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**ABSTRACTS OF 20TH INTERNATIONAL CONFERENCE OF PPS HELD IN KARACHI IN DECEMBER 2014**

# Child and adolescent mental health

**PREVALENCE OF DEPRESSIVE SYMPTOMS IN ADOLESCENTS OF ACADEMIC INSTITUTIONS OF KARACHI**

#### SALEHA SAMI, RIAZ AHMAD, M N SIDDIQI

OBJECTIVE:

Our study was designed to explore the depressive symptoms among adolescents' because to our knowledge this is rather neglected area in Pakistani context.

DESIGN

Crosssectional, validated questionnaire basedinterview.

PLACE AND DURATION OFSTUDY:

1s•hSeptember 2013 to **1**S'' May2014 indifferent academic institutionsof KarachiCity.

SUBJECT AND METHODS:

357 adolescent students, aged 12-20 years across gender were included. Pakistani version of Reynolds Adolescent Depression Scale, Second Edition(RADS-2U;Sarni, Ahmad,& Khanam,2013) wasadministered with Demographic information sheet.Theprevalenceestimateof depression wasobtainedthroughtheuseof descriptive statistics onSPSS17version.

RESULTS:

The overall prevalence of depressive symptoms among adolescents was 11.76%. Results indicate that male adolescents have slightly higher overall prevalence rate (12.66%) than female adolescents (11.06%). Prevalence of depressive symptoms increases with the age (12-14 years, 9.45%;15-17years,1l.82o/o;and18-20 years, 14.17%).

CONCLUSION

Findings suggest more than 10% of adolescents had depressive symptoms. Over all depressive symptoms were slightly higher in males as compare to females. Future research is needed to reconfirm this finding and explore the cause of these gender differences in Pakistani context. Addressing these symptoms at thiscritical pointmighthavehugeimplicationsforthefutureof adolescents.

KEYWORDS

Depression, Adolescents,Academic institutions.



#### MUHAMMAD MUNEEB, AATIR HANIF,ANAM SHAIKH

Medical Students, Liaquat University of Medical & Health Sciences, Jamshoro

OBJECTIVE:

We hypothesize that the fear of an impending marriageleadsto depression, anxiety and stress among femalemedicalstudents.Thisstudyhopes to gaugethe psychosocialandpsychosomatic effects.

DESIGN

Cross-sectionalstudy.

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##### PLACE AND DURATION OF STUDY

Liaquat Universityof Medical& HealthSciences,Jamshoro (LUMHS),fromMarch 2014to June 2014.

##### SUBJECTS AND METHODS

This observationalcross sectional psychosocial analysis was carried out on atotal of 100female medical students of Liaquat University of Medical & Health Sciences and ISRA University from March to June 2014.Informed consent wasobtained and complete anonymity guaranteed. "Google docs"wasusedto collectdataviaonlinestructured questionnaire forms.Thedata obtained wasanalyzed in SPSS. v. 16.0.

##### RESULTS

43percent of the sampleconfessed that theirfamilies had,at least once,beenapproached forpurpose of marriage.16 percent admittedthatthey had themselves received marriage proposals. 88 percent of the sample held negative views regarding early marriage before graduation. Upon inquiry, 78percent of those who hadencountered prospects of marriage before graduation admittedto have felt depression, anxiety and stress alongwithmild psychosomatic symptoms.

##### CONCLUSION

Females constitute a significant majority of medical students in Pakistan and early marriage is known to adversely affect the prospects of a successful career. On the basis of our result, we conclude that even the fear of impending marriage is inducing depression, anxiety and stress among femalestudents and canpotentially harm theireducationand health.

Key words:Psychosocial, Marriage,Depression, Anxiety and Stress.

### CLINICAL CHARACTERISTICS AND PATHWAYS TO CARE AMONG CHILDREN WITH CHRONIC UNEXPLAINED SOMATIC SYMPTOMS IN PAKISTAN

##### CORNELIUS ANI, NAZISH IMRAN, KHAWAJA AMJAD HASSAN, ZAHID MEHMOOD,MUHAMMAD RIAZ BHATTI.

Imperial College London, King Edward Medical University Lahore, Government College University Lahore.

##### OBJECTIVE

To compare clinical characteristics and pathways to help-seeking between children with unexplained somatic symptoms and peers with diagnosed chronic paediatric medical conditions.

##### DESIGN

Comparative study.

##### PLACE AND DURATION OFTHE STUDY

Lahore,Pakistan.

##### SUBJECTS AND METHODS

We conducted a matched case-control study of 124 children aged 8-16 years in Lahore, Pakistan. Cases were 62 children with chronic somatic symptoms for which no organic cause was identified after investigations. The control group were 62 children with chronic paediatric medical conditions. Cases and controls were matched for gender, age, and school class. Somatization was measured with the Children's Somatization Inventory (CSl-24) translated intoUrdu.

##### RESULTS

Mean age was 11.7years (SD= 2.1). Cases scored significantly higher on somatization (CSl-24) than controls. The most common somatic symptoms among cases were headache (75.4%}, convulsion (60.1%), fainting (31.1%), and visual impairment (31.1%).The median symptom duration was 60 days(interquartilerange 248). A higher proportion of cases hadconsulted faithhealers(39.3% vsl .6%),religious scholars (65.5% vs 43.6%), and family physician (87.5% vs 53.2%) compared with controls. Cases who experienced fainting had significantly longer symptom duration before referral to child psychiatry. Cases were significantly less likely to be enrolled in school (77.4% vs 91.9), more likely to have experienced physical abuse (29.0% vs 9.7%), changed school (50.0% vs 30.4%), and have more siblings. For the combinedcohort, experience of physical abusewasthe onlypredictor of higher CSl-24 scores.

##### CONCLUSION

This is the first study in South Asia to explore the help-seeking pathways for children with medically unexplained symptoms. It highlights prolonged duration of symptoms and more frequent help-seeking for a variety of traditional and western treatment before referral to child psychiatry.Experience of physical abuse may be asignificant promoting factor for unexplained somatic symptoms.These findings couldbe used to promote public education to improveappropriate help-seeking for children withunexplained somaticsymptoms in thisregion.

Key words:Pathwayto care,Children,Unexplained symptoms.



##### SOCIAL SUPPORT AS A DETERMINANT OF DEPRESSION AMONG ADOLECENTS OF MINORITIES IN PAKISTAN

RIAZ AHMAD, SANOBER KHAN UM

Institute of Clinical Psychology, University of Karachi

OBJECTIVE

Toanalyzetheroleof socialsupportin determining depression amongminority adolescents of Pakistan.

DESIGN

Correlationstudy.

PLACE AND DURATION OF STUDY

Thesample wasdrawnfromdifferent schoolsandlocalityareasin thecityofKarachi*over* a periodofone year.

SUBJECTS AND METHODS

A totalof 144 religiousminorities (Christian, Hindu and Parsi) ranging from 11-20 years was selected. The Multidimensional Scale of Perceived Social Support (Zimet ,dahlem , Zimet&Farley,1988) and Reynolds Adolescents Depression Scale, 2nd Ed (RADS-2 Reynolds , 2004) was administered.Afterdetailed literaturereviewit washypothesized thatperceived socialsupportwould predict depression in minorityadolescents. Linear Regression analysis wascarriedout for statisticalanalysis.

RESULTS

The results were consistent with hypothesis intended and it is analyzed that perceived social support isa significant predictor of depression in minority adolescents (R2=0.355,F(1,142) =78.241, p<.001}.Further thethreedomainsof perceived social support such as significant others (R2

=.344, F **(1,** 142) =74.438, p<.001), family (R2= .287, F(1, 142) =57.153, p<.001), friends (R2=.244, F (1, 142) =45.902, p<.001) were significant

predictors of depression.

CONCLUSION

It is concluded that lack of social support play asignificant rolein developing depression in adolescents especially in minority background.The finding of the present study also highlight the problems faced by minority adolescents and would be helpful for professional as well as educational figuresandparents toenhancetheirawareness andgiveattention forthepsychological health especially withminority adolescents. KeyWords:Socialsupport,Depression,Minorities.

**PARENTING STRESS RELATED TO BEHAVIOR PROBLEMS OF CHILDREN WITH HEARING IMPAIRMENT**

### Shafaq Ahmad, Sarwat Jahan Khanam

Institute of Clinical Psychology, University of Karachi

OBJECTIVE:

Theaimof thisstudyistomeasureparentingstressin mothersrelated to thebehavior problems in children withhearingimpairment.

DESIGN

Comparative study.

PLACE AND DURATION OFTHESTUDY

Karachi,year2012.

SUBJECTS AND METHODS

Samplewas comprisedof109mothers (n=53mothers of hearingchildren andn=56mothers of hearingimpairedchildren).Mother's qualification was at least intermediate. Children's age ranged from 5 to 12 years old (Mean age= 8.9 years). Sample was collected from the deaf section of special education schools. Childdomain of parenting Stress Index (Abidin, 1995) wasadministered to measure stress related tochild's behavior problems.

RESULTS

T-testindicate insignificant difference amongthemothers of children withhearingimpairment andhearing children,onthevariableof parenting stressdueto behaviorproblemsofchildren, t=1.57,p> .05.



CONCLUSION:

Result signifiesthepresenceof behavior problems in children in generalpopulation as wellasin children withhearing impairment.

KEYWORDS

Parentingstress,Behavior Problems,Hearing Impairment.

##### PREVALENCE OF LANGUAGE AND SPEECH PROBLEMS AMONG CHILDREN WITH REFERENCE TO DEMOGRAPHIC FACTORS IN KARACHI PAKISTAN 2011 TO 2013

SYEDA RAZIA BUKHARI, RAHEELA KHATOON

**OBJECTIVE**

Present studyaims toexamine the prevalence oflanguage and speech problems among children and therole of Demographic factors (gender, family structureandsocioeconomic statuses) in language speech problems in KarachiPakistan fromyear 2011 to 2013.

DESIGN

Cross sectional study.

PLACE AND DURATION OF RESEARCH

Theresearch wasestablishedin Karachi,Pakistan Jan2011to December. 2013.

SUBJECT AND METHOD

In current study 423 out patients' data wascollected from Institute of Clinical Psychology, university ofKarachi and AI-Khidmat. Participantsage ranged from 2 years to 12 years (Mean= 5.72. SD= 2.757) Data was collective through convenient sampling method. All participants visited for treatment of language andspeech problems.Intake form which isbased ondetailed diagnostic history of language and speech problems were administered onallparticipants.

RESULTS

Percentage method of descriptive statistics was utilized for statistical analysis of data. Result reflect following percentages of language and speech problems; Articulation problem, 7.1% Expressive language problem, 3.5% Fluency problem, 4.5% Language problem, 45.4% Phonological problem, 15.6%Pragmatic Language problem, 1.4%Receptive problem. 7.1% Stuttering and 13.5% Voice problem 1.9%. Further, result revealed 70.4% maleand29.6 femalechildren havinglanguage and speech problems. Prevalence language andspeech problem in joint family setup= 56.0% and nuclear family setup= 44.0% lower socioeconomic status =16.8%, middle socioeconomic status= 74.9% and upper socioeconomicstatus=8.3%.

CONCLUSION

Overall resultsdepict that language speechproblemsarehigher in children.Proper treatment forlanguage speech problems should beprovided to themthroughlanguageandspeechtherapeutic interventions.

KEYWORDS

Language,Speech problems.Children.

##### SOCIAL ANXIETY AS A PREDICTOR OF ANTISOCIAL BEHAVIOR IN ADOLESCENT STUDENTS

ZAKIA BANO, RIAZ AHAMAD

Institute of clinical Psychology, University of Karachi, Pakistan.

OBJECTIVE

Thepresent studyexamines thesignificanceof socialanxiety in thepredictionofantisocialbehavior inadolescent students.

DESIGN

Descriptive study.

PLACE AND DURATION OF THE STUDY

Thesample wasgathered fromKarachi,Pakistan from July 2012to October 2013.



SUBJECTS AND METHODS

Thesample employed in the study was500adolescent (250male& 250females) between theageranges of12-19 years withmean age15.65 were collected from different schools and colleges of Karachi, Pakistan. Inclusion criteria included those participants who were regular students, Pakistani nationals, having both parents alive/living together. Physically disable adolescents were excluded in from the study. Demographic information form was filled. Pakistani version of Social Anxiety Scale for adolescents (SAS-A; Bano & Ahmad, 2013) originally developed by (La Greca,1999) andReynolds Adolescent Adjustment Screening Inventory(Reynolds, 2001)were usedin thisstudy.

