Articles

RESEARCH DAY ABSTRACTS

DEPARTMENT OF PSYCHIATRY
FACULTY OF HEALTH SCIENCES,
UNIVERSITY OF WITWATERSRAND

JUNE 2018
1. Prevalence of Contraceptive Use among Female Mental Health-care Users of Childbearing Age Attending CHBAH in Soweto

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Introduction: Women with mental illness are at an increased risk of unplanned pregnancy and adverse pregnancy outcomes. International guidelines recommend family planning education for all women of childbearing age with mental illness. This study aimed at assessing the prevalence of family planning education, contraceptive use and preferences in women using psychiatric services at Chris Hani Baragwanath Academic Hospital.

Methods: A convenience sample of 190 female in/outpatients aged 18 to 49 years was recruited. A structured questionnaire on demographic information and details regarding contraceptive use was administered. Diagnosis and treatment were obtained from patients' clinical files. Data analysis also included investigating associations between users' clinical characteristics and contraceptive preference.

Results: Less than half of these women (44.7%) reported to have used contraceptives consistently. Of these, 64.9% used non-hormonal methods with the male condom as a preferred method. Family planning advice from psychiatric health-care providers occurred in only 26.8%. While family planning advice was not found to be associated with providing information on teratogenic medication use, neither medication use advice nor family planning education was associated with (consistent) contraceptive utilisation. Women who were employed were more likely to have received family planning advices. The commonest reason for not using contraception was not being in a relationship.

Conclusion: Rates of contraceptive use in this sample were similar to that of the general South African population. Family planning education rates were below international recommendations; however, they were higher than those reported in other African countries. Contraceptive use depended more on perceived need due to relationship status than prescribing practise and education done by mental health-care providers.

2. Conduct Disorder: A Retrospective Record Review of Patients Diagnosed with Conduct Disorder at Tara Psychiatric Hospital Children’s Clinic

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Introduction: Conduct disorder is a serious psychiatric disorder with onset in childhood and adolescence and may continue into adulthood. Characteristic externalising behaviours have the potential to negatively impact on the well-being of the individual as well as on societal interactions. The aim of this study was to review the records of children and adolescents with a diagnosis of conduct disorder at a local specialised psychiatric hospital to identify possible associated factors.

Methods: Clinical files at Tara, the H. Moross Centre's Child and Adolescent Clinic were reviewed and those with a conduct disorder diagnosis were identified. Variables in the data set included gender, referral, symptom onset, age when diagnosis was made, schooling, co-morbid diagnoses, pregnancy/birth history, perinatal complications, attachment, primary caregiver, milestones, discipline style, exposure to violence/abuse/neglect, social circumstances, other conditions that may be a focus of clinical attention ('V' or 'Z'-codes), family psychiatric history and interventions. Descriptive and comparative statistical analyses of the data were performed.

Results: A total of 953 files were reviewed, of which 107 (11.2%) care users were diagnosed with having a conduct disorder. Associated factors included: (1) having a parent as the primary caregiver seemed to have been a protective factor, while (2) exposure to violence, abuse or neglect, having a family history of antisocial personality disorder, or having two or more 'V' or 'Z'-codes, were significantly more often associated with more severe conduct disordered features.

Conclusions: Considering these factors associated with an increased risk may help one to develop strategies for earlier detection and intervention in children and adolescents at risk.
3. The Frequency of Positive Urine Multi-Drug Test Among Outpatients with both HIV and Psychiatric Illnesses at Chris Hani Baragwanath Academic Hospital

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Introduction: The literature confirms the high level of concurrent substance use in patients with mental illnesses and in those diagnosed with HIV/AIDS. However, there is limited data on the level of substance use, particularly cannabis use, in patients with a dual diagnosis of HIV and psychiatric illness. The aim of the study was to investigate cannabis use among out-patients at Luthando Neuropsychiatric Clinic with a co-morbid diagnosis of psychiatric illness and HIV/AIDS.

Methods: A retrospective record review was undertaken of all patients who attended Luthando clinic from January to June 2014. The data set included demographic variables, multi-drug urine test (MDUT) results, psychiatric diagnosis and treatment. For categorical data, descriptive statistical analysis was conducted, while the Chi-squared and Fisher exact tests were used for evaluating associations, e.g. between MDUT results and clinical variables.

