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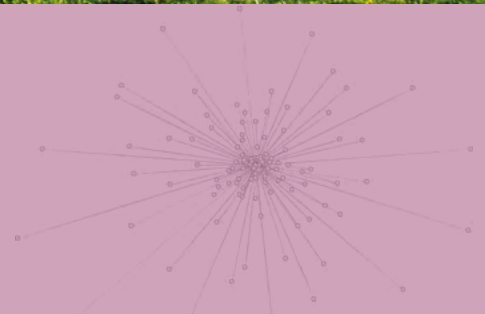
SASOP

20th National Congress
of the
South African Society of Psychiatrists
- Shaping our own future -

20 - 24 October 2021



PROGRAMME & ABSTRACTS





TURN THEIR WORLD RIGHT SIDE UP



“Adult ADHD should not be a barrier to realising my potential.”

Unlocking potential

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* PLEASE NOTE: Each item is available as full text electronically and as an individual pdf online.

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WELCOME MESSAGE CONGRESS CONVENOR

Dear Colleagues
Welcome to the Berg.

A year late, but we are geared up and eager to go! COVID-19 has left its ugly mark on all of us and even the biennial SASOP Congress 2020 was impacted and had to be deferred for a year. This year we are celebrating our 20th congress with a birthday bash that everybody has been really looking forward to (albeit with some restrictions).

The congress committee had a really tough decision to make last year: Do we continue to organise a face-to-face congress, a hybrid congress, a virtual congress or no congress at all in 2020? We chose the latter as we felt that everybody was so “Zoomed-out” and uncertain about the waves, that an important event on the calendar of every South African psychiatrist will not be done justice as a virtual event. The SASOP Congress is the one event where we all network and meet colleagues from all the corners of our beautiful country. Amidst this all, with all the challenges and risks in carefully monitoring the waves, we are relieved and happy to bring you this face-to-face, and “sustainable and greener” congress during a trough of the waves.

As networking is the most important part of any SASOP congress, this one in particular has been planned with “professional Post-COVID fatigue” in mind. We have extended the number of days for the congress to enable us to have more “networking” time and to return home, not exhausted, but refreshed and full of new knowledge, ready to tackle our difficult, but important work.

The need of psychiatrists to have a face-to-face congress was demonstrated by the fact that we had to close registration before the congress date, truly a first ever!

The congress committee thus wants to thank everybody for their keen interest to attend.



Eugene Allers

We extend a warm welcome to all participants and the trade partners and trust that the congress will meet with your expectations.



Eugene Allers
Congress Convenor

Organising Committee:
 Dr Eugene Allers (Convenor)
 Dr Kobus Roux (Co-Convenor)
 Dr Connie Mataboge
 Prof Gerhard Grobler (Chair of Scientific Committee),
 Prof Bonga Chiliza (SASOP President),
 Dr Hoepie Howell,
 Dr Marius Pretorius,
 Dr Matlala Mabeba,
 Dr Mvuyiso Talatala,
 Dr Robyn Scheepers,
 Dr Marius Pretorius
 & Dr Kim Laxton



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- Rapid sleep onset and maintenance of sleep^{1,2}
- Refreshed morning awakening¹
- Helps reduce anxiety symptoms associated with insomnia^{1,4,5}

- Caution should be exercised in patients suffering from anxiety accompanied by an underlying depressive disorder




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WELCOME ADDRESS FROM THE SASOP PRESIDENT

Welcome Colleagues to what is likely to be a historic Congress. Thank you so much to the organising committee led by Drs Eugene Allers and Kobus Roux for going ahead and putting together a fantastic program. We are looking forward to be in the company of great national and international speakers, albeit some of them will be joining us from the comfort of their home studies. We are indeed going to learn so much about the practice of psychiatry. I am particularly keen to hear from our speakers that have answered the call of our theme – Shaping our own future.

We are having this congress at a time where we are truly navigating unprecedented times. This is the first time in the recent history of the organisation that we have had to stop our usual activities and observe protocols that were gazetted by the government in response to the COVID-19 pandemic. The lockdown enforced by the State of Emergency regulations have had enormous impact on the working of our organisation, our practice and the society that we serve. There has been a plethora of papers, media statements from SASOP and other organisations, and screaming headlines on the effect all of this has had on our mental health. One of the articles that really struck me was published in the New York Times detailing what is known by some experts as languishing. I think many of us can relate to feeling

blah during the pandemic. We have all missed the events that are so dear to hearts, minds and souls. We have missed the moments where we could all belt out our favourite choruses, off-beat perhaps, to Freshly Ground concerts.



Bonga Chiliza

We have all missed our dancing following gala dinners at our congresses. We have all missed being truly happy in the company of our cherished colleagues. We have missed the conversations that take place over the water cooler at congresses that spark collaborations, clear misunderstandings and provide opportunities to give nuanced thought-through compliments. Perhaps we are indeed humans through other humans. Umuntu ngumuntu ngabantu. We need to be connected to one another.

I am looking forward to reconnecting with my SASOP family with the backdrop of the beautiful Kahlamba mountains, and charting a way forward together. Let us shape our own future.

Prof Bonga Chiliza
SASOP President (2018 – 2021)



WELCOME ADDRESS FROM THE SASOP PRESIDENT-ELECT

Dear Colleagues

As the president-elect of SASOP, I am utterly delighted to invite you to participate in the 20th National Congress of the South African Society of Psychiatrists being held at the Champagne Sports Resort Central Drakensberg from the 20th till the 24th of October 2021.

The onslaught of the Covid-19 pandemic presented a tumultuous and daunting period for us all, despite the impediments it has brought forth; you have all been resiliently and tirelessly answering the call of duty to care adequately for those unwell, for this we thank you manifold. We would also like to express our sincerest gratitude for choosing to engage with us face-to-face in these distinguished times.

You have all been pivotal to the success of antecedent congresses, we fervently believe that this comprehensive program spanning a range of contemporary topics in psychiatry, featuring eminent local and international experts who will

deliver a congress experience of the highest calibre. Our goal is to establish and sustain strengthened connection with our members.



Sebolelo Seape

Together, we share the common goal and commitment to reduce the stigma surrounding mental health and edge forward in moving the needle in psychiatry. We hope that you will find it beneficial to join us, as we overcome the obstacles and seize the opportunities of an evolving era to optimising patient care and outcomes.

A special thank you to the organising committee who dedicated countless hours and sacrificed their time to ensure the meeting is a success.

Sincerely
Dr Sebolelo Seape
 President-elect ■



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PHARMA DYNAMICS

JOINS HANDS WITH LOCAL TECH PARTNER TO ASSIST PARENTS AND CAREGIVERS OF ADHD CHILDREN

A local pharmaceutical company has partnered with an innovative tech partner to launch a new app, geared to help parents take better care of children with attention deficit hyperactivity disorder (ADHD).

Pharma Dynamics, a leading supplier of central nervous system medication and mental health advocate, has introduced an app to empower families and the broader care team of children with ADHD to navigate their care journey through collaborative information sharing.

Abdurahmaan Kenny, central nervous system portfolio manager for Pharma Dynamics explains that this innovative solution allows parents to invite teachers, healthcare professionals and other caregivers of a child's care team to monitor symptoms and side-effects collaboratively, stay on track by setting reminders for medication, activities and assessments and to keep a digital history of their child's care journey and response to different stimuli.

"Beyond medication and behavioural therapy, a well-coordinated care team is at the heart of an effective treatment plan for children with ADHD. Dealing with the condition does not only pose challenges for the diagnosed child, but also families and educators can take strain if the patient is not well managed."

Kenny highlights the following five components that are coordinated in the app to benefit the patient and the care team:

1. When and how to administer medication.
2. Monitor and track changes in your child's symptoms and behaviour.
3. Activity ideas.
4. Digital assessments.
5. History of your child's care journey.

Parents and caregivers will be able to track seven symptoms, such as anxiety, appetite, sleep, hyperactivity, ability to listen, mood and concentration. Expansion of further symptoms are still underway as Pharma Dynamics continues to develop and evolve the app. The app can also be configured to support your child's specific needs at any point along his/her journey.

Kenny says the solution was developed in partnership with Augmental Technologies, and in collaboration with leading clinical and educational psychiatrists, sleep specialists, and occupational therapists to empower parents and healthcare practitioners with the right information at the right time to give ADHD children the best care.

"Our vision is to provide support for all families affected by mental health conditions, however due to the acute need of ADHD children, we have decided to first launch an ADHD tool and to then expand the conditions on the app in the future. Making a product available to families at a time when they're struggling and looking for answers, was key. The solution is intended to close the loop and enable parents, educators and caregivers to be just as engaged in the treatment programme as the child is."

"The solution is primarily intended to support families with ADHD children from 4 to 13 years of age, and can be accessed by scanning the QR code on all relevant ADHD medication distributed by Pharma Dynamics."

ADHD CURRENTLY AFFECTS 1 IN 20 CHILDREN AND AN ESTIMATED 1 MILLION SOUTH AFRICAN ADULTS. WHEN LEFT UNDIAGNOSED OR NOT PROPERLY TREATED, CHILDREN ARE USUALLY LABELLED AS NAUGHTY, DELINQUENT, UNTEACHABLE, LAZY, LACKING FOCUS OR BEING INCOMPETENT.

Typical ADHD symptoms include a short attention span, difficulty concentrating and sleeping, forgetfulness, unable to sit still, listen or follow instructions, constant fidgeting, moving from one task to the next without completing it, acting without thinking, little or no sense of danger and is often accompanied by anxiety, depression and dyslexia. Getting an accurate diagnosis is critical. If you suspect your child may have ADHD, your GP will be able to conduct an initial assessment and then refer him/her to a specialist for further valuation.

Issued by Meropa Communications on behalf of Pharma Dynamics. For further information, contact Brigitte Taim from Meropa Communications on 082 410 8960 or on email: brigitte@meropa.co.za ■

SASOP CONGRESS PROGRAMME

WEDNESDAY 20 OCTOBER 2021

14:00 - 15:00 **REGISTRATION FOR WORKSHOP DELEGATES**
LUNCH FOR PRE-CONGRESS WORKSHOP DELEGATES

Venue: Hotel foyer
Venue: Restaurant

PRE-CONGRESS WORKSHOPS (PARALLEL)

15:00 - 18:00 **WORKSHOP 1: ADHD: update on diagnosis and clinical management**
Facilitator: Dr Frans Korb

Venue: Turret

Dr Frans Korb &
Prof Andre Venter

15:00 - 18:00 **WORKSHOP 2: Neuromodulating therapies: TMS, ECT and deep brain stimulation**
Facilitator: Dr Shaquir Salduker

Venue: Ondini

Dr Leigh van den Heuvel &
Dr Marcelle Stastny

15:00 - 18:00 **WORKSHOP 3: Update on psychopharmacology (SASOP Training and Development Institute)**
Facilitator: Dr Kobus Roux
The pharmacology of addiction
The pharmacology of antidepressants, anxiolytics and antipsychotic medication

Venue: Zuncfels

Dr Kobus Roux
Dr Kim Outhoff

15:00 - 18:00 **WORKSHOP 4: Coding and forensic Investigations for psychiatrists**
Facilitator: Dr Eugene Allers

Venue: Ithaba

Dr Eugene Allers , Dr Ian Westmore
& Ms Mardi Roos

15:00 - 18:00 **WORKSHOP 5: Independent medical examination & disability assessment**
Facilitators: Prof Gerhard Grobler & Prof Stoffel Grobler

Venue: Amphlett

16:15 - 16:30 **TEA/COFFEE FOR WORKSHOP DELEGATES - served outside each w/shop venue**

OFFICIAL OPENING AND KEYNOTE ADDRESS

18:15 - 18:25 **Official opening of congress**

Venue: Buttress

Dr Eugene Allers (Convenor)

18:25 - 18:30 **Covid 19 Health & Safety brief**

Mr Andries Brink (GM, CSR)

18:30 - 19:15 **Opening Keynote Address:**
Chairperson: Dr Eugene Allers
Computational psychiatry

Venue: Buttress

Prof Manfred Spitzer (Germany)
- virtual

19:15 **REGISTRATION FOR CONGRESS OPENS & WELCOME COCKTAIL FUNCTION**

Venue: Sentinel & outside area

THURSDAY 21 OCTOBER 2021

TRADE SPONSORED BREAKFAST SYMPOSIA

TRADE SPONSORED BREAKFAST EVENT (DR REDDY'S)**Venue: Buttress**

07:00 - 08:00 *Walking with the President - a mindful morning.
No rush, no place to get to, no hurry (4km fun run/walk)
(brief presentation followed by fun-run/walk)*

Prof Bonga Chiliza

08:00 - 08:45 Breakfast

Venue: Restaurant

TRADE SPONSORED BREAKFAST SYMPOSIUM (ZYDUS)**Venue: Monk's Cowl**

Chairperson: Victor Behrens

07:00 - 08:00 *An insight into mindful eating and the relationship between
diet, gut and mental health*

Ms Izelle Hoffman

08:00 - 08:45 Breakfast

Venue: Restaurant

PLENARY SESSION 1

08:45 - 09:30 Keynote address 2:

Chairperson: Dr Kali Tricoridis
*How can we develop innovative therapies for psychiatric
disorders*

Venue: ButtressProf Michael Berk (Australia) -
virtual**09:30 - 10:15 Keynote address 3:**

Chairperson: Dr Anersha Pillay
*Psychosocial response to Covid 19 in an African nation:
Strategies in the pandemic and lessons for tomorrow*

Venue: ButtressDr Yewande Oshodi (Nigeria) -
virtual**10:15 - 11:00 TEA/COFFEE****Venue: Sentinel & outside area**

PARALLEL SESSION 1

11:00 - 12:30 SESSION 1(A): POPIA: A PRACTICAL WORKSHOP

Chairperson: Dr Sebo Seape
Practical workshop

Venue: Zunckels

Natalia Pereira & Virene Etsebeth

11:00 - 12:30 SESSION 1(B): ADULT ADHD

Chairperson: Dr Rykie Liebenberg
A practical approach to the treatment of ADHD

Venue: SummitDr Karen Vukovic, Dr Frans Korb
& Dr Suntheren Pillay**11:00 - 12:30 SESSION 1(C): EARLY CAREER PSYCHIATRISTS**

Chairperson: Dr Ian Westmore
How to write a scientific paper

Venue: Monk's Cowl

Prof Christer Allgulander (Sweden)

11:00 - 12:30 SESSION 1(D): WOMEN'S HEALTH

Chairperson: Dr Bavi Vythilingum

11:00 - 11:30 *Glow Clinic - a perinatal wellbeing clinic*Dr Adaobi Udechuku (Australia)
- virtual11:30 - 12:00 *Unplanned pregnancy and mental health outcomes*

Dr Elsa du Toit (SA) - virtual

12:00 - 12:30 *Mother Baby Units*Dr Zeyn Green-Thompson (UK)
- virtual**11:00 - 12:30 SESSION 1(E): - BEHAVIOURAL ADDICTIONS (SUDASIG)**

Chairperson: Dr Simon Mothapo

11:00 - 11:20 *Behavioural addictions: an introduction*

Dr Tanya Calvey

11:20 - 11:40 *Gambling disorder: a South African perspective*

Prof Dan Stein - virtual

THURSDAY 21 OCTOBER 2021

PARALLEL SESSION 1

11:40 - 12:00	<i>Gaming disorder: from Mario brothers to Minecraft and beyond</i>	Dr Kavendren Odayar
12:00 - 12:20	<i>Behavioural addiction in Egypt: a cultural overview</i>	Dr Noha Ahmed (Egypt) - virtual
12:20 - 12:30	<i>Q & A and discussion</i>	
11:00 - 12:30	SESSION 1(F): FEMALE FORENSIC MENTAL HEALTH Chairperson: Dr Indhrin Chetty	Venue: Amphlett
11:00 - 11:30	<i>Women with mental illness who commit violent offences: Pathways towards rehabilitation</i>	Prof Ugash Subramaney
11:30 - 12:00	<i>Mental illness and HIV among female inmates in Durban, South Africa</i>	Dr Samantha Naidoo
12:00 - 12:30	<i>Behind the wall: A review of women who have perpetrated domestic violence</i>	Dr Rodhie Sapinosa
11:00 - 12:30	SESSION 1(G): RELIGION/SPIRITUALITY AND PSYCHIATRY Chairperson: Dr Kobus van der Walt	Venue: Turret
11:00 - 11:20	<i>Belief systems and the bio-psycho-social clinical assessment</i>	Dr Lennart Eriksson
11:20 - 11:40	<i>Pandemic resilience: Lessons from Islamic history</i>	Dr Khalid Dhansay
11:40 - 12:00	<i>The WPA Spirituality and Psychiatry SIG Position Statement</i>	Dr Judy Ludwick
12:00 - 12:30	<i>Annual General Meeting (AGM)</i>	
11:00 - 12:30	SESSION 1(H): THE ART OF PSYCHIATRY AND THE THERAPY OF PLAY. Psychiatry, science and art/play. What to enjoy... Chairpersons: Dr Hoepie Howell & Dr Kim Laxton	Venue: Ondini
	<i>Welcome and introduction</i>	Dr Kim Laxton
11:00 - 11:40	<i>Chess and psychiatry (clinical presentation)</i>	Dr Hemant Nowbath
11:40 - 12:00	<i>The Beautiful Game - Let's play (workshop with demonstration) - chess anatomy</i>	Dr Hemant Nowbath
12:00 - 12:30	<i>The Queen's Gambit and Small Screen Art</i>	Dr Kim Laxton
12:30 - 13:15	TEA/COFFEE	

PARALLEL SESSION 2

13:15 - 14:15	SESSION 2(A): VALUE BASED CARE Chairperson: Dr Eugene Allers <i>An overview of VBC and the implementation thereof in psychiatry</i>	Venue: Summit Prof Renata Schoeman - virtual
13:15 - 14:15	SESSION 2(B): PHILOSOPHY & PSYCHIATRY: How much do relations reveal about mental disorders? Chairperson: Prof Werdie Van Staden	Venue: Turret
13:15 - 13:45	<i>Lacking identity and solidarity with others in mental disorders: an insight from Africa</i>	Prof Thaddeus Metz - virtual
13:45 - 14:15	<i>What and where is the self (in psychopathology)?</i>	Prof Werdie van Staden

THURSDAY 21 OCTOBER 2021

PARALLEL SESSION 2

13:15 - 14:15	SESSION 2(C): PSYCHOTHERAPY Chairperson: Dr Melane van Zyl	Venue: Zuncfels
13:15 - 13:30	<i>Psychotherapy and pharmacotherapy</i>	Dr Frans Korb
13:30 - 13:45	<i>Psychotherapy: the future of psychiatry in South Africa</i>	Prof Gerhard Grober
13:45 - 14:00	<i>Psychotherapy and Value Based Care</i>	Dr Melane van Zyl
14:00 - 14:15	<i>Discussion/AGM</i>	
13:15 - 14:15	SESSION 2(D): WOMEN'S HEALTH Chairperson: Dr Bavi Vythilingum	Venue: Buttress
13:15 - 14:00	<i>Pharmacotherapy in pregnancy and breastfeeding</i>	Prof Shari Lusskin (USA) - virtual
14:00 - 14:15	Q & A	
13:15 - 14:15	SESSION 2(E): ABSTRACT PRESENTATIONS & CLINICAL RESEARCH Chairperson: Dr Mvuyiso Talatala	Venue: Monk's Cowl
13:15 - 13:45	<i>A response to Life Esidimeni recommendations and strategy to strengthen district mental health services in Gauteng province</i>	Prof Lesley Robertson
13:45 - 14:15	<i>The Esidimeni Inquiry - What lessons for Psychiatry</i>	Dr Lennart Eriksson
13:15 - 14:05	SESSION 2(F): ABSTRACT PRESENTATIONS & CLINICAL RESEARCH Chairperson: Dr Connie Mataboge	Venue: Ithaba
13:15 - 13:45	Is unipolar mania a distinct entity worthy of research?	Prof Stoffel Grobler
13:45 - 14:05	<i>Exploring stigma towards patients with major depressive & substance use disorders amongst non-specialist health workers in South Africa</i>	Dr Richard Goncalves
13:15 - 14:15	SESSION 2(G): ABSTRACT PRESENTATIONS & CLINICAL RESEARCH Chairperson: Dr Lerato Dikobe-Kalane	Venue: Amphlett
13:15 - 13:35	<i>Tackling Mental Health in Club Rugby: How Best to Screen our Athletes</i>	Dr James Burger
13:35 - 13:55	<i>Subintelligiturs and ineffabilities in mental care consultations</i>	Dr Chris Ellis - virtual
13:55 - 14:15	<i>Fronto-temporal cortical atrophy in 'nyaope' combination heroin and cannabis use disorder</i>	Dr Tanya Calvey
13:15 - 14:15	SESSION 2(H): THE ART OF PSYCHIATRY AND THE THERAPY OF PLAY - The Big Screen Chairperson: Dr Kim Laxton <i>Welcome and iintroduction</i>	Venue: Ondini
13:15 - 14:15	<i>Workshop: Strategy, Stage and Screen</i>	Dr Kim Laxton Dr Hemant Nowbath & Dr Kim Laxton
14:15 - 16:00	LUNCH	Venue: Sentinel & outside area
14:20 - 15:00	POSTER PRESENTATIONS & ADJUDICATION (SESSION 1) ** see posters on last page of programme	Sentinel (Verandah)
15:00	ADHD SIG AGM	Venue: Monk's Cowl
15:05 - 16:45	SASOP & CMSA WORKSHOP FOR REGISTRARS Chairpersons: Prof Bonga Chiliza & Prof Carla Kotze <i>Preparation for neuropsychiatric O.S.C.E and oral case presentations</i>	Venue: Zuncfels

