Compilation of Abstracts

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“Transforming Mental Health: Managing Transitions”

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PLENARY SESSIONS

Plenary 1
Finding New Equilibrium in major Depressive Disorder
Dr Ting Joe Hang
MALAYSIA
Cognitive Depression is predicted to become the leading cause of worldwide disability by 2020 according to WHO. Despite the high prevalence, sometimes the diagnosis and treatment of MDD can be challenging. This presentation will cover a general review of treatment of MDD.

Plenary 2
 Restoration of Emotions to Improvement of Functioning: Clinical Implications
Professor Thomas C Baghai
GERMANY
Major depression is one of the leading causes of premature death and disability. Although available drugs are effective, they also have substantial limitations. The recent advances in our understanding of the fundamental links between chronobiology and major mood disorders, as well as the development of new drugs that target the circadian system have led to a renewed focus on this area. In this presentation, the associations between disrupted chronobiology and major depression will be summarized and new antidepressant treatment strategies that target the circadian system outlined. In particular, agomelatine, a melatonin-receptor agonist and selective serotonergic receptor subtype (i.e., 5-HT2C) antagonist that have chronobiotic, antidepressant, and anxiolytic effects will be highlighted. In the short-term, agomelatine has similar antidepressant efficacy to venlafaxine, fluoxetine, and sertraline and, in the longer term, fewer patients on agomelatine relapse (23.9%) than do those receiving placebo (50.0%). Patients with depression treated with agomelatine report improved sleep quality and reduced waking after sleep onset. As agomelatine does not raise serotonin levels, it has less potential for the common gastrointestinal, sexual, or metabolic side-effects that characterise many other antidepressant compounds.

Plenary 3
Treatment Options in Bipolar Disorder-A Question of Balance
Associate Professor Ng Chong Guan
MALAYSIA
Bipolar disorder is a common major mental illnesses and listed as the top ten disease burden globally. The management of Bipolar Disorder encompasses the control of the acute mood symptoms, maintaining the euthymic condition, preventing the recurrence of mood symptoms and improving functioning/ quality of life after recovery. To diagnose the current episode and specifiers is among the challenges in the treatment of Bipolar Disorder. There are some changes and revisions in the new Diagnostic and Statistical Manual for Mental Disorders- Fifth Edition (DSM 5) which may further complicate the treatment plan for Bipolar Disorder. Various pharmaco-therapeutic options were introduced for the treatment of Bipolar Disorder. The reported evidence in the management of acute manic phase of Bipolar Disorder is encouraging. However, effective treatment option for depressive and maintenance phases are still lacking. In addition, each treatment option has its own efficacy and safety profiles. As a result, treatment plan has to be tailored according the individual patient’s need and tolerability.
Plenary 4
TMS Therapy for the Treatment of major Depressive Disorder
Dr Rasaiah M Wislow
SINGAPORE
Major depressive disorder (MDD) is a chronic and impairing mental illness and treatment is challenging. Traditional pharmacological strategies are not always sufficiently effective, particularly in the long term treatment of MDD. In recent years, transcranial magnetic stimulation (rTMS) has emerged as a promising therapeutic alternative for the treatment of MDD. In 2008, the US FDA approved the first device for delivering rTMS for the treatment of patients with MDD who have not benefited from initial treatment with antidepressant medications. As rTMS therapy becomes more widely available, psychiatrists need to become familiar with this novel treatment modality and understand the data that surrounds its use in current practice. In this presentation, Dr M. Winslow, Senior Consultant Psychiatrist at Winslow Clinic will address the following:
• The science behind rTMS and how it exerts its effects as an antidepressant
• The role of rTMS in the treatment of MDD; and
• Delivery of rTMS therapy in a clinical practice setting

Plenary 5
Transforming Mental Health in Older People
Professor Helen Chiu
HONG KONG
With the aging demographics in Asia, care of older people with mental health problems has become an emerging health care issue. In particular, dementia, elderly depression and elderly suicide are important issues on the agenda. This presentation will highlight the challenges of care of older people with mental disorders in the elderly, lack of long term care and community facilities, and the decreasing family support. Some new models of service for elderly depression and dementia in face of these challenges are presented and discussed. The elderly Suicide Prevention Service in Hong Kong is a territory wide service which has been implemented for 10 years. This model also be described.

Plenary 6
Moving Towards Early Detection and Diagnosis of Dementia
Dr Chee Kok Yoon
MALAYSIA
Dementia is a form of organic brain disorder associated with progressive neurodegeneration with resultant cognitive changes in memory, language and rational thinking. Changes in social skills, behavior, emotion and personality may also occur. Although dementia is more common in those over the age of 65, it is not confined to this age group. Moving towards early detection and diagnosis of dementia also means acknowledging dementia in younger people. Many terms have been used for dementia occurring before the age of 65. The prevalence of dementia with onset between the ages of 30 and 65 years was 54 per 100 000 (Harvey et al. 2003). Alzheimer’s disease (AD) was the commonest followed by vascular dementia (VD) and Frontotemporal dementia (FTD). Japan has found similar prevalence of dementia with onset between the ages of 18 and 65 found to be 42 per 100 000. The commonest cause was VD followed by AD and head trauma (Ikejima et al. 2009). In comparison to late onset dementia, AD, dementia of Lewy Bodies (DLB) and VD comprise a lesser proportion. On the other hand, FTD and dementia caused by genetic or metabolic disease are more common in the younger-onset group (Sampson et al. 2004).
**Plenary 7**

**Advances in Mood Disorder: When 2 is better Than 1**

Dr Ang Jin Kiat  
MALAYSIA

The field of mood disorder has received much attention since its recognition. The sufferings are great among patients and lives are lost due to self harm. The new changes in DSM 5 have stirred up hot debates while we are waiting for ICD 11. The lecture aims to highlight the biological hypothesis of depression, the treatment options available and the future of pharmacological treatments in the field of mood disorders.

**Plenary 8**

**Gateway to Improving Patients’ Outcome- Latest Innovation in Opioid Dependence Treatment**

Associate Professor Philip George  
MALAYSIA

Opioid dependence, along with other substance misuse disorders, continues to be stigmatized in many parts of the world. It is often seen as a societal, behavioural or moral failing deserving punishment rather than a medical condition requiring treatment. Such attitudes can lead to a lack of treatment access with negative consequences for the users themselves and society as a whole. For example, countries that regard opioid dependence in such terms tend to have much higher rates of HIV infection among IDUs than those that view it as a medical condition. In managing opioid dependence, it often can begin as either a planned outpatient assessment for management of known dependence, or an opportunistic intervention, at which dependence is established. When it is opportunistic or when patients are unsure of what they really want, the Gateway Model to starting patients on this journey can be viewed as a humane and effective approach. There are options for post-detoxification but decision is often best made when patients are already stable and not using illicit opioids compared to when they are still using.
AFTA Symposium

SYMPOSIUM 1: Transforming Teaching Psychiatry in Asia Pacific

S1-1
Recruitment into Psychiatry Training in Australia and New Zealand
Professor Murray Patton
NEW ZEALAND
Although reasonably well resourced by many standards, sufficiency of psychiatrists in Australia and New Zealand remains an area of concern to governments and to health services in both countries. Psychiatry training has been identified by these governments as a priority area for further development. This session will discuss some of the initiatives to enhance recruitment into psychiatry, predominantly in Australia, and will touch briefly upon changes to the psychiatry training program. Amongst other aims, these changes hope to improve the timely progression toward achieving specialist qualification for those doctors who have chosen to enter psychiatry training in both countries.

S1-2
Should Leadership Development Form An Intergral Component of Psychiatrists’ Training in Asia-pacific?
Professor Mohan Isaac
AUSTRALIA
Resources for mental health care, including trained psychiatrists are grossly inadequate in most countries in the Asia Pacific region. Consequent-ly, the “treatment gap” is very wide in these countries. Many countries in the region have initiated expansion and reform of their mental health services and systems. Psychiatrists are often called upon to play multiple roles including that of being leaders in a variety of situations and settings. Effectively playing these multiple roles require appropriate initial as well as continuing training of psychiatrists. While few psychiatrists are able to use their personal inborn skills to effectively deal with leadership roles, most struggle with such responsibilities and have to often seek additional formal or informal training and mentoring. In an era of rapidly occurring scientific developments and advances in fields closely related to psychiatry, there are numerous challenges for psychiatric education and training. Many countries are also facing difficulties in recruiting trainees into psychiatry. While most of the developed countries are reviewing and revising their psychiatric training programs, not much is known about psychiatrists’ training in Asian countries. The World Health Organization (WHO) Atlas of Psychiatric Education and Training states that there is large variance in the scope and quality of training program across countries. The presentation will review the current situation of psychiatric training in some of the South Asian countries such as India and make a plea for incorporating leadership development and skills as an integral component of psychiatrists’ training program.

S1-3
Psychiatry Training in Asia and Pacific – Overcoming The Challenges Confronting Reformers
Professor Nalaka Mandis
SRI LANKA
The aim of this presentation is to identify ways of overcoming the challenges facing the reforms and reformers of training program in psychiatry. This presentation is based on the experience gained during the process of formally transforming the undergraduate psychiatry training program and initiating a postgraduate training program in Psychiatry in University of Colombo Sri Lanka in the last three decades. Continuing reforms and modifications of training programs are inevitable. Often
such changes are introduced with the intention of making the new training programs more responsive to emerging developments. However traditionally most of such reforms have been introduced by medical teachers with great emphasis on biomedical aspects. However during the last three decades policy makers in different parts of the world have come to realize the need for the professionals to respond to; emerging social changes, evolving nature of health care organization, the value of integrating educational principles to training programs and newer clinical approaches in patient care. The rationale behind the principles of new reforms in relation to undergraduate training in psychiatry and postgraduate psychiatric training in South Asia. Components of comprehensive training programs in psychiatry are identified. The challenges facing identification and implementation of reforms are reviewed. These include issues related to thinking behind the reforms, expertise needed for the reform process, administrative structures and resources. The discussion focuses on identifying how these challenges could be overcome in order to implement the selected reforms.

S1-4
Learning About Learning- Cutting Edge in Education and Training in Psychiatry
Dr Raja Natarajan
UNITED KINGDOM
Within psychiatry training, a change in teaching and learning methodology is endorsed by the World Psychiatry Association (WPA), who promote a move towards more interactive methods of teaching and away from didactic methodology. Evidence suggests that using constructivist, experiential methods for teaching, creates deeper levels of learning, with increased engagement and greater application of knowledge and learning in the context of clinical practice. The speakers have used this methodology in India, Hong Kong and Singapore, as well as the UK, with excellent feedback from UG and PG trainees. The workshop would focus on different ways to apply contemporary constructivist learning theories through the use of experiential techniques such as film, psychiatric simulation, and reflection. The session will also focus on how this cutting edge in teaching and training can be used in the transformation of teaching psychiatry in the Asia Pacific.

SYMPOSIUM 2: Psychogeriatric - Transforming Elderly Mental Health Services in Asia

S2-1
Towards Reducing the Use of Anti-psychotics in BPSD
Dr Suraya Yusoff
MALAYSIA
Behavioral and psychological symptoms is common with a cumulative risk of 90% through the course of the illness. It is commonly multiple and recurrent and maybe severe and complicated. It is dynamic and revolving and independently contributed to caregiver strain and a common factor for institutionalization. The use of antipsychotics to control BPSD is full of controversies. Guidelines recommended non-pharmacological intervention as the first line of treatment. However ‘off-label’ use of antipsychotics is common despite of the blackbox warning issued by the FDA. There are enough evidences to show that antipsychotics are at particular risks for people with dementia shared by all antipsychotics. Data on the extent of its use are poor even for the developed countries. Recent data from the UK suggested that 25% of people with dementia are on antipsychotics. In 39.4% of residents of long term care, no diagnosis or reasons for starting antipsychotics were recorded. In his paper, Banerjee (2009) stated that, “Good quality relevant information on the use of antipsychotic medications is needed if local systems of clinical governance are to work to reduce the use of these medications, and to en-sure that when they are used, they are used according to good practice guidelines”. To ensure best practice, strategies need to be developed at the national level, and quality
measures need to be implemented. This will include looking at the trend of use and carrying out audits on the use. In 2012, UK has started carrying out audits on the use of antipsychotics in dementia. New Zealand has its antipsychotics knowledge project (OAK Project, 2011) and the Centers for Medicare & Medicaid Services (CMS), came up with national initiative to see a 15% reduction in the use of antipsychotics in long term care. We make an attempt to look at the use of antipsychotics among the patients with dementia at Hospital Sultan Ismail Johor Bahru. We initially set an initial standard at 30%. The findings in a cross-sectional survey showed a prevalence of use of 31%, exceeding the standard set. We also tried to look into the trend of use of antipsychotics from 2008 to 2013 and also to determine whether the introduction of thee clinical practice guidelines of dementia (2010) and the requirement by the Ministry of Health to get consent for the use of ‘off-label medication’ make an impact on the use. We hope to present the results at this conference.

**S2-2**

**From Tynemouth To JB: A Model of Community Mental Health Team for Older People**

**Associate Professor Kartini Mohd Nor**

**MALAYSIA**

In the UK, mental health services are delivered by community mental health teams geographically placed within the catchment area. The purpose is to bring services to the doorstep of service users. I will discuss the typical working day of a community mental health team for older people and explore whether this model of mental health delivery is adaptable to local practice.

