.

1-5

Prolonged ECT seizures: When to terminate ?*Gangadhar B N, Jayaprakash M S, Girish K, Janakiramaiah N*

Bangalore

Although seizure elicitation is an essential component of ECT, the duration of the seizure should be timed. While 30 seconds or more of EEG seizure is defined as adequate, prolonged seizures have adverse CNS consequences. Seizures were monitored using both cuff method and EEG, during the first ECT session in 83 consecutive patients. Twentyone (25%) patients developed seizures beyond 120 seconds and nine of them had prolonged seizures (> 180 secs). Patients were divided into two groups-those with a duration of < 120 secs of EEG seizure (Group A) and those with duration of 120 secs or more (Group B). The motor and EEG seizure duration correlated well in the Group A ($r=0.8$, $p < 0.01$) but did not correlate in Group B ($r=0.4$, $p > 0.05$). This suggests that motor seizure monitoring alone is unreliable to detect prolonged seizure and hence the need for EEG seizure monitoring. Also the risk of developing prolonged seizure increases by four fold once seizure exceeds 120 seconds and hence should be terminated using intravenous diazepam when the EEG seizure duration (or that predicted on the basis of motor seizure duration) exceeds 120 seconds.

1-6

Prolonged seizures in ECT*Ramachandra R, Gangadhar B N*

Bangalore

Seizure duration of atleast twenty five seconds is to be ensured during ECT. Any seizure lasting for more than one hundred and eighty seconds is labelled as a "prolonged seizure". Twenty eight consecutive patients of acute mania were treated with bilateral, brief pulse, bidirectional, EEG monitored, modified ECTs. Seizure threshold was estimated both at the start and during the course of treatment. Seven out of twenty eight patients had prolonged seizures. Interestingly, it was only in these seven patients that cognitive side effects were noticed. Thus, prolonged seizures were directly related to cognitive side effects. Implications of these findings will be discussed further.

1-7

Deriphylline use as proconvulsant*Girish K, Asha H M, Jayaprakash M S, Gangadhar B N,**Janakiramaiah N*

Bangalore

A small number of patients do not develop adequate seizures with even a maximum stimulus dose available in the ECT machine either during the course of the ECT or in first setting itself. Several methods like IV caffeine or hyperventilation just before giving stimulus or using ketamine anaesthesia have been suggested to decrease the seizure threshold and/or prolong the seizure duration. Deriphylline which contains xanthine alkaloids which are adenosine inhibitors are known to decrease seizure threshold and also induce prolonged seizure. We studied five patients (Age range 12-53 yrs, 3 males and 2 females, 2 patients were psychotic depression and 3 were paranoid schizophrenic) who did not develop seizure with the maximum stimulus dose ie 540 mC. None of these patients were on antiepileptics, one was on lithium carbonate and 2 were on diazepam 10 mg. In the next session 1 amp of Inj deriphylline (220 mg) was given intravenously just before giving anaesthesia and stimulus dose was started at 360 mC and increased in steps of 60 mC if patient did not have adequate seizure. Seizures were monitored by cuff method and EEG. All patients developed adequate seizure. Hence in patients who do not develop seizure at maximum stimulus Inj deriphylline can be used effectively as a proconvulsant.

1-8

Relapse following treatment with ECT*Raghuthaman G, Prathap Tharyan, Jacob K John*

Vellore

Electroconvulsive therapy is effective in 80-90% of depressed patients. In medication resistant cases, however, the effectiveness drops to 50% and relapse rates are as high as 65%, inspte of continuation pharmacotherapy. This naturalistic retrospective study evaluated relapse rates after ECT given to patients with an ICD-10 diagnosis of depressive

disorder treated over a two year period, and given continuation pharmacotherapy. We used operational criteria to define relapse, and compared socio-demographic, illness and treatment variables between patients who relapsed and those that did not. The results and clinical implications are discussed.

1-9

Lack of effect of Shankapushpi in the attenuation of ECS-induced memory deficits

Chittaranjan Andrade, Mathews M, George V, Anil M, George J, Nagarani M A

Bangalore

In Ayurveda, shankapushpi has been claimed to have cognition-enhancing properties. Adult, male, Sprague-Dawley rats were treated with either shankapushpi or vehicle alone; the rats then received either 2 once-daily electroconvulsive shocks (ECS) or sham ECS. Evaluation of learning in the Hebb-Williams complex animal maze obtained the following findings; shankapushpi did not enhance learning in naive rats; shankapushpi did not protect against ECS-induced retrograde amnesia; shankapushpi did not protect against ECS-induced anterograde amnesia. It is concluded that shankapushpi is unlikely to be useful in the containment of the cognitive deficits induced by ECT.

COMMUNITY PSYCHIATRY

2-1

Indigenous practices among psychiatric patients in Northern India

Tushar Jagawat, Dash D K, Vivek Katoch, Pradhan S C

Delhi

To assess the prevalence of indigenous practices (Ayurvedic, Unani, faith healing, Exorcism, Baba and other megico-religious modalities) among psychiatric patients, this study was carried out in the Institute of Human Behaviour and Allied Sciences (IHBAS), Delhi, which is one of the biggest psychiatric hospital in Northern India, having a wide catchment area covering patients from Delhi, Rajasthan, U.P., Punjab and Haryana and other neighbouring states. Only newly registered psychiatric outpatients fulfilling the including criteria over the period of 6 months were screened in detail for their socio demographic and clinical variables and prior use of any indigenous modality of treatment and reasons for visiting psychiatric hospital and they were compared with those patients who had no previous exposure of such indigenous practices or modality. Out of total 270 patients, more than 50% of the patients were found to have use one or more methods of indigenous ways of treatment. Majority of them were young, unmarried, unemployed, from poor and less educated background, having first episode of psychotic disorder as compared to those who had no exposure of indigenous practices. The implications of these findings are discussed in the paper.

2-2

Preparation of psychoeducational material in Bengali for family members of schizophrenic patients

Ash S, Basu S, Deb A, Chatterji D.

Gopalpur, West Bengal

Based on existing literature, available information in English and Bengali and interviews with family members, a psychoeducational booklet for family members of schizophrenic patients were prepared. To find out the utility of this material, pre and post exposure assessments were conducted on thirty family members. Implications of the study will be discussed in the presentation.

2-3

Health modernity in rural drug users

Renuka Jena, Shukla T R

Modernity is aggregate of certain attitudinal and personality factors conducive to social and economic development. Health modernity (HM) refers to scientific knowledge and attitudes to health and disease resulting in physical and mental well-being. In this study on correlates of drug use in a rural community HM was also focussed. HM was measured using the Health Modernity Scale devised by Singh et al in 1984 in a group of drug users and compared with non users from the same community. There were 85 drug users (current) comprising 44 males and 41 females. There were 121 sex matched non users comprising 61 males and 60 females. The commonly used drugs were tobacco, alcohol especially the locally brewed handia and cannabis. Assessment of HM revealed significant differences on the attitudinal and behavioural subscales. Further analysis of attitudinal factors revealed significant differences in mental health ($t=2.37$, $p<0.01$), diet and nutrition ($t=3.32$, $p<0.01$) and family planning ($t=2.14$, $p<0.05$). Non users scored significantly higher than the users on all the above factors. Users in the younger age group (20-34 yrs) scored more on attitudinal HM compared to the 35-50 yrs age group. The results and the relevance to drug taking behaviour is discussed.

2-4

Student's counselling services in colleges through trained teacher volunteers.

Chandrasekhar C R, Ahalya R, Parthasarathy R, Sekhar K, Moily S, Nagarajaiah, Sharma M P, Kishorekumar K V, Murthy R S, Channabasavanna S M.

Bangalore

9-20% of students are suffering from mental health problems. (Sharma'76; Premarao,'78; Chandrasekhar et al.,'80). These problems are associated with poor performance, irregular or dropping out, unusual behaviour, aggression. Anxiety, depression, personality disorders are reported in students who seek psychiatric help. (Wig et al.,'67) Because of inadequate services and stigma, these students do not get professional help. A trained teacher is able to counsel them. (Kapur'93). Department of Collegiate Education, Karnataka & NIMHANS have launched a two weeks training progress for volunteer college teachers in student's counselling. In July '95, 23 teachers underwent training. Establishing counselling centres, sensitizing co-teachers and students in groups about students' problems and their remedies, offering individual or group counselling were the strategies adopted. Issues related to training, organisation of services, record keeping and monitoring are discussed in this paper.

2-5

The culture of affluence

Sharmila Basu, Soumitra Basu

Calcutta

Due to the effect of globalisation and open market economy, a culture of affluence is being slowly built up through the communication media. This extends from the use of household items to counselling sessions in 5-star hotels and even promoting anti-depressants through TV programs. The effects of this influx in the Indian context on growing children has to be properly assessed.

2-6

Psychiatry of begging*Somasundaram O, Alexander, Vivekanandan S, Bashyam V S P*

Madras

Institute of Mental Health, Madras, renders psychiatric care services to one of the satellite centres situated at Melpakkam for beggars. Psychiatric status of the inmates of the beggars camp was assessed and the details are presented and discussed.

2-7

Pathways to Psychiatric Care: An Eastern Indian experience*Pradhan S C, Das J, Kothari S, Dey N, Ram D*

Ranchi

The sequential contacts that a person makes prior to coming to a psychiatric set up is known as the psychiatric help seeking pathway. 100 consecutive cases visiting the OPD, were studied using a semi-structured demographic data sheet.

Results: 54% of the population first contacted a faith healer followed by a psychiatric (15%) general practitioner (12%) exorcist (8%) and etc. 43% visited only one care giver, followed by 24% who visited two and 14% who visited 3 to 4 care givers prior to coming to a psychiatrist. 74% of people reached a definitive psychiatric set up within one year of the onset of symptoms. The implications of these findings have been discussed in this paper.

2-8

A comparative study of family burden and dysfunction in obsessive compulsive disorder and schizophrenia.*Josy K Thomas, Suresh Kumar P N, Sinha V K, Verma A N.*

Ranchi.

This prospective study was conducted to assess the extent of family burden experienced by the relatives of OCD patients and schizophrenics and to compare the pattern of dysfunction

in the two groups. A series of 24 OCD patients and 30 schizophrenics attended the psychiatric OPD of CIP, Ranchi and diagnosed as per ICD-10, with a minimum of one year illness, were studied using Family Burden Interview Schedule, Dysfunction Analysis Questionnaire and Socio-economic status scale. Family Burden ($p < 0.001$) and dysfunction ($p < 0.001$) were significantly high in schizophrenia. Individual item analysis of family burden shows that financial area, family activities, family leisure and interactions were significantly impaired in schizophrenia. They also had high dysfunction score in social, vocational, personal, family and cognitive areas on dysfunction analysis. The implications of the findings will be discussed.

2-9

A psychosocial study of treatment adherence in psychotic patients

Ahalya Raguram, Arpita Roy

Bangalore

While effective pharmacological and psychosocial therapies are available today, for the treatment of psychotic illnesses, compliance is a major problem in management. Estimates of non-compliance in psychotic patients varies from 7 to 70 percent. Compliance with treatment is a crucial issue in mental illnesses owing to their chronic nature and the high risk of relapse. The present study was undertaken to examine treatment adherence in psychotic patients and their relatives and to identify psychosocial factors which influence adherence. The sample consisted of 40 patients and 40 relatives of these patients fulfilling specific inclusion and exclusion criteria. The treatment adherence, the families orientation to mental illness, the burden perceived by them and their locus of control were studied using relevant tools. The findings, and their implications for treatment will be discussed.

2-10

Mental morbidity and personality pattern in the spouses of schizophrenic patients*Mahendru R K,*

Kanpur

Since schizophrenia many times tend to become a chronic illness, its association with patient's spouses may lead to emotional ill health in them. The present study aimed to study the pattern and occurrence of psychiatric morbidity in the spouses of male schizophrenic patients. The sample consisted 30 consecutive schizophrenic patients and their spouses attending psychiatric clinic of LLR Hospital, Kanpur. Twenty normal healthy couples matched in age and socio-economic status without obvious clinical evidence of any psychiatric illness in the past or present were taken as controls. Besides usual psychiatric assessment, the current health status of both patients as well as control pairs was evaluated on Krietman's (1970) five point scale. The personality pattern of the individuals taking part in the study was determined by the Middlesex hospital questionnaire. Twelve out of thirty (40%) spouses of schizophrenic patients were having psychiatric illnesses. Nearly half of the sick spouses were suffering from neurotic illnesses. The current health rating scale revealed, that patients spouses with longer duration of marriage were having higher rate of psychiatric morbidity as compared to control spouses. The patients pairs scored significantly higher on all the six sub scales of the Middlesex Questionnaire as compared to control pairs. Except for the free floating anxiety and somatic traits the patients spouses also scored higher on the remaining four sub scales of the Middlesex questionnaire. The implications of these findings are discussed.

EPIDEMIOLOGY

3-1

Assessment of psychiatric morbidity in a rural population during a community health camp.

Shajahan M, Gurunathan S, Bashyam V S

Madras

In a primary health centre area during a medical camp conducted for screening diseases with the help of all the speciality doctors in which a psychiatrist also formed the team. GHQ 21 item scaled version was applied to randomised health care seekers. Patients attending OPD in a General Hospital in a urban area formed the control group and are taken for comparative analysis. The utility of the instrument in different population and the findings in the light of cultural and socio-economic background implicate the psychiatric screening at the primary health care setting are discussed.

3-2

Psychological morbidity in industrial township II

Vivekanandan S, Murugappan M, Shajahan M, Jeyaprakash, Rajarathinam, Bashyam V S P

Madras

Institute of Mental Health, Madras was entrusted with the task of screening the employees of one of the energy establishments comprising around 3000 employees for psychological morbidity. Shortened version of PSE 10 with some modifications was the screening instrument used. Analysis of data reveals the prevalence of various symptoms, symptom clusters, among the employees. Psychoeducational programmes were conducted based on the prevalence data.

3-3

Mental health problems of medical and engineering college entrants

Nathawat S S, Sanjay Gehlot, Banwari C S

Jaipur & Jodhpur

In recent times, there has been a growing awareness about the problems of student mental health in India. Medical and Engineering students make a special group altogether among student population as they are subjected to great academic stress and strain. So their mental health is important not only in its own right but also as contributing to their larger society's well being. Their mental health assessment for any problem is therefore of great significance. The objective of this study was to compare the prevalence of problems of mental health of medical and engineering college entrants and to study gender effect if any. A corollary of this was to investigate the role of family environment in the development of mental health problems in these students pursuing for professional courses. The sample consisted of 60 1st semester medical students taken from S M S Medical College, Jaipur, and another 60 1st semester engineering students drawn from Malviya Regional Engineering College, Jaipur. They were subjected to G.H.Q.(Goldberg); Middlesex Hospital Questionnaire (Crown & Crisp) and Family Environment Scale (Moos). The incidence of mental health problems were suspected to be more in medical college entrants than engineering college entrants (45% Vs 37% respectively). In both the groups, male students were found to be more vulnerable to emotional problems than female students. Medical students score significantly high on phobic and somatic anxiety than engineering students. Conflictual interactions in the family; ambiguity in family rules and responsibilities and the rigidity of family rules contributed more in the genesis of emotional problems of engineering students than medical ones. Whereas family dependency played a significant role in making medical students more prone to emotional ill-health than the engineering ones. The importance of course load, career stress and family environment is discussed in the development of mental ill-health of students of professional courses.

3-4

Psychiatric morbidity among medical students*Mandhekar D N, Chander Shekhar C R, Sriram T G*

Bangalore.

The study was carried out to evaluate prevalence and pattern of psychiatric disorders among medical students. An attempt was made to understand the relationship between socio-demographic variables and psychiatric morbidity. Out of a total of 249 medical students, 235 students filled up socio-demographic and GHQ-60 proformas. All the students who scored 12 or more on GHQ-60 were interviewed by using PSE. This study showed the prevalence rate to be 16.5%. 39 students met the ICD-9 criteria for psychiatric illnesses. Depression (48%) and anxiety states (37%) were the most commonly diagnosed disorders. Male students were having more psychiatric morbidity (17%) than females (14%). The psychiatric symptoms, as per PSE, has shown the following trends, in order of decreasing frequency, socially withdrawn, tiredness, poor concentration, worrying and muscular tension. Details of these findings will be discussed alongwith other data.

3-5

An epidemiological study of psychiatric morbidity in a slum of Jaipur city.*Pradeep Sharma, Gehlot P S, Anshuman Pant*

Jaipur

Background and purpose: Outstanding thinkers are perturbed over the unnatural cancerous outgrowths of cities called slums with its attendant milieu of socioeconomic impoverishment, unhealthy ways of life, social isolation, extremes of social mobility, fickle existence and evils like suicide, vices, prostitution, crime and gangsterism. From a research perspective, an epidemiological study of psychiatric morbidity in slum provides an unique opportunity to acquire insight into the social causes of mental illness. In this cross sectional study, 203 families randomly selected out of 650 family units in Jawahar Nagar slums of

Jaipur city were studied. Case seeking was done by key informant schedule and detailed assessment of the case was done by IPIS. The diagnosis were based on ICD criteria. Results: Mental illness was found in 9.16% of the population. The children and elderly showed shigher prevalence of mental illness. Other major determinants of mental illness were sex, marital status, literacy, occupation, family size and structure, migration and social class. The major diagnostic categories were - affective psychoses 0.4%, neuroses 3.15%, drug abuse and adjustment reaction. Other significant categories were pica, enuresis and mental retardation. Results were analysed based on the unique characteristics of the slum and special characteristics of the study slum.

3-6

Psychiatric morbidity in children & adolescents

Sinha A K, Srivastava A S

Varanasi

An analysis of one year case records of the patients who are attending the Child Guidance Clinic of Department of Psychiatry, Institute of Medical Sciences, BHU, Varanasi, was carried out. The aim of the study was to find out the incidence of various types of psychiatric disorders in children. The majority of the patients belong to mental retardation group followed by neurotic disorders, seizure disorders, cases of childhood schizophrenia, manic excitement and depression were also found. Details regarding the data and analysis will be presented in the conference.

3-7

An epidemiological study of psychiatric morbidity in a village

Anil Thambi, Vyas J N, Pradeep Sharma,

Jaipur

Well conducted epidemiological studies, by throwing light on the association between psychiatric disturbances and demographic and sociocultural variables, greatly enhance the planning of psychiatric facilities in the community. In this cross sectional study psychiatric

morbidity in village Goner which lies in the outskirts of Jaipur city and has been provided with most of the urban amenities was surveyed.

Methods: The study units were families. 235 families randomly selected out of 470 families registered with panchayat were studied. The key informant schedule was administered to the head of the families and information generated therefrom were used to identify possible cases, to whom, in turn, IPIS was administered. **Results:** Psychiatric disorders were found in 8.87% of the sample (11.29% in adults and 4.53% in children). Main socio demographic determinants for psychiatric disorders were age, sex, marital status, literacy, social class, occupational status and size and type of the family. Major psychiatric disorders found among the adult population in the order of frequency of occurrence were neurotic disorders - 3.23% (neurotic depression 1.32%, anxiety neurosis 1.17%) psychotic disorders 1.39% (schizophrenia 0.29%) drug abuse (1.39%) and organic mental disorders (0.59%). Among children the major syndromes identified were mental retardation 0.73%, enuresis 0.73% and conduct disorder 0.29%.

3-8

Mental health of rural women

Indira Jai Prakash

Bangalore

Health statistics show that while women have biological and behavioural advantage over men with regard to mortality, they appear to have greater morbidity than men. Though major questions still remain as to conceptualizing mental health and identifying the sources of morbidity, there is a general trend for women to report more distress in community surveys. This study reports findings from interviews and assessment of 253 women from two villages of Bangalore district. All the women were above 40 years of age and an alarming 47% of them had higher scores on Self Report Questionnaire, which is a first stage screening device, indicating possible morbidity. Negative affect, poor self rated health and low satisfaction were related to SRQ scores. Rural environment that combines illiteracy with poverty acts as stressor affecting the mental health of rural women.

3-9

Mental health care: Perception and expectations of rural population in U P

Tiwari S C, Sethi B B, Sitholey P

Lucknow

A study was carried out in randomly selected nine villages falling under a PHC close to Lucknow with objectives to explore the perception and expectations of rural subjects about mental health care. The data was analysed using percentage and Chi-square tests. The results showed that the community was largely (88.21%) aware of mental symptoms and majority reported drugs (86.28%) to be the main treatment followed by faith healing (12.94%). Although more than half (52.59%) knew about general hospitals as a place of treatment, only 26.71% were aware of mental hospitals. The available treatment facilities were far from villages (55.36%) and majority felt that such facilities should be located in the village. Majority (75%) favoured free consultation and medicines. About 61.28% availed the mental health treatment facilities but almost all (80.08%) were totally dissatisfied. Large number of subjects (66.96%) felt medicines to be the only treatment followed by 26.71% who favoured combination of all treatments. Almost all (95.29%) favoured clinic based treatment by psychiatrists offering services at least once a week (55.44%). The implications of findings are discussed in the light of the ongoing National Mental Health Programme and expectations of the rural community.

3-10

Prevalence of obsessive compulsive disorder in rural population in Karnataka

Guruswamy R, Sumant Khanna

Bangalore

Recent reports suggests a life time prevalence of 1.6% to 2.5% of Obsessive Compulsive Disorder (OCD) in the general population from the Epidemiological Catchment Area in the

USA. The prevalence rate of OCD in Bangalore has been found to be 0.4% (Khanna unpublished data). The current study aims at looking at the prevalence of OCD in the adult population of a rural village. 148 adults from the village Thimmanahally were interviewed directly (n=115) or information about them was obtained from others (n=33) covering 98% of the population. All subjects were assessed on SCAN. 3.38% of the subjects had OCD. 5.4% had OC symptoms not amounting to OCD (combined 8.78%) and 0.68% had tic disorders. These observations will be discussed in the light of Western reports.

SUICIDE

4-1

Socio demographic study of cases of attempted suicide admitted in a teaching-cum-referral hospital of West Bengal

Srilekha Chatterjee, Das S, Debnath C, Biswas S, Banerjee S,
Calcutta.

Five hundred cases of attempted suicide who were admitted in medical indoor and subsequently referral to psychiatry department were examined and possible causes and future remedial measures are discussed.

4-2

A study of 'psychological autopsy' of 50 unnatural female deaths

Jyoti Mahapatra, Mahapatra S C, Bardhan A K
Orissa

The study was conducted during a period of 3 years jointly by the psychiatrist and forensic medicine specialist. 50 consecutive cases of unnatural death of married females were noted, which came for autopsy in the F.M.T.dept. Their mode of death was ascertained by help of post-mortem findings. Then the close relatives of the dead women were interviewed and a 'psychological-autopsy' was done to know the mental status of the victim and the possible factors leading to unnatural death. It was also ascertained whether death was due to suicide, homicide or accident. On analysis of the data it was found that majority of the women committed suicide due to (1) marital and family problems and (2) a significant number due to chronic mental illness. Clearcut findings to point towards homicide was present in 7 cases, the provoking factors being mental illness of the husband in some cases and dowry problems in others. Accidental death was proved only in 3 cases. Implications of the findings are discussed in detail in the paper.

4-3

Personality profiles of self-immolators*Kannabiran, Ebrahim Haroon, Vivekanandan S, Arunagiri S, Bashyam V S P*

Madras

31 self-immolators were compared with 31 suicide attempters by consuming organo-phosphorus compounds in spheres like their personality, presence and nature of life events and presence of depression. The personality of self immolators was unique in the sense that they lack ego strength and superego strength. They were aggressive and sensitive. They were not depressed. Life events score was more among the self-immolators.

4-4

Hopelessness, suicidal intent and depression in suicide-attempters*Sudhir Kumar, Vikas Jain, Singh H*

Lucknow

The study has been undertaken to find out severity of depression in suicide attempters and to find out relationship of hopelessness and suicidal intent. 56 individuals attempting suicide who were admitted to medical and surgical wards of the King George's Medical College and Hospitals, constituted the sample of the study. ICD-X was used for diagnosing psychiatric morbidity in the subjects. Hamilton Rating Scale for depression; Suicidal Intent Questionnaire (SIQ) and Beck's Hopelessness Scale were administered to all subjects. Male to female ratio was 3 to 2. Majority were young in age. Organophosphorus ingestion was the main method for attempting suicide. Family quarrel, financial and examination stress were main precipitating factors. Depression was the main diagnosis in the sample. There was a highly significant correlation ($p < .001$) between suicidal intent, hopelessness and depression among the suicidal attempters. The study demonstrates important implications in the therapy of individual at high risk of suicide.

4-5

Personality variables and neuroticism in alcoholics who attempt suicide*Jayita Choudhary, Shubhangi R Parkar*

Bombay

Alcoholism is a psychiatric disorder associated with an increased risk of suicidal behaviour. The lifetime risk of alcoholism in suicide is about 15%. Personality characteristics play an important role in the alcoholic who attempts suicide. Some studies have shown increased "neuroticism" score or Eysenck Personality Inventory in the population of alcohol dependent persons who attempted suicide. Two groups of 30 alcohol dependent patients in each group, - (1) with history of suicide attempt and (2) without history of suicide attempt were compared to detect the presence of and differences in the personality variables and "neuroticism" scores (on EPI), using structured clinical interview for DSM III-R personality disorders (SCID-II) and Eysenck Personality Inventory. Alcoholics who attempted suicide had a greater incidence of personality disorder and traits (90%) as compared to those without suicide attempt (40%); which include antisocial personality disorder being most common followed by borderline personality disorder. The study also revealed that in this sample, alcoholics with and without history of suicide attempt had a higher "neuroticism" score on EPI but the significant finding was that unlike other studies, the index group had a lower "neuroticism" score than the control group.

4-6

Evaluation of crisis intervention in patients with suicide attempt*Shubhangi Parkar, Bindoo Maru, Sadhana Bhatkhande*

Bombay

It is important to emphasize the fact that both suicidal behaviour and self-destructive behaviour are not always pathognomonic of mental illness, they merely denote the presence

of psychopathology due to emotional disturbances. In this context, it becomes more rational to view an individual with suicidal behaviour as in a state of crisis. The crisis can probably and potentially be related to psychological disturbances which are either situation-specific or stress related. Crisis intervention, as a therapeutic process, in the management of patients with suicide attempt has been the subject of considerable scrutiny. Crisis intervention, as a short-term therapy, has become increasingly popular over the years. It is less time consuming, more productive and an effective line of psychological intervention. In this paper, the description of the process of crisis intervention in relation to its impact on patients is described with a narrative experience.

4-7

Suicide by self poisoning - admissions in one year in a general hospital

Pradhan P V, Vandana Mahajan, Dushyant Bhadlikar, Meena Haria

Bombay

Self poisoning is a common method of attempting suicide in India. In order to understand extent of this problem, this study was conceived. A retrospective analysis of demographic variables and outcome in cases of self poisoning was done. Data was obtained from admission register of medical wards and medical record department of KEM Hospital, Bombay.

8.34% of total admissions in general medical wards were due to self poisoning. 57.76% patients were young (15-25 yrs). There were more females in younger age group however, males predominated in older age group. 17% of patients of self poisoning required management in intensive care unit and 3.9% of them died. Fatal outcome was highest in group of elderly patients (> 45 yrs). Organophosphorus insecticides were used by 78.7% patients. These and other findings of the study were compared with studies done earlier.

4-8

Stressful life events in adolescents who attempted suicide*Vandana Mahajan, Shubhangi Parkar, Pradhan P V*

Bombay

Suicide attempts by adolescents has become a major problem recently. It is observed that more adolescents attempt suicide while completed suicide are observed in older group.

The aim of this study is to study recent stressful life events in adolescents who attempted suicide. Adolescents who attempted suicide were from age group 16-24 years. Patients were assessed using a specially designed proforma and necessary demographic and clinical data was collected. These patients were administered suicide intent scale and presumptive stressful life event scale. Findings were compared with matched control group. In the study females outnumbered males. 75% of them acknowledged suicide, 54% of the sample attempted suicide to solve problems or to escape from the stressful situations. Adolescents who attempted suicide had more stressful life events in one year before they attempted suicide. Acute stressful events were interpersonal conflicts; especially family and marital conflicts, and financial problems. Findings are compared with control group and results are discussed.

