

of same socioeconomic background were assessed for impulsivity, perceived stress and personality inventory. Results were analysed.

## SYM 68

### Tobacco use in vulnerable populations in India: A review

**Dr. Sonali Jhanjee, Dr. Piyali Mandal, Dr. Biswadeep Chatterjee**

**Background:** *Tobacco use disproportionately affects the poor, less educated, disadvantaged youth and women in India*

**Methods:** Literature search was performed using MedLine, PubMed, PsycINFO and Embase for relevant English language articles published upto June 2019

**Results:** According to Global Adult Tobacco Survey, 2016, the prevalence of current tobacco was 14.2% in women. India has a huge problem of widespread smokeless tobacco use, particularly among disadvantaged women. Women tobacco users not only share the same health risks as men, but are also faced with health consequences that are unique to women, including those connected to pregnancy and cervical cancer. In NFHS-3, 9% women reported antenatal tobacco use with poor awareness of its adverse health impact. Illiteracy is associated with higher rates of tobacco use, lower quit attempts and less likelihood of observing health warnings. The vicious cycle of tobacco and poverty and exacerbation of poverty due to tobacco-related diseases is also well-documented. Further, India is currently home to the world's largest youth population. The Global Youth Tobacco Survey, 2009 showed that as many as 14.6% of students currently use any form of tobacco but there is clear predominance (12.5%) of smokeless tobacco users.

**Conclusion:** Tobacco control can reduce the disproportionate burden of tobacco use on the poor and decrease the wide disparities in health outcomes. Lack of awareness of the risks associated with tobacco, especially of smokeless tobacco and the industry tactics to target the vulnerable population, the women and the youth, needs effective countermeasures.

## SYM 69

### Efficacy of Pharmacotherapy versus Combined Therapy in Tobacco Cessation: A Prospective Comparative Study

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**Abstract Background:** In view of skyrocketing number of cases leading to increased prevalence of tobacco use, especially in developing countries the interventions for smoking cessation have become an urgent need of the hour. The aim of the present study is, therefore, to know the effect of pharmacotherapy alone and pharmacotherapy with psychotherapy on tobacco cessation.

**Methods:** It is a prospective cohort study conducted in 75 subjects (Pharmacotherapy alone group, n= 38; pharmacotherapy with psychotherapy group n= 37). Subjects were randomly allocated into two groups. Medication was given to all the subjects with bupropion (300 mg) based on the severity of tobacco addiction while psychotherapies were individually tailored and delivered only in one group.

**Results:** Tobacco abstinence rates in both the groups differ markedly. The mean age of patients in the pharmacotherapy alone group and the combined group was 31.59±13.75 and 34.14±11.71 years, respectively. The mean age of starting tobacco use was 22.41±8.34 and 22.71±8.21 years in the pharmacotherapy alone group and the combined group, respectively. Overall, 22.7% (n=17) of the subjects were smoker while majority of them belonged to smokeless group (77.3%, n=58). The overall rates of continuous abstinence at 6, 8 and 12 weeks were 26.3%, 28.9% and 28.9% respectively in pharmacotherapy group, while in

combined therapy group it was 47.3, 54.1, and 54.1 respectively. In Smokeless group it was 28.1% at week 6, 8 and 12 in pharmacotherapy group and 50%, 53.8% and 53.8% respectively in combined therapy group while in smokers abstinence rate at 6, 8 and 12 weeks was 16.7%, 33.3% and 33.3% respectively in pharmacotherapy group and 45.5%, 54.5% and 54.5% in combined therapy group (p<0.05).

**Conclusions:** Combined therapy was found to be significantly more effective than pharmacotherapy alone in both smoker as well as smokeless tobacco user group. Key words: Tobacco cessation, Bupropion, Combined therapy.

## SYM 70

### Sensory processing difficulties and its impact in children with ADHD.

**Dr Piyali Ghosh, Dr Sayanti Ghosh, Mr Subhendu Moulick**

**Introduction** – ADHD is one of the common behavioral disorders in children. Sensory processing difficulties that affect interpretation of sensory information can be present in children with ADHD and increase their difficulties in dealing with environmental sensory stimulation. Children with ADHD, have problems interacting effectively in the everyday environment due to sensory problem. Altered sensory information may cause poor motor coordination, incessant movement, inattention and impulsive behavior which leads to overall functional impairment in family life, academics, peer groups, social activities and in other activities of regular life.

**Aim-** In this discussion an attempt has been taken to understand the impact of sensory processing difficulties on functional behavior in children with ADHD and discussing the outcome of occupational therapy as one of the treatment choice alongside the conventional treatment of ADHD.

**Methodology-** Discussion will be divided into 3 parts.

Part 1> introduction and overview of sensory processing difficulties.

Part 2> impact of sensory processing difficulties in attention deficit hyperactivity disorder in children.

Part 3> effect of occupational therapy

**Conclusion-** Occupational therapy can improve the overall functioning of the children with ADHD who have associated sensory difficulties especially in the area of self-organization, self-regulation, sensory arousal and physical coordination.

## EP1

### Intermittent explosive disorder:

#### A Case report on management

**Surabhi Vishnoi, Anmol Singh, Ananya Mahapatra**

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**Background**

Intermittent explosive disorder (IED) involves impulsive or anger-based aggressive outbursts that begin rapidly and have very little build-up. The aggressive episodes are generally impulsive and/or based in anger rather than premeditated. Aggressiveness must be "grossly out of proportion" to the provocation and accompanying psychosocial stressors.

