ORIGINAL ARTICLE

Neuro-psychiatric profile of university students attending psychiatry outpatient department of a tertiary care centre

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ABSTRACT

Background: Mental health problems among the rising young population because of multiple sources of stress and pressure to excel in the competitive environment, especially depression, substance use disorders and addiction in developing countries.

Aims: To assess neuro-psychiatric profile of university students attending psychiatry OPD of a tertiary care centre.

Methods: All the university students who attended psychiatry OPD were assessed for Neuro-psychiatric problems using DSM-IV TR criteria for psychiatric/behavioural problems and Harrison's principles of internal medicine criteria for Neurological problems.

Results: The common diagnoses were depression 63(13.2%), anxiety disorder 67(13.2%), substance use disorder 93(19.3%), personality disorder 20(4.1%), ADHD 19(3.9%).

Conclusions: This study gives an insight into the mental health of university students.

Keywords: Neuro-psychiatric problems, mental illness, university students.

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INTRODUCTION:

Mental health is defined by WHO as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”. Mental and behavioural disorders are common, afflicting more than 25% of all people at some time during their lives. They are also universal, affecting people of all countries and societies of all age groups, males and females, the rich and the poor, from urban and rural environments. They have an economic impact on societies and on the quality of life of individuals and families. At any point of time, about 10% of the adult population is suffering from mental and behaviour problems. Mental health problems are on the rise in young population because of multiplicity of sources of stress and pressure to excel in the competitive environment especially depression, substance use disorders and suicide in developing countries. There was limited data on the overall psychiatric morbidity in student population from India.

Aims and objectives: To assess neuro-psychiatric profile of university students attending psychiatry OPD of a tertiary care centre.

MATERIALS AND METHODS:

All the students of University who attended Psychiatry OPD during twelve month period starting from 01st January 2013 to 31st December 2013 were included in the study. Initially, the students were evaluated in detail by a junior resident or senior resident and then seen by the consultant in charge, who made the diagnosis. Psychiatric/behavioural problems were diagnosed using criteria laid down by Diagnostic and Statistical Manual of Mental Disorders (4th ed., text revision, American Psychiatric Association, 2000) and Neurological problems were diagnosed using criteria of Harrison’s principles of internal medicine (18th ed., 2001). Follow up appointment and old cases were not included in the study. This study was conducted in a tertiary level hospital which is situated in the campus of the University.

Statistical analysis:

Continuous variables were expressed as mean ± standard deviation (Gaussian distribution), range and qualitative data were expressed as percentage. Chi-square test was used to compare qualitative data. All p-values were two tailed and values of p < 0.05 were considered statistically significant. All confidence interval were calculated at 95% level. All Statistical analysis was done using SPSS software.

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CHAIRMAN
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Original Article

Awareness and Public Knowledge about Causes of Depression: A Community based Study in Adult Population of Aligarh

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ABSTRACT

Introduction: Depression is a debilitating condition with considerable emotional, physical, and socioeconomic consequences, but often goes unrecognized and untreated. One reason for this is that there is a lack of mental health literacy on the part of the public, specifically a lack of knowledge about psychiatric illnesses and the best treatment options for those illnesses. Aim: The aim of this study was to assess the knowledge and awareness about depression in the general public. Methods: The present study was conducted in the field practice areas of the department of community medicine, Jawaharlal Nehru Medical College, Aligarh. It was a Community based Cross sectional study. The study period was one year i.e. from July 2012 to June 2013. Results: The majority of the respondents (88.3%, n=636) were of the opinion that financial and familial obligations are the major cause of depression and only 32.4% (n= 233) responded that biological changes in brain causes depression while 63.8% said depression is caused due to punishment of God for the past sins. Conclusion: The overall knowledge regarding the causes of depression in rural area were significantly poor as compared to the urban area.