4-9

Suicide prevention service*Singh S D*

Cochin

It is an observed universal truth that number of suicides is increasing. To work more effectively in a semi scientific method we have formulated a telephone counselling system. The methodology and statistics of one year is presented for discussions.

NEUROSIS I

5-1

Quantitative EEG correlates of phenomenology and symptom severity in obsessive compulsive disorder

Bagchi J, Raju S S, Haque S

Ranchi

This study is an attempt to detect quantitative EEG abnormalities in 16 Obsessive Compulsive Disorder (OCD) patients (DSM IV criteria), as compared with normal age and sex matched control population and correlate them with forms and contents of obsessions and compulsions as well as severity of illness. The age range of the patients was 15-45 years. Yale Brown Obsessive Compulsive Scale and Padua inventories were administered and QEEG was done. A mean score of 13.64 (time spent on obsessions) 12.28 (time spent on compulsions) 5.88 (insight into O.C.symptoms) in YBOCS and 30.64 in Padua inventory were obtained respectively. Further statistical comparisons were done between quantitative EEG findings in OCD patients and age, sex matched control group (N=16), details of which including discussion and conclusions would be elaborated.

5-2

Guilt feeling reaction and marital adjustment in OCD & Dysthymia

Ushma Rani

Ranchi

OCD and dysthymia, both illness of an affective spectrum, have many similarities and striking differences. This study was undertaken to find out similarity and differences in the sociodemographic variables and in the guilt feeling reaction and marital adjustment in depression and dysthymia. 15 cases each of OCD and dysthymia as per DSM IIIR criteria,

constitutes the purposive sample. Patients' sociodemographic and clinical data was collected by a semi-structured interview. Each of the patient was administered M.H.Q, Guilt Feeling Questionnaire and Relationship Questionnaire. The obsessive patient had higher free floating anxiety, phobic anxiety and it was found that obsessive patients react more vigorously ($p < .001$) with anxiety to the guilt provoking situation than dysthymics wherever self aggression, shame, sorry are not found to be significantly related. The marital adjustment was significantly worse in OCD patients. The implications of these findings in the psychotherapeutic management will be discussed.

5-3

Demographic features in OCD: A comparison with mania

Christoday R J Khess, Mukherjee T

Ranchi

This study was conducted at Central Institute of Psychiatry. 52 first contact OCD patients were compared with 51 first contact manic patients. All consecutive cases who fulfilled the DSM-III R Criteria for the above disorders were included in the study. The study showed some distinct demographic differences between the two groups on comparison. The OCD group had significantly more number of female patients (32.70% compared to 25.49%) which was statistically significant. Further there were more patients who were single in the OCD group (44.23% versus 25.49%) which again was significant. The OCD patients had significantly more family history of psychiatric disorders compared to manic patients (51.92% versus 25.49%), however 92.30% of manic patients with a positive history of psychiatric illness had history of mood disorder, while amongst the OCD patients with a family history of psychiatric illness only 18.51% patients had history of OCD and 29.62% patients had history of O.C. traits. It was also noted that in the manic group there were 7.84% tribal patients compared to 0% in the OCD group. The patients in the two groups did not vary on religion on comparison. The increased preponderence of females in the OCD group, even when the absolute number of female cases was less has been discussed with

special reference to the Indian set up. We have also discussed the increased celibacy rate, absence of any tribal patients and the difference in the rate of family history of the specific disorder in the two diagnostic groups.

5-4

Symptom patterns in obsessive compulsive disorder patients attending general hospital psychiatry unit.

Chaukimath S P, Bhairwadgi S S

Bijapur

Four main symptom patterns are described usually for Obsessive Compulsive Disorder patients. Obsession of dirt with compulsion of washing being the commonest. Twentyfive obsessive compulsive patients who attended Psychiatry Unit of a general hospital in the last two years are being analysed for their symptom patterns, at presentation. The demographic profiles are compared. The results are being analysed.

5-5

Stressful life events and somatoform disorders

Chandrasekhar C R, Venkataswamy Reddy

Bangalore

Somatoform disorders (SD) constitute major morbidity in medical and psychiatric practice. 5% in general population and 30-40% of people seeking medical help suffer from SD. They use bodily symptoms to communicate their psychosocial distress. (Barsky'83). The relationship life events with mental disorders is well established. (Kulhara & Prasad Rao'86; Sharma & Ram'88; Singhal et al'84). The presumptive stressful life events scale (PSLES) (Gurumeet Singh et al,'84) was administered to 137 patients who sought help from primary health care agencies and who had 3 out of 12 problems (screener for SD designed by WHO) lasting for a month or more. 50% patients suffered from physical illnesses, 33% from psychiatric disorders other than SD, 17% from SD. 12 life events were not reported by all

patients. 7 hierarchical cluster analysis methods (Reddy '94) each with two measures of proximity were employed to classify these patients on 39 items on PSLES. 5 clusters emerged. One cluster had several ambiguous life events related to loans, pilgrimage, son or daughter leaving home/getting married. This was significantly related to SD. The details of the other clusters are discussed in the paper.

5-6

Dissociative disorder and persistent somatoform pain disorder

Alice Cherian, Sarojini George, Sharmila Chari

Vellore

Objective: To compare the sociodemographic pattern, level of intelligence and response to treatment. Method: 25 children with persistent somatoform disorder were recruited and studied prospectively from June '92 to December '93. Results: Children with dissociative disorder belonged to the first or second order of birth, they belonged to low socio economic group, their I.Q. was lower as compared to children with Persistent Somatoform Pain Disorder. I.Q. of children was lower when either parent was illiterate. There was no differences between the two groups in other variables. Conclusion: A comparative study between these two disorders showed that they are similar in most aspects except that as a group children with dissociative disorder had a lower IQ than children with persistent somatoform disorder.

5-7

Hysteria in a female hospital

Sandeep Choudhury, Bhatia M S, Malik S C

New Delhi

Aim: The socio-demographic variables and the clinical presentations of hysteria have been variously described by different authors but no consistent picture has emerged from the research. Therefore the present study was undertaken to find out the epidemiology and

phenomenology of hysterical neurosis patients attending a female hospital. Methodology: of 644 consecutive patients, 60 new cases of hysteria (ICD-9) were evaluated on a semistructured interview schedule using, socio demographic recording and symptoms check list. Observation: The results were analysed using various statistical techniques and it was found that a majority of patients were between 11-30 years (66%), illiterates (42%); housewives (68%); from an urban background (83%); from socio-economic class II (57%); Hindus (87%) and with an insidious onset (67%). Most of the patients presented with multiple complaints (58%) in 11-20 symptoms range with Motor or Pseudoneurological being the commonest (73%) followed by GIT and Pain (50% each). Conclusion: Thus we conclude that hysteria is more prevalent in young, non-working married females from lower income groups but owing to the limitations of the community under study and lack of proper controls, we believe that lot more work is needed before any definite conclusions can be drawn out.

5-8

Alexithymia and illness behaviour among women with somatization

Jaideep Sarkar, Prabha S Chandra

Bangalore

The aim of the study was to assess illness behaviour patterns and alexithymia among 60 women with somatic complaints. Among these women, 50% were on psychiatric treatment and 50% were newly diagnosed. They were assessed on the illness behaviour assessment schedule and the Toronto Alexithymia Scale. 68% were from an urban background, 39% had less than five years of education and 85% were married. 33% had a somatic disease conviction and 27% a psychological disease conviction. 62% had inhibitions of communicating feelings and 46% had denial. The mean alexithymia score on TAS (71 + 14.7) in the new patients was significantly less than among those on treatment. The paper focusses on the relationship between alexithymia, nature of explanations given, treatment and illness behaviour.

5-9

Globus pharyngis and psychiatry - a newer treatment probe*Rajesh Sagar, Sunil Kumar*

New Delhi

Globus has received little systematic interest from the psychiatrists despite the fact that it is the common problem as well as it has important associated psychiatric symptomatology, moreover there is no specific treatment for globus. The present study aimed to (1) explore the association between globus and psychiatric disorders (2) study the efficacy of alprazolam in these patients. Twenty six adult patients with globus were assessed by DSM III-R criteria. Patients received alprazolam or placebo in a double blind fashion. Treatment outcome was assessed using throat questionnaire, Beck depression inventory, Hamilton anxiety scale and General health questionnaire. Nine patients met the DSM III-R criteria for current psychiatric disorders. Alprazolam provided good therapeutic relief in these patients. Explanations and implications are discussed.

PSYCHOPHARMACOLOGY

6-1

Do EPS and chronicity go hand in hand?

Gopala Sarma P

Warangal, A.P.

Objective: To see if EPS indicates chronicity. Design: Retrospective analysis of outpatients. Setting: Consultations and general hospital based study. Patients: 400 consecutive patients seen in consultation and general hospital psychiatry unit. Main outcome measures: Nature (chronic/non) reaction (EPS/non), follow-up, work output. Results: EPS was more in chronic cases. Both the sexes, who had EPS, were over represented in chronic cases. Those with EPS had good follow-up, both number of visits and months wise with no/poor work output.

6-2

Loxapine induced, neuroleptic malignant syndrome - a case report

Jayanta Chatterjee, Srilekha Biswas

Calcutta

Loxapine was introduced in Indian market about five years ago, although it is introduced in USA for twelve years and in UK for last eight years. This is probably first case of NMS secondary to loxapine reported in India, though few cases were reported in UK and USA.

6-3

A comparative study of secondary placebo response between schizophrenics and major depressives

Ravi S Pandey, Arya S C, Sanjay Agarwal

Delhi

Aim: To compare the secondary placebo response between schizophrenics and major depressives. **Methodology:** Patients of schizophrenia and major depression who were already maintained on a fixed dose drug combination were included in a six week protocol. They were continued for the first two weeks on the fixed dose drug combination, next two weeks on the same drugs but given separately in tablet form and next two weeks again on fixed-dose drug combination. Nowak's mean analogue scores were calculated at the beginning of trial and fortnightly thereafter. **Observation and result:** An analysis of Nowak's mean analogue scores of schizophrenics (n=12) and major depressive (n=7) on CEPT IV software did not reveal any statistically significant difference ($p > 0.05$) between schizophrenics and depressives. **Conclusion:** Secondary placebo responsiveness of schizophrenics is not different from the secondary placebo responsiveness of depressives.

6-4

Assessment of safety and efficacy of 'Zopiclone' (a hypnotic): An open trial

Agarwal A K, Shashi Rai

Lucknow

This study was an open trial conducted on thirty three depressed patients, to assess the safety and efficacy of a new hypnotic agent, 'zopiclone'. Zopiclone is a cyclopyrralone which acts by facilitating the inhibitory action of gamma amino butyric acid. Efficacy was assessed using sleep disorder symptom checklist and safety by thorough physical examination and various laboratory tests. The drug was found to be an effective and safe hypnotic agent with minimal rebound insomnia and few adverse effects. Dependence

potential and long term effects of the drug cannot be commented upon owing to a short trial period.

6-5

Long term outcome of lithium prophylaxis in recurrent affective disorder: I. Background data and main outcome.

Kulhara P, Basu D, Mattoo S K, Chopra R

Chandigarh

Indian studies on prophylactic efficacy of lithium in mood disorders are few, based on small samples and on relatively short follow-up periods. In this study, long-term outcome of patients attending one of the earliest lithium clinics in the country is presented (follow up period 2-27 years, mean 11 years). the patients (n=122) were predominantly married (80%), from urban background (72%), with at least primary education (90%), males outnumbering females (2.5:1). They had been ill for a mean of 8.3 years before lithium was started. During this period they suffered a mean of 6 affective episodes. Many (44%) had mental illness in family members of whom some (13%) had received lithium as well. During the follow up most were regular in reporting (88%) and were compliant (90%). The long-term outcome analysis of 118 patients of the original cohort (97%) shows that they had a mean of 4.6 relapses while on lithium (manic:2.8; depressive:1.8). Adjusted for the duration, this was significantly less ($p < 0.01$) than the pre-lithium episode frequency. Further, the relapses were mostly milder in nature, resulting in lesser occasions and days of hospitalisation. Only 28 patients, however, did not suffer a single relapse while on lithium (24%) the rest having some episodes (range:1-34; median and mode = 3). Using the modal number as cut-off, 49 patients (41.5%) emerged as good responders to lithium.

6-6

Long term outcome of lithium prophylaxis in recurrent affective disorder: II Characteristics of good responders

Kulhara P, Basu D, Mattoo S K, Chopra R,
Chandigarh

Out of 122 patients attending a lithium clinic for prophylaxis of recurrent affective disorders and taken in for a study in 1989-90, long term outcome data were available for 118 (97%) patients. Of these, 49 (41.5%) were categorised as "good responders" and the rest as "partial/poor responders" depending upon the modal number of relapses suffered while on lithium. These two groups were then compared on demographic, clinical, and psychosocial variables so as to determine the characteristics and correlates of good response to lithium prophylaxis versus partial/poor response. In the analysis, role of drug compliance was also taken into consideration. Certain demographic, clinical and psychosocial variables emerged as differing significantly between the two groups. A subset of the poor lithium responders did better with addition of carbamazepine.

6-7

Clozapine in the treatment of resistant schizophrenia

Sandip Choudhury, Deshmukh D K, Ananta Dave, Matcheswala Y, Sheetal Choksi,
Gayatri
Bombay

Schizophrenia has long been the bane of every society. It takes an alarming implication in a poor and developing country like India due to enormous damage involved in the social and occupational spheres. Resistant schizophrenia's which till recently had a few satisfying answer. With advent of atypical antipsychotic, clozapine in Indian market there seems to be a ray of hope for these patients. Our aim was to study the efficacy of the drug in Indian patients with resistant schizophrenia and systematically assess its adverse effects. The inclusion criteria were: 1. Patient within age group 22-45 years. 2. Patients satisfying

criteria of DSM IV for continuous schizophrenia. 3. Patient already undergone trial for 6 weeks with adequate dosage of atleast 2 groups of typical antipsychotics. 4. Patient having significant and persistent EPR on these antipsychotic even while responding to medication. Patients had no other confounding factors like medical illness, substance abuse or under any other medication. Of the 30 patients currently undergoing open, non-comparative trial, we are provisionally reporting on 18 patients who underwent trial for atleast 6 weeks with Rx clozapine dosage ranging from 12.5 - 25 mg to 400 mg. Prior to starting medication routine investigation including baseline Hb, CBC count, X-ray, ECG were performed. Baseline BPRS, SANS, SAPS, CGI, GAS, EPR rating scales were applied and subsequently these tests were performed on a weekly basis. Majority of patients started showing improvement by 4th week and in the dose ranging from 200-400 mg per day. Contrary to the report in western literature there was statistically insignificant side-effects like sedation, hypotension, hypersalivation, agranulocytosis. None of the patient developed EPR. We report our findings in the paper on clozapine.

6-8

A comparison of prevalence of tardive dyskinesia in patients with schizophrenia and mood disorders.

Gurunathan, Murugappan M, Kumarababu, Vimalarao

Madras

Tardive dyskinesia (TD) is being reportedly a high morbid risk for patients receiving long term neuroleptics. There exists a controversy whether TD is more prevalent among schizophrenics or mood disorder patients. The aim of the study is to compare age, sex matched sample population of the two major psychoses for TD who are receiving neuroleptics on long term basis (more than 2 years). An internationally valid tool namely assessment of involuntary movements scale (A.I.M.S.) is used to measure the TD. A stratified sample technique is used. The results are analysed and discussed.

6-9

Neuroleptic malignant syndrome - a prospective study*John Alexander P, Ranji Mathai Thomas, Arunava Das*

Manipal, Karnataka

There is no general consensus regarding the phenomenology, prevalence, pathophysiology, risk factors and treatment of neuroleptic malignant syndrome (NMS). As most studies on NMS are based on retrospective case reports, we decided to do a prospective study of patients with NMS, admitted in a general psychiatric unit over a period of one year. The prevalence of NMS was 1.89%, with a 50% incidence below 40 years and a 66% incidence in males. All the patients were on antipsychotics, with 83.3% being on lithium concurrently and having a comorbid physical illness. There was a 50% incidence of hyperpyrexia and a 83.3% incidence of affective disorder, with one patient having post-partum psychosis. All the patients had rigidity, altered consciousness, autonomic symptoms, raised CPK values and electrolyte imbalances. All were treated with 5-10 mg of bromocriptine and symptoms resolved within 12-60 days. The incidence of age, sex and alterations in laboratory values were consistent with available literature. High prevalence of affective disorder has also been recently reported. The combination of lithium and neuroleptics along with concurrent physical illness and electrolyte imbalances increases the risk of NMS. The 50% incidence of hyperpyrexia shows that it may not be a consistent feature of NMS.

6-10

A study of pharmacologic treatment instructions to patients and compliance in a general hospital psychiatric OPD*Paralikar V P, Susan Zachariah, Dhavale D M, Rajendra Kale*

Pune

The efficacy of pharmacologic treatment has been well established in schizophrenia and affective disorder, which form the bulk of patients attending general hospital psychiatric OPD. Despite the clear benefits of long term maintenance medication, many patients still

relapse. The major reason for high relapse rate is non-compliance (Kane 1985, Kissling 1989). For the first episode patients, this noncompliance rate is even as high as 75% (Goebel and Pietzcker 1983). Aside from illness-related factors, this high noncompliance is also due to the fact that patients and their relatives are not well informed about their illness and treatment.

We carried out a study of all patients attending psychiatric OPD in Sassoon Hospital (a large public hospital in Pune) on a single day. A total of 90 patients and their relatives were interviewed on a special proforma after their examination and dispensing of medication was completed. As many as 40% made more than one error in restating the pharmacologic instructions which were given to them earlier. A simple intervention was planned which emphasises not only all the details of pharmacologic treatment but also included a motivational process carried out with patients and relatives. The assessment was repeated after 1 month. The results will be discussed in relation to improving compliance in long term therapy and prevention of relapse.

6-11

Comparison of mianserin and diazepam in depression and anxiety: A pilot study

Jiloha R C, Renuka Jena, Sagar R

New Delhi

Anxiety and depression are very frequently associated. Hamilton (1983) and Dubovsky (1990) suggested that 70-95% of depressed patient's have associated anxiety. In the present study the aim was to evaluate the anxiolytic property of Depnon (Mianserin HCL) in comparison to Diazepam in depressed patients with anxiety. Patients in the age group 20-45 years were taken from the psychiatric OPD at the GB Pant Hospital at New Delhi. The diagnosis was made according to the ICD-X. the patients were divided into two groups. In an open comparative clinical study Group I was treated with Depnon and group II with diazepam and Imipramine. There were 25 patients in each group. Assessments were made at intake (base-line) and weekly intervals for 5 weeks. The severity of depression was

assessed using Hamilton Depression Rating scale. The dosage of drugs were monitored by the psychiatrist. The results, conclusions and implications are discussed.

6-12

Neuroleptic associated thermoregulatory abnormalities and the neuroleptic malignant syndrome

Singh N J

Calgary, USA

Antipsychotic medications impair several important physiological thermoregulatory mechanisms. These include an inhibition of sweating due to cholinergic blockade and impairment of central thermoregulation resulting from the blockade of dopamine receptors. Acutely psychotic agitated patients are exposed to a sizable endogenous heat load while their physiological thermoregulatory mechanisms may be impaired by antipsychotic medications. These two factors, in combination, can lead to clinically significant thermoregulatory abnormalities. In this presentation, the clinical course of an acutely psychotic 19 year old East Indian female is described. While acutely ill and under treatment with chlorpromazine, she developed hyperthermia, catatonia, and displayed autonomic instability. In addition, creatinine kinase was elevated to approximately three times the normal range. A septic workup, including blood cultures and a lumbar puncture, was negative. The syndrome is illustrative of a spectrum of disorders involving thermoregulatory abnormalities neuroleptic malignant syndrome, lethal catatonia and endogenous heat stroke. In cases such as this, management of psychomotor retardation is a priority. In this case, the use of barbiturates for sedation was complicated by the possibility of acute intermittent porphyria. Electroconvulsive therapy was eventually successful in controlling the agitation. Subsequently, the patient was successfully treated with lithium, and was later uneventfully challenged with low doses of haloperidol.

6-13

Use of clozapine to control acute maniac excitement*Madhava Rao K S*

Mangalore

18 patients who were in acute excitement due to mania were put on clozapine 50 to 150 mgs/day for 7-10 days only and the medication was stopped abruptly. The patients selected were either (a) not responding to parenteral haloperidol. (b) required higher doses of haloperidol to control excitement. (c) were developing severe BPS and akathisia with haloperidol.

Results with clozapine appear to be encouraging. Details to be discussed.

ALCOHOLISM - I

7.1

Brief addiction rating scale (BARS) for alcoholics

Janakiramaiah N, Naga Venkatesha Murthy, Raghu R M, Subbakrishna, Gangadhar B N, Pratima Murthy

Bangalore

The multidimensional impact of alcoholism and the need for efficient measurement of the same are noted. The currently available scales are unwieldy and largely inapplicable. A new scale, "Brief Addiction Rating Scale (BARS)" developed at De-addiction unit, NIMHANS with 10 items, each rated on seven points (0-6) is reported. The inter-rater reliability(n=20) is remarkably high (intra class correlation:0.9-1.0) for all the 10 items. The validity of selected scale items and illustrative application of the scales to characterise 40 male (age: 39.9 +/- 9.3 yrs) inpatient alcoholics with mean BARS scores on different items ranging from (0.09 for legal problems - 4.76 for dyscontrol of substance use) are presented.

7.2

Physician explanatory models (EMs) in alcoholism

Saju P J, John J K

Vellore

Explanatory model is a clinical anthropological concept, and is notions of a particular sickness and its treatment employed by patients, family and physicians. The study of physicians EMs tells us something about how physicians understand and treat alcoholism. All psychiatrists, psychiatric trainees and psychologists in our department were given a rating scale to assess their ideas regarding alcoholism. The results are discussed; and their implications regarding patient - physician relationship, compliance with recommended regimen are discussed.

7-3

Personality patterns of alcoholics

Malini S, Gangadhar B N, Janakiramaiah N J, Mukundan C R, Rohrbaugh J W, Cloninger CR, Subbakrishna D K

Bangalore

This study examined personality pattern of two groups of alcohol dependent individuals diagnosed by ICD-10, with and without family history of alcoholism using Temperament and Character Inventory(TCI). Each group consisted of 20 patients. The TCI was translated to Kannada and standardised and it was administered on the two groups of patients. Family history of alcoholism was ascertained by administering family history screener. The performance on the TCI was compared between the two groups using 't' test. The results indicate that both the group differs significantly ($p < 0.01$) on Temperament dimensions of Harm Avoidance and Character dimensions of Self-directedness, cooperativeness and selftranscendence.

(The project supported by U.S.-India Fund N-424-645)

7-4

Impact of prohibition in Andhra Pradesh - Mental Health perspective

Keshav Rao D, Raghurami P Reddy, Krishna Murthy K, Ashok K Alim Chandani

Hyderabad

The introduction of prohibition by the Government of Andhra Pradesh from January 1995 provided unique opportunity for psychiatrists interested in deaddiction services, to study the impact of such a measure of far reaching consequences on the population as a whole, and on addicts of alcohol in particular. Twenty five patients of alcohol dependence registered with the Institute of Mental Health, Hyderabad, and their family members were contacted at home, their present pattern of drinking was assessed, in addition to the impact of

prohibition on their life style. Statistics about crime, suicides and accidents were collected from the government records and were analysed for trends. The findings will be discussed.

7-5

Depression as a predictor of relapse among alcohol dependents

Shanthi Nambi, Nambi S, Suresh Kumar M, Palaniappan V

Madras

The objective is to study depression as a predictor of relapse among alcohol dependents in a deaddiction units placed in a state mental hospital. A sample of 30 alcohol dependents seeking admission for relapse and 30 persons abstaining from alcohol for a minimum period of 6 months and attending the follow up were recruited for the study. They were assessed for socio demographic information, drinking pattern, severity of alcohol dependence and depression. Analysis was done to denote the differences between the two groups for depression controlling for other factors. The results and its clinical implications are discussed.

7-6

Adjustment patterns and perception of family environment among children of alcoholics

Nagesh Pai, Padmini Pai, Baig M A

Mangalore

Preadolescent children with alcohol dependent fathers were compared with children with teetotaler fathers with respect to their adjustment patterns and perception of family environment. Children of alcoholics perceived their family environment to be less congenial and had poorly adjusted than those children with teetotaler fathers. Implications of the study will be discussed.

7-7

Young doctors on smoking*Ismail Pala, Praveen T, Shabari Dutta, Vankar G K*

Baroda

For the commonest substance use disorder, smoking, the physician interventions remain far from satisfactory. This study explores smoking behaviours and attitudes on relevant clinical issues of post graduate doctors through an anonymous questionnaire. Analysis of 208 responses revealed that 74 (35.6%) had smoked atleast once, 34 (16.3%) had smoked daily for more than 6 months, 40(19.2%) were current smokers - 21(15.1%) smoked daily and the rest occasionally. All current smokers were men. Majority were single with urban background. The reasons most cited for smoking were for pleasure and for relieving tension. Emotional stress, social occasions, and examinations increased smoking. Non smokers did not smoke in order to protect health (94.6%) and as a self discipline (85.1%). Financial and peer pressure were not important considerations for non smokers. 1/3 smokers began smoking before their 20th birthday. Only 1/3rd respondents advised smoking cessation even if patients themselves did not raise the issue. Smokers and non smokers had similar opinions on most smoking related issues. Most considered their smoking cessation counselling knowledge adequate yet welcomed training programmes. Most considered smoking as definitely harmful to health. Although they accepted role responsibility for smoking interventions, majority were pessimistic about the outcome. More smokers compared to non smokers favoured sharp rise in price of tobacco products. The implications of these observations for physician education are discussed.

7-8

Temperamental characteristics and psychopathology among children of alcoholics

Narang R L, Gupta R, Mishra B P, Mahajan R

Ludhiana, Punjab

The impact of family and child rearing practices on personality development and psychiatric illnesses are well established. The present investigation is directed towards the study of psychopathology and temperamental characteristics of children of alcoholic parents, to find out correlation between these two areas and the role of alcoholism in child rearing practices. A group of 100 children of alcoholic parents were selected through random sampling between the age range of 4-12 years. This group were compared with the children of non-alcoholic parents (n=100). Both groups were assessed on temperamental measurement schedule. The student 't' test was computed for comparative purpose. Product moment method was used to see the correlation between two variables. The children of alcoholics were found to be manifesting marked psychopathological disturbances in the areas of conduct disorders, anxiety, emotional problems, and somatization. These children were also found to be more arrhythmic manifesting negative mood and low persistence as compared to the children of control group. The positive correlation between psychopathological and temperamental characteristics were indicated. The study confirms the notion that family has greater influence in the development of personality traits and psychiatric illness.

7-9

Personality profile of alcoholics

Chakraborty P K, Srivastava K, Basannar D R

Pune

The study was conducted to find out the personality profile of alcoholic by 16 PF tests. 16 PF tests were administered to 30 alcoholics diagnosed on ICD-10 criteria and to equally

matched 30 healthy teetotaler subjects. Findings revealed significant difference in Factor F and Q2 between experimental and control group. The implication of the findings are discussed in the paper.

7-10

Assessment of attitude towards alcoholism

Radhakrishnan V K, Murthy K S D, Channabasavanna S M

Bangalore

A scale to measure the individuals attitude towards alcoholism. Forty six item questionnaire was formed. The study explains the standard procedure and different methodologies adopted to select the absolutely necessary items using various statistical tests.