Results: Of the total of 337 records reviewed, MDUT results were positive in 36.4% (n = 118), with cannabis as the most common substance of abuse (94.9%). Significant associations were found between (1) positive MDUTs and younger participants of male gender (p = 0.030 and p = 0.0001, respectively); (2) viral load suppression and a positive MDUT (p = 0.010); (3) an MDUT positive result and patient’s duration on antiretroviral treatment (p = 0.036); (4) MDUT results and psychiatric diagnoses, especially with mood or psychosis due to HIV and with substance use disorder (p = 0.0001 and p = 0.0006, respectively).

Conclusion: This study demonstrated a high prevalence at this clinic of cannabis use among outpatients with co-morbid diagnoses of HIV/AIDS and a psychiatric condition. This finding must be considered in management strategies and interventions for such patients. [256]

4. The Clinical Utility of Electro-Encephalographic Studies in the Child and Adolescent Psychiatry Unit of Tara Hospital

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Introduction: Electroencephalograms (EEGs) is useful in the diagnosis of epilepsy and other neuropsychiatric disorders. Given its limitations as a diagnostic tool though, there is a need to evaluate whether it is appropriately utilised in psychiatric settings, particularly among children and adolescents. The aim of this study was to assess the clinical utility of electroencephalographic studies in children and adolescents at Tara Hospital. The objectives included to determine the prevalence of abnormal EEGs and to examine the impact on the diagnosis and management based on the EEG findings.

Methods: A retrospective record review of all patients under the age of 18 years referred to for EEGs over a 5-year period between January 2012 and December 2016 was conducted. Descriptive statistics were used to analyse the clinical profile and EEG findings of the study sample. Inferential statistics were used to test associations between various clinical variables and abnormal EEG findings.

Results: A total of 249 patients were referred to for EEG during this period: 63% were males; 57% were between 5 and 12 years; and 43% were between 13 and 18 years. Of these, 13.7% (n = 34) had an abnormal EEG, of whom 22 (69%) were men. The proportion of abnormal EEGs was significantly higher in the 5–12-year age group compared to the 13–18-year age group (75% vs 54%, p = 0.03). The commonest abnormal EEG finding was focal epileptiform activity (n = 9; 27%), followed by generalised epileptiform activity (n = 8; 24%) and focal slowing (n = 6; 18%).

Conclusion: Our results confirm that EEG studies add value in the diagnosis and psychiatric management of children and adolescents.
5. The Lunar Cycle and Inpatient Sedation Usage in a Psychiatric Setting

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Introduction: There has been a long-standing belief that the lunar cycle has an effect on human behaviour. This study aimed at investigating whether an association exists between the lunar cycle and the amount of sedation required by an inpatient psychiatric population.

Methods: The study was a retrospective record review of psychiatric inpatient sedation usage at Chris Hani Baragwanath Academic Hospital, in Johannesburg, over 18 months (1 July 2014 to 31 December 2015). For each day in this period, data of the total amount of intramuscular sedation (haloperidol, clozapine, clonazepam and lorazepam) and the number of injections administered (per sedative and the total number of all measured sedatives) was collected. Data of bed occupancy was collected for a male and female ward and was correlated with the days of the lunar cycle.

Results: Outcomes included the amount (mg) of sedative administered and the number of intramuscular injections (per sedative and total) per bed occupied. There was no significant effect of day of the lunar cycle on the amount of sedation dispensed or the number of injections administered, whether a man or a woman. The overall $p$-value for the day of the lunar cycle, in relation to all outcomes was $<0.05$. Limitations include the retrospective nature of this study and each ward that was assessed as a unit. The outcomes therefore encapsulate multiple patients with uncontained episodes and multiple episodes per patient.

Conclusion: Inpatient psychiatric illness severity, as measured by intramuscular sedation administered, is not exacerbated by the lunar cycle.