RESULTS

Linear regression analysis was applied to test the hypothesis. Results indicated that social anxiety has a significant positive effect in the development of antisocial behaviorin adolescents (r=.202;F(1,498) = 21.224;R2=.041,p<.001).

CONCLUSION

Adolescent ageisaperiodofopportunitiesandchallengesforunderstanding ofoneself in socialperspective.Furthermore, this period brings alot of biological changes, emotional and social encounters along with psychological development. Adolescent facilitate themselves in the psychological adjustment to acceptallchallenges ofthe environment. This timeiscrucial asduring this phase oflifetheperson is developing his social network, deciding about their career, trying to be autonomous making personal relationship relying more on friends than family.On the other hand, a number of adolescents remain unable to overcome all these difficulties, challenges and requirements of this age and may predispose to pathologies.They also may suffer with psychological problems like social anxiety. Social anxiety hinders in all this process. The resulting relationship problems, social avoidance and detachment with peers characterized by antisocial behavior further makes it difficult to cope withtheproblemsof thedevelopmental periodof adolescenceeffectively.

KEYWORDS

Social Anxiety, AntisocialBehavior,Adolescent.

#### COGNITIVE CORRELATES OF DEPRESSION IN ADOLESCENTS

AREEJ MUKHTAR KHAN, SALMAN SHAHZAD

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OBJECTIVE

Theobjective of the study isto determine therelationship between cognitiveemotion regulation strategies(such as self-blameand rumination) anddepressionin adolescents.

DESIGN

ACorelational Study.

PLACE AND DURATION OFSTUDY

Karachi,Pakistan.

SAMPLE AND METHOD

Sample of the present study comprised of 334secondary school students. Among them 179(53.5%) were malesand 155 (46.4%) were females. Their agerange was from 12-16 years(Mean age 14.55 years, SD= 1.041). Participants wereapproached in group settings. Personal information form, Cognitive Emotion Regulation Questionnaire (CERQ; Garnefski & Kraaij, 2002), and Centre for Epidemiological StudiesDepression Scale Children'sVersion (CES-DC;Weissman,Orvaschel, & Padian,1980)wereadministered.

RESULT

To determine the correlation of self-blame and rumination with depression, Pearson Product Moment Correlation (r) was applied. The results revealed asignificant positive relationship between self-blame anddepression (r= .291,p < .01) andasignificant positive relationship between ruminationanddepression (r= .273,p < .01).

CONCLUSION

Resultsindicatethat significant positiverelationshipsexistbetweenself-blameanddepression, andruminationanddepressionin adolescents.

KEYWORDS

Self-blame;rumination;cognitiveemotionregulation;depression.



**KNOWLEDGE AND TRAINING ABOUT CHILD SEXUAL ABUSE: STUDY WITH DOCTORS IN RAWALPINDI ISLAMABAD**

#### ANITA AIJAZ, ASHA BEDAR, AMBREEN AHMAD

Department of Psychiatry, Dow International Medical College, Karachi

OBJECTIVES:

Toassess theknowledge and training of doctors related to Child Sexual Abuse {CSA) andits management in hospitalsofRawalpindi Islamabad.

DESIGN

Bothquantitativeandqualitative methods wereused.

PLACE AND DURATION OF STUDY

Doctorsin RawalpindiIslamabad.

SUBJECTS AND METHODS

For data collection questionnaires were developed to gain morein-depth information on doctors' knowledge of CSA,its dynamics, causes and effects as well as of their role, and training. This was done through questionnaire,Focus Group Discussions (FGD) and in-depth interviews (IDI) with doctors from Benazir Bhuto Hospital {BBH), Shifa International Hospital {SIH), Polyclinic Hospital (PH),Pakistan Institute of Medical Sciences

{PIMS) andRawalpindi MedicalCollege(RMC) in Rawalpindi Islamabad.

RESULTS

Sixty-two percent of the questionnaire respondents reportedthatCSA had beencovered in their medical curriculum. Almost alltheparticipating doctors, including 88% of the questionnaire respondents, strongly expressed the view that doctors needed more support and training to deal withcases of CSA in their workplaces.

CONCLUSION

Thestudyreveals anumber of significantthemesin doctors' understanding of CSAandtheirtraining needs.

KEYWORDS

Abuse, maltreatment,sexual abuse.

**ON THE PATHWAY TO SUICIDE: SUICIDAL IDEATION IN YOUNG PEOPLE IN KARACHI, PAKISTAN**

#### EHSANULLAH SYED, NARGIS ASAD, MURAD *M* KHAN, MOHAMMAD ZAMAN

Dept. of Psychiatry, Aga Khan University, Karachi

OBJECTIVE

To estimate the prevalence of suicide ideation in a sample of high school students in Karachi and to examine the relationship of socio­ demographicfactorsandsuicidalideation.

DESIGN

Cross sectional survey.

PLACE AND DURATION OF STUDY

Karachi-06months.

SUBJECTS AND METHODS

Students of private coeducation school of Karachi served as participants. We surveyed 20% of the entire student population of the high school which served asourreference.Oursample consisted of 127adolescents out of whom 123were included in theanalysis(4 forms wererejectedon account of errors in filling or were leftblank).Ourmain outcome variable was suicidal ideation asmeasured by theBeck Scale for SuicideIdeation

{BSS).



RESULTS

Total of72/123 (58.54%) subjects had either active ideation (n=26; 21.14%, item 4onBSS) or passive ideation (n=46;37.40%, item 5 onBSS) of making a suicide attempt, mean score of 11.92 onBSS (range 0-38), was found for those who expressed "moderate to severe" active suicidal ideation, whileamean scoreof 6.8 was foundfor those whoexpressed passive suicidalideation.Femalegender was significantly associated with having suicidal ideation. Out of the total having active suicidal ideation (N=26), (69.2%) considered suicide or suicidal ideation as "sinful", while (19.2%)regarded suicide orsuicidal ideationas"acceptable".Moreyoung malesthan females thought suicide or suicidalthoughts as beingsinful.

CONCLUSION

Though limited in generalizability study findings provide areas for active intervention. Since educational institutions provide a unique opportunity for timelyintervention,provision of suchservicescanwork asavalidpreventive stepin savingyoung lives.

KeyWords:Suicide,Suicidalideation,Younger people.

##### SOCIO-DEMOGRAPHIC CHARACTERISTICS AND ADAPTIVE FUNCTIONING PROFILE OF CHILDREN WITH INTELLECTUAL IMPAIRMENT

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OBJECTIVE

The objective of study isto assess thesocio-demographic characteristics and measure adaptive functioning profile of children with intellectual impairment atDepartment of Psychiatry andBehavioural Sciences,DHQHospital,PMC,Faisalabad.

DESIGN

Crosssectionalstudy.

PLACE AND DURATION OF STUDY

The study was conducted at OPD children in Department of Psychiatry and Behavioural Sciences, DHQ Hospital, PMC, Faisalabad from January 2011 to December 2013.

SUBJECT AND METHODS

170childrenwithintellectual impairment havebeenincluded instudy who haveintellectual disability.Demographic variables wererecorded and Portageguideto early education (PGEE)wasadministered.Theresultswereobtainedbyusing SPSS-17.

RESULTS

Out of 170IDchildren,mostly weremale105 (60%) andagerange01-1Oyears.Mostparentshavecousinmarriages 106(62.4%). Among mothers majority reported prenatal stress and injury 96andIDchildren reported infections66 postnataly. 98(57%) shows no physical disability at birth. Among psychiatric co-morbidity%%mostly wereepilepsy andmovement disorder.81o/o showsbehaviouralissues andcommunication disorder. Whileassessing adaptive functioningof IDchildren, theirdevelopmentalagesin different areas arecognitiveandlanguage is2 years,socialization andselfhelp 4yearsapproximately.

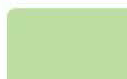
CONCLUSION

Predominantly parents' cousinmarriages,pre and postnatal complications,highlyassociated psychiatric comorbidity arefound tobethesalient features of intellectually impaired children. It is concluded that deficits in adaptive functioning are highest in cognitive and language development;sotheyneedearlier interventionalstrategies forbetteroutcome.

KEYWORDS

IntellectualImpairment, AdaptiveFunctioning,Socio-Demographics.



**Consultation liaison psychiatry**

#### DEVELOPMENT OF A PSYCHIATRIC CONSULTATION-LIAISON SERVICE IN RAWALPINDI, PAKISTAN

FAREED ASLAM MINHAS, KEITH G. BENDER

Professor and Head of Institute of Psychiatry, Benazir Bhutto Hospital, Rawalpindi

OBJECTIVE

Todocumentthe cases presenting to the consultation-liaisonpsychiatry serviceat theInstituteof Psychiatry, to assessthe changesin usage of the service overthefirsttwo yearsandto determine the typesof problemsthatpresent throughthisservice.

DESIGN

Longitudinal descriptive study.

PLACE AND DURATION OFSTUDY

Thestudywasconducted at the Instituteof Psychiatry,Benazir BhuttoHospital, Rawalpindi.

SUBJECTSAND METHODS

Patients wereassessed either in the referringdepartments on request, or they were sent to the Institute of Psychiatry for assessment. The doctor on call assessed the patient and recorded details in a liaison register, including demographic details, physical examination findings and psychiatric diagnosis.Comparisons between theyears weremadeusingthe chi-squared testformostvariablesandthet-testforage.

RESULTS

Data werecollected for 1131 occasions of referral.Therewasa 45%increasein referrals in the secondyear of the service.Emergency departments were the main source of referrals,providing 80% of the present study population.Most common reasons for referralincluded subjective distress, presentation suggestive of a specific psychiatric illness, suicidal thoughts or actions, somatic symptoms andbehavioural disturbances. 30%of all patientsreferred wereconsideredto requirepsychiatric admission.

CONCLUSIONS

Psychiatric consultation-liaison service forms an integral part of the functions of a good psychiatric unit. All departments of the hospital benefit fromtheavailability of thisservice.Thestudyhighlighted the needforthedevelopment of suchunits in otherhospitalsaroundthe country.

KEYWORDS

Psychiatry,Consultation-liaison service,Rawalpindi.

**ANXIETY AND DEPRESSION IN CANCER PATIENTS OF PAKISTAN:**

## A CROSS-SECTIONAL SURVEY

SHUMAILA MUHAMMAD IQBAL, RAZA-UR- RAHMAN, MADIHA ABDUL QADIR, MUHAMMAD IJAZ PERVEZ, SARA SYED ANIS, RAHIYA BINTE REHMAN, MARIUM SHABBIR, AIMEN MEHMOOD KHAMISANI, RAMEEN MAJEED

**OBJECTIVE**

Tofindoutanxietyanddepression in cancer patients of Pakistan.

DESIGN

Cross-Sectional Study.

PLACE AND DURATION OFSTUDY

outpatient departments of Civil Hospital Karachi, Jinnah PostgraduateMedical Centre, Abbottabad Teaching Hospitaland Mayo Hospital Lahore. Thedurationof the studywasfromApril1st 2014tillJune 30th2014.

SUBJECTS AND METHODS

The sample consisted of 181 diagnosed cancer patients. Generalized Anxiety Disorder 7-item (GAD-7) scale and Patient Health Questionnaire-9 were used to define thepresence of anxiety anddepression in study participants. For analyzing association of anxiety anddepression with age, sex,maritalstatus,educational status,family status andmodesof treatment offered,aninterview based questionnaire was used. Withthe sample sizen=181, collected data wasanalyzed bySPPS version 16.0.



RESULTS

In our study (n=181), 83(45.9%) participants were malesand98(54.1%) females. Anxiety disorders were screened to be positive in 108 patients (59.7%) while64patients(35.4%) were found to be vulnerable fordepressive disorders.Thevulnerability for anxiety disorders was most common in groupof 46-50 year oldpatientsand for depressive disordersthe age group 41-45 was themost vulnerable one.There found to be significant association of age (p=0.008), metastatic nature of cancer (p=0.038) and marital status (p=0.004) withthelevel of anxiety. Positive screening for depressive disorders was not significantly associated with any of the risk factors that were considered in the study. Among those who were positively screened for anxiety disorders, 96.29% were without clinical diagnosis and treatment for anxiety disorders. Similarly, for depressive disorders,only6.25%ofthepositively screened patients werediagnosed andtreatedbyhealthcareprofessionalsfortheirdepressive symptoms.

CONCLUSION

This study highlights high prevalence rates of depression and anxiety in cancer patients of Pakistan. Which, at most of the time remain undiagnosed anduntreated thatcouldaffectpatients'likelyhoodof survivaland affectivityof thetreatments given.