7-11

Age of onset: Influences of family history and personality in alcoholics

Preethi K, Gangadhar B N, Janakiramaiah N J, Mukundan C R, Rohrbaugh T W, Cloninger C R, Subbakrishna D C

Bangalore

Aim of the present study was to compare the personality traits and family history of alcoholism. Two groups of patients with a diagnosis of alcohol-dependent syndrome with simple withdrawal state (on ICD-10) one with an earlier age of onset (18 years and below) and the other with a later onset (30 years and above) were compared on variables of family history and personality characteristics. Tools included the Temperament Character Inventory and the Family History Screen. Results concerning the influence of family history and personality on the age of onset of alcohol-abuse will be discussed in the presentation. (The project supported by U.S.India Fund N-424-645)

7-12

The cost of alcoholism*Leela S, Balaji W, Benegal V, Jain S, Chandrasekhar CR*

Bangalore

Direct and indirect costs of psychiatric disorders need to be studied in our setting. Monetary values on morbidity and mortality are necessary for calculating the actual impact of alcoholism. Direct losses (money spent on alcohol, treatment of alcoholism) and indirect losses (decreased productivity, premature death) are important parameters. We calculated the amount of alcohol being consumed, proportion of income being spent on drinking and health consequences in 50 patients admitted for de-addiction. The findings suggest that in the three months prior to admission, patients were using on the average, 240 gms of alcohol per day and were hospitalised for 22 days for treatment of neuro-psychological consequences of alcohol use. Even taking the cost of the cheapest beverage used, this amounted to a monthly spending of Rs 1290 per month. The average income for this group was Rs 1300 per month. Taking into account other direct losses like the cost of treatment, etc., this amounts to significant losses from alcoholism which needs to be taken note of.

CHILD PSYCHIATRY I

8-1

Utilisation of child and adolescent psychiatry services in an urban setting

Basu S, Chatterji D, Deb S, Ash S

A child and adolescent psychiatry service, as a referral centre, was started in Calcutta from 1992. Sex, age and diagnostic characteristics of first 100 cases registered were analysed. 72 boys and 28 girls, age-range 2-16 years, comprised the population. 82 had diagnoses on Axis I while 43 had multi-axial diagnoses. Common diagnoses, according to ICD-10, were F90(22%), F84(15%), F91(14%), F93(12%). F93 were common in girls, while other categories were common in boys. There were relatively few cases of mental retardation. Implications of the study will be discussed.

8-2

A study of mothers orientation to child rearing practices, their knowledge of Down's syndrome and their attitude to their children with Down's syndrome

Alphonsa, Nagesh Pai, Mary Verghese

Mangalore

The study indicates that most of the mothers possessed a positive attitude to their children with Down's syndrome and had fairly good knowledge of Down's syndrome. The fact that their children are attending the school and are kept at home can help in changing the mothers attitude and increasing their knowledge. Implications of the results will be discussed.

8-3

Evaluation of the psychometric properties of the Hindi version of preschool behaviour checklist*Shashi Raj, Bano N, Asif Akhtar*

Lucknow

This study was undertaken to translate the 'Preschool behaviour checklist' (PBCL) devised by J McGurie and Naomi Richman (1986) into Hindi and to assess the interrater reliability and validity of the scale. The interrater reliability of the composite scores by the two raters was found to be 0.82. The sensitivity and specificity of the scale was found to be 80% and 91.11% respectively.

8-4

FISC-MR: A tool to measure stress and coping in families of children with mental retardation*Girimaji SR, Srinath S, Shekhar S P*

Bangalore

Family interview for stress and coping (FISC-MR), a semi-structured interview schedule, was developed as a part of ICMR funded 2 year prospective study of efficacy of brief family intervention for 157 children with mental retardation (mean SQ=31). Tool consists of 2 sections - one measuring stress (daily care, emotional, social and financial) and other measuring mediators of stress (awareness, attitudes, expectations, rearing practices, and social supports). Measures of standardization were as follows - test retest $r=0.5$; interrater ICC=0.9 and concurrent validity $r=0.6$. Results were satisfactory with other measures also. FISC(MR) is a useful, reliable and valid instrument.

8-5

Assessment of needs of the parents with mentally retarded children*Hemavathy, Muthalagan J, Vivekanandan S, Bashyam V S P*

Madras

All the parents with mentally retarded children attending the Child Guidance Clinic of Institute of Mental Health, Madras between the period Jan 95 to Oct 95 were assessed for parental needs by using the NIMH - Family Needs Schedule (Parents). The score of the NIMH FAMS (P) is correlated with the degree of retardation in the child and the various problem areas. The results are discussed.

8-7

Poor appetite and stressful family life events*Sharma K P, Sinha S K*

Patna.

A child's refusal of food has indeed many connotations. Refusal of food can indeed take on various forms and many instances the complaint exists even though child is infact nutritionally normal. Besides normal fluctuation of appetite, drugs and various psychological factors can cause poor appetite. The present study is planned to assess the correlation between stressful events in family and reported poor appetite in normal children. 100 children aged 1-5 years brought with complaint of poor appetite were studied after exclusion of organic causes. Stressful life events in last 1 yr based on Beautri's modified version of Holmes and Rahe social readjustment rating scale.

8-8

Third daughter syndrome - crystallised*Rath N M, Dash S, Nayak M S*

Cuttack.

Effects of ordinal position among female siblings in our setting were studied in female patients of the Paediatric Psychiatric Unit of Cuttack. Associated behavioural and emotional problems were analysed. Neurotic stress related somatoform disorders predominated among third daughters. Depressive conduct disorder and oppositional defiant disorder confined to family context, sibling rivalry in early and reactive attachment and disinhibited attachment disorders in late childhood predominated.

8-9

Enuresis revisited*Rath N M, Swain A, Nayak M S, Dash S*

Cuttack.

A study involving 30 enuretics carried out at Paediatric Institute, Cuttack, revealed trends peculiar to our setting. 60% of patients were secondary enuretics, 80% were female children. Psychosocial stressors and outcome were analysed. Psychiatric disturbances were in 40% of female enuretics compared to only 18% in males. Outcome of care was satisfactory in changing the behaviour and social adaptability rather than addressing to the problem of enuresis.

8-10

A study of parental attitude and behaviour problems in mentally handicapped children.*Madhu Nijhawan, Preet Kamal, Renu Joshi, Suresh Babu Sharma*

Jaipur

Behaviour problems were studied in both institutional and non-institutional mentally handicapped children by means of a problem Behaviour Check List (NIMH). Parental attitude towards mentally handicapped children was also studied by using Parent Attitude Scale. The result revealed that problem behaviours were almost equally present in both institutional and non-institutional mentally handicapped children except few differences eg. homosexual behaviour, discipline, hyperactivity, bullying others, etc. The results were further analysed in relation to age, degree of retardation, family structure and parental attitude. The findings have been discussed in light of previous studies. The study is a part of an ongoing study for the management of behaviour problems in mentally handicapped children.

8-11

A study of behaviour patterns and intelligence in neglected children living in an institution.*Madhu Nijhawan, Preet Kamal*

Jaipur

40 children in the age group of 6-16 years living in a Government institution for neglected children were evaluated by coloured Raven's Progressive Matrices for intelligence and Corner's Teacher's Rating Scale (1969) for their behaviour patterns. A matched group of children living with parents was also studied. The children had average or below average intelligence and showed a variety of behaviour patterns. The results will be discussed in the light of previous studies

MH-100

4124

51



8-12

A comparative study of temperament among children with prominent functional somatic symptoms and with other child psychiatric disorders.*Kul Bhushan, Sitholey P, Prasad M, Kumar S, Katiyar M*

Lucknow

30 children with prominent functional somatic symptoms (belonging to diagnostic categories dissociative disorder and somatoform disorders - I.C.D.-10) and those with other child psychiatric disorders (conduct disorder, Hyperkinetic disorder, depressive disorder etc) were compared for temperament using Temperament Measurement Schedule of Malhotra & Randhwa (1982). Of the nine dimensions the groups differed on 6 dimensions ie. adaptability, mood, persistence, activity level, intensity and distractibility. Of these the group of children with prominent functional somatic symptoms scored more on dimensions of adaptability, mood, persistence, activity level, intensity and distractibility while the group of children with other psychiatric disorders scored significantly higher on dimensions of activity level and intensity of reaction. When the scores were compared on factors given by Malhotra et al (1983) significant differences were found on four factors - sociability, emotionality, energy and attentivity.

8-13

A study of psychosocial stressors among children with prominent functional somatic symptoms and with other psychiatric disorders.*Kumar S, Kul Bhushan, Sitholey P, Mata Prasad, Katiyar M*

Lucknow

30 children with prominent functional somatic symptoms (belonging to diagnostic groups dissociative disorder and somatoform disorder - I.C.D.-10) and 30 children with other child

psychiatric disorders (conduct disorder, hyperkinetic disorder, depressive disorder etc) were compared for abnormal psychosocial stressors using WHO's classification of associated abnormal psychosocial situations after interviewing both child and at least one parent. The results were compared using Kruskal-Wallis test and there were no significant differences between the groups except for in the case of category physical child abuse in group of children presenting with other child psychiatric disorders. This group consisted of 43% children with conduct disorder and 13% with hyperkinetic disorder. This might be the reason for increased presence of physical child abuse in this group. The findings suggest that the children with prominent functional somatic symptoms and those with other child psychiatric disorders do not differ significantly as regards presence of abnormal psychosocial stressors.

8-14

A clinical study of children with hysteria, presenting to child and adolescent Psychiatry clinic of Trivandrum Medical College

Praveen Lal K, Pfizer, Prethibha, Krishankutty N

Trivandrum.

Case records of children attending child and adolescent clinic of Psychiatry department of Trivandrum Medical College, for a period of one year from March 1993 were screened. Out of 80 cases, 18 cases were hysteria. Their sociodemographic variables and mode of referral, clinical presentation, management offered and outcome were reported. Relevant literature briefly reviewed.

MANIA

9-1

Age at onset in bipolar disorders

Shabhari Dutta, Vankar G K

Baroda

A retrospective chart review of bipolar patients hospitalised to SSG Hospital during one year period focussed on age of onset and its correlates. 92 (60 men and 32 females) bipolar disorder patients had mean age of onset as 39.5 years. Men and women did not differ significantly as regards age of onset, current age, age at first treatment and age at first hospitalisation. 51% patients had early age of onset (<30 years). Early and late onset patients did not differ significantly on any socio demographic characteristics. Both the groups regarding family history, suicidal attempt, substance use disorder or presence of precipitating event prior to the first or index episode. 34(36.9%) patients had unipolar mania(> 3 manic episodes without any history of depressive or mixed disorder). Onset of illness occurred in 25% women after child birth. The observations are discussed in light of earlier literature.

9-2

Life events and mania - a controlled investigation

Kamlesh Patel, Vankar G K

Baroda

Forty DSM III R manic disorder patients were interviewed using the presumptive stressful life events (Singh 1984) to find out presence and patterns of life events prior to the onset of recent manic episodes. 40 matched general practice attenders without psychiatric morbidity were also interviewed with the same instrument. Compared to the control groups manic patients reported life events more often for a 4 week period preceeding the onset of a manic episode (35% Vs 10%). The same was observed for a period of 6 months prior to

the current episode (45% Vs 22.5%). Female manic patients reported events concerning personal relationships more often. Work related and financial stressors were more common for males. Experiencing of life events was not associated with more severe manic episodes currently.

9-3

The profile of manic disorder - a study of 40 patients

Kamlesh Patel, Vaidkar G K

Baroda

Forty DSM III R manic disorder patients hospitalised at psychiatry department SSG Hospital, Baroda, were prospectively studied for socio-demographic and clinical characteristics. Current age of the patient was between 16 to 45 years with mean age of 32.6 years. 25 (62.5%) has early age of onset (< 30 years). Majority were men, currently married, belonged to nuclear families, had secondary or higher education, rural background and had monthly income above Rs 1000. The clinical manifestations were as follows; increased self esteem or grandiosity (100%), decreased need for sleep (85%), flights of ideas or subjective experience that thoughts are racing (77.5%), increased goal directed activity or psychomotor agitation (77.5%), excessive involvement in pleasurable activities (72%), more talkative than usual or pressure to keep talking (62.5%) and destructibility (60%). The Schneiderian first rank symptoms were reported by 7 (17.5%) patients. 55% patients had comorbid substance use disorder - nicotine dependence, cannabis abuse or dependence and alcohol abuse and dependence. 8(20%) patients had family history of mood disorder. There were no statistically significant differences in severity of mania amongst early onset and late onset patients, as well as amongst bipolar and unipolar patients.

9-4

Impact of substance abuse comorbidity on psychopathology and pattern of remission in mania.*Suresh Kumar P N, Raju S S*

Ranchi

This prospective study was conducted to explore the onset, psychopathology and the pattern of remission of bipolar affective disorder (mania) complicated by substance abuse. Hundred patients with a diagnosis of bipolar affective disorders, currently mania were interviewed using the structured clinical interview for DSM III R (SCID-P), D.S.M.III R check list for mania, Beck-Rafaelson mania scale and a questionnaire concerning socio-demographic and clinical profile. The life time prevalence of substance abuse including alcohol was 52%. Substance abusers were younger, unmarried, unemployed and had more dysphoric symptoms, irritable mood and persecutory delusion with an age of onset less than 20 years. At the end of 3 months follow up substance abusers were significantly more symptomatic than non-abusers. A risk factor analysis showed that substance abuse is consistently associated with a negative outcome in mania, inspite of receiving adequate dose of lithium and antipsychotics. The implication of these findings are discussed.

9-5

Predictors of response in manic patients on antipsychotics*Christoday R J Khess, Das J*

Ranchi

Various factors have been reported in the literature which are predictive of response in acutely manic patients. These factors like, the age of onset, presence of psychotic features, family history of affective illness and history of drug or alcohol abuse, have also been identified as predictors of lithium response. Most of the studies in acutely manic patients have studied these factors on patients receiving both lithium and antipsychotics. In our study we have studied patients who were only on antipsychotics to find out whether

the above mentioned factors also act as predictors of response in patients only on antipsychotics, whereby proving to be predictors of response irrespective of the treatment or that they are predictors specific to lithium therapy. 51 hospitalised first episode manics who fulfilled the DSM-III R criteria who were on antipsychotics were assessed on a weekly basis using the Comprehensive Psychopathological Rating Scale (Asberg et al, 1978). At the time of discharge 39 (76.47%) patients had become asymptomatic whereas 12 (23.53%) patients were still symptomatic. The symptomatic patients were compared with the asymptomatic patients. The mean age of the symptomatic patients was 26.92 ± 7.72 years compared to 28.79 ± 9.49 years for asymptomatic patients. On comparing the two groups it was found that there were more females, more patients with family history of affective disorder, more patients with psychotic features and less patients with history of alcohol and drug abuse in the symptomatic group compared to the asymptomatic group, but none of these differences were significant. The above findings and their implications have been discussed.

9-6

Quantitative EEG profile in Mania

Nizamie Haque S, Ramanan K V

Ranchi

EEG abnormalities have been reported in a number of studies on affective disorder (Abrams & Taylor, 1979; Cole et al 1993; Nizamie & Banerjee, 1995). Most of the studies have used visual interpretation of conventional paper EEG recordings which are not free from subjective bias. In recent years computerized EEG is being used to assess electrical disturbances in psychiatric disorders because it is much sensitive and objective a tool (Kano et al, 1992; Kole et al, 1994). The present study intended to detect qEEG abnormalities in manic patients and whether a particular subgroup of manic patients had greater proportion of EEG abnormalities. The study sample comprised 15 male inpatients (age 15-60 years; mean 32.40) diagnosed to have mania according to DCR criteria of ICD-10 & DSM-IV. The sociodemographic and clinical details were recorded on a specially designed semi-structured proforma. The patients were rated on brief psychiatric rating scale (BPRS), Bech-Rafaelsen

Mania Rating Scale (BRMS) and an Akathisia Rating Scale (Barnes, 1989). The mean BPRS score was 29.73, mean BRMS score was 21.40 and mean akathisia score was 1.26. In order to reduce artifacts the patients also underwent Jacobson's Progressive Muscular Relaxation (JPMR) training before qEEG was recorded. The EEG findings were compared with that of age, sex and education matched normal, non-patient control (n=10). Fifteen minutes of EEG were recorded while subjects rested with their eyes closed but in alert state in a sound-proofed, light attenuated room. A 32 channels digital EEG (Neurofax EEG 2100, Nihon Kohden, Japan) from 25 monopolar electrodes (FP1, FP2, F3, F4, C3, C4, P3, P4, O1, O2, F7, F8, T3, T4, T5, T6, Fz, Cz, Pz, PGI, PG2, A1, A2, T1, T2) of 10/20 system referred to linked earlobes was stored on an optical disk for offline analysis. Two minutes of artifact free data were extracted for analysis with Rhythm V9.0 software (Stellate systems, Canada). A 4 pole filter with a 70 Hz cut-off frequency was used and the time constant was set at 0.1 sec. The digitizing rate was 200 samples/sec/channel. Spectral analysis was performed on sections of 2.56 sec (512 points) to calculate power and coherence spectra by Fast Fourier Transformation. Absolute and relative power values in six frequency bands were calculated and were found to be different in patient and normal population.

9-7

Seasonal recurrence of affective disorders

Srivastava, Mukul Sharma

Lucknow

The present study was undertaken to find out the existence of seasonality in patients with Recurrent Mood Disorder (RMD), their symptomatology and applicability of Rosenthals' criteria (RS) and DSM-III R Criteria (DS) for seasonal affective disorder in such patients. 99 patients of RMD were evaluated on SADD scale, HRSD scale and Bech-Rafaelsen Mania scale. 24 patients fulfilled RS and DS criteria but the number in each group differed: DS=18, RS=9, with 3 subjects overlapping. In DS group the majority of manic patients had onset in April, June and November while it was May in case of depressed patients. The RS depressed patients had peak occurrence for mania in June and for depression in April. On SADD scale the symptoms of helplessness inadequacy, worthlessness and insufficiency were more in RS and DS depressed group as compared to non-seasonal group.

9-8

Rapid cycling affective disorder - A retrospective analysis of 33 cases*Ajit Avasthi, Avneet Sharma, Sameer Malhotra, Savita Malhotra*

Chandigarh

Rapid cycling of frequent shifts among mania, euthymia, and depression has been a focus of interest among researchers. We studied case files of 770 cases of affective disorder who attended our clinic from 1989-1993 and identified RCAD as per the criteria given by Coryell et al (1992). Thirty three (5%) such cases were identified. Males constituted about 60% of sample, mean age of sample - 41.06 yrs; all cases had a rapid cycling bipolar course, family history for bipolar illness was positive in 40% cases. Regarding treatment, patients received various combination treatment, received lithium in around 60% cases, carbamazepine in 33% and antipsychotics in 66% case. The rapid cycling bipolar group was compared with non rapid cycling bipolar disorder (n=237); the comparison and its implications will be discussed in detail.

9-9

Symptom resolution in hospitalised first episode manics*Christoday R J Khess, Das J, Bagchi D J*

Ranchi

According to Winoker et al (1969) the disappearance of symptoms in mania depends on the quantity of therapy and the natural course of illness. Studies comparing the short term outcome in first episode and multiple episode manic patients have shown the outcome to be better in first episode patients. To ensure that the study sample was as homogenous as possible, 51 first episode manic patients who fulfilled the DSM III-R criteria for mania and were admitted in the hospital were studied. They were rated on a weekly basis on the Comprehensive Psychopathological Rating Scale (Asberg et al 1978). The patients were treated with antipsychotics (dose range of 10-30 mg equivalent of Haloperidol) along with

injection haloperidol on a S.O.S.basis. 6(11.76%) patients received a course of ECTs also. The patients were admitted for an average duration of 6 weeks. The mean age of the sample was 28.07 ± 68.12 days. At the time of discharge 12 (23.53%) patients were still symptomatic, while 39 (76.47%) had become asymptomatic. The mean duration of the episode was 108.26 ± 68.12 days. The age wise break up of the duration of the episode showed that the patients having an onset after 40 years had longer mean duration of episode(150.50 ± 62.92 days). When the pattern of symptom resolution was studied it was found that 'hostile feelings' and 'hostile behaviour' was the first to disappear. This was followed by 'emotional liability', 'flight of ideas' and 'overactivity'. The next group of symptoms to disappear were 'auditory hallucination', 'delusion of persecution', 'increased libido' and 'pressure of speech'. The next group of symptoms to disappear were 'distractibility', 'reduced sleep' and 'delusion of grandeur'. The symptom that disappeared last were 'reported elation' and 'elated mood'. The findings have been compared with western as well as Indian studies and discussed in the light of relevant literature.

9-10

Restriction of light entering the eyes of mania

Reddy B, Chakrabarti I, Akhtar S, Khanna R

Ranchi

Phototherapy has been found to be an effective treatment in winter depression. On this analogy it was hypothesised that restriction of light entering the eyes may have therapeutic effect on mania. The sample consisted of 62 consecutive patients diagnosed as current manic episode by DSM-III R criteria. While treatment of the concerned unit was not interfered with, the group was assigned randomly to 2 different additional treatment regimen. (1) experimental group who wore dark sunglasses allowing approximately 10% of the sunlight to enter the eyes and (2) placebo group who applied a well known propriety hair oil which has a cooling effect. Patients were rated on Bech-Raefelsen Mania Rating Scale and HIGH-SAD, on admission and at a weekly interval. There was no significant difference in the sociodemographic and treatment schedule between the two groups. The analysis of the data showed that restriction of light did not have any significant beneficial effect on manic symptoms.

9-11

Family genetic study of childhood onset bipolar affective disorder*Somashekar B S, Prasad K M R, Sanjeev Jain, Shobha Srinath, Satish Girimaji, Shekhar Seshadri*

Bangalore

Early onset probands with bipolar disorder may have a more severe form of illness with a greater familial incidence of bipolar disorder. Increased multifactorial polygenic liability, anticipation or a subgroup of families with x-linked transmission may account for this heterogeneity. Most of the reports have defined early onset of bipolar disorder as 30 years. We analysed the records of the child and adolescent psychiatry services of NIMHANS with an age at onset at first episode of mania less than 16 years. The records of 37 children were analysed and found that there was male preponderance (about 2:1), one-third with family history of mental illnesses in the relatives and no significant difference in the age at onset between those with and without family history of mental illness. There were three children with matrilineal transmission that seemed to be x-linked transmission. Besides, age of onset did not affect the gender affliction or the family history. The implications will be discussed.

ADMINISTRATIVE, LEGAL, FORENSIC PSYCHIATRY

10-1

The 'Mad Natives' - diagnosis and outcome, Circa: 1900

Satish Chandra, Sanjeev Jain, Pratima Murthy, Kallaperumal, Joseph M

Bangalore

We analysed hospital records between 1897 and 1903. The total hospital population in 1903 was 258 (78% males, 22% females). These patients had been admitted between 1865 and 1903. Recovery rates were more than 30% for patients admitted after 1895. These outcomes will be compared to the outcomes in 1870. The socio-demographic patterns and outcomes of these patients at these two points will give us an understanding of the practice of psychiatry in India at that time.

10-2

Pattern of distribution of mental health manpower: An international scene

Venkataswamy Reddy M

Bangalore

The pattern of distribution of four specialised mental health manpower categories was studied by employing cluster analytic methods on data of 68 countries. Six clusters of 61 countries were identified. Majority of the countries in each of these clusters were located geographically at North West Europe, South East Europe, Islands and peninsulas, South America, Asia and Africa respectively. The number of psychiatrists, clinical psychologists, social workers and psychiatric nurses per one lakh population in each of the clusters are:

Cluster 1: (11.5; 8.6; 24.0; 89.8),

Cluster 2: (6.9; 1.4; 1.1; 31.5),

Cluster 3: (2.2; 0.4; 1.3; 6.1),

Cluster 4: (1.2; 5.5; 1.1; 0.6),

Cluster 5: (0.4; 0.1; 0.5; 0.4),

Cluster 6: (0.1; 0.05; 0.03; 1.5). The manpower indices in these clusters were correlated with demographic indices such as per capita income, density and rate of growth of population. The findings were explained in the light of the views expressed in the literature.

10-3

Mental Health delivery system by mental hospitals: An international scene

Venkataswamy Reddy M, Channabasavanna S M

Bangalore

International indicators of mental health delivery system by government mental hospitals were obtained by employing sound methodological design and analysis of data pertaining to 31 hospitals in eight countries. The average bed strength was 749 beds while the average bed occupancy was 716 patients during the year 1993. More than half (56.8%) of the beds were occupied by chronic patients. Organic psychosis (10.2%) and functional psychosis (62.8%) formed 73% of all the total discharged patients. The hospital death rate (36.2) seems to be higher than those of the general population. The average length of stay was 228 days. The average number of new out-patients registered per hospital worked out to be 1845 and the follow up attendance was about 10 times more than the new patients. There were 81 inpatients per psychiatrist in this system. The consistency and the utility of the findings were discussed in the light of the information reported in the literature.

10-4

Protection of rights of mentally ill - psychiatric view point

Krishna Murthy K

Hyderabad

The treatment care and rehabilitation of the mentally ill has undergone rapid changes over the last few decades. The history of psychiatric treatment has evolved over the years from moral therapy to custodial care in mental asylums to active psychiatric treatment in mental

hospitals with rehabilitation programs. The emphasise has now shifted towards community care and improving the quality of the life of the mentally ill. In this scenario where psychiatry is emerging from the confines of the mental hospitals to community oriented programmes, it is important that we keep in mind and take measures to protect the human rights concerning the mentally ill in society at large. The present state of legislation for the mentally ill has unfortunately not dealt with the protection of the rights of mentally ill in great depth. In addition to sensitising mental health professionals on these aspects, there is also need for appropriate legislation to safe guards these rights. This paper discusses about the salient aspects of the rights of mentally ill that need to be protected and about the need for appropriate legislation and other measures concerning the mentally ill.

10-5

Restrained patients at OPD: Injuries and cost of bringing them*Sayeed Akhtar, Simlai J, Parial A, Mishra A K*

Ranchi

A large number of patients are brought tied up to a psychiatric facility (Akhtar and Jagawat, 92). The aim of this study was to study different types of injuries sustained as a result of restrain and cost of bringing them to the hospital. In a prospective design, the study was carried at CIP, Ranchi, for a period of 3 months. All patients brought restrained were examined for the restraining material used, parts of the body restrained and the injuries on the body parts likely to have resulted from restrains. On the slightest doubt, x-ray of the part were taken. Patients were mostly restrained at the wrists and commonest injury was abrasion. Oedema and cellulitis were also very common. Neural and bony injuries were infrequent. The cost of bringing these patients were considerably high. The authors will discuss the implication of these findings and intends to suggest the strategies to deal with potentially aggressive patients at the source of referral in order to alleviate the suffering of the patients and their relatives.

10-6

Who prescribes what to whom ?*Gopala Sarma P*

Warangal.

Objective: To find out the types of psychiatric drugs prescribed by non-psychiatrists to psychiatric patients. Design: Retrospective analysis of prescriptions to psychiatric patients by non-psychiatrists. Setting: Psychiatric consultation. Material: All the prescriptions seen over a period of six months. Outcome measures: Doctor-qualification, speciality, nature:drugs-type, appropriateness, adequacy; patient-sex, residence, disease. Results: Most of the prescriptions were from specialists of all branches commonest being Gen.Medicine. Majority of them were/are in Govt. service.

Drugs: Alprazolam was the most prescribed, most of the time the drug was inappropriate and if appropriate inadequate; patients - more females, urban, multiple consultations, anxiety neurosis, and psychoneurosis most common diagnoses. Conclusion: Most of the specialists do not stick to their speciality only.

10-7

Factors leading to escape from psychiatric hospitals - an exploratory study*Suresh Kumar P N, Josy Thomas, Bagchi D J, Sinha V K*

Ranchi

Escape/abscondence from psychiatric hospitals has been recognised as a ubiquitous phenomenon and it has important implications at administrative and legal arenas. The purpose of this study was to analyse the pattern of escape behaviour, to outline some characteristics of escapees and to compare the data from other psychiatric hospitals in India and West. Case record files of all the patients admitted in CIP, Ranchi, between January 1992 to December 1994 were analysed, using a specially designed proforma documenting the details like socio-demographic and illness profiles, characteristics of

escape and psychiatric diagnoses as per DSM-III R Criteria. The incidence of escape was 1.4% over 3 year period. The majority had escaped during night (4 pm - 8 am) and were symptomatic or partially improved. The mean duration of hospitalisation before escape was 22 days. Incidence of escape was maximum among manics and schizophrenics. Majority of early escapees (less than one month) were symptomatic at the time of escape ($P < 0.05$) and had a past history of escape. This study concludes that incidence of escape is less in our set-up as compared to earlier studies elsewhere. A preventive strategy to reduce the incidence of escape is proposed.