**S2-3**

**Learning Innovate Dementia Diagnosis: Convergence of Technology and Medicine**

**Professor Suh Guk Hee**

**SOUTH KOREA**

Contrary to our common sense, there exist no clear definitions of how to dichotomize presence or absence of essential features of dementia like amnesia, agnosia, aphasia, apraxia and executive dysfunction even though these five abnormalities are specifically pointed out in the diagnostic criteria of dementia in the Diagnostic and Statistical Manual (DSM) and the International Classification of Disease (ICD). In other words, dementia has been diagnosed not by clear definitions but by the arbitrary standard (i.e., cutoff score of the test). For example, there have been countless publications related to dementia using the Mini-Mental State Examination (MMSE). It is a brief 30-point questionnaire test to screen for cognitive impairment and dementia and to estimate the severity and to follow the course of cognitive changes in an individual over time. Any score greater than or equal to 25 points (out of 30) indicates a normal cognition. Below this, scores can indicate mild (21-24 points), moderate (10-20 points) or severe (≤9 points) cognitive impairment. Numerous foreign language versions of the MMSE have been validated and published locally and internationally. Excellent sensitivity and specificity of each version have been proposed. However, too many false positive or false negative cases appear when applying the MMSE to diagnose dementia or cognitive impairment. Perfect MMSE score of 30 can never rule out dementia. Low to very low scores correlate closely with the presence of dementia, but even low to very low scores cannot guarantee the presence of dementia or cognitive impairment. It is not limited to the MMSE but to any tools or batteries for cognitive assessment using the cutoff score to distinguish the abnormal from the normal. In medical tradition, dichotomized professional’s judgment (i.e., murmur, wheezing) or pathology (i.e., appendicitis) has been a gold standard to clearly distinguish the normal from the abnormal. However, in psychological model, the normal and the abnormal exist as continuum in terms of a normal distribution (i.e., IQ). On the assumption of a normal distribution, unusual values are values that are more than 2 standard deviations (SDs) away from the mean. For example, in the IQ distribution, the mean is 100 and the SD is 15. Using this notion, mental retardation has been defined
as a condition under IQ 70 that is the point of 2 SD in the IQ distribution. Even this notion has been exploited for the definition of mild cognitive impairment (MCI), a condition under 1.5 SD. There has been a neuropsychological battery adopting the 2 SD instead of the cutoff score to diagnose dementia. A large-scale nationwide community-based epidemiological study was conducted to establish the norm. Recent great advance in IT technology can make us to adopt this way. The platform to set such a test or a battery must be widely popular devices like tablet PC or advanced laptop computer because their touch function is useful and convenient to make people actively participate in the tests. In near future, this computer-assisted tests or batteries will replace paper and pencil tests to eliminate effects of age and education on the test score and to greatly increase diagnostic accuracy.

**S2-4**  
**Early Intervention Against Alzheimer’s Disease- New Understanding of γ-secretase Action and Surrogate Markers for Pathological Amyloid Processing**  
Professor Masatoshi Takeda  
JAPAN

Experience of donepezil, galantamine, rivastigmine and memantine has demonstrated limited clinical usefulness to Alzheimer patients, because the patients may show the cognitive decline below the baseline after one year continuous use of these symptomatic drugs. Development of disease-modifying drugs to slow down or suppress the pathological process of the disease is highly expected, which, however, has not been successful despite of the continuing endeavor in these 20 years. Many compounds, including gamma-secretase inhibitors, and gamma-secretase modulators, failed to produce good results in clinical trials. The results of the clinical trials of immunotherapy for Alzheimer’s disease were released with disappointing results. Considering these situations, there is a pessimism concerning the development of disease-modifying drugs under the present system of the clinical trial. New style of clinical trials of disease-modifying drug for Alzheimer’s disease is proposed and discussed, in which the reduction of the conversion rate from MCI to dementia could be used as the primary outcome of the clinical trials. Establishment of biomarkers for early detection of possible patients is necessary and our data of APLP1 and APLP2 peptides will be discussed as the surrogate marker for pathological gamma-secretase activity.

**SYMPOSIUM 4: Together In Transforming The Care for Mentally Ill: The Role of Allied Health Professionals**

**S4-1**  
**Creating Work - The Social Enterprise Way**  
Encik Zullydee Saiman  
MALAYSIA

Employment in people with psychiatric disabilities has positive effects in term of quality of life and self-esteem and there is a correlation with a greater satisfaction with life. In 2009 supported employment was introduced to Hospital Permai by Dr Hj Abdul Kadir. Supported employment programs adopts two types of model namely Individual Placement and Support (IPS) model and Hybrid Model (HM). Social Enterprise is one of the Hybrid Model in Hospital Permai. Social Enterprise is based on business approach and integrate with Vocational Rehab Program. The type of business under this model are bakery, cafeteria, catering, laundry, groceries store and a few small businesses. It has been well organized by patients and together with normal workers. Our main objectives are to creating job opportunities and generate competitive income for patients and at the same time to develop basic business skills for them.
**S4-2**  
**Supported Employment- A Model of Good Care**  
Dr Siti Salwa Ramly  
MALAYSIA

Supported Employment (SE) for severely mentally ill individuals is a program to place them in competitive employment. It provides continuous training and support to maintain their job. In Sungai Petani, it was initiated in December 2010. During the initial phase of the program, the focus of the attention is to create awareness among clinicians. They were constantly exposed to the benefits of SE in this target group. Incorporating SE in the management plan of each client had become the departmental policy. The results were encouraging. Clients who were once a revolving door to the system paved a different pathway. Later a model of good care was implemented to guide the team in providing a standardized and holistic approach.

**S4-3**  
**Managing Aggressive Patients Using Minimally Intrusive Options - No Physical Restraint**  
Matron Nor Dalia Ahmad  
MALAYSIA

Managing agitated or violent patients is challenging as such patients may cause harm to themselves, other patients, and the staffs. Methods that are usually employed in managing violent patients include seclusion and restraints. These methods are usually not favored by patients as being secluded and restrained are humiliating and inhumane. There has also been reported cases of injuries and even death of patients while on seclusions or restraints. In view of all these issues, it is therefore important to develop other ways to manage violent patients. Interventions such as one-to-one nursing and medications are among the methods which can be used. These interventions are more humane and, as medications are being used, more evidence-based. Apart from that, the methods can also reduce incidents of injury and damages in the ward.

**SYMPOSIUM 5: Prescribing Antidepresants in Asia: Results from The Real World Settings**

**S5-1**  
**Overview and History of REAP- Antidepressant Collaboration**  
Professor Naotaka Shinfuku  
JAPAN

**Objective:** To introduce the outline of past 15 year’s history and achievement of REAP. **Methods:** Since 2001, Asian psychiatrists have carried out collaborative research project to study prescription pattern of psychotropic drugs in different countries and areas in Asia. China, Korea, Japan, Hong Kong, Taiwan and Singapore have participated in the survey on prescription pattern of psychotropic medications in 2001 and 2004. The research project has been known as REAP: Research on Asian Prescription Pattern of Psychotropic Medications. In 2008, Malaysia, Thailand and India also joined. They collected the data based on the unified research protocol using the same questionnaire. More than 6,000 prescriptions (around 2,000 each in 2001, 2004 and 2008) of schizophrenic inpatients have been analyzed and compared. In 2004, REAP undertook a similar survey on antidepressants prescription in China, Korea, Japan, Singapore and Taiwan. The follow up survey was carried out in 2013 to study the prescription of antidepressants in Asia. More than 40 psychiatric institutions, 250 psychiatrists from 10 countries and areas collected 2320 cases prescribed anti-depressants. **Results:** REAP has grown as the longest and largest international collaborative research project in psychiatry in Asia. REAP has united researchers of different countries in Asian countries. The results of the
REAP studies have been reported at a number of international and domestic congress. Papers based on REAP surveys were accepted by more than 30 international journals.

S5-2
Reap-antidepressants : Age and Country Variations In Depressive Symptom Profile in Asia
Dr Chee Kok Yoon
MALAYSIA
Research on Asia Psychotropic Prescription project, which is an ongoing pharmaco-epidemiological investigation of psychotropic drug prescription trends in patients of major depression patients in the Asian countries. The participating countries include Mainland China, Hong Kong, India, Indonesia, Japan, Korea, Malaysia, Singapore, Taiwan, and Thailand. The depressive symptoms pattern of 1,400 depression patients in ten Asian countries and regions were assessed. The patients’ socio-demographic and clinical characteristics prior to starting of antidepressant drugs were recorded using a standardised protocol and data collection procedure. The most common presentation was persistent sadness, loss of interest and insomnia in all the country sites. Similar findings were found regardless the region, country or the income level of the country. There was no regional variation to the depressive symptom clusters. Depressed patients from high-income countries presented more on the vegetative symptom cluster, upper-middle income countries more on the mood and cognitive symptom clusters; and lower-middle income countries less mood symptom cluster but more on the cognitive symptom cluster. This study has shown the uniqueness of Asian countries in terms of its presentation of depression. Despite the great variations of initial symptom reported by patient, core depressive symptoms remain the same. We have also found variation in the presentation of depressive symptoms with regards to the level of income, with commoner presentation of physical or vegetative symptoms in higher income countries and negative cognition and suicidal thoughts/acts in lower income countries thus supporting the wealth-depression link.

S5-3
Trend of Antidepressant Prescription In Japan
Dr Yuma Ogushi
JAPAN
We investigated the prescription pattern of antidepressants among selected hospitals in Japan in 2013. This is a part of international collaborative study "Research on East Asia Psychotropic Prescription Patterns for Antidepressants 2, REAP-AD 2". The similar surveys in 2004 were reported so called REAP-AD 1. These surveys reported only 26 antidepressants were prescribed in participating countries in East Asia, even though out of 56 antidepressants listed in the Anatomical Therapeutic Chemical Classification (ATC) index by the World Health Organization (WHO) Collaborating Center for Drug Statistics Methodology (Oslo). And an average 38.4% of prescriptions of antidepressants were for patients with diagnoses other than depressive disorders. The selective serotonin re-uptake inhibitors (SSRIs) and other newer antidepressants were prescribed in approximately 77.0% of all cases. At the time of the survey, only two SSRI medications were available in Japan. Also, the frequent prescription of sulpiride as an antidepressant was reported. In this 2013 survey, 6 teaching hospitals and major psychiatric hospitals in Japan participated and a total of 246 Japanese patients receiving antidepressants were analyzed. The samples were both from inpatient and outpatient groups. Data were collected according to a standardized protocol agreed by all hospitals. Multiple logistic regression analysis was used to examine the factors associated with antidepressants use among patients. We would like to show the trend and change of antidepressant prescription for patients in Japan, also with previous survey results conducted in 2004. The results must suggest the necessity for continuous monitoring on the use of antidepressants, which provides us useful information on the selection of drugs and for the proper prescription patterns in the future.
SYMPOSIUM 6: Psycho-oncology – A New Approach in Cancer Care

S6-1
Psychosocial Issues as Risk Factors to Breast Cancer
Professor Nor Zuraida Zainal
MALAYSIA
Breast cancer is the commonest cancer occurs in women. Every 1 in 20 women in Malaysia have the risk to have breast cancer. Cancer in women has a multifactorial aetiology and can originate from a combination of genetic, environment and lifestyle factors that make women susceptible to breast cancer. Many factors have been described that increase the risk of breast cancer, such as having a family history of breast cancer, diagnosis of atypical hyperplasia or BRCA1 or BRCA2 gene mutation, late menopause, nulliparity or bearing the first child at a late age, overweight after menopause, and long term use of menopausal oestrogen replacement therapy. The possibility of psychosocial factors could play a role in the aetiology of breast cancer has been reported for decades since the ancient Greek medical era. Reports from psychosomatic research and literature review on the link between psychosocial factors and pathogenesis of breast cancer have been published since. Many have focused on the epidemiologic methods of study. However there is still a lack of knowledge and conclusive results on the relationship between breast cancer development with stressful life events, depression, coping styles and ability to express emotion. At least three hypotheses have been described to explain this possible association ie. (i) a biological pathway, (ii) related to lifestyle and (iii) hormonal factors. On the other hand, some limited literature has reported on physiological stress signalling and breast cancer development in animal studies. In addition, molecular studies have demonstrated an overlap between intracellular stress signalling and protumorigenic pathway within breast cells even though the molecular work is still in its early stages.

S6-2
Depression in Cancer Patients
Professor Ng Chong Guan
MALAYSIA
Cancer patients experience high level of psychological distress in relation to the diagnosis of cancer, uncertainties with the illness, fear of the anticancer treatment and its side effect, and progression of the illness. Depression is one of the commonest psychiatric comorbidities in cancer patients. It is often under diagnosed and under treated in cancer patients. The challenge encountered in the diagnosis of depression in cancer patients is the overlapping of physical symptoms in cancer with the depressive symptoms and assumption of the presentations as normal response. This causes the use of conventional diagnostic criteria not applicable in most cancer cases. As a result, the reported prevalence of depression in cancer patients varies between studies depending on the assessment tools and criteria used. With regard to the antidepressant treatment, most compounds were hampered by their delay in action for cancer patient especially those in terminal stage. Antidepressant with rapid response and better tolerability is deeply needed in this group of patient. The awareness of psychiatric comorbidities in cancer patients has to be increased to provide a total care for cancer patients.

S6-3
Mindfullness-based Supportive Therapy (MBST) – A Palliative Psychotherapy to Address Suffering in Palliative Care
Dr Tan Seng Beng
MALAYSIA
Objective: To develop a mindfulness-based palliative psychotherapy to address psychoexistential suffering in palliative care. Method: First, a theory of suffering was formulated by merging 2 models
of suffering from 2 thematic analyses of 20 palliative care patients and 15 informal caregivers. Second, the results from a secondary thematic analysis of suffering caused by health care interactions were conceptualized into a psychotherapy framework. Third, principles of mindfulness were incorporated into the framework to form a mindfulness-based psychotherapy. Results: Mindfulness-based supportive therapy (MBST) was developed with the following 5 components of presence, listening, empathy, compassion and boundary awareness. Conclusion: We believe that MBST is a potentially useful psychological intervention in palliative care, specially designed to address psychoexistential.

**SYMPOSIUM 7: Child and Adolescent- Internet Addiction and Young People**

*S7-1*
**Internet Addiction, Why Should We Be Worried?**
Dr Manveen Kaur
MALAYSIA

Internet addiction has attracted huge attention worldwide from psychiatrists, educators and the public. It has been associated with serious mental health problems among children & adolescents, emerging now as a major public health problem in Asia. With the usage of the Internet becoming a facet of our daily lives, internet addiction is no longer restricted to what was known previously as a disorder seen largely among adolescents, but now among increasingly younger children as well. Today’s children being raised by this technology are often termed as Generation-Digital, or Gen-D. With the advent of smart phones, social networking websites, gaming, introduction of cyber technology in schools, the use of Internet has entered into our homes, and lives of our younger generation. Of concern, researchers have now shown strong evidence of abnormal white matter changes in the brain, as a result of excessive internet usage, linked to behavioural impairment in children. Evidence also suggests that internet addiction share the same psychological and neural mechanisms as other types of substance addictions. The good news is we are moving forward with huge steps. The bad news is that we are not prepared for these advancements. To pursue effective recovery, further research is needed to understand underlying motivations, and active steps by parents, teachers and health care providers need to be taken.