KEYWORDS

Anxiety,Depression,Cancer Patients.

##### DETERMINING THE EXTENT OF DEPRESSIVE DISORDER AND ASSOCIATED FACTORS AMONG PATIENTS WITH EPILEPSY IN SRI LANKA

**INDIKA MUDALIGE', S. T. KATHRIARACHCHI'**

'Senior Lecturer, Department of Psychiatry, Faculty of Medical Sciences, General Sir John Kotalawala Defence University, Sri Lanka. 'Prof. Professor, Department of Psychiatry, Faculty of Medical Sciences, University of Sri Jayewardenepura, Sri Lanka.

OBJECTIVES

Todetermine theextent ofdepressivedisorder andassociated factors among patientswithepilepsy in SriLanka.

DESIGN

Cross-sectional,analyticalstudy.

PLACE AND DURATION OFSTUDY

TeachingHospitalof Colombodistrict,SriLanka.

SUBJECTS AND METHODS

123 Sri Lankan patients with epilepsy were randomly selected from neurology clinics of two teaching hospital.-.in Colombo district, National Hospital of Sri Lanka and Teaching Hospital Colombo South. Data collection was carried out using a study specific self-administrated questionnaireanda diagnosticinterviewconducted bysenior registrar in psychiatry, usingICD-10,diagnostic criteriaforresearch,afterobtaining writteninformedconsent fromparticipants.

RESULTS

Ofthestudysample 28.5%haddepressivedisorder.Findingsofthisstudy showedthat, therewasastatisticallysignificant correlation betweenco­ morbid depression withsome factors,income (P= 0.019), low mood at theinterview (P=0.0001),last seizure activity (P=0.012),degree ofcontrol of seizures (P=0.023), somatic symptoms. (p=0.0001) andside of thefoci (p=0.046).There was a significant association at p<0.l significant level between co-morbid depression and age (p=0.098). There were no significant association formed between co-morbid depression and other selected factors.

CONCLUSIONS

It was revealed that nearly one third of the epileptic patientsin the study population suffer from co-morbid depression, which has a significant correlation withincome,low mood at theinterview,degreeof controlof seizures, durationoflast seizureactivity andwith somaticsymptoms.

KEYWORDS

Depression,Epilepsy, Neurology.



#### PREVALENCE OF DEPRESSION IN PATIENTS WITH TYPE-2 DIABETES IN PRIMARY HEALTH CARE SETTINGS- A CROSS SECTIONAL STUDY UNDER THE INTERPRET-DD PROJECT

FAREED ASLAM MINHAS, ZAIDAN IDREES CHOUDHARY

Institute of Psychiatry, Benazir Bhutto Hospital, Rawalpindi

OBJECTIVE

lo assesstheprevalenceof depressioninpatientswithtype-;> diabetes in primaryhealthcaresettings.

DESIGN

Cross sectionalstudy

PLACE AND DURATION OF STUDY

The study isbeingconductedattheRuralHealthCentre,Mandra fromMarch2014toNovember,2014.

SUBJECTS AND METHODS

200 patients with type-2diabetes arebeing recruited according to apre-defined inclusion andexclusion criteria.The demographic details(age, gender, marital status) and theclinical characteristics(duration of illness, complications, current treatment) of the patients are being recorded. Hamilton Rating Scale for Depression (HAM-D), Problem Areas in Depression (PAID) scale,Patient Health Questionnaire (PHQ-9) and WHO Well Beinglndex(WHO-5)arebeingadministered.T-testandPearson Correlation willbeusedto estimate theassociationof variables.

RESULTS

Initialresultsshowthata significant number ofpatients withtype-2diabetessuffer from co-morbid depression. It hasalso beenseenthat patients with diabetes andco-morbid depression show lower scoreson thequality oflife scales.The study will be completed in November, 2014 and the completeresultswillbeshared withtheparticipantsoftheconference.

CONCLUSION

Significant numberofpatients withtype-2diabetessuffersfromco-morbiddepression.

KEYWORDS

Type 2 diabetes,Depression, Primaryhealthcare.

#### PREVALENCE OF DEPRESSION AND ANXIETY IN TUBERCULOSIS PATIENTS

NADEEM RIZVI, AMREEN

Jinnah Post Graduate Medical Centre (JPMC) Karachi - Pakistan

OBJECTIVE

Theaimof present studywasto determinetheprevalenceofdepression and anxiety among tuberculosis patients.

Design: It was a descriptive study and irwestigated the co-morbidity of depression and anxiety among tuberculosis patients with reference to gender.

PLACE AND DURATION OF THE STUDY

Thisstudywasconducted in JinnahPostGraduateMedicalCentre-Chest ward(TBclinic)fromJuly 2014to September 2014.

SUBJECTS AND METHODS

100 diagnosed patients of tuberculosis (50 males and 50 females) were conveniently selected. Patient Health Questionnaire (PHQ-9) and CiPnPrali7Pd AnxiPty [)i,ordPrQlJP,tionnairP(CiAO- 7) wPrPu,Pdto a,;,;p,;,; thPIPvPIofanxiPtyand dPf)rP<;<;ion.

RESULTS

56%TBpatientshadmoderate to severelevelofdepression whereas65%TBpatientshadmoderate to severelevelof anxiety.Femalepatientshad significantly highprevalence ofdepression as compared to males (t =-2.173,df= 98, P>.05).Similarly prevalence of anxiety wasalsosignificantly higherin femalepatients(t =-3.468,df =98,P>.05).



CONCLUSION

Study found depression andanxiety are co morbid factors with TB. However, better management of these psychiatric morbidities may lead to positiveoutcome ofTBtreatment.

KEYWORDS

Tuberculosis,Depression, Anxiety,Patient Health Questionnaire,Generalized Anxiety Disorder Questionnaire.

## General adult psychiatry

#### ATTITUDE OF GIRLS MEDICAL STUDENTS TOWARDS PSYCHIATRY

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Department of Psychiatry Hayatabad Medical, Peshawar

OBJECTIVE

Tofindouttheattitudeof girlsmedicalstudents towardsPsychiatry.

DESIGN

Crosssectionalstudy.

PLACE AND DURATION OF STUDY

Thisstudy wasaconducted in KhyberGirlsMedicalCollege(KGMC) Peshawar, Khyber Pakhtunkhwa (KPK).

SUBJECTS AND METHODS

Students wereselected anddividedin twogroups first group was labeled ascasesandconsisted of3rd,4thandfinalyear students.Secondgroup consisted of 1st and2nd year students and was labeled ascontrols..There were 86 students included in case group and 98in the control group. Attitudetowardspsychiatry wasassessed bya validated scalecalledattitudetowards psychiatry scale(ATP-30). SPSS Version 19wasusedfordata andstatisticalanalysis.Student'st-testwas appliedto findoutthestatistical significance.

RESULTS

Questions in ATP-30 scale were divided in to four sets in assess student's attitude towards different aspect of psychiatry. These aspects were, Psychiatric patients and psychiatric illness; Psychiatrist and subject psychiatry; Psychiatric knowledge and teaching; and Psychiatric treatment and hospitals. Overallboth groups showed positive attitude towards psychiatry. There was somestatistically signifi<ant differencebetween the two groups regarding some important itemson the ATP-30, while the rest of majority items had aneutral response. These differences between thetwogroupsmaybeduethefact thatthecontrol groupconsisting of 1st yearand 2ndyearstudentshadlimited exposureto clinical psychiatry ascompareto theclinicalstudents group.

CONCLUSIONS

Overall both groups showed positive attitude towards psychiatry.There was some statistically significant difference between the two groups regarding some important itemson the ATP-30, while therest ofmajority itemshadaneutral response. However, first andsecond yearstudents with limited exposure to psychiatry consider psychiatric hospitals to be more likeprisons. There isnumber of reasons for this attitude such as negativeportrayal of psychiatric hospitalandtreatment in the mediaand reducedexposure ofmedical students to psychiatry dueto competition fromother medical departments forcurriculumtimein medical schools.

KEYWORDS

Attitude,Medicalstudents,Psychiatry, Statisticalsignificance.

#### PATTERN OF PSYCHIATRIC COMORBIDITY IN REFFERED CASES TO PSYCHIATRIST AT A TERTIARY CARE HOSPITAL

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'Consultant Psychiatrist, Combined Military Hospital Attack. 'professor, Sir Cowasjee Jehangir Institute of Psychiatry Hyderabad.'Prof . DUHS

OBJECTIVE:

Tofindoutthepatternof psychiatriccomorbidity in referredcases topsychiatrist atatertiarycarehospital.



DESIGN

Descriptivestudy.

PLACE AND DURATION OFSTUDY

PNSShifaHospitalKarachi in aperiod of1year.

SUBJECTS AND METHODS

Thisdescriptive study was carried out on 100patients for a period of 1 year atPNS Shifa Hospital. After non-probabilityconvenient sampling,the cases were interviewed initially according to semi-structuredclinical assessment Performa. Diagnosis was made according to ICD-1Odiagnostic criteria.Rating scales were applied to rate thepsychiatric illnesses. The variablesof the study were recorded onsemi-structure Performa. All the dataobtainedfromtheprocedure mentioned above wasanalyzed usingStatistical Package for SocialStudies (SPSS).Frequency,percentage was computed for qualitativeoutput.

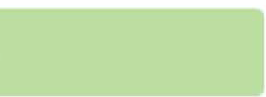
RESULTS

Out of 100patients,59(59%) were males and 41(41%) were females. 29(29%) belonged to agegroup of 30-40years.93 (93%) were married. And 38(38%) were uneducated.49 (49%) belonged to social class 4.38(38%) belonged to Punjab.54(54%) were referred because of co morbidity.60(60%) were referred frommedicine andallied.10(10%) hadapositive family history and88(88%) hadapositive past history.45(45%) were diagnosed having depression,23(23%) anxiety disorder,12(12%) mood disorder,3(3%) schizophrenia,3(3%) obsessive compulsive disorder,3(3%)acutestressreactionand 2(2%) organicmood disorder.10(10%) werehaving nopsychiatricillness.

CONCLUSION

Demographicfactorslikeage,sex,maritalstatus,educationalstandardandsocialstatus interplay arolein causation ofcomorbidty. Depression is themost frequent comorbid psychiatric illness and it is morefrequent in moderate form in age group 30-40 years,males, married, uneducated andinlow socioeconomic class4andS.Anxietydisorders andmood disordersaresecondmost frequent comorbiddisorders.

KEYWORDS

Cormorbidity,Depression, Specialty ofreferral.

#### THE MISSING LINK: HERV-W IN SCHIZOPHRENIA

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Schizophrenia isaneuropsychiatricdisorder ofcomplexetiology withrobustgeneticcontribution andepidemiologicalassociation withprenatal infections. It is unclear how the genetic, infectious, neurodevelopmental and neuroinflammatory aspects of Schizophrenia are interrelated. Human Endogenous Retroviruses (HERVs) have been presented as possible candidates constituting the missing link in the gene-environment interactions of Schizophrenia, with the HERV-W family showing the greatest evidence of association. HERVs are evolutionary archeological remains of retroviral infections which took place several million years ago during the course of mammalian evolution. Studies have identified retroviral nucleotide sequences, envelope andcapsid proteins, andelevated transcription ofHERV-W elements in cerebrospinal fluid,blood and brain samples frompatients of Schizophrenia.Prenatal infections(byagents such asinfluenza andToxoplasma gondii) can trigger activation of HERV-W genetic elements,leadingto variousgeneticmodificationsandinductionof chronicsub-acuteneuroinflammation.Secondary infections canreactivate andexpresstheproduction of HERV-Wenvelopeproteinin theCNS,leading to inflammation and neurotoxicity,andculminating in the first symptomatic presentation of Schizophrenia. In thispaper, we review the current association between HERV-W and Schizophrenia to provideanoverviewoftheroleplayed bytheseagentsin thisseverepsychiatric illness.

#### EVALUATION OF LEVEL AND DETERMINANTS OF SATISFACTION OF HEALTHCARE CONSULTANTS WITH THEIR WORK IN DIFFERENT SPECIALTIES WORKING IN PUBLIC AND PRIVATE HOSPITALS IN KARACHI, PAKISTAN

MUHAMMAD WAJAHAT, JAMSHED ALI, SHAKEEL AHMED ZIA, NASR HUSSAIN, SOHAIB AHMED KHAN

Dow Medical College, Karachi, Pakistan

OBJECTIVE

The objectiveofour study was to evaluate thelevelof jobsatisfactionamonghealthcare consultants belongingto different specialtiesworkingin PublicandPrivateHospitals.