10-8

Need of admission, in a mental hospital: The relatives perspectives

Sayeed Akhtar, Verma A N, Omega Jyotsana, Sangita Sinha

Ranchi

A large proportion of patients brought to the OPD of a mental hospital mainly for being admitted. However, there are other patients whose relatives do not like their patients to be admitted. The study has been carried to find out why the relatives of some patients vigorously request admission while relatives of other patients do not abide by the advice of the psychiatrists to admit them. First contact patients were randomly selected from OPD and data were collected by a structured schedule which contained items for socio-demographic informations, distance from which the patient had been brought, use of restraint if any and employment. The exact reasons why patients' relatives requested admission or otherwise were specially enquired. Preliminary analysis revealed that the distance from hospital was significantly related to request for admission. However, crowding at home, open space in front and back of house, education in the family and employment had no significant relationship. The important reasons for seeking admission were hope of quick recovery, assaultive behaviour, fear of further deterioration of illness, indecent behaviour, wandersome and suicidal tendencies. On the other hand, the important reasons for refusing admission were fear of deterioration in the company of the mentally ill, better care at home and adverse effect on job prospects. The social implications of these findings will be discussed.

10-9

Emergency psychiatric service: The need and utilisation*Raju S S, Akhtar S, Bagchi D J, Parial A, Chopra V K, Suresh Kumar, Mishra B*

Ranchi

This study presents an analysis of 426 cases seen in emergency psychiatric services at Central Institute of Psychiatry, Ranchi, from February 1994 to February 1995. Mean age of the cases was 30.4 years. Men outnumbered women in ratio of 3.6:1. ICD-10 was used for diagnosis. Bipolar affective disorder, manic type was the commonest psychiatric emergency encountered with 51.4% cases, followed by schizophrenia 13.4%, psychoses 8.7%, depressive disorders 6.1%, acute and transient psychoses 4.5%, alcohol and drug-related disorders 2.8%, drug induced side effects 2.8%, organic mental disorders 2.1%, neuroses 1.8% and the rest other disorders. The implications of these findings are discussed concerning the need, utilisation and management of emergency psychiatric services.

10-10

Prospective study of 60 juvenile female offenders*Patel R R, Ajita Rane, Armitry Mody*

Bombay

(Abstract not received)

10-11

Forensic aspect of major affective disorders in Indian context*Sayed Akhtar, Verma A N, Manisha Kiran*

Ranchi

Bipolar disorders and major depression constitute a small group of psychiatric patients who commit crime. However, some of the manic patients can commit severe assault and intrafamilial violence leading to crime such as murder, attempted murder and arson. Theft,

fraud, outraging the modesty of females and rape have also been reported. Chronic cases of mania may simulate person with antisocial personality. Depressive illness on the contrary, may result in different types of crimes such as suicide, extended suicide and kleptomania. The authors propose to review the current literature with special reference to Indian context with the help of case vignettes and discuss the criminal responsibility of the patients committing these crimes.

10-12

Restriction of human rights of the mentally ill within the family environment

Kishan, Krishna Murthy, Anand

Hyderabad

The International Community in general has been focussing on issues concerning human rights at various forums. While violation of human rights takes various forms in various societies. As far as mentally ill are concerned, such violations are common place. This violation might range from extreme level like physical torture or annihilation to denial of participation. In the Indian context there is need for creating greater awareness among mental health professionals about the restriction of the human rights of mentally ill.

The present paper discusses about some aspects concerning restrictions of human rights of mentally ill. There is a general feeling among mental health professionals that the family is best place for chronic mentally ill to stay. This paper critically evaluates this aspects and highlights about the restrictions placed on the mentally ill within their own family environment. A rating scale is designed with consensual validity consisting of 10 broad areas focussing on human rights available for mentally ill in the family environment. Those restrictions have been examined and results presented, with discussion of their implications in the light of present day family structure.

ORGANIC PSYCHIATRY I

11-1

Home based cognitive remediation in post concussion syndrome

Amita Sarkar, Shobhini L Rao

Bangalore

The study was aimed to develop and test the efficacy of a home based cognitive remediation program for the treatment of cognitive deficits after post concussion syndrome (PCS). The program was tested on 3 groups of 4 patients each. Group A received the treatment at home conducted by a significant other and supervised weekly by the therapist. Group B received the same in the hospital everyday conducted by the therapist. Group C did not receive any treatment. Pre and post assessment was done using neuropsychological test battery, symptom ratings and disability assessment schedule which revealed the effectiveness of the remediation. It was equally effective in home and hospital settings and it improved cognitive and behavioural functioning of the patients as well as reduced the symptoms. The non-pharmacological home based remediation is a viable cost effective mode of treating post concussion syndrome.

11-2

Pattern of psychiatric morbidity in postJapanese encephalitis patient

Chakrabarti S, Day P, Roy K, Mukherjee B

Burdwan, West Bengal.

Eighty cases of serologically positive Japanese encephalitis referred for psychiatric problem were studied and categorised according to ICD-9. Age-matched, other eighty control cases were also studied and similarly categorised. Data from the two studies were compared. It was found that psychosis was significantly more in the Japanese encephalitis group while it was almost equal to non-psychosis in the other group. It was also found that affective

disorder (37.5%) was more prevalent than Schizophrenia (20%) in the JE patients, while among the non-JE patients, neurotic depression (38.5%) was the most frequent entity. This shows that psychosis may be aetiologically linked to the involvement of subcortical structure in the brain which is associated with Japanese encephalitis.

1-3

Paranoid schizophrenia with right hemisphere degeneration: A case report

Chaukimath S P, Bhairwadgi S S

Bijapur

Non specific and non progressive degeneration of cerebral cortex is reported in schizophrenia. Here we report a patient of paranoid schizophrenia with generalised seizures aged 24 years. The duration of illness being 6-7 years. A CT scan head taken in 1990 showed Rt.hemisphere degeneration more prominent in rt.frontal region. A repeat scan in Oct.1995 after exacerbation of symptoms showed same changes and no progression of degeneration. Relevance of these changes to schizophrenia and seizures is discussed.

11-4

Quantitative EEG profile in epileptic patients with and without psychiatric morbidity and normal controls

Nizamie Haque S, Guha P

Ranchi

Advent of computerised EEG has opened up the possibility to study hitherto uncharted areas of electrophysiological disturbances in various groups of neurological and psychiatric conditions. A number of studies have demonstrated superiority of qEEG in analysing various components of electroencephalogram in epilepsy (Rogozee et al; 1993; Gillain et al; 1994; Popoviciu et al; 1993; Fisher et al; 1992). Recent advances have led to a greater sophistication and versatility in the evaluation of electrophysiological events underlying

epilepsy and its associated conditions. Inspite of this fact there are very few studies which have sought to compare qEEG measures between epileptic patients with and without psychiatric morbidity (Hernandez-Fustes et al; 1994). The present study was undertaken to compare the different qEEG variables between epileptic patients (with and without psychiatric morbidity) and normal controls. The study was conducted on 16 patients of epilepsy (M 10,F6) attending epilepsy clinic, CIP, Ranchi. Their mean age was 27.6 years (range 18-51) and 11 patients had education of more than 10 years. The diagnosis of epilepsy was made according to ILAE classification 1989. Mean duration of epilepsy was 10.4 years. Psychiatric morbidity after the onset of seizures was assessed by the Structured Clinical interview - DSM III-R (SCID) after initial screening with Goldberg's General health questionnaire - 12. Eight patients were found to have psychiatric morbidity. All the patients were on antiepileptic drug monotherapy and five patients received either a single antidepressant or antipsychotic drug too. Quantitative as well as polygraphic EEG were done for all the patients and 15 age and sex matched normal, nonpatient controls. Fifteen minutes of EEG were recorded while subjects rested with their eyes closed but in alert state in a sound-proofed, light attenuated room. A 32 channels digital EEG (Neurofax EEG 2100, Nihon Kohden, Japan) from 25 monopolar electrodes (FP1, FP2, F3, F4, C3, C4, P3, P4, O1, O2, F7, F8, T3, T4, Fz, Cz, Pz, PGI, PG2, AI, A2, TI, T2) OF 10/20 system referred to linked earlobes was stored on an optical disk for offline analysis. Two minutes of artifact free data were extracted for analysis with rhythm V9.0 software (stellate systems, Canada). A 4-pole filter with a 70 Hz cut-off frequency was used and the time constant was set at 0.1 sec. The digitizing rate was 200 samples/sec/channel. Spectral analysis was performed on sections of 2.56 sec (512 points) to calculate power and coherence spectra by Fast Fourier Transformation. Absolute and relative power values in six frequency bands were calculated and were found to be different in patient and normal population.

11-5

Life style changes and life events in patients with seizure disorder*Dilip Kumar Dash, Anand K S, Jagawat T*

Delhi

It has been known since long that the pattern of behaviour personality type and stress are positively related with illness both physical and psychological. There is a definite correlation of life stress with patients of chronically ill due to seizure disorder who ultimately show signs and symptoms of depression, and also their way of adoption to family situation and lifestyle. Here in our study we have taken 100 cases in follow up study in the psychiatry and neurology OPD for 6 months. Cases were taken irrespective of sex and from the age group of 20-60 years. Each patient is administered the presumptive stress life event scale devised by Dr Gurmit Singh. Control group taken, as chronic schizophrenics who come in follow up in psychiatric OPD. Both groups are matched according to the data and statistical significance is shown by using X² and P value. The results of the study is discussed in detail in the paper.

11-6

Delusion of infestation and multimodal hallucination due to a corpus callosal glioma*Pratima Murthy, Jayakumar M*

Bangalore

Delusions of infestation and multimodal hallucinations are known to occur in a variety of psychiatric conditions, including schizophrenia, delusional disorders, alcohol and drug toxicity, as well as in conditions such as dementias and brain damage. This is a case report of a 50 year old lady, with no contributory past or family history, who was brought for psychiatric evaluation with a 3 month history of repeatedly washing her hands and feet, complaining that she was being bitten by ants, and reporting seeing insects in the

bathroom. She often left water for these insects, and enjoyed watching them drink. She had become socially withdrawn and apathetic. Physical examination revealed no abnormalities. Mental status examination revealed delusions of infestation, tactile and visual hallucinations. Cognitive functions were intact. Investigations including a CT scan were done, which revealed a large corpus callosal glioma. Details of the patients clinic presentation, the change in phenomenology following surgery are discussed and an explanatory model is attempted.

ALCOHOLISM II

12-1

Duration of hospital stay and confidence to control drinks in alcoholics

Raghu T M, Pratima Murthy, Subbakrishna D K, Gangadhar B N, Janakiramaiah N
Bangalore

It is difficult to decide about the optimal treatment inputs and the duration of inpatient stay in case of alcoholism. This study addresses the differential effect of Counselling Group (CG) and relapse prevention Training group (TG) on 'temptation' and 'confidence' in alcoholics. 40 male alcoholics participated in the prospective study after consent randomly allocated to either of the groups. Temptation and confidence were assessed on the alcohol abstinence self efficacy scale (AASES) at admission and at discharge. Initially in both groups temptation was high (CG mean 77 ± 15.7 and TG mean 72.8 ± 16.3) and confidence was low (CG mean 44.25 ± 15.7 and TG mean 44.5 ± 16.7). Temptation and confidence in both groups improved significantly before discharge. Temptation decreased (CG mean 27.3 ± 10.5 and TG mean 34 ± 16.6) and confidence increased (CG mean 92.7 ± 9.8 and TG mean 83.2 ± 16.5). At the time of discharge the CG group had a higher confidence score than TG group ($t=2.20$, $p=.036$), temptation scores were comparable between the two groups at discharge ($t=1.60$, $p=.119$). This study shows that relapse prevention training is possibly reducing denial and facilitating a more realistic self appraisal of the problem in adhering to abstinence. The implications of this finding will be further discussed in the presentation.

12-2

Brief detoxification schedule for alcohol withdrawal - a double blind trial.*Balaji W, Leela S, Benegal V, Jain S, Chandrasekhar C R*

Bangalore

Most current detoxification regimes during alcohol withdrawal involve a minimum of one to two weeks during schedule of benzodiazepines. This period contributes to a prolonged inpatient admission, with its implications for the cost of treatment for alcohol dependence. The present study attempts to examine the viability of a reduced duration of treatment for alcohol withdrawal. 20 patients admitted for a treatment of alcohol dependence with uncomplicated withdrawal (ICD 10), to the inpatient facility of the National Institute of Mental Health and Neuro Sciences, were administered a bolus intravenous dosage of 40 mg of diazepam at intake. Depending on the rate of abolition of withdrawal symptoms (individually rated by a blind rater, at fixed intervals over 48 hours) further doses of 10-20 mg were administered p.r.n. The majority showed approximately 50% symptoms reduction after the first dose and required no further addition of diazepam after 48 hours. The cumulative dosage required per patient was 60 to 80 mg over 48 hours. Anxiety and tremulousness were the two symptoms which showed the most rapid response. The possibility raised from this study, of completing treatment for alcohol withdrawal within 48 hours for a large proportion of patients coming to detoxification facilities implies a need to reformulate the prolonged alcohol detoxification strategies currently in use.

12-3

Disulfiram treatment of alcoholism*Sharma K P, Singh N P, Seema*

Patna

This study was carried out to find the efficacy of disulfiram in treatment of alcoholism. Fifty pts. with diagnosis of alcoholism admitted at DISHA drug deaddiction Centre, Patna,

were given 500 mg of disulfiram after 1 week of admission for four days and on 9th day fifty ml alcohol of their choice was given to them. All patients experienced unpleasant reactions within 15-40 minutes. After giving instructions to use 250 mg disulfiram per day daily under supervision, patients were discharged and were requested to report every fifteenth day. Out of fifty, 12 did not report for our follow-up and in one year follow-up 10 did not consume alcohol in any form.

12-4

Primary and secondary alcoholism

Ramesh R, Sengupta S N, Sharma PSVN

Manipal.

This study examines the variables that distinguishes primary from secondary alcoholism. A retrospective chart review of 16 cases of secondary alcoholism diagnosed using ICD-10 criteria during the last calendar year and 20 age and sex matched, randomly selected primary alcoholics was undertaken. Primary alcoholics had increased rates of interpersonal problems ($p=0.002$) and dependence severity ($p=0.01$) as compared to secondary alcoholics. A large number of secondary versus primary alcoholics maintained 1 year follow-up (60% versus 21%) and total abstinence (33% versus 10.5%). Although preliminary, such findings argue for a nosology that incorporates primary and secondary forms of alcohol dependence. Prospectively designed studies with larger sample populations are necessary to resolve this nosological issue.

12-5

Relapse of alcoholics on disulfiram

Saji J, Sengupta S N, Kumar B V, Sharma P S V N

Manipal

In a retrospective design alcoholics (n-19) maintained on disulfiram and relapsing over 1 to 2 year period were recruited for the study. The most frequently reported causes of relapse were interpersonal problems, desire to drink and mood change. About 68% of the patients

relapsed in the first year and 31.5% by the second year. Nearly 80% of the subjects were abstinent for 75% of their follow up periods. The duration of abstinence following intervention negatively correlated with subsequent drinking days. We conclude that relapse is common during the first year of intervention and longer the initial abstinence, fewer are the subsequent drinking days.

12-6

Use of nitrous oxide in delirium tremens

Suresh T R, Srinivasan T N

Madras

Delirium Tremens (DT) is a serious complication occurring during alcohol withdrawal state. It requires vigorous medical and psychiatric treatment including use of high doses of tranquillisers. In some patients the delirium does not respond adequately and quickly to drugs. Effective and safe use of analgesic dose of nitrous oxide in 4 cases of DT who were not responding to conventional treatment is reported in this paper.

12-7

Alcoholic paranoia

Sujit R Varma, Sengupta S N, Kumar B V, Sharma P S V N

Manipal

In a retrospective study the frequency and characteristics of patients with alcohol paranoia were examined. Seven out of 352 inpatient alcoholics fulfilled ICD-10 criteria of alcoholic paranoia. Compared with 15 other alcoholics with comorbidity no significant difference was found on alcohol use data. However, higher frequency of family (71.5% Vs 26.7%) and psychosexual (28.6 Vs 0%) problems were seen among the psychotics. Delusion of persecution was present in all whereas 3 patients had delusion of infidelity. None had family and past history of psychosis. One patient had premorbid paranoid traits and another antisocial traits.

SCHIZOPHRENIA

13-1

Relationship between physical anomalies, age at onset and positive and negative symptoms in schizophrenia

Pradeep Sharma, Anshuman Pant, Singh N, Advani G B

Jaipur

In at least a group of schizophrenic patients, the disorder appears to be associated with cerebral dysfunction. In addition, and possibly related to the dysfunction, schizophrenic patients have shown an increased prevalence of minor physical anomalies, which are associated with insult to the fetus during the first trimester of pregnancy. These anomalies could be due to genetic as well as a variety of teratogenic factors. Similar increase in such anomalies have been noted among autistic and schizophrenic children. Moreover, to our knowledge the relationship between the presence of such anomalies and positive and negative symptoms in schizophrenia has not been addressed. Given the evidence, although tentative, of increased cerebral insult among patients with an early onset and also with that of preponderance of negative symptoms, it seems worthwhile to consider their potential relationship. In the proposed study the relationship between physical anomalies age at onset of schizophrenia and positive and negative symptoms, assessed by Waldrop scale and scales for the assessment of positive and negative symptoms (devised by Andreasen) is being explored in 100 schizophrenics, diagnosed based on ICD-10 criteria.

13-2

Depression in negative schizophrenia rationale of adjunctive antidepressive therapy*Kaushal A, Ramesh K M, Vasanthi N M*

Bareilly

Lack of drive, affective flattening and poverty of ideation are some notable symptoms encountered in chronic or residual schizophrenics. These negative symptoms are quite akin to the reduced energy, feeling of emptiness and impoverished thinking of depressed patients. Clinically the distinction between these symptoms is hazy. Benefit of antidepressive medication in such patients has received scant attention. A study was conducted amongst inpatients at a zonal Military Hospital over a period of 18 months. Positive and negative syndrome scale was used to screen 142 chronic schizophrenic patients of duration of illness over 1 year. 33 of these patients who exhibited a predominant negative syndrome were rated on Hamilton depression rating scale. An index group of 15 patients assigned randomly received imipramine hydrochloride in addition to trifluoperazine 5 mg per day. The control group of 15 patients received only the latter medication. After six weeks the tests were repeated. More than 50% of the index group had shown a significant response to antidepressive medication. The scores of control group on Hamilton depression rating scale remained virtually unchanged. The study highlights the clinical dilemma - whether the residual schizophrenic is depressed ? Our study reveals that some of them undoubtedly are. They are also likely to benefit from a trial of standard antidepressants.

13-3

Recovery in schizophrenia - pilot study of 30 cases on maintenance treatment

Pradhan P V, Hari Easwar Subramanian, Nagpurkur J L,

Jayant Deshmukh

Bombay

The prognosis and outcome in cases of chronic schizophrenia have traditionally been described to be poor. Literature mentions that over a five to ten year period after the first psychiatric hospitalisation, only about 10-20% of patients have good prognosis with more than 50% being classified as poor outcome groups. Range of recovery rates reported vary from 10-60% and 20-30% of all schizophrenics are able to lead somewhat normal lives, another 20-30% experience moderate systems and 40-60% of patients remain significantly impaired. This study sought to review the situation as seen in the present day context. A pilot study was done from chronic schizophrenics attending the outpatient department of KEM Hospital. A cross sectional study was done of 30 patients who attended the OPD over a predecided period of two weeks, at the rate of 5 random patients per OPD. The patients selected had the disease for more than two years, were looked after by close relative throughout (or a major part) of the illness and were willing to follow up for a detailed interview later on. They were interviewed in detail for overall functioning by the residents and the professor of psychiatry independently. A specially designed proforma including the items in the global assessment scale of functioning (GAF) (DSM III R) was administered. A current score on the GAF scale was given and the relatives were asked retrospectively to judge the score at the time of diagnosis of the disease. The improvement percentage of each patient and hence the improvement percentages during different duration of the disease were calculated. The results showed that when the disease was less than 4 years' duration, improvement was 57.5% (constituting 37% patients); 4 to 6 years improvement was 68.5% (20% patients); 6 to 10 years improvement was 70.8% (27% patients); 10 to 15 years improvement was 50% (6.6% patients) and 15 to 20 years disease improvement was 70% (6.6% patients). We found that patients attending the outpatient department included in the study were regular in follow up, overall recovery range from 50 to 70%; 13% patients had post-psychotic depression and 6% patients had tardive dyskinesias. The patients who continue to maintain follow up inspite of the long duration of the disease, did reasonably well in overall recovery. A detailed study to assess recovery and residual impairment in different fields of functioning is now under progress, subsequent to the findings of this short OPD study.

13-4

Movement disorders in unmedicated patients*Thara R, McCreadie R G*

Madras

Movement disorders were examined in 308 elderly individuals in Madras using the AIMS, the Simpson-Angus Parkinsonism scale and the Barnes Akathisia scale. The PANSS was used to assess mental status. Dyskinesia was found in 15% of normal subjects, 15% of blood relatives of schizophrenic patients, 38% of never medicated and 41% of medicated patients. Dyskinesia was associated with negative symptoms. (Collaborative project between Dr McCreadie R G, Scotland and SCARF)

13-5

Persistence of symptoms in hospitalised chronic schizophrenics*Renju Joseph, Rajkumar R, Suresh Kumar M, Bashyam V S P*

Madras

There is evidence that some schizophrenics have persistent symptoms at follow-up. The present investigations aim to study persistence of symptoms in hospitalised chronic schizophrenics. The study recruited a sample of 50 schizophrenics whose duration of continuous stay is more than five years. The case records were analysed for symptoms both positive and negative at the time admission. The current symptomatology was assessed using SANS, SAPS, PANS and BPRS. A symptom checklist developed for this study was used to assess the symptoms both at the time of admission and current examination. The results are analysed for persistence of symptoms. The relationship of medication duration of stay, and social support to persistence of symptoms are discussed.

13-6

Puerperal psychosis - are they schizophrenia by majority ?*Nagaraj S*

Madurai

Aim: To find out the types of puerperal psychosis. Method: Prospective study of 45 cases - last 4 years. Observation: Out of 45 cases, 40 cases are schizophrenic; 2 cases are schizoaffective; 3 cases of Sheehan's syndrome wrongly diagnosed as depression. Conclusion: About 90% of cases are schizophrenic. About 5% are schizoaffective. No case of depression; Sheehan's syndrome missed as wrong diagnosis of depression.

BIOLOGICAL PSYCHIATRY I

14-1

Sex difference in language related brain inhibitions: A PET study

*Rao S, Fox P T, Jerabek P, Martin C, Downs H, Glass T,**Lancaster J*

Bangalore

We studied brain blood flow during language with positron emission tomography using 150 labelled water. Five men and five women normal volunteers were scanned with three scans each during picture naming, verb generation and fixation control. As expected the semantic task of verb generation compared with the rest was associated with activations in the left frontal region in both sexes. However, significant decrease of blood flow were present. Right frontal and superior parietal decreases were greatest in men; while right precuneus decreases were greatest in women, indicating sex differences in brain inhibitions associated with language. Men inhibited exteroceptive attention and women inhibited visual imagery during semantic processing. Inhibition of functional systems external to language highlights the interactive mode of brain functioning during psychological processes.

14-2

A comparative study of cough reflex and gag reflex patterns in schizophrenics and their first degree relatives

Bhagat R N, Nizamie S H, Pradhan S C, Agarwal S

Ranchi

The cough and gag reflexes which are preliminarily brain stem reflexes have been the focus of attention in this study. These reflexes have been studied in twenty seven schizophrenics, each satisfying DSM-III R. The cough reflexes were elicited by using metered doses of

citrate aerosol of various strengths. Results: There was a significant change between the cough reflex pattern in the patients prior to and after six weeks of treatment. The t value was 2.566 which was significant at $P < 0.01$ level. The occurrence of gag reflex response did not vary significantly before and after treatment. ($X^2 = 4.57$ (df=2)). The implications of the findings have been discussed in this paper.

14.3

Comparative diagnostic accuracy of qEEG and LNNB in a mixed psychiatric and brain damaged patients

Jahan M, Nizamie A, Nizamie S Haque

Ranchi

The Luria-Nebraska Neuropsychological Battery (LNNB) is a widely used tool. It detects the presence of hemisphere laterality and regional localisation of focal brain lesions. LNNB has been found to be a sensitive measure of specific pattern of cognitive deficits which are associated with lesions in regional cerebral zones (Moses and Maurish, 1988). A number of studies using LNNB have been reported to assess its efficacy vis-a-vis various diagnostic tools (Golden et al; 1981; Malloy & Webster, 1981; James et al; 1991) however, the relationship of physiological, behavioural and cognitive parameters is not very clear. Moses and Maurish (1991) suggested that further investigation of the LNNB pattern of cognitive deficit is warranted particularly with criterion medical information such as qEEG, and structural or functional brain imaging. This will help to validate the diagnostic accuracy of LNNB. The dynamic relationship between cognitive deficits and various measures of brain function may also be better understood. In the present study 15 right handed subjects (age range 20-60 years) who had basic reading writing ability were taken for the study. They were diagnosed to have organic mental disorders or other psychiatric disorders (DCR criteria of ICD-10). A normal, nonpatient control (n=10) was also taken. A computerised as well as polygraphic, paper EEG were done for all the cases. Within a week of EEG LNNB was administered in various sessions. At the time of the testing the tester was blind to qEEG findings. After completion of LNNB testing, details of clinical data were gathered. Data were analysed using 't' test and correlation. Both quantitative and qualitative

methods of interpretation as proposed by Golden et al were used to arrive at a syndromal interpretation of cognitive deficits. It was attempted to lateralize and localize the deficits. The LNNB findings were compared with that of qEEG and where available with MRI and CT scan of the brain. LNNB was found to be an effective neuropsychological tool and it compared well with qEEG.

14-4

Soft neurological signs as markers of diffuse neurological deficit in type II schizophrenia

Narendra Singh, Anshuman Pant, Pradeep Sharma, Advani GB

Jaipur

Background and purpose: Type II schizophrenia or schizophrenia with negative symptoms is said to have a strong biological diathesis in terms of familial transmission, age of onset, poor pre-morbid adjustment, robust structural anomalies in the brain and poor prognosis. Soft neurological signs or non-localising neurological signs are said to be markers of diffuse neurological deficit. In this cross sectional study, schizophrenic patients with positive and negative symptoms were compared for soft neurological signs. **Methods:** The study sample comprised of 38 schizophrenic patients diagnosed on ICD-10 criteria. Positive symptoms and negative symptoms were assessed using SAPs and SANs respectively. Soft neurological signs were assessed using the Modified Soft neurological signs scale. **Results:** There were 22 schizophrenic patients with positive symptoms and 16 schizophrenic patient's with negative symptoms. There is a significant difference among groups in terms of total score for soft neurological signs. The validity of the positive - negative dichotomy of schizophrenia is discussed.

CONSULTATION LIAISON - PSYCHIATRY-I

15-1

Study of Psychological Status of Cancer patients in Armed Forces

Dinker N L (Major)

It is well known fact that cancer has struck fear in the hearts of the human beings for centuries. Psychological distress it to be expected as the patient confronts the implications of cancer : possible death, pain, dependence on others; disability; disfiguring changes in the body and loss of functions. The study group consisted of 50 in-patients suffering from cancer of different sites and of various types. The study was carried out to know (1) The prevalence of psychiatric illnesses in cancer patients and (2) The influence of various psycho-social factors, the site, nature of disease and treatment modality on development of psychiatric illnesses. Mental status examination, PGI Health Questionnaire N1 in Hindi and Hamilton Rating Scale for Depression (HSRD) were used to evaluate the patients. Depression (Adjustment Disorder with depressed mood) was observed in 13(26%) patients, Acute Organic Brain Syndrome (Delirium) in 2(4%) patients and psycho-sexual dysfunction (Male Erectile Impotence) in 1(2%) patient. In addition 17(34%) patients had fear of disease and anxiety about their family responsibilities. Young, less educated and more religious cancer patients from rural backgrounds and low socio-economic class were found more at risk of psychiatric morbidity. It is evident from above that the study showed a considerable amount of psychiatric morbidity in cancer patients : this confirms to Derogatis & Spencer (1983) study in which he found psychiatric diagnostic entity in 47% cases (in present study 26% depression, 4% Acute OBS and 2% psycho-sexual dysfunction which equals to 32%, a sizable amount of psychiatric illness). In view of the above it is recommended that a detailed psychiatric work up be sought by treating physician in all cancer patients so psychiatric morbidity is not missed as many patients may deny and hide their psychological problems.