*S7-2*
**Epidemiology of Internet Behaviour & Addiction in Adolescents: Six Asian Countries Comparison**
Dr Norharlina Bahar
MALAYSIA

Internet Addiction is no longer merely an infrastructure, it has become an unlimited niche for information exchange and development of cyberbehaviors. With the increasing infiltration of internet into daily life, psychopathological symptoms of internet addicts are observed in recent years. Malaysia is one of the collaborators in the study of Internet Addiction in Adolescent in Asia. The study was done in several secondary schools in one of the suburbs in Kuala Lumpur, the capital of Malaysia. A total of 5,366 adolescents aged 12-18 years were recruited from six Asian countries, including China, Hong Kong, Japan, Korea, Malaysia, and Philippines. Some of the results will be presented in this session.
S7-3
Internet Addiction and The Role of Mental Health Professionals
Associate Professor Dr Wan Salwina Wan Ismail
MALAYSIA
Internet addiction is an emergent disorder. Prevalence is increasing particularly in children and adolescents. It is a worldwide phenomenon and Asian countries are seriously affected. The seriousness of the problem is being recognized but evidence for a psychiatric disorder is still lacking. ‘Internet Gaming Disorder’ is one of the conditions for further study in the newly revised DSM-5 classifications. Mental health professionals play important roles in the intervention and prevention of internet addiction in children and adolescents. While intervention strategies are widely available, the important role of prevention should be equally emphasized. Evidence-based interventions and prevention will be discussed.

SYMPOSIUM 8: Disaster Mental Health

S8-1
Cultural and Other Sensitivities In Disaster Relief
Professor Mohd Hatta Shaharom
MALAYSIA
Disasters, whether human-caused or natural, are monumental traumatic events. Coupled with various sensitivities on the part of the survivors, these events could be unbearable to some of them. This presentation covers the author’s own experiences during humanitarian relief work in different countries. He noticed that ignorance of cultural and other sensitivities would be detrimental to the survivors’ coping efforts. The road to recovery would be better accessible with the relief workers’ awareness of these sensitivities.

S8-2
Developing Post-Disaster Mental Health Service System in Indonesia: Where are We Now and How to Scale it Up
Dr Albert Maramis
MALAYSIA
The rehabilitation and reconstruction phase after a disaster is an important process that leads to long-term development. This phase will determine the future of disaster-affected area and community. There is need for different type of work, program and funding. In the aftermath of a disaster usually there was influx of aids from outside the area in terms of goods and materials, humanitarian workers, and funds; whether it is local, national or international. However, in this early phase too much influx of resources, uncoordinated programs and pressure to obligate funds might lead to inefficient execution of aid works and programs and waste of resources. We will present the current status of mental health service in the Province of Aceh, Indonesia, ten years after the 2004 Tsunami. The development of mental health program started right after the Tsunami, utilizing humanitarian funds that were available with long-term perspective to start a mental health service system that was expected to be sustainable.

S8-3
Psychosocial Intervention after Supertyphoon Yolanda: The Iloilo Experience
Dr Japhet Fernandez De Leon
PHILIPPINES
In November 2013, the Philippines was struck by supertyphoon Haiyan (locally called Yolanda), damaging property and livelihood and killing thousands of lives. The damage was so extensive that it mobilized countries and organizations to help rebuild the country. When supertyphoon Yolanda
struck, the country was still reeling from the effects of both a natural and man-made disaster: the earthquake in Bohol and Cebu, areas in Eastern Visayas, and the violence in Zamboanga in Mindanao. Psychiatrists based in Cebu and Mindanao were still working on psychosocial intervention in these areas, so that when supertyphoon Yolanda struck, as PPA president, I requested the Manila and Luzon-based psychiatrists to take care of Samar and Leyte, and the Iloilo-based psychiatrists to take care of intervention in the province of Iloilo, which was also badly hit. This paper will discuss what the Iloilo-based psychiatrists did in several towns in northern Iloilo after the typhoon and how these activities have touched the lives of survivors and volunteers alike.

S8-4
Psychosocial Response Effort Following the Disappearance of Flight MH370
Datin Dr Fauziah Mohammed
MALAYSIA
Note: Abstract is not available at time of printing

SYMPOSIUM 9: Sleep-Related Problems- Healthy Sleep, Healthy Living

S9-1
Electroacupuncture as Adjunctive Therapy in Managing Sleep Problems and opiate Withdrawal Among Methadone Patients During Induction Phase
Dr Rusdi Abd Rashid
MALAYSIA

Introduction: High prevalence of poor sleep quality has been reported among methadone maintenance treatment that can contribute to high relapse rate. Drug addiction causes a significant burden to individuals and societies throughout the world. In order to reduce side effects and prevent relapse, new treatment approaches should be considered and recently, electroacupuncture (EA) has received wide attention and believes to have a therapeutic effect in the treatment of drug addiction.

Objectives: To investigate the effects of EA on opiate withdrawal symptoms and sleep quality in patients receiving MMT and to investigate the relationship between opiate withdrawal symptoms and sleep quality. Materials and Methods: A total of 22 opiate addicts who met DSM-5 Criteria for opioid were randomly assigned to two groups by a computer generated randomization sequence. Treatment group received methadone plus EA stimulation at 1.1+80Hz while control group received methadone plus Sham EA without electrical stimulation. Both group received 30 minutes treatment daily for 14 days. Sleep quality were assessed by validated Pittsburgh Sleep Quality Index (PSQI) at baseline and 14th days of treatment. The severity of the withdrawal symptoms was measured on days 0, 3, 5, 7, 10 and 14 using Objective Opiate Withdrawal Symptoms Scale (OOWS) and Subjective Opiate Withdrawal Scale (SOWS). Results: Result revealed that the mean of SOWS were significantly decreased among treatment than control group on 10th (p=0.15) and 14th (p=0.002) day. The mean of OOWS were also significantly decreased among treatment than control group on 10th (p=0.009) and 14th day (p=0.025). There were significant differences in post - treatment between control and treatment for sleep latency (p=0.011) and sleep efficiency (p=0.011). In addition, there was significant interaction between time and groups (p=0.010). The mean score of PSQI was significantly difference between control and treatment for post – treatment (p=0.003).

Results: The results of comparison between pre – and post – treatment showed that mean score of PSQI in treatment group significantly reduced after applying the treatment (p=0.008). PSQI was significantly correlated with SOWS (p=0.001) and OOWS (p=0.000) after applying treatment.

Conclusion: Our findings suggest that EA may have an adjunct effect in the management of opiate withdrawal symptoms and improvement of sleep quality among MMT clients. However, a lot more and larger study as well as a longer treatment phase to confirm our results is warranted.
S9-2
Management of Primary and Secondary Insomnia
Professor Syed Hassan Ahmad Al Mashoor
MALAYSIA
Insomnia is a manifestation of sleep disorder. It can be described as a symptom as well as a diagnosis. It indicates one’s sleep quality is impaired and this is exhibited by symptoms and signs of delayed sleep latency, multiple awakenings and daytime sleepiness. Hence productivity is lowered and attention impaired with associated undesirable consequences. Primary insomnia is a categorized under primary sleep disorders, and another form of insomnia is associated with a number of contributory factors which include medical and psychological disorders as well as circadian rhythm abnormalities. Some medical disorders affecting sleep include cardiovascular disorders, neurodegenerative disorders and neoplasm. Circadian rhythm abnormalities include altered sleep phase disturbances and those engaged in altered work schedules. Polysomnography studies are useful to determine the likely aetiological factors and appropriate management strategies could then be applied.

S9-3
Sleep and Heart Diseases
Associate Professor Imran Zainal
MALAYSIA
Sleep is an important modulator of cardiovascular function, both in physiological conditions and in disease states. In individuals without a primary sleep disorder, sleep may exert significant effects on the autonomic nervous system, systemic hemodynamics, cardiac function, endothelial function, and coagulation. Some of these influences can be directly linked to specific modulatory effects of sleep stages per se; others result from the natural circadian rhythm of various physiological processes. There is a temporal association between physiological sleep and occurrence of vascular events, cardiac arrhythmias, and sudden death. Brugada Syndrome, an arrhythmic condition with high prevalence in Asian countries is one strong example of this relationship. Other common arrhythmic conditions are atrial fibrillation and long QT syndrome Type 2. Epidemiological and pathophysiological studies also indicate that there may be a causal link between primary sleep abnormalities (sleep curtailment, shift work, and sleep disordered breathing) and cardiovascular and metabolic disease, such as hypertension, atherosclerosis, stroke, heart failure, cardiac arrhythmias, sudden death, obesity, and the metabolic syndrome. Finally, sleep disturbances may occur as a result of several medical conditions (including obesity, chronic heart failure, and menopause) and may therefore contribute to cardiovascular morbidity associated with these conditions. Further understanding of specific pathophysiological pathways linking sleep disorders to cardiovascular disease is important for developing therapeutic strategies and may have important implications for cardiovascular chronotherapeutics.

S9-4
An Investigation of the Effect of a Biolitritn (Herbal Product) on Methadone Maintenance Therapy
Professor Rusli Ismail
MALAYSIA
Biolitritn is a Chinese herbal preparation used in China as a sleep aid and as a treatment of opiate dependence. In Malaysia it is registered as a food. The objective of this study was to investigate the effects of Biolitritn on MMT especially in relation to opiate withdrawal and on sleep quality in MMT patients. The study received ethical approvals from the Ethics Commitee at USM. It was a randomized, two-way, single-dose, crossover study, with each subject initially receiving either Biolitritn or placebo with their daily methadone. At the end of the four weeks, questionaires was
administered. This was followed by a 2-week washout period before the subjects were switched to either arm. Blood was again withdrawn for plasma methadone determination. At the end of another four weeks, the questionnaires was again administered. Plasma methadone was determined using an in-house ELISA assay and pharmacogenetic typing was determined using our in-house PCR assays. Outcome parameters were analyzed for differences between treatments using an analysis of variance (ANOVA) model with factors for sequence of treatments, subjects within sequence, periods, and treatments. Differences would be declared statistically significant at the 5% level. For each outcome parameter, the 90% confidence limits (CL) for the difference between the means of the outcome parameters during Biolitrin and the reference outcome parameters without Biolitrin was calculated. For each outcome parameter, therapeutic equivalence was declared if the lower CI was at least 80% and the upper CI was less than or equal to 120%. If either CI was outside the corresponding interval, the hypothesis of therapeutic equivalence was rejected. As a check of the calculations, Schuirmann’s two one-sided t-tests was calculated independently in the same program. The normality assumptions of the analysis of variance was checked with the Shapiro-Wilk’s test computed with WinNonLin. The independence of the intraand inter-subject variability was tested using Spearman’s rho and Pearson’s r. Forty patients volunteered to participate in the study. All but seven were Malays. Seven patients failed to complete the study, one died of unknown cause and six declined to continue after completing the first leg of the study; three from the “case” group and the remaining, from the control group. Plasma methadone on Days 1, 7, 14 and 21 were similar when results were compared with patients on Biolitrin and patients on placebo. SOW scores during placebo averaged 32 and during Biolitrin 3.5, a 10-fold difference. During Biolitrin, patients suffered much less withdrawal compared to during placebo and this difference reached statistical difference. OOW scores during placebo averaged 8.2 and during Biolitrin 0.7. This difference reached statistical difference (p=0.0000). Total Sleep Quality Scores during placebo averaged 14.1 and during Biolitrin 4.3 and this difference reached statistical difference. Biolitrin reduced both the objective and subjective withdrawal scores in patients given Biolitrin compared to those given placebo. Biolitrin also improved all aspects of sleep quality in patients given Biolitrin compared to those given placebo. It is concluded that Biolitrin, apart from being useful as a sleep aid, was a useful adjunct in the treatment of opiate dependence with MMT.

SYMPOSIUM 10: Turkey Association of Psychopharmacology (TAP)-From Neurobiology to Clinical Practice: Understanding Schizophrenia

**S10-1**

**New Neurobiological Aspects in Schizophrenia**

Dr Feyza Aricioglu  
TURKEY

Schizophrenia is a chronic debilitating mental disorder that affects about 1% of the population. The pathophysiology and etiology remain unknown, thus new treatment targets have been challenging and few novel treatments with new mechanisms of action have come to market in the past few decades. Schizophrenia is one of the common psychiatric diseases that leads to certain corrupted certain brain abilities. Although there are several hypothesis that are thought to be responsible for the development of schizophrenia, the underlying mechanism is not certain yet. Dysregulation of dopamine neurotransmission has long been accepted as a key mechanism in schizophrenia and all of the current available treatments targeting schizophrenia exert their effects at least partially on the dopaminergic system. It has been well reported that in schizophrenia there is an imbalance between D1 and D2 receptors mediated dopaminergic neurotransmission characterized by enhanced D2 receptor function particularly in the striatum, whereas and reduced D1 receptor functions in the
prefrontal cortex. Today a growing body of evidence has directed much attention to the hyperactivation of glycogen synthase kinase-3 (GSK-3). A growing body of evidence strongly suggests the link between inflammatory processes and schizophrenia. High plasma levels of pro-inflammatory cytokines such as IL-1, IL-6 and TNF- have been reported by several clinical studies in patients with schizophrenia patients.

**S10-2**

**SGAs vs FGAs: What Does Current Evidence Suggest?**

Dr Yassin Bez  
TURKEY

Note: Abstract is not available at time of printing

**S10-3**

**Management of Treatment Resistant Schizophrenia**

Dr Recep Tutuncu  
TURKEY

In general, all patients with schizophrenia could be considered treatment resistant, since full remission is unusual in this disorder. Defining “refractory” in schizophrenia can be difficult. In order to create specific treatment algorithms for patients that are more difficult to treat, it is necessary to define the diagnostic criteria of treatment resistance. There is a lack of consensus on how to define treatment resistant schizophrenia and substantially discrepant results can be found across the studies involving these challenging patients. Treatment refractoriness has been defined by the International Psychopharmacology Algorithm Project (IPAP) as:

1) no period of good functioning in the previous 5 years,
2) prior nonresponse to at least two antipsychotic drugs of two different chemical classes for at least 4–6 weeks each at doses 400mg equivalents of chlorpromazine or 5 mg/day risperidone,
3) moderate to severe psychopathology, especially positive symptoms: conceptual disorganization, suspiciousness, delusions, or hallucinatory behavior.