THURSDAY 21 OCTOBER 2021

PLENARY SESSION 2

17:15 - 18:00	Keynote address 4: Chairperson: Dr Ian Westmore <i>Understanding the processes that contribute to treatment resistance in the Mood and Anxiety Disorders</i>	Venue: Buttress Prof Martin A. Katzman (Canada) - virtual
	Dinner	Venue: Restaurant

TRADE SPONSORED DINNER SYMPOSIA

19:00 - 21:00	TRADE SPONSORED DINNER SYMPOSIUM (JANSSEN) Chairperson: Dr Eugene Allers <i>Rapid-acting antidepressant treatment</i>	Venue: Buttress Prof John Krystal (USA) - virtual
	Dinner	Venue: Restaurant
19:00 - 21:00	TRADE SPONSORED DINNER SYMPOSIUM (CIPLA) Chairperson: Dr Mvuyiso Talatala <i>The mysterious DAT</i>	Venue: Monk's Cowl Prof Stephen Stahl (USA) - virtual
	Dinner	Venue: Monk's Cowl

FRIDAY 22 OCTOBER 2021

TRADE SPONSORED BREAKFAST SYMPOSIA

	TRADE SPONSORED BREAKFAST SYMPOSIUM (JANSSEN) Chairperson: Prof Bonga Chiliza	Venue: Buttress
07:00 - 08:00	<i>Endophenotypes of schizophrenia and what they mean for treatment</i>	Prof Benedicto Crespo (Spain)
08:00 - 08:45	Breakfast	Venue: Restaurant
	TRADE SPONSORED BREAKFAST SYMPOSIUM (ACINO SWISS) Chairperson: Dr Suntheren Pillay	Venue: Monk's Cowl
07:00 - 08:00	<i>ADHD: a new treatment approach</i>	Prof David Nutt (UK) - virtual
08:00 - 08:45	Breakfast	Venue: Restaurant

PLENARY SESSION 3

08:45 - 09:30	Keynote address 5: Chairperson: Dr Anusha Lachman <i>The mental health of health workers at the beginning of the Covid-19 pandemic in Kenya</i>	Venue: Buttress Prof Lukoye Atwoli (Kenya) - virtual
09:30 - 10:15	Keynote address 6: Chairperson: Dr Indhrin Chetty <i>Transforming mental health services' response to intimate partner violence</i>	Venue: Buttress Prof Louise Howard (UK) - virtual
10:15 - 11:00	PSYCHMG AGM	Venue: Buttress
10:15 - 12:00	TEA/COFFEE	Venue: Sentinel & outside area

PARALLEL SESSION 3

12:00 - 13:30	SESSION 3(A): THE PHARMACOLOGY OF STIMULANT MEDICATION - CIPLA SPONSORED PSYCHOPHARMACOLOGY WORKSHOP Chairperson: Dr Shaquir Salduker	Venue: Buttress Prof Stephen Stahl (USA) - virtual
12:00 - 13:30	SESSION 3(B): ABSTRACT PRESENTATIONS & CLINICAL RESEARCH Chairperson: Prof Ugash Subramaney	Venue: Monk's Cowl
12:00 - 12:30	<i>Ethical and clinical dilemmas in 4 baby swap cases</i>	Prof Cora Smith

FRIDAY 22 OCTOBER 2021

PARALLEL SESSION 3

12:30 - 13:00	<i>Ethical and legal aspects of end-of-life care for older people with serious mental illness in South Africa</i>	Prof Carla Kotze
13:00 - 13:30	<i>Construct Validity of the Brief Psychiatric Rating Scale – Expanded Version in a South African community psychiatry setting using Rasch Model Analysis</i>	Prof Lesley Robertson
12:00 - 13:00	SESSION 3(C): ABSTRACT PRESENTATIONS & CLINICAL RESEARCH Chairperson: Prof Werdie van Staden	Venue: Ondini
12:00 - 12:20	<i>Retain Rural Doctors: Burnout, depression and anxiety in medical doctors working in rural KwaZulu-Natal</i>	Dr Shaun Hain
12:20 - 12:40	<i>Clinical Use of Neuro-imaging in Psychiatric Patients at the Charlotte Maxeke Johannesburg Academic Hospital</i>	Dr Bokang Lipuo Letlotlo
12:40 - 13:00	<i>An HIV narrative of female inmates with a lifetime history of mental illness in Durban, South Africa</i>	Dr Samantha Naidoo
12:00 - 13:00	SESSION 3(D): ABSTRACT PRESENTATIONS & CLINICAL RESEARCH Chairperson: Dr Kathleen Mawson	Venue: Ithaba
12:00 - 12:20	<i>The changing landscape of addiction medicine during the COVID-19 pandemic- Perspective of early career professionals in 17 countries</i>	Dr Tanya Calvey
12:20 - 12:40	<i>Prenatal depression exposure alters white matter integrity and development in 2-3-year-old children</i>	Dr Annerine Roos
12:40 - 13:00	<i>A Retrospective study of outcomes after referral to the Early Intervention in Psychosis programme at Valkenberg Psychiatric Hospital</i>	Dr Sewela Kadosh Tshiamo Setjie
12:00 - 13:20	SESSION 3(E): ABSTRACT PRESENTATIONS & CLINICAL RESEARCH Chairperson: Dr Lebogang Phahladira	Venue: Zunckels
12:00 - 12:20	<i>Psychedelic-assisted psychotherapy and psychiatry in South Africa: a policy analysis</i>	Dr Kobus van der Walt
12:20 - 12:40	<i>Posttraumatic stress symptoms after a romantic relationship breakup versus a DSM-5 A trauma: A case-case-control analysis</i>	Ms Alberta van der Watt
12:40 - 13:00	<i>A diagnostic journey of misunderstood children</i>	Ms Tawni Voges
13:00 - 13:20	<i>Differences between unipolar mania and bipolar-I disorder: Demographic, clinical and familial findings from nine epidemiological studies</i>	Dr Caroline Van de Leur (Switzerland) - virtual
13:30 - 15:30	LUNCH	Venue: Sentinel & outside area
13:50 - 14:30	POSTER PRESENTATIONS & ADJUDICATION (SESSION 2) ** see posters on last page of programme	Venue: Sentinel Verandah
14:30 - 17:00	PUBSEC WORKSHOP Chairperson: Dr Kagisho Maaroganye	Venue: Monk's Cowl
14:00 - 14:30	<i>Progress made by the Johannesburg DSMHT towards achieving National Mental Health Policy objectives</i>	Prof Yusuf Moosa
14:30 - 15:00	<i>The PPP Project: the utilization of psychiatric services in RSA</i>	Prof Rita Thom
15:00 - 15:30	<i>Neuropsychiatric sequelae of COVID-19</i>	Dr Sandra Fernandes

FRIDAY 22 OCTOBER 2021

PARALLEL SESSION 3

15:30 - 16:00	<i>Problems with living: Does community psychiatry have the answers?</i>	Prof Dan Stein - virtual
16:00 - 16:30	<i>Developing a case for investing in mental health in South Africa</i>	Dr Sumaiyah Docrat - virtual
16:30 - 17:00	<i>Future Impact of the COVID-19 pandemic in SA on Public Mental Health</i>	Prof Suvira Ramlall - virtual

PLENARY SESSION 4

17:15 - 18:00	Keynote address 7: Chairperson: Dr Rose Leputu <i>The Boston Model for preventing the criminalization of the mentally ill</i>	Venue: Buttrass Prof David Henderson (USA) - virtual
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TRADE SPONSORED DINNER SYMPOSIA

19:00 - 21:00	TRADE SPONSORED DINNER (SUN PHARMA) <i>Sun Helix Soirée</i>	Venue: Swimming pool area
19:00 - 21:00	TRADE SPONSORED DINNER SYMPOSIUM (NOVO NORDISK) Chairperson: Dr Fanie Meyer	Venue: Monk's Cowl
19:00 - 20:00	<i>Cognitive Behavioural Therapy (CBT)</i>	Dr David Macklin (Canada) - virtual
20:00 - 21:00	<i>Obesity & psychiatry: Key concepts</i>	Dr Fanie Meyer
21:00	Dinner	Venue: Restaurant
21:15	A MOVIE EVENING UNDER NON-VIRTUAL STARS: "THE ARTISTS' WIFE"	Venue: Amphitheatre (weather permitting) or Buttrass

SATURDAY 23 OCTOBER 2021

TRADE SPONSORED BREAKFAST SYMPOSIA

	TRADE SPONSORED BREAKFAST SYMPOSIUM (SANOFI) Chairperson: Kevin Sasebula	Venue: Buttrass
07:00 - 08:00	<i>Debate: Use of anxiolytics and sedative hypnotics in practice</i>	Dr Eugene Allers, Dr Alison Bentley, & Dr Shaquir Saldaker
08:00 - 08:45	Breakfast	
	TRADE SPONSORED BREAKFAST SYMPOSIUM (AKESO) Chairperson: Megan Hosking	Venue: Monk's Cowl
07:00 - 08:00	<i>The Value of Voices - Why mental health conversations matter</i>	Lee Schoombie - virtual & Dr Lerato Motshudi
08:00 - 08:45	Breakfast	

PLENARY SESSION 4

08:45 - 09:30	Keynote address 8: Chairperson: Dr Linda Blokland <i>The psychology of pandemics</i>	Venue: Buttrass Prof Steven Taylor (Canada) - virtual
09:30 - 10:15	Keynote address 9: Chairperson: Dr Mpho Denga <i>A current perspective on the long-term neuro-psychiatric outcomes of Covid-19</i>	Venue: Buttrass Dr Leigh Janet

10:15 - 11:00 SASOP AGM

SATURDAY 23 OCTOBER 2021

10:15 - 11:30 TEA/COFFEE

Venue: Sentinel & outside area

PARALLEL SESSION 4

11:30 - 13:00	SESSION 4(A): SEXUAL HEALTH Chairperson: Dr Lerato Dikobe-Kalane <i>Clinical updates</i>	Venue: Summit Speaker: Dr Elna Rudolph - virtual
11:30 - 13:00	SESSION 4(B): CELLULAR & MOLECULAR PSYCHIATRY: Do I have a mental disorder or am I a mental disorder? Chairperson: Dr Leigh Janet <i>Genotypes, endophenotypes and clinical phenotypes</i> <i>The clinical utility of genetic biomarkers and mental health disorders</i>	Venue: Amphlett Dr Kobus Roux Dr Eugene Allers
11:30 - 13:00	SESSION 4(C): BIOLOGICAL PSYCHIATRY Chairperson: Prof Soraya Seedat	Venue: Ithaba
11:30 - 12:00	<i>Antipsychotic treatment effects and structural MRI brain changes in schizophrenia</i>	Prof Robin Emsley- virtual
12:00 - 12:20	<i>Longitudinal course and predictors of depression in schizophrenia spectrum disorders: A 24-months follow-up study</i>	Dr Lebogang Phahladira
12:20 - 12:40	<i>The effects of harmful alcohol use on reward processing in people living with HIV</i>	Dr Leigh van den Heuvel
12:40 - 13:00	<i>Pain perception and physiological correlates in body-focused repetitive behaviour disorders</i>	Prof Christine Lochner
11:30 - 13:00	SESSION 4(D): CLINICAL PSYCHOLOGY FORUM (CPF): PSYCHOTHERAPY Chairperson: Dr Linda Blokland	Venue: Zunckels
11:30 - 12:00	<i>Pandemics and clinical psychology</i>	Prof Steven Taylor (Canada) - virtual
12:00 - 12:30	<i>The impact of COVID-19 in South Africa: Navigating uncertainty and the infodemic</i>	Assoc. Prof Jennifer Watermeyer - virtual
12:30 - 13:00	<i>The Healthcare Workers Care Network: Caring for the carers</i>	Dr Alicia Porter
11:30 - 13:00	SESSION 4(E): STIGMA, DISABILITY AND THE IMPAIRED PSYCHIATRIST Chairperson: Prof Gerhard Grobler	Venue: Buttress
11:30 - 11:45	<i>"Me too": a story about a psychiatrist who lost her mind and how she found it again</i>	Dr Farzana Mohideen-Botes - virtual
11:45 - 12:00	<i>"First do no harm": Belittled, avoided, ignored, and denied: the consequences of stigma</i>	Prof Renata Schoeman - virtual
12:00 - 12:15	<i>Assessing psychiatric impairment in the highly functioning individual</i>	Prof Stoffel Grobler
12:15 - 12:30	<i>Role of the occupational therapist in assessing an impaired healthcare practitioner</i>	Ms Matty van Niekerk - virtual
12:30 - 12:45	<i>The HPCSA and the impaired practitioner</i>	Prof Gerhard Grobler
12:45 - 13:00	Discussion	
11:30 - 13:00	SESSION 4(F): EARLY CAREER PSYCHIATRISTS Chairperson: Dr Lavinia Lumu	Venue: Monk's Cowl
11:30 - 12:00	<i>Survival Guide: Conquering Exams</i>	Dr Lavinia Lumu

SATURDAY 23 OCTOBER 2021

PARALLEL SESSION 4

12:00 - 12:30	<i>Running on Empty: Is Burnout inevitable in Psychiatrists?</i>	Dr Antoinette Miric
12:30 - 13:00	<i>Crisis/Control: An Eriksonian perspective to the journey in psychiatry</i>	Dr Rodhie Sapinosa
11:30 - 13:00	SESSION 4(G): OLD AGE PSYCHIATRY: The Conundrum of Mild Cognitive Impairment Chairperson: Prof Felix Potocnik	Venue: Turret
11:30 - 11:45	<i>A look at the diagnostic criteria for MCI</i>	Dr Sihle Nhlabathi - virtual
11:45 - 11:55	<i>Cognitive reserves as a concept</i>	Dr Charnotte Gabriels - virtual
11:55 - 12:10	<i>The use of cognitive testing in MCI</i>	Ms Erine Brocker
12:10 - 12:35	<i>Informed consent and advanced planning in MCI</i>	Prof Carla Kotze
12:35 - 13:00	<i>Early supplementation in MCI</i>	Prof Felix Potocnik
11:30 - 13:00	SESSION 4(H): THE ART OF PSYCHIATRY AND THE THERAPY OF PLAY Chairperson: Dr Kim Laxton	Venue: Ondini
11:30 - 12:20	<i>Professional experiences, lived stories, narrative, mindfulness & play</i>	Prof Gerard Labuschagne
12:20 - 12:55	<i>"If I can write a book, so can you"</i>	Dr Leverne Mountany
12:55 - 13:00	<i>Closing and thank you</i>	Dr Kim Laxton

PLENARY SESSION 5

13:05 - 13:45	Keynote address 10: Chairperson: Dr Connie Mataboge <i>Adherence to treatment with psychoactive medications</i>	Venue: Buttress Prof Christer Allgulander (Sweden)
13:45 - 15:30	LUNCH	Venue: Sentinel & outside area
13:50 - 14:30	POSTER PRESENTATIONS & ADJUDICATION (SESSION 3) ** see posters on last page of programme	Venue: Sentinel verandah
15:00	SPECIAL INTEREST GROUPS (AGMS)	

19:00 - 23:00	CONGRESS DINNER & AWARDS Performance by Drakensberg Boys' Choir (25 minutes)	Venue: Buttress
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SUNDAY 24 OCTOBER 2021

06:00 - 08:00 Breakfast

PLENARY SESSION 6

08:00 - 08:45	Keynote address 11: Chairperson: Dr Matlala Mabeba <i>Social media and mental health: a psychiatrist's perspective</i>	Venue: Monk's Cowl Prof Noeline Nakasujja (Uganda) - virtual
08:45 - 09:30	TEA/COFFEE	Venue: Sentinel & outside area
09:30 - 10:15	Keynote address 12: Chairperson: Dr Eugene Allers <i>Epilepsy and the Law: "The Henry van Breda Case"</i>	Venue: Monk's Cowl Dr James Butler - virtual

SUNDAY 24 OCTOBER 2021

PLENARY SESSION 6

10:15 - 11:00	Keynote address 13: Chairperson: Dr Kim Laxton <i>Using mental illness as a defense for criminal acts - case profiles of a former police psychologist and head profiler</i>	Venue: Monk's Cowl Prof Gerard Labuschagne
11:00 - 11:15	CLOSING OF CONGRESS	Dr Eugene Allers
11:15 - 13:00	LUNCH PACKS & DEPARTURE	

POSTER PRESENTATIONS & ADJUDICATION

14:20 - 15:00 THURSDAY 21 OCTOBER 2021

Adjudicators: Prof Gerhard Grobler & Prof Stoffel Grobler

Brockner, Mrs Erine - Department of Psychiatry, Faculty of Medicine and Health Sciences, Stellenbosch University, Cape Town, South Africa

Feasibility and Acceptability of a Clinician Monitored PTSD Coach intervention: Findings from a Two Pilot Randomised Controlled Trials in a Resource Constrained Setting

Burger, Mrs Marlette (virtual) - Physiotherapy Division; Department of Health and Rehabilitation Sciences; Faculty of Medicine and Health Sciences; Stellenbosch University; South Africa

Maternal Perinatal Mental Health and Infant and Toddler Neurodevelopment - Evidence from Low and Middle-Income Countries. A Systematic Review

Chhagan, Dr Usha - Department of Psychiatry, School of Clinical Medicine, College of Health Sciences, University of KwaZulu-Natal, Durban, South Africa

A correlation of HIV status with clinical features and duration of untreated psychosis in patients with first episode psychosis

Dawood, Dr Bilkis - Postgraduate Programme (Master of Medicine), Discipline of Psychiatry, School of Clinical Medicine, College of Health Sciences, University of KwaZulu-Natal, Durban, South Africa

'Unheard,' 'uncared for' and 'unsupported': The Mental Health Impact of Covid -19 on Frontline Healthcare Workers in KwaZulu-Natal Province, South Africa

Hornsby, Ms Nancy - Alcohol, Tobacco and Other Drug Research Unit, South African Medical Research Council, Cape Town, South Africa

The Use Of Magnetic Resonance Imaging Techniques In Assessing The Effects Of Alcohol Consumption And Heavy Drinking On The Adolescent Brain: a Scoping Review

Luckhoff, Dr Hilmar (virtual) - Department of Psychiatry, Faculty of Medicine and Health Sciences, Stellenbosch University, Cape Town, South Africa, 7550.