15-2

Psychiatric Study of Patients of Non-ulcer Dyspepsia*Vyas J N , Dinesh Tyagi*

Bikaner

Fifty Patients of Nonulcer dyspepsia and equal number of properly matched controls were taken from department of psychiatry, S.P.Medical College, Bikaner. All the relevant investigations were done to rule out the organic pathology. The psychiatric diagnosis was made accordingly to ICD10. Maudsley personality inventory, Presumptive stressful life events scale, Beck depression inventory, Max-Hamilton anxiety rating scale were administered for assessment of personality factors, stressful life events and severity of anxiety and depression. Results show that eighty two percent of NUD patients had psychiatric morbidity. Dysthymia was the commonest diagnosis (38%), followed by generalised anxiety disorder (14%) and episode of depression (12%). No statistically significant differences were observed between two groups for personality traits & occurrence of stressful life events during preceding year, however, study group scored significantly high for anxiety and depression in comparison to control group.

15-3

Psychiatric Aspects of the Amputees*Trivedi J K, Mall C P, Sharma V P, Dalal P K, Katiyar M, Sinha P K*

Lucknow

To study psychiatric problems following amputation of limbs.

The sample consisted of two groups of patients between the age of 16-55 years - Gp.I - Patients admitted on specified beds in department of Orthopedics, KGMC, Lucknow in whom amputation had been done within six weeks (N=26). Gp.II-Subjects who had undergone amputation atleast 6 months to 2 years ago and attended OPD of the department of Physical medicine and rehabilitation, KGMC, Lucknow (N=28). Both the group of patients were administered semistructured proforma (which had information regarding socio-demographic variables and clinical details regarding amputation) and SCID

(Semistructured clinical interview for DSM-III-R). 34.6% in the Gp.I and 37.9% in Gp.II had psychiatric illness. The commonest diagnosis was post traumatic stress disorder (88.9%) in Gp.I and depressive disorder NOS (54.6%) in Gp.II. The two groups did not differ in relation to the presence of psychiatric sickness.

15-4

Psychiatric Evaluation of Leg Fracture Patients

Chaudhury S, Dinker N L, Sharma A K

Meerut

To study the prevalence of psychiatric disorders in leg fracture patients. Fifty consecutively admitted leg fracture patients and an equal number of age and sex matched normal controls were assessed by psychiatric interview, Michigan alcoholism screening test, Sinha's anxiety scale (SAS) and Hamilton depression rating scale (HDRS). Of the leg fracture patients 48% were diagnosed as psychiatric cases compared to 2% of the control subjects. Detailed evaluation revealed high prevalence of substance use disorders (34%) and depression (8%) in leg fracture patients. Patients with leg fracture obtained significantly higher scores on HDRS and significantly lower on SAS as compared to the control subject. Psychiatric assistance would greatly aid in the rehabilitation of these patients.

15-5

Psychiatric comorbidity in patients suffering from epilepsy and bronchial asthma.

Tushar Jagawat, Nizamie S H

Delhi

The relationship between epilepsy and psychiatric comorbidity have been associated and disputed since antiquity. The primary aim of the present study was to find out the prevalence and nature of psychiatric comorbidity in adult epileptic patients (n=61) and to compare it with matched bronchial asthma patients (n=33). Detailed socio demographic data, history, of different seizure variables

were collected. Epileptic seizures were classified according to ILAE-1981. General Health Questionnaire (GHQ-12) were given to all subjects and those who scored two or more on GHQ-12 were considered as probable psychiatric cases and given SADS-L for detailed psychiatric evaluation. Results showed that around three-fourth of total epileptic patients had some psychiatric diagnosis as compared to only around one-fifth of total bronchial asthma patients. In the epileptic group depression, anxiety, schizophrenia and psychosis NOS were common diagnosis. The implications of these findings are discussed in the paper.

15-6

A study of cases of Functional Bleeding

Mendhekar D N, Srivastav P K, Ramesh S, Chauhan R K

New Delhi

A total of 5 patients were referred with a tentative diagnosis of functional bleeding from the Department of Gastroenterology after detailed investigations including endoscopy, barium swallow, ultrasound, etc. and having ruled out any organic cause for bleeding. The study showed predominance of female patients (80%). They were mainly from urban family, majority being married and all cases belonged to joint family. Duration of illness varied from 15 days to 10 years. 80% cases were complaining of Haematemesis and only one case had multiple bleeding like bleeding per nose, ear, mouth. We were able to collect the blood sample from only one patient which showed vegetable fragment without any real content of blood. Most of the patients reported stressors preceding the bleeding. Stressors were mainly of sexual and discordant family environment. In two cases minor physical trauma to head acted as a precipitating factor. 3 Patients were not willing to undergo pharmacological or psychological therapy or any investigation procedure. Patients had shown good improvement with aversion therapy.

15-7

Fibromyalgia/Chronic Fatigue Syndrome-A Role for Psychiatric Management

Usha S P, Deepak Gopal

Canada

Doctors are men (and Women) who prescribe Medicines of which they know little, To cure Diseases of which they know less, in Human Beings of which they know nothing. Introduction :The above quotation by the French philosopher Voltaire is most appropriate when beginning a discussion on the topic of Fibromyalgia/Chronic Fatigue as syndromes that have emerged with much controversy regarding criteria for diagnosis, potential pathophysiology, and treatment. These syndromes do not conform to the usual "Medical Model" of disease, with the traditional emphasis on the rational evaluation of presenting signs and symptoms, leading to a probable diagnosis, confirmatory investigations, and scientifically proven treatment regimens. Most physicians are uncomfortable when confronted by entities of "disordered function" but "normal anatomy" as in the absence of strong criteria, radiographic or serological abnormalities there may be scepticism regarding their diagnostic validity. However, from our past experience, the absence of firm clinical signs and tissue pathology should not preclude the existence of a recognizable syndromes. It is crucial that signs and symptoms of these syndromes be classified and characterized in a manner where the uniformity of those features are evaluated in populations suspected of having the condition and populations suspected of not having the disorder; especially when defining an illness lacking "objective" pathology. Objective : The primary objective of this paper is to review the current criteria for both syndromes of Fibromyalgia/Chronic Fatigue, to discuss potential pathophysiological mechanisms that may be involved, and to review current treatment approaches (with an emphasis on psychotherapeutic and psychopharmacological approaches) that are recommended. Methods : A review of a case report experience and recent literature update on Fibromyalgia/Chronic Fatigue syndrome was performed using Medline(computer search) from 1989-1995. Based on these results a discussion of the current concepts of psychobiological models as well as psychotherapeutic

and psychopharmacological approaches to the treatment of Fibromyalgia/Chronic Fatigue is reviewed. Discussion/Conclusions : Controversy exists amongst the medical community as to whether fibromyalgia/Chronic Fatigue actually exists as an organic disorder alone, a functional disorder or a combination of the two. Current organic models of disease include abnormalities in neurohormones (such as disturbances of the hypothalamic-pituitary-adrenal axis) as well as neurotransmitter abnormalities which would point to the Central Nervous system as potential source of pathology. Yet other studies have investigated the relationship between Fibromyalgia/Chronic Fatigue to the mood disorders, specifically depression. Three possible relationships between fibromyalgia/CFS and depression: (1) Fibromyalgia is a symptom of depression (2) Depression is caused by fibromyalgia/Chronic Fatigue; and (3) these two conditions have a common physiologic basis. What is more probable is a model that encompasses both the Central Nervous System abnormalities, and Psychiatric abnormalities leading to a common pathophysiology. Moreover, tricyclic and tetracyclic as well as atypical anti-depressants have shown to be beneficial in the management of Fibromyalgia/Chronic Fatigue and the evidence for this is also reviewed in this paper.

15-8

Psychological profile of female with chronic pelvic pain

Pradeep Agrawal, Udayan Khastgir, Bhatia M S, Neena Bohra, Malik S C

Delhi

The study was conducted on 90 females with nonorganic pelvic pain selected from Gynaecology OPD of Smt.S.K.Hospital and Swami Dayanand Hospital. Majority of patients were young, married, Hindu, illiterate, housewives, belonging to low socioeconomic group and lived in a nuclear family. Majority of the patients had pain for duration between 1 year to 5 years and pain was of dull, mild type. These patients scored significantly more than the controls in Free Floating Anxiety, Somatisation, Depression and Hysteria subscales of Middlesex Hospital Questionnaire, 54.4% of the patients had Hamilton Rating Scale for Depression score between 8 to 15, in the study group.

ORGANIC PSYCHIATRY

16-1

Sodium Valproate in Organic Psychosis

Nizamie Haque S, Kothari S, Kumar R, Bannerji A

Ranchi

Conventionally, organic psychosis is treated with antipsychotic drugs or psychotropic medicines. However, it has been observed that a number of cases develop side-effects to these medicines readily even on smaller dosage and antipsychotic drugs alone may not be very effective (Nizamie et al., 1994a). Antiepileptic drugs such as carbamazepine (CBZ) and sodium valproate (SV) have been used in various psychiatric disorders. SV is reported to be especially effective in organic mood disorder (Pope et al., 1988; Kahn et al., 1988; Nizamie et al., 1994a; 1994b). Though there are preliminary indications that SV may be useful in organic mental disorders this approach has so far not been adequately explored. Some of the recent texts on Psychiatry have chapters on CBZ & SV but there is no mention of organic mental disorders in the list of indications of their use (Post, 1995; Pope & McElroy 1995). The efficacy of SV in organic psychosis is based on various case reports. There is no study on a significant number of cases to ascertain the worthiness of this medicine. For the present study case record files of patients admitted in one of the Units in the Central Institute of Psychiatry, Ranchi from Jan 1989 to Dec 1994 were reviewed. There was a total of 1834 admission during this period. There were a total of 43 cases of organic psychosis of which 8 cases were excluded from the study since their case records could not be retrieved. Of the remaining 35 cases 30 were on SV either in combination with small doses of haloperidol, lithium, chlorpromazine, CBZ etc. or on SV alone. The cases were followed up for a period of one month to 4 years. The outcome recorded at the time of discharge from the hospital or at subsequent follow up in the outpatient department showed that there were 4 cases who recovered completely, 11 had marked improvement, 8 had moderate improvement and there was no change in 7 cases. Detailed findings regarding clinical profile and outcome will be discussed. This study highlights the utility of SV in the management of organic psychiatric disorders.

16-2

A study of Chloroquine induced psychosis*Gupta A K*

Jamshedpur

Twenty five cases (age ranging 15 to 45 years) with Chloroquine Induced Psychosis were seen in a span of 36 months at Tata Main Hospital, Jamshedpur. All the patients received chloroquine for Malaria. The female patients were found much more in number (70%). The total dose of chloroquine ingested was compatible as recommended for Malaria (varying from 1 to 6 gm.). The symptom of psychosis were reported within 20 to 100 hours. The features suggestive of organic psychosis were reported in 12 patients while the features resembling those of schizophrenia - 8 (cases), Mania 3 (cases) and Depression 2 (cases). The symptom disappeared completely within 4 to 16 days.

16-3

Neuro-Psychiatric Manifestations of Sickle-cell disease*Jyoti Mahapatra, Bardhan A K*

Orissa

A clinical study of the neuro-psychiatric manifestations of sickle cell disease was carried on in the psychiatry Dept. on 50 consecutive sickling test positive cases during a period of 3 years 50 Sickling Negative Psychotic patients admitted to the wards with similar symptoms, age, sex and socio-economic status were taken as control. The symptom profile, response to drugs and physical treatment and outcome of the Psychotic episode were compared in both the groups after establishing diagnosis as per I.C.D.-10 criteria. It was seen that the 42 sickling positive cases (with only Trait Defect- i.e. A.S), though less tolerant to higher doses of antipsychotic drugs, showed better response to treatment and had no incidence of sickle cell crisis. Frank cases of Sickle cell disease (S-C and S-D), total 8 in number were more disoriented and showed crisis like high fever, joint pain, nausea and physical discomfort requiring reduction of dose of antipsychotic drugs.

16-4

C T Scan Findings in Post-stroke Depression*Ravish Thunga, Joshi U G*

Mangalore

In stroke patients, it has been observed that depression is common in post-stroke period. This depression is qualitatively different and quantitatively more than the one expected due to physical disability. Different characteristics of CNS lesions in stroke patients have been correlated with post-stroke depression. In our study of 40 post-stroke depressive patients fulfilling Research Diagnostic Criteria (RDC) CT Scan findings were analysed in 27 patients. It has been found that the position and volume of CNS lesions have decisive role in causing poststroke depression. Detailed analysis of the results will be presented and discussed.

16-5

Cognitive impairment after stroke : relationship to depression, lesion characteristics and functional impairment*Advani G B, Pradeep Sharma, Vidhu Kumar*

Thiruvananthapuram

Conceptualization of 'reversible' and 'pseudo' dementia have been engaging our attention for almost three decades. Cerebrovascular accident can cause, amongst other syndromes, both dementia and depression. Therefore it is logical to postulate that cognitive impairment following stroke is determined by both, severity of depression and lesion characteristics. This cross sectional study was undertaken to test the above postulate. 30 stroke patients with unilateral, unifocal ischaemic or haemorrhagic lesions were examined for severity of depression, cognitive impairment, aphasia and functional impairment using standardised rating scales. Location and volume of the lesion were determined using Ct scan. There was a significant correlation between cognitive impairment and severity of depression. Although there was no evidence of correlation between cognitive impairment and volume of lesion in the total sample, these variables correlated significantly with each

other in patients with left hemispheric stroke. There were no significant correlations among other variables. Thus the study showed that cognitive impairment following stroke is determined by both severity of depression and lesion characteristics. Heuristically the study sheds some light on the biology of the so called pseudodementia. A tentative hypothesis can also be made regarding the efficacy of antidepressants in post stroke dementia.

16-6

Depression and Anxiety Disorders in post stroke patients

*Alka S Ahuja, Vivek Chincholkar, Shubhangi R Parkar, Yeolekar M E,
Karnad D R*

Bombay

Behaviour and psychological changes following cerebro vascular accidents have been known and identified. However, Depression is the most common emotional problem among poststroke patients.

Two groups of possible causes of depression in this group are - i) Those directly relating to the brain lesion i.e. its location. ii) Those unrelated or only indirectly related to the lesion such as demographic characteristics, social circumstances and patient's perception of his illness. Fifty indoor patients with stroke admitted in a general medical ward were studied. The aims of the study were - i) To associate the site of lesion with the affective and neurotic disorders. ii) To highlight the patient's perception of his illness and the resulting disability.

Data was obtained using a specially structured proforma designed for the study. Affective and neurotic disorders were assessed using ICD-10 classification of Behaviour and Mental disorders using symptom check list. These were then correlated with the CT scan findings. The results will be discussed.

PSYCHIATRIC ASPECTS OF HIV

17-1

Shifting Paradigms in Aids

Soumitra Basu, Sharmila Basu

Calcutta

AIDS is not an isolated event but must be viewed along three paradigms in a hierarchical order : a) sexual perspective, b) faulty immune mechanisms due to damage by unwanted chemicals and toxins for the last 50 years, c) an erosion in living systems due to devaluation, hedonism and materialism. The third aspect has not been properly appreciated resulting in improper stress in awareness programs. The result - social boycott of AIDS victims due to overemphasis on bad sex in ads on AIDS. Primary prevention should be directed to improve the quality of human life.

17-2

A Study of HIV Risk Behaviour Among Hospitalised injecting opiate users

*Mashil Sathish Lal G, Bhaskar C, Rajkumar R, Suresh Kumar M,
Palaniuppun V*

Madras

Injecting drug users are at high risk towards HIV infection,. A consecutive sample of injecting opiate users (N=50) were recruited from the Deaddiction clinic of Institute of Mental Health, Madras-10. They were assessed for both injecting and sexual high risk behaviour apart from socio demographic information and drug use pattern. HIV antibody testing was done with pre and post test counselling for all the persons. The relationship of positive sero status to the high risk behaviour and pattern of drug use is studied. The results and its implications for preventive strategies aiming to reduce HIV infection among drug injectors are discussed.

17-3

Exploration of unpopularity of HIV test result seeking among the injecting Drug users of Manipur

Hangzo C Z, Das N, Chatterjee A

During the initial years (1992-1993) of voluntary, confidential HIV testing offered to the injecting drug users in Manipur, only a few (15-20%) turned up for result notification. Among these clients who did not turn up for six months, a list of seventy five clients in Imphal city was randomly prepared and sixty of them could be interviewed using a pre-tested semi-structured schedule. Data was entered and analyzed by using epi-info 6 and SPSS software. Various reasons for not coming for the test result could be categorized as 'I can guess it, what's the use' (21.3%) 'scared to face the truth' (24.6%), 'excuse' responses (34.4%) and 'no specific reason' responses (19.7%). In chi-square test, higher educational status (more than high school) was significantly associated with 'no specific reason' ($p=0.02$) and 'excuse' ($p=0.05$) responses. Ongoing counselling after drawing of the blood sample was significantly associated with 'scared to face the truth' ($p=0.04$) response. In multiple logistic regression, higher educational status predicted 'no specific reason' response. Implications of the findings will be discussed.

17-4

HIV infection in a psychiatric inpatient population

Prabha S Chandra, Ravi V, Anita Desai, Puttaram S, Premanand
Bangalore

There is meagre data in Asia on HIV infection among the psychiatrically ill. The current study was conducted to assess HIV seroprevalence among psychiatric inpatients and describe the clinical profile of those infected. Among the 2136 patients tested between Jan 1992 and Sep 1995, 1120 had definite history of risk behaviour, of which 33 were seropositive. While the overall prevalence was 1.1%, among those with definite risk behaviour, the prevalence was 3%. 18% of the seropositives were women. Alcohol

dependence or abuse was present in 78% and multiple heterosexual partners was the commonest risk factor. 70% had psychiatric illness and 30% had only alcohol or substance dependence. Among the psychiatric illnesses, the commonest was personality disorder (50%) followed by psychosis (20%), affective disorder (20%) and dementia (10%). The paper discusses the implications of these findings in the prevention and management of HIV infection among the mentally ill.

17-5

Psychiatric Morbidity in Hiv Diseased Inpatients

Cyriac Mathew, Nair S, John J K

Yellore

Human immunodeficiency virus (HIV) infection was found to be accompanied by significant psychiatric morbidity. There is a paucity of data regarding the prevalence of psychiatric morbidity in HIV diseased (CDC Group IV) hospitalised patients in India. This study was done to assess the psychiatric disorders among the HIV diseased patients admitted in a general hospital. Thirty consecutive inpatients satisfying the inclusion criteria were evaluated prospectively. The psychiatric diagnoses were made based on DSM III-R criteria. Fifty per cent of patients had psychiatric morbidity of which major depression was the most common. The implications of psychiatric morbidity in HIV diseased inpatients are discussed.

17-6

Struggling with identity : A qualitative exploration of a group of men having sex with men in Calcutta

Amit R Basu

Calcutta

Homosexuality is increasingly being recognised as a gender construction than a mental disorder. In our country, participatory studies have started surfacing recently with the AIDS intervention. This study tries to explore the narrative of identity formation and also

question the terms 'homosexuality', 'gay' etc. A focus group was conducted with six young men having sex with men. Questions were focused on formation of sexual identity and psychosocial stresses confronted by them. Implications of early psychosocial intervention and attitudinal change among mental health professionals is discussed.

17-7

Koro-Like Symptoms in a Male person following discovery for of being HIV Positive, a case report

Jayanta Chatterjee, Srilekha Biswas

Calcutta

This report describes a thirty six year old marine Engineer presented Koro like symptom with acute depressive illness following discovery of HIV positive results.

PSYCHOSES

18-1

Delusional Parasitosis 237A A Series of 25 Cases

Bhatia M S, Shome S, Gautam R K

Delhi

A series of 25 cases of Delusional Parasitosis is being reported. There were three cases below 45 years of age whereas 12 cases between 46-55 years and 11 cases above 55 years of age. 64% cases were females. A majority of cases (92%) had insidious onset. The duration of symptoms in all the cases (except one) was 6 months or more. 13 cases presented with infestation with insects over body, 10 cases with insects crawling over scalp. There were three cases each with diabetes mellitus and leprosy. Three cases had dementia, 2 cases had depression and one case presented with trichotillomania. Pimozide was used in 22 cases, amitriptyline in 2 cases and fluoxetine in one. 14 cases (52%) showed partial improvement and 3 cases did not respond.

18-2

Psychosis following charismatic retreat

Roy Abraham K

Kottayam

Charismatic Retreat is an intense form of religious experience, in which the person, listens to preachers and participates in religious rituals and prayers. This is an intensely emotional experience. 40 cases of Psychotic breakdown following the above type of 'Charismatic retreat' seen both at Medical College Hospital, Kottayam and in private practice has been included in this study. Socio-demographic profile, presence of other precipitating factors and the clinical diagnosis has been evaluated. The results on six months follow-up is discussed.

18-3

Psychosis during pregnancy-6 cases*Nagaraj S*

Madurai

Aim : Unlike puerperal Psychosis, Pregnancy psychosis is not reported. Method : In the last 10 years, 6 cases have been seen. They are studied prospectively. Observation : All 6 cases are seen during last trimester of pregnancy; there is incidence of psychosis in first degree relatives of 4 patients. All were less than one month in duration. Conclusion : The rarity, mild nature of psychosis is reported in this rare clinical study.

18-4

Acute non-organic Psychosis outcome after 10 years*Gupta L N, Bhardwaj Pramod, Verma K K*

Udaipur

62 out of 68 Acute Psychosis patients who were initially recruited from Bikaner Centre in 1982 for Indian Council of Medical Research Study on "Phenomenology and Natural History of Acute Psychosis" were assessed after completion of 10 years in 1992-93 on SCAN & PSE. The results show that 35 (56.45%) patients of Acute brief episode of psychosis never had any psychotic illness during the course of follow-up. These recovered patients (N=35) were compared with other (N=27) who had relatively poor prognosis. Recovery was significantly better in younger, unmarried, Hindu and in those who developed the full blown psychosis abruptly within 48 hours. Other sociodemographic, personal history variables and symptomatology could not distinguish this recovered group of patients with other categories of psychoses.

18-5

Declerambault's Syndrome - A case Report*Rajaram Mohan R, Ganesan R*

Salem

A 34 year old unmarried Hindu Woman came from a Joint family of Middle Class without any History of Mental Illness in the family. She was brought to Psy. O.P. for Sleeplessness, Hearing 'Voices', Irrelevant Talk of 10 years duration. The symptoms were increasing in intensity for the past 2 years. The Predominant Symptom had been a Delusion of being loved. The Psycho Dynamics of this case was discussed.

18-6

A Descriptive study of acute and transient psychosis*Bhaskar C, Vivekanandan S, Suresh Kumar M, Bashyam V S P*

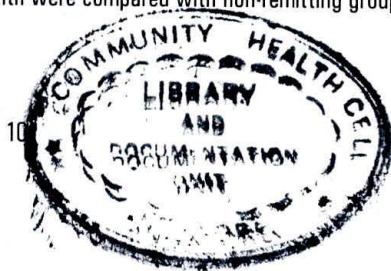
Madras

The incidence of acute and transient psychosis is much higher in developing countries than in developed countries. The potential utility of a separate diagnostic grouping for acute and transient psychosis has been underscored in some studies. The present study aims to describe the symptom patterns in acute and transient psychotic disorders. The sample was chosen from the Outpatient department of the Institute of Mental Health, Madras - 10. Consecutive patients meeting the following criteria were included.

1. Onset of psychosis was acute, (psychotic symptoms developed over less than a week without prodromal symptoms)
2. Age 15-60 years
3. Psychosis not related to drug or alcohol or seizure disorder
4. The Patient was not treated with psychotropics/ECT for more than a week. They were evaluated with SCAN and symptom patterns studied in detail. After follow up 30 cases remitting within a period one month were compared with non-remitting group.

MH-100

H124



18-7

Assessment of insight in psychotic patients*Srinivas S, Kulhara P, Mattoo S K*

Chandigarh

67 psychotic patients who were admitted to Psychiatric Unit of PGIMER, Chandigarh were interviewed to assess insight and its relationship to psychopathology and other variables. Assessment was done at intake, at 2 weeks and at 4 weeks to measure psychopathology on BPRS and insight on David's scale (1990). In mixed psychotic sample (n=67) results show that socio demographic variables and clinical characteristics did not have any bearing on insight. Insight was inversely correlated to psychopathology at all points of assessment. Grandiosity and total duration of psychotic illness contributed about 21% of variance of insight (variance of insight on multiple regression) in this group. At initial assessment, grandiosity played a significant role in explaining variance of insight, but at subsequent assessments insight depended more on total BPRS score than on grandiosity. Though insight was partly explained by psychopathology, mostly it seems to be independent of other variables, in our study.

BIOLOGICAL PSYCHIATRY II

19-1

Is routine monitoring of thyroid antibodies necessary in patients on lithium prophylaxis?

Prathap Tharyan, Colin John Vas, Jacob K John, Sheshadri M S

Vellore

Routine evaluation of thyroid antibody titres before and during lithium prophylaxis is now recommended in the West, based on reports of elevated titres of thyroid antibodies in 19.24% of patients on long term lithium therapy and in 16.43% of lithium free patients with affective disorder, as opposed to 5-10% of the normal population. We evaluated the relevance of these recommendations in our patients by studying 149 consecutive patients with affective disorder on continuous lithium therapy for 10 months or more and 90 lithium free patients with affective disorder. We estimated titres of antibodies to thyroxine (T4), free thyroxine concentration (FTC), and thyroid stimulating hormone (TSH). Odds ratios and confidence intervals were calculated for the presence of elevated antibody titres in lithium treated and lithium free patients. The results and recommendations are presented and discussed.

19-2

Development of Acute tolerance to morphine in albino rats

Jain R, Ray R, Sethi H

New Delhi

The aim of the present study was to quantify the rate and extent of development of acute tolerance in albino rats via activity measures. Male adult albino Wistar rats (60 - 90 days old, 125-150g, n=18) were used in the study. Rats were divided in three groups (I/II/III, n=6, each). Rats of each group were habituated to the test cage for 30 mins, for five days prior to the beginning of the experiment. Rats of group I and group II received morphine 10

mg/kg, body wt, i.p. and n-saline i.p. respectively, once per day for five days. Group III rats were not treated with any drug/saline. Group I and Group II rats served as Controls I and II for the current study. Motor activity of all the rats was measured in Colbourn Video path analyser equipped with Video Activity Monitor at 5 mins. interval for a period of 30 mins. which reports 15 measures of activity. Six measures (Locomotion, Rest, Stereoevents, Movement, Distance and Average speed, were selected to study the development of tolerance. Activity of group I (Experimental, gp) and Control group I were measured on 1st day prior administration of morphine / saline for pre-drug assessment and thereafter activity was recorded in two sequences, immediately and after < 30 mins. of injection morphine / saline for five days. No pre-drug assessment was made in Control group II and activity of rats was noted in two sessions, each of 30 mins. duration for five days. All measurements of activity were made on fixed hours every day. The results of 1st day were compared with rest of the days, within group and between groups. However, the activity results of post 30 mins. session were selected as it relates to peak blood level. In spite of wide variability in data, tolerance developed as evidenced by six activity measures. The results of present study suggest that acute tolerance occurred in brief duration of morphine exposure.