The above criteria focus on positive symptoms, but the IPAP also considers continued negative or cognitive symptoms, violence, suicidality, and recurrent mood symptoms as elements of treatment refractoriness. Despite the long and still ongoing debate about the comparative safety and effectiveness of various antipsychotics, during the last two decades, clozapine has maintained its place in therapy as the treatment of choice in refractory schizophrenia (third-line agent). It has also been suggested that earlier use (as a second line agent) can be recommended in individuals with persistent hostility/aggressive behaviour and suicidality. Clozapine superiority is the subject of a number of reviews and meta-analyses. Pharmacotherapy for treatment-resistant schizophrenia The Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE) Cost Utility of the Latest Antipsychotic Drugs in Schizophrenia Study (CUtLASS) were able to also provide prospective measurements of treatment effectiveness. One concept that remains unchanged is clozapine’s superiority over both SGAs and FGAs in treatment-resistant schizophrenia. Despite proven efficacy in people with schizophrenia showing sub-optimal response to other antipsychotics, only 30% to 50% of people will experience clinically significant symptom improvement with clozapine treatment. One-third to two-thirds of people will continue to experience positive symptoms with adequate doses of clozapine or will be unable to reach adequate levels due to side effects that prevent further dose increases. Antipsychotic monotherapy is preferred over augmentation according to schizophrenia treatment algorithms; for people who do not respond to first-line antipsychotics, clozapine is recommended. Therefore clozapine augmentation strategies should be implemented only for those who experience insufficient response to clozapine monotherapy. A frequent treatment strategy for
clozapine-resistant patients with schizophrenia is the use of specific augmentors that are suitable for adjunctive therapy.

**S10-3**

**Facial Emotion Recognition Ability in Patients with Schizophrenia**

Dr H Murat Emul  
TURKEY

Social cognition is known as the ability to construct mental representations of others, himself and make consistent relations between him and others which accelerates skillful social interactions. Like neurocognitive deficits which have been predominantly studied previously, the patients with schizophrenia may have impairments in some social cognitive domains as evidenced by growing literature in recent years and social cognition is related but also is distinct from neurocognition. 

Facial emotion recognition ability is a subdomain of social cognition. There are some basic deficits in patients with schizophrenia as recognizing sad, anger, disgust and fearful facial emotion expressions in literature. In addition patients with schizophrenia are more likely to misattribute ambiguous emotions as sad or fear emotions. Thus, beyond neurocognitive deficits, impairment in recognizing facial emotions may contribute to social isolation, poor employee, and poor independent living outcomes in patients with schizophrenia. Interestingly, same deficits were relatively present in first episode patients with schizophrenia, high risk-prodromal schizophrenia, non-psychotic relatives of patients with schizophrenia, non-psychotic non clinical psychosis. In addition, patients with schizophrenia are more likely emphasized to be violent than general population. Although, positive symptoms may lead to violence, some other factors may contribute to persistent violent symptoms in patients with schizophrenia these violent acts may be sourced from misrecognizing basic facial emotions and the intentions of the others. But our recently published study did not support this idea and schizophrenia out patients with violent acts (n=41) did not differ from non-violent out patients with schizophrenia (n=35). Moreover, recent studies have shown that some social cognitive remediation strategies or proper antipsychotic treatment may improve emotion recognition ability deficits in schizophrenia. Electroconvulsive therapy (ECT) can be used in treating schizophrenia with catatonic features or with a past history of good response to ECT and/or for the treatment resistance to medication. Although temporarily dysfunction of memory after ECT sessions is well emphasized in literature, there is no study about facial emotion recognition ability as a social cognition domain in patients with schizophrenia after ECT combination with antipsychotics. Thus, for the first time, we investigated the change in the ability of facial emotion recognition after ECT. We have found significant improvement in recognizing disgusted facial emotions in treatment resistant patients with schizophrenia (n=32) after ECT and we have shown that ECT seems not to affect facial emotion recognition ability negatively.
Oral Free Paper Abstracts

Theme: Psychiatric Genetics

F1.1
Epigenetics For Scared Psychiatrists
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Epigenetics will be as important as the theory of evolution and the discovery of DNA. But, as busy clinical psychiatrists we have not been taught the basics, so the topic is scary. In this presentation we plan to share the limited amount we have been able to learn. We present a description rather than a definition - Epigenetics refers to molecular modifications of genetic material which result in changes [increases or decreases] in the expression of genes – importantly, there is no modification of the DNA code. These modifications may be transmitted across cell division and even generations. Three main mechanism will be discussed. The genome is very long and must be tightly packed to fit into the nucleus. To help with this packing, DNA is wrapped around clumps of proteins (histones) which have protruding amino acid tails. When DNA is tightly packed it cannot be accessed for transcription – therefore the genes are ‘silent’. Two methods unpack (relax) DNA. One is methylation of DNA, the other is methylation (or some other molecular modification, such as acetylation) of histone tails. A third epigenetic mechanism involves the actions of microRNA – which destroys or incapacitates mRNA. Epigenetics explains the molecular mechanisms by which good mothering produces calm offspring who are not excessively distressed by stress – who are then, themselves, good mothers. It also suggests a molecular mechanism to explain PTSD and Drug Addiction, and new ways of considering schizophrenia and mood disorders.

Theme: Substance & Addiction

F1.2
Weight, Food Addiction and Quitting Smoking
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Introduction: The risk of weight gain following quitting smoking has been reported in both males and females as a reason to continue smoking, although researched more in females. Weight gain post-cessation could be due to nicotine withdrawal as nicotine is both a stimulant and appetite suppressant. Another reason postulated has been the role of switching of addictions, from nicotine to food. The validity of food addiction as a diagnostic and research entity has grown in recent times. This study aimed to investigate the role of smoking cessation on weight in smokers quitting through a smoking cessation program in Christchurch. Methods: The study population was recruited in Christchurch from 2010-2011. All participants were part of the Smoking Cessation, Mood and Eating study (SCeMES). The SCeMES was a sequential mixed method study. A total of 256 participants were recruited for the SCeMES and participated in the quantitative study, 25 of these participants also participated in the qualitative study. Two following time points were used, EARLY at 3 months and LATE at one year. Results: Weight of 1.3kg and 5.1kg was found at 3 months and 1 year respectively. Those who were abstinent were found to be heavier compared to those still smoking at the time of follow-up. However, this study found no increase in craving for food at follow-up. The incidence of food addiction was negligible at both EARLY and LATE follow-up. Discussion and Conclusions: Weight gain in this study was similar to other studies. However, an unexpected finding
was a decrease in craving and consumption of energy dense food in those who remained in the study irrespective of smoking status and no increase in food addiction diagnosis found to explain the weight gain. In conclusion, reasons for weight gain post-cessation is complex and requires further study.

**F1.3 Factors Associated with Sexual Dysfunction among Nicotine-Dependent and Non-Smoking Male Schizophrenia Patients**

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**Introduction:** Cigarette-smoking in schizophrenia and its associations with sexual functioning have been relatively under-examined. The study purpose was to determine the factors associated with sexual dysfunction among the nicotine-dependent and non-smoking schizophrenia patients. **Method:** A retrospective study was conducted in a local hospital in Malaysia over a 2-year period from 2011 to 2012. There were 54 nicotine-dependent and 57 non-smoking male schizophrenia patients. Sexual functioning was assessed using the Malay version of the International Index of Erectile Function-15 (Mal-IIEF-15). Logistic regression analysis was employed. **Results:** All the 111 patients had at least one sexual dysfunction domain. For the nicotine-dependent group, PANSS-positive was positively associated with the ability to achieve orgasm and ejaculation. However, age of schizophrenia onset was negatively associated with the confidence to attain and keep an erection. For the non-smoker group, married status and duration of schizophrenia were positively associated with the ability to attain erection and overall sex life satisfaction respectively, while age of schizophrenia onset was negatively associated with the ability to attain erection and erectile sustainability during intercourse. Among the domains, only orgasmic dysfunction was significantly associated with PANSS-positive i.e. higher PANSS-positive score was a protective factor for orgasmic dysfunction (OR=0.37; 95% CI:0.17,0.80; p=0.012). **Conclusions:** While schizophrenia patients may attempt to self-medicate for better sexual performance by smoking cigarettes, other better treatment alternatives should be offered to further reduce the mortality from cigarette-related causes.

**Theme: Mental Health Care**

**F1.4 Urban vs Suburban Mental Health: Are These Two Words the Same?**

Syed Sajjad Hussain Naqvi

Attock, PAKISTAN

Most of the developing countries have a clear and contrast socioeconomic differences between urban and suburban places. In this paper an attempt has been made to critically analyse the state of mental health in the perspective of development gradient. The various anthropological and socio-cultural parameters and etiological factors have been discussed broadly. An outline of the state of available mental health facilities has been presented. The plight of mental health services in public sector in periphery is to some extent addressed by the private sector. Although the perspectives in which psychiatrists are working in periphery are quite challenging yet their work is commendable. The private sector can contribute a 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. The institutes and professional bodies will have to play leading role.
F1.5
Telepsychiatry: Transformation Towards Information Age Mental Health Care
Muhammad Chanchal Azad*, Ahmad Faris Abdullah*, Tanvir Chowdhury Turin**, Nicholas Pang Tze Ping*
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Introduction: According to Malaysian telemedicine flagship application (telemedicine blueprint) and Vision 2020, Malaysia targets to transform from industrial age to information age health care system. Establishment of telepsychiatry is essential to achieve this vision. The objective of this paper is to synthesize information on general features, advantages, challenges and models of telepsychiatry.

Method: Literature search was done through PubMed and google by using the words: telepsychiatry and telemental health.

Results: Studies showed that telepsychiatry can be provided by two methods: synchronous and asynchronous method. Advantages of telepsychiatry include reduction of ‘Mental health gap’, cost saving, increased accessibility, usability in special group, better time management, enhancing community based mental health treatment, provision of emergency management, reduction of stigma and more comfort and control. Challenges of telepsychiatry include confidentiality and privacy, interoperability, legal and ethical issues, cost effectiveness, cultural barrier, technological malfunction, claim of medical insurance, reliability, and limitation in range of treatment. Different ‘telepsychiatry service delivery models’ are also discussed. Discussion: Telepsychiatry may not replace face-to-face service completely but can solve many limitations in mental health care. Though there are lots of challenges, but it is not difficult to overcome them by creativity, innovation and most importantly, our willingness. This paper could be the trigger for future development of telepsychiatry in Malaysia.

F1.6
Pathway of Care among Psychiatric Patients Attending a Psychiatry Department in Lahore, Pakistan
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Department of Psychiatry Services Institute of Medical sciences & Services Hospital Lahore, PAKISTAN

Introduction: The pattern of care seeking of psychiatric patients is important for service and policy issues. We conducted a study to find out the referral patterns, delays to reach mental health professional (MHP), diagnoses and treatment received before reaching psychiatric care etc.

Objectives: To improve understanding of prior care-seeking and treatment of patients seen at mental health services. Method: A cross-sectional study was conducted to understand the pathway of care adopted by psychiatric patients and its relationship with the socio-demographic determinants in the study population. Pathways diagrams were drawn showing the routes of care-seeking for 150 patients. Patterns of care-seeking, durations and previous treatments were compared for ICD-10 diagnostic groups. Results: The diagnoses varied according to the organization of services. Major pathways included general practitioners, direct access, faith healers and hospital doctors. General practitioners have a limited role as gatekeeper and rarely prescribed treatment, except sedatives, for mental disorders. Conclusions: A large proportion of psychiatric patients do not attend any health facility due to a lack of awareness about treatment services, the distance, and due to the fear of the stigma associated with treatment. The psychiatric patients first seek the help of various sources prior to attending a psychiatric health facility. The pathway adopted by these patients need to be kept in mind at the time of preparation of the mental health program.
Mental Health Services In Pakistan - Current Scenario and Future Perspective

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Health is traditionally regarded as being synonymous with physical health; mental health remains poorly understood and ill deciphered in many parts of the world, particularly in the developing countries. However, it must be recognized that mental disorders are closely linked to physical illness and imposed a range of consequences on the course and outcome of chronic co-morbid conditions. Global statistics on mental health are indeed alarming. Twenty five percent of the world’s population is suffering from a mental disorder at some stage during the course of their lives, whereas 450 million individuals are estimated to be currently suffering from a mental illness. Depression, schizophrenia, drug and alcohol abuse represent four of the 10 leading causes of disability worldwide and account for 12% of the global burden of disease. Being the first in WHO Eastern Mediterranean Region (EMRO) to have set up a National Programme for Mental Health (NPMH) in the year 1986, Pakistan has fared comparatively well in its response to this challenge compared with several other developing countries, 40% of whom do not have a mental health policy and 30% of whom do not have national mental health programme. Pakistan’s per capita gross national product (GNP) is $483 and the budget of the Ministry of Health is 5% of the national budget, or 0.7% of the GNP (1997 figures). The annual per capita expenditure on health by the Ministry of Health is $3.5 compared with the national expenditure of $31. The ratios of beds, doctors, dentist and nurses to 10,000 population work out to 6.9, 6.0, 0.25 and 4.1 respectively. The mental health budget is 0.4% of the overall health budget. From a modest beginning in 1947, when there were only three mental hospitals, at Lahore, Hyderabad and Peshawar, and a psychiatric unit at the Military Hospital in Rawalpindi, psychiatric unit were gradually established in all the medical college of the country, especially during the 1970s. Training-undergraduate and postgraduate. At the undergraduate level, behavioural sciences have been incorporated in the curricula of all the medical school in Pakistan. An indigenous behavioural sciences teaching module has been developed for medical student and a demonstration project of community-oriented medical education with an emphasis on behavioural sciences was established in 1998 in four of the public sector medical college in all the provinces of the country. At the postgraduate level, fellowship (FCSP), MD and diploma courses are available. The College of Physicians and Surgeons Pakistan (CPSP) is the main certifying body for postgraduate training in psychiatry; a four-year training programme led to a fellowship in psychiatry. This training carried out at specified institutions under the supervision of certified trainers. The training involves exposure to adult, forensic, child and adolescent, geriatric and liaison psychiatry patients in a graded manner that is monitored by the CPSP through regular reports from the supervision, trainees and its own inspectors. The trainee has to complete a research project and submit a dissertation during this training period, besides attending workshop (organized by the CPSP) on research method, biostatistics and communication skills. The primary FCPSP examination focuses on basic sciences relevant to psychiatry, while part II forms the summative evaluation at the end of training. In addition, universities also offer MD and diploma training course of shorter duration. There are 320 psychiatrists based in major urban centres; of these, 70 are fellows of the CPSP, 50 are members or fellows of the Royal College, and the rest have qualifications from the American Board, European institutions or local universities. Epidemiology: Epidemiological studies carried out in Pakistan have shown that 10-66% of the general population suffering from mild to moderate psychiatric illness, in addition to the 0.1% suffering from severe mental illness (Mumford et al, 1996, 1997, 2000; Hussain et al, 2000). The prevalence of severe learning disability in children aged three to nine years has been estimated at 16-22/1,000 and according to recent (2000) estimates 4 million people misuse substance in Pakistan. The most common substance of misuse is heroin (49.7%) and 71.5% of the abusers are below 35 years of age. There are about 232 facilities for drug
detoxification in the country (Sub-committee on Mental Health and Substance Abuse, 2003).