Metabolic syndrome associations with cortical thickness and subcortical brain volumes in first-episode schizophrenia patients and controls

Makofane, Dr Lerato - Department of Psychiatry, University of the Witwatersrand

Demographic and clinical profile of HIV infected and non-infected children and adolescents attending two community psychiatric clinics in Gauteng province

14:20 - 15:00 FRIDAY 22 OCTOBER 2021

Adjudicators: Prof Gerhard Grobler & Prof Stoffel Grobler

Mngadi, Dr Sithembisile - Department of Psychiatry, Nelson R. Mandela School of Medicine, Durban, South Africa

The profile of suspected criminal offenders referred for psychiatric evaluation on an outpatient basis at Ngwelezana Hospital

POSTER PRESENTATIONS & ADJUDICATION

14:20 - 15:00

FRIDAY 22 OCTOBER 2021

Morar, Dr Tejil - Department of Psychiatry, University of the Witwatersrand*Exploring burnout among psychiatric trainees at the University of the Witwatersrand***Ndlangisa, Ms Ziyanda** - University of KwaZulu Natal*Antipsychotic dose reduction/discontinuation on metabolic syndrome in patients with first episode psychosis treated with a long-acting injectable antipsychotic***Prosad Singh, Dr Nikita** - Department of Psychiatry, Nelson R. Mandela School of Medicine, University of KwaZulu-Natal, Durban, South Africa*The prevalence of adverse childhood experiences, substance use and depression in people with HIV infection during the COVID-19 pandemic***Robertson, Prof Lesley** - Department of Psychiatry, School of Clinical Medicine, University of the Witwatersrand, Johannesburg, South Africa1) *A comparison of Gauteng province psychotropic medicine procurement and expenditure during 2017-2018 between districts and facilities at each service level*2) *Gauteng provincial psychotropic medicine procurement in general and specialised healthcare settings during 2017-2018***Schultz, Dr Megan (virtual)** - Department of Psychiatry, Walter Sisulu University*Prevalence of Vitamin B12 deficiency in psychiatric inpatients in Nelson Mandela Bay*

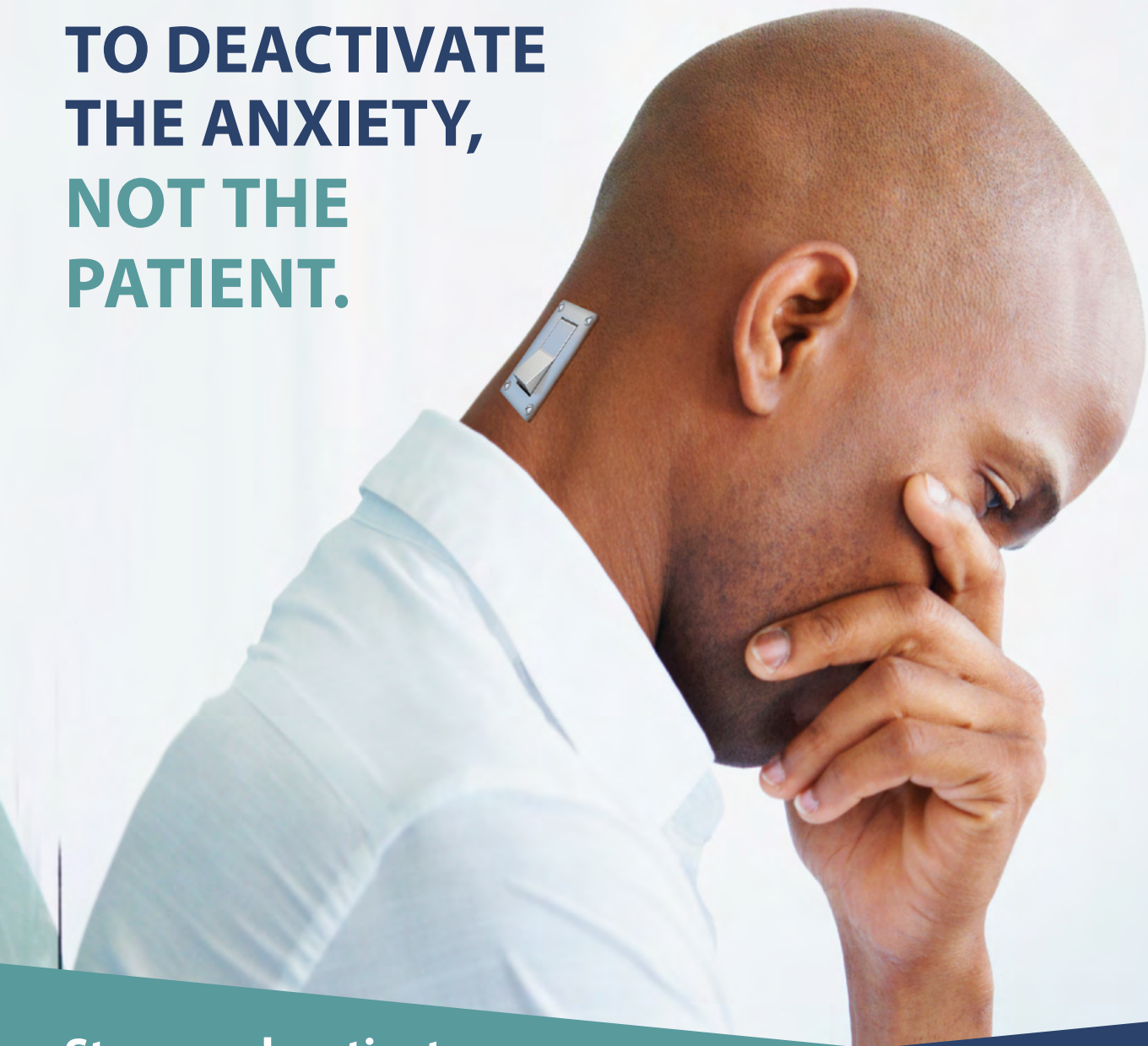
13:50 - 14:30

SATURDAY 23 OCTOBER 2021

Adjudicators: Prof Gerhard Grobler & Prof Stoffel Grobler**Narsi, Dr Kalpesh** - Department of Psychiatry, University of KZN*Cognitive Health and Reserve in anti-retroviral therapy naïve HIV-positive adults***Spies, Dr Georgina** - DSI/NRF South African Research Chairs Initiative, PTSD Program, Department of Psychiatry, Stellenbosch University, South Africa1) *Attitudes of patients and mental health professionals towards Serious Games in Psychotherapy*2) *Patterning of individual variability in neurocognitive health among South African women exposed to childhood maltreatment***Steyn, Dr Petrus (virtual)** - Department of Psychiatry, Faculty of Medicine and Health Sciences, Stellenbosch University1) *Characteristics of inpatients in Dialectical Behaviour Therapy modified for a resource-limited setting*2) *Cut it out or wait it out? Case series of middle fossa arachnoid cysts presenting with psychiatric symptoms and the ethics of neurosurgical management***Suliman, Dr Sharain (virtual)** - Department of Psychiatry & MRC Genomics of Brain Disorders Unit, Stellenbosch University*The association of cognition and perceived body weight in overweight and obese adults***Van den Heuvel, Dr Leigh** - Department of Psychiatry, Faculty of Medicine and Health Sciences, Stellenbosch University & South African Medical Research Council, Stellenbosch University Genomics of Brain Disorders Research Unit, Faculty of Medicine & Health Sciences, Stellenbosch University, Cape Town, South Africa.*The association between hair cortisol levels, inflammation and cognitive functioning in females*

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References: 1. Stein DJ. Etifoxine versus alprazolam for the treatment of adjustment disorder with anxiety: a randomized controlled trial. *Adv Ther* 2015;32(1):57-68. 2. Micallef J, Soubrouillard C, Guet F, et al. A double blind parallel group placebo controlled comparison of sedative and amnesic effects of etifoxine and lorazepam in healthy subjects. *Fund Clin Pharmacol* 2001;15:209-217. 3. Stresam approved package insert, July 2006.

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SASOP CONGRESS INVITED FACULTY & KEYNOTE SPEAKERS



Christer Allgulander MD is a retired adjunct associate professor and senior lecturer of psychiatry, affiliated in the Department of Neuroscience at Uppsala University. In clinical research he specialized in the pharmacotherapy, epidemiology, genetics and prognosis of generalized anxiety, panic anxiety, and social anxiety. He is an honorary professor at the University of Cape Town, adjunct associate professor at the Washington University School of Medicine, Department of Psychiatry in St. Louis, Missouri, as well as an honorary member of the American Psychopathological Association, and an honorary member of the South African Society of Psychiatrists.



Lukoye Atwoli is a Professor of Psychiatry and the Dean of the Aga Khan University Medical College, East Africa. He also practices psychiatry at the Aga Khan University Hospital in Nairobi. Prof Atwoli holds a Visiting Scientist position at the Harvard T. H. Chan School of Public Health, and is an Honorary faculty at the University of Cape Town. Prof Atwoli trained in medicine (Bachelor of Medicine and Bachelor of Surgery, MBChB) at Moi University before undertaking specialist training in psychiatry (Master of Medicine in Psychiatry, MMed Psych) at the University of Nairobi, where his MMed dissertation explored posttraumatic stress disorder among Mau Mau Concentration Camp survivors in Nairobi. He later earned a Doctor of Philosophy degree from the University of Cape Town in South Africa, focusing on the epidemiology of trauma and posttraumatic stress disorder in South Africa.

Prof Atwoli is widely published, and his current research interests are centered on trauma and posttraumatic stress disorder and the genetics of mental disorders, although he also participates in research on children's and youth mental health, and

on HIV and Mental Health. Prof Atwoli is a social and health rights advocate, and has influenced policy and programmes in the health sector as well as in the political sphere. He has been a strong mental health campaigner and advocate who constantly speaks out for the rights of the disadvantaged in society. He writes a weekly column in the Sunday Nation through which he dissects social issues in Kenya and beyond. Prof Atwoli is the President-Elect of the African College of Neuropsychopharmacology, and the immediate past Vice-President of the Kenya Medical Association (KMA). He is also currently the Secretary-General of the African Association of Psychiatrists (AAP), and sits on several advisory boards nationally and internationally.



Michael Berk is an NHMRC Senior Principal Research Fellow and is Alfred Deakin Chair of Psychiatry at Deakin University and Barwon Health, where he heads IMPACT, the Institute for Mental and Physical Health and Clinical Translation. On the bibliometric resource expertscape, he is ranked #1 in psychiatry globally, and in both depression and bipolar disorder, he is ranked 2nd globally and 1st in Australia. Nationally, between 2014-2019, CIA Berk was the top ranked author in citations in Australia for the FOR codes Psychology and Cognitive Sciences (SciVal) and 11th globally.

He is past president of the International Society for Bipolar Disorders and the Australasian Society for Bipolar and Depressive Disorders. He is listed by Thompson Reuters as amongst the world's most influential scientific minds (2015-2019), was awarded the Brain & Behaviour (NARSAD) Colvin Award for Mood Disorders in 2015, Victoria Prize for Life Sciences in 2019, the International Society for Bipolar Disorders Bob Post award for mentorship in 2020 and the Royal Australian & New Zealand College of Psychiatrists (RANZCP) Senior Research Award in 2021.

He holds grants from the National Institutes of Health (US), Simon Autism Foundation, NHMRC

CRE and Project Grants, Beyondblue, ARC Hub and Stanley Medical Research Institute and was a lead investigator in a Collaborative Research Centre. He generated \$79M in total funding. His major interests are in the discovery and implementation of novel therapies.



James Butler is a neurologist who specialises in epilepsy, including epilepsy surgery, and has a strong interest in evidence-based medicine. He qualified from the University of Cape Town in 1988, completed his neurology training at the same institution in 1995, and did a two-year fellowship in epilepsy at the Epilepsy Unit in the Department of Neurological Sciences, University of Western Ontario, Canada from 1996 to 1998. During his time there, he completed six courses towards a certificate in clinical epidemiology and biostatistics from the same institution. He was subsequently appointed as a consultant neurologist at the University of Stellenbosch, before starting the Epilepsy Unit at Constantiaberg Hospital, Cape Town in 2000.

He subsequently established a research unit in the same hospital, is affiliated as a part-time consultant to the Neurology Department at the University of Cape Town and the University of Stellenbosch, and has published 16 articles in international peer-reviewed journals, including one of the two completed randomised controlled trials of epilepsy surgery in adults. He has collaborated on projects with the Swiss Epilepsy Centre in Zurich.

He serves as a member of the Neurological Association of South Africa executive committee. He has held a weekly Friday morning neurosciences meeting for more than a decade, attended by the trainees and consultants at the local universities and, with the advent of the pandemic, this has evolved into a digital weekly meeting attended by clinicians from across South Africa and Africa.

He has also done weekly EEG teaching for local trainees and consultants for many years, broadened to a weekly digital teaching session in 2020. He supervised the epilepsy clinic and held a weekly Evidence-based Neurology Journal Club at Tygerberg Hospital for approximately 20 years



David C. Henderson, MD, currently serves as Psychiatrist-in-Chief at Boston Medical Center and Professor and Chair of Psychiatry at Boston University School of Medicine. Dr. Henderson previously served as Director of The Chester M. Pierce, MD Division of Global Psychiatry at Massachusetts General Hospital (MGH), Director of the MGH Schizophrenia Clinical and Research Program, and Medical Director of the Harvard Program in Refugee Trauma. He also worked for

Massachusetts Institute of Technology Health Services for 10 years.

Presently, Dr. Henderson serves as Co-Director of the NIMH T32 Boston University School of Medicine (BUSM)/Massachusetts General Hospital (MGH) Global Mental Health Clinical Research Fellowship.

He has worked internationally for the past 25 years in resource-limited settings, and areas impacted by mass violence, disasters and complex emergencies. Dr. Henderson has conducted research and training programs in Bosnia, Cambodia, East Timor, Ethiopia, Haiti, Liberia, New Orleans, New York City, Rwanda and Peru, South Africa, and Somaliland among other places.

His work has consisted of field studies, needs assessments, mental health policy development and strategic planning, quantitative and qualitative surveys, mental health capacity building programs for specialized and primary health professionals, and skill-transfer program evaluation.

In the United States, he has conducted more than 30 randomized clinical trials in severely mentally ill populations.



Louise Howard studied medicine at University College London and trained in general medicine before general psychiatric training. She obtained a Wellcome Trust Health Services Research Training Fellowship in perinatal psychiatry for her PhD studies, in 2013 she was awarded an NIHR (National Institute for Health Research) Research Professorship and is now a NIHR Senior Investigator. She was appointed Professor in Women's Mental Health at the Institute of Psychiatry, King's College London, in 2010.

Her research programmes focus on women's mental health, and the impact of gendered violence on mental health, funded by NIHR, UKRI and charitable foundations. She works with policy makers to influence clinical practice including chairing the National Institute for Clinical Excellence Guideline Development Group on Antenatal and Postnatal Mental Health (CG192; 2014) and was a member of the WHO 2013 guidance on violence against women.

She has won a number of prizes for her research including the International Marce (perinatal mental health) Society's Marce Medal.



Leigh Janet did his undergraduate medical degree at Wits. Qualified in 1987 as a psychiatrist, also at Wits. Has spent the past 30 years in private practice. Has a specific interest in bipolar mood disorder and treatment non-responsive depression. Interests include all aspects of the scientific basis of mental illness.

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Martin Katzman is the Clinic Director and Staff Psychiatrist at the S.T.A.R.T. Clinic (Stress, Trauma, Anxiety, Rehabilitation and Treatment) for Mood and Anxiety Disorders. He is a faculty member at the Northern Ontario School of Medicine (Laurentian University and Lakehead University). He is the past Acting Research Director (at the level of Dean) and a full

professor at Adler School of Professional Studies. Dr. Katzman's research primarily involves examining the psychological manifestations associated with the prefrontal cortex and related associated tracts and organ systems in mood, anxiety, ADHD and traumatic disorders. The focus of this research has been specifically directed at the study of Hypo-prefrontality, Executive Dysfunction, Intolerance of Uncertainty and Reward Processing, including Hedonic Tone and Hedonic Capacity as the drivers of Motivation and Energy in relation to the development of a variety of comorbidities and treatment resistance.

In the past he has used a variety of tools such as positron emission tomography, the respiratory physiological challenge, and doppler imaging, in association with a diverse anxiogenic challenges. He is also interested in developing technologies to further help in the diagnosis and treatment of psychiatric disorders. Dr. Katzman is the former Treasurer for The American Professional Society of ADHD and Related Disorders (APSARD) and was also a founding member of the Board of Directors as well as the founding Chair of the Scientific Advisory Board of the Anxiety Disorders Association of Canada/ Association Canadienne des Troubles Anxieux (ADAC/ACTA), now known as Anxiety Canada. He is the chair of a variety of scientific advisory boards, on the editorial board for a number of journals, and has published numerous papers in the areas of Anxiety, Mood, Pain and Attention Disorders and Complementary and Alternative Medicine.



Gérard Labuschagne PhD is currently a Director of L&S Threat Management, South Africa's first sole-purpose threat assessment and management company focusing on the behavioural analysis of violence, extortion and threats. He was the head of the South African Police Service's (SAPS) Investigative Psychology Section (IPS) for 14,5 years (2001-

2016) where he resigned on the rank of Brigadier. He is a clinical psychologist with the HPCSA and the British Psychological Society, and an Advocate of the High Court (non-practicing). He is a trained Hostage Negotiator by the SAPS, and a Homicide & Death Investigator trained by the Los Angeles Sheriff's Department. He is also the Founder President of the African Association of Threat Assessment Professionals.

He currently holds an Honorary Associate Professorship in the Department of Forensic Medicine and Pathology at WITS University in Johannesburg. He appears regularly in the High

Court and lower courts as an expert witness in criminal cases. He is on the editorial board for international journals, and has an extensive list of publications in academic peer-reviewed journals and chapters in international textbooks. In 2021 he published a book called "The Profiler Diaries: From the case files of a police psychologist" about his experiences in the SAPS. He holds the following academic qualifications: BA (Psychology, Criminology, English); BA(Hons)Psychology, Masters Clinical Psychology, Masters Criminology, PhD Psychology and an LLB Bachelor of Laws.

He has a dog called Zöe.



Noeline Nakasujja is Chair for the Department of Psychiatry at the College of Health Sciences and the first female Associate Professor of Psychiatry in Uganda. She completed her training at Makerere University and Karolinska Institute, Sweden. She has served on numerous associations including the International Psycho-geriatrics

Associations and the World Psychiatric Association. Currently, she is the Chairperson of the Uganda Society for Health Scientists and Co-Chair for the Community Care for the Elderly task force of The Network: Towards Unity for Health (TUFH). In addition to being an ardent practicing psychiatrist, her roles also include being an educationist who has mentored numerous students.

Her research interest focuses on neurocognitive assessments across the life span as well as other areas in the field of psychiatry. Her passion for training of the future generation of mental health practitioners for Uganda and beyond has greatly led to an increase in specialist numbers particularly for Uganda. Prof Nakasujja has been honored as an Outstanding mentor by the American Academy of Child and Adolescent psychiatry and was the recipient of the James Kimani award, Society of Neuroscientists of Africa. Since the out-break of Covid-19 in Uganda she has served on the country's scientific advisory committee for the Ministry of Health in Uganda.



Yewande Oshodi earned her Basic Medical qualification from the College of Medicine University of Lagos. She obtained her Psychiatry Fellowship from the Faculty of Psychiatry of the National Postgraduate Medical College of Nigeria, while her MPhil and subspecialty qualifications in Child and Adolescent Psychiatry

were from the Stellenbosch University in Capetown and the Colleges of Medicine of South Africa respectively. Dr Oshodi currently works as a Consultant Psychiatrist at the Lagos University Teaching Hospital and is also a Senior Lecturer in the Department of Psychiatry of the College of Medicine University of Lagos, Nigeria, both positions she has held for over a decade. She is a researcher and with over 40 publications in peer reviewed journals. In 2020 during the first wave of the Covid-19 pandemic, Dr Oshodi headed the Covid-19

Psychosocial support arm of the Lagos State Covid 19 Response team, Lagos State being the epicenter of the Pandemic in Nigeria. She serves on boards of some mental health NGOs and is the current president of the Association of Child and Adolescent Psychiatry and Allied professions in Nigeria.



Manfred Spitzer received his MD in 1983, his Ph.D. in philosophy in 1985 and graduated in psychology in 1984. 1983-1988 residency at the Psychiatric Hospital of the University of Freiburg. January 1989 - June 1990 Visiting Scholar and Visiting Associate Professor at the Department of Psychology, Harvard University, teaching undergraduate and graduate students; conducting research in the field of experimental psychopathology. September 1990 - April 1997 Lecturer in Psychiatry, chief of clinical services, and (from fall 1992) Director of the Section for Experimental Psychopathology at the Psychiatric Hospital of the University of Heidelberg. July - October 1992 Visiting Scholar at Michael Posner's laboratory at the Institute of Cognitive and Decision Sciences at the University of Oregon. July -December 1994: Second Visiting Full Professorship at the Department of Psychology, Harvard University, teaching at undergraduate and graduate level. Since May 1997 Medical Director, professor and chairman (Head of Department) of the newly established Psychiatric Hospital at the University of Ulm.

Research Activities focus on higher cognitive functions and dysfunctions at the interface between cognitive neuroscience, psychology, and psychopathology. Since 2004 founding director of the Transfer Center for Neuroscience and Learning (ZNL) at the University of Ulm. More than 100 research papers; about 40 books; translated works into more than 20 languages; weekly TV-series on Mind and Brain on a Public TV educational channel (about 200 appearances; BR alpha); Editor of two Journals (Nervenheilkunde, with a circulation of >30.000 the largest German neuropsychiatric Journal; founding editor of Trends in Neuroscience and Education).

Father of 6 children.



Stephen M. Stahl, M.D., Ph.D., D. Sc. (Hon) has held faculty positions at Stanford University, the University of California at Los Angeles, the Institute of Psychiatry London, the Institute of Neurology London, and, currently, as clinical professor of psychiatry and neuroscience at the University of California Riverside, adjunct professor of psychiatry at the University of California San Diego and as Honorary Fellow in Psychiatry at the University of Cambridge.

Dr. Stahl serves as editor-in-chief of *CNS Spectrums* and is Senior Academic Advisor and Director of Psychopharmacology for the California Department of State Hospitals (DSH) where he has a leadership role in addressing violence and decriminalization

of the seriously mentally ill in the five-hospital 6500 patient DSH. Author of over 560 articles and chapters with an H index of 62, and more than 2000 scientific presentations and abstracts, Dr. Stahl is an internationally renowned clinician, researcher and teacher in psychiatry with subspecialty expertise in psychopharmacology.

Dr. Stahl has written 53 textbooks and edited 15 others, including the best-selling and award-winning textbook, *Stahl's Essential Psychopharmacology*, now in its fifth edition and the best-selling and award-winning clinical manual, *Essential Psychopharmacology Prescriber's Guide*, now in its seventh edition. Dr. Stahl has also published a novel, *Shell Shock*, a thriller that recounts the history of PTSD (post-traumatic stress disorder). He has been awarded the International College of Neuropsychopharmacology (CINP) Lundbeck Foundation Award in Education for his contributions to postgraduate education in psychiatry and neurology. His books have won the British Medical Association's Book of the Year Award and first prize for Best Digital Medical Book.

Dr. Stahl is also the winner of the A.E. Bennett Award of the Society of Biological Psychiatry, the APA/ San Diego Psychiatric Society Education Award, the UCSD Psychiatry Residency Teaching Award, and has been cited as both one of "America's Top Psychiatrists" and one of the "Best Doctors in America." He was honored with the Distinguished Psychiatrist Award of the APA and gave the Distinguished Psychiatrist Lecturer for 2013. He was named the 2016 David Mrazek Award Winner of the American Psychiatric Association and gave the Mrazek Pharmacogenomics Memorial Lecture at the 2016 APA meeting. His alma mater Northwestern University honored him by naming the award for the most promising medical student to go into psychiatry the "Stephen Stahl Award." In 2018 he was awarded an Honorary Doctorate of Science by Üsküdar University in Istanbul Turkey for his lifetime of achievements in psychiatry.