6. A Qualitative Study of Mentally Ill Women Who Commit Filicide in Gauteng, South Africa

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Introduction: Filicide is defined as the deliberate act by a parent of killing his/her own child and a major contributor to child homicide rates. In order to prevent future homicides of this nature and protect future victims and contribute to the rehabilitation of those mentally ill women who perpetrated such crimes, it is important to gain a better understanding of the dynamics that may result in filicide and the impact of the mental illness itself. The purpose of this study was to examine the perceptions of women who committed filicide regarding their offences and about their treatment and rehabilitation.

Methods: This was a qualitative study, involving semi-structured interviews conducted with seven participants between July 2016 and April 2017. Key areas were identified during the interview process, such as Experience of being a State Patient, State of mind on the day of the offence, Emotions after the event, Memories and coping with memories on the day of the offence, The process of being admitted as a State Patient, The inpatient rehabilitation process and Support received by staff, family and the community.

Results: Most filicidal mothers noted psychosis at the time of the offence, and perceived trauma and regret for their offences and admission as state patients. Support from the community as well as empathy and unconditional positive regard from the staff, notably psychology and occupational therapy were reported.

Conclusions: Filicide is tragic and not adequately studied, particularly from the perpetrators point of view. Rehabilitation within a non-judgmental and empathetic environment is a necessity.
7. A Retrospective Study of Adolescents with Major Depression Admitted to Tara Hospital between 2010 and 2011

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Introduction: Major depression, particularly in adolescents, is a serious mental health problem, resulting in marked functional impairment. According to the literature, high prevalence, recurrence rates and the likelihood of persistence into adulthood should make adolescent depression a focus on psychiatric research. There is very little published data though on South African populations, prompting this investigation's purpose to describe the demographic profile, risk factors and treatment outcomes of adolescents who were admitted to Tara, the H. Moross Centre's Adolescent Unit (THAU).

Methods: A retrospective study of clinical records was conducted and included all adolescents who were admitted to the THAU for major depression from January 2010 to 31 December 2011.

Results: This resulted in 42 mental health-care users who were on average 16-year old; 57% were female, while 55% were Black. Risk factors included a family history of depression, exposure to domestic violence (38%), while for 24% sexual abuse was documented and academic challenges were experienced by 54.8%. Of this group, 69% abused 2 or more substances. Thirty-three per cent were diagnosed with psychosis, while 97% expressed suicidal ideas. The most common co-morbid diagnosis documented was borderline personality disorder (57%). The majority in this group was treated with citalopram.

Conclusion: The study described the typical profile of a local group of adolescents admitted to a specialised unit diagnosed with major depression. These findings may support the approach to include screening and early detection in prevention and treatment strategies for adolescents. [238]

8. Use of the Cultural Formulation Interview at Helen Joseph Hospital Psychiatry Unit

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Introduction: The Cultural Formulation Interview (CFI) has been identified as a cross-cultural assessment tool and was introduced in 2013 as part of the process of clinical assessment by the APA's Diagnostic and Statistical Manual, 5th Edition. The purpose of this study was to administer the CFI in a group of patients in a local psychiatric unit to describe their self-reported experience of culture in the expression of psychiatric illness and the role of cultural factors in the presentation of psychiatric problems.

Methods: As all 16 CFI questions require qualitative answers, this was a prospective qualitative investigation of the experience of conducting the CFI with mental health-care users at Helen Joseph Hospital. Data sources included: (1) transcribed responses of participants to CFI questions, (2) participants' clinical records and (3) field notes by the investigator. Interviews were conducted until data saturation was achieved, while data was analysed using thematic content analysis and categorizing of concepts.

Results: The investigator experienced the conducting of the interviews difficult at times due to specific barriers, which have been described in terms of environmental factors, time factors, fluency in English, level of patient engagement and reflections by the investigator. Themes identified from the responses to the 16 CFI questions included Culture, Psychosocial stressors, Need for help, Religion, Illness, Uncertainty, Stigma, Helplessness, Ignorance, Family, Belief system, Medical help/Doctors, Stigma, Community, Family/Friend support, Self-support, Lack of support, Insight, Communication and Integrated care.

Conclusion: This investigation provides qualitative results on the experience of conducting the CFI in a local inpatient psychiatric setting. [254]