**Development of mental health services:** The National Programme of Mental Health was the first such programme to be developed, in 1986, at a multi-disciplinary workshop and it was incorporated in the 7th-9th five-year national development plan. In the light of the above, it is evident that it will not be possible in the foreseeable future to realize the objective of the programme, if reliance is placed exclusively on specialized workers. Instead, the aim is to incorporate mental health services within primary healthcare. This has been initiated in five districts of the country (each of the four provinces, plus Azad Kashmir). Another major development has been the incorporation of indicators for mental illness as part of the national health management information system. **Development of a school mental health program:** The school mental health programme works through a series phases: familiarization, training, reinforcement and evaluation (Mubabashar, 1989; Rahman et al, 1998; Saeed et al, 1999). During the year 2000, a mental health component was included in the teacher training programmes at national level. So far more than 150 education administrators from all provinces have been given orientation training. **Legislation:** The Government of Pakistan has repealed the Mental Health Act of 1912-26. The new mental health law, promulgated on 20 February 2001, embodies the modern concept of mental illness, treatment, rehabilitation, and respect for civil and human rights. The first meeting of the Federal Mental Health Authority to develop an implementation mechanism for mental health ordinance 2001 was held on 29 December 2001. The ordinance provides for the prevention of mental illnesses and the promotion of mental health through mental health literacy, the establishment of mental health services with stress on community-based services and integration with primary healthcare, the protection of the human rights of people with mental illnesses, and the reduction of stigma and discrimination.

**Theme: Psychogeriatric**

**F2.1**

**Biographical Approach to Understanding Challenging Behaviors in Person with Dementia:**
**A Multiple Case Study Approach**

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**Introduction:** Understanding challenging behavior in person with dementia is a difficult task. To date, there is limited empirical evidence to understand and explain the occurrences of such behaviors. Therefore, present study aimed to explore the possibility of using life story work in understanding the occurrences of challenging behaviors among the people with dementia. **Method:** A total of 13 care staffs and four participants, Ms. J, Ms. P, Ms. B and Mr. K (Age range: 75 – 86) were recruited in these multiple case study designs using both qualitative and quantitative approaches. Participants were identified by care staffs as persons with challenging behaviors. Life story books were created for each participant using participatory design. Approaches to Dementia Questionnaire (ADQ), staff knowledge about participants,’ and semi structure questions on knowledge regarding challenging behavior of each participant were administrated before and after having life story books for six weeks with care staffs. **Results:** The qualitative result indicating the creation of the life story books has been potential in understanding and explaining the occurrence of some of the challenging behaviors in participants. The person’s life history either directly or indirectly has a connection with presentation of current difficult behaviors. Staff reported able to understand and respond better to such behaviors, using information and pictures from the life story book to distract the person from challenging behaviors. Furthermore, staff’s knowledge about participants under their care increase 2.4 points and staff’s ‘incorrect’ and, ‘don’t know’ answer decrease 1.31 and 1.05 points respectively at final assessment. Meanwhile, attitudes towards participants in both subscales, helpfulness and
person-centred also improved after having the life story book. Overall ADQ mean score improved from 73.45 (8.43) to 76.00 (9.47) at follow-up assessment. Discussion: In conclusion, the creation of the life story books may be able to explain the occurrences of challenging behavior in person with dementia.

**F2.2**

**Association Between Dependency of Geriatric Patient with Caregiver Burden in Cipto Mangukusumo Hospital Jakarta**

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**Background:** Being caregiver of geriatric patient lead the risk for developing of health and mental health consequences and also caregiver burden. This study is aim to analyse associated dependency and caregiver burden of geriatric patient. **Methods:** This is a cross-sectional study of 116 caregiver of geriatric out patients in Geriatric Holistic Clinic at Cipto Mangukusumo Hospital. The study went on July-August 2013. All of the caregivers filled the questioner of The Zarith Burden Interview (ZBI) and questioner of Activity Daily Living (ADL) filled by researcher. **Results:** This study found that mean average of Activity Daily Living (ADL) of geriatric patient is 13 (SD 16, min-maxs 0-20). Average mean of caregiver burden is 29.2 (10-61). There’s correlation between score of ADL and caregiver burden score (p < 0.001). Correlation value -0.381 showed the negative correlation with weak correlation. **Conclusion:** There is a reciprocal significant association between degree of kemandirian and caregiver burden, with weak correlation.

**Theme: Schizophrenia & Other Psychotic Disorders**

**F2.3**

**Physical Activity and Quality of Life in Patients with Schizophrenia – A Randomised Controlled Trial**

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**Objective:** The objective of this study was to examine the effects of physical activity versus treatment-as-usual on quality of life, symptoms and psychosocial functioning of patients with schizophrenia. **Method:** One hundred and four (104) patients residing in Independent Living Wards, Hospital Permai Johor Bahru diagnosed with schizophrenia were randomly allocated to walking exercise three times per week (n=52) or treatment-as-usual (n=52) for 3 months. Data were collected using 36-item Short-Form Survey (SF-36), Positive and Negative Syndrome Scale (PANSS) for schizophrenia and Personal and Social Performance (PSP) scale at baseline and 3-months follow-up. **Results:** At 3 months follow-up, there were statistically significant increases in the median SF-36 scores in the intervention group compared to treatment-as-usual group; in the components of physical functioning (p<0.001), physical role limitations (p=0.049) and social functioning (p=0.007). Statistically significant reductions of median PANSS score of the intervention group were also noted in the domains of Positive (p<0.001) and Negative Symptom Scales, compared with treatment-as-usual group. There was also statistically significant increase in the median PSP score (p<0.001) in the intervention group compared with the treatment-as-usual group. **Conclusion:** Walking exercise as a form of physical activity shows benefit in improving certain aspects of quality of life component in patients with schizophrenia; as well as improving their positive and negative symptoms and psychosocial functioning.
**F2.4**  
Comparative Study of Family Burden Between the Caregivers of Patients Having Schizophrenia and Epilepsy  
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**PAKISTAN  

**Background:** Caregivers are at higher risk of developing variant psychiatric issues because of sacrificing their emotional and physical needs which can lead them towards emotional distress. Community based studies found 15-45% depression among the caregivers of the patients having schizophrenia but having less data available for the patients having epilepsy. **Aims & Objectives:** The main objective is to examine the level of burden upon the caregivers regarding the patients suffering from Schizophrenia & Epilepsy. It aims (1) To compare the caregiver burden in the patients having schizophrenia and the patients having epilepsy (2) To study the association of caregivers with variant demographic factors like age, gender and duration of care giving. **Materials & Methods:** The study divided into two types of groups, each group having 100 patients. Group A comprised of caregivers having schizophrenia. Group B comprised of caregivers having epilepsy. **Design:** Cross sectional comparative study  
**Sampling Technique:** Non probability purposive sampling. **Setting:** The following two departments at the Sheikh Zayed Medical College, Hospital, Rahim Yar Khan, Pakistan: 1. Department of Psychiatry and Behavioral Sciences and 2. Department of Neurology. **Results:** Mean age of the patients were 29.5 whereas, the mean age of caregivers were 39.7. The caregiver burden having schizophrenia have significantly higher number than that of having epilepsy. The caregiver burden also found to be increased with the duration of illness as well as with the age of caregiver. The caregiver burden in the sample was significantly less as the objective and demand burden did not cross the reference higher value in the given scale, whereas the emotional impact given by the subjective burden was towards higher side.

**F2.5**  
Teaching Psychosis Using The Web  
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There are limited opportunities for medical and other health profession students to observe and examine (to learn from) patients with pathological conditions. In all cases the patient must agree to participate, and can only do so if they have the ‘capacity to make decisions’. Teachers have attempted to overcome this problem by making images or some other form of recording is made to be re-used at a later time. However, while the patient may agree at time A (when the image is made) at a later time B (when students are to study these images), the patient will not be present, and it will not be clear as to whether they would still be in agreement for this material to be used. We are of the opinion that information which is widely available on the internet can be used for teaching purposes, without concerns about privacy and permission. We draw attention to two cases which will be of interest to teachers of psychosis. One concerns a woman who is psychotic and whose story is available at: http://www.dailymail.co.uk/news/article-1168424/I-send-son-heaven-Hell-Chilling-moment-mother-executes-boy-firing-range.html. The other concerns a man with bipolar disorder, who had a movie made of one of his psychotic episodes. This was called “A Bipolar Expedition” - it can be found and watched (free of charge) using a search engine. The presentation will take the form of a commentary of these cases, and the suggestion that they may be used for teaching purposes.
Theme: Disaster Mental Health

F2.6
Disappearance of Flight MH370: Lessons Learned on Psychosocial Response to an Unprecedented Disaster
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A disaster is defined as a sudden accident or a natural catastrophe that causes great damage or loss of life. The recent disappearance of flight MH370 can be included in this definition. The event was unprecedented, similar to the unprecedented natural events. However, this catastrophe was probably linked to human or technical causes. In contrast to other disaster responses, this event required mental health experts to become first-line respondents when often, they are usually second or third line response personnel. This event was unique in a number of ways. The first was how quickly the news disseminated through new media such as Twitter and Facebook causing confusion. The victims were also mainly foreigners, and these too were mainly the next of kin. The aircraft was also considered to have disappeared, resulting in grieving which was “ambiguous”. However, despite this a number of lessons were learnt from this event including (1) the need to co-ordinate effort efficiently from various agencies to cater for various demands in the chaotic environment (2) have effective authorized leaders with supportive multi-agency team members (3) provide accurate and consistent disaster response information at regular intervals (4) have an adequate pool of qualified and trained providers with clear and specific roles (5) understand the cultural differences and values of the next of kin (6) provide multi level and dimensional psychosocial services tailored to the at-risk groups (7) integrate research and assessment into disaster response planning. It is important to integrate all of these lessons learned into the existing guideline to minimize the adverse mental health impact of disasters. This presentation attempts to highlight the lessons learnt to further improve disaster management in the future.

Theme: Liaison Psychiatry

F2.7
Psychiatric Co-Morbidity in Patients Under Treatment for Multidrug-Resistant Tuberculosis
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Background: Tuberculosis is one of the five most serious infectious causes of universal morbidity and mortality. Pakistan ranks fifth among TB high-burden countries. Emergence of Multidrug-Resistant Tuberculosis (MDR-TB), which is reported in 3.7% of new cases and 20% of previously treated cases, worsens the situation. Since psychiatric co-morbidity greatly impacts patients’ quality of life, proper evaluation and treatment of psychiatric symptoms is, therefore, important for favourable outcome and treatment adherence in such patients. To our knowledge, no such data has been reported, based on a fairly large sample, regarding various psychiatric co-morbidities in patients with MDR-TB. Objective: To find out psychiatric co-morbidity in patients under treatment for Multidrug-Resistant Tuberculosis. Methodology: The data source is an ongoing study being conducted at Lady Reading Hospital Peshawar on all newly diagnosed MDR-TB patients registered from 1st May 2012 to 31st August 2013. Psychiatric assessment based on clinical interview, present
state examination and Hamilton Rating Scale for Depression was conducted at baseline and at every monthly follow-up visit. The data however is represented in quarterly manner (3rd and 6th month), for convenience. Results: The mean age of study subjects was 29.37+14.56 years with a majority of females (n=136, 54%). Out of 252 registered patients, 154(61.1%) had psychiatric co-morbidity at baseline while 72(28.6%) and 52(22.2%) respectively had it at 3rd and 6th month follow up. Depression was commonest, present in 152(60.3%) at baseline, 69(27.4%) at 3 month and in 54(21.4%) patients at 6 month follow-up. Majority were mild depression (115, 60 and 53 respectively). Severe depression was reported in 7(2.8%) cases, all at baseline, out of which 4(1.6%) reported suicidal wishes and 1(0.4%) suicidal ideation. There was a dual diagnosis of anxiety disorder in 1(0.4%) case of depression at baseline. Conversion Disorder was dually diagnosed with depression in 4(1.6%), 2(0.8%) and 1(0.4%) case respectively at baseline, 3rd and 6th month follow-up. One (0.4%) case each of Bipolar Affective Disorder and Psychosis was reported at baseline, 3rd and 6th month follow-up.

Conclusion: The rate of baseline psychiatric co-morbidity especially depression is higher in MDR-TB patients than the normal population which is estimated to be 25% in our setup. The possible reasons may be prolonged illness, hopelessness and social stigma. Second line Anti-tuberculosis drugs may have a role in the causation. Psychiatric evaluation and treatment of these patients, if necessary, has an important role in view of relatively large number of psychiatric co-morbidity in MDR-TB.

F3.1
Depression, Anxiety and Quality Of Life In Breast Cancer Survivors of University Malaya Medical Centre (UMMC)
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Introduction: Breast cancer is the commonest malignancy affecting Malaysian women. Recent literature has shown that the disease itself and the adverse effects of cancer treatment have detrimental psychosocial consequences such as depression and anxiety, on the patients. Therefore, it will affect the quality of life of the survivors. Objective: The objective of this study was to look at the prevalence of depression and anxiety amongst breast cancer survivors who were attending follow up at the breast clinic in University Malaya Medical Centre (UMMC), Kuala Lumpur. Methods: This was a cross-sectional study. The patients were given self-reported questionnaires. The Hospital Anxiety and Depression Scale (HADS) was used to assess for depression and anxiety, whilst the Psychological and General Well-Being Index (PGWBI) was used to assess the quality of life. Sociodemographic, clinical, disease and marital data were obtained by interviewing the patients and from the medical notes. Results: A total of 100 breast cancer survivors were enrolled into the study. The prevalence of depression (score of ≥ 8 on the HADS depression (HADS-D) sub-scale) was 9% and anxiety (score of ≥ 8 on the HADS anxiety (HADS-A) sub-scale) was 27%. Both the HADS-D and HADS-A score showed statistically significant inverse correlation with the quality of life score as assessed by the PGWBI, with r= -0.710, -0.798 and p<0.001 respectively. From multivariate linear regression analysis, the total PGWBI score (quality of life) and the HADS-A sub-scale score (anxiety) were found to be independently associated with the HADS-D sub-scale score (depression). Conclusion: Breast cancer survivors experienced higher prevalence of anxiety symptoms but moderate prevalence of depression as compared to the general population. These psychological problems and the disease itself have significant effects on the survivors’ quality of life. A prompt referral to the mental health services may be required for further evaluation and appropriate treatment when indicated.
**F3.2**

**Type D Personality in Newly Diagnosed Breast Cancer**

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**Introduction:** Psychosocial risk factors have been gaining attention in recent years as a potential contributing factor in the development and progression of breast cancer. This study aims to determine whether Type D Personality is associated with Breast Cancer.