DESIGN

Cross sectionalstudy

PLACE AND DURATION OFSTUDY

Healthcare consultants in Karachi.

SUBJECTS AND METHOD

A cross sectional design was employed through aself-administered questionnaire, comprising of socio-demographic assessment and 10items Warr-Cook-Walljob satisfaction assessment scalealong withadditional 8 pretesteditems,measured in 5 points likert scale.It wasdistributed and collected from a sample of 332 healthcare consultants over a period of 5 weeks between August, 2013 and September, 2013. Non-probable convenientsamplingtechnique wasbroughtintoservice. Pearsonchi-squareanalysiswasimplemented.

RESULTS

77.7%of healthcare consultants were found satisfied withtheir work.87.4%and68%of consultants working inPrivate andPublic hospitals were found satisfied withtheir work respectively.Chisquareanalysis indicated significant relationship betweenplaceofpracticeandjob satisfaction at thep-value of0.000. A high,almost equallevel ofjob satisfaction was found among consultants belonging to the specialtiesnamely Medicine & allied,Surgery& allied andDiagnostics & Laboratory.Involvement in recreationalactivitieswas foundto haveanimpactonjobsatisfaction.

Conclusion:Mostof theconsultants were foundsatisfied withtheir job.Consultants working in publichospitals werefoundlesssatisfied thanthat of private practitioners,mostly dissatisfied in physical working environment, amount of responsibility at work, rate of income and relationship withthepatients.

KEYWORDS

Cross-sectional study;jobsatisfaction;healthcareconsultants, Public practice,PrivatePractice,Karachi.

#### CHALLENGES OF EARLY CAREER DOCTORS: A CROSS SECTIONAL SURVEY

AHAB ASIF, SHAHANA NAZ, USMAN AMIN HOTIANA

**OBJECTIVES**

To determine the speciality preference during house job and postgraduate program.To determine the preferred place of working and whether they continuedordiscontinued their profession for otherfields.

DESIGN

Descriptivestudy.

PLACE AND DURATION OFTHESTUDY

Doctorsof KingEdwardMedicalUniversity,session2008 to 2010 werecontacted throughmailsurvey byusing convenience sampling.

SUBJECTS AND METHODS

After ethical approval, 600 doctors were sent a questionnaire, 401 doctors responded. The questionnaire covered the demographic details, preferences aboutcareer,specialtiesandcurrent workingplace.

RESULTS

Our study revealed that out of 401 sample 53 % female and 47% male with mean age (28.5±1.4). Most of the doctors were doing their post­ graduation in different specialties (277,69.1%) while124 (30.9%) didnot.Mostly doctors areworking in Pakistan (60%) while40%doctors settled in abroad. Of the following, majority doctors have continued their profession (80%) and of them (20%) have changed profession. Results also depicted that doctors (39.4%) areworking ingovernment hospitals.

CONCLUSION

Medicineandsurgery were themost preferred specialities while dermatology and psychiatry were least preferred. Basic sciences were offurther lower priority than clinical fields.Majority preferred to work in major citiesor goabroad. A significant number (20%) discontinued and adopted other fields.

KEYWORDS

Medical doctors,Specialties,Profession.



#### PSYCHOSOCIAL DETERMINANTS OF ANTENATAL ANXIETY AND DEPRESSION IN PAKISTAN: IS SOCIAL SUPPORT A MEDIATOR?

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CMH Lahore Medical College and Institute of Dentistry, Lahore

OBJECTIVE

Tofindout psychosocialdeterminantsof antenatalanxiety anddepressionin Pakistan.

DESIGN

Cross sectional study.

PLACE AND DURATION OFSTUDY

Four teaching hospitalsin LahorefromFebruary,2014toJune, 2014.

SUBJECTS AND METHODS

A total of 500 pregnant women seen at hospital obstetrics and gynecology departments were interviewed with a questionnaire consisting of threesections:demographics,the Hospital AnxietyandDepression Scale(HADS) andthe SocialProvisions Scale(SPS). All data wereanalyzed with SPSS v. 20. Descriptive statistics were analyzed for demographic variables. Pearson's chi-squared test,bivariate correlations and multiple linear regression wereusedto analyze associations betweenthe independent variablesandscores on the HADS andSPS.

RESULTS

Mean age among the 500 respondents was 27.41 years (5.65). Anxiety levels in participants were categorized as normal (145 women, 29%), borderline (110, 22%) or anxious (245, 49%). Depression levels were categorized as normal (218 women, 43.6%), borderline (123, 24.6%) or depressed (159, 31.8%). Inferential analysis revealed that higher HADS scores were significantly associated with lower scores on the SPS, rural background, history of harassment, abortion, cesarean delivery and unplanned pregnancies (P < .05). Social support (SPS score) mediated the relationship between the total number of children, gender of previous children and HADS score. Women with moredaughters weresignificantly more likely to score higher on the HADS and lower on the SPS, whereas higher numbers of sons wereassociated with **the** opposite trends in the scores(P< .05).

CONCLUSION

Because of the predominantly patriarchal socio cultural context in Pakistan, the predictors of antenatal anxiety and depression may differ from thosein developed countries.Rural womenand working womenhadhigher levels of antenatal anxiety anddepression, which contradicts earlier findings in western countries.Our study found that higher numbers of daughters were associated with higher levels of depression andanxiety, whereas sons had a protective influence. We therefore suggest that interventions designed and implemented to reduce antenatal anxiety and depressionshould take intoaccount theseuniquefactorsoperating in developing countries andpatriarchal societies.

KEYWORDS

Psychosocial determinants,Antenatal Anxiety,Depression.

#### VIEWS OF MENTAL HEALTH PROFESSIONALS REGARDING THE EFFECTS OF MENTAL ILLNESS ON MARRIAGES IN PAKISTAN: AN EXPLORATORY STUDY

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OBJECTIVES

Tostudythe viewsof MHPs aboutthereasons forcouplesto stayin (orbreak away)from amarriagewhenoneofthepartnersbecomesmentallyill.

DESIGN

Qualitative studydesign.

PLACE AND DURATION OF STUDY

Dept.of Psychiatry, Aga KhanUniversity,Karachi

SUBJECTSAND METHODS

We conducted a qualitative study, using a semi-structured interview guideline. For mental illnesses we included Bipolar Affective Disorder,



Schizophrenia andsevere forms of Obsessive-CompulsiveDisorder, as theseconditions cause most disruption in a marriage. We interviewed 14 MHPs thatincluded 5 psychiatrists,7 psychiatry trainees and 2 psychologists from a university hospital in Karachi.Twoof the authors conducted alltheinterviews,after rec,eiving trainingin interviewing andwithgood inter-rater reliability.

RESULTS

Our respondents identified thefollowingareas that affected the outcome ofamarriage in which oneof thepartners hada mentalillness:duration of the illness, duration of the marriage, gender of thementally ill spouse, family setting (nuclear or joint), typeof marriage (choice or arranged), attitude of the healthy spouse and whether the healthy spouse was aware of the mental illness before the marriage. There was a general agreement that individualcircumstances tendto differ and affect the outcome. All mental health professionals believed that psycho-education andcounseling canhelpsustain themarriage in thesespecialcircumstances.

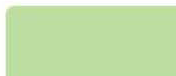
##### CONCLUSIONS

MHPs play animportant rolein thecounseling of couples and families when one of thepartners becomes mentally ill.Theadvice andcounseling theygiveto thecouplecaninfluence theoutcome ofsuchmarriages.

Thereis needto conduct this study witha larger sample size in different settings withinPakistan. Theinformation gained canhelpin developing strategies that canaddressthisimportant but under-researched area.

KEYWORDS

Mental health professionals,Mentalillness,Marriage.

 **MARRIAGE AND MENTAL ILLNESS: AN EXPLORATORY STUDY**

##### KIRAN DOSSANI, SUALEHA SHEKHANI, DUR-E-SAMEEN HASHMI, NARGIS ASAD, MURAD M KHAN

Dept. of Psychiatry, Aga Khan University, Karachi

##### OBJECTIVES

Tostudy thefactorsthatinfluences the decision to stayin orbreakaway frommarriages whenoneof thepartnershasamentalillness

DESIGN

Crosssectional,qualitative studydesign

PLACE AND DURATION OF STUDY

Psychiatry in-patient unitandout-patientsclinics of AgaKhanUniversity Hospital,Karachi.06months

SUBJECTS AND METHODS

We included three psychiatric disorders for our study: schizophrenia, bipolar affective disorders and severe forms of obsessive-compulsive disorder, as all three causesignificant disruption in the marriage. 30healthy spouses of partners with one of thethree psychiatric disorders but with intact marriages were interviewed to explore the problems they face during the course of their marriages and their personal and social reasons for staying in it. Conversely, tofindthe dynamics of a brokenmarriage, 20patients were interviewed.The interviewsof 20primary care­ givers related to the latter sample were also conducted for reliability purposes. Five categories of marital status and mental illness were delineated: mental illness diagnosis made pre-marriage or post-marriage, whether the healthy spouse had or did not have knowledge of the mentalillnessbeforethe marriage andcurrent statusof marriage(intact orbroken)

RESULTS

Factorsthat emerge from our study shows that the involvement of family, the gender of the mentally ill spouse,the presence of children, the duration of theillness, therelapsing nature oftheillness and the support system provided to thecouple weresomeof thefactors that affectedthe outcome ofthemarriage.

CONCLUSIONS

In the context of Pakistan, the findings of the study have special significance as bothmental illness anddivorce carry a huge stigma.Pre-marital counseling, psycho-education,earlydetection, relapsepreventionandproviding emotional andmaterialsupportto the couple aresomeofthe areasthatcanpotentially affecttheoutcome ofsuchmarriages.

KEYWORDS

Marriage,Mental illness,Disruption.



#### ROLE OF ELECTROCONVULSIVE THERAPY (ECT) IN REFRACTORY OBSESSIVE COMPULSIVE DISORDER (OCD) COMORBID WITH SEVERE DEPRESSION

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Refractory obsessive compulsive disorder comorbid with depression is a clinical challenge to treat. Electroconvulsive therapy (ECTIis currently not used as first line treatment for OCD.However several reports have shown that ECTis effective for severeOCD. ECT isanestablished effective treatment in severe depression.In this review, wehave evaluated theroleof ECT in a subset of refractory OCD who comes withcomorbid severe depression.The existingevidencemostlyconsistofcasestudies.Wehavedrawn onthebodyof publishedevidence,as wellasoncasestudiesand expertopinion.ECT,retains itsreputation andcomes out asa saviour to refractoryOCDcomorbid withseveredepressivesymptoms.

#### ASSESSING THE SIGNIFICANCE OF SPIRITUALITY IN MANAGEMENT OF PATIENTS IN KARACHI, PAKISTAN

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Dept of Psychiatry, Aga Khan University Hospital

Spirituality is an important part of social sciences as well as of human evolution,activity and transcendence.Spirituality also playsan important part in coping with trauma in the aftermath of natural and/or manmade disasters. The role of spirituality in medicine has also received some attention. Althoughresearch hasshed light ontheroleof spiritualityinmanagement ofpatients suffering from avarietyof illnesses, thereisaneed for greater understanding on the role of spirituality to solve some of medicine's greatest mysteriesl. Various researches have been done to evaluate health professionals' account as well aspatients' perspective onsignificance of spiritual issuesin psychiatric management. There have beenstudiesfromPakistan thathavelooked attheroleofreligion inpatients' illness,which showed thatdesireof patientsfromtheirphysiciansto express aprayer for themaloudand othersaccepted thatbeingincareof'God-fearing physicians'wouldhaveapositive impact ontheir health.In order to determine theimportanceof spiritual needin thetreatment plan and to proposebio-psycho-social and spiritual modelfor evaluation of medical and psychiatric illnesses, the Research question is designed to evaluate patients and health professionals' opinions regarding the significanceofspirituality in patients' illnesses andmanagement. Asfaras wecan determinenoprevious studyin Pakistan hasbeenconducted in which both patients' and healthprofessionals' were evaluated. We willconduct interviewsof both 40 patientsand 40 health professionals from following specialties to gain their opinion on spiritual discussion. For health professionals we would use 17-item proforma questionnaire. Informed andWritten consent will betaken from allrespondents. However,Patient will beinterviewed separately in anoutpatient department of Neurology, Psychiatry, Oncology, Medicine, Family Medicine and Rheumatology. 5- Item self-devised tool will be applied on patients.Patients' privacy andconfidentiality will bemaintained.Interview willbe conducted fromFollow-up patients.Thefocus would beto highlight areas which may need attention in improving therapeuticalliance as wellas patients' satisfaction also to improve quality of care and outcome ofillnessesin long term.Inthecontext ofPakistan, the findings of thestudyhave specialsignificance ofspiritual discussion in mentaland medicalillnesses.The need ofpsychiatry chaplainship,inculcationof spiritualityin academicsandintegration of spiritualservices insocial supportcanbeassessed.