He has recently cofounded a School of Psychopharmacology, Psychiatry and Neuroethics at the European University of Rome at the invitation of the Vatican to work with Pope Francis to develop education and policies to improve the burden of the seriously mentally ill.



Steven Taylor is a Professor and Clinical Psychologist in the Department of Psychiatry at the University of British Columbia. Dr. Taylor's work focuses on anxiety and related disorders, and on the psychology of pandemics. He has authored over 300 scientific publications and more than 20 books, which have been translated

into several languages. His most recent book, published a few weeks before the outbreak of COVID-19 is *The psychology of pandemics: Preparing for the next global outbreak of infectious disease*. Dr. Taylor is a member of the Canadian federal government's expert panel on COVID-19 ■



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ABSTRACTS

THE PREVALENCE OF MENTAL ILLNESSES AMONG FEMALE INMATES IN DURBAN, SOUTH AFRICA

Samantha Naidoo, Department of Psychiatry, Faculty of Health Sciences, School of Clinical Medicine, University of the Witwatersrand

Ugasvaree Subramaney, Department of Psychiatry, School of Clinical Medicine, Faculty of Health Sciences, University of the Witwatersrand

Saeeda Paruk, Discipline of Psychiatry, School of Clinical Medicine, College of Health Sciences, University of KwaZulu-Natal

Liesel Ferreira, Department of Psychology, School of Clinical Medicine, Faculty of Health Sciences, University of the Witwatersrand

Presenter: Dr Samantha Naidoo

Aim: There is a paucity of research on the prevalence of mental illnesses among female inmates in South Africa and on the African continent. Largely due to the minority status of females in the prison environment, rehabilitation programmes that have been designed for men have been applied to women without consideration of their gender-specific needs. Rehabilitation programmes should ideally be formulated based on the needs of this population. The aim of this study was to measure the prevalence of mental illnesses (including substance use disorders) and personality disorders among female inmates in Durban, KwaZulu Natal, South Africa.

Methodology: One hundred and twenty-six female inmates were randomly selected to undergo individual interviews using a socio-demographic-forensic-clinical questionnaire and the Structured Clinical Interview for DSM 5 diagnoses-Research Version. This study formed part of the first phase of a two-phased, mixed methods study based at a correctional centre in Durban, KwaZulu Natal, South Africa. It was a cross-sectional, descriptive study which measured both current and lifetime prevalence of mental illnesses in the female inmate population.

Results: While 36.5% had a current episode of a psychiatric disorder (excluding personality disorders), 90.4% had a lifetime psychiatric disorder. The lifetime prevalence rates were as follows: psychotic disorders 4.8%; depressive disorders 70.6%; post-traumatic stress disorders 46.8%; alcohol use disorders 48.4%; substance use disorders 31.7%; borderline personality disorder 33.3% and antisocial personality disorder 15.1%. The prevalence of current adult attention-deficit and hyperactivity disorder was 9.5%. Over 39% admitted to past suicide attempts while 64.3% reported past suicidal ideation. Psychiatric comorbidities were present in the majority of female inmates.

Conclusion: Mental illnesses, including substance use disorders, and personality disorders are highly prevalent among female inmates in Durban, South Africa compared to the general population. The majority of women remain undiagnosed and untreated. Similar studies should be conducted at other correctional centres in South Africa to form an evidence base for future policy development regarding the mental health needs of this population. Gender-sensitive policies and interventions are needed to ensure better screening, identification and treatment of mental illness in this population to ensure optimal mental health outcomes and to decrease the rate of recidivism.

THE ESIDIMENI INQUIRY - WHAT LESSONS FOR PSYCHIATRY

Lennart Eriksson, Department of psychiatry, University of KwaZulu Natal

Presenter: Dr Lennart Eriksson

Introduction: The Esidimeni inquiry will be under way during the Congress. The inquiry is set to start on the 19th July 2021. The Life Esidimeni enquiry is chaired by Madame Justice Mmanoa Teffo. Advocate Peter Luyt will lead evidence. As this is a death inquest implicated interested parties will be represented by their own lawyers. Many other interested parties will also give evidence - families of the victims, SADAG, Section 21 and many more.

The enquiry has been enrolled for three months. However, as there are 144 claimants, the process will likely require more time.

The goal of the Enquiry will be to look at identifying the process that led to the tragedy, afford closure and compensation to the families of the deceased and - although unlikely - afford individual criminal blame.

This presentation will look at a spinoff benefit to the enquiry. South African psychiatry has been helpless to halt this tragedy. The reasons for this inattention will be explored.

Attention to patients with Serious and Persistent Mental illness: The Mental Health Summit of April 2012 made no mention of mentally ill persons with Serious and Persistent Mental Illness (SPMI). The responsibility of psychiatry to give intellectual and administrative support to these most vulnerable persons in our care will be detailed in the presentation.

Deinstitutionalisation: *"Effective community services should be in place before a fashion of deinstitutionalisation is followed blindly in South Africa"*. A desire to implement deinstitutionalisation by the department of health has a long history (Leff 1997). The role of "hasty" deinstitutionalisation - not even adhering to the prescriptions contained in the MHCA - and the non-adherence to the legal obligations prescribed in the Act for persons admitted to psychiatric hospital as involuntary Mental Health Care Users (MHCU) will be discussed.

What can psychiatry learn from the enquiry: There are many lessons to be learned from this enquiry. This presentation will explore the many valuable lessons made evident by the enquiry in the hope that we, as psychiatrists, may ensure that errors of the past will not be repeated.

IS UNIPOLAR MANIA A DISTINCT ENTITY WORTHY OF RESEARCH?

Christoffel Grobler, University of Pretoria

Presenter: Prof Christoffel Grobler

Aim: In the classification of mood disorders, major depressive disorder is separate from bipolar disorders whereas mania is not, hence studies on pure mania is rare. Evidence from recent epidemiological studies suggest that a separate diagnosis for unipolar mania should be established, as not doing so is considered a loss in both clinical and research terms.

Patients with pure mania share similar characteristics namely male preponderance, less anxiety disorders and less suicide attempts, compared to bipolar mood disorder type I. Unipolar mania furthermore differs from schizoaffective disorder in that the course of illness is not characterized by delusions or hallucinations in the absence of a manic episode.

Schizoaffective disorder is subsumed in DSM 5 in the chapter on Schizophrenia spectrum and other psychotic disorders.

This presentation will argue that, considering unipolar mania as a distinct entity, may provide new insight into both the affective spectrum- as well as the psychotic spectrum of disorders, positioning unipolar mania along the continuum linking schizophrenia and bipolar disorder, between schizoaffective disorder and bipolar disorder.

Methodology: Literature review.

Results: Unipolar Mania is a distinct entity, worthy of research and in need of distinct status in international diagnostic classification systems.

Conclusion: Considering unipolar mania as a distinct entity, may provide new insight into both the affective spectrum- as well as the psychotic spectrum of disorders, positioning unipolar mania along the continuum linking schizophrenia and bipolar disorder, between schizoaffective disorder and bipolar disorder.

EXPLORING STIGMA TOWARDS PATIENTS WITH MAJOR DEPRESSIVE & SUBSTANCE USE DISORDERS AMONGST NON-SPECIALIST HEALTH WORKERS IN SOUTH AFRICA

Richard Goncalves, University of Cape Town

Goodman Sibeko, University of Cape Town

Bronwyn Myers, South African Medical Research Council, University of Cape Town

Jessica Magidson, University of Maryland

Jennifer Belus, University of Maryland

Alix Rose, University of Maryland

Presenter: Dr Richard Goncalves

Aim: Major depressive disorder (MDD) and substance use disorder (SUD) are common in South Africa and are responsible for a significant amount of morbidity, yet there is a significant treatment gap resulting from a shortage of staff trained to manage these conditions. Through task sharing, non-specialist health workers (NSHWs) can be effective in the roll out of mental health care, yet little is known about stigma within this crucial group of healthcare providers.

As mental illness-related stigma is a significant barrier to seeking and receiving healthcare, high stigma amongst NSHWs towards patients with the common mental disorders of MDD and SUD could negatively affect the provision of mental health services on a large scale. The aims of this study, therefore, are to examine the level of stigma towards mental illness in NSHWs working in primary

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References: 1. De Bruyckere K, Bushe C, Bartel C, Berggren L, Kan C, Dittmann R. Relationships Between Functional Outcomes and Symptomatic Improvement in Atomoxetine-Treated Adult Patients with Attention-Deficit/Hyperactivity Disorder: Post Hoc Analysis of an Integrated Database. *CNS Drugs* 2016; 30:541-558. 2. Young JL, Sarkis E, Qiao M, Wietecha L. Once-Daily Treatment With Atomoxetine in Adults With Attention-Deficit/Hyperactivity Disorder: A 24-Week, Randomized, Double-Blind, Placebo-Controlled Trial. *Clin Neuropharm* 2011; 34:51-60. 3. Lenzi F, Cortese S, Harris J, Masi G. Pharmacotherapy of emotional dysregulation in adults with ADHD: A systematic review and meta-analysis. *Neurosci Biobehav Rev* 2018; 84:359-367.

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care settings in South Africa and to assess whether there are any socio-demographic variables that are associated with raised stigma levels in this cadre of workers.

Methodology: 66 NSHWs (nurses and lay community healthcare workers) completed a self-administered questionnaire, which included a modified Bogardus Social Distance Scale to measure stigma. Two included case vignettes were designed to elicit the participant's views about the person in each vignette – one with MDD, and the other with SUD. A cumulative social distance scale (SDS) score was determined, with a higher score representing more stigma.

Results: Preliminary results show that the average MDD SDS score was 9.13 (SD =3.59) and the SUD SDS score was 11.70 (SD=4.14). This shows that social distance towards the patients in both vignettes was raised and significantly higher social distance was observed towards the vignette with SUD, as opposed to MDD ($t(63) = -6.47, p .001$). There were no statistically significant associations between any sociodemographic variable and increased stigma towards either MDD or SUD.

Conclusion: There is significant stigma towards mental illness amongst NSHWs, particularly towards those patients with SUD. As stigma affects treatment uptake and outcomes, it would be justified to further characterise stigma amongst this important cadre and identify target areas on which to focus stigma-reduction interventions.

TACKLING MENTAL HEALTH IN CLUB RUGBY: HOW BEST TO SCREEN OUR ATHLETES

James W. Burger, Department of Psychiatry and Mental Health, University of Cape Town

Lena S. Andersen, Global Health Section, Department of Public Health, University of Copenhagen

John Joska, Head Clinical Unit: Psychiatry Groote Schuur Hospital, Head of Division: Neuropsychiatry Department of Psychiatry and Mental Health, Director: HIV Mental Health Research Unit Neuroscience Institute, University of Cape Town

Presenter: Dr James W. Burger

Aim: The mental health of athletes has been receiving recent international focus. Mental disorders are found at similar rates in athletes and the general population, although there is wide variation across settings and sports. Diagnosis in athletes presents unique challenges for medical support staff. Both general and athlete-specific screening tools have been used to identify mental disorders. However, validation data in South Africa athletes are lacking.

Higher symptom burden on concussion symptom

scales, especially in affective symptoms, has also been associated with higher scores on mental health screening tools.

The aim of this study was to establish the prevalence of depressive and anxiety disorders in South African club rugby players, as well as investigate the psychometric properties of available screening tools and a widely-used concussion symptom scale in this population.

Methodology: We utilised a cross-sectional, observational study design during the club rugby pre-season for 2021 leagues. Participants were adult rugby players at Cape-town based clubs. The Sport Concussion Assessment Tool 5 – Symptom Evaluation (SCAT5-SE), Baron Depression Screener for Athletes (BDSA), Athlete Psychological Strain Questionnaire (APSQ), Center for Epidemiologic Studies – Depression (CES-D), and Generalised Anxiety Disorder-7 (GAD-7) were compared to each other and the Mini International Neuropsychiatric Interview 7.0.2 (MINI).

Results: 71 male rugby players participated. A MINI-defined lifetime disorder was identified in 33.82% (95%CI 22.79 to 46.17%), with 10.29% having a current disorder (95%CI 4.24% to 20.07%). Internal consistency, factor analysis, and convergent validity were used to investigate and compare tools. Cronbach's alpha showed acceptable internal consistency for the athlete-specific tools, good internal consistency for the general tools, and excellent internal consistency for the SCAT5-SE. All tools showed significant correlations with each other, with the BDSA and CES-D being most strongly correlated ($\rho = 0.68, p < 0.0001$). A preliminary ROC analysis revealed the potential for the SCAT5-SE to identify cases from non-cases at similar rates to the CES-D and GAD-7.

Conclusion: Mental disorders were found to occur commonly in South African club rugby players. General tools may be appropriate for screening this sub-elite population. The widely-used SCAT5 could potentially be used as a mental health screening tool.

SUBINTELLIGITURS AND INEFFABILITIES IN MENTAL CARE CONSULTATIONS

Dr Chris Ellis, Department of Family Medicine, University of KwaZulu-Natal

Presenter: Dr Chris Ellis

Information gathering in the consultation is mainly done by verbal or non-verbal communication. Beyond non-verbal communication are the pauses and silences of unexpressed feelings that are not raised for various reasons.

A subintelligitur is something that is not stated but understood or something even though it is implied is not expressed.

The most common subjects that may not be raised in the consultation are concerning sexual problems, HIV and STDs, cancer, death (end of life issues), menstruation and excretory functions (bowel and urinary systems).

There are also, at times, feelings and emotions which are incapable of being expressed or described. They are ineffable. Common conditions in practice that lend themselves to ineffability are depression, anxiety, grief and despair. At this deeper psychological level the states of mind and emotions may be beyond words.

The concept of the subintelligitur is distinct from the neurological and psychiatric constructs of alexithymia, which address dysfunction in emotional expression. Interpretation and management of that which is not said can only partly be taught or demonstrated in curricular education. It requires, amongst others, intuition and connectedness that are gained from experience in practice and knowledge of the individual patients and the contexts and circumstances surrounding them.

ETHICAL AND CLINICAL DILEMMAS IN 4 BABY SWOP CASES

Cora Smith, Department of Psychiatry Division of Clinical Psychology School of Clinical Medicine Faculty of Health Sciences University of the Witwatersrand, Child, Adolescent and Family Unit Charlotte Maxeke Johannesburg Academic Hospital

Presenter: Prof Cora Smith

Aim: This presentation will address the ethical conundrums and clinical dilemmas encountered in trying to determine the best interest of 4 cases involving children who were swapped at birth. The clinical dilemmas vary according to the age at which the swop was discovered and also the manner in which this information came to light.

The most difficult part of any baby swop is the determination of who should have custody of the swapped children and balancing this with the best interests of the child. In addition, in the South African context, the role of traditional beliefs and the response of ancestors in such cases add to the ethical dilemma involved in the placement of such children.

In balancing the rights of the child with those of both the biological and current custodian parents, professionals need to determine whether the attachment bond between the custodian parents and the child needs to be preserved and/or whether it would be better for the child to return to the biological parents. In many cases the parents

are not married or no longer together and do not agree on proposed custodial or visitation plans. In the case of adolescents, their wishes become more prominent and do not necessarily accord with the ideas of the parents/guardians or with the best plans of professionals or with the country's laws. The presentation will discuss the ethical and clinical dilemmas in managing these very difficult cases as well as the role played by the media, legal intervention and financial compensation.

ETHICAL AND LEGAL ASPECTS OF END-OF-LIFE CARE FOR OLDER PEOPLE WITH SERIOUS MENTAL ILLNESS IN SOUTH AFRICA

Carla Kotzé, Weskoppies Hospital / Department of Psychiatry, School of Medicine, Faculty of Health Sciences, University of Pretoria

Johannes Lodewikus Roos, Weskoppies Hospital / Department of Psychiatry, School of Medicine, Faculty of Health Sciences, University of Pretoria

Presenter: Prof Carla Kotzé

Aim: Any healthcare practitioner involved in the provision of end-of-life care should be aware of the ethical and legal aspects that have to be taken into consideration when decisions about care are being made. The aim is to discuss the decision-making capacity of older people with serious mental illness and the relevant ethical and legal aspects of end-of-life care in South Africa.

Methodology: A descriptive, cross-sectional study was conducted at Weskoppies Psychiatric Hospital to assess the end-of-life decision-making capacity in older people with serious mental illness. In the process an extensive literature review about the ethical and legal aspects relevant to end-of-life care was conducted and this will be the focus of the discussion.

Results: The results of this study showed that two thirds of 100 participants older than 60 years of age with serious mental illness had end-of-life decision-making capacity. This highlights the importance of taking the individual and contextual nature of decision-making capacity into consideration during end-of-life care discussions.

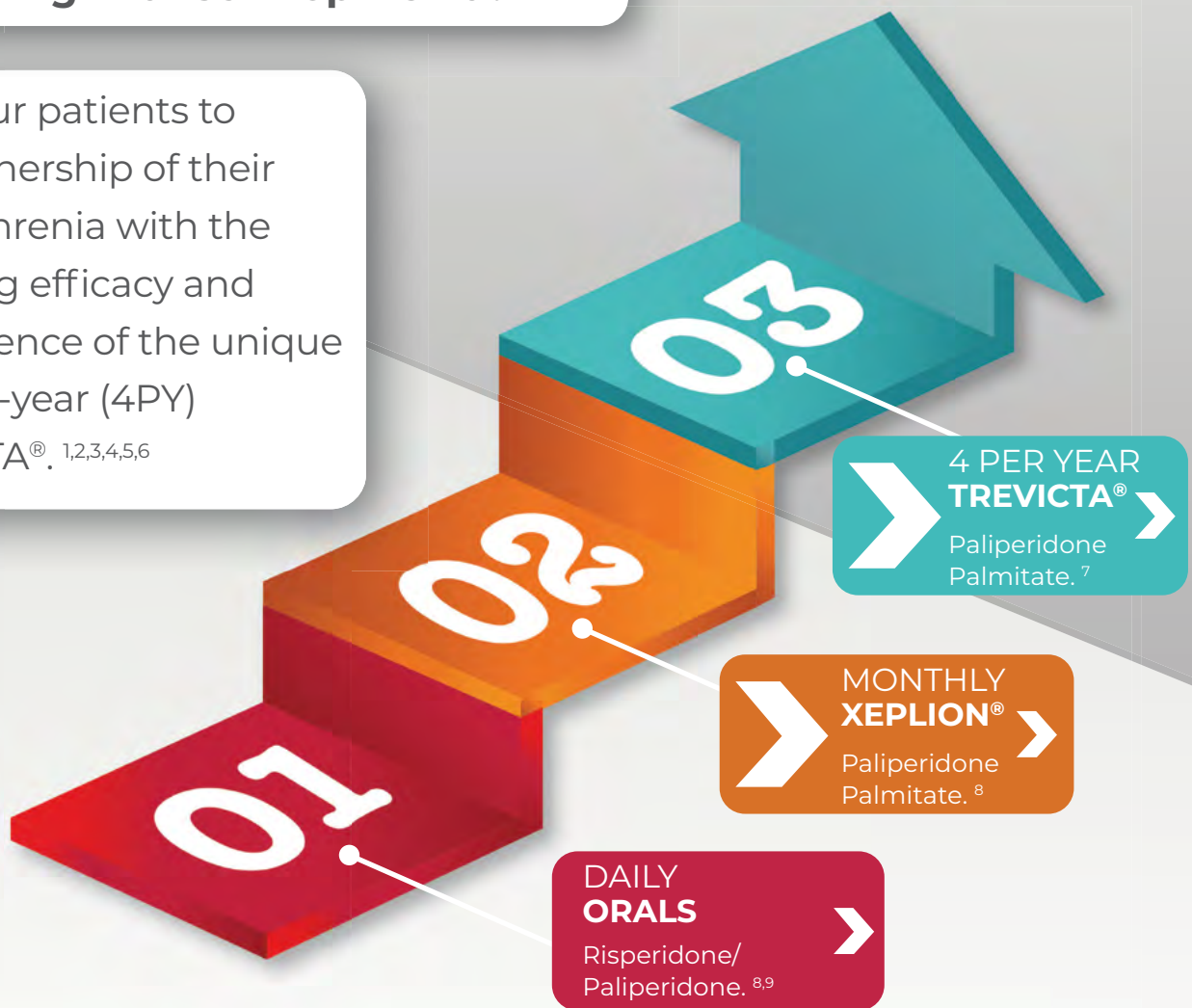
Conclusion: The COVID-19 pandemic should be used as an opportunity to increase awareness about end-of-life issues. Healthcare providers have a duty to initiate end-of-life and advance care discussion, to optimise decision-making capacity, and to protect autonomous decision-making. Chronological age or diagnostic categories should never be used as reasons for discrimination and all patients should receive end-of-life care in keeping with their preferences and values.



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CONSTRUCT VALIDITY OF THE BRIEF PSYCHIATRIC RATING SCALE – EXPANDED VERSION IN A SOUTH AFRICAN COMMUNITY PSYCHIATRY SETTING USING RASCH MODEL ANALYSIS

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Presenter: Prof Lesley Jane Robertson

Aim: In mental health care, monitoring of psychiatric symptoms and signs is necessary for assessment of treatment response. The Brief Psychiatric Rating Scale Expanded version (BPRS-E) is a clinician-administered 24-item objective measure which rates severity of psychopathology on a 7-point Likert scale.

Providing a severity scale for cross-cutting signs and symptoms, the BPRS-E allows dimensional assessment of psychopathology. With fixed anchor points for severity ratings, good reliability has been shown among raters of different qualifications.