**Methods:** This was a cross-sectional association study conducted in University Malaya Medical Centre Breast Clinics. New female patients below the age of 60 years, with any breast symptoms, were selected by simple random sampling. Socio-demographic data was obtained, and the patients completed a self-reported 14-Item Type D Personality Scale (DS14). The surgical diagnosis was later traced from the medical records 1 month after the interview. The association between Type D personality and breast cancer was then analyzed using chi-squared analysis.

**Results:** A total of 300 patients were recruited with the mean age of 32.8 years old (s.d.=11.595). The majority ethnic group was Malay with 169 (56.3%) of the patients, 151 (50.3%) were married, and 258 (86%) were employed. 34 (11.3%) were subsequently diagnosed with breast cancer. 124 (41.3%) patients were found to have Type D Personality, in which, 10 (8.1%) had breast cancer compared to 114 (91.9%). Chi-squared analysis of association between Type D Personality and Breast Cancer showed an Odds Ratio of 0.56 (0.26-1.21) with a P-value of 0.13.

**Conclusion:** There was no statistically significant association found between Type D Personality and Breast Cancer.

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**F3.3**

**Posttraumatic Growth, Depression and Anxiety in Head and Neck Cancer Patients: Examining their Patterns and Correlations in a Prospective Study**


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**Background:** Positive and negative psychological reactions have been described in head and neck cancer patients. Nevertheless, the relationships between these responses across time need to be explored to understand the patients’ strength and vulnerabilities.

**Objectives:** To determine the changes of posttraumatic growth, depression and anxiety longitudinally and the correlations between posttraumatic growth with depression and anxiety in head and neck cancer patients.

**Methods:** A prospective study was conducted on sixty head and neck cancer patients within a year of diagnosis recruited from an oncology referral centre in Malaysia with fifty patients completed the study. The Posttraumatic Growth Inventory-Short Form (PTGI-SF) and Hospital Anxiety and Depression Scale (HADS) were used at baseline and 6 months later (during follow up).

**Results:** There were significant reduction in the scores of PTGI-SF (mean difference= -5.5, p= 0.014), HADS (Depression) (mean difference= -2.0, p<0.05) and HADS (Anxiety) (mean difference= -2.0, p<0.05). The scores significantly decreased from baseline to follow up, however their correlations were not significant.

HADS (Depression) score at baseline showed weak inverse correlation with PTGI-SF score (rho= -0.147, p=0.309) while PTGI-SF score had weak positive correlations with HADS (Anxiety) at baseline (rho= 0.261, p= 0.067), HADS (Depression) at follow up (rho= 0.083, p= 0.566) and HADS (Anxiety) at follow up (rho= 0.111, p= 0.445).

**Conclusion:** There was reduction in posttraumatic growth, depression and anxiety within a year of head and neck cancer diagnosis and 6 months later with no significant correlations between posttraumatic growth and depression and anxiety. This provides insight to the health professionals regarding the relationship of positive and negative psychological responses in cancer patients.
Theme: Psychotherapy

F3.4
The Relation Between Dance Movement Therapy and Stress in New Medical College Student
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Introduction: Major changes occur in a person’s life from a senior high school to college students. This transition often precipitate stress among them. Dance/Movement Therapy (DMT) is an alternative way to deal with stress. The aim of this study is knowing the relation between DMT and stress in new college students. Methods: This study is an of quasi-experimental study. New medical college students in Faculty of Medicine University of Sumatera Utara who were in matriculation program were measured with Perceived Stress Scale (PSS) and Hassles Assessment Scale for Student in College (HASS/Col). The time of measuring were before and after four sessions/one week interval DMT intervention. Parametric paired sample t-test will be performed to find if there a significant decrement of PSS and HASS/Col. Results: Sixty one new college students were recruited. The age proportion are 52.5% (18y.o.), 41% (17y.o.), and the rest are 15 and 16 years old. 65.6% were female and 63.9% are stay with parents. The average PSS and HASS/Col score before MDT intervention consecutively are 17.525 and 74.815. The average score after MDT intervention are 16 and 53. There is significant decrement of PSS score (p= 0.026; 95% CI= 0.185-2.864) and HASS/Col score (p= 0.001; 95% CI= 16.916-37.324). Conclusion: There is a significant decrement of PSS and HASS/Col score before and after MDT intervention. Dance/Movement Therapy had benefit in reducing stress for new medical college student.

Theme: Validation Study

F4.1
Validity of The Hospital Anxiety and Depression Scale (Malay version) as a Screening Instrument for Depression and Anxiety Following Traumatic Brain Injury in Penang Hospital
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Background: Despite the relatively high prevalence of depression and anxiety in traumatic brain injury (TBI), only few studies have been done on the validity of screening tools in this population. Objective: This study aimed to evaluate the validity of the Malay version of the Hospital Anxiety and Depression Scale (HADS (Malay)) in screening for depression and anxiety among traumatic brain injured patients in Penang Hospital in comparison to the Structured Clinical Interview for DSM-IV for Axis I Disorders (SCID-I). Methods: A cross-sectional study was carried out on 101 patients with TBI via consecutive sampling. The HADS (Malay) and the SCID-I were administered at the same setting. The analysis of internal consistency and criterion validity (using Receiver Operating Characteristics) were performed. Results: 25 participants had SCID-I diagnoses of depression while 14 participants were diagnosed with anxiety disorder. When compared against the SCID-I, the HADS (Malay) produced high Area Under Curve (AUC), sensitivity, specificity and negative predictive values (NPV). At a cut-off point of 8/9, the HADS (Malay) depression subscale produced AUC of 0.86, sensitivity of 76%, specificity of 82%, NPV of 91% and positive predictive value (PPV) of 57%. At cut-off of 6/7, the HADS (Malay) anxiety subscale produced AUC of 0.88, sensitivity of 93%, specificity of 71%, NPV of 98% and PPV of 34%. The HADS total (Malay)
produced AUC of 0.86, sensitivity of 76%, specificity of 88%, NPV of 92% and PPV of 68% at cut-off of 17/18 for depression and AUC of 0.86, sensitivity of 93%, specificity of 77%, NPV of 99% and PPV of 39% at cut-off 15/16 for anxiety. The internal consistency for HADS total (Malay) and HADS (Malay) anxiety subscale were both high at 0.8 but lower at 0.6 for the HADS (Malay) depression subscale. **Conclusion:** The HADS (Malay) is a valid screening tool for depression and anxiety in the TBI population as demonstrated by its high sensitivity, specificity and negative predictive values but optimal cut-off scores may need to be revised.

**Theme: Women’s Health**

**F4.2**  
**Health and Identity: The Interaction Between Migration and Help Seeking Behaviours**  
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**Introduction:** Malay diaspora is not a new phenomenon, indeed Malays were spread out of Southeast Asia either as slaves in the 1700's or political exiles, resulted in creating small Malay communities in Madagascar, Taiwan, Myanmar, Yemen, the United Kingdom, and also Australia. In these recent years, the influx of Malays applying for Australian permanent residency has doubled in the past decade. They have been attracted by Australian policy of multiculturalism, social equality and justice. Middle-aged immigrant Malay women are integrated in the local culture and have high English proficiency. Yet the majority of Malay women still also maintain their Muslim identity as an integral part of their Malay identity and culture. These identities are deeply ingrained and influence women’s understandings and behaviours, especially in relation to health and illness. This presentation will report on how Malay identities shape immigrant women’s health in midlife.  

**Aims:** The aims of this study were to explore the interaction of cultural identities with the social environment, and to explore the impact of this interaction on immigrant Malay women’s help seeking behaviours.  

**Methods:** This study was conducted using a social constructionist paradigm, with ethnographic methods chosen to describe how the middle-aged immigrant Malay women manage and negotiate their health. These included 70 weeks of participant observation, a series of in-depth interviews and 3 focus group discussions. Informed by the habitus concept, the help seeking behavior is explored.  

**Results:** There were three main themes emerged from the data which include the adopting, balancing and preserving behaviours that influence their help seeking behaviours and health practices. These behaviours are reconstructed as a result from the interaction with their surrounding environment.

**Theme: Forensic Psychiatry**

**F4.3**  
**Risk Assessment of Violence and Impact on Rate of Physical Aggression in the Psychiatric Wards**  
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**Introduction:** Physical violence, which can affect physical and psychological well-being of staff and patients, may be caused by multiple factors. To date, there was no risk assessment tool for violence in our hospital. This was a prospective study on (i) development of the risk assessment tool for early detection of violence, and (ii) the impact of the tool on the rate of physical violence in the psychiatric
wards, Hospital Kuala Lumpur. **Methodology:** In the first phase of the study involving 100 patients, risk factors were identified, statistically analysed and categorised. Recommendations for clinical interventions were instituted in the finalised version. The second phase of the study was to evaluate the utilisation and impact of the tool on the rate of physical violence. All cases admitted to both male and female psychiatric wards between June to August 2013 were included in the study. Data on the rate of physical aggression was obtained from incident reports. **Results:** Command hallucinations, provoking behavior, restlessness, being uncooperative, persecutory delusion, increased tone of speech, verbally abusive and hostile looking were significant risk factors (p < 0.05). Logistic regression showed that command hallucinations, provoking behaviour, restlessness and being uncooperative were categorised as high risk factors whereas the remaining 4 factors were considered as moderate. Staff reported ease of use of the form regardless of level of psychiatric knowledge and skill. There were a total of 525 admissions between June to August 2013 compared to 488 cases between January to March 2013. The rate of physical aggression was reduced from 2.46% before intervention to 2.095% during the study period despite the increased number of admissions. **Discussion:** Identifying risk factors for violence facilitate clinical observation by paramedical staff and necessitate appropriate early clinical interventions by the clinicians, resulting in reduction of the rate of physical aggression. Further study is recommended to look into the feasibility of using this tool in the non-psychiatric clinical settings.

**Theme: Health Economic**

**F4.4**

**Economic Impact of Depression on patients in Klang Valley: A 6-Months Prospective Study**


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**Department of Psychiatry, University Kebangsaan Malaysia Medical Centre, MALAYSIA**

***Department of Public Health, University Kebangsaan Malaysia Medical Centre, MALAYSIA**

**Objective:** The aim of the study was to determine the economic impacts of depression and 6 months after treatment. The other aims of this study were to explore the interaction of cultural identities with the social environment, and to explore the impact of this interaction on immigrant Malay women’s help seeking behaviours. **Methods:** This study was conducted using a social constructionist paradigm, with ethnographic methods chosen to describe how the middle-aged immigrant Malay women manage and negotiate their health. These included 70 weeks of participant observation, a series of in-depth interviews and 3 focus group discussions. Informed by the habitus concept, the help seeking behavior is explored. **Results:** There were three main themes emerged from the data which include the adopting, balancing and preserving behaviours that influence their help seeking behaviours and health practices. These behaviours are reconstructed as a result from the interaction with their surrounding environment.
Poster Presentation Abstracts

Theme: Child and Adolescent Psychiatry

P.1
School Absenteeism Among Pediatric Clinic Patients in UKM Medical Center
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Background: Absenteeism from school is a serious mental health concern for many children and adolescents as it is a key risk factor for suicide attempt, risky sexual behavior, teenage pregnancy, violence, drunk-driving and substance use. Chronic absenteeism is also often associated with school dropout, which may further lead to negative outcomes, such as social and psychiatric problems in adulthood. Objective: The objective of this study is to assess school absenteeism among patients attending pediatric clinic UKMMC and examines its associated factors. Methods: In this a cross-sectional study, the carers of school going pediatric clinic patients were randomly selected to respond to a set of questionnaire which assesses the frequencies of different types of school absenteeism as defined by Kearney (2008). Results: Out of 208 children, 171 (82.2%) had some form of absenteeism. Higher prevalence of absenteeism was noted in males, 97 (56.7%) and those in the primary level of education 91 (53.8%). Age, sex, type of education, clinic attended, income, and family factors were not found to be associated with school absenteeism. Conclusions: Although this study could not conclude that there was any significant factor directly related with school absenteeism, the high rate of school absenteeism among the pediatric clinic patients cannot be ignored and needs further assessment and intervention.

P.2
Lifestyle and Psychosocial Factors Associated With Depression Among Adolescents Attending Secondary Schools In Kuala Lumpur
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Introduction and Objective: This study was to determine the prevalence of depression and its associated factors (socio demographic, lifestyle and self esteem) among adolescents attending secondary schools in Kuala Lumpur. Methodology: This was a cross sectional study conducted upon 13-17 years old adolescents attending secondary schools in Kuala Lumpur. A total of 461 students from five randomly selected schools completed the self- administrated questionnaires on the socio-demographic variables, Internet Addiction Test (IAT), Eating Disorder Examination Questionnaire (EDEQ), Rosernberg Self Esteem Questionnaire. Child depression inventory (CDI) was used to assess depression. Results: The prevalence of adolescent depression was 21.5%. Among factors associated with depression include age (p=0.032), internet usage (p value=0.000), self-esteem (p value=0.013), physical activity (p value=0.014) and eating behaviour (p value= 0.000). Discussion: One in five school-going adolescents were depressed. Interestingly, many factors that were associated with depression were modifiable lifestyle factors. Prevention and intervention strategies need to look at the importance of these factors in influencing positive and negative mental health.
P.3
Is The Family Environment Associated With Teenage Pregnancy?
Siti Mohd Ijam Haidah1, Susan Mooi Koon Tan1, Bujang Adam2, Voon Yee Lee1, Abdul Wahab Norazura1, Engku Kalil Zakuan*, Mohd Ishak Noriah***, Wahab Suzailly*, Kamal Nor Norazlin****, Hizlinda Tohid*, Norlaili Mohd Taulid*, Khairani Omar*, Harlina Halizah Siraj*, Lai Fong Chan*
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**Introduction and Objectives:** This study was aim to determine the extent the family environment, such as elements of cohesion, conflict, control and organization was associated with teenage pregnancy. **Methods:** This was a case-control study, which was part of a broader teenage pregnancy study. Pregnant teenagers, who were of ages 11-19 years and, reside in government-run shelters throughout Peninsula Malaysia and control subjects from secondary schools participated. They completed a validated Bahasa Malaysia version of the self-report measurement on Family Environment Scale (FES). Four domains such as cohesion, conflict, control and organization were compared between cases and controls. Univariate analysis such as Pearson Chi-square and Fisher’s exact test were used. Multivariate analysis was done to determine the effect of the family environment after confounding factors were controlled in the analysis. **Results:** There were 114 cases and 101 controls who participated in the study. Of the four domains, organization (OR 1.3, 95% CI =1.05-1.691) and control (OR 0.8 95% CI =0.673-0.999) were found to be statistically significant. **Conclusions:** Elements of family environment such as more organization (eg punctuality and, structured planning of daily routine) and less control (eg. set rules to run family life) were associated with teenage pregnancy. Further prospective research is needed to clarify the causal relationship between organization and control within the family unit as possible targets of preventive measures against teenage pregnancy.