## Mental health provision

#### DEVELOPING A FRAMEWORK FOR EFFECTIVE COLLABORATION BETWEEN MENTAL HEALTH SERVICE PROVIDERS AND FAITH BASED HEALERS IN PAKISTAN

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'Rawat Institute of Health Sciences, Islamabad, Pakistan 'Pakistan Medical Research- Council, Islamabad, Pakistan 'Bradford District Care Trust, UK

##### OBJECTIVES

The objectives ofthe study were to Identify theterminology used to describe faith-based healersand faith healing practicesin Pakistan;Explore pathways to care, how commonly and why people with mental health problem seek help from faith healers;Describe explanatory models and treatments used byfaithhealers;Todevelopguidelinesforeffective collaboration between mentalhealth servicesandfaithbasedhealers.

**DESIGN**

Literature Review.



PLACE AND DURATION OFSTUDY

RawalInstituteof Health Sciences,Islamabad from2013 to 2014.

SUBJECTS AND METHODS

Phase-I: Literature was searched from 2001 onwards till to date,as WHO published World Health Report (13 years) back onMental Health and pathways followed by psychiatric patients. We searched databases i.e., Medline,EMBASE, Psychinfo, CINAHL, Pakmedinet, Index lslamicus and Google Scholar.Relevant Journalswerealsosearched along withtheses/dissertationsfromdifferent institutions/universities.

Phase -II: Will include in depth interviewsandFocus Group Discussions with mental health service users, faithbased healers and mental health careproviderstodevelopguidelinesforeffective collaboration.

RESULTS

During review ofliterature, 1620articleshave beenidentified.These wereshortlisted according to inclusion criteria and thosenot relevant to our cultureandlanguage wereexcludedleaving behind 26relevant published studiesand08unpublished research papers(theses/dissertations).

CONCLUSIONS

Almost 50%of thepsychiatric patients report to faith based healers forrelief ofmental health problems.This review also identify that there isno existing collaborative model available for mental health service providersand faith based healers in Pakistan. Therefore there is a dire need to develop acollaborative modelinorder to improvementalhealthservicesin Pakistan.

KEYWORDS

Effectivecollaboration,Mentalhealthserviceproviders,FaithHealers.

#### ACADEMIC IMPERIALISM AND PSYCHIATRIC RESEARCH IN PAKISTAN

MURAD MOOSA KHAN

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This is to review collaborative research between foreign investigator and Pakistani mental health professionals. The review of publications of psychiatry research projects was done where the primary investigator was based outside Pakistan. Psychiatric research in Pakistan suffers from semi colonial approach. Foreign investigators (including expatriate Pakistani psychiatrists settled in the West) frequently conduct psychiatric research in Pakistan.Many studies done by foreign investigatorsin Pakistan simply could not be done intheir homecountriesnorreceive ethical approval. Many foreign researchers takeadvantage ofthe weak ethical review process in Pakistan.Inmany instances there arenostanding ethics review committees and an ad-hoc one isset up for a particular project only. Whereas one of the main stated aim of many of these projects is to increase research capacity in Pakistan, more frequently than not local professionals have little opportunity to partidpate in actual research work; their participation islimited **to** data collection or identifying research subjects. In this role they have littleopportunity to enhance their research skills,asthey arenot partof the study's design, analysis, synthesis orreporting. Ananalysisofmore than 20research publicationsof studies done byforeign researchers in Pakistan shows theforeign investigatorto bethelead author.Veryfewlocal professionals involved inthese studieshave gone on to conduct independent research themselves. Foreign researchers can distort country research agendas and undermine national research systems,as they pay insufficient attention to nationalhealth priorities.Issuesof ownership, sustainabilityand development of research capacity are not clearly addressed. It is important that all research collaboration between foreign researchers and Pakistani mental health professionalsbe thought through carefully and the ethics of such collaboration be considered. Foreign researchers must not only focus onthe results andpublications butonbuilding genuineresearch capacity andraising thestandards ofresearch in Pakistani host institutions.

#### USE OF POLITICALLY CORRECT LANGUAGE IN MENTAL HEALTH PROFESSIONALS

ZULQURNAIN ASGHAR

President, Potohar Mental Health Association (PMHA)

OBJECTIVE

Tomeasure theuseofpolitically correct language amongmentalhealth professionals in auniversity setup.

DESIGN

Observational study.



PLACE AND DURATION OFSTUDY

SO mental health professionals including 35 females and 1S malesaged between 22 to 36 years had been observed during weekly roundup of internship's supervision in auniversitysetup.Durationofthestudywas7 months(March 2013 toOctober2013).

**SUBJECTS AND METHOD:**Observational method was used to gatherthe data.Observations were made onthe criteriaofperson*Vs* illness/ impairment/ disabilities. Languagewasobservedin a natural/ real setting.

RESULTS

30% participants were not aware of politically correct language, 20% participants were partially aware but they did not use politically correct language, 30%participants were notconvinced to use politically correct language and 20% participants were convinced that politically correct language shouldbeused.Therewasnosignificant differencefound b/w malesandfemales regarding useof politically correctlanguage.

CONCLUSION

Mentalhealthprofessionals in Pakistan arenotawareoffandarenotsensitive toward thecorrect use oflanguage fortheirclients.There isa need to make them aware and sensitive about use of correct terminologies for different mental health disorders e.g.Instead of mental retardation intellectual impairment should be used. This will help reducing labeling and stigmatization. Moreover, politically correct language should be promotedandincorporated in thementalhealthcurriculum.

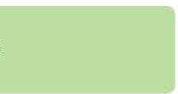
KEYWORDS

Politics,Language,MentalhealthProfessionals.

### NETWORKING, INTERNET AND PROFESSIONALISM - A FOCUS ON DIGITAL PSYCHIATRY

##### NOSHEEN SHEIKH

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Howcan psychiatrists integratetechnologyprofessionally intoclinicalpractice?Thispaperwilladdress keyconcerns that can arise withtheuseof technology. It will also look at promising technological opportunities that can be integrated into psychiatric practice while respecting professional boundaries. Finally, recommendations for use of technology in psychiatric practice will be discussed. Review of articles and Guidelines forethical conduct onsocial mediaasdiscussed ata workshop called"Blurred Lines:Challenges Encountered by Psychiatry Traineesin Maintaining Professionalism in theDigital Age," at the APA annual convention. A few important points fromthese guidelines: Allcontent should be considered public and permanent; Always consider patient privacy and confidentiality in social media; Utilize privacy settingsto safeguard personal information andcontent;Maintain appropriate boundaries when interacting with patientsonline;Consider keeping separate personal andprofessional social mediaaccounts; Whenyoufindunprofessionalcontentpostedbyacolleague, bringittotheattentionofthecolleague; if it is notadequately addressed, bring it to the attention appropriate authorities; When in doubt about certain aspects of technology, ask an expert (eg,IT,riskmanagement, legal,clinical,ethical).Ingeneral,psychiatrists need to appreciate thattechnology ishereto stay andrepresents a critical changeto theframework of practicing psychiatry.By spurningtechnology,psychiatristsmay risk failing to understand itsimportance in thelives of patients as well as its inevitable role in clinical practice. By embracing technology without caution, they risk violating professional roles and boundaries.Bykeeping in mindsomecaveats,psychiatrists cansuccessfully employ technology in their practice.

### TERRORISM IN PAKISTAN: A BEHAVIORAL SCIENCES PERSPECTIVE

##### NIZAMI AT, RANA MH, HASSAN TM, MINHAS FA

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Thisarticle reviews thebehavioral scienceperspectives of terrorism in Pakistan.It canbearguedthatPakistan has gained worldwideattention for "terrorism" and itsrole in the "war against terrorism". The region is well placed geopolitically for economic successes but has been plagued by terrorism in various shapes and forms. A behavioral sciencesperspective of terrorism is an attempt to explain it in this part of the world as a complex interplay of historical, geopolitical, anthropological and psychosocial factors and forces. LJrawing from theories by Western scholars to explain the behavioral andcognitive underpinningsof a terrorist mind, the authorshighlight the peculiaritiesof similar operatives at individual and group levels.Thorny issuesrelatedto the ethical andhumanright dimensions of thetopic arevisited from theunique perspective ofa society challenged by schisms and divergence of opinions at individual, family, and community levels. The authors have attempted to minimize the political descriptions,althoughthiscannotbeavoided entirely,becauseof thenatureof terrorism.



##### ECONOMIC BURDEN OF MENTAL HEALTH IN PAKISTAN

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'Dept. of Community Health Sciences (CHS), 'Dept. of Psychiatry

**Aga** Khan University, Karachi

OBJECTIVES

Toestimatetheeconomicburdenof mentalill-health in Pakistan

DESIGN

Secondarydataanalysis.

PLACE AND DURATION OFSTUDY

Dept.of Psychiatry,AgaKhanUniversityHospital.06months

SUBJECTS AND METHODS

Data setonallin-patient admissions(N=642) andambulatory care patients (N=1240), for theyears 2005-06 were classified intoICD-1Ocategories to estimate healthcare and other costs. Healthcare costs included consultation fees, diagnostics, bed charges, laboratory charges and medications.Othercosts were travel expenses,caregiver timeandproductivity losses. Cost estimates were applied to prevalence data ofmajor mental illnesses in Pakistan and LAMI countries.Cost estimateswere adjusted for health seeking at tertiary careand primary health care in public andprivatesectorin Pakistanusingnationalsurvey data 2005-06 onhealthseekingbehavior.

RESULTS

Mooddisordersaccounted for52%ofadmissions and58%ofambulatory carecosts.Theaverage costperpatientperanyepisode ofmentalillness was PKR 3361 and PKR 26,705 for ambulatory care and admissionsrespectively. We estimated the total economic burden of mental health in Pakistan to be PKR 165.9 billion (USO 2.8billion) in 2005-06.This is 2.5% of the gross domestic product (GDP) of Pakistan for the years 2005-06. Productivity lossesaccounted for 61% of the total economic burden. Mood disorders, organic disorders, stress related /neurotic disorders and childhood behavior andemotional disorders arethemajor cost driversin thetotaleconomic burdenof mentalillnessesin Pakistan.

CONCLUSIONS

Our findings suggest that the economic burden of mental ill health is very high in Pakistan. This has huge economic consequences for the individual and family, health system and the general economy of the country.Majority of the population, especially those in transition and/or those whoarechronicallypoor cannot affordthecost of treatmentof their mentalillnesses.Thereisurgent need formoregovernment spending on mental health in Pakistan. There is also need for further research to identify cost effective strategies to address mental ill health both at community as wellashealthfacility basedsettings inPakistan.

KEYWORDS

MentalHealth,Costofillness,HealthEconomics andPolicy

##### TEACHING MENTAL HEALTH FIRST AID: EXPERIENCE AT AMAN FOUNDATION

MARYAM AHMED, FATIMA KHURRAM, SAADIA QURAISHY

The AMAN Foundation

OBJECTIVE

Tostudytheeffectivenessoftheprogrammeinimproving knowledge of andchangingattitudes towardsmentalillness.

DESIGN

Descriptive study.

SUBJECTS AND METHODS

TheMentalHealthFirst Aid (MHFA) program,originally developed in Australia, showspromise for acountry facing suchchallenges in themental health field.TheMHFA course was developed to equip lay-persons with theknowledge andskillsto provide initial helpto someone developing mental health problems of Depression, Anxiety, Psychosis andSubstance AbuseDisorder, as well asdealing withcrisis situations associated with thesedisorders.



RESULT

Thispaperpresents theeffectiveness of thecoursein PakistanUsing thedata from 361oftheparticipants (out of91trainees).The StandardMHFA program was delivered as a12-hour standard course over 2daysor 4days. The effectiveness of this course was measured onthree parameters; knowledge acquisition, change in stigmatizing attitudesand change in helping attitudes using self-reported evaluation questionnaires before and after the training. The questionnaire used was the standardized version used by MHFA International, with a few minor changes to contextualize for Pakistan. The courses were conducted for employees of the AMAN Foundation.The participants included senior and middle management, as wellas members of the field team, with varying levels of experience and education.The results reflect changes, if any, in the participants' ability to recognize mental disorders described in vignettes and in their beliefs about treatment compared to those of health professionals.Theresults, which arebeingfinalized,mayalsoreflectchanges in socialdistance frompeoplewithmentaldisordersandconfidence to helppeoplewithmentaldisorders.