Thus, the BPRS-E is used as an outcome measure in both research and clinical settings for a range of psychiatric diagnoses.

In the community psychiatric clinics of the Sedibeng district in Gauteng, routine use of the BPRS-E has been piloted among psychiatric nurses and doctors. However, the construct validity has not been tested in a South African community setting. Rasch model analysis is a statistical tool that measures construct validity by assessing conformity with modelled expectations. The aim of this study was to examine the construct validity of the BPRS-E when used in a South African community psychiatry setting as assessed by Rasch model analysis.

Methodology: A retrospective record review was conducted at three community psychiatric clinics in the Sedibeng District. Clinical records of patients 18 years and older with completed BPRS-Es were selected by purposive sampling and construct validity was investigated using the Rasch model.

Results: A total of 192 records were reviewed. The age range was 18 to 79 years with approximately equal male to female representation. Total BPRS-E scores ranged from 24 to 93; just over half (52%, n=100) had total BPRS-E scores of 40 or less. Rasch analysis found the 24 BPRS-E items clustered as expected and correlated correctly. However, analysis of the severity scoring categories revealed excessive disorganisation of the threshold curves and inconsistent differential item functioning.

Conclusion: Rasch model analysis findings of good item fit and unidimensionality supports construct validity of the BPRS-E items in a South African community psychiatric setting. However, the scoring of severity using the BPRS-E anchor points in this setting requires further investigation.

RETAIN RURAL DOCTORS: BURNOUT, DEPRESSION AND ANXIETY IN MEDICAL DOCTORS WORKING IN RURAL KWAZULU-NATAL

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Presenter: Dr Shaun Hain

Aim: There is a need to retain rural doctors to ensure equitable access to healthcare. Burnout, depression and anxiety may contribute to the difficulty in retaining them.

Some studies have found high rates of these conditions in doctors, but there is little research available on their prevalence among those working in the rural areas of South Africa.

This study aimed to determine the prevalence of burnout, depression and anxiety in doctors working in rural district hospitals in northern KwaZulu-Natal and to explore the associated socio-demographic and work-related factors.

Methodology: We performed a quantitative descriptive cross sectional study in 3 districts in northern KwaZulu-Natal among doctors working at 15 rural district hospitals during August and September 2020. The prevalence of burnout, depression and anxiety were measured using the Maslach Burnout Inventory, the Patient Health Questionnaire-9 and the Generalized Anxiety Disorder 7-item questionnaire respectively. Descriptive statistics were used to analyse the data.

Results: 96 Medical doctors participated in the study with 47.3% (n=44) of the sample aged between 24 and 29 years old.

Burnout was reported by 68.5% (n=61) of the participants. The screening tests for depression and

anxiety were positive for 35.6% (n=31) and 23.3% (n=20) of participants respectively.

Burnout alone was significantly associated with female gender (84.8%, n=39) ($\chi^2=11.65$, $df=1$, $P=0.01$). Burnout ($\chi^2=8.14$, $df=3$, $P=0.04$) and anxiety ($\chi^2=12.96$, $df=3$, $P=0.01$) were both significantly associated with occupational rank, with 85.2% (n=23) of community service medical officers (CSMOs) reporting the former and 29.6% (n=8) screening positive for Generalized Anxiety Disorder. Burnout ($\chi^2=7.61$, $df=1$, $P=0.01$), depression ($\chi^2=5.49$, $df=1$, $P=0.02$) and anxiety ($\chi^2=4.08$, $df=1$, $P=0.04$) were all shown to be significantly associated with doctors planning to leave the public sector in the next two years.

Conclusion: Our study found high rates of burnout, depression and anxiety in rural doctors in northern KwaZulu-Natal, all of which were associated with the intention to leave the public sector in the next two years. CSMOs as a group were associated with high burnout and anxiety rates and female doctors were associated with burnout. We recommend that evidence based solutions are implemented to prevent burnout and retain rural doctors.

CLINICAL USE OF NEURO-IMAGING IN PSYCHIATRIC PATIENTS AT THE CHARLOTTE MAXEKE JOHANNESBURG ACADEMIC HOSPITAL

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Mahomed Yusuf Moosa, University of the Witwatersrand

Fatima Yasmien Jeenah, University of the Witwatersrand

Presenter: Dr Bokang Lipuo Letlotlo

Aim: To analyse the records of a group of in-patients referred for neuro-imaging (CT and/or MRI scans) at CMJAH with a view to determine the proportion of abnormal neuro-imaging result and, if any, factors associated with abnormal neuro-imaging results.

Methodology: This was a quantitative retrospective record review. Adult psychiatric in-patients, who had undergone a CT and/or MRI scan during the period 1 January 2014 to 31 December 2015, were included. Out-patients or patients admitted in the medical wards were excluded. All referrals for neuro-imaging were identified from hospital records and their demographics, scan characteristics, psychiatric and medical diagnoses were subsequently captured.

Results: 1040 patients were admitted to the CMJAH psychiatric unit, of which 213 (20.5%) underwent neuro-imaging. Seventy four of the 213 scans done were abnormal representing a yield of 34.7%.The

most common reported pathology was atrophy (n=22, 29.7%).

There was no statistically significant association between age group ($\chi^2=3.9$, $p=0.8$); gender ($\chi^2=1.3$; $p=0.5$), psychiatric diagnoses and abnormal scans. However, there were trends towards an association with comorbid HIV infection ($\chi^2=3.476$, $p=0.062$), and comorbid substance abuse ($\chi^2=2.286$, $p=0.091$).

Conclusion: This study supports the need for clear clinical indications, in resource constrained settings such as South Africa, to justify the cost-effective use of neuro-imaging in psychiatry. This study's relatively high yield of abnormal CT scans, although similar to other studies, advocates that HIV positive testing and the presence of focal neurological signs will improve the yield further.

AN HIV NARRATIVE OF FEMALE INMATES WITH A LIFETIME HISTORY OF MENTAL ILLNESS IN DURBAN, SOUTH AFRICA

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Presenter: Dr Samantha Naidoo

Aim: South Africa (SA) has one of the highest prevalence rates of Human Immuno-deficiency Virus (HIV) globally, with women carrying a larger burden of the disease. Among incarcerated populations, female inmates have higher rates of HIV than their male counterparts, with an over-representation of mental illnesses as well.

Additionally, mental illnesses are highly prevalent in people living with HIV with HIV and mental illness sharing a complex bidirectional relationship.

Despite this, there remains a dearth of literature describing the lived experiences of HIV among female inmates, particularly those with a history of mental illness. This study, which forms part of a larger two-phased mixed-methods study, aimed to explore the lived experiences of HIV among female inmates with a lifetime history of mental illness, in an African cultural setting.

Methodology: Fourteen female inmates were purposively selected to participate in individual,

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in-depth, semi-structured interviews. These women had a lifetime history of mental illness, trauma and were either living with HIV or affected by HIV. Due to the cultural diversity in SA, women of different cultural backgrounds were selected and needed to be fluent in English. This manuscript focuses on the HIV component of the qualitative interviews only.

Results: Thematic analysis, as described by Braun and Clarke, was used to analyse the data. Themes related to contracting HIV included intimate partner betrayal, gender differences regarding sexual behaviour, fear associated with HIV and the importance of pre- and post-test counselling. Themes related to living with HIV involved the challenges women experienced in their home community, which contrasted with their experience of living with HIV in the prison community which was perceived as supportive. The importance of coming to terms with an HIV positive life was also highlighted by the women.

Conclusion: This study describes the experiences of contracting and living with HIV among female inmates with a lifetime history of mental illness, in a South African setting. It emphasises that incarceration may present an opportunity to educate, train, support and manage HIV in this marginalised population, thereby curbing the epidemic. Further research should aim at exploring such strategies. The study also underscores the importance of the continued need for HIV education in order to eradicate associated stigma and discrimination which are still prevalent in SA.

LONGITUDINAL COURSE AND PREDICTORS OF DEPRESSION IN SCHIZOPHRENIA SPECTRUM DISORDERS: A 24-MONTHS FOLLOW-UP STUDY

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Presenter: Dr Lebogang Phahladira

Aim: Depressive symptoms are common in schizophrenia spectrum disorders and may influence the trajectory of the illness. Our main aim was to study the longitudinal course of depression and explore illness and patient related predictive factors at follow-up

Methodology: We conducted an open label longitudinal cohort study which included 126 patients with first-episode schizophrenia spectrum disorders treated with long-acting antipsychotic medication over 24 months. Depression was assessed at three monthly intervals using the Calgary Depression Scale for Schizophrenia. Changes in depression over time were assessed using the linear mixed-effect models for continuous repeated measures.

The relationship between depression and other clinical parameters was assessed with regression models.

Results: Depressive symptoms were most prominent at baseline and showed highly significant reductions in the first three months ($p < 0.0001$). Majority of the patients with depression improved with antipsychotic medication alone and we found associations between depressive symptoms with insight and poorer quality of life, however only illness awareness ($p = 0.0035$) was the only significant predictor on depression in our regression analysis. There were a few differences between patients who experienced depression during the acute phase of treatment and those in the post-acute phase.

Conclusion: Our findings suggest that depression in schizophrenia is common and generally responds well to treatment. The relationship between depression and insight has implications for further treatment considerations

THE CHANGING LANDSCAPE OF ADDICTION MEDICINE DURING THE COVID-19 PANDEMIC- PERSPECTIVE OF EARLY CAREER PROFESSIONALS IN 17 COUNTRIES

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Presenter: Dr Tanya Calvey

Aim: Globally, there are concerns about access to treatment for people who use drugs and alcohol during the coronavirus disease 2019 (COVID-19) pandemic.

Methodology: Members from the Network of Early Career Professionals working in Addiction Medicine (NECPAM) in 17 countries share their experiences of providing treatment to people who use drugs and alcohol during the COVID-19 pandemic, provide their views on national actions related to reducing alcohol-related harm and discuss emerging country-level COVID-19 documents for service providers and public health professionals working in the field of addiction medicine in the context of the ongoing pandemic.

Results: COVID-19 related measures affected alcohol consumption in the majority of the represented countries. Examples of these changes included changes in alcohol consumption patterns, increases in cases of alcohol withdrawal syndrome and increases in illegal production of alcohol.

We highlight the similarities and discrepancies in access to addiction treatment services in the represented countries and in South Africa.

The identified emerging country-level documents propose an increased use of telemedicine, increased use of take away doses of prescription medicines and increased allocations of harm reduction supplies.

Conclusion: The pandemic has highlighted the burden of substance use disorders in the represented countries and our members urge that treatment for acute and severe conditions due to substance use should be considered as essential services in times of humanitarian crises like COVID-19.

PRENATAL DEPRESSION EXPOSURE ALTERS WHITE MATTER INTEGRITY AND DEVELOPMENT IN 2-3-YEAR-OLD CHILDREN

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Presenter: Dr Annerine Roos

Aim: Prenatal exposure to maternal depression (PDE) increases the risk for onset of emotional and behavioural disorders in children. There are few longitudinal brain imaging studies of the impact of PDE, neuroimaging in early childhood, and

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neurodevelopmental outcomes. In this study, we investigated the impact of PDE on white matter microstructural integrity at birth and at 2-3 years, and associated neurodevelopment in a South African birth cohort.

Methodology: High-resolution MRI brain diffusion tensor imaging (DTI) was acquired on children of the Drakenstein Child Health Study, at 2-4 weeks (n=70, 47% boys) and at 2-3 years of age (n=60, 58% boys) during natural sleep. Neurodevelopment was assessed using the Bayley Scales of Infant Development third-edition and Child Behavior Checklist at age 2-3 years. DTI parameters were extracted using Tract-Based Spatial Statistics, whereafter group differences and associations with neurodevelopment and behavior were determined.

Results: Although no group differences in white matter microstructural integrity were detected at the neonatal time point in this cohort, at the 2-3-year age, children in the PDE group demonstrated higher fractional anisotropy, lower mean and radial diffusivity in association tracts compared to control children. This was particularly notable in the sagittal stratum (radial diffusivity: $p < 0.01$). Altered white matter microstructural integrity metrics were also observed in projection tracts (including the corona radiata), and these alterations associated with cognitive and motor outcomes in exposed 2-3-year-olds ($p < 0.05$) but not unexposed control children.

Conclusion: Our findings of white matter microstructural alterations in these regions in 2-3-year-old children exposed to maternal depression during prenatal life, are consistent with previously described findings in children with PDE and also findings described in the brains of adults with major depression. Associations of altered white matter integrity with cognitive development in this group suggest that neural effects of PDE are evident in early life. Further study is needed to determine the contribution of postnatal environment and genetic factors to outcomes in this group of children.

A RETROSPECTIVE STUDY OF OUTCOMES AFTER REFERRAL TO THE EARLY INTERVENTION IN PSYCHOSIS PROGRAMME AT VALKENBERG PSYCHIATRIC HOSPITAL

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Dr Michelle Henry, Department of Psychiatry and Mental Health, Faculty of medicine and Health Sciences, University of Cape Town

Presenter: Dr Sewela Setjie

Aim: Psychotic Disorders affect about 1 in 5 of the South African adult population and have a chronic course associated with high rates of morbidity & mortality. The implementation of early intervention strategies may reduce the severity of these disorders. Little is known about the effectiveness of these interventions in South Africa, and few longer-term studies have been undertaken internationally. This studies aimed to measure the effectiveness of an Early Intervention and Support (EISH) service at reducing readmission to hospital and average length stay (ALOS) in patients with psychotic disorders

Our objective was to measure the readmission rate to Psychiatric inpatient care within two years after discharge from EISH, compared to patients who received treatment as usual (TAU).

Secondly, to measure the number of psychiatry inpatient days within two years after being discharged from EISH.

Methodology: Setting: Valkenberg Psychiatric Hospital, Cape Town. The EISH Team is an outpatient service consisting of psychiatrists, a psychologists, an occupational therapist, psychiatric nurses and social workers.

The study design: This is a Retrospective Cohort study. Hospitalisation during the two years after discharge from the index admissions measured in 65 subjects that attended EH and the 62 who had treatment as usual. Readmission rate, ALOS, time to readmission to District Hospital (DH) and Tertiary Psychiatric Hospital (TP) were calculated.

Results: Readmission Rates were three times higher in TAU compared to EISH patients for both types of hospitals. For TAU subjects compared to EISH subjects: ALOS was longer (59 vs 13 days), and days to readmission were fewer (187 vs 320 days). All differences were statistically significant ($p < 0.5$)

Conclusion: EISH intervention at Valkenberg Hospital has been useful in reducing readmission rate, ALOS, and the time to readmission in patients with Psychotic disorders. Prospective controlled trials are required to confirm the efficacy of this intervention

PSYCHEDELIC-ASSISTED PSYCHOTHERAPY AND PSYCHIATRY IN SOUTH AFRICA: A POLICY ANALYSIS

Kobus van der Walt, Psychiatric private practice, Somerset West

Presenter: Dr Kobus van der Walt

Aim: The aim of this presentation is to provide the results of an analysis of the policy environment relevant to psychedelic-assisted psychotherapy and identify policy response options in the South African context.

A number of different classic psychedelic substances may soon receive formal regulatory approval internationally: MDMA for post-traumatic stress disorder, psilocybin for severe depression and anxiety, and LSD for substance use disorders.

An analysis of the South African policy environment will guide policy formulation when developing implementation processes and strategies and inform implementation research questions.

Methodology: A non-systematic search of the literature was carried out to determine what previous studies have been undertaken to analyze the policy environment for psychedelic-assisted psychotherapy.

The Pubmed database was searched, using various combinations of the key terms "psychedelic-assisted therapy," "psychedelics," "psychedelic psychiatry," "drug policy," "drug regulation," "public health," and "South Africa." Additional references were obtained from the bibliographies of the articles found.

Results: Psychedelic substances such as psilocybin, MDMA, and LSD are classified as Schedule I substances in South Africa, with the implication that they are illegal.

The current South African policy and legal environment result in criminalization of psychedelic users, leading to illegal markets with no regulation or quality control. Criminalizing psychedelic substances are hampering efforts to reduce harm and support research and medicalization efforts. Other regulatory options include decriminalization, legalization, medicalization, and re-scheduling.

The decision on scheduling status should be informed by safety and toxicity factors; the proposed psychiatric indications; the need for psychiatric diagnosis, monitoring, and medical management; the abuse potential; and the need to access treatment. A public mental health model for the implementation of psychedelic-assisted psychotherapy will include considerations of regulatory and professional governance, supervision, set and setting control, youth access, supply control, demand limitation, and monitoring and evaluation.

Conclusion: South Africa is faced with a substantial burden of untreated mental disorders and lack of access to mental health services. There is a risk that novel treatments, such as psychedelic-assisted psychotherapy, will remain inaccessible to the most vulnerable due to bureaucratic measures that are not evidence-based. Good regulatory practices and policies should be evidence-based and create the environment in which a public mental health model can guide implementation.

POSTTRAUMATIC STRESS SYMPTOMS AFTER A ROMANTIC RELATIONSHIP BREAKUP VERSUS A DSM-5 A TRAUMA: A CASE-CASE-CONTROL ANALYSIS

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Martin Kidd, Stellenbosch University

Annerine Roos, Stellenbosch University

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Soraya Seedat, Stellenbosch University

Presenter: Ms Alberta SJ van der Watt

Aim: Non-marital romantic relationship breakups (RRBs) are common events among emerging adults and may result in severe distress. The Diagnostic and Statistical Manual 5th edition (DSM-5) does not recognise RRBs as traumatogenic events for posttraumatic stress disorder (PTSD). Studies on RRBs in youth are limited to mental health sequelae of depression and complicated grief. We aimed to compare posttraumatic stress symptoms (PTSS) in students exposed to either an RRB or a DSM criterion A traumatic event.

Methodology: University students aged 18 to 25 years (N = 2 022; female = 71.1%; mean age = 20.55 years) completed an online survey including a Demographic and Relationship Questionnaire, the Life Events Checklist (LEC), the Adverse Childhood Experiences questionnaire (ACE), and the Posttraumatic Stress Checklist (PCL). We compared three groups of students: those with an RRB (n = 886), those with a DSM-5 criterion A traumatic event (n = 592), and a control group (n = 544). ANOVA and Pearson's correlations were run to analyse demographic and clinical variables associated with PTSS. ANCOVA and regression analyses were used to determine between-group differences in PTSS.

Results: Total LEC and ACE scores, sex, monthly income, sexual orientation, and attachment style were significantly associated with PTSS. The RRB group had significantly higher PCL scores compared to the DSM and control groups. The mean PCL scores for both the RRB and DSM groups were above the cut-off score of 33, consistent with a PTSD diagnosis. Specifically, significantly more RRB participants (72.9%) had PTSD than participants in the DSM-5 Trauma Group (55.4%).

Conclusion: An RRB is a potentially traumatic event and can result in significant PTSS, consistent with a PTSD diagnosis. These findings bring into question the validity of Criterion A as gatekeeper for a PTSD diagnosis.

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ADHD = attention deficit hyperactivity disorder; MPH = methylphenidate HCl;
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References: 1. Sandoz SA (Pty) Ltd. TPM/IMS data; January, 2021, and data on file; March, 2021. 2. Who we are | sandoz. Accessed February 24, 2021. <https://www.sandoz.com/about-us/who-we-are>. 3. Mefedinel™. Professional Information. Sandoz SA (Pty) Ltd; 2021. 4. Schappeler E, Daumann H, Lamouche S, et al. Bioequivalence of sandoz methylphenidate osmotic-controlled release tablet with Concerta® [Janssen-Cilag]. Pharma Res Per. 2015;3(1). e00072:1-8. 5. Katzmann MA, Sierant T. A review of OROS methylphenidate [Concerta®] in the treatment of attention-deficit/hyperactivity disorder. 2014;28(11):1005-1033. 6. Sandoz SA (Pty) Ltd. Data on file. March, 2021. 7. Dettwiler W for Novartis. How a leader in healthcare was created out of Ciba, Geigy and Sandoz. Profile Books; 2014.

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A DIAGNOSTIC JOURNEY OF MISUNDERSTOOD CHILDREN

Claire Tobin, Goldilocks and The Bear Foundation

Tawni Voges, Goldilocks and The Bear Foundation, Stellenbosch University (Department of Psychology)

Nic de Beer, Goldilocks and The Bear Foundation

Renata Schoeman, Psychiatrist in private practice, University of Stellenbosch Business School, Goldilocks and The Bear Foundation

Presenter: Mrs Tawni Voges

Aim: While child healthcare services exist in the community, many children who are struggling with learning and/or mental health difficulties are not identified or referred, and do not receive appropriate interventions (South African Human Rights Commission, 2017). An individualised and multidisciplinary approach is necessary to gain a holistic view and implement a suitable treatment plan.

Methodology: We present the case of an 8-year-old girl from Kuils River in the Western Cape, who was referred to the Goldilocks and The Bear Foundation due to academic and emotional difficulties. Parents and teachers described Zoey (pseudonym) as "rebellious", "freaking out", "shutting down", "attention-seeking", "talkative" and "anxious". There is a family history of mental illness and substance abuse. During a screening assessment, Zoey was observed to be distractible, anxious, task avoidant with low self-esteem and her reading and writing difficulties were notable. She displays deficits in reading, writing, and grasping mathematical concepts.