19-5

Measuring chaos in Brain-I : Methodology

Pradhan N, Sadasivan P K

Bangalore

Chaotic systems are now realized to be pervasive in nature and have emerged as one of the front line areas of research in many fields of science. The biological systems are inherently nonlinear and exploring their dynamics has currently led to wide use of theory of chaos specifically for the biological oscillatory systems. In the methodology paper, we introduce certain fundamental concepts of chaos theory such as state-space, strange attractor, fractals, bifurcation, correlation dimension, Lyapunov exponent etc. We then develop a fast computational method for quantification of chaos in brain i.e. the dimension of the strange attractor of brain activity. The dynamics of a system can be visualized from its trajectory which may be depicted as the motion of a point in its state-space. A system whose

dynamics is linear (output linearly increasing with increasing input) has a point attractor. A periodic system is seen as a limit-cycle or circle in state-space. A stochastic system occupies the entire state-space randomly whereas a chaotic system gives rise to a strange attractor that is fractal in nature. Estimation of correlation dimension (D_2) is one of the commonly used parameters to characterize a chaotic system. The record of dynamical activity of the brain can be obtained from its electroencephalogram (EEG). The EEG time series is converted to state-space vectors by time-delay embedding. The D_2 value of brain activity in various brain states is estimated by Singular Value Decomposition (SVD) of the state space matrix. The efficiency and accuracy of this method is compared with Grasberger-Procaccia and Taken-Ellner methods. It's application to schizophrenia research in understanding the basic pathology of the disorder is presented in the next paper.

19-4

Measuring Chaos in Brain-II: Application to Schizophrenia Research

Pradhan N, Sadasivan P K

Bangalore

Understanding the pathophysiology of schizophrenia remains as a challenge to neuroscience. It has been realized that the problem may have similar theoretical implications like cancer or genetic research in terms of its complexity. The co-operative nature of neural systems gives rise to the possibilities of unimaginable emergent behaviors. The science of nonlinearity and complexity has taken root in the theory of chaos and it owes its development to modern supercomputers. From the basic neurophysiological evidences, it may be safely assumed that the brain's dynamical behaviour is well reflected in EEG. The nonlinear dynamics views the EEG time series as deterministic and of relatively low dimension, with their 'complexity' being due to their inherent nonlinearity. This basic idea, inspired by recent advances in the area of nonlinear dynamics, and especially the theory of chaos, is based on the following conjecture: The EEG is a very complex signal, hence it may be produced by a simple, but nonlinear system. Nonlinear systems are capable of chaotic behaviour, in which time series predictability falls off exponentially as a function of time.

Despite this temporal unpredictability, the deterministic nature of chaotic time series allows a great deal of information to be recovered regarding their dynamics e.g. their state-space dimensionality. We have analysed the resting whole night EEG of drug-naive male schizophrenics (ICD-10, DCR, N=10) with age matched normal controls (n=12). Under normal resting state the EEG is that of activation and high dimension. In sleep the brain relaxes to a low dimension state. Our results reveal that in schizophrenic brain there is uncontrolled relaxation and gross loss of dimensional complexity indicating a degenerative pathology.

CONSULTATION LIAISON PSYCHIATRY

20-1

Alexithymia, Stressful Life Events and Dermatitis

Meel V D, Shiv Gautam

Jaipur

The relationship of different kind of Psychosomatic disorders and inability to verbalise emotions (Alexithymia) has been widely reported. An attempt has been made to: i). Measure alexithymia in patients of different types of dermatitis, ii). Whether alexithymia has a relationship to presentation of neurodermatoses, iii). Whether alexithymia has any relationship to stressful life events. Sixty cases of neurodermatosis and lichen planus (Experimental group) and 60 cases of Pyoderma and matched normal control (Control group) were randomly selected from patients attending the dermatology out patient department S.M.S. Medical College Hospital, Jaipur. Toronto alexithymia scale, P.S.L.E. scale were administered to both the groups after recording their socio demographic data. When looked at the scores of alexithymia among different types of dermatosis, comparatively, neurodermatosis had highest scores followed by lichen planus, while pyoderma and normal control group had significantly lower scores. Findings have been discussed and interpretation have been highlighted. The results revealed that the experimental group has highest alexithymic scores (126.78 mean) than control group (116.36 mean). Patients with three or more life events have higher alexithymic scores (125 mean) as compared to 2 or less stressful life events (115 mean).

20-2

Secondary Anxiety & Management

Palaksha G S

Bangalore

920 persons with various physical illnesses were screened for associated anxiety & 40% of them were positive for anxiety on Hamilton Anxiety Scale. The Anxiety was treated with

Alprazolam and the treatment for physical illness was instituted. The adverse effects of Alprazolam is noted. Details will be presented.

20-3

Treatment of Late Luteal Phase Dysphoric Disorder (A Trial of Fluxetine Vs Alprozolam)

Vinay Kumar, Singh B K

Patna

Selective Serotonin Reuptake Inhibitors and Alprazolam have been tried successfully for treating cases of Late Luteal Phase Dysphoric Disorder (LLPD). Present study compares the efficacy of Fluxetine and Alprazolam in 30 cases, who met the DSM III-R criteria for LLPDD. These 30 cases were divided in demographically matched two groups. Group A cases were treated with Fluxetine 20 mg O.D. and group B with Alprazolam 0.25 mg three times a day for 3 menstrual cycles. Cases were assessed according to a prefixed scoring pattern. 10 out of 13 i.e. 76.92% (2 dropouts) cases of group A reported good or very good responses as compared to 5 out of 12 i.e. 41.66% (3 dropouts) cases of group B at the end of study. From group A one case i.e. 7.67% reported partial response and 2 cases i.e. 15.38% no response. From group B 6 cases i.e. 50% reported partial response and one case i.e. 8.33% no response.

20-4

Post Hysterectomy Anxiety & Depression

Gupta I D, Preet Kamal, Sudhir, Adarsh Bhargava

Jaipur

A prospective study was planned to find out the effects of pre-operative anxiety & depression on post-operative behaviour of patients undergone hysterectomy & sterilisation. 200 consecutive patients were evaluated by administering Hindi version of Goldberg's General Health Questionnaire (Gautam et.al. 1987) and Irritability, Depression and anxiety

scale (Snaith et.al. 1978) alongwith the especially designed proforma which included the details of sociodemographic variables, menstrual history & obstetric history. A significant increase in the GHQ & Depression was observed in the patients who have undergone hysterectomy while there was a minor increase in the GHQ & depression scores of patients with sterilisation. But there was no change in the anxiety scores in the patients of both the groups. In comparison to patients who had sterilization there was a significant increase in the depression scores of patients undergone hysterectomy. Results are discussed in the light of previous studies.

20-5

Relationship between awareness of illness and psychiatric morbidity in cancer patients

Gandi Babu R, Alexander P J, Ram Kumar S, Vidyasagar M S

Manipal

Clinical experience and research evidences suggest that many cancer patients, are neither aware nor informed about their diagnosis and prognosis, especially in developing countries like India, we studied perspectively 63 patients consecutively admitted to a general oncology unit, attached to a teaching general hospital. A detailed psychiatric interview was done and ICD-10 diagnostic criteria for research (DCR) diagnosis was made. All these patients were assessed independently by another investigator for awareness of the diagnosis of cancer, prognosis, their expectation of the outcome of the treatment, knowledge about cancer in general, and their satisfaction to the discussion with the treating oncologists about their illness. Forty six percent of patients had psychiatric illness. Forty six percent were aware of their diagnosis, 27% were unaware and we could not reliably determine in 27% whether they were aware or not. Twenty five percent were aware of the prognosis, 38% were unaware and 37% were noncomittal. Fifty two percent expressed that they will be cured by the treatment, 27% feel that it is palliative, and 19% were noncomittal. Only thirty eight percent were satisfied with discussion with the treating doctor. However no significant difference in the awareness of diagnosis, prognosis, knowledge about cancer, expectation of outcome of the treatment, and the satisfaction

with doctors discussion, between the patients with and without psychiatric diagnosis. The prevalence and nature of psychiatric morbidity in our study is similar to the prevalence reported in literature. Our study reveals the difficulty in assessing reliably the awareness of the illness and prognosis in cancer patients. The defence mechanism of denial may be operating in many patients. Unlike the earlier studies we did not find any significant difference in awareness and expectation of outcome depending upon psychiatric morbidity. There is need for further studies in this important area.

20-6

Are Mentally ill more sick than physically ill

Pradhan S C, Kar P, Dey N, Bhagat R N, Jagawat T

Ranchi

The illness Behaviour is the way of perceiving, evaluating and reacting to the factors responsible for the illness which may in itself be pathological. The assessment has been done using Illness Behaviour Assessment Schedule (IBAS, Pilowsky 1983) in a group of 30 Psychiatric patients and 30 medically ill patients. The study was conducted in the Central Institute of Psychiatry, Ranchi, and one of the Central Coalfields hospital in South Bihar. Results: Considerable differences were found between the Psychiatric and non-psychiatric groups in their perceptions of illness and response to it. More physically ill patients than Psychiatric patients had received explanations regarding their illnesses. Most mentally ill patients were convinced of the presence of a psychological factor whereas the medically ill patients thought a physical factor to be causative. The implication of these findings has been discussed in this paper.

20-7

Headache Clinic in a Mental Hospital : An Experiment

Sayeed Akhtar, Chopra V K, Simlai J

Ranchi

The pervasive stigma of high walls of the mental hospital has kept the patients of minor psychiatric ailments and primary headache away. The aim of organizing a headache clinic in

a mental hospital was 1. treatment 2. focus on education and training, and most importantly 3. removal of stigma of mental hospitals. The composition of team, which differs from center to center, consisted of a Psychiatrist, a Senior Resident (Neurology), a Medical Officer and a Clinical Psychologist. The organic cases were referred to relevant specialities. Preliminary analysis of the result revealed that the cases of primary headache consisted of tension headache followed by common migraine. The cases of classical migraine and cluster headache were rare. Most importantly a large number of cases who registered themselves in the headache clinic had a primary psychiatric diagnosis. The authors propose to discuss the implication of these findings with an emphasis on need to have a headache clinic in each mental hospital in order to remove stigma attached to mental hospitals and to make the services more attractive.

20-8

Consultation - Liaison Psychiatry - a teaching hospital experience in Calcutta

Gautam Saha, Roy S, Kar P

West Bengal

We have analysed one hundred consecutive cases referred to the Psychiatry Unit of a teaching hospital from its different departments. The aim of the study was - to classify the cases according to the source of referral, cause of referral, demographic variables, and diagnosis.

Of the hundred cases 61 were referred from the department of Medicine, 10 from Surgery, 8 from Cardiology, 5 from Gynae. & Obst. and the remaining 16 from the other departments. About half of the cases (47%) were aged 26 to 45 yrs. One quarter (25%) of them were aged 46 years or more. Delirium, Depressive episode, Schizophrenia and Conversion disorder accounted for 60% of cases. No psychiatric diagnosis could be established in 10% of cases. No significant difference was observed in the referred cases. Majority of depressives are aged 36 yrs. Half of the delirium cases below 36 yrs. 65% of the schizophrenics are aged between 25 yrs. and 40 yrs. No physical illness was significantly associated with particular psychiatric illness.

DRUG ABUSE

21-1

A study of opioid induced psychotic disorders during withdrawal - hallucination

Sharma K P, Seema

Patna

This study was conducted at DISHA Drug De-addiction Centre, Patna, Bihar to study the prevalence & nature of hallucinations during opioid withdrawal. Only patients with no history of previous psychiatric illness were excluded from study. This study will be helpful to all dealing with de-addiction programme.

21-2

Opiate Dependence and Endorphins

Haridas R M

Bombay

Aims & Objectives : Several endorphins have been identified in the physiological state as well as in such mental illnesses as schizophrenia. This study aims to correlate and understand clinical profiles of opiate dependents and the possible role of endorphins and review management strategies. **Material & Methods :** 50 cases of opiate dependence attending the Dept. of Psychiatry were clinically assessed to establish the genesis of dependence individually, to study the pattern and associated psychological problems. **Observations :** On the above basis they appeared to fall into three distinct categories as follows:- (1) Primary Opiate Dependence (48%) Pts. were middle aged (mean age 47.7) opium eaters, long standing dependants (21.25 yrs) with a stable pattern and fixed dose. They showed no significant psychological or physical deterioration and continued to function as responsible members of society. Constitutional and cultural factors were dominant.

It is hypothesised that on initiation with exogenous opiate, the production of endogenous opiate was suppressed and resulted in withdrawal. Exogenous opiates were thus used to "top up". 2) Mental illness causing Opiate dependence (36%). These pts. were obviously psychotic and became dependant through psychotic experimentation. Dependence was thus a symptom of psychosis. Possibly exogenous opiates can suppress production of existing abnormal endorphins with initial relief, rapid tolerance and gradual deterioration. 3) Opiate dependence causing Mental illness (16%). In these personality changes developed as a result of opiate abuse. Perhaps induction of exogenous opiates disturbed the physiology to the extent that abnormal endorphins were produced causing symptoms of mental illness. Conclusions: Though these theories need validation on a large scale, they do question the stereotyped therapeutic model. The classification of patients into the above categories suggests different management strategies and may be of practical importance. The foll. are suggested: (1) Social acceptance, opium permits, methadone, gradual decrease. (2) Primary management of mental illness, scaled withdrawal methadone or B-endorphin. ECTs may help. (3) Nalorphin may be of use + symptomatic treatment.

21-3

Predictors of Adherence to Treatment in chemical Dependence

Kishore P, Agarwal S, Sharan P, Pandey R M

Treatment in chemical dependence is fraught with a very high rate (30%-50%) of drop outs. Factors associated with this have been focussed upon though no consensus in differentiation has been achieved. The study addresses the issue of differentiating factors. The subjects comprised of 268 cases of drug dependence admitted to the treatment centre in one year. Results indicate that about 68% of in patients do not complete a 28 day package consisting of detoxification and psychosocial management. Multivariate strategies using stepwise logistic regression yielded three parameters, viz, heroin as the primary drug of dependence, associated use/dependence of another substance excluding tobacco and presence of legal problems as differentiating the group of completers from drop outs. The limitations of the study and implications in treatment planning are highlighted.

21-4

Ethnographic observations of drug injecting in Manipur and Calcutta: implications for intervention

Chatterjee A, Zomi G T, Hangzo C Z

Several sessions of injecting Heroin, 'Spasmoproxyvon' in Manipur and Buprenorphine alone or in combinations with various injectable in Calcutta among the drug injectors were observed in natural settings. Observations and subsequent interviews show that knowledge and risk perception of HIV associated with sharing needles and syringes are quite high in Manipur and the users were mostly either using their own syringe and needle or cleaning with bleach. However, potentially dangerous practice of 'indirect sharing' of water container and water for rinsing blood stained syringe and needle and sharing the same water for drug mixing, cotton used as filter is common and knowledge of the risks involved in such practices is low. Injectors in Calcutta, though perceives the risks involved in sharing syringe and needles as 'disease from one may be transmitted to the other', AIDS did not figure in their knowledge or perceptions of risk. Sharing syringe and needle is quite common. Most sharing takes place to save maximum amount of money or optimum utilization of the drugs and not primarily because of any 'ritual' of injecting drugs. Certain cross cultural comparisons are made and implication for interventions will be discussed.

21-5

Psychosocial Factors Contributing to relapse in opiate Dependence

Rakesh Ghildiyal, Shubhangi Parkar, Anupam Iyer

Bombay

In the management of drug addiction, "relapse prevention" is a major issue. The main obstacle in the treatment of drug addiction is "relapse". As there are factor contributing to the onset of addictive behaviours there are specific contributing factors towards relapse. The focus of intervention is shifting to preventive strategies aiming at relapse prevention. In

this study we have attempted to highlight factors like craving, rejection and interpersonal stressors perceived by the patients as significant in a group of 100 patients of opiod dependence. The data is statistically analysed and the findings are discussed.

21-6

Substance Abuse Among Women a clinical profile

Shilpa Desai, Shubhangi Parkar, Anupama Iyer

Bombay

In terms of sociocultural context substance abuse in women is not a "visible" and acceptable phenomenon. It is also noticed that with increasing concept of empowerment of women in Western countries, the number of women drug abusers is also increasing. The pattern of drug abuse is different, depending upon the social profile of a woman e.g. sociodemographic, prevalence of single or multiple drug abuse, and treatment seeking behaviour. The profile of drug abuse in women from developed countries differs from those from developing countries. In this study, the clinical profile of 35 male and 35 female drug addicts is compared. The data is statistically analysed and the findings are discussed.

21-7

Pattern of Multiple Substance use in Heroin Dependent Individuals

Dhanesh K Gupta, Desai N G, Kishore C, Choudhary G

New Delhi

Hundred patients with current or past diagnosis of Opioid Dependence Syndrome (Heroin) on DSM-III R consequently screened from the out patient services of Drug Dependence Treatment Centre, Department of Psychiatry, AIIMS, New Delhi constituted the sample. These patients were evaluated for other substance use with a semistructured interview schedule eliciting life-time and current pattern of use, combination of substances used and type of their use. Sixty five of the total patients were found to be dependent on one

substance (excluding Nicotine) (50% Heroin, 13% injectable Buprenorphine, 2% opium) at the time of assessment. 27% were dependent on two substances (mostly opioid + Benzodiazepine) and 8% were dependent on more than two substances. Evidence for Nicotine dependence was found in 97% of the cases and Alcohol use in 50% cases. After excluding Nicotine and Alcohol use, 60% of the heroin dependent individuals were found to be currently using other substances also - Cannabis (32%), non-injectable opioids (22%), Benzodiazepines (20%), Antihistaminics (20%) & Alcohol (10%). The rate of current or past other substance use (except nicotine and alcohol) was found to be 82%. The substance use pattern in these patients was categorised as per the commonly described three types. The most frequent was sequential use (34%) followed by concurrent use (26%) and ancillary use (22%). The further analysis revealed that abuse of alcohol and cannabis in heroin dependents is unrelated to heroin use while abuse of marketed combinations of benzodiazepines and antihistaminics, in most cases was initiated as ancillary use, but turned out to be concurrent. Use of opioid compounds other than heroin was found to be ancillary in most of the heroin dependent cases. The findings of the study provide evidence for emerging patterns of multiple substance use in heroin dependence.

21-8

Reasons Behind Increasing Buprenorphine Abuse

Vinay Kumar, Singh B K

Patna

Buprenorphine Abuse is becoming increasingly popular among substance abusers. 100 cases of Buprenorphine abuse, who met DSM III-R criteria for opiate abuse were studied to find out the etiological factors. Following pattern of abuse emerged:

Group A: Heroin + Buprenorphine S.O.S. - 56%, Group B: Post-Heroin Buprenorphine - 32%, Group C: Only Buprenorphine - 22%. History of prior Cannabis abuse was present in 75% cases of Group A; 56.44% cases of Group B and 13.65% cases of Group C. Following were the prominent reasons behind preference to Buprenorphine: Easy availability, Low cost, Purity, History of Detoxification with Buprenorphine and Iatrogenicity.

21-9

Help-line Imphal - An outreach Programme to Hiv/Aids and Drugs*Gyaneshwar Sharma*

Imphal

Help line telephone service Imphal is run by a Voluntary Organisation SASO with objective of providing outreach services at the doorstep to HIV/AIDS and drug related problems. During May 1995 to September 1995, 35 families called for help. All 35 cases are attended and all are found to be a former or current Heroin intravenous user. 11 requested help for heroin addiction treatment, out of which 5 are escorted to rehabilitation centre, 3 referred to rehabilitation centre, 1 referred to hospital, 2 motivated only. 3 called for help where only counselling for HIV/AIDS is required. Remaining 21 called for help in the treatment of Physical illness. Pulmonary tuberculosis is the commonest associated physical illness followed by fever, weight loss and diarrhoea. Out of 35 cases, 9 are HIV seropositive, 26 are unknown status. 2 meet the criteria of diagnosis of AIDS and 8 are suspected to be AIDS and 5 are dead. Help-line Imphal is perhaps the only one of its kind in the North-East India providing need based community service to HIV/AIDS and Drug related problem. Data of this short period, symptoms of associated illness, Psychosocial problem and nature of help provided is being analysed and discussed.

21-10

Psychiatric Morbidity in Cannabism*Jaideep Sarkar, Pratima Murthy, Kaliaperumal V G, Channabasavanna S M*

Bangalore

Although cannabis use may not be viewed as a serious health problem, "cannabism" is associated with significant psychiatric morbidity. This study reviews cannabis abusers seen at a psychiatric facility in the last 10 years. Case records of 244 cannabis abusers were reviewed using DCR/ICD 10 criteria. 164 (67.2%) of this population had a psychiatric disorder other than harmful use and dependence. Most of the patients (87.5%) developed

the psychiatric disorder subsequent to drug use. 64% of the patients had not used any other drugs. Behavioural problems were the commonest reasons for referral (56%). While 58(35%) received a diagnosis of cannabis psychosis, 52(31.7%) a diagnosis of schizophrenia, delusional disorder or unspecified psychosis. 33(20%) received a diagnosis of affective psychosis, and 21(12.8%) a diagnosis non-psychotic psychiatric syndromes. Details of sociodemographic background treatment, follow up and outcome are presented. The changing patterns of referrals of cannabis users and the relationship between cannabis and psychiatric illness are discussed.

BIOLOGY OF ALCOHOLISM

22-1

Factors Associated with Hepatic Dysfunction in Alcholics

*Leela S, Balaji W, Benegal V, Chatterjee S, Jain S,**Chandrashekar C R*

Bangalore

Alcoholic fatty liver and other forms of hepatic dysfunction invariably accompany the syndrome of alcohol dependence. However there is not often a straight linear relationship with the amount of alcohol used. Family loading, age at onset of dependence and the type of alcoholism have variously been implicated as factors affecting differential tissue damage due to alcohol. The current study is an attempt to examine the relationship of 1) Family history of alcohol dependence, 2) age at onset of dependence, 3) duration of dependent months, 5) type of beverage, 6) comorbid diagnoses and particular indices of liver damage (SGOT, SGPT and gamma glutamyl transpeptidase) in a sample of 100 patients admitted for deaddiction to the inpatient facilities of the National Institute of Mental Health and Neuro Sciences.

22-2

Neuropsychological Deficits in Patients with Alcohol Dependence Syndrome

*Shenoy J, Benegal V, Matam P, Chatterjee S, Jain S, Pasricha S,**Chandrashekar C R*

Bangalore

There have been some reports from Western literature, of neuropsychological deficits in the absence of clinically evident brain damage in alcoholics. Some preliminary evidence indicating association between type of alcoholism and nature of deficit have recently been noticed. In the absence of comparable Indian data, the present study was planned to

examine the neuropsychological status of patients with alcohol dependence. 50 patients with a diagnosis of alcohol dependence (ICD 10) without other comorbid diagnoses, screened for the absence of clinically evident central nervous system deficits were assessed on the Neuropsychological Test Battery. More than 70% of the sample were found to have significant Right Temporal Lobe deficits and a lesser proportion Frontal lobe deficits. Associations between these deficits and the type of alcoholism were observed which have significant implications for planned interventions in alcoholism.

22-3

A study of Working Memory in Alcoholics

Sharma S, Mukundan C R, Rao S L

Bangalore

Working memory is defined as online memory which interacts with ongoing processing of information. Individual holds on to relevant information as long as required and is made available for processing as and when required. It has been suggested that the frontal lobes are closely associated with working memory. A delayed response test as a test for working memory and tests of visual and verbal learning and memory functions were used on three groups of subjects: alcohol dependent patients, frontal lesion patients and normal controls. The performance of the three groups were statistically compared to determine the involvement of working memory in alcoholism as well as its relationship with learning and delayed recall, which are presented in the paper.

22-4

Electrocardiographic abnormalities in alcohol dependence syndrome

Chaudhury S, Bhardwaj P

Meerut

This study comprised 80 consecutive male patients with alcohol dependence admitted to a service hospital over a period of two years and an equal number of age and sex matched controls. The age ranged from 24-54 years. ECG alterations due to other conditions were

excluded. ECGs were recorded within 6 hours of admission and repeated after five weeks of enforced abstinence. During initial evaluation ECG abnormalities were noted in 59 patients and 8 control subjects (Difference statistically significant). Commonest ECG abnormalities were QTc prolongation (n=18), sinus tachycardia (n=11) sinus bradycardia (n=9), intraventricular conduction defects (n=8) and Tall T waves (n=8). After five weeks of abstinence there was a statistically significant reduction in ECG abnormalities.

22-5

Heart rate variability in alcoholics

Jayaprakash M S, Ramakrishnan A G, Asha H M, Gangadhar B N, Janakiramaiah N
Bangalore

Alcohol dependence leads to deleterious effects on nervous system including Autonomic Neuropathy. The latter indirectly results in Cardiac Dysfunction. Newer techniques using computers allow assessment of this dysfunction by noninvasive method - Heart Rate Variability (HRV). Twenty male patients (mean age = 38.8 years, SD = 7.2) with a diagnosis of alcohol dependence and twenty age - sex matched normal controls (mean age = 37.7 years, SD = 8.2) participated in this study following consent. ECG was recorded in supine position from chest leads using a commercial monitor after acclimatizing the subject in a sound attenuated quiet room for 15 minutes. Four minutes artifact free ECG was digitized at the rate of 500 Hz using a 12 bit ADC and was acquired into a computer. ECG was later analysed without knowledge of clinical details using a specially developed software. The mean, Sd, Coefficient of variation in R-R intervals (CVr-r) in patients (2.9, 1.2) was significantly smaller than that observed in controls (4.4, 1.7) suggesting cardiac autonomic dysfunction in alcoholic patients.

22-6

Event-Related Potential study in alcoholism*George M R M, Mukundan C R*

Bangalore

The study aimed at examining the nature of visual ERP components in a group of alcohol dependent individuals. The sample consisted of 10 alcohol dependent individuals and 10 normal controls. The tests consisted of (1) verbal recognition test in which the subject had to identify a meaningful English words and respond with a key press, (2) a visual search test wherein the subject had to identify a target stimulus from an array of stimuli presented on a monitor. If the target was present in the array, the subject had to respond to it by a key press. A 19 channel recording was conducted using the 10-20 electrode placement system. The ERP analysis was done on a Biologic Topographic Brain Mapping system. The mean latencies and amplitudes of the significant wave forms were compared between the two groups. The significant findings are discussed in the paper.

22-7

Visual P300 response in alcoholics*Dwivedi P, Mukundan C R, Rohrbaugh J W, Gangadhar B N, Janaki Ramaiah N J, Subbakrishna D K*

Bangalore

The study was undertaken to assess visual information processing among alcohol-dependent individuals using Event-Related Potential (ERP) methodology. Two groups of alcoholics (differing in the presence of family history) and a group of normal controls performed two tasks: while the first was a simple oddball task requiring detection of an infrequently-appearing, vertically oriented rectangle, the second task involved detection of a repeating stimulus in a continuous sequence of non-verbalizable shapes presented on a monitor. EEG was recorded and analyzed using a 32-channel system. Results concerning topographical and amplitude differences among the groups and across task-levels, and

implications thereof, will be discussed in the presentation. (The project supported by U.S.-India Fund N-424-645).

22-8

Contingent negative variation in alcoholics

Mukundan C R, Rohrbaugh J W, Gangadhar B N, Janakiramaiah N J, Dwivedi P, Rangaswamy M, Subbakrishna D K

Bangalore

CNV is a slow negative DC shift associated with anticipation and vigilance. Twenty alcohol dependent patients with family history of alcoholism and 20 patients without such family history were compared with 20 normal control subjects on CNV. The task consisted of an auditory warning signal followed by either of two visual stimuli of which the subject was to respond to one. Thirty channels of bioelectric activity was recorded using scalp electrodes. The amplitudes of an early and a late CNV components between the two stimuli were computed whenever present. The third response seen was a positivity whenever the subject responded to one of the visual stimuli. Results and their implications are discussed in the paper.

(The project supported by U.S.-India Fund N-424-645.)

22-9

Mismatch Negativity in Alcoholics

Rangaswamy M, Mukundan C R, Rohrbaugh J W, Gangadhar B N, Janakiramaiah N J, Subbakrishna D K

Bangalore

Mismatch Negativity (MMN) is an event related potential (ERP) elicited by infrequent, nonattended, physically deviant stimuli in a series of frequent standard, nonattended stimuli. The component reflects a preattentive deviance detecting process which is automatic. The present study evaluates automatic processing in two groups of 20

alcoholics, with and without family history and 20 normal subjects using an ERP paradigm. ERPs were recorded using a 32 channel system. The potentials were recorded for the ignored auditory oddball paradigm while the subject attended to a visual task. The MMN component is obtained from the difference waveform. The latencies and amplitudes of this component was compared. The findings and their implications will be discussed. (The project supported by US-India Fund N-424-645).