CONCLUSION

The Mental Health First Aidprogram presents alow-cost,high-impact solution to increase mental health literacy,improvehelping attitudesand decrease stigma towardsindividuals withmentalhealthdisorders in Pakistan.

KEYWORDS

Mental health,First Aid,Crisis

##### DEPRESSION, ANXIETY AND SOMATIC SYMPTOMS IN GLOBAL PRIMARY CARE SETTINGS: A FIELD STUDY FOR THE ICD-11-PHC CARRIED OUT ACROSS PAKISTAN

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OBJECTIVES

The study aimed at improving the assessment and diagnosis of the most common mental disorders in PHC settings in multiple countries. It intended to assistWHO'sDepartment ofMentalHealthandSubstance Abuse (MSD) in determining whether theproposedICD-11-PHCissuitable foruseata globallevel.

DESIGN

Descriptive study.

PLACE AND DURATION OFSTUDY

In Pakistan, this study was conducted by a total of 24 primary health care physicians located in all the four provinces as well as Azad Jammu Kashmir.

SUBJECTSAND METHODS

A total of 750 patients were enrolled from all the provinces across Pakistan. The patients were screened for two major categories of diseases, namely anxious depression andBodyStressSyndrome (BSS).Thepatients were administereda5itemscaleCEF(clinical encounter form) to assess anxious depression and bodily stress syndrome. A trained research assistant then administered PROQSY CIS-R (Clinical Interview Schedule­ Revised) andWHODAS(WHODisability Adjustment Scale) on eachpatient.

RESULTS

The study aimed to establish the precise symptom thresholds on a brief depression-screening instrument, to evaluate primary care providers' ability to detect and assess depression and anxiety, to determine whether the presentation of BSS is similar across the various countries and primarycaresettingsparticipating in thefield study andto comparetheratesof somatic symptoms amongBSSpatients..

CONCLUSION

Thedata collection will becompleting at the endof October all across the world andthe resultsof thePakistan sitewill beshared with the larger groupin December.

KEYWORDS

Depression, Anxiety,Somatic symptoms,Fieldstudy.



#### NETWORKING, INTERNET AND PROFESSIONALISM - A FOCUS ON DIGITAL PSYCHIATRY

##### NOSHEEN SHEIKH

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How canpsychiatristsintegrate technologyprofessionally intoclinical practice?This paperwill addresskeyconcerns thatcan arise with the useof technology. It will also look at promising technological opportunities that can be integrated into psychiatric practice while respecting professional boundaries. Finally, recommendations for use of technology in psychiatric practice will be discussed. Review of articles and Guidelinesforethicalconduct onsocial mediaasdiscussed ataworkshop called"Blurred Lines:Challenges Encountered byPsychiatryTrainees in Maintaining Professionalismin theDigital Age,"at the APA annual convention. A fewimportant points from theseguidelines:Allcontent should be considered public and permanent; Alwaysconsider patient privacy and confidentiality in social media; Utilize privacy settings to safeguard personalinformation and content; Maintain appropriate boundaries when interacting with patientsonline;Consider keeping separatepersonal and professionalsocial mediaaccounts; Whenyoufindunprofessionalcontentposted byacolleague,bringittotheattentionof thecolleague;ifit is not adequately addressed, bring it to theattention appropriateauthorities; When in doubt about certain aspects of technology, ask an expert (eg,IT,riskmanagement,legal,clinical,ethical).Ingeneral,psychiatristsneed toappreciate that technology ishere to stayandrepresents a critical change to theframework of practicing psychiatry.By spurning technology, psychiatristsmay riskfailing tounderstand itsimportance inthelives of patients as well as itsinevitable role in clinical practice. By embracing technology without caution, they risk violating professional roles and boundaries.By keeping inmind somecaveats, psychiatristscansuccessfully employ technology intheir practice.

#### URBAN VS SUBURBAN MENTAL HEALTH

##### RTD. LT.COL. SAJJAD

Consultant psychiatrist Attack, Pakistan.

Most of the developing countries have a clear and contrast socio-economic differences between urban and suburban places.In this paper an attempt hasbeen made tocritically analyse thestateof mental health in the perspective of development gradient. The variousanthropological and socio-culturalparametersand etiological factorshavebeen discussed broadly.Anoutlineof thestateof available mentalhealth facilitieshave been presented.Theplight of mental health servicesin public sector in peripheryisto some extent addressed by theprivatesector. Although the perspectives in which psychiatrists are working in periphery are quite challenging yet their work is commendable. The private sector can contributea lot towards enhancement and refinement of mental health care.These psychiatric set ups can play a remarkable role in research, public awareness and teaching of psychiatry. The need of the day is to develop a strong liaison between public and private mental health professionals.Theinstitutesandprofessional bodieswill have to playleading role.

**Old age psychiatry**

#### PROFILE OF DEMENTIA PATIENTS FROM A TERTIARY HOSPITAL IN KARACHI, PAKISTAN

##### QURAT KHAN

Aga Khan University Karachi

OBJECTIVE

Tostudydemographics of dementiapopulationin Karachi, Pakistan.

DESIGN

Descriptivestudy.

PLACE AND DURATION OFSTUDY

AgaKhanUniversity fromOct1st,2013 tilldate

SUBJECTS AND METHODS

Adementiaregistry wasstarted at Aga Khan.Detailsincluding demographicsandclinical featureshavebeencollected.Dementiawasdiagnosed according to DSM-IVcriteria.



RESULTS

Wehave70patientsin theregistry sofar. Median ageis 66years,51% of the patients are males, 21%have no formal education, 6% have up to 8 years and 11% have10-12years of education. Median MMSEamong those who weretestable was 22 while 26% were not testable at the timeof presentation.Median durationof symptomsat presentation was2 years;familyhistorywas positivein 39%andParkinsonismwas present in 33%. 63%hadprobable Alzheimer'sdementia.Literaturesearch did not reveal anyclinical or populationbased studies in Pakistan. Some workhas been donein the fieldsof genetics andmolecular sciences mostlyin collaboration with othercountries.

CONCLUSIONS

Currently limited knowledge about demographics of dementia population in Pakistan from this first registry may be expanded, more registries needto be established in across thecountry andpopulation basedstudies shouldbe started.

KEYWORDS

Dementia,Demographics, Karachi.

#### DEPRESSION AND FUNCTIONAL STATUS IN THE ELDERLY IN KARACHI, PAKISTAN

##### MEHREEN ANWAR BHAMANll, MURAD MOOSA KHAN2, MEHTAB S. KARIM3& MOHAMMED UMAR MIR4

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'School of Public Policy, George Mason University, Arlington, VA, USA and•Tulane University School of Public Health, New Orleans, USA

OBJECTIVES

Todetermine the functional status and level of physicalactivity andtheirassociation withdepression in the elderly population (age60andabove) in Karachi,Pakistan.

DESIGN

Cross-sectional,multi-stage cluster sampiing

PLACE AND DURATION OF STUDY

Community- alll8 towns of Karachi. 12 months

SUBJECTS AND METHODS

Questionnaire-based interviews were conducted from July to September 2008. Functional status and physical activity were assessed using Activities ofDaily Living (ADL) andPhysical Activityquestionnairesrespectively.Depression wasevaluated usingthe 15-itemGeriatric Depression Scale(GDS).

RESULTS

Both mean ADLscore (9.9 + 0.2 vs.9.6 + 0.2) as well as time spent in physical activity /week (377.3 + 26.9 minutes vs.251.7 + 15.4 minutes) was higher in menthanwomenrespectively. Subjects spending more than310minutes(>5.2 hours) per weekin physical activity were60%lesslikely to be depressed compared to thosewhospentless than120minutes(<2 hours) perweek (AdjustedOR=0.4,95%Cl= 0.2-0.7).A oneunitincrease in ADLscoreshowed a10%decreasein depression after adjusting forother variables(Adjusted OR=0.9,95%Cl= 0.8-0.9).

CONCLUSIONS

Wefound astrong association between depression andtimespentin physical activitiesas wellasactivities of daily living.Our results indicate the potentially important positive roleof physicalactivity in depression in the elderly in Karachi.

KEYWORDS

Depression, Functionalstatus,Elderly.



# Psychology

#### RELATIONSHIP OF SENSE OF HUMOR AND MENTAL HEALTH: A COORELATIONAL STUDY

QUDSIA TARIQ,NAIMA ASLAM KHAN

University of Karachi

OBJECTIVE

Theaimof thisstudy was to investigatetherelationship betweensense ofhumour andmentalhealth.

DESIGN

Correlational study.

PLACE AND DURATION OFSTUDY

Schools andUniversities ofKarachi.

SUBJECTS AND METHODS

It wasassumed that(1)There wouldbeastrongrelationship between sense of humour andmentalhealth(2)There would begender differencein relation to relation to usage of sense of humour for coping withstress (3) There would be a difference in effective usage of sense ofhumour for coping among school anduniversity. TheResearch Sample comprised of 72(N= 72) students of which 36were males and 36 were femalesfrom various Schools theiragesranging from 15to 19yearsand fromvariousUniversities theiragesranging from 20-25 years respectively.Inthisstudy to measure sense of humour (Multidimensional Sense of Humour Scale (MSHS) (Thorson andF.C.Powell and Brdar, 1997) scale was used and to measurementalhealth(Mental HealthQuestionnaire (Bargar,1996) wasusedto gatherdata.

RESULTS

Pearson product-momentcorrelation coefficientswas used for thefirst hypothesis which showed norelationship between sense of humour and mental health r = -.028, p < .05.For the second hypothesis, t-test was used, sense of humour in males (M= 60.83, SD= 10.574) was less than in females(M=61.08,SD= 10.302), p > 0.05,*t=* -.102.Therefore, it was insignificant. To test thethird hypothesis t-test was used sense of humour in school(M=65,SD=6.891) ismore thanin university( M= 56.92,SD=l1.7),p< 0.05,t= 3.572.Therefore, thehypothesis standsconfirmed.

CONCLUSION

Thereisnorelationship betweensenseof humourandmental health whilesense ofhumour inmalesisless thanthefemales.

KEYWORDS

Senseof humour,Mental health,Gender.

#### TOWARD A PSYCHOSOCIAL MODEL OF PSYCHOLOGICAL ADJUSTMENT - INVESTIGATING THE ASSOCIATION BETWEEN LOCUS OF CONTROL, SELF ESTEEM AND PERCEIVED SOCIAL SUPPORT

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OBJECTIVE

The present research examines locus of control, self esteem and perceived social support as psychosocial variables assumed to moderate psychologicaladjustment.

DESIGN

Cross sectionaldesign.

PLACEAND DURATION Of STUDY

The research was conducted during 2012 - 2013 at various schools including special schools as well as vocational centres, hospitals and

rehabilitationcentresin Karachi.

SUBJECTS AND METHODS

It includes a sample of 200 adolescents including 100 adolescents with disabilities (40 blind, 34 deaf and 26 physically disabled) and 100 adolescents without disabilities.A demographic information formandfour self report measuresassessing locusof control,selfesteem,perceived socialsupportandpsychological adjustment werecompletedbyalltheparticipants.



RESULTS

Allexplanatory variablesintheproposed modelfor theresearch werefound tobesignificant usingregressionanalysisresulting intheacceptance of thehypothesisIF3,196=43.388,p<.001].

CONCLUSION

The finalmodelsuggests a strongassociation between thepredictorsandthecriterion variable withunidirectionaleffectsof self esteem towards psychological adjustment affecting both adolescents with and without disabilities. The results suggest a strong need for developing psychological interventions,basedmainlyonself esteem along with locusof controland the perception of support, for alladolescents in order to boost theiroveralladjustment.

KEYWORDS

Adjustment,Disability,Psychosocialmodel,Psychological interventions.

###### THE RELATIONSHIP OF COGNITIVE DISTORTIONS WITH PERSONALITY TRAITS IN ADULT UNIVERSITY POPULATION

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###### Institute of Clinical Psychology, University of Karachi

OBJECTIVE

The study aims to investigate therelationship of cognitive distortionswith personality traits for which following hypotheses were formulated:a) There would be negative correlation between adult's scores on cognitive distortions scale and extroversion and agreeableness factors of personality (b) Positivecorrelation on cognitive distortionsscale and neuroticism factor of personality and (c) Cognitive distortions willpredict neuroticisminadults.