Zoey was subsequently referred for an occupational therapy assessment, an educational assessment, and visual and auditory assessments – which revealed numerous impairments. During this presentation we will discuss the numerous learning and sensory-perceptual difficulties she is experiencing. We will also present the interventions she is receiving

Conclusion: Based on initial impressions from parent and teacher collateral, Zoey's reported symptoms may have been attributed to attention and behavioural problems. However, through appropriate investigations and multi-disciplinary collaboration, Zoey's difficulties are better explained by both visual and hearing impairments, which may have caused a specific learning disorder and emotional and behavioural difficulties. With a correct diagnosis, Zoey is receiving appropriate interventions, while her caregivers and educators are empowered to assist her. Her progress needs to be monitored to ensure that she receives the correct support to reach her full potential.

DIFFERENCES BETWEEN UNIPOLAR MANIA AND BIPOLAR-I DISORDER: DEMOGRAPHIC, CLINICAL AND FAMILIAL FINDINGS FROM NINE EPIDEMIOLOGICAL STUDIES

Caroline Vandeleur, Lausanne University Hospital and University of Lausanne, Department of Psychiatry

Jules Angst, Zurich University Hospital, Department of Psychiatry

Mehdi Gholam, Lausanne University Hospital and University of Lausanne, Department of Psychiatry

Martin Preisig, Lausanne University Hospital and University of Lausanne, Department of Psychiatry

Presenter: Dr Caroline Vandeleur

Aim: Modern diagnostic systems do not code unipolar mania (mania without the occurrence of a depressive episode) as a separate diagnostic entity. However, from a clinical perspective, there is strong evidence that some patients suffer from unipolar mania (M) or mania with mild (not major) depression (Md) although it is relatively rare. Despite clinical observations, epidemiological data on the differences between unipolar mania and bipolar-I disorder (BP-I) are limited. Combining data from 9 population-based studies, we compared subjects with M or Md to those with BP-I with respect to demographic, clinical and familial characteristics to see if there were differences between these groups of participants.

Methodology: The studies included participants from 5 different countries: Switzerland, Germany, Brazil, the Netherlands and the USA. A total of 109 adults and 195 adolescents were diagnosed with M/Md and 323 adults and 182 adolescents with BP-I. Participants were compared for gender, age, age at onset of mania, psychiatric comorbidity, anxious or hyperthymic temperament and family history of psychiatric disorders.

Generalized Linear Mixed Models with adjustment for sex, age and each study source were applied. Analyses were performed for pooled adult and adolescent samples, separately.

Results: In both adult and adolescent samples, there was a male preponderance in M/Md, whereas lifetime generalized anxiety and/panic disorders and suicide attempts were less common in M/Md than in BP-I. Furthermore, adults with unipolar mania revealed bulimia/binge eating and drug use disorders less frequently than those with BP-I. However, there were no differences between groups regarding temperament or family history of psychiatric disorders.

Conclusion: The differences found in gender and comorbidity between mania and BP-I suggest

that unipolar mania should be established as a separate diagnosis in both clinical and research settings. Hence, future diagnostic classifications could account for the entity of unipolar mania. In clinical settings, the successful treatment of unipolar disorder is favored by a rarer occurrence of suicide attempts, anxiety and drug disorders, which may also lead to a better course than that of BP-I disorder.

ANTIPSYCHOTIC TREATMENT EFFECTS AND STRUCTURAL MRI BRAIN CHANGES IN SCHIZOPHRENIA

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Laila Asmal, Department of Psychiatry, Stellenbosch University, Tygerberg Campus, Cape Town, South Africa.

Presenter: Prof Robin Emsley

Aim: Progressive brain structural MRI changes are described in schizophrenia and have been ascribed to both illness progression and antipsychotic treatment. We investigated treatment effects, in terms of total cumulative antipsychotic dose, efficacy and tolerability, on brain structural changes over the first 24 months of treatment in schizophrenia.

Methodology: A prospective, 24 month, single-site cohort study in 99 minimally treated patients with first-episode schizophrenia, schizophreniform and schizoaffective disorder, and 98 matched healthy controls. We treated the patients according to a fixed protocol with flupenthixol decanoate, a long acting injectable antipsychotic. We assessed psychopathology, cognition, extrapyramidal symptoms and BMI, and acquired MRI scans at months 0, 12 and 24. We selected global cortical thickness, white matter volume and basal ganglia volume as the regions of interest.

Results: Patients, but not controls, displayed cortical thickness reductions and increases in white matter and basal ganglia volumes.

Cortical thickness reductions were unrelated to treatment. White matter volume increases were associated with lower cumulative antipsychotic dose, greater improvements in psychopathology and cognition, and more extrapyramidal symptoms.

Basal ganglia volume increases were associated with greater improvements in psychopathology, greater increases in BMI and more extrapyramidal symptoms.

Conclusion: We provide evidence for plasticity in white matter and basal ganglia associated with antipsychotic treatment in schizophrenia, most likely linked to the dopamine blocking actions of these agents.

Cortical changes may be more closely related to the neurodevelopmental, non-dopaminergic aspects of the illness.

THE EFFECTS OF HARMFUL ALCOHOL USE ON REWARD PROCESSING IN PEOPLE LIVING WITH HIV

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Georgina Spies, Department of Psychiatry, Faculty of Medicine and Health Sciences, Stellenbosch



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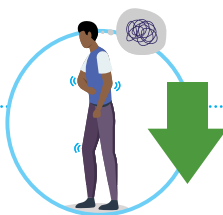
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References: 1. Hindmarch I. Anxiety, performance and anti-anxiety drugs. Br J Clin Pract Suppl 1985;38:53-58. 2. Beaumont G. Clobazam in the treatment of anxiety. Hum Psychopharmacol 1995;10:S27-S41. 3. Sankar R. GABA_A receptor physiology and its relationship to the mechanism of action of the 1,5-benzodiazepine clobazam. CNS Drugs 2012;26:229-244. 4. Hindmarch I. The psychopharmacology of clobazam. Hum Psychopharmacol 1995;10:S15-S25. 5. Approved Urbanol® package insert. 26 November 1984.

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Presenter: Dr Leigh van den Heuvel

Aim: The intersecting epidemics of HIV and harmful alcohol use (HAU) can have significant detrimental consequences.

Both HIV and HAU have demonstrated adverse effects on executive functions and dysfunction in reward processing may play a role in the colliding epidemics. In a cross-sectional study we aimed to investigate the effects of co-occurring HAU on reward processing in people living with HIV (PLHIV).

Methodology: In a sample of 60 South African adults (mean age 32.7 years) we investigated the effects of co-occurring HAU in HIV on the function of the ventral-striatal reward system utilising the monetary incentive delay (MID) task while being scanned with functional MRI (fMRI) in 42 adults living with HIV and on ART (21 with harmful alcohol use [HIV+HAU] and 21 without [HIV-HAU]) as compared to 18 healthy controls.

Results: There were no significant differences in reward anticipation in the ventral striatum between HIV+HAU, HIV-HAU and healthy controls when controlling for age, sex and level of education. Although there were also no significant differences in reward outcome in the orbitofrontal cortex (OFC) between HIV+HAU, HIV-HAU and healthy controls when controlling for age, sex and level of education, there was significantly higher activation in HIV+HAU during rewarded trials as compared to healthy controls ($\text{adj } \beta = 0.55, p = 0.044$).

Conclusion: In a sample of South African adults we found no significant effects of co-occurring HAU in HIV on reward processing, but HIV positive individuals with co-occurring HAU did have increased activation in the OFC during rewarded trials as compared to healthy controls, suggesting greater reward outcome for monetary rewards in PLHIV with HAU.

PAIN PERCEPTION AND PHYSIOLOGICAL CORRELATES IN BODY-FOCUSED REPETITIVE BEHAVIOUR DISORDERS

Christine Lochner, SAMRC Unit on Risk and Resilience in Mental Disorders, Department of Psychiatry, Stellenbosch University

Presenter: Prof Christine Lochner

Aim: While painful for most, behaviours of body-focused repetitive behaviour disorders (BFRBDs) such as trichotillomania (TTM) and skin-picking disorder (SPD) are often associated with pleasure/relief, and no physical pain, suggesting aberrant pain perception. Conclusive evidence about pain perception in these conditions is, however, lacking. A multisite international research collaboration provided the opportunity to investigate pain perception and its physiological correlates in adults with TTM (n=31), SPD (n=24), and healthy controls (n=26).

Methodology: The cold pressor test was administered as a pain induction method. Measurements of pain perception and cardiovascular parameters were taken at 15-second intervals until the pain became intolerable (i.e., latency to pain tolerance) or until the cut-off time (3 minutes). The association between illness severity and pain tolerance was compared across TTM and SPD. A repeated-measures ANOVA with a mixed model approach was used to investigate pain perception, latency to pain tolerance, cardiovascular parameters and associations with illness severity, as well as interaction effects (group x time interval), across groups.

Results: There were no differences between groups in terms of the subjective pain ratings over time ($p > 0.05$). Patient groups and controls also did not differ in terms of latency to pain tolerance, and illness severity was not associated with subjective pain ratings in any patient group (all $p > 0.05$). In terms of diastolic blood pressure, the main effect of group was statistically significant ($p = 0.01$), with post hoc analyses indicating higher diastolic blood pressure averaged over time in TTM compared to SPD ($p = 0.01$) and HCs ($p = 0.03$). A significant main effect of time interval (baseline to after recovery) was noted for all measures ($p < 0.01$).

Conclusion: Our findings suggest that although latency to pain tolerance did not differ amongst TTM, SPD and controls, one physiological correlate of pain differed significantly, with increased diastolic blood pressure in TTM cases. Further exploration of factors potentially influencing pain perception in BFRBDs, as well as experiences of pleasure or relief during hair-pulling/skin-picking which may implicate reward processing anomalies, is warranted ■

SASOP CONGRESS

POSTER ABSTRACTS

FEASIBILITY AND ACCEPTABILITY OF A CLINICIAN MONITORED PTSD COACH INTERVENTION: FINDINGS FROM A TWO PILOT RANDOMISED CONTROLLED TRIALS IN A RESOURCE CONSTRAINED SETTING.

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Presenter: Mrs Erine Brocker

Aim: The prevalence of trauma and consequent post-traumatic stress disorder is well documented with data suggesting that most individuals in low- and middle-income countries have limited access to the needed treatments due to mental health resource system constraints.

The freely available internet-based interventions PTSD Coach (web-based and mobile application) can make mental health services post trauma exposure more accessible and efficient. We conducted two pilot studies to evaluate the feasibility and acceptability thereof in our context.

Methodology: Pilot one: participants with PTSD (n=10) were randomised to counsellor supported PTSD Coach Online (PCO) or enhanced treatment as usual. Pilot two: participants (n=10) were randomised to counsellor supported PTSD Coach (mobile) or self-managed PTSD Coach. Qualitative feedback was evaluated and attrition rates compared. PTSD symptom severity was assessed with the Clinical Administered PTSD Scale (CAPS-5) pre- and post-intervention. PTSD symptom severity changes between treatment and control groups were compared and reliable change index calculated.

Results: We were able to recruit participants, assess them for inclusion and monitor symptoms for the duration of both pilots. The CAPS-5 was sensitive in detecting change in PTSD symptom severity. Compared to PCO PTSD Coach reduced both the attrition rate and duration of the intervention as well as computer literacy challenges among participants. Preliminary results suggest that both platforms can alleviate symptoms of PTSD in our setting, and that the involvement of volunteer counsellors is beneficial.

Conclusion: We conducted two pilot studies to evaluate the feasibility and acceptability of PCO and PTSD Coach. Our results suggest that PTSD Coach may be more feasible in our context, and if corroborated by data from a larger RCT is promising in terms of task-shifting efforts in an overburdened South African health system.

A CORRELATION OF HIV STATUS WITH CLINICAL FEATURES AND DURATION OF UNTREATED PSYCHOSIS IN PATIENTS WITH FIRST EPISODE PSYCHOSIS.

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Saeeda Paruk, Department of Psychiatry, School of Clinical Medicine, College of Health Sciences, University of KwaZulu-Natal, Durban, South Africa



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Presenter: Dr Usha Chhagan

Aim: According to the Global Burden of Disease Study 2013 mental disorders are among the main contributors to the increase in years lived with disability (YLD) rates per person. Importantly, HIV was also identified as especially contributing to increasing YLDs in sub-Saharan Africa. Women are more vulnerable to HIV in South Africa (SA).

There is a need to understand the interrelationship between gender, HIV, and mental illness in a region with a high HIV prevalence. We examined the nature of psychotic, cognitive symptoms, and duration of untreated psychosis in people with first episode psychosis (FEP) living with and without HIV.

Secondly, we reviewed the preliminary data for associations between gender, HIV and clinical features of FEP.

Methodology: The study was conducted at 5 hospitals in the province of KwaZulu-Natal, South Africa. Male and female patients, aged between 18 to 45 years, with first presentation for a psychotic disorder, were invited to participate.

The study utilized a clinical interview, physical examination, and several psychiatric tools, including the MINI to confirm psychosis diagnosis, International HIV Dementia Scale (IHDS) and the PANSS (Positive and Negative Syndrome Scale) to measure variables. Measures were carried out within 6 weeks of first presentation.

Results: Of the 134 participants, ninety-four were males (median age = 24 years) and 40 females (median age = 30 years) with FEP. There were 22 females and 11 males living with HIV.

There were no statistically significant gender differences between all males and females for PANSS or DUP score or those males compared to females with HIV.

The females with FEP and HIV had a higher total PANSS score ($p=0.04$) and a higher PANSS negative subgroup score ($p=0.01$), compared to the females without HIV. There was no statistically significant difference in the DUP or other variables amongst males based on HIV status.

Conclusion: The high prevalence (more than 50%) of HIV amongst females compared to males with FEP is concerning.

Living with HIV has a negative impact on the severity of FEP symptoms particularly among females with HIV compared to those without HIV.

'UNHEARD,' 'UNCARED FOR' AND 'UNSUPPORTED': THE MENTAL HEALTH IMPACT OF COVID -19 ON FRONTLINE HEALTHCARE WORKERS IN KWAZULU-NATAL PROVINCE, SOUTH AFRICA

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Andrew Tomita, KwaZulu-Natal Research Innovation and Sequencing Platform (KRISP), College of Health Sciences, University of KwaZulu-Natal, Durban, South Africa; Centre for Rural Health, School of Nursing and Public Health, College of Health Sciences, University of KwaZulu-Natal, Durban, South Africa

Suvira Ramlall, Discipline of Psychiatry, School of Clinical Medicine, College of Health Sciences, University of KwaZulu-Natal, Durban

PRESENTER: Dr Bilkis Dawood

Aim: Frontline healthcare workers (HCWs) are at a high risk of both infection and death due to excessive exposure during the Covid-19 pandemic. The focus of attention has been on their physical needs with relatively much less attention directed towards their psychological needs. Studies consistently show the negative impact of chronic stress on both mental and physical health, with potential implications for immunity and vaccine response.

The main objective was to measure the psychological impact of the Covid-19 pandemic on public sector HCWs in KwaZulu-Natal (KZN) Province, South Africa (SA). The secondary objective was to ascertain their perceptions of institutional psychosocial support.

Methodology: This cross-sectional electronic survey was conducted among public sector HCWs employed in KZN from August to October 2020, and included 312 ($N = 312$) participants. Data captured were socio-demographic, clinical and responses related to institutional support. The depression, anxiety and stress (DAS) symptoms were assessed with the Depression Anxiety and Stress Scale - 21 item (DASS 21), and subjective psychological trauma was measured by the Impact of Events Scale- Revised version (IES-R).

Results: The participants' mean age was 36.6 ± 9.3 years with three quarters being male ($n = 234$, 75.0%). Majority ($n = 196$, 70.8%) were employed in the eThekweni Health District and most ($n = 214$, 72.3%) were medical doctors. Majority (63.0%) felt that their concerns were not 'heard'; 75.1% did not feel 'cared for'; 81.1% did not feel 'physically' or 'psychologically' (74.0%) supported by the employer. Frequencies of DAS symptoms, ranging from mild to extremely severe, were 51.6%, 47.3% and

44.3% for DAS respectively; severe and extremely severe symptoms ranged from 16.2% - 21.3%. On the IES-R, 87.1 % were symptomatic, and 47.2% had moderate-severe symptoms.

Conclusion: High levels of DAS and distress were detected amongst public sector HCWs in KZN employed during the first surge of the Covid-19 pandemic in 2020, and their subjective perceptions of support were consistently rated poorly. Mental health literacy and skills should be included in the training of HCWs and in the action plans of a pandemic response as they have implications for both mental and physical wellbeing.

THE USE OF MAGNETIC RESONANCE IMAGING TECHNIQUES IN ASSESSING THE EFFECTS OF ALCOHOL CONSUMPTION AND HEAVY DRINKING ON THE ADOLESCENT BRAIN: A SCOPING REVIEW

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Eric Westman, Division of Clinical Geriatrics, Department of Neurobiology, Care Sciences and Society, Karolinska Institutet

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Presenter: Mrs Nancy Hornsby

Aim: Alcohol consumption, specifically heavy drinking during adolescence has been shown to be accompanied by adverse structural brain changes in adolescent drinkers. This scoping review aims to quantify and evaluate the quality of studies in which magnetic resonance imaging (MRI) techniques are used to assess regional brain deficits among adolescents who consume alcohol.

Methodology: This scoping review will be conducted following the Arksey and O'Malley scoping review methodology framework and will

be reported using Preferred Reporting Items for Systematic Reviews and Meta-Analyses [PRISMA] extension for Scoping Reviews (PRISMA-ScR) guidelines. Literature will be searched for the period January 1999 to March 2021. Two reviewers will independently screen titles/abstracts and full-texts in two consecutive screening stages. Eligible studies will be independently reviewed to ensure that inclusion criteria are met. Cohen's Kappa (k) will be used to calculate inter-rater agreement. A third reviewer will resolve any disagreements. The Joanna Briggs Institute (JBI) Appraisal Tools will be used for quality appraisal of included studies. Findings will be reported by means of a narrative overview, tabular presentation of study characteristics and quality assessment, and a thematic analysis of major themes. This scoping review has been registered with the Open Science Framework (<https://osf.io/n5xud>).

Results: Expected findings: MRI studies will show that adolescents who engage in heavy episodic drinking have (a) decreased volume in white and grey matter brain structures; and (b) reduced functional activation in brain regions of interest.

Conclusion: Heavy episodic drinking during adolescence is associated with brain region deficits. Current findings contribute to understanding the mechanisms of the brain-behaviour axis in problem drinking among adolescents and has the potential to strengthen treatment strategies.

METABOLIC SYNDROME ASSOCIATIONS WITH CORTICAL THICKNESS AND SUBCORTICAL BRAIN VOLUMES IN FIRST-EPIISODE SCHIZOPHRENIA PATIENTS AND CONTROLS

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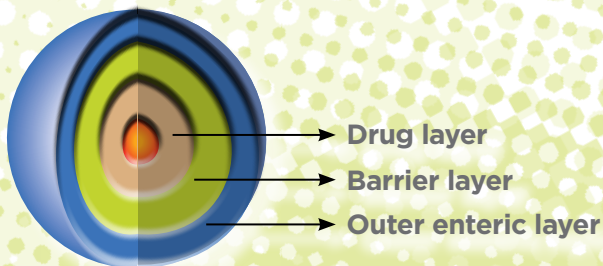
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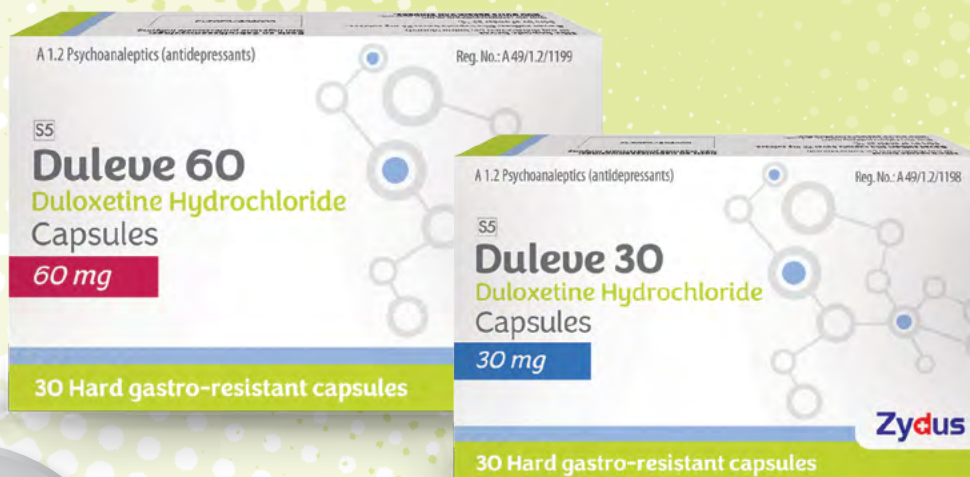
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Robin Emsley, Department of Psychiatry, Faculty of Medicine and Health Sciences, Stellenbosch University, Cape Town, South Africa

Presenter: Dr Hilmar Luckhoff

Aim: Brain structural changes implicated in first-episode schizophrenia, including widespread cortical thinning and subcortical volume loss, overlap with those reported for the metabolic syndrome (METS). The aim of our study was to examine the associations of metabolic syndrome (METS) with brain structure in first-episode schizophrenia spectrum disorder (FES) patients (n=110) compared to controls (n=113).