Theme: Liaison Psychiatry

P.4
Depression, Anxiety, and Stress among Adult Diabetic Patients Attending Diabetic Clinic at Hospital Tengku Ampuan Afzan, Pahang State, Malaysia
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**Introduction and Objective:** Diabetes mellitus is a serious chronic illness and the prevalence is increasing in Malaysia. Since diabetic patients are more prone to psychological disturbances that may affect glycemic control, quality of life, self-care and compliance with medication, it is crucial to detect depression, anxiety and stress symptoms among diabetic patients. **Methodology:** This is a cross sectional study conducted among 200 patients with diabetes mellitus attending the diabetic clinic at the Hospital Tengku Ampuan Afzan, Pahang state, Malaysia. The self-rating Bahasa Malaysia version of the Depression Anxiety and Stress Scales (DASS-42) was used to determine the prevalence and severity of depressive, anxiety and stress symptoms. **Results:** The prevalence of depression, anxiety, and stress among diabetic patients was 13.5%, 28%, 11% respectively. Most of the patients with emotional disturbances had moderate depression and anxiety symptoms. However, stress symptoms were mild. Although females showed higher prevalence of depression, anxiety and stress, only anxiety was statistically significant. **Conclusions:** Symptoms of depression, anxiety, and stress are evident in diabetic patients. This study found anxiety symptoms were the most prominent symptoms.
**P.5**

**Effect of Anxiety and Depressive Symptoms Towards Survival of Cancer Patients within A Year and at 13-Years Outcome**


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**Introduction:** Anxiety and depression symptoms occur at a higher rate in cancer patients. However, debate still remains regarding the effect of anxiety and depression in cancer outcome.

**Objective:** This study was aimed to determine the effect of anxiety and depressive symptoms towards survival of cancer patients within a year and at 13 years.

**Methods:** Cancer patients who attended the Oncology and Radiotherapy outpatient clinic Hospital Kuala Lumpur, Malaysia in 1999 were invited to enroll in the study inception. The subjects consisted of 112 patients with ages ranging from 18 to 77 years old. Anxiety and depressive symptoms were measured using the Hospital Anxiety and Depression Scale (HADS) questionnaires. For the extended one-year and 13 years follow-up (in 2011), information on patients’ mortality status was obtained from the National Registration Department death records. Overall survivals for each anxiety and depressive symptoms score in HADS over extended one-year and 13 years were calculated using Cox proportional hazards regression analysis.

**Results:** Cancer patients experienced more anxiety (83%) compared to depressive symptoms (40.2%) at inception. A third (36.6%) of patients died within a year; while 50.9% of patients died at 13 years. Neither anxiety (p=0.273) nor depressive (p=0.981) symptoms were significantly increased risk of death of cancer patients within a year. Similarly, no significant effect of anxiety (p=0.399, 95% C.I.= 6.2-8.4) or depressive symptoms (p=0.749, 95% C.I.= 5.9-8.4) towards cancer patients’ survival was found at 13 years.

**Conclusions:** We found that anxiety symptoms were two-fold higher in cancer patients compared to depressive symptoms. However, both anxiety and depressive symptoms had no significant effects towards survival of cancer patients within a year and at 13 years.

**P.6**

**Depression and Quality Of Life (QOL) among Patients with Diabetic Foot Ulcer (DFU) in Universiti Kebangsaan Malaysia Medical Centre (UKMMC)**

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**Introduction and Objective:** Depression is common in patients with DFU and causes negative impact on QoL. However, there was a lack of local studies on the prevalence of depression and QoL in patients with DFU. This study aimed to evaluate depression and QoL in patients with DFU.

**Methods:** This was a cross sectional study involving 75 patients with DFU recruited from UKMMC from February to April 2014. Depression Anxiety Stress-21 (DASS-21) and Medical Outcomes Study (MOS) 36-item Short Form (SF-36) were used to assess depression and quality of life respectively. DASS-21 was designed to measure the negative emotional states of depression, anxiety and stress with each scale contains 7 items. MOS SF-36 uses a short 36 item questionnaire on eight dimensions to assess one’s QoL.

**Results:** From the study, most respondents’ ages between 55 to 64 (36.0%) and were classified under Grade 5 using Wagner-Meggitt’s Classification (52%). This study also found 41.3% of the respondents to have depression. The mean score of physical and mental function component in the QoL attained in this study were 39.27±15.49 and 52.52±16.14 respectively. Patients’ sociodemographic background showed significant association with physical function component in QoL with age, gender, occupation, education, income and having other medical illnesses (p<0.05). However, there was no significant association between patients’ sociodemographic background and mental function component in QoL.

**Conclusions:** This study
found that most patients with DFU had depression and poor QoL especially in the physical function component. Therefore, careful management was required to improve the prognosis and QoL of patients with DFU.

**Theme: Mood Disorder**

**P.7**

**Pattern of Prescribing Olanzapine and Quetiapine in Bipolar Mood Disorder in the Outpatient Setting**

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**Introduction and Objective:** This study was aimed to: (1) evaluate the use of olanzapine and quetiapine in Bipolar Mood Disorder in the outpatient setting, and (2) to identify drug-related problems associated with physician’s prescribing practice in the out-patient psychiatry clinic, and the related costs. **Methods:** A retrospective audit of the medical records of all patients being followed-up at the out-patient clinic at the Psychiatry Department of Hospital Tengku Ampuan Rahimah (HTAR), Klang was carried out. Only patients prescribed olanzapine and quetiapine from 1st June, 2007 until 31st December, 2007 were included in the study. **Results:** There were 38 patients on olanzapine and quetiapine. A total of 21% patients were 40 years old and above. There were no incidences of under-dosing and over-dosing. Two main drug-related problems were identified, namely polypharmacy and inappropriate prescribing of anxiolytics. Polypharmacy was seen in 4 (10.5%) of the 38 patients. Out of the 4 patients, 3 patients were on 2 antipsychotics concurrently: quetiapine and a depot preparation and 1 patient on quetiapine and chlorpromazine. The depot preparations were namely Zuclopenthixol decanoate (Clopixol®) and Fluphenazine decanoate (Modecate®). Clonazepam was the most commonly prescribed anxiolytic (8.4%), followed by zolpidem (3.7%), diazepam (2.8%) and lorazepam (1.8%). Of the 13 patients prescribed anxiolytics, 9 (23.9%) patients were on scheduled dosing, while the rest (10.5%) were on as-needed basis. None of the patients on scheduled dosing had a concurrent diagnosis of generalized anxiety disorder. Only one patient was prescribed both zolpidem and diazepam concurrently. **Conclusions:** By adopting more efficient prescribing practices, unwanted expenses can be reduced and the money saved can be channelled towards more beneficial therapeutic areas for the patients.

**P.8**

**Tolerance to Therapeutic Effect of Ketamine in Treatment Resistant Depression – A Case Report**

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**Introduction and Objective:** Ketamine infusion has showed quick alleviation of symptoms in treatment-resistant depression. Conflicting result about the development of tolerance from repeated ketamine infusion has been demonstrated from different studies. We report a case of a patient, who received a series of ketamine infusions for treatment resistant depression, in whom tolerance to the therapeutic effect was clearly demonstrated by using serial BDI scores. **Method:** This is a case report. **Results:** This 40 year-old teacher who had been diagnosed treatment-resistant depression after failed to respond to multiple medications, ECT, rTMS and psychotherapy has been placed on a regime of averagely twice weekly ketamine infusions (ranged from two to six days interval, 0.5mg/kg). Initial ketamine infusion did show rapid reduction in BDI scores, however, the response was wearing off slowly and approaching no reduction in BDI at 10th infusion despite the same dosage was given. Subsequent infusion, which the interval of infusion was prolonged to ten days, has
begun to show response again. **Conclusion:** We suggest that in order to avoid the development of tolerance to repeated ketamine infusion, an interval of at least seven days between the infusions should be implemented.

**P.9**
**Suicidal Attempts among Adolescents in Malaysia: Risk and Protective Factors**

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**Introduction and Objective:** Suicide attempts are predictive of future suicide risk. This study was aimed to determine risk and protective factors associated with suicidal attempts among Malaysian secondary school students. **Methods:** Data from the Malaysia Global School-based Student Health Survey 2012, was analysed. This was a nation-wide study using two-stage cluster sampling design involving 234 schools with 25,410 respondents. The survey used self administered validated bilingual questionnaires; GSHS questionnaire developed by World Health Organisation and DASS21 questionnaire. **Results:** The prevalence of reported suicidal attempts in the last 12 months was 6.6%. Binary logistic regression revealed that suicidal attempts were positively associated with having depressive symptoms (adjusted Odds Ratio: 2.1); consumed alcohol (aOR: 1.5), smoked cigarette (aOR:1.8) and used illicit drug (aOR: 4.8); bullied (aOR: 1.9); and abused at home either physically (aOR: 2.5) or verbally (aOR: 1.7). In addition, suicidal attempts were significantly higher among female students (aOR: 1.5) and non-Muslims (aOR: 1.7). Having close friend and staying with both parents were strongly protective (aOR: 0.2 and 0.6, respectively) against suicidal attempts, while parental bonding, connectedness, supervision and respect for privacy, were not statistically associated with suicidal attempts. **Discussions:** Suicide attempts among adolescents was contributed by various factors. Understanding the risk and protective factors was important in providing holistic and comprehensive approach for the management of suicidal attempts among adolescents.

**Theme: Schizophrenia and Other Psychotic Disorders**

**P.10**
**Antipsychotics Prescription Pattern and its Association with Metabolic Syndrome among Schizophrenia Patients in a Tertiary Centre in Sarawak**

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**Introduction:** The association of antipsychotics to metabolic profile has been published in many studies. It is well known that the majority of antipsychotic drugs is linked to weight gain, dyslipidemia and diabetes. This is applied for both typical and atypical antipsychotic. **Objectives:** The objective of this study was to assess the antipsychotic prescription pattern and its association with metabolic syndrome among schizophrenia patients in Hospital Sentosa Kuching. **Methods:** This was a cross sectional study involving 205 schizophrenia patients aged 18-65 years, The diagnosis of schizophrenia was confirmed by the administration of Mini International Neuropsychiatric Interview (M.I.N.I) questionnaires. Metabolic syndrome was diagnosed in accordance with International Diabetes Federation 2005. **Results:** The majority of participants (n=120, 58.5%) were on second-generation antipsychotics (SGA) monotherapy and a quarter (n=55, 26.8%) were prescribed with first-generation antipsychotics (FGA) monotherapy. The proportion of participants prescribed with polytherapy was 14.6%. The most frequently prescribed antipsychotic in this study was Risperidone (n=61,29.8%) followed by Clozapine (n=43, 21.0%). As for concomitant medication, only a minority of participants had concomitant prescription of antidepressants (5.4%), mood stabilizers(6.8%), and benzodiazepines(20.0%). Anticholinergics were more frequently prescribed with antipsychotics than
any other medications (49.8%). There was no apparent difference between participants who were taking combinations of FGA and SGA and patients who were on antipsychotic monotherapy of any type. With regards to the individual types of antipsychotic, there was also no significant association with metabolic syndrome. **Conclusions:** Further study controlling for several important factors such as age group, is deemed necessary to better understand the association between antipsychotic and metabolic syndrome in schizophrenia patients.

**P.11**

**Social Support Assessment among Re-admitted Psychiatric Patients at Hospital Tengku Ampuan Afzan, Kuantan (Pahang), Malaysia**

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**Introduction:** Malaysia is also following the trend of the developed countries in decentralizing of psychiatric facilities. The decentralization evolution saw a number of patients returning to the families. However, at the same time a large number of chronic patients failed community management because of the breakdown of family support. **Objective:** The aim of this study was to investigate the social support factors in relation to demographic data and clinical profile of frequently re-hospitalized psychiatric patients. This study investigates and collects all relevant data to reflect the factual situation in Malaysian population. **Methods:** This study was a cross sectional study of 250 psychiatric patients with different mental illnesses admitted by psychiatrists in 6 months duration. Patients were included if they were 18 years and above and excluded if not conversant either in Malay or English language. Multidimensional scale of perceived social support assessment was used to determine social factors. The questionnaire with various demographic aspects was used and clinical data of the participants obtained for statistical analysis. **Results:** There was a significant association between social support factors and frequent hospitalization of psychiatric patients in relation to their socio-demographic factors. Patients with low social support were admitted more frequently then with good social support. According to the perceived social support assessment high acuity of low social support 72% (moderate to high) has been found among re-admitted patients. **Conclusions:** Patients with mental illnesses have higher prevalence of readmission. Although treatment facilities are available, environmental factors play a vital role in relapse of mental illness and readmission to the Psychiatric wards. This application will provide a platform for more nationwide collaborative approach.

**P.12**

**Correlations Between Neuropsychological and MMN Changes Following Cognitive Training In Schizophrenia**

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**Introduction & Objective:** The present study investigates whether there is a change in MMN following computerised cognitive training, and the extent of relationship between MMN and neuropsychological changes associated with training. **Methods:** A simple pre and post experimental study with three month follow-up was conducted to assess changes in cognition among 20 schizophrenia patients. A variety of neuropsychological tests and MMN ERP paradigms were used in this study. **Results:** Overall, a significant reduction in duration and intensity MMN amplitude occurred following training. However, training related improvements in matrix reasoning were significantly correlated with a peak amplitude increase in both duration (r=0.498, p=.025) and
intensity ($r=0.452, p=0.046$) MMN. Improved (faster) inhibition performance was also associated with an increase in duration MMN amplitude ($r=-0.537, p=0.015$) whereas faster colour naming was associated with an increased intensity MMN amplitude ($r=-0.486, p=0.047$). One outcome however showed a paradoxical inverse relationship with MMN changes: improved performance on the hinting task was associated with a reduction in duration MMN amplitude ($r=-0.445, p=0.049$). In addition, MMN at baseline was also found to be a predictor of some cognitive improvements.