DESIGN

Corelationalstudy.

Placeand duration ofstudy

Thisstudy wascarried outfromtheperiod ofMarchto June2014at theInstituteof ClinicalPsychology,University of Karachi

SUBJECT AND METHOD

89 students (SO females& 39males) with age range of 18 to SO were selected from the University of Karachi through simple random sampling (non-systematic).Participants respondedontheICPCognitiveDistortions Scale-Urdu andRevised Neo-Pir.

RESULTS

Analysis indicates that there isnegative correlation between cognitive distortions, extroversion and agreeableness.However, the correlation is weakandisalso statistically insignificant i.e.(Extroversion r=-.048)and(Agreeableness *r=* -.155).Secondly, there ismoderatepositivecorrelation i.e.(r*=*.469) between adult's score oncognitivedistortions scaleand neuroticism factor of personality. Third, linear regression analysis indicates

that cognitivedistortionspredict neuroticism in adult'si.e.(R2*=*.220,F*=*24.578,p < .000).

CONCLUSION

Thusnot allcognitive distortions areinvolved in every psychopathology butcognitive distortionsplay animportant rolein thedevelopment and maintenance of personality traitsandin thedevelopment of personalitydisordersandother psychopathologies.

KEYWORDS

personalitytraits,cognitivedistortions,fivefactors of personality.

### INTERNET ADDICTION AS A PREDICTOR OF LONELINESS, SELF ESTEEM AND SATISFACTION WITH LIFE

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###### Institute of Clinical Psychology, University of Karachi, Karachi

OBJECTIVE

Todeterminerelationshipof internet addiction withloneliness,self esteemand satisfactionwithlifeofuniversitystudents.



DESIGN

Corelational study.

PLACE AND DURATION OF STUDY

Thestudy wascarried outatInstitute ofClinicalPsychology, University of Karachi,Pakistan fromJanuary 2013to January2014.

SUBJECT AND METHODS

Total 300 (150 males and 150 females) students were selected from the different Universities of Karachi, Pakistan and were requested to fill respondent's profile formandwereadministered CompulsiveInternet UseScale,Differential LonelinessScale- shortstudentversion,Satisfaction WithLifeScaleandRosenberg SelfEsteem Scale.

RESULTS

The results through Pearson Product Moment Correlation Coefficient indicates that internet addiction isstatistically significantly related with loneliness, self esteemandsatisfaction with thelife;however Linear Regression makes clear that it isa weak predictor ofhigh loneliness, lowself esteem,andlowsatisfaction withlifeofuniversity students.

CONCLUSION

As results shows that Internet addiction is related to loneliness, self esteem and satisfaction with life, therefore, in order to prevent it's over involvement there is a need for proper check on the level of behavioral dependency of students on the internet. Training programs can be initiated for students having enough internet exposure, sothat theymaybenefit from thisscientific technology for educational andprofessional purposes andavoiditsusefornegative activities.

KEYWORDS

Internet Addiction,Loneliness, SelfEsteem,Satisfaction withLife.

#### DETERMINANTS OF PSYCHOLOGICAL WELLBEING IN MOTHERS OF INTELLECTUALLY DISABLED CHILDREN

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OBJECTIVES

Thepurposeof currentstudywasto investigatethesignificanceof ageof childrenandpresence ofsiblingsin determining depression,anxiety and stressin mothersof intellectuallydisabled children.

DESIGN

Descriptivestudy.

PLACE AND DURATION

Study wasdoneatInstituteof ClinicalPsychology in 2013.

SAMPLE AND METHOD

Sample was categorized after screening of mothers on twovariables,that is,1) Ageoftheir intellectuallydisable children,2)Number andgender of siblings of their intellectually disable child. On the basis of first criteria, mothers of children with ages between 5 to 13 years were selected; amongthem28weremothersof children withages5-7years,22weremothers ofchildren withages8-10years, while28weremothersof children withages 11-13years.Whileon thebasis of second criteria,sample ofmothers was categorized ashaving onlychild(N=18),mothers having only female children other than intellectually disabled child (N=25), and mothers having both male and female children other than intellectually disabled child(N=35).The agerangeof themothers was 25-45 years {Mean Age=36.59, withSD=6.97).Semi structure interview was conducted with participants to find out the history of problems, demographic form was filled and then Depression, Anxiety and Stress Scale was administered.StatisticalanalysiswasdonebyusingSPSS, 12.

RESULTS

Theresultsindicatethatthereissignificant difference amo

ngthree groups, i.e.1)mothers having only child, 2) mothers having daughters only other than theintellectually disabled child,and 3) mothers having both male and femalechildren other than the intellectually disabled child, on the variables of depression, anxiety and stress (F (2, 75)

=18.794, p<.001; F(2, 75) =41.924, p<.001; F(2, 75) =6.603, p<.002 respectively). Further findings reported that there issignificant difference among agegroups on thevariables ofdepression andstress (F(2,75) =4.517,p<.014; F (2, 75)=12.780, p<.001 respectively), however difference onvariable of anxiety was foundinsignificant {F(2,75)=.720,p>.05) amongmothers of intellectuallydisabled children.



CONCLUSION

It isconcluded that mother having onlyintellectuallydisable child,mother having daughters only otherthan theintellectually disable childand mothers havingbothmale andfemalechildrenother thanthe intellectually disabledchildperceived significant difference on depression, anxiety andstressrelateddisorders.Further implicationsandlimitation werediscussed.

Keywords

Depression,Anxiety,Stress, Age,Children,Mothers,Intellectual disability.

##### LIFETIME PREVALENCE OF EMOTIONAL/PSYCHOLOGICAL ABUSE AMONG QUALIFIED FEMALE HEALTHCARE PROVIDERS

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Aga Khan University, Karachi, Pakistan

OBJECTIVE

The purpose of this study was to determine the lifetime prevalence of emotional/psychological abuse among married female healthcare providers in tertiary carehospitalsin Karachi,Pakistan.

DESIGN

Descriptive cross-sectionalstudy.

PLACE AND DURATION OFSTUDY

Tertiary carehospitals of Karachi.

SUBJECTSAND METHODS

Thisstudy wasconducted on in asample of 350married female nursesand doctors,recruited from threetertiaryhealthcare hospitals (one public and two private).Thisstudyused the selfadministered modifiedtruncated WHOMulti-country questionnaire.Descriptive and univariate analysis wasperformed.

RESULTS

Of the total sample of 350 female married healthcare providers, 97.7% (n= 342) were reported with one or more forms of domestic violence at some point in their married life, whereby 62.6% (n=214) lifetime prevalence of emotional abuse was found due to any form of violence. The univariate analysis showed that hose female healthcare providers who had done their diploma were more prone to emotional abuse 46.7% (n=l00). And, nurses experienced more emotional abuse (57.9%) in their life than doctors. Moreover, there was a significant difference of emotionalabuseamong thoseparticipants' husband whoused and do not usealcohol(p=0.009).Themostcommon studyparticipants responses against emotional abusewere:62%(n=212,)verballyfighting back.15.2%(n=52)keeping quiet. 27.2% (n=93) talkingto husband, family/friends, 7%(n= 24) returningto parents'homeand5.8%(n=20) attempting suicide.

CONCLUSIONS

Domestic violence leadsto emotionalscars and should beconsidered asan inhuman act.However,its prevalence existsin every cultureandmore so in underdeveloped,economically challenged cultures. Emotional abuse isfrequentamong nursesanddoctors.Socio-demographic factors of womenhave been identified asoneof the determinant of emotional abuseamong healthcare professionals.Future research should investigate emotionalabusepatternsin not onlyforprofessional women but also forhousewives.

KEYWORDS

Domestic violence,healthcareproviders,intimatepartner violence,emotionalabuse.

##### FEASIBILITY STUDY OF A CULTURALLY ADAPTED COGNITIVE BEHVAIOR THERAPY FOR PSYCHOSIS IN A LOW INCOME COUNTRY

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'University of Manchester, 'Lancashire Care NHS Foundation Trust, 'Pakistan Institute of Learning,'Dow University of Health Sciences, 'Karachi Medical and Dental College, 6Queens University, Ontario

OBJECTIVE

Tostudythe feasibility of culturallyadaptedcognitivebehaviour therapy forpsychosis in low income country.



DESIGN

Randomizedcontrolledtrial.

PLACE AND DURATION OFSTUDY

Karachi,Pakistanin2014.

SUBJECTS AND METHODS

Patients with a Structured Clinical Interview for DSM-IV (SCID) diagnosis of psychosis were eligible for the study. Further assessments were completed by using Positive and Negative Syndrome Score (PANSS), PSYRATS (Psychotic Symptom Rating Scales), and the Insight Scale. Participants were randomized into either Culturally adapted CBTgroup (n= 18) orTAU group (n= 18). Participants in the Culturally adapted CBT groupreceived 12weekly sessionsof manual assisted culturallyadaptedCBTfor psychosis.

RESULTS

There were no significant differences between thetwo groupsat baseline.At three months followup there was asignificant improvement inthe Culturally adapted CBT group onPANSS general Psychopathology subscale,PANSS overall score andInsight scalecompared to theTAU group. Culturally adapted CBT group had lower scores on PANSS positive, PANSS negative, and two subscales of Psychotic Symptom Rating Scale as compared toTAUgroupbut differences werenotstatistically significant.

CONCLUSION

Culturally adapted CBT added to routine pharmacological treatment was acceptable to patients and was helpful in reduction of severity of symptoms.AdjunctiveculturallyadaptedCBTshouldbefurther investigated inthispopulation.

KEYWORDS

Cognitive behaviour therapy,Culture,Psychosis.

### GROUP INTERPERSONAL PSYCHOTHERAPY FOR MATERNAL DEPRESSION: AN EXPLORATORY RCT

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**• ,**

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OBJECTIVE

Thisstudyaimedto assess thefeasibility ofinterpersonal Psychotherapy (IPT)intervention formaternaldepression in Karachi,Pakistan.

DESIGN

Randomized controlled Trial.

PLACE AND DURATION OFSTUDY

KarachiPakistan,in 2014.

SUBJECTS AND METHODS

Atotalof50motherswererecruited aged18years andabove withachild below 3years ofage,andwithmild tomoderate depression.Participants wererandomly allocated to eitherIPTorTreatment asUsual (TAU) group.Edinburgh Postnatal Depression Scale (EPDS) wasusedto assess severity of depression at baseline, 3-months(end of intervention and 6-months after baseline. Patient Health Questionnaire (PHQ-9) and Generalized Anxiety Disorder(GAD-7) werealsoadministered.Total 12sessions of IPTweredelivered to 25participantsin threegroups.Theculturallyadapted IPTinterventioncomprised of asupportiveelement,aneducationalelement,parenting element andaninterpersonal relationshipelement.

RESULTS

Indicated thattherewasasignificant differencebetweenthetwogroups onEPDS at theendofintervention.

**CONCLUSION**

Interpersonal therapy maybeusefulpsychologicalintervention to address maternaldepressionin Pakistan.

KEYWORDS

Groupinterpersonalpsychotherapy,Maternaldepression,Patient healthquestionnaire.



**Substance Abuse And Dependence**

##### OPIOID ADDICTION: AN ILLNESS OF PRODUCTIVE AGE GROUP

WASHDEV, INAYATULLAH AWAN, FAZEELA MOGHAL, SYED ZAFAR HAIDER, MUHAMMAD IQBAL AFRIDI OBJECTIVE

To determine the distribution of gender and age group among opioid addicts along with their employment and income status reporting to psychiatrydepartment of atertiary carePublicsectorHospital.

DESIGN

Cross-Sectional Study.

PLACE AND DURATION OFSTUDY:

Department ofPsychiatry & Behavioral Sciences.JinnahPostgraduate MedicalCentre,Karachi, fromaugust 2012to February2013.

SUBJECTS AND METHODS

Thisstudy comprised of 157 subjects from eithergender who fulfilled thecriteria ofICD-1O for the diagnosis of Opioid addiction.Both out as well as inpatients aged 12 years and above were included in the study. Patients suffering from florid psychotic symptom (s) or any organic brain disorder were excluded. Subjects fulfilling inclusion criteria were enrolled after informed consent. A semi structured Proforma consisting of demographic details and a questionnaire was used to collect the data. Stratification was done with regard to age group and gender to see the impactoftheseontheoutcome.