Methodology: For our main objectives, hierarchical linear regressions were used to model the effects of FES caseness and BMI, as well as their interactions, on a) global cortical thickness, as well as b) subcortical gray matter volumes for the ventral diencephalon (VD), hippocampus (HC), and basal ganglia (BG), and c) white matter volumes for the anterior corpus callosum (CC). Other cortical (frontal cortex, orbitofrontal cortex, anterior cingulate cortex, parahippocampal gyrus, superior temporal gyrus, insula) and subcortical (brainstem, thalamus, amygdala, nucleus accumbens) regions-of-interest (ROI) were selected based on their involvement in the regulation of food intake.

In FES patients, secondary objectives included the relationships of other clinical (duration of untreated psychosis, psychopathology) and METS (lipid profiles, fasting glucose) risk factors with brain structures for which BMI had a main effect.

Results: FES caseness predicted thinner global cortical thickness, adjusting for BMI, while increased BMI predicted larger BG volumes, as well as thinner left and right frontal pole, parahippocampal gyrus, and anterior cingulate cortex (ACC), adjusting for caseness. There were significant FES*BMI interactions for the VD, HC, and anterior CC, with illness-specific and differential effects across these outcomes.

In FES patients, we noted multiple correlations of these structural outcomes with other clinical and METS risk factors, including increased waist circumference (ACC, HC), elevated triglycerides (HC), and a higher triglyceride/HDL ratio (HC, VD), but also lower LDL cholesterol levels (anterior CC).

Conclusion: Our research supports an association between METS risk factors, and brain structure, consistent with a proposed "lipid paradox" described for treatment-naïve FES. Future studies would do well to examine the associations of

long-term BMI and lipid profile changes with antipsychotic efficacy and tolerability, as well as how this is related to changes in the connectivity of a proposed "eating network".

DEMOGRAPHIC AND CLINICAL PROFILE OF HIV INFECTED AND NON-INFECTED CHILDREN AND ADOLESCENTS ATTENDING TWO COMMUNITY PSYCHIATRIC CLINICS IN GAUTENG PROVINCE

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Lesley Robertson, University of Witwatersrand, Department of Psychiatry

Presenter: Dr Lerato Makofane

Aim: A limited district-based child and adolescent psychiatric service is provided in Gauteng province. Mental disorders are common in children and adolescents living with HIV. There is a bidirectional relationship between mental health and HIV.

We aimed to ascertain the prevalence of HIV among children and adolescents attending two clinics in the Sedibeng district and to compare those infected with HIV with those non-infected.

Methodology: A retrospective record review was conducted at two community health centres in Sedibeng ('Zone 12 Clinic' in Sebokeng township and 'Johan Heyns' in a suburban area of Vanderbijlpark). All clinical files at the two clinics as of 28 February 2019 were reviewed.

Results: A total of 370 clinical files were retrieved; 232 (63%) from Johan Heyns Clinic and 138 (37%) from Zone 12 Clinic. Five (1.4%) were HIV infected users. All five were male and Black African with an age range of 9- 22 years (two were young adults still attending school). Three had one deceased parent and two had lost both parents. Psychiatric diagnoses were intellectual disability (n=3), epilepsy (n=3), attention deficit hyperactivity disorder (ADHD) (n=1), autistic spectrum disorder (n=1), depression (n=1) and traumatic brain injury (n=1). No comparison could be made between users with HIV and those without HIV.

The study however, showed interesting differences between the two clinics. Compared to Zone 12 Clinic, those attending Johan Heyns Clinic were more often male (p=0.028), White (p=0.001), living with their parents (p=0.001), attending a mainstream school (p=0.015) and less often on a care dependency or foster care grant (p=0.001).

Those attending Zone 12 Clinic were more often diagnosed with intellectual disability (p=0.003) and autistic spectrum disorder (p=0.016) and less frequently with ADHD (p=0.001), anxiety (p=0.001), or conduct disorder (p=0.001).

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MDD – major depressive disorder; SSRI – selective serotonin reuptake inhibitor

References: 1. Davidson JRT, Connor KM. Bupropion sustained release: A therapeutic overview. *J Clin Psychiatry* 1998;59 (Suppl 4):25-31. 2. Clayton AH, Croft HA, Horrigan JP, et al. Bupropion extended release compared with escitalopram: effects on sexual functioning and antidepressant efficacy in 2 randomized, double-blind, placebo-controlled studies. *J Clin Psychiatry* 2006;67(5):736-746. 3. Data on file. Wellbutrin[®] XL Monograph. 2017. 4. Fava M, Rush J, Thase ME, et al. 15 years of clinical experience with bupropion HCl: From bupropion to bupropion SR to bupropion XL. *Prim Care Companion J Clin Psychiatry* 2005;7:106-113. 5. Jefferson JW, Rush AJ, Nelson C, et al. Extended-release bupropion for patients with major depressive disorder presenting with symptoms of reduced energy, pleasure, and interest: Findings from a randomized, double-blind, placebo-controlled study. *J Clin Psychiatry* 2006 67:865-873. 6. Data on file. Bioequivalence study of bupropion XR.

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Conclusion: Very few HIV infected users attend either clinic. The sample highlights different communities access and help-seeking priorities regarding mental health. Research regarding unmet mental health needs among children and adolescents is recommended.

THE PROFILE OF SUSPECTED CRIMINAL OFFENDERS REFERRED FOR PSYCHIATRIC EVALUATION ON AN OUTPATIENT BASIS AT NGWELEZANA HOSPITAL

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Presenter: Dr Sithembisile Mngadi

Introduction: Some suspected criminal offenders in South Africa are required to undergo forensic psychiatry assessments before or during the trial, which can be delayed due to the shortage of psychiatrists and inpatient forensic psychiatry beds. In KwaZulu-Natal (KZN) Province, only one hospital (Fort Napier Hospital (FNH)) is designated for the 30-day inpatient forensic psychiatry assessments and there is a long waiting list for suspected criminal offenders awaiting assessment. There is a need to find ways of alleviating the backlog in the waiting list, with the use of outpatient forensic assessments being a possible adjunctive method.

Aim: To determine the demographic, clinical and forensic profile of suspected criminal offenders referred for outpatient preliminary assessment to Ngwelezana Hospital, and identify the profile of those who most likely require referral to FNH for a 30-day inpatient assessment.

Methodology: We conducted a retrospective chart review of 207 suspected criminal offenders referred for outpatient forensic assessment from January 2009 to June 2015.

Results: The majority of the participants were males (94.2%), with a diagnosis of substance use disorder (28.2%), intellectual disability (23.4%) or psychotic disorders (21.8%). Forty three percent were charged with sexual crimes and 10.7% with murder. Fifty seven percent were recommended for referral to

FNH for a 30-day inpatient forensic assessment, while 43% were not recommended for referral. Those recommended for inpatient assessment were significantly more likely to have a lower level of education ($p=0.02$), to be on a disability grant ($p<0.01$), and to have been diagnosed with intellectual disability ($p<0.01$), than those not recommended for referral.

Conclusion: Identifying the characteristics of suspected criminal offenders who are most likely to be recommended for referral to FNH will potentially reduce the number of unnecessary referrals. The assessing psychiatrists recommended alternative referral methods for 43% of the suspected criminal offenders, which will prevent trial delays and congested waiting lists.

EXPLORING BURNOUT AMONG PSYCHIATRIC TRAINEES AT A SOUTH AFRICAN UNIVERSITY

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Presenter: Dr Tejil Morar

Introduction: The mental health of doctors is increasingly topical, internationally and locally. Of importance is the phenomenon of burnout, a far-reaching repercussion of chronic work-related stress. Psychiatrists are more vulnerable to stress, burnout and suicide in comparison to other medical specialities. There is a void in published research relating to South African psychiatric trainees.

Aim: To investigate burnout and associated factors among psychiatric registrars at a South African University.

Methodology: A cross-sectional study, via an anonymous self-administered questionnaire. The questionnaire comprised three sections: demographics, the Maslach Burnout Inventory Human Services Survey (MBI-HSS) and questions relating to contributing factors, protective factors and consequences of burnout. The MBI-HSS is recognised as the leading measure of burnout,

The MBI-HSS consists of three subscales: emotional exhaustion (EE), depersonalisation (DP) and personal accomplishment (PA).

Results: The questionnaire was completed by 33 out of 55 psychiatric registrars (60.0% response rate). Data from 31 registrars were used in the analyses, as two registrars did not provide informed consent. Among participants, EE was the most commonly affected, followed by DP and lastly PA. The majority (67.78% or $n=21$) had scores in the high category for any one of the three subscales (EE/DP/PA). Significant factors associated with burnout included poor work and non-professional life balance ($p=0.017$), utilising annual leave days for work-related tasks ($p<0.001$), irregular holidays

($p=0.003$) and financial debt ($p=0.026$). A possible protective factor was an amicable relationship with fellow psychiatric registrars.

Conclusion: There is evidence of some degree of burnout in more than two-thirds of participants. Associated factors lie largely at an organisational level, and while optimising individual resilience is important, systemic support plays a key role.

COGNITIVE HEALTH AND RESERVE IN ANTI-RETROVIRAL THERAPY NAÏVE HIV-POSITIVE ADULTS

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Andrew Tomita, KwaZulu-Natal Research Innovation and Sequencing Platform, University of KwaZulu-Natal

Presenter: Dr Kalpesh Narsi

Aim: As people living with HIV (PLWH) live longer with improved physical health and a lower incidence of HIV-associated dementia, milder forms of neuropsychological impairment (NPI) persist, which have a less robust response to antiretroviral therapy (ART). Cognitive reserve (CR), the brain's capacity to resist the clinical manifestations of pathology, plays an essential role in preserving cognitive health. Despite growing literature on the role of CR in mitigating NPI in PLWH, its association with baseline neuropsychological performance (NP) has not been studied in a newly diagnosed South African cohort. To describe the CR profile and NP, and its association with socio-demographic and clinical factors in a clinical population of ART-naïve HIV-positive adults.

Methodology: In this cross-sectional study, socio-demographic and clinical data was collected on 211 ART-naïve participants from two peri-urban clinics. Depression, CR, and NP were assessed using the MINI - Depression Module, the Cognitive Reserve Index Questionnaire (CRIq) and a battery of neuropsychological tests to assess the domains of memory, psychomotor processing, attention, language, executive and visuo-spatial function. Multiple regression models assessed the socio-demographic and clinical determinants of CR, and the relationship between CR and clinical risk predictors of NP on composite cognitive scores and individual neuropsychological tests.

Results: CRIq scores were concentrated in the low-medium (52.6%) and medium (47.4%) functioning range with no individual in the extreme-low or high CR-functioning group. Higher CR scores were significantly associated with older age, higher education, and being employed. Using standard cut-off values, performance on neuropsychological

testing revealed significant impairment in multiple domains: memory and psychomotor processing (82.5%), concentration (18%), language (96.7%), and executive function (15.2%). While gender, employment, medical comorbidity, depression and CD4 counts showed no association with NP, higher educational attainment and CR categories were predictive of higher composite cognitive scores. CR was the only significant predictor of NPI across all neurocognitive tests.

Conclusion: Despite the advent of ARVs, HIV-related cognitive burden remains a considerable concern. We found a high degree of sub-optimal CR, which was significantly associated with poor NP across various domains, in a relatively young cohort of ART-naïve PLWH. Early intervention focusing on increasing CR, especially in socioeconomically vulnerable populations, is needed to promote healthy lifestyle, mitigate NPI, and maintain long-term independent functioning in PLWH.

ANTIPSYCHOTIC DOSE REDUCTION/DISCONTINUATION ON METABOLIC SYNDROME IN PATIENTS WITH FIRST EPISODE PSYCHOSIS TREATED WITH A LONG-ACTING INJECTABLE ANTIPSYCHOTIC

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Prof Musa Mabandla, University of KwaZulu Natal

Prof Robin Emsley, Stellenbosch University

Prof Bonginkosi Chiliza, University of KwaZulu Natal

Presenter: Ms Ziyanda Ndlangisa

Aim: The introduction of antipsychotics has been a significant milestone in the treatment of schizophrenia. However, these agents have several important side effects, such as the propensity to cause metabolic syndrome. Options to curb these adverse effects include a change in the treatment option, changes in patients' lifestyle, and the addition of other medications such as metformin. Thus, this study investigated whether dose reduction/discontinuation of an injectable antipsychotic, flupenthixol decanoate, would result in improvement of metabolic syndrome parameters in a cohort of first-episode schizophrenia patients in South Africa.

Methodology: The study included 33 participants recruited at the Tygerberg and Stikland Hospitals in the Western Cape Province, South Africa. The metabolic syndrome profiles of all 33 participants were compared at baseline and at point of relapse. All participants were given a monthly dose of an injectable antipsychotic, flupenthixol decanoate, which was gradually reduced until the participant relapsed or was off treatment. Adherence to treatment was guaranteed as all participants had to visit the healthcare facility to receive their injectable.



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References: 1. Cipriani A, Furukawa TA, Salanti G, *et al.* Comparative efficacy and acceptability of 12 new-generation antidepressants: a multiple-treatments analysis. *Lancet* 2009;373(9665): 746-758. 2. Cipriani A, La Ferla T, Furukawa TA, *et al.* Sertraline versus other antidepressants for depression. *Cochrane Database Syst Rev* 2014;(4):CD006117. Doi:10.1002/14651858.CD006117.pub4. 3. Parissis J, Fountoulaki K, Paraskevaids I, *et al.* Sertraline for the treatment of depression in coronary artery disease and heart failure. *Expert Opin Pharmacother* 2007;8(10):1529-1537. 4. Muijsers RB, Plosker GL, Noble S. Sertraline: a review of its use in the management of major depressive disorder in elderly patients. *Drugs Aging* 2002;19(5):377-392. 5. Data on file. Bioequivalence study of sertraline.

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Results: The study participants were aged between 21-25 years (39.4%). Most (64%) of the participants were overweight. The mean time to relapse was 39.2 weeks, and by week 32, almost half of the participants had relapsed. A significant change was observed for weight ($p = 0.018$), waist circumference ($p = 0.006$) and fasting glucose ($p = 0.045$). There were no significant changes in the lipid parameters following the antipsychotic dose reduction.

Conclusion: Antipsychotic dose reduction resulted in weight loss; however, the majority of patients relapsed, some having important consequences. Further studies are needed to understand the dynamics of treatment discontinuation in schizophrenia patients. Clinicians should closely monitor patients taking antipsychotics as metabolic syndrome negatively impacts on the patients' quality of life and the syndrome is difficult to reverse.

THE PREVALENCE OF ADVERSE CHILDHOOD EXPERIENCES, SUBSTANCE USE AND DEPRESSION IN PEOPLE WITH HIV INFECTION DURING THE COVID-19 PANDEMIC

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Presenter: Dr Nikita Prosad Singh

Aim: The association of adverse childhood experiences (ACEs) with substance use and depressive symptoms has been investigated but the triple burden of HIV, substance use and depressive symptoms and its association with ACEs requires further exploration as comorbid ACEs are associated with poorer mental and physical health outcomes.

To determine the prevalence of ACEs, substance use and depressive symptoms in people living with HIV (PLWHIV) attending an outpatient HIV service at a hospital and assess the association of ACEs with substance use and depressive symptoms.

Methodology: 196 participants completed a self-report written survey comprising of the WHO ASSIST V3.0 for substance use, WHO ACE-IQ for

ACEs, PHQ-9 for depressive symptoms and a socio-demographic and clinical questionnaire. The study was conducted between September and December 2020, after the first wave of the COVID-19 pandemic in South Africa.

Results: The most common types of ACEs experienced were having one or no parent, parental separation or divorce ($n=131,66.8\%$), exposure to collective violence ($n=57,29.1\%$) and community violence ($n=55,28.1\%$) with 79 (40.3%) experiencing 3 or more types of ACEs. The most commonly used substances were alcohol ($n=34,17.3\%$), tobacco ($n=33,16.8\%$) and cannabis ($n=13,6.6\%$). Thirty-eight (19.4%) participants screened positive for depressive symptoms. Linear regression analyses indicated greater alcohol use (adj $\beta=2.84$, $p0.01$), tobacco use (adj $\beta=3.64$, $p0.01$) and cannabis use risk scores (adj $\beta=2.39$, $p0.01$) for individuals experiencing 3 or more types of ACEs. Similarly, depressive risk (adjusted OR=9.39, 95% CI 4.78-23.51) was also greater for individuals experiencing 3 or more types of ACEs based on logistic regression.

Conclusion: The prevalence of depression in this study population was consistent with the pre-COVID literature, however the findings highlight the high prevalence of ACEs in PLWHIV and the association of ACEs with greater risk of substance use and depressive symptoms suggesting the need for improved screening strategies for ACEs and the triple burden of HIV, substance use and depressive symptoms as outcomes may be modified by addressing potential risk factors.

A COMPARISON OF GAUTENG PROVINCE PSYCHOTROPIC MEDICINE PROCUREMENT AND EXPENDITURE DURING 2017-2018 BETWEEN DISTRICTS AND FACILITIES AT EACH SERVICE LEVEL

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Presenter: Prof Lesley Robertson

Aim: Gauteng province spent 3.7% of total medicine expenditure on medicines for mental, neurological, and substance use (MNS) disorders in the 2017/18 financial year. Analysis of procurement and expenditure may provide an indirect indication of equitable service provision and prescribing practices. This study aimed to compare procurement of MNS medicines between districts at each service level, hypothesising there would be no significant difference for each medicine class.

Methodology: A secondary analysis of the 2017/18 Gauteng Medical Stores Administration System database was conducted using the World Health Organization's Anatomical Therapeutic Chemical/Defined Daily Dose (ATC/DDD) methodology. The study population comprised medicines in ATC classes N03A (antiepileptics), N05A (antipsychotics), N05B (anxiolytics), N06A (antidepressants), and N06B (psychostimulants) procured for the public health sector. Medicines procured for contracted care were excluded. Procurement at District Clinic and District, Regional, Tertiary, Central and Specialised Hospital service levels was analysed.

Results: The DDDs procured and costs per 1000 population served differed significantly between districts for each ATC class at District, Regional, Central, and Specialised Hospital service levels. At District Clinic level, anxiolytic procurement did not differ between districts in terms of DDDs/1000 population served ($p=0.064$), although it differed in cost/1000 population ($p<0.001$). Conversely, for antidepressants, the cost/1000 did not differ between districts ($p=0.13$) while the DDD/1000 did differ ($p<0.001$). At Tertiary Hospitals, the DDDs /1000 population for anxiolytics and psychostimulants did not differ between districts ($p=0.134$ and $p=0.055$, respectively) although the cost/1000 differed ($p<0.001$) for all ATC classes.

Conclusion: Procurement and expenditure differed between districts for all ATC classes at each service level, suggesting different patient populations and prescribing practices. Further research evaluating medicine procurement, utilisation and patient level outcomes at the various service levels may inform future practice.

GAUTENG PROVINCIAL PSYCHOTROPIC MEDICINE PROCUREMENT IN GENERAL AND SPECIALISED HEALTHCARE SETTINGS DURING 2017-2018

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Presenter: Prof Lesley Robertson

Aim: South African mental health legislation advocates for treatment of mental illness close to the person's home, in general healthcare settings, with specialist referral as needed. Pharmacoeconomics may provide an indirect assessment of service provision. During 2017/18, Gauteng Department of Health spent approximately 3.73% of total pharmaceutical expenditure on medicines for mental, neurological, and substance use

(MNS) disorders. This study aimed to compare medicine procurement for MNS disorders at each service level, hypothesising that there would be no significant difference between the five districts.

Methodology: A secondary analysis of the Gauteng Medical Stores Administration System database was conducted using the World Health Organization's Anatomical Therapeutic Chemical/Defined Daily Dose (ATC/DDD) methodology. The study population comprised MNS medicines in ATC classes N03 (antiepileptics), N04 (anticholinergics and dopaminergics), N05 (antipsychotics and anxiolytics), N06 (antidepressants and psychostimulants) and N07 (medicines in addiction disorders). Medicines procured for contracted care and specialised neurological conditions were excluded. The DDD for each was obtained from the WHO Collaborating Centre for Drug Statistics Methodology website. The population served was derived from the District Health Information System.

Results: A total of R132 323 280.26 was spent on MNS medicines in 2017/18. Of the total DDDs, 93.7% were procured for general health settings, accounting for 89.7% of total expenditure. There was no significant difference between the five districts regarding total headcount or proportion of population served in general health settings. Tshwane spent the most per 1000 population served (range R3 131 to R5 049; $p<0.001$), whereas Sedibeng procured the most DDD per 1000 population served (range 1491 to 2349; $p<0.001$), while there was no difference between districts in cost per DDD (range R1.96 to R2.84, $p=0.994$). The three specialised psychiatric hospitals together procured 5.9% of total DDDs, at an average cost of R4.24 per DDD, accounting for 10% of total expenditure. Two specialised rehabilitation centres accounted for 0.3% of total expenditure and DDDs procured, at R2.21 per DDD.

Conclusion: The pattern of MNS medicine procurement indicates mental healthcare is integrated into general health settings in Gauteng province. Differences between districts in terms of expenditure and DDDs procured warrant further exploration.

PREVALENCE OF VITAMIN B12 DEFICIENCY IN PSYCHIATRIC INPATIENTS IN NELSON MANDELA BAY

Megan Schultz, Walter Sisulu University

Zukiswa Zingela, Walter Sisulu University

Stephan Van Wyk, Walter Sisulu University

Presenter: Dr Megan Schultz

Introduction: B12 deficiency is an increasing problem. Research of the subject, especially related to mental illness is scarce, particularly in Africa. This is a descriptive study on B12 deficiency.