MISCELLANEOUS I

23-1

A study of hypochondriacal symptoms in psychiatric disorders

Sudhir Kumar C T, Rajesh Mohan, Chandrasekaran R

Pondicherry

One hundred consecutive patients who underwent a detailed evaluation at the outpatient Psychiatry unit in a General Hospital were included in the study. The screening instrument, Whiteley Index was administered to detect the presence of Hypochondriacal symptoms in these patients by a rater who was blind to the diagnosis. The prevalence and the extent to which these symptoms occurred in association with other psychiatric illnesses will be discussed.

23-2

Neuropsychological Rehabilitation in schizophrenia - A case study

Shobini L Rao, Sydipta Mukherjee, Prabha Chandra, Jamuna N, Mukundan C R

Bangalore

Neuropsychological rehabilitation improves brain functioning by treating cognitive, emotional and behavioural deficits. The functional impairment in schizophrenia was targeted through this approach. Mr.X a 25 year old male, educated upto 4th yr. M.B.B.S., with chronic schizophrenia had deficits in cognitive, emotional, social and occupational functioning. Despite neuroleptic medication he had active symptoms, was amotivated, withdrawn with poor eye contact, disinterested in studies, work, family and social activities. Neuropsychological assessment found deficits in visual memory and information processing. He underwent neuropsychological rehabilitation for 6 months as an inpatient.

Neuroleptic medication was continued. Information processing, memory organization, emotional encoding and emotional expression were trained. The trained functions improved. Improvement generalized to social and occupational functioning. The psychotic symptoms remitted. Improvement maintained at 3 month follow up.

23-3

Psychiatric Morbidity in an after care home for women

Srinivasa Reddy P, Sanjiv Jain

Bangalore

Women with chronic Psychiatric problems are known to be more likely to be institutionalised. In the absence of any long term care services several non-psychiatric institutions have been used for this purpose. e.g. Jails, Remand Homes etc. We studied the resident population of one such home in Bangalore. All inmates were personally evaluated and a clinical diagnosis arrived at as per ICD - 10. A significant percentage (39%) had neuro psychiatric morbidity with psychosis constituting 72% of these. The mean duration of illness for psychosis was 113 months and mean duration of treatment was 50 months. Provision of long term care by non-psychiatric institutions exposes the lacunae in psychiatric services. Long stay facilities thus need to be significantly expanded.

23-4

A study on working schizophrenic in patients of a mental Hospital

Malaiappan M, Chandraleka, Murugappa M, Vivekanandan S,

Bashyam V S P

Madras

52 Schizophrenic inpatients working in the occupational therapy unit and the Industrial Therapy unit of Institute of mental Health, Madras-10, were assessed for their work performance. The relationship of the work performance with the present positive

symptoms, negative symptoms, cognitive deficits and record variables were studied. The role of incentives on work performance was analysed.

23-5

Burden Assessment Scedule (BASS)*Thara R, Padmavati R, Shubha Kumar Ms*

Madras

Care of the chronic mentally ill involves a lot of subjective distress and burden which take a heavy toll of families. It was therefore decided to develop an instrument to assess this aspect of burden based on ethnographic methods. Unstructured and semistructured interviews, and focus group discussions followed by qualitative validation resulted in the "Burden Assessment Schedule of SCARE - SEARO (BASS)". Factor analysis yielded 10 factors. Using the BASS, it was found that burden of families of Schizophrenia patients was associated more with patients' disability than with psychopathology.

23-6

Sanjivani experience : Issues in Psychiatry Rehabilitation in a rural area*Radhakrishnan V K, Antony Mannarkalam, Joan C, Channabasavanna S M*

Bangalore

The importance of psychiatry rehabilitation is gaining momentum in the recent past. Professionals start showing more interest in setting up day care centres, half way homes, and rehabilitation centres. But setting up a rehabilitation centre is a challenging task. This study presents the problems faced during the initial phases of setting up a rehabilitation centre in a rural area in Kerala, a Sanjivani experience.

23-7

A study of Neuropsychological features in different clinical groups*Savita Jagawat, Jagawat T, Shukla T R*

Delhi

The study was carried out to find out Neuropsychological features of different clinical groups as revealed by new inkblot technique which is developed at CIP, Ranchi. Total 100 chronic schizophrenic cases, 100 organic cases and 100 normal controls were taken for the sample of the study. ICD-9 criteria were used to diagnose the psychiatric cases. 10 new inkblot cards, B.G.T. cards and MFDT cards were used. Out of total 18 variables of new inkblots, total 9 variables were found to be significantly differentiating between chronic schizophrenics and organic cases, these were - Total number of responses, initial reaction time, rejection, form definiteness, goodness of form, color, movement, pathological finding and anatomy. The implication of these findings are discussed in the paper.

23-8

A comparative study of General Well-being and Psychological distress of the institutionalised and non-institutionalised elders*Sr. Anice, Nagesh Pai, Mary Verghese*

Mangalore

Fifty institutionalised elderly subjects were compared with fifty non-institutionalised elderly on PGI General well-being scale and GHQ. The General Well-being of those aged living with their family is comparatively higher than that of institutionalised elderly. However on their level of Psychological distress, the two groups are comparable. Implications of the results will be discussed.

23-9

Psychiatric Morbidity in Geriatric Population*Sharma K P, Singh B K, Singh I D*

Patna

The present study was conducted at Boring Canal Road, Patna, a urban population to investigate the prevalence of psychiatric morbidity in population aged sixty yrs & above. Patients were analysed in relation to Age, sex, Religion, family type, education socio-economic status and physical illness. This study will show more light into the present urban geriatric psychiatric morbidity pattern so that we can plan our national programmes to suit those who are in need.

23-10

Profile of Geriatric patients attending general hospital psychiatry unit*Chaukimath S P, Bhairwadgi S S*

Bijapur

People in geriatric age group make significant bulk of our population. Psychiatric facilities available for this group is woefully less in this country. A retrospective analysis of 212 geriatric patients who attended Psychiatry unit of a general hospital in the last 3 years. is undertaken. The demographic profiles, major diagnoses, and support system available are checked. The results are being analysed.

MISCELLANEOUS II

24-1

Does Mental Health Nursing course brings out a attitudinal change in the students towards mental illness?

Anoop, Nagesh Pai, Mary Verghese

Mangalore

The attitude towards Mental illness of fifth semester B.Sc Nursing students who have completed Mental Health Nursing course was compared with those who have not undergone the same training using orientation towards mental illness (OMI) scale. It was revealed that the group who have not undergone the Mental Health Nursing course did not differ significantly from the other group who have not undergone the said course in the matter of their attitude towards mental illness on the five domains of their attitude as given in the OMI scale. Results of the study will be discussed.

24-2

Senior Medical Students' attitudes towards psychiatry

*Kamlesh Patel, Praveen T, Sandeep Shah M D, Shabari Dutta,**Vankar G K*

Baroda

Ninety eight (56 males and 43 females) senior medical students responded anonymously to the 'Attitudes Towards Psychiatry Questionnaire' (Nielson and Eaton 1981).

Majority had positive attitudes towards psychiatry. 18% students considered psychiatry unscientific and imprecise. 1/3rd considered psychiatry as having a low status among medical specialities, while 31% believed that psychiatrists made less money. Half of the respondents considered psychiatric referrals for medical and surgical patients as not useful. Attitudes were similar on most items in both sexes and at all levels of academic performance. The relevance of these findings are discussed.

24-3

Knowledge about psychiatric disorders among undergraduate medical students*Kamlesh Patel, Sandeep Shah, Gautam Amin, Ismail Pala, Vankar G K*

Baroda

Knowledge about psychiatric disorders among 106 undergraduate medical students was assessed through objective test as a part of term ending written examination. The test consisted of questions on various psychiatric disorders as well as questions on four case vignettes. All students had lectures on psychiatry and a two week clinical posting in psychiatry department. For the test of 100 marks, range of score was 33.5 to 80.0 with mean score being 54.5. Performance on case vignettes was better. Deficits in knowledge observed were in areas of psychiatric disorders due to a general medical condition, substance use disorders and child psychiatry including mental retardation. The implications for undergraduate psychiatric education are discussed.

24-4

Knowledge, attitudes and practices of post graduate doctors regarding diagnosis and treatment of alcohol use disorders.*Shabari Dutta, Gautam Amin, Vankar G K*

Baroda

Knowledge, attitudes and practices of post graduate doctors in training at S S G Hospital, Baroda regarding diagnosis and treatment of Alcohol Use Disorders (AUD) were surveyed using a questionnaire modified from Geller et al (1989). We report the analysis of 224 responses. Knowledge level was generally low, particularly in areas of physiology and biochemistry. Respondents from psychiatry had highest mean knowledge, those from anatomy had the lowest.

Most postgraduates have positive attitudes regarding character weakness, prognosis and treatability. However majority did not consider alcohol dependence as a disease.

Not more than 55% of postgraduates had high confidence for any of the clinical activities for AUD-screening, patient and family counselling and referral. 50% had high confidence in screening and referral, 60% had the same in treatment and diagnosis. Referral rates were low. High confidence and assumption of major responsibility for screening were strongly associated with higher reported screening. Higher level of training or belonging to a clinical or non clinical speciality were not associated with higher knowledge levels, positive attitudes, high confidence or acceptance of major role responsibility. Thus implications of post graduate education in A U D are discussed.

24-5

Hazards of the shift work

Kar N, Dutta S, Kar G C, Das I

Bhubaneswar

There is a growing concern over the accidents in night shift work. The injuries of 66 workers in different shifts, their relation to nature of work and the age of worker were studied in a large engineering company where the accident risk appeared to be constant over the three shifts. There was a slight increase of frequency of injuries during night (38.7%) with preponderance of severe injuries occurred with on track jobs with comparatively more severity in night, than those from off track jobs. Younger people were more vulnerable to accidents during night.

24-6

Election - A Stressful life event

Shiv Gautam, Agarwal R, Sharma H

Jaipur

54 patients who reported developing psychiatric illness following local bodies (Panchayat) elections in Rajasthan state, presenting at Psychiatric Centre, Jaipur, were studied to find out whether election is a stressful life event, relationship of socio demographic characteristics, role of process of election, and nature of psychiatric illness as related to

election stress. This study group was compared to general psychiatric patients randomly selected from the same hospital, with or without other stressful life events (n=60). It was found that election stress is significantly more among male sex (94.5%), between 21-40 years (65%). This being a panchayat election there was significantly higher number of rural persons (100%) and farmers (55%) by occupation. Significantly higher number of persons presented with Acute and Transient Psychotic Disorder (52%) in the election stress group, while Schizophrenia and Affective Disorder was more common in the control group (82%). Ways of coping the stress and relationship of predisposition to mental illness has also been studied in both groups and findings have been discussed and implications have been highlighted.

24-7

Issues in the care of female psychiatric patients

Sathyanarayana V, Prabha, Chandra S

Bangalore

There is paucity of data examining gender specific issues in psychiatric illness Aims: (1) To examine genderspecific psychosocial, marital & reproductive factors associated with female psychiatric patients (2) To study relationship of these factors to diagnostic groups & sociodemographic factors. Methods: Case files of female inpatients (n=144) in a unit during 1 year (1994-95) were traced & analysed. Results: 58% were aged < 30 years. 55% married & 27% single. 23% had reproductive problems, 50% marital issues, 26% psychological problems in relation to psychiatric illnesses. 12% had onset in relation to child birth, 9% had child birth before 18 years of age (28% got married before age 18 years). Of the psychological issues 13% were self esteem problems, 13% unfulfilled ambitions. The relationship between different diagnostic categories & gender specific issues will be presented & the implications of the study on the understanding & management of different psychiatric illness will be discussed.

24-8

Assessment of Dangerousness

Utpal Goswami

New Delhi

Direct links with particular diagnoses and mental states in relation to harm to self and others is controversial. The emphasis varies from 'madness' to 'badness'. Inter-individual variations exist with reference to "dangerousness" which is predictive construct. Inferring dangerousness based on specific diagnostic/mental state is difficult. Violence can be assessed after its occurrence, but dangerousness is the probability of a given (future) violent act (and harm) occurring. Assessment of dangerousness is individually tailored. The best predictors of future violence are the person's past behaviour, psychological understanding, correlation of past mental state with past violence and linkage with functional or organic diagnoses and psychopathology. Personality factors & criminological data are helpful. It is necessary to identify potential victims and risk factors for therapists. Management required recognition of the roles of treatment setting, management strategies and legal context.

24-9

Milking a Miracle

Pradhan P V, Alka S Ahuja, Madhuri Gangolia, Vandana Mahajan

Bombay

The recent milk miracle on 21st September 1995, in which hundreds of thousands of people queued up to feed "milk drinking" idols of Lord Ganesha and Shiva, raised a number of intriguing questions like

- 1) What did the people think of the Milk Miracle?,
- 2) Why did so many otherwise normal individuals participate in a mass outburst of emotional and excited behaviour?

3) Did it represent the triumph of anti-science over science? and

4) How did it influence the life of a common man?

In an attempt to answer these questions a study was carried out in the outpatient department of a general municipal hospital. 100 people i.e. 50 patients with a psychiatric illness and 50 people as a control group were interviewed using a specially prepared proforma. The results of this study are almost 60% of the patients believed in the miracle. However, the neurotics and depressed patients' belief was more than that of the psychotic patients. Females as compared to males had stronger views regarding this event. Findings of this group were compared with the control group.

MISCELLANEOUS III

25-1

Do Astrological Forecasts Predict Behaviour and Experiences?

Chitra Andrade A, Chittaranjan Andrade, Lakshmi R, Reshma M

Bangalore

In a study of the validity of astrological forecasts, 34 female college students were asked whether their behaviour and experiences in the past week represented a hit or a miss for each of 15 statements. Five of these 15 were statement valid for each student's sun sign for the period under assessment, taken from the published weekly forecast of a popular astrologer. Five more were statements valid for a sun sign that was different from that of the student being investigated. The remaining 5 were dummy statements, prepared with no reference to astrology, and matched for content and character with the astrology statements. The 15 predictions were presented in random sequence with the rater and subjects blind to their source. The results showed that the predictions from the correct sun sign, from the wrong sun sign and from the dummy set were (on average) 43%, 44.2% and 48.8% correct respectively ($p > 0.50$). It is concluded that astrological forecasts do not predict behaviour and experiences with greater accuracy than random predictions or cultivated guesses.

25-2

Pathological Gambling-A Study

Hemant Naidu, Thacore A S

Lucknow

564 urban individuals were screened on a 15 item questionnaire derived from DSM-III-R criteria for pathological gambling. Subjects meeting the criteria (46) were then assessed on the NIMH Diagnostic Interview Schedule (DIS-III-R) leading to a diagnosis of pathological gambling in 21 (3.72%) individuals. These subjects were subsequently assessed in detail on

SCID & SCID-II (Structured Clinical Interview for DSM-III-R) for associated Axis I & II disorders, 11 (52.8%) subjects had an additional psychiatric diagnosis (6 on Axis I & 5 on Axis II). Associated findings regarding the nature of gambling & demographic variables are discussed.

25-3

Hindi Adaptation of Eating Attitude Test-Preliminary Endings

Pratap Sharan, Ritu Nehra, Manju Mohanty, Dwaraka Pershad

Chandigarh

Eating attitude Test-26 (Garner et.al.1982) was translated into Hindi, with the aim to adapt it for use in the Indian population. Five mental health professionals translated the test independently. The simplest and direct expressions, conveying the meaning of the original were compiled in the first draft. This was scrutinized by a team of three experts. They suggested modifications in the translation of four items (1,4,5,22)and a switch from Lickert type scoring to a forced choice format. The second draft incorporating these suggestions was made. The English and the Hindi versions were administered to thirty young ladies (age range 15-30 years) in a cross-over design. Twenty-eight completed responses were obtained. Endorsement rate for items ranged from 0 to 16 (57%) on either version. The mean endorsement rate per item was 6.54 (23.6%) in English and 6.46 (23.1%) in Hindi. A significant difference in endorsement was observed only for one item (number 20) ($\chi^2=4.67$, $df=1$, $p=0.05$). Eleven items were endorsed more often in English and nine in Hindi. There was no difference in endorsement rate for the scale ($t=0.06$ NS). Agreement on each item ranged from 57.1% to 100% average being 86.54% correlations were good for most of the items. Non significant correlations were obtained only for items 4, 5 and 20. Product moment correlation for the whole scale was 0.75 ($p=0.01$).

25-4

Eating Disorders in India*Srinivasan T N, Suresh T R, Vasantha Jayaram, Peter M Fernandez*

Madras

Eating Disorders often do not manifest in severe forms like Anorexia nervosa and Bulimia in non-western cultures like India, Where they are milder in nature with fewer symptoms. In the absence of major disorders, standard questionnaires for detecting them like Eating Attitudes Test are not appropriate for use in populations with very low or nil prevalence of major disorders, but where minor forms of eating disorders occur. One such milder disorder, Eating Distress Syndrome described by the authors in an earlier study, is replicated here and its associated variables are studied. The paper discusses the factors influencing the presentation of eating disorders in a milder form rather than as Anorexia nervosa or Bulimia in India.

25-5

Anorexia Nervosa : A retrospective Study*Prashanth Mayur, Raghuram R*

Bangalore

Anorexia nervosa has been rarely reported from India and there has been no reports of its prevalence in institutional settings. On this background, the present study was undertaken to examine the occurrence of this disorder in a large mental hospital. A retrospective file review of both the inpatients and outpatients seen at the National Institute of mental health and neurosciences was undertaken for the period 1982-1994. The prevalence of anorexia nervosa during this 14 year period was .013%. 6 cases met the Diagnostic criteria for research 10 (DCR 10) for anorexia nervosa, 5 of which were typical and 1 case was atypical (without amenorrhoea). As anticipated there was a striking preponderance of female cases with the average age of onset of the illness among the females being later than that of the male case. The average duration of the illness prior to the consultation was 12 months. Majority of the cases had a co-morbid depressive disorder. In most of the cases,

improvement was not significant at discharge. The impact of this preliminary study and the future course of research in this area would be discussed in the text.

25-6

Simple Schizophrenia: A fossil or a chameleon?

Tushar Jagawat, Dash D K, Pradhan S C

Delhi

Due to contributions of Diem, Bleuler and Kraepelin, simple schizophrenia was accepted as a psychiatric entity in various psychiatric nosology. The traditional diagnosis has a long and chequered history. In time the concept become unclear, was used infrequently and exhibited poor reliability and doubtful descriptive validity, so it has taken as some of the attributes of both a fossil and chameleon. Of the two main classification system used in psychiatry, the ICD and DSM, the former (ICD-10) continues to retain it but it was not included under schizophrenia in DSM-IV and renamed it as simple deteriorating disorder under rubric of other psychotic disorders. To find out the current status of this controversial diagnosis, the study included only those new cases who had attended Psychiatric OPD and received ICD-10 diagnosis of schizophrenia during the 6 months period. Not even a single patient was diagnosed as a case of simple schizophrenia. The implication of these findings are discussed in the paper.

25-7

Life Events and Psychopathology in first Episode Depression, Mania and Schizophrenia

Joseph P. Anto, Sharma L N

Bombay

Aim : 1) To compare the quantity and quality of life events in First episode Depression, Mania and Schizophrenia within 1 year, 6 months, 3 months and 1 month prior to the onset of illness. 2) To explore the relation between severity of events and severity of

psychopathology.

Methodology : Consecutive patients attending outpatient department of Central Institute of Psychiatry, Ranchi over a period of 6 months (1st November 1994 to 30th April 1995) were screened. All patients with a diagnosis of 1st episode depression, mania and schizophrenia based on ICD-10 criteria were included in the study. Instruments used include specially designed clinical proforma, Gurmeet Singh's Presumptive stressful life events scale, Blackburn's Modified mania rating scale, Hamilton Depression rating scale and Positive and negative syndrome scale. A comparison of frequency of life events, stress scores and type of life events across 3 diagnosis was done by using parametric and non parametric tests. Correlation coefficient was used to examine the correlation between life events and severity of psychopathology. **Results :** A total of 90 patients diagnosed as depression, mania and schizophrenia (First episode) between ages of 18-45 years attended OPD during the study period. A great majority of patients (93%) had an average of 3 life events 1 year prior to the onset of illness. There was a marked increase in frequency and stress scores in all diagnostic groups of patients during 3 months prior to the onset of illness. Manics scored over depressive and schizophrenics with regard to the frequency and stress scores 1 month prior to the illness ($p < .001$). 93% of total sample had minimum of 2 undesirable life events over a period of 1 year prior to the illness. The quality of life events reported by depressives, manics and schizophrenics was different. A positive correlation has been found between life events and severity of psychopathology in manics ($p < .05$). **Conclusion:** There is positive relationship between stressful life events and first episode depression, mania and schizophrenia but the frequency of life events and stress scores varied over different periods. Manic episode and life events are closely related in time compared to depressive or schizophrenics. No significant correlation between life events and psychopathology could be found in any of the diagnostic categories except in manics. The implication of these findings will be discussed.

25-8

Penis Image Perception in Depression and Mania*Kothari S, Roy D, Nizamie S Haque*

Ranchi

Disturbance of libido is a common feature in depression and mania. Whether a changed libido is only a state of mind or it also affects the perception regarding the size of the sex organ is not known. During clinical interview, occasionally, depressive male patients report a subjective feeling of morphological changes in the size of their penis. Some cases of incomplete koro which are grafted on a depressive illness suggest that affective illness may generate a dysmorphic penis image. Incomplete Koro has been reported as a forerunner of mood disorder (Damodaran & Nizamie, 1993). Whether a biological symptom of increased or decreased libido may also have a perceptual concomitant regarding external genitalia is not known. In the present study it was attempted to assess the subjective perception of penis image by using Draw-A-Penis Test (DAPT) (Chowdhury, 1989) in 20 cases of bipolar affective disorder, depression or recurrent depressive disorder; 40 cases of manic episode or bipolar affective disorder, mania (ICD-10) and 20 normal, nonpatient control. The sociodemographic and clinical details were recorded on a semistructured proforma designed for this study. All the patients were administered Brief Psychiatric Rating Scale (BPRS) and depressives were rated on Hamilton Depression Rating Scale (HDRS) and manics on Young's Mania Rating Scale (Young et al., 1978) by one of the authors (SK) who was blind to their performance on DAPT. Analysis of the data demonstrated that depressed patients perceived their penises smaller than what they thought to be a normal size. The opposite was true for the manics. Implications of the findings in relation to perceptual, clinical and cultural variables will be discussed.

25-9

Cannabis Psychoses - the Affective Angle

Jaideep Sarkar, Pratima Murthy, Kaliaperumal V G, Channabasavanna S M

Bangalore

While there is a prima facie case for believing that cannabis use leads to a putative "cannabis psychosis", much of the research in this area has looked at its similarity to or its relationship with schizophrenia. In this study, we focus on the similarities between cannabis psychosis and affective disorders. Case records of 244 cannabis users referred to a psychiatric facility in the last 10 years were reviewed. 143 (58.6%) had a psychotic disorder, with 58(40%) diagnosed as cannabis psychosis, 52(36%) as non affective psychosis (schizophrenia, delusional disorder, non organic unspecified psychosis), and 33 (23%) as affective disorder. These 3 groups on comparison showed no significant differences on measures of duration and self reported quantity of cannabis use. Phenomenologically, patients with cannabis psychosis showed significantly more elation ($p < 0.01$) compared with the non affective psychosis group. Delusions of grandeur, psychomotor disturbances were more common in the former. On Canonical discriminant function analysis using 12 variables known to have some predictive validity, predicted group membership to the cannabis psychosis and affective disorder group was 48% and 52% respectively. 17% of the cannabis psychosis could be reclassified as nonaffective and 19% as affective psychosis. Detailed methodology and implications of the findings are discussed.

25-10

Gender-Identity Confusion in Cases of the Reincarnation type

Satwant Pasricha

Bangalore

Nearly 2500 cases of persons (mostly children) who say that they remember a previous life, have been reported and investigated from several cultures including Western ones. In 67 percent of the 856 cases, a person satisfactorily matching their statements concerning previous life was identified. The subjects in 106 (out of 668) cases remembered having been a member of the opposite sex; some of them showed corresponding behaviour in the form of either rejecting their anatomical sex or showing gender-identity confusion. The presence of this feature in the investigated sex change cases of the reincarnation type may also help in understanding the origin of gender-identity confusion or dysphoria (and homosexuality) in a previous life even in cases where the persons may not have any imaged memories of that life.

SEXUAL BEHAVIOUR AND DYSFUNCTIONS

26-1

Sexual Behaviour in Elderly Males

Mahendru R K

Kanpur

Despite the fact that normal and satisfying sexual activity can be continued in elderly persons, the sexual matters usually take a back seat in the lives of aging people.

The present study initially attempts to report certain observations on the sexual behaviour of elderly males and identifying the factors associated with normal and reduced sexual functioning. 28 out of 60 (46.6%) relatively healthy married male morning walkers randomly selected from important locations in the city of Kanpur, were found to be sexually active (indulging in some or the other form of sexual activity at least once in two months). The sexually active subjects were married happily and had a more satisfying sex life. They were mainly seen in their sixties and early seventies and mostly came from middle and upper middle socio-economic conditions commanding a respectable place in the family. The sexually inactive subjects were commonly influenced by weak sexual feelings and interests in their youth, social and religious misconceptions (where sex in elderly is associated with feelings of guilt and sin), lower socioeconomic status and illness of the spouses thereby leading to forced celibacy. Identification of social and behavioural factors influencing the sexual attitude of the elderly by medical profession is mandatory in order to make the lives of aging population complete, satisfying and meaningful.

26-2

Fear of Failure in men

Verma P, Mishra A K, Menon S D

Jamshedpur, Bihar

Sexual health is closely connected to good physical and emotional health. It has been found that about 15% of medical outpatients in industrial hospitals have sexual complaints.

Primary impotence occurs in about 1% of men under age of 35. Secondary over the age of 60. Since all men experience occasional erectile failure due to fatigue, alcohol and other transient unfavourable circumstances the diagnosis of secondary impotence should not be made unless there is a failure of intercourse in 25% of attempt. In a pilot study of 50 cases who attended the Psychiatry OPD of Tata Main Hospital, it was found contrary of belief the rate of failure was more in younger age group due to performance anxiety. Marker improvement was seen with reassurance psychotherapy and giving proper sex education along with anxiolytic.

26-3

Sexual Misconceptions in male patients Attending sex group

Bharati Patil, Rajesh Nadkarni, Dhavale H S

Bombay

Sociocultural factors profoundly influence and determine every aspect of psychiatric disorder. The clinical picture may be modified to such an extent that appropriate nosological consideration is necessary. Sexual misconceptions are formed by the beliefs and assumptions prevalent in the native culture. As these misconceptions are one of the significant factors for sexual problems were studied in a present study. 30 male patients with sexual problems attending sex group of psychiatric outpatient department of Nair Hospital were taken to study sexual misconceptions in them. Proforma containing sexual misconceptions was administered to them. The patients were thoroughly investigated whenever required. Patients sexual problems were diagnosed according to ICD-10 criteria. Exclusion Criteria -h/o physical illness, psychiatric disorders or drug abuse. Results : Patients were from age group 15 - 45 yrs. but maximum patients were from 15 - 30 yrs. maximum were married and literature. 63% had diagnosis of Dhat syndrome and 60% had diagnosis of premature ejaculation.

Common misconceptions :-

- 1) Loss of semen from body in any manner is harmful.
- 2) Baby while growing in the mothers body gets food through?
- 3) Semen foul smelling, less viscous

- 4) Loss of semen gives mental weakness
 - 5) Loss of semen gives mental and physical weakness.
 - 6) Penis small, not straight.
 - 7) Is passage of urine same for the menstrual flow?
- Commonest cause of Dhat syndrome was found to be masturbation and excessive sex.

Less common misconceptions :

- 1) Loss of semen gives rise to sexual dysfunction.
- 2) Loss of semen gives rise to production of more female children.
- 3) Loss of semen gives deformed fetus.