**Aims**

There is a lack of evidence regarding management of IED. We present a case which was effectively managed with combination of antipsychotic and mood stabilizer.

**Methods**

23-year-old male educated upto B.A. presented with illness duration of 3 year characterized by sudden outbursts of extreme violence involving destruction of property and physical injury against individuals. These acts would occur 3-4 times in a month lasting for approximately five minutes and was followed by remorse. The episodes were recurrent, unpredictable, and not directed to anything particular.

Depression, anxiety, substance use disorders, antisocial personality disorder, borderline personality disorder and intellectual disability were ruled out. Systemic examination, including neurological examination was normal. Serum ceruloplasmin levels, serum copper, ultrasound whole abdomen and EEG were normal. Patient was managed on T. Divalproex sodium 1 gm and Cap. Fluoxetine 60mg. Behavioral therapy was initiated but patient did not follow up regularly.

#### Results

Patient had complete remission with no episode of aggression after 12 weeks of treatment. Improvement was maintained for 2 months till last follow up.

#### Conclusions

Combination of SSRI (Fluoxetine) and mood stabilizer (Sodium valproate) are effective options for management of IED, especially in cases when psychological interventions have failed or are not available. Further studies are warranted to confirm the finding.

Keywords: Intermittent explosive disorder, SSRI, Mood stabilizer.

## EP2

### MHCA 2017-PRACTICAL RELEVANCE?

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### INTRODUCTION

*came into force from May 29, 2018*

hailed as a great step in legalizing the rights of PMI. there is a lot of reservations regarding it's implementation.

#### AIMS

To discuss practicality of MHCA 2017.

#### METHODS

A Web search MHCA 17,MHCA 17 Practical limitations,loopholes etc was done,and practicality was assessed and apprehensions discussed.

#### RESULTS

Definition of mental illness in act and ICD 10 differ.

Clear distinction between Mental health establishments and other health establishments has been made while diseases are/can be a combination of two.

No proper budgetary sanctions.

Advance directives for mental illnesses only not for other illnesses, also literacy and economic status may also hinder it's applicability.

Concept of Nominated representative is also confusing. **The Indian Psychiatric Society has highlighted that AD and NR are not patient friendly.**

Human rights implementation needs big budget.

Professional bodies of psychiatrists not included in CMHA and SMHA.

Accessibility and composition of MHRB.

Psychiatric social worker and mental health are included in MHP with power to admit patients.

Blanket ban on unmodified ECT.

**CONCLUSION-**Though intensions are not in doubt high level of skepticism is there regarding its implementation and a relook is probably warranted.

**Bibliography-**1Mental Health Care Act (MHCA 2017)- Is a Relook Necessary for Effective Implementation? Om Prakash Singh.

Mental health care act 2017: Review and upcoming issues rasanna kumar neredumilli. V.Padma.S.Radharani

## EP3

### TITLE:

### A CASE REPORT ON PSYCHOSIS FOLLOWING CP ANGLE TUMOUR SURGERY (SCHWANNOMA)

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**A case report on psychosis following CP angle tumour surgery (schwannoma)**

### ABSTRACT

#### INTRODUCTION

Cerebellopontine angle tumours are the most common neoplasms in the posterior fossa, accounting for around 5-10% of intracranial tumours. In the past, there are reports that hypothesize that psychiatric symptoms could be major symptoms of cerebellopontine-angle lesions.

#### CASE REPORT

A 54-year-old, married Hindu female from Nagaon, educated up to class9, presented in the outpatient department of Psychiatry, GMCH on 4/5/19 with chief complaints of disturbed sleep, irrelevant talk, muttering, irritable mood, seeing and hearing things that others do not, along with increased fearfulness leading to decreased communication and she also kept her eyes closed. The symptoms appeared 6 months ago and gradually worsened in last 2 months. The onset was insidious and course was gradually progressive. The attendant (son) gave history of patient undergoing a surgery around 1 year back for a Right sided cerebellopontine angle tumour (schwannoma) in the department of neurosurgery, GMCH.

There is no past history of any known psychiatric illness. There is past history of hypertension and is currently on medication. There is also history of head injury few years back although not major.

#### DISCUSSION

Psychotic symptoms such as hallucinations and delusions in the absence of neurological sensory and motor signs are suggestive of functional psychosis. In the literature, disturbances in the temporal lobe region such as temporoparietal region and limbic region have been reported to be responsible for psychotic symptoms. This can also be explained by the theory of Constantin Von Monakow who coined the term “Diachisis”.

## EP4

### Munchausen Syndrome by Proxy: Unraveling the Mystery

Munchausen syndrome by proxy (MSBP) is classified in DSM-5 and ICD-11 as “Factitious Disorder Imposed on Another” and is defined as feigning, falsifying, or inducing, medical, psychological, or behavioral signs and symptoms or injury in another person, most commonly a child dependent, associated with identified deception.

The caregiver with MSBP may either lie about the individual's symptoms, change the test results to make the individual seem ill or physically harm the individual to produce symptoms. It was shown in studies that there is a confusion regarding overall knowledge among professionals.

In this case series, we try to find any commonalities in symptom presentation or psychological factors in cases of MSBP in a tertiary care center and also discuss on how to investigate them so as to identify these cases early and prevent unnecessary medical investigations, invasive or otherwise.

We will be presenting 5 cases that were referred to the department of psychiatry and department of clinical psychology at JSS hospital, Mysore with suspected MSBP. A detailed psychiatric interview and psychological assessment was done with the child and caretaker.

We found that if a child was brought with some of these common features, not only symptomatically but also with respect to