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AIM: Investigate and describe the prevalence of B12 deficiency in a mental health unit in Nelson Mandela Bay. Review validity of the local cut-off value. Describe clinical and demographic correlates associated with B12 deficiency.

Methodology: The study was conducted at the Dora Nginza Mental Health Unit (MHU) in Nelson Mandela Bay, as a retrospective chart review of all admissions to the MHU over a 3-month period, June - August 2017. B12 levels were documented and classified based on B12 values. Data was from three sources: (a) MHU admissions register, (b) NHLS online results (c) clinical notes from patient folders. A data collection sheet designed by the researcher was utilized to capture data. Clinical correlates are compared for each subgroup. Data includes housing, income and dietary info. Information such as DSM-5 diagnosis, comorbidity and neurological symptoms was captured. Data was collated and analysed applying descriptive and inferential statistics.

Results: The study showed a large proportion of people admitted for mental illness suffer from B12 deficiency across various age groups and clinical diagnoses. 245 records were reviewed; 122 (49,8%) had questionable levels requiring further testing; 44 (18%) had clear deficiency. These deficiencies were not limited to elderly people or people with dietary exclusions. Megaloblastic anaemia was not evident.

Conclusion: B12 deficiency is a complex disorder with multiple causes and effects. There is limited research within the South African context, especially in psychiatric settings. This study highlights the fact that our longstanding knowledge on B12 deficiency is not adequate in our setting. We will have to review our diagnostic procedures, treatment approaches and guidelines. Study findings suggest that all patients admitted for psychiatric illness should have routine B12 testing. It may be advisable to review the cutoff values and the possibility of cascade testing to better identify B12 deficiency.

Further studies are needed to determine if this is a general problem requiring food fortification and whether it is specific to psychiatric settings.

ATTITUDES OF PATIENTS AND MENTAL HEALTH PROFESSIONALS TOWARDS SERIOUS GAMES IN PSYCHOTHERAPY

Georgina Spies, DSI/NRF South African Research Chairs Initiative, PTSD Program, Department of Psychiatry, Stellenbosch University, South Africa

Jessica Huss, Department of Psychology, University of Kassel, Kassel, Germany

Oscar Motswage, Department of Clinical Psychology, School of Medicine, Sefako Makgatho Health Sciences University, Pretoria, South Africa
Soraya Seedat, Department of Psychiatry, Stellenbosch University, South Africa

Christiane Eichenberg, Medical Faculty, Institute of Psychosomatic, Sigmund Freud University, Vienna, Austria

Presenter: Dr Georgina Spies

AIM: Serious games are computer or video games that are developed for learning and instructional purposes. Serious games are increasingly being applied within healthcare, but their integration in psychotherapeutic settings is less well documented. Existing knowledge and experience of serious games, as well as readiness to integrate serious games in the treatment of psychological conditions, requires investigation. The present study sought to identify the attitudes of psychotherapists and patients towards serious games in psychotherapy in the South African context.

Methodology: Online surveys assessed acceptance, experience, and requirements for the utilisation of serious games in therapeutic contexts. Two stakeholder groups completed these online surveys, namely clients utilising mental health services (n = 209) and psychotherapists delivering mental health services (n = 156) in South Africa.

Results: Current knowledge about serious games is limited with only 15% of clients and 16% of therapists reporting knowledge of the existence and application of serious games. Use of serious games is even more infrequent with only 1% of therapists and 6% of clients currently using serious games as an intervention.

Although knowledge and use of serious games is still limited, our findings highlight an apparent demand for their use, with 71% of therapists indicating that serious games would be a suitable adjunct treatment modality for their patients.

The majority of participants agreed that South Africans could benefit from serious games more if they are tailored to be more culturally specific and applicable.

Conclusion: Our results show a general openness toward the use of serious games in psychotherapy, although therapists were more reluctant to consider the application of serious games for more severe disorders. The use of serious games as an e-mental health treatment modality is conceivable for both patients and therapists, particularly as a complementary strategy to traditional face-to-face psychotherapy.

PATTERNING OF INDIVIDUAL VARIABILITY IN NEUROCOGNITIVE HEALTH AMONG SOUTH AFRICAN WOMEN EXPOSED TO CHILDHOOD MALTREATMENT

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Rockli Kim, Interdisciplinary Program in Precision Public Health, Department of Public Health Sciences, Graduate School of Korea University, Seoul, Republic of Korea; Division of Health Policy and Management, College of Health Science, Korea University, Seoul, Republic of Korea

Jennifer Vasterling, Boston University School of Medicine, Boston, USA

S. V. Subramanian, Harvard Center for Population and Development Studies, Cambridge, USA; Department of Social and Behavioral Sciences, Harvard T. H. Chan School of Public Health, Boston, USA

Soraya Seedat, Department of Psychiatry, Stellenbosch University, South Africa

Presenter: Dr Georgina Spies

AIM: There are individual differences in health outcomes following exposure to childhood maltreatment, yet constant individual variance is often assumed in analyses.

Methodology: Among 286 Black, South African women, the association between childhood maltreatment and neurocognitive health, defined here as neurocognitive performance (NP), was first estimated assuming constant variance. Then, without assuming constant variance, we applied Goldstein’s method (Encyclopedia of statistics in behavioural science, Wiley, 2005) to model “complex level-1 variation” in NP as a function of childhood maltreatment.

Results: Mean performance in some tests of information processing speed (Digit-symbol, Stroop Word, and Stroop Color) lowered with increasing severity of childhood maltreatment, without evidence of significant individual variation. Conversely, we found significant individual variation

by severity of childhood maltreatment in tests of information processing speed (Trail Making Test) and executive function (Color Trails 2 and Stroop Color-Word), in the absence of mean differences. Exploratory results suggest that the presence of individual-level heterogeneity in neurocognitive performance among women exposed to childhood maltreatment warrants further exploration.

Conclusion: The methods presented here may be used in a person-centered framework to better understand vulnerability to the toxic neurocognitive effects of childhood maltreatment at the individual level, ultimately informing personalized prevention and treatment.

CUT IT OUT OR WAIT IT OUT? CASE SERIES OF MIDDLE FOSSA ARACHNOID CYSTS PRESENTING WITH PSYCHIATRIC SYMPTOMS AND THE ETHICS OF NEUROSURGICAL MANAGEMENT

Petrus Johannes Steyn, Department of Psychiatry, Stellenbosch University

Leigh Luella van den Heuvel, Department of Psychiatry, Stellenbosch University

Presenter: Dr Petrus Steyn

AIM: Although the neuropsychiatry of arachnoid cysts are controversial, they have been linked to mental health morbidity.

There have been case reports of psychiatric illness which improves with drainage of arachnoid cysts or where surgery was withheld and psychopathology proves resistant; as well as studies which failed to show such associations. This impedes treatment planning.

Methodology: We describe two patients who presented to a neuropsychiatry service with arachnoid cysts and acute psychiatric symptoms.

Results: Our patients were males in their early twenties who presented with dissociative and manic symptoms with atypical features, believed to be associated with middle fossa arachnoid cysts. They were managed medically and remitted eventually, but symptoms were resistant.

Conclusion: We present a brief review of the literature to indicate mechanisms by which these cysts could cause symptoms and consider whether neurosurgical management would be appropriate. Although neurosurgery can be considered, its role is currently limited by practical and ethical considerations.

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CHARACTERISTICS OF INPATIENTS IN DIALECTICAL BEHAVIOUR THERAPY MODIFIED FOR A RESOURCE-LIMITED SETTING

Petrus Johannes Steyn, Department of Psychiatry, Faculty of Medicine and Health Sciences, Stellenbosch University

Liezl Koen, Department of Psychiatry, Faculty of Medicine and Health Sciences, Stellenbosch University

Lucy Jarvis, Department of Psychiatry, Faculty of Medicine and Health Sciences, Stellenbosch University

Presenter: Dr Petrus Steyn

Background: Emotional dysregulation in psychiatric disorders contributes to morbidity, mortality and healthcare costs. Dialectical behaviour therapy (DBT) is effective in addressing this, but is complex and costly to implement. Recent literature indicates that DBT can be modified for use in resource-limited settings, but little is known about its implementation in African settings.

Aim: To describe the demographic and clinical characteristics of participants in a modified DBT-ST (skills training) programme at a South African psychiatric hospital.

The study was conducted at Stikland Hospital, a public psychiatric hospital in the Western Cape province, South Africa.

Methodology: A retrospective, cross-sectional chart review of patients included in a modified inpatient DBT-ST programme between 30 June 2014, when the programme started, and 30 June 2019 was conducted. Descriptive analyses were performed on the data both as a complete set as well as after division into several subgroups.

Results: We included 349 records. The sample was mostly female (83,38%, n=291). Three-quarters had at least 12 years of formal education but 61,89% (n=216) were unemployed. Major depressive disorder (57,31%, n=200), borderline personality disorder (38,68%, n=135) and substance use disorder (38,40%, n=134) were the most prevalent diagnoses. Most patients (84,81%, n=296) had psychiatric comorbidities. 90,61% (n=309) were exposed to at least one traumatic event and three-quarters had attempted suicide at least once before. 85,96% (n=300) used substances, including 1 in 5 who used hypnotic or codeine-containing medication regularly. Two-thirds of the patients completed the programme. Patients who completed DBT on their first admission had lower rates of readmissions to the unit (17,78%, n=24) than patients who completed DBT on subsequent admissions (42,06%, n=90).

Conclusion: The demographics of our sample are similar to international literature. Of interest was the

utilization of DBT-ST for diagnostically heterogeneous patients who displayed significant comorbidity.

High levels of emotional dysregulation are evidenced by some of its behavioural manifestations such as suicidality and substance use. Our findings suggest that this intervention was well tolerated and might be most appropriately delivered at the first admission. Limitations include the retrospective nature of the study and our inability to control for selection biases.

THE ASSOCIATION OF COGNITION AND PERCEIVED BODY WEIGHT IN OVERWEIGHT AND OBESE ADULTS

Sharain Suliman, Stellenbosch University, Department of Psychiatry

Leigh van den Heuvel, Stellenbosch University, Department of Psychiatry

Sanja Kilian, Stellenbosch University, Department of Psychiatry

Erine Broucker, Stellenbosch University, Department of Psychiatry

Laila Asmal, Stellenbosch University, Department of Psychiatry

Robin Emsley, Stellenbosch University, Department of Psychiatry

Soraya Seedat, Stellenbosch University, Department of Psychiatry

Presenter: Dr Sharain Suliman

AIM: Accurate perception of body weight is influenced by a number of factors, many of which affect actual weight. These include age, gender, family, societal values, ethnicity, education level and socio-economic status (SES). Cognitive functioning, particularly executive functioning, and cognitive insight may also be linked to excess weight as well as to accurate perception of body weight.

Accurate perception of body weight is necessary for individuals with a high body mass index (BMI) to initiate strategies to improve their health status. Furthermore, identifying factors that influence accurate body weight perception can assist in designing appropriate educational and weight management programs.

We therefore aimed to investigate whether levels of cognitive functioning and insight influence the ability to correctly judge body weight.

Methodology: One hundred and eighty four overweight and obese adults who participated in a cross-sectional case-control study and were controls in the aforementioned study were included. The study was conducted in Cape

Town, South Africa. Demographic, weight related, neuropsychiatric, neurocognitive and cognitive insight measures were administered. Regression analysis was conducted to determine the factors associated with correct weight perception.

Results: The final regression model explained 52.3% of variation in accurate perception of body weight and was significant ($p \leq 0.001$). The model correctly classified 79.3% of individuals who were able to correctly and incorrectly judge their weight. Adults with higher BMI, and lower self-certainty, those who reported that they had gained weight in the previous year and those who were told by a health-care professional to lose or maintain a healthy weight were more likely to correctly judge their weight.

Conclusion: Some aspects of cognitive insight (self-certainty) but not cognitive functioning are associated with perception of body weight in this sample. Awareness of recent weight changes, higher BMI and advice from health care professionals were also significantly associated with perception of body weight, while demographic variables were not.

Understanding the factors that contribute to the correct perception of weight is important in identifying appropriate health interventions that may address the burden of associated non-communicable diseases in overweight and obese individuals.

THE ASSOCIATION OF COGNITION AND PERCEIVED BODY WEIGHT IN OVERWEIGHT AND OBESE ADULTS

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Clemens Kirschbaum, Biological Psychology, TU Dresden, Dresden, Germany

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Presenter: Dr Leigh van den Heuvel

Aim: Glucocorticoids and inflammatory markers can influence cognitive function. Hair cortisol concentrations (HCC) reflect longer-term hypothalamic pituitary adrenal (HPA) axis function and combined with immune markers can provide insight into how HPA-axis and immune pathways interact to influence cognition. Independent and interactive effects of HCC and high sensitivity c-reactive protein (hsCRP) levels on cognitive function were investigated in a sample of 153 mixed ancestry females, aged between 18 and 79 years.

Methodology: Our sample comprised control participants from a cross-sectional case-control study (SHARED ROOTS), conducted in Cape Town, South Africa from May 2014 until June 2017. We examined whether HCC and hsCRP levels were associated with performance on neurocognitive tests in both unadjusted and adjusted linear regression models.

Results: HCC demonstrated a significant inverse association with verbal working memory (digit span backwards) in both unadjusted ($p = 0.010$) and adjusted ($p = 0.016$) analyses. Although hsCRP levels were significantly inversely associated with attention ($p = 0.017$) in unadjusted analysis, this did not remain significant in adjusted analysis ($p = 0.572$).

There were significant interactions between HCC and hsCRP on verbal intelligence ($p = 0.019$), language ($p = 0.024$) and executive function ($p = 0.008$) scores, such that at low HCC hsCRP levels were positively associated with language ($p = 0.020$) and executive function ($p = 0.006$) scores and at high HCC hsCRP levels were inversely associated with verbal intelligence ($p = 0.034$) scores.

Conclusion: Higher HCC was associated with poorer performance on tests of working memory, suggesting stress-related effects on working memory impairment.

Under physiological conditions and low long-term HCC, there may be positive effects of circulating peripheral inflammatory markers on cognitive performance, whereas there may be detrimental effects when the HPA-axis is dysregulated as reflected by high long-term cortisol output ■



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SOUTH AFRICAN SOCIETY OF PSYCHIATRISTS

ANNUAL GENERAL MEETING

NOTICE IS HEREBY GIVEN THAT THE **ANNUAL GENERAL MEETING** WILL BE HELD ON SATURDAY, **23 OCTOBER 2021**, AT THE CHAMPAGNE SPORT RESORT, CENTRAL DRakensBERG, KWAZULU NATAL
TIME: 10:15 to 11:00

FOR THE FOLLOWING PURPOSES:

1. To approve the minutes of the previous Annual General Meeting that took place on 20 October 2020.
2. To receive and consider the financial statements for the period ended 31 December 2020.
3. To elect directors: In compliance with the Memorandum of Incorporation (MOI) of the company the following directors will remain in office as previously elected:
 - *Prof B Chiliza*
 - *Dr Seape*
4. The following directors will retire, but have indicated that they are eligible and available for re-election:
 - *Dr A Lachman*
 - *Dr K Maaroganye*
 - *Dr K Roux*
5. The following directors will retire and are not available for re-election:
 - *Dr I Chetty*

6. The following members were nominated as Directors and available for election:
 - *Dr A Pillay*
 - *Dr A Porter*
 - *Prof R Schoeman*
7. To appoint Messrs Integritas Auditors, as Auditors of the Company.

To transact any other business which may be transacted at an Annual General Meeting by no later than Friday 15 October 2021. info@healthman.co.za or anusha.sasop@gmail.com or voting@sasop.co.za.

Any member entitled to attend and vote at the abovementioned meeting is entitled to appoint one or more proxies to attend and speak out and, on a poll, vote in his/her stead. A proxy need not be a member. Proxy forms must be delivered by email as a legible scanned document.

BY ORDER OF THE BOARD

Dr Anusha Lachman
Honorary Secretary
23 September 2021 ■



SOUTH AFRICAN SOCIETY OF PSYCHIATRISTS

SURVEY OF PSYCHIATRISTS WORKING IN SOUTH AFRICA

The South African Society of Psychiatrists (SASOP) is undertaking a research project entitled: **"Mapping of South African Psychiatrists and Psychiatric Facilities to Address National Mental Health Care Needs"**.

We would like to invite you to participate in this research project which involves the completion of a questionnaire. This is a voluntary survey and you are free to decline to participate in it. However, information that you provide may help to contribute to efforts to improve mental health care in South Africa.

South Africa has a shortage of psychiatrists and other specialist mental health professionals to meet the population's need for mental health care services. It is essential that the limited resources we have are appropriately utilized so that all South Africans can access quality mental health services. One strategy that has been suggested is to implement task-shifting, where lay and generalist health providers are trained and equipped to provide some aspects of mental health care, treatment and rehabilitation, that would normally be provided by mental health specialists. In order for such a strategy to be successful, the psychiatrist's role would have to include training, supervision, mentoring and leadership of teams/other providers as well as providing a clinical service for people with complex mental disorders.

We would like to obtain your views on this approach and whether you feel equipped to undertake such roles. In addition, we would like to survey the current working life of psychiatrists in South Africa to determine whether psychiatrists are being

appropriately utilized. If you are willing to participate in this survey, please click on "START SURVEY"

All information collected is anonymous. No personal identifying information will be collected. There are no risks or benefits to you in completing the questionnaire. Your consent to participate in the survey will be assumed if you complete the online questionnaire

If you would like any further information regarding the study, please contact:

ADJUNCT PROFESSOR RITA THOM

083 325 4583
rita.thom@wits.ac.za

This study has been approved by the Human Research Ethics Committee (Medical) of the University of the Witwatersrand.

If you have any concern over the way the study is being conducted, please contact the Chairperson of this Committee:

Professor Clement Penny

011 717 2301
Clement.Penny@wits.ac.za.

The telephone numbers for the Committee secretariat are 011 717 2700/1234 and the e-mail addresses are Zanele.Ndlovu@wits.ac.za and Rhulani.Mukansi@wits.ac.za

Survey Link:

<https://healthman.evlink9.net/servlet/link/1774/627657/1886150/2518563> ■

INSTRUCTIONS TO AUTHORS

South African Psychiatry publishes original contributions that relate to South African Psychiatry. The aim of the publication is to inform the discipline about the discipline and in so doing, connect and promote cohesion.

The following types of content are published, noting that the list is not prescriptive or limited and potential contributors are welcome to submit content that they think might be relevant but does not broadly conform to the categories noted:

LETTERS TO THE EDITOR

- * Novel experiences
- * Response to published content
- * Issues

FEATURES

- * Related to a specific area of interest
- * Related to service development
- * Related to a specific project
- * A detailed opinion piece

REPORTS

- * Related to events e.g. conferences, symposia, workshops

PERSPECTIVES

- * Personal opinions written by non-medical contributors

NEWS

- * Departments of Psychiatry e.g. graduations, promotions, appointments, events, publications

ANNOUNCEMENTS

- * Congresses, symposia, workshops
- * Publications, especially books

The format of the abovementioned contributions does not need to conform to typical scientific papers. Contributors are encouraged to write in a style that is best suited to the content. There is no required word count and authors are not restricted, but content will be subject to editing for publication. Referencing - if included - should conform to the Vancouver style i.e. superscript numeral in text (outside the full stop with the following illustration for the reference section: *Other AN, Person CD. Title of article. Name of Journal, Year of publication; Volume (Issue): page number/s. doi number (if available)*). **Where referencing is not included, it will be noted that references will be available from the author/authors.** All content should be accompanied by a relevant photo (preferably high resolution - to ensure quality reproduction) of the author/authors as well as the event or with the necessary graphic content. A brief biography of the author/authors should accompany content, including discipline, current position, notable/relevant interests and an email address. Contributions are encouraged and welcome from the broader mental health professional community i.e. all related professionals, including industry. All submitted content will be subject to review by the editor-in-chief, and where necessary the advisory board.

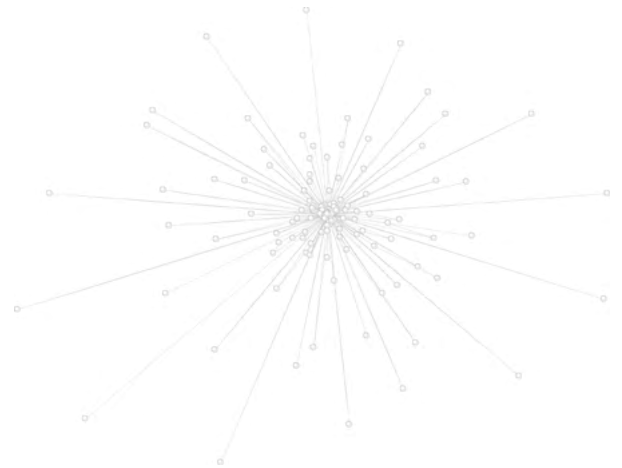
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- * Referencing should preferably conform to the Vancouver style i.e. superscript numeral in text (outside the full stop with the following illustration for the reference section: *Other AN, Person CD. Title of article. Name of Journal, Year of publication; Volume (Issue): page number/s. doi number (if available)*); Harvard style or variations of either will also be acceptable
- * The submission should be accompanied by the University/Faculty letter noting successful completion of the research report.

Acceptance of submitted material will be subject to editorial discretion

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