26-4

Side Effect of Drug on Sexual Function

Bharati Patil, Shastri P C

Bombay

The thread of sexuality is woven densely into the fabrics of human experience. There are few people for whom sex has not been important at some time and many for whom it has played a dominant part in their lives. Sexual function is such a multifaceted, multidimensional, (sic) multifactorial was studied in patients with mental illness. So aim of this study was to find out effect of psychopharmacotherapy on sexual function prior to illness, during pathology, during treatment and follow up. 53 indoor patients of Nair Hospital meeting ICD-10 criteria were selected. A proforma containing following sexual functions was administered to them and then analysed according to 4 phases. A - Prior to illness, B - During psychiatric illness, C - During treatment, D - On follow up maximum 1 - 6 months. Sexual function - 1) Ejaculation too quickly, 2) Inability or difficulty in ejaculating in vagina, 3) Inability to get or keep an erection, etc. were administered. No specific treatment for sexual function was given. Results : 1) Maximum no. of patients had received antipsychotic drugs. On co-factor analysis 62% of patients with erectile dysfunction were on antipsychotic drugs, out of which 75% developed on treatment and follow up, indicating effect of pharmacotherapy on this sexual dysfunction. Patient's with painful intercourse none showed improvement. Maximum no. of patients with low sex drive continued to have this problem while maximum no. of patients with high sex drive improved on treatment and

follow up.

2) Antidepressant drugs - 21% of patients received these drugs. Patients with premature ejaculation - 50% improved. Maximum no. of patients with inability to get any enjoyment out of sex improved on treatment and follow up.

3) Anti anxiety drugs - 19% of patients received these drugs. Maximum no. of patients with low sex drive continued to have this problem while maximum no. of patients with high sex drive improved on treatment and follow up indicating effect of pharmacotherapy.

26-5

Sexual Dysfunctions in patients on Lithium Therapy

Pradhan S C, Akhtar S, Roy D, Bhagat R N, Ritu Pandey

Ranchi

Sexual dysfunction after the introduction of lithium has been described earlier. The current study was undertaken in Central Institute of Psychiatry on all male patients (N-50) attending Lithium clinic who were exclusively on lithium either as a therapeutic or prophylactic agent and had not taken any other drugs within last three months. All patients were interviewed for sexual dysfunctions by a structured proforma designed to elicit sexual dysfunctions as per ICD-10. Clinically no one had significant depression. Results : Preliminary analysis reveals approximately 40% of the patients had atleast one sexual dysfunction which started after lithium therapy. Premature ejaculation was found to be present in approximately 30% of patients followed by decreased libido (lack of sexual desire and sexual enjoyment). Approximately 8% of the patients described increased sexual drive. Further details of the result and the implications of these findings have been discussed in this paper.

26-6

Factors associated with the choice and success of Master's and Johnson's Therapy

Ajit Avasthi, Ritu Nehra, Pratap Sharan

Chandigarh

In a retrospective analysis of 178 registrations to Marital and Psychosexual Counselling Clinic at PGIMER, Chandigarh, it was found that the commonest diagnoses made were failure of genital response (F 52.2), in 61.8% and premature ejaculation in 47.2% of cases. Treatment protocols instituted consisted of sex education (62.9%), other psychotherapies (37.7%), Master's and Johnson's Therapy (25.84%) and pharmacotherapy (29.8%). The factors associated with choice of M-J therapy as treatment recommendation were marriage ($\chi^2=16.99$, $df=2$, $p < 0.05$), medium level of education ($\chi^2=42.6$, $df=2$, $p < 0.05$), medium range of income ($\chi^2=9.62$, $df=2$, $p < 0.05$), Joint/extended family type ($\chi^2=24.85$, $df=2$, $p < 0.05$), participation of partner in the evaluation process ($\chi^2=18.05$, $df=2$, $p < 0.05$) and a liberal attitude towards sexuality on the part of the couple ($\chi^2=29.25$, $df=2$, $p < 0.05$). Outcome of M-J therapy was not found to be associated with any pre-treatment sociodemographic or clinical variable, but significantly associated with treatment adherence ($\chi^2=9.93$, $df=2$, $p < 0.05$). Conjoint sex therapy usually resulted in good treatment adherence. Modifications necessary in the practice of M-J therapy in the Indian setting will be discussed.

26-7

Intra Cavernosal Papavarine Injection Therapy in Management of Impotence

Katiyar M

Lucknow

This presentation highlights the practical aspects of penile intracavernosal papaverine administration in the management of erectile dysfunction. Indications, contraindications,

dosage, method and complications especially priapism are discussed. Used judiciously intracavernosal papaverine injection is a safe and effective technique of producing penile erections in impotence of diverse etiologies. Past five years experience with the method will be shared.

CHILD PSYCHIATRY II

27-1

Chloroquine - induced recurrent psychosis in children

Bhatia M S

Delhi

In India, Chloroquine is commonly used for the treatment of malaria. It causes a number of psychiatric complications such as psychosis, anxiety disorders and seizures but recurrent psychosis due to chloroquine has not yet been reported. The present series report 10 cases. A majority belonged to 7-9 years (50%) and 60% were girls. The average dose of chloroquine taken by the cases was 1.0 to 2.4 g. In a majority, the symptoms appeared within 72 hours and disappeared within 2 to 14 days after discontinuing the offending drug. The implications of the study will be discussed in detail.

27-2

Gilles De La Tourette Syndrome

Chaukimath S P, Bhairwadgi S S

Bijapur

Gilles de la Tourette syndrome is less commonly reported in our setup compared to Western literature. A case of Tourette's syndrome is reported here. There were no obsessive features, no Psychotic symptoms. Patients symptoms improved markedly after addition of clonazepam to haloperidol. The case is presented with emphasis on treatment aspect.

27-3

Efficacy of Feneluramine in Autism & Pervasive Developmental Disorders

Usha P. Dave, Vrajesh P. Udani, Sunila Ambegaokar

Bombay

Autism or pervasive developmental disorders (PDD) are the challenging behavioural syndromes of brain dysfunction, still lacking the understanding of pathophysiology, &

therefore poor progress in pharmacotherapy. A prospective open trial of fenfluramine was therefore conducted to study the hitherto reported controversial use of this serotonin antagonist. Evaluation of 51 patients & confirmation by DSM III-R initially formed a study protocol. Ritvo-Freeman Real Life Rating Scale specific for autism, covering 5 different areas of child development was used before & after the drug (1.0-1.5 mg/kg body wt.) treatment (3 months) in addition to the routine psychological assessments. Though 16 patients (mean age 6.21 years) could satisfy all the criteria of a trial, the clinical monitoring was continue in the remaining patients. It was concluded that fenfluramine was significantly effective in improving (1) sensory motor behaviour, (2) affectual & (3) social reactions in children with autism/PDD with SQ > 50 in comparison with those having SQ < 50. The drug showed little effect on language & sensory responses. Loss of weight & appetite were treatment limiting side effects which required careful monitoring of the patients.

27-4

A clinical study of children with Mood Disorders, presenting to Child and Adolescent Psychiatry Clinic of Trivandrum Medical College.

Praveenlal K, Prathibha, Pfizer, Krishnakutty N

Trivandrum

Speciality clinics offering care to children suffering from Psychiatric Syndromes are uncommon in Kerala. Since March 1993, one such clinic is functioning in the Department of Psychiatry of Trivandrum Medical College. Within a period of one year, out of 80 cases registered, 5 children fulfilled the criteria for diagnosis of Mood Disorder. 4 cases were Depression and 1 case was Mania. Socio demographic variables, source of referral, clinical presentation and diagnostic categories of all the cases were reported and discussed.

27-5

Left Hand Mirror Writing in a Tri-Literate Dyslexic Child: Implications for Hemispheric Suppression Failure and the role of the Basal Ganglia

Ravi Nehru, Anju Garg, Meena Gupta

New Delhi

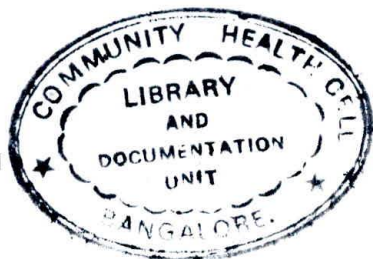
A 9 year old tri-literate right handed girl presented with acute onset tremors of the right upper limb. CT and MRI scans, and biochemical investigations were normal. Left hand mirror writing was first noticed on routine Neurobehavioural examination. Neuropsychological and neurolinguistic assessment was done while the tremor was controlled on beta blockers. IQ was assessed on Raven's Coloured Progressive Matrices. Left hand writing revealed complete reversals of letters, words, sentences, and numerals. Right hand writing also showed some mirror reversal of letters and numerals. Reading aloud and reading comprehension was impaired. Writing to dictation was markedly impaired (error rate: 90% non-words, 50% regular words) as was oral spelling (error rate: 100% non-words, 20% regular words). Findings were comparable across three languages, Hindi (Devnagri script), Urdu (Perso-Arabic script) and English (Latin script).

Performance on the RCPM revealed errors on almost all cards involving directionality. Figure copying performance resulted in directional reversal of all figures selected from the Bender-Gestalt and the Benton Visual Retention Test. Results suggest bilateral representation of linguistic mechanisms of dyslexia as well as cognitive mechanisms of directional perception, along with a failure of developmental right hemispheric suppression, probably associated with an additional striatal release of ontogenetic right hemispheric mechanisms. This implies a role for the basal ganglia in the normal developmental suppression of the right hemisphere and developmental dominance of the left hemisphere acquired in childhood. A serious limitation of using the RCPM for IQ assessment of children with dyslexia is also illustrated.

MH-100

151

4124



DEPRESSION

28-1

Clinical Characteristics of Depression in General Practice

Gautam Amin, Sandeep Shah, Vankar G K

Baroda

Two hundred patients attending curative and preventive General practice at the S S G Hospital, Baroda were randomly investigated in a two stage study using Beck Depression Inventory Abridged (Beck 1974) and Clinical Interview for Depression (Paykel 1985). Forty two met criteria for depression. Depressed patients were more often women, divorced or widowed, belonged to nuclear families. Unemployment and lack of confiding relationships were associated with depression. The most frequent manifestations in depressed general practice patients were - depressed mood, lack of energy and fatigue, depressed appearance, pessimism and hopelessness, decline in work and interest, guilt, low self esteem and worthlessness, anorexia, initial and middle insomnia, suicidal tendencies and decreased reactivity to social environment. The most common manifestations did not have high discriminatory power for diagnosis of depression. Problems in screening depression in general practice are discussed.

28-2

Screening for Depression in General Practice -The Usefulness of back Depression Inventory

Sandeep Shah, Gautam Amin, G.K.Vankar

Baroda

Two hundred patients (133 men and 67 women) attending Curative and Preventive General Practice (CPGP) at the S S G Hospital, Baroda, were randomly screened for depression in a two stage study. On the Gujarati version of Beck Depression Inventory (BDI) abridged, (Beck 1974), 60 (30%) patients scored 8 or more suggesting moderate or severe depression. Blind to BDI data, investigators interviewed all patients using Clinical Interview

for Depression (CID) (Paykel 1985) to generate the diagnosis of depression. Forty two (21%) patients had depression. At cut off score 8/9, BDI had sensitivity 83.3%, specificity 89.2% and overall accuracy 89%. Below and above this cut off score overall accuracy declined. Treating physicians identified depression correctly only in 13 out of 42 cases missing almost 70% depressions. The usefulness of BDI for screening depression in general practice is discussed.

28-3

Role of Physical contact experience in depression

Sharma S N, Mahapatra P

Varanasi

Thirty major depressives 15-60 years old meeting DSM III R Criteria, able to give consent, understand and answer questionnaire and 30 normal first degree relatives of other patients attending University Hospital used as controls were studied. Both groups met fixed inclusion & exclusion criteria and were matched for age, sex, domicile and socioeconomic status. Biographical, detailed physical and psychiatric examination was done. Both groups were administered Hindi translation of questionnaire for physical contact experience (Cochrane 1990) and HDS (Bech 1986), both during and after remission of depression. Patients and controls with satisfactory and unsatisfactory physical contact experience were compared using 't', 'z' and 'x²' tests. UPCE was higher in depressive than controls (P=0.01). Severely depressed patients reported UPCE more frequently than SPCE (P=0.005). The finding will be discussed.

28-4

Physical Contact Experience in Manics Compared To Normal Controls.

Sharma S N, Mahapatra P

Varanasi

Thirty Bipolar manics 15-60 years old meeting DSM III R Criteria, able to give consent, understand and answer questionnaire and 30 normal first degree relatives of other patients

attending University Hospital used as control were studied. Both groups met fixed inclusion and exclusion criteria and were matched for age, sex, domicile and socio-economic status. Biographical, detailed physical and psychiatric examination was done. Both groups were administered Hindi translation of questionnaire for physical contact experience (Cochrane 1990) and mania assessment scale (Bech 1986). Patients and controls with satisfactory and unsatisfactory physical contact experience were compared using 't', 'z' & 'x²' tests. Manics reported unsatisfactory physical contact experience more frequently than the controls but the difference fell short of statistical significance.

28-5

Depression : A Comparative Study of Symptomatology between two age groups from North India

Narang R L, Gupta R, Mishra B P, Mahajan R

Ludhiana

The behavioural manifestations of what today is labelled as depression has been observed and reported since ancient times. Many and varied explanations of the classic symptoms of depression have been given previously. Keeping in view the high prevalence of depression in North India and the mounting morbidity due to depression in different age groups, a comparative study has been conducted. Two groups of forty consecutive patients each with depressive illness diagnosed according to DSM-III-R in the age group of 18-24 yrs. and above 50 years were compared on schedule for standardised Assessment for Depressive Disorders (SADD), Hamilton rating scale for depression (HRSD), Hamilton anxiety rating scale (HARS), the Brief Psychiatric Rating Scale, (BPRS) and the Mini Mental state Examination (MMSE). There was no significant difference between the two groups on the HRSD, HARS, BPRS, & MMSE. On SADD, clinical symptomatology showed that there were 7 symptoms common to 75% or more amongst both groups. These include sadness of mood, joylessness, hopelessness, lack of energy, lack of confidence, loss of interest and anxiety. The following were reported by a significantly more number of depressed youth; aggression, indeciveness, decreased libido, change of perception of time, and hypersomnia. However subjective loss of memory, lack of appetite, change of body weight, somatic signs

and symptoms, hypochondriasis and physical disease or infirmity were reported by a significantly more number of depressed elderly. Thus it has been concluded that in this study the two groups did not differ on severity of depression and presence of core symptomatology. Other symptoms are reported by varying numbers from both groups. These findings are useful to understand the clinical presentation of depression amongst two different age groups.

28-6

Evaluation of Axis I Comorbidity in Chronic Depression

Suyog Dhakras, Shubhangi Parkar, Jayant Apte

Bombay

Patients of Chronic Depression form a large volume in the attendance at any Psychiatry O.P.D.

The aim of this study was -

a) to evaluate the axis I comorbidity in patients of chronic depression, and b) to compare the same between male and female patients, 30 male and 30 female patients were selected from the follow-up psychiatry OPD after confirming diagnosis of chronic depression using DSM III R criteria.

The SCID was then applied to find any axis I comorbidity.

Approximate statistical analysis was then done to evaluate the axis I comorbidities and to compare the same between the male and female patients. The results of this analysis are detailed in the study.

PSYCHOTHERAPY

29-1

Meditative Reconditioning

Baker Fenn

Kottayam

We function in a world where our understanding of reality is continuously influenced by theories regarding matter, sub-atomic particles and energy systems, Concepts such as the Holographic paradigm, and the transcendental dimension of the universe, raises questions about the essential nature of man and the response required from a therapist in the total context. Meditative reconditioning is a method evolved out of the author's 30 years experience in three different countries. The theoretical assumption is that the universe inherently contains cosmic and spiritual forces related to creation, growth, repair, healing and sustenance of life. By the process of transcending, the individual can facilitate the flow of these forces. The method can be and is often combined with traditional methods of psychiatric treatment. Techniques used in psycho-analytically oriented psychotherapy, behaviour therapy, hypnotherapy and certain methods in meditation such as transcending, freezing, reaching the zero state are described. Some examples are also described.

29-2

Jane and Janki

Veena Kapoor

New Delhi

Having spent early years in Delhi, India, mid years in U.K. and USA and now later ones here in India again, the writer presents an experience of therapy with women in East and West. While Indira Gandhi, Begum Khalida Zia and Benazir Bhutto in the East and Mrs.Margaret Thatcher and Hillary Clinton are representatives of power it is universally acknowledged that women suffer more. There are deep rooted cultural which create peculiar paradoxes for

a woman globally. She experiences conflict of wanting to be free and wanting to be enclosed by the ~ other ~. This has hidden ~ gains ~. It prevents her from developing an inner clear identity. This division of the mind eclipses her personality. Women in the West present earlier in therapy, are more amenable for ~ SELF ~ growth and open to exercise other options. Those in the East stay trapped within a neurotic system, wish others to provide immediate miraculous cures and afraid to risk a "CHANGE". Responsibility for the change has to be accepted by the therapist and patient to make a meaningful shift, seek a solution and free the inner latent strength to be a force in life.

29-3

Mental Formations & Possessions

Soumitra Basu, Sharmila Basu

Calcutta

The mind with its power of imagination and with reinforcements from the unconscious can construct catastrophic 'mental formations' that can 'possess' one's mind and can cause illnesses. In fact, the shift in the educational level from the villager to the modern man has shifted the onus of 'possession' from 'spirits' to 'mental formations'. Likewise, positive mental formations can also be constructed. Use of such positive imagery has immense psychotherapeutic importance. This hypothesis is presented with clinical illustrations.

29-4

Efficacy of cognitive Behaviour Therapy in Somatized Patients

Anita Vasudevan, Shubhangi Parkar

Bombay

Most of the patients seeking medical help are patients who have bodily symptoms. Many a times, these bodily symptoms are attributed to organic disease by patients although they have no appropriate organic basis. It is clinically important to know that bodily complaints coexist with physical illness or with psychological complaints. Somatization is the concept which many a times is utilized to describe the process of bodily symptoms. It is definitely a

common problem in developing countries. The challenge is to provide effective intervention to these patients, especially when they do not meet the criteria for particular psychiatric diagnosis. Cognitive behaviour therapy provides broad spectrum systematic intervention in these kinds of patients. In this paper the process of cognitive behaviour therapy in providing effective intervention is being discussed in detail.

29-5

Family Mental Health And Tirukkural

Murugappan M

Madras

The objective of this paper is to unravel some important tenets of the epic Tirukkural with relevance to the contemporary concepts, analysis of, and the understanding of family therapy. A modified network formulated by Elizabeth Bett in family crisis is taken as the frame of reference to compare the couplets from Tirukkural. The paper focuses 'family' as the elemental brick of a healthy individual, firmly linked to the cohesiveness of the family ; and the discussion is on the directive principles as defined by John Sutherland of this century which reflects almost eloquently the norms of an ideal family envisaged by the great Tamil sage, Thiruvalluvar the author of Tirukkural.

29-6

Yoga and Heart Rate Variability

Naga Venkatesha Murthy P J, Ramakrishnan A G, Gangadhar B N, Janakiramaiah N
Bangalore

Yoga is known to have significant beneficial effects on autonomic functions. The present study is addressed to examine the effects of Sudharshana Kriya Yoga (SKY), on heart rate variability, an important indicator of autonomic status. Nine patients participating in a research project on SKY therapy in depression, were taken up for this study. On the day of first complete practice of SKY-usually the 6th day of training, ECG was recorded in supine

and standing positions, both before practice and immediately after practice of SKY. The recorded ECG was digitized at the rate of 500Hz using a 12 bit ADC and stored into a computer. A specially devised software was used to analyse the ECGs offline blind to patient details. There was a fall in the mean heart rate (MHR) after SKY, despite the practice being strenuous. Before SKY-MHR=84.4, SD=13.9 and after SKY-MHR=79.1, SD=12.9. The low frequency of the hrv spectrum (reflecting the sympathetic tone) showed a significant increase after the SKY ($t=2.8$, $p=0.023$), while the high frequency (reflecting the parasympathetic tone) remained unchanged. These findings will be explained and further discussed in the presentation.

NEUROSES - II

30-1

Post Traumatic Stress Disorder in Battle Casualties

Abhaykumar Matkar (Major)

AIM : 1. To find out the incidence and symptom profile of PTSD.

2. To apply therapeutic modalities in PTSD.

Methodology : 150 battle casualties of armed forces admitted between 01 Jan 95 to 25 Apr 95 to a zonal hospital were interviewed on a questionnaire based on DSM III R (1987) alongwith detailed psychiatric work up.

The findings were tabulated age wise, quantitative responses to questionnaire, percentage of PT SD, social breakup of personnel, comparative datas etc.

OBSERVATIONS :

- 1) Majority of casualties were less than 35 yr age.
- 2) All except one individual had PTSD symptoms though not all qualified for disorder diagnosis.
- 3) 27 (18%) had full blown PTSD disorders
- 4) 122 (81%) had PTS symptoms
- 5) PTSD was more than ten times common than in general population.
- 6) PTSD was significantly less than seen in World War II veterans, Vietnam veterans, Nazi concentration camp etc.
- 7) Therapeutic modalities practised were tailor made but proved encouraging.

CONCLUSION :

PTSD is significantly and expectantly higher than in general population. Counter insurgency has been causing devastating impact on the life of all concerned. We wish to do our bit in the long battle for peace in the nation.

30-2

Fear Questionnaire - Survey in Adolescent Age Group*Gurmukh Singh, B Arvindakshan*

Bangalore

Fear questionnaire (1) provides scores on diffused symptomatology relating to agoraphobics, blood phobics and social phobics. In general agoraphobics tend to feel more dizzy, blood phobics more faint and social phobics more worried about others opinion of them (2). No survey related to prevalence of phobic symptomatology has been carried out in our society. We administered fear questionnaire to 406 adolescents (Age 16 to 18 years) studying in various secondary schools in Bangalore. Our sample included 282 males and 124 females, 108 hostellers and 284 day scholars, 278 of our subjects had upbringing in city and 102 of them were brought up in towns/villages. Fear questionnaire was scored on 0 to 8 scale wherein 5 denoted definite avoidance of feared objects/situations. The questionnaire has 5 items for each major group of agaro, blood-and social phobia. Thus total score of 25 or more in any major group was considered to reflect evidence of sub-clinical problem. Our results showed that 9.6% males and 15.9% females were above this threshold for agoraphobia, 22.7% males and 36.3% females showed problems in blood injury phobia, 10.6% males and 21.8% females had similar evidence of social phobia. In the total score 4.1% males and 17.9% females were above the mark of 75 on the fear questionnaire. ANOVA showed that agoraphobics were significantly differentiated on sex (F 10.62, p 0.001), hostellers (F 8.66 p 0.003), marks (F 3.58 p 0.061). Blood injury phobics were differentiated on sex (F 6.06 p 0.014) and sports (F 2.94 p 0.015). Social phobics were differentiated on sex (F 5.23, p 0.023), hostellers (~ 14.85 p 0.000) and upbringing (F 3.09 p 0.048). Total score on this questionnaire was significantly differentiated on sex (F 13.01 p 0.000) and hostellers (F 6.44 p 0.012). These results corroborate with the western figures on prevalence of phobia in general population.

30-3

Occupation-Induced Post-Traumatic Stress Disorders*Jyoti Mahapatra, Mahapatra S C, Bardhan A K*

Orissa

The study was conducted on 31 workers of 'Jayashree Chemicals' of Ganjam, Orissa during a period of 2 years who reported for treatment in the factory dispensary for medically unexplained symptoms. Persistent somatic symptoms pointed towards the diagnosis of post-traumatic stress disorder in majority of the cases. The rest were diagnosed to have > Depression with somatic manifestations. The symptoms were mostly due to autonomic features of anxiety.

The role of personality and exposure factors were examined in all the patients. The type of work done by them and the periods of absenteeisms were also noted. All the findings are analysed and discussed in detail in the paper.

30-4

Coping patterns of working women across stressful episodes*Murthy V, Rao K, Subbukrishna D K*

Bangalore

The relation between stress and coping behaviour was assessed in 48 married working women. Data was collected using the Coping Checklist, the description and appraisal of stressor faced by the individual. The GHQ was used as a screening tool. The married working women used approximately 31 coping behaviours. A combination of emotion focussed, pro ~ lem focussed and support seeking behaviours were used by the majority of the group. Stressors reported were from both the family and work domain. The type of stressor, the domain in which it occurred and the perception of control over it influenced the coping behaviour used.

30-5

Panic Disorder: Clinical Profile*Basu D, Gupta S*

Chandigarh

Nosologically panic disorder is a new entity, introduced in ICD-10 and DSM III. Prior to this it was included under the broad rubric of anxiety neurosis. In order to study the presentation and treatment response, a retrospective analysis of out-patients records from February 1993 to October 1995 was done in which total 44 cases of panic disorder were diagnosed. The mean age of the sample was 32.6 years (range = 16-60 years), majority of which were married and belonged to low socio-economic status. The commonest symptoms were palpitation (90%), trembling or shaking (73%), sensation of shortness of breath (79%), feeling of choking (73%), and fear of dying (59%). Regarding associated symptoms agoraphobia was present in 10 (23%) patients while depressive symptoms were noted in 12 (27%) patients. Most of the patients were treated with antidepressants and anxiolytics for a period ranging from 1 month to 3 years. About 68% showed significant improvement with medication. Implications of the findings will be discussed.

30-6

BPD - Markers on Rorschach's Inkblot Technique*Sangeeta Rao, Shrivastava A K*

Thane (w)

Borderline Personality Disorder has been found to share a close boundary with schizophrenia as well as with mood disorder.

Aim : The present study was undertaken to assess the psychological markers on Rorschach's Ink-Blot Technique which differentiate BPD from schizophrenia & major Mood disorder, in Indian sociocultural milieu.

Methodology - The Index group (N=30) with primary diagnosis of BPD as per DSM-III-R were tested on Rorschach's Ink-blot technique & compared with control groups of

schizophrenia (N=30) and major mood disorder (N=30).

Result - Patients with BPD differed significantly from schizophrenics & MMD with respect to the level of touch with reality, RT & number of popular responses.

Conclusion - Rorschach's Ink-blot Technique has clinical utility in the diagnosis, and treatment of BPD.

30-7

Clinical Trial With Mianserin (Depnon) in Mixed Anxiety-Depressive Disorder

Chowdhury A N

Calcutta

An open comparative clinical trial (6 weeks) with Mianserin (Depnon) was done on 49 patients of mixed anxiety-depressive disorders (ICD 10 code F 41.2). The therapeutic response of mianserin was compared with 52 patients of the same diagnosis. The results shows an excellent therapeutic effect of mianserin both on depression and anxiety and the responses were somewhat superior to that of standard antidepressant imipramine. Side effects profile of mianserin is virtually nil. The different aspects of therapeutic advantage of mianserin in treatment compliance is discussed. The clinical utility of mianserin (Depnon) as a monopharmacotherapy in mixed anxiety-depressive disorder is the greatest therapeutic advantage.

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Integrating Psychiatry and Socio-Behavioural Sciences in the basic subjects of Medical Undergraduate Training - Case studies example

Community Medicine

Dr Antony - Teacher

Nimesh Desai (AIIMS)

Jacob John (CMC-V)

Mohan Chandra (Citicul)

Raghuraman (NIMHANS)

Srinivas Sr Gled.

Ajit

Om Prakash

Amor Bewle (MSR)

Srinivasan (Madras)

Sharma Manipal

Devashish Chatterjee

Mona Fandekar

Psychiatry skill ↓
in Med Educ

Surgery/Med/Psych
Intervention Chemical Intervention

Policy Makers
Hindered

Younger also
arteriosclerosis

Ask
Oilers

X

Ask
abroad

X

?

Western System

Students ask
questions

Nimesh Desai

Postings

UG Seminar

Problems - Exam interest
Self Science

Om Prakash

what are we trying to do

- Numbers

Non ~~conjugate~~ emotional condh

↓
- Somatic Δ placebo

- How to solve problem

- Community, exercise

- Life events of Resp

Edmond Van Cened.



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