**Conclusions:**
While overall, cognition improved following training, MMN amplitude was actually reduced. Nonetheless, correlations between improved cognition and increased MMN amplitude were observed for a number of variables although there was also one case where the reverse relationship was observed. Further research is needed to clarify the relationship between cognitive and psychosocial outcomes and electrophysiological indicators with training.

**P.13**
Rechallenge with Clozapine Following Agranulocytosis
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Clozapine is an atypical antipsychotic that is indicated for patients with treatment resistance schizophrenia. There is a risk of agranulocytosis associated with the use of clozapine and the incidence is estimated around 2% during the first year of treatment. In this case report, a 34 year old malay gentleman who is single and unemployed was diagnosed as schizophrenia in 1998. He was later diagnosed as treatment resistant schizophrenia after a trial of typical and atypical antipsychotics.

He developed clozapine induced agranulocytosis after being stable on clozapine 350mg per day. He was brought to our casualty after having fever for 3 days with total white cell count of 0.08 and absolute neutrophil count of 0.00. Clozapine was then discontinued and he was switched to various antipsychotics. However the patient showed no improvement in symptoms. The patient was then rechallenged with clozapine and was closely monitored. Currently the patient’s clozapine dose is 400mg per day and his white cell count and absolute neutrophil count has remained normal.

Augmentation of clozapine with sulpiride for his partial responsiveness to clozapine shows significant improvement in both positive and negative symptoms with no additional side effects. This case report illustrates the reservation of clinicians to rechallenge patients with clozapine after developing agranulocytosis. This is practicable without fear of provoking further blood dyscrasias. Augmentation strategies with sulpiride has proven to be beneficial to the patient.

**Theme: Neuropsychiatry**

**P.14**
Yellow Fever In Borneo
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**Introduction:** Malaria or yellow fever is still rampant in Borneo, Queen Elizabeth Hospital being the tertiary hospital in Sabah we see quite a number of cases of Malaria. In this field of infectious disease comorbidity with psychiatric illness is among the issues addressed. Psychiatric symptoms can arise due to manifestation of infectious disease or as consequence of treatment. Here we would like to share a case report seen in tertiary hospital setting. **Case Presentation:** We are reporting a 41 year old Dusun gentleman, working as a rubber tapper with no known medical illness and no psychiatric history. He was diagnosed with uncomplicated malaria knowlesi and admitted to hospital Kudat and started on treatment for malaria. He eventually developed psychotic symptoms and disorganized behaviour. **Discussion:** His neuropsychiatric symptoms appeared after the treatment. The symptoms correlates as the presumed peak of mefloquine, which reaches maximum concentration in the blood
within 24 hours of an oral dose. Although psychosis is usually self-limited after mefloquine is discontinued, its adverse effects on the CNS may continue for several weeks due to a long elimination half-life. Therapy with atypical antipsychotics, such as risperidone, has shown to be effective in several cases. Whether mefloquine can contribute to pre-existing neuropsychiatric symptoms in an additive manner has yet to be formally investigated. **Conclusions:** This case illustrates the diagnosis conundrum that can be encountered in a tertiary hospital setting. Therefore, recognition of specific neuropsychiatric symptoms and behavioural changes in a patient taking mefloquine may prompt medical staff to more carefully assess the patient and intervene if necessary before severe psychosis develops.

**Theme: Psychogeriatric**

**P.15**  
Prevalence of Depression in Patients with Dementia in a Tertiary Government Hospital and a Teaching Hospital in Klang Valley and its Associated Factors  
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**Introduction:** Dementia is the most common illness that is associated with the geriatric age group. Depression occurs frequently in patients with dementia and has been well demonstrated to increased morbidity and mortality. However, there are limited data available in Malaysia pertaining to depression in patients with dementia. **Objectives:** The main objective of this study is to determine the prevalence of depression in patients with dementia using Geriatric Depression Scale-15 items (GDS-15) and Mini International Neuropsychiatric Interview (M.I.N.I) and to examine the socio-demographic and clinical factors associated with depression among patients with dementia. **Methods:** This is a cross sectional study on patients who have been diagnosed with dementia attending either psychogeriatric or memory clinic in Hospital Kuala Lumpur (HKL) or memory clinic in University Malaya Medical Centre (UMMC). Their socio-demographic and clinical data were obtained by interviewing patients and care givers and also from the patients’ records. The GDS-15 and M.I.N.I were used to determine the depression among subjects. **Results:** Total of 114 patients were recruited in the study. Prevalence of depression based on GDS-15 was 20.2% and prevalence of major depressive disorder using M.I.N.I was 10.5%. Depression based on GDS-15 was significantly associated with severity of dementia with adjusted odds ratio of 6; patients with moderate dementia are 6 times more likely to have depression compared with patients with mild dementia (p=0.006, CI=1.661-20.747). The Mini Mental State Examination (MMSE) score is negatively correlated with GDS-15 score (r = -0.335, p<0.01). **Discussions:** There was a high prevalence of depression in patients with dementia and it was significantly associated with the severity of dementia. Therefore, patients with dementia should be regularly screened for depression during their clinic visit.

**Theme: Substance & Addiction**

**P.16**  
Inhalant Dependence with Chronic Neurobehavioral Sequelae  
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**Introduction:** The use of inhalant has both short-term and long-term detrimental consequences due to its toxic effects on multiple organs. In Malaysia, the abuse of inhalant had been reported since the early 1980s and occurred predominantly in East Malaysia and Johore. **Case Presentation:** This case
illustrates a 17-year-old Malay adolescent’s struggle with bully in school. He coped with the stress by inhaling glue following peer pressure. The glue-sniffing activity had rendered him to quit schooling at 15 years old due to the severe withdrawal effects. His activities of daily living were also severely affected by the cerebellar dysfunction from long-term use of inhalant. Furthermore, he had poor attention span with concrete thinking as well as impaired visual acuity. Blood results showed elevated liver enzymes and CT scan of his brain revealed generalized cerebral atrophy with cerebellar atrophy. Management involved rehabilitation and motivational enhancement therapy in a psychiatric hospital. Discussion: Toluene appeared to cause certain irreversible damages with residual hand tremors and visual impairment, as well as poor attention span and concrete thinking. The prognosis is generally good for inhalant users if the pattern of use is recognized early and any neurobehavioral complications are prevented.

P.17
Clients’ Perception of Methadone Clinic
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Objective: To investigate clients’ perception of the Methadone Clinic of Hospital Tengku Ampuan Rahimah (HTAR), Klang. Methods: A cross sectional analysis of clients of the Methadone Clinic in HTAR, Klang was undertaken using a 109-item questionnaire designed by the researchers. Subjects were selected by convenience sampling. Results: Of the 51 patients who responded (Response rate: 66.2%), 80.4% were Malay and the majority were males (88.2%). Mean age and duration of drug abuse in years was 38.8 ± 10.6 and 17.3 ± 7.4 respectively. Friends were cited as the most regular source of drugs (82.4%), the most common being heroine (98%). More than 60% of patients were satisfied with their current dose, but of those who were not, 90% preferred a lower dose. 48% had trouble coming to the clinic as it clashed with their working hours. With regard to information on methadone, the majority (61%) preferred doctors to give it to them, followed by pharmacists (43%). On issues they would like counselors to help them with, 39% wanted help with overcoming addiction, while 29% wanted help on how to deal with withdrawal symptoms. 45% wanted help with job placements, 35% wanted more health-screening done, and 33% wanted help with financial aid. On willingness-to-pay (WTP), 41% of clients were not willing to pay for the services offered at the clinic. Conclusions: Individualized counseling sessions and services that address the problems faced by the clients could help in ensuring retention rates, and that clients receive the full benefits of the Clinic.

P.18
Student’s Perception and Attitude towards to Smoking Behavior at Senior High School on the Indonesian Sub Urban Area
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Introduction: Smoke is a behavior that can be harm to health. Senior high school student as the individual is form of teenagers group from the developmental period. The groups have highly risk to doing the smoking behavior. Technological development has evoked all information about smoke rapidly spread to senior high school students on the Indonesian sub urban area. Objectives: To understand about perception and attitude towards to smoking behavior from senior high school students. Methods: Descriptive cross-sectional study to the students population at senior high school on the sub urban area. Results: The number of samples is 264 respondents. The age varied between 14 to 18 years old. The ratio of the gender is boy (39%) and girl (61%). A part of respondents clarify that knowledge about smoke when first obtain from friend society (53.3%) and the information about cigarette when first obtain from watching on television (30.7%). The number of age when first time
to smoke is 14 to 15 years old, that is 65.5%. A part of respondents have known about the harm of smoke (88.3%). Prevalence of the students who smoked is 24.3%. A part of those respondents clarify that the reason to smoke is want to refreshing (8.7%) and drive from peer group as trigger to smoking behavior (12.5%). All of part clarify that smoke is stress releases (62.5%). All of respondents have a certain attitude that smoke is behavior can caused to lung disease (67%) and have assumption that cigarette is not a substance abuse (77.7%). **Conclusions:** Smoking behavior has found at the senior high school population on the Indonesian sub urban area. All of perceptions and attitude towards to smoking behavior from senior high school students has traits to misperception. Psycho education program can be good solution to correct those misperception, so for the next can create healthy behavior.

**Theme: Validation Study**

**P.19**

**Preliminary Findings of The Malay Post Traumatic Stress Disorder Checklist for Civilians (MPCLC) Validation**

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**Introduction:** Many validated screening instrument for PTSD exists and the Post Traumatic Stress Disorder (PCL) Checklist for Civilians (PCL-C) is one of them. However, among all the tools available for use with PTSD, none has been translated to the Malay Language and validated for use in the Malaysian population. **Objectives:** To develop and validate the Malay language version of the PCL-C (MPCL-C). **Methods:** The PCL-C was translated and back-translated and its reliability and validity was determined. **Results:** The MPCL-C was determined to have good face and content validity. The confirmatory factor analysis is already showing that some factors do belong to the same domain. The reliability is fair, with Cronbach’s alpha values of 0.76, 0.69 and 0.75 for re-experiencing, avoidance and arousal domains of PTSD symptoms. **Conclusions:** Preliminary results suggest that the MPCL-C is a valid and reliable tool to screen for PTSD in this country.

**Theme: Medical Education**

**P.20**

**Malaysian Medical Students’ Perceptions of a Film to Promote Psychiatry as a Career**

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**Introduction & Objective:** To explore the perceived impact of the royal college of psychiatrists film, “a different life” among third and fifth year medical students at Penang Medical College Malaysia. **Methods:** A cross sectional study conducted at Penang Medical College (PMC). The students in year three have not completed their psychiatry rotation, compared to year five students having completed their psychiatry rotation. Both year three and year five were invited to participate in this study. Students from both years were briefed on the study separately and after obtaining consent; they had to complete questionnaires before and after viewing an 8-minute movie, promoting psychiatry. Quantitative and qualitative statistical analysis were performed using SPSS version18. **Results:** The distribution of the students was almost equal in both groups (=107 for 3rd year) and (n=108 for 5th year). Seventy (64.8%) and 63 (58.3%) of the respondents from the third and fifth year respectively felt the film was effective in conveying a positive image of psychiatry. However, a
minority perceived it as influencing their career choice (31.4% and 27.2% for years three and five, respectively). Psychiatry was ranked relatively low in career preference (32.4% for 3rd year and 40.7% for 5th year students). **Conclusions:** Our results show that although the promotional film was successful in projecting a positive image of psychiatry among the medical students but this does not necessarily correlate to an increase interest in psychiatry as career preference.

**P.21**

**Does Mental Health Literacy on Depression Influence the Ability to Recommend Seeking Professional Help?**

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**Introduction & Objectives:** Mental Health Literacy (MHL) influences the level of acceptance to appropriate interventions for mental health problems. There has been lack of studies in Malaysia accessing MHL in systematic manner using standardized tools. This study aimed to determine the level of MHL on depression and its association with ability to identify the need for seeking professional help. **Methods:** This was a cross sectional study among systematically random sampled 227 adults patients and carers who attended a university primary care center. MHL was assessed using MHL Questionnaire (MHL Q) in which respondents were shown a case vignette on depression and asked to state what they thought about the case's problem and give opinions on how the case should be best helped. They also completed other self administered questionnaires which measured: demographic status, Level of Contact to mental illness (LOC), and Depression Stigma Scale (DSS). Inferential statistics were used to analyzed the data. **Results:** Only 17% and 47% of the respondents correctly identified the case as having depression and psychological problem respectively. However, 61.2% recommended professional help for the case. The independent predictors of recommending seeking professional help were using English version of the questionnaires (p=0.04), lower educational level (p<0.001) and lower perceived stigma by others on the case (p=0.02). **Conclusions:** MHL for depression was low and did not influence the ability to recommend seeking professional help in this study population. Our findings suggest the need for public education on depression.

**Theme: Therapy**

**P.22**

**Immersive Virtual Reality System for Stress Therapy**

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Stress is a response that often make patients become un-stabled physically and mentally. Until recently, various types of treatment are practiced by psychologists to remedy stress problems. However, none of the treatments offer immersive experience to the patients. Virtual Reality (VR) technology, through its ability to create an immersive 3D environment could offer better solution for stress treatment therapy. It integrates real-time computer graphics, body tracking devices, visual displays, and other sensory input devices to immerse patients in a computer-generated virtual environment. In this paper, the development of stress therapy using VR is presented. To prove effectiveness the system, comparative studies between VR treatment and imaginary techniques is conducted and analyzed.
Art Psychotherapy in Improving Patient's Outcome
Reena Clare
Art Psychotherapist, MALAYSIA

Art psychotherapy is an effective, holistic method of improving patients' outcomes especially in clients with mild to severe mental illness and those facing emotional challenges in life. This presentation, aimed at introducing art psychotherapy to the mental health fraternity, gives a brief description of what art psychotherapy is, how it works, its benefits, how it can achieve positive outcomes for the clients and addressing the ultimate goals of health service/s. A special mention in patient referrals from various client groups, it's set up and the processes involved in an organisation will be explored. Finally a review of evidence, where art psychotherapy was successfully integrated into patient's care plans which then produced positive results, will be showcased.