RESULTS

Themean ± SDageof respondents was 31.83 ± 8.99yearswith range of 14-57 years.Themean ± SD age ofonset of using opioidswas 25.79 ±

7.17 years.Youngest ageofonset was 13 years while eldest ageto start using opioidswas found to be40years.The mean± SD duration ofusing opioids among thesepatientswas 5.29 ±3.72years(Range:1-20 years).Almost 90% wereunderthe ageof45years.Majority ofthe samples were

male (94.3%),females wereonly 5.7%.Nearly half(47.8%) ofopioid userswere unemployed.Monthlyincome from anemployment or from other sources wasbelow6000rupeesin about 30%.

CONCLUSION

Opioid addiction appears to be high among subjects below 45 years of age, which isconsidered as the productive age for either sex. Productive age group needsspecial attention andguidance to deal with thismenace. Employment statusand hence theincome are alsoadversely affected bythe opioidaddiction.

KEYWORD

Opioid Addiction,Illness,Productive agegroup.

##### PILOT PROJECT TO STUDY THE EFFICACY OF BUPRENORPHINE IN INJECTING DRUG USERS IN PAKISTAN

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Institute of Psychiatry, Benazir Bhutto Hospital, Rawalpindi, Pakistan

OBJECTIVE

Todeterminetheeffectiveness oforalsubstitution therapy withBuprenorphine inInjectabledrugUsers(IDUs).

DESIGN

Interventionalstudy.

**PLACE AND DURATION OF STUDY**

Thisstudy wasconducted at theInstituteofPsychiatry,BenazirBhuttoHospital,Rawalpindi fromJanuary,2012to December, 2012.

SUBJECTS AND METHODS

Patients with opioid dependence meeting the inclusion criteria were recruited for the study. After a 2 week period of symptomatic treatment, patients were putonsublingual buprenorphine (2-24mg daily).Follow ups wereplannedto monitor improvement,compliance, relapse,andside effects. Quantitative as well as qualitative assessments were carried out at 3, 6, 9 and 12 months follow up. Data was then analyzed using a software SPSS-14.0.Analysisof variance wasalso usedto testthedifferencebetweentheresults atdifferent pointof time.



RESULTS

A totalof 121participants wereincluded in thestudy. Almost allof thepatients weremale and majority belonged to theage groupof26-35years. 58.7% of the study population had co-morbid medical disease.The participants showed a marked improvement in all domains of Addiction Severity Index(ASI).There wasalsoa significant improvement in thequality oflifeofthepatients asmeasuredbyWHO-QOL 8REF beforeandafter treatment withbuprenorphine..

CONCLUSIONS

Oral Substitution Therapy (OST) isa widely accepted means of harm reduction in patients with opioid dependence. Our study showed that treatment withsublingual buprenorphine resulted in marked improvement in the quality of life of the participants as well as a decrease in the addiction severity of other agents. Wehope that thisstudy might be replicated ona larger population and thatOST might beincorporated as a treatmentin thesubstanceabusecentersacrossthecountry.

KEYWORDS

Buprenorphine,Injecting druguser,Oralsubstitution therapy.

### SOCIO-DEMOGRAPHIC CHARACTERISTICSOF SUBSTANCE ABUSERS INCLUSIVE OF HIV POSITIVE ADMITTED IN MODEL DRUG ABUSE & TREATMENT CENTER,

**DHQ HOSPITAL,FAISALABAD, PAKISTAN**

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OBJECTIVE

This study was undertaken withanobjective of collecting basic data to assess the extent and variety of drug abuse in patients presenting to the modeldrugabuseandtreatment center,DHQhospital,Faisalabad asper socialanddemographic circumstances.

DESIGN

crosssectionalstudy.

PLACE AND DURATION OFSTUDY

The study was conducted in the indoor Department of Model Drug Abuse Treatment Centre of Department of Psychiatry and Behavioural Sciences,DHQHospital,Faisalabad fromJan-2014 to March-2014.

SUBJECTS AND METHODS

80patientsdependent ondifferent drugs wereparticipated in thisstudy throughpurposive convenientsampling technique.Personal,Social,and Demographic variables were recorded onademographic sheet.Theresultswereobtained byusing SPSS17.

RESULTS

Descriptive statistics show that 31patients(38.8%) were HIV positive. Most of the patients were males (97.5 %), between 30 to 35 years of age (28.8%), married (61.3%), lived in urban areas (55%), were illiterate (32.5%), had primary level education (21.3%), or middle level education (22.5%).51.3%patientswerelabourers.

CONCLUSION

As illiteracy, low education, unemployment, labour as profession, and peer pressure are the key features of drug abusers. So, parents, health professionals, and state personals should take these as risk factors and focus upon these population segments to spread awareness and take measuresof controlto minimizetheincidenceof substanceabuse.

KEYWORDS

HIVpositive,Sociodemographics, drugdependence, addiction,substanceabuse.



## Suicide and deliberate self harm

### THE AGA KHAN UNIVERSITY DSH MONITORING STUDY (AKU-DSH): 10-YEAR EXPERIENCE

MURAD M KHAN, MOHAMMED ZAMAN

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OBJECTIVE

Tocollect dataregarding suicideand deliberateself-harm inateaching hospitalof Karachi.

DESIGN

Retrospective reviewof medical charts

PLACE AND DURATION OF STUDY

Aga KhanUniversity Hospital(AKUH).1990-2014

SUBJECTS AND METHODS

At the Aga Khan University Hospital(AKUH), a 500-bedded teaching hospital located centrally in Karachi (pop.approx. 18 million) a monitoring system was set up to record data of all DSH cases presenting to thehospital.Of the approximately 5000cases that presented to the emergency room (ER) about 1533 were admitted to the hospital, while the rest were either discharged from the ER or left against medical advice. Data is presented onalltheadmitted cases.

RESULTS

Oftheadmitted cases 61%were women,themajorityof whom weremarried (51%). 22%cases hadmadeatleast one previous attempt.Ingestion of benzodiazepines was the most common method in both genders, followed by organophosphate insecticides. In almost 60% of cases, the medications were present in thehouse. 10patients died following complications oftheDSH act, while only about a quarter attended for follow­ up,thoughalmost all wereadvised todoso.Interpersonal relationship problems, family conflicts and financialdifficultieswere themostcommon reasons cited.About35%werediagnosed withclinicaldepression, followed byacutestress and/oradjustment disorder.

CONCLUSIONS

Our results show that young married women are particularly vulnerable to suicidal behavior in Karachi, Pakistan. The easy over-the- counter availability of benzodiazepinesappeartocontribute to their high usage in DSH.Establishing asystem formonitoring DSH cases inhealthfacilities is useful, particularly in low income country settings where there is absence of a centralized national data collection system. However it is important thedataiscaptured in sucha manner that theinformation canbeused for analytical-epidemiological studies of highrisk groups and changesin thosecharacteristicsoveraperiodoftime.

KEYWORDS

Suicide,Deliberateself harm(DSM),Pakistan.

### THE IMPENDING SUICIDAL INTENT IN DEPRESSED PATIENTS COMING TO DEPARTMENTS OF PSYCHIATRY LUMHS, SCJIP, HYDERABAD AND DHQ HOSPITAL/ PMC FAISALABAD.

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OBJECTIVES

To assess theprevalence of impending suicidal intent among depressed patients coming to Departments of Psychiatry LUMS, SCJIP,Hyderabad andDHQHospital/ PMCFaisalabad.

DESIGN

CrossSectionalStudy.

PLACE AND DURATION OFSTUDY

The study was conducted insix months from 1st April 2014 to 30th September 2014 at Psychiatry Department Liaquat University of Medical &

Health Sciences & Sir Cowasjee institute of Psychiatry & Department of Psychiatry and Behavioral Sciences, Faisalabad.



SUBJECTS AND METHODS

A total of 1SO patientshave been included in this study having depression, diagnosed via ICD-10Criteria, 75 each from respective departments havebeenrecruited whomettheinclusion criteria.

RESULTS

Out of 1SO participants, medium suicidal intent was found to be highest 41.3%, highsuicidal intent was 26.7% & low suicidal intent was 10.6%. Moderate Depression that is58%was foundin most of patients, severe depression was found 37.3%andmilddepression in 4.7%.Themean age wasbetween 31-40years, predominantly females' 59.3%approaches ascompared with males thatis40.7%. Amongthem50%were married, 24 o/o were housewives and 24% were student. Suicidal intent was found to be high in middle socioeconomic group and more in nuclear family system(56%) thanJoint family system (44%).

CONCLUSION

Prevalence of Suicidal intent predominates in moderate depression, in married females especially housewives belonging from middle socioeconomic background andnuclearfamily system.

KEYWORDS

Suicide,SuicideIntent,Depression.

##### SOCIODEMOGRAPHIC PROFILE AMONG PATIENTS WHO HAVE DEPRESSION WITH SUICIDE INTENT PRESENTED AT DEPARTMENTS OF PSYCHIATRY LUMHS, SCJIP, HYDERABAD

**AND DHQ HOSPITAL/ PMC FAISALABAD.**

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OBJECTIVES

To see the Socio demographic profile among patients who has Depression with current suicide Intent coming to Departments of Psychiatry LUMS,SCJIP,Hyderabad andDHQHospital/PM( Faisalabad.

DESIGN

CrossSectional Study.

PLACE AND DURATION OF STUDY

The study was conducted insix months from 1st April 2014 to 30th September 2014 at Psychiatry Departments Liaquat University of Medical&

HealthSciences (LUMHS)&Sir Cowasjee instituteofPsychiatry andDepartment of Psychiatry andBehavioralSciences ,Faisalabad.

SUBJECTS AND METHODS

A total of 117 patients have been included in this study having Depression currently having suicidal Intent. They are taken from respective departments whomettheinclusion criteria.

RESULTS

Out of 117 depressed patients with suicidal intent, predominantly females 59%approaches to psychiatry ward as compared with males that is 40%. Among patients 56% were married, 28% were housewives and 28% were student. Most of them have educational status graduation and masters. Mean age wasbetween 31-40years,Higher inmiddle socioeconomic group andmore in nuclear family system (56%) thanJoint family system(43%).Mostof themhave nosocialsupport 51.3%.61(52%) were taking drug of abuse and96(82%) patients currently taking treatment for Depression or Anxiety. 66(56.4%) depressed patients with suicidal intent had Past psychiatric history, in which 32 showed medium and 25 patients showedsevere S1Uicidal intent.67(57%) patients had positive family psychiatric history with high current suicide intent.51.2% patients hadpast history ofsuicidal attempt most of them had high suicide intent presently.59 out of 117 patients hadsuicidal ideation;among them 24 had medium and 32 hadhigh suicide intent. Although Family history of suicide waspositive in 36(30.7%) cases but it was high in patients with mediumandhighsuicidal intent;29and26respectively.

CONCLUSION

Prevalence of depressed population with suicidal intent predominates in students, married females especially housewives belonging from middle socioeconomic background and nuclear family system.Most of patients used drugs of abuse.Past psychiatric history, family psychiatric history,pasthistory ofsuicide,family historyof suicideandsuicidal ldeationshasdirectrelationshipwithcurrentsuicide Intent.

KEYWORDS

Socio-demographics,Depression, Suicideintent.



#### SUICIDE IN ISLAM: FACT OR ARTIFACT?

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OBJECTIVES

Tounderstand whether suicidehappensin Islamand if so,whatistheextentof theproblem.

DESIGN

Literature review.

PLACE & DURATION OF STUDY

Dept.of Psychiatry, Aga KhanUniversity.Oneyear

SUBJECTS AND METHODS

Review of literatureon suicidein Islamandsuicidein Islamic countries by databases searches.

RESULTS

Suicide occurs in almost all Islamic countries, though very few collect national suicide data or report their mortality statistics on suicide to the WorldHealthOrganisation. ThestrongIslamic proscriptions have hadapotent deterrent effect against suicide, which isreflected in relatively low rates in Islamic countries,compared to non-Islamic countries. Thiseffectisindependent evenwhensocioeconomic development, education and other population characteristics are controlled. The strong condemnation of suicide and prohibition on alcohol are thought to be factors that contribute to low rates in Islamic countries. However, it is observed that in recent years, suicide rates in a number of Islamic countries such as Pakistan,Iran,Turkeyand Bangladesh havebeengradually increasing.

CONCLUSIONS

Suicideoccurs in almost allthe57 countrieswithmajority Muslimcountries of the world.Thoughsuicideratesaregenerally low isMuslimmajority countries compared to non-Muslim countries, the rates may not be as low as previously believed. In the face of adverse social and economic conditions,Islammay belosing someof its historical deterrent effect.Thereisneedforfurtherstudyin thisarea.

KEYWORDS

Suicide,Islam,WorldHealthOrganization.