Keywords: Depression, Public Knowledge, Awareness

Introduction

World Health Organization (WHO, 2001) statistics concluded that mental disorders influence at least 25% of adults once in their lives. Depression is the most prevalent of all mental disorders. It was ranked as the fourth leading cause of global disease burden in 1990. It is expected to be second only to ischemic heart disease by the year 2020.1,2 Depression is a debilitating condition with considerable emotional, physical, and socioeconomic consequences, but often goes unrecognized and untreated.3 One reason for this is that there is a lack of mental health literacy on the part of the public, specifically a lack of knowledge about psychiatric illnesses and the best treatment options for those illnesses.4,5 Moreover, negative attitudes and beliefs about depression hamper help-seeking behaviour among lay individuals.6,7 This study was intended to evaluate the awareness and public knowledge about causes of depression among adult inhabitants of certain rural and urban areas of Aligarh.

Aim: The aim of this study was to assess the awareness and public knowledge about causes of depression among general public.

Material and Methods

The present study was conducted in the field practice areas of Urban Health Training Centre (UHTC) and Rural Health Training Centre (RHTC), Department of Community Medicine, Jawaharlal
Case Report

Penile Self-amputation in a Epileptic Patient

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Introduction

Self-injurious behavior, self-mutilative behavior or self-harming behavior is defined as deliberate destruction of body tissue without any conscious suicidal intent.1 An alternative definition of self-injurious behavior is repetitive, direct physical self-harm that is evidently not life-threatening.2

The three most commonly reported types of self-injurious behavior are self-cutting of the skin, ocular self-mutilation and genital self-mutilation.1 Here, we present a case of genital self mutilation in a Epileptic patient.

Case Report

Patient was a 25 years old male, married, belonged to a nuclear Hindu family of rural background referred from Plastic Surgery unit for Psychiatric evaluation after 2 days of admission when he presented in emergency with penile self amputation.

Patient was a known case of Generalized Tonic-Clonic Seizures (GTCS) from last 15 years for which he consulted various general practitioners. Seizures frequency had decreased but never subsided with treatment, old records were not available. Currently patient was on Tab Oxcarbazepine 450 mg twice daily and Clobazam 10 mg once daily from last 2 years. Last episode of GTCS occurred 6 months back.

Patient was married 1 year back and had normal sexual relationship with her wife. There was no discord in the family. According to his wife one day back, at around 11:30 PM after having dinner, the family members were preparing for sleep when the patient came down to the ground floor for some work. When patient didn’t return after sometime his wife searched for him and found him in a pool of blood with a razor blade in his hand and his penis was totally amputated. Her wife asked him why he had done so but at that time patient was totally unresponsive and didn’t show any sign of pain. Immediately, he was rushed to the hospital and seen by the plastic surgery residents. He was stabilized and his wound was stitched and draped.

On examination the patient was a young male of average built and nutrition, having eye to eye contact, rapport could be established. He was sad because of the event had feeling of guilt. There was no obsession, delusion or hallucination. His judgment and memory were intact. He had full insight about his disease process.

On interviewing about the incident, he said that he can’t recall the event and how it happened. The only thing he remembered was that he came to ground floor for some work.

His parents also gave history of previous multiple episodes of self injurious behaviors like cutting his lips with blade, passing a needle throughout the wrist and striking his hand with iron rod from last 15 years. Any of the events was not preceded by any stress.

Patient had achieved normal childhood development and was average in studies; he has completed senior secondary school. His father had family business but patient didn’t take much interest in it. His parents also reported that with his growing age he had became more stubborn. There was history of masturbation and sexual fantasies. Patient achieved his secondary sexual characteristics, he preferred heterosexual relationship, he was never confused over his gender identity or preferred any perverted sexual activities. There was history of any substance abuse or antisocial activities. On detailed evaluation, we have not found any disturbance in
Acute Psychosis: An unusual presentation in Disseminated Neurocysticercosis

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ABSTRACT

Neurocysticercosis (NCC) is a common parasitic infestation of the central nervous system worldwide. It is caused by the ingestion of Taenia solium eggs. Its clinical manifestation are very varied ranging from headache, seizure, increased ICT to neuropsychiatric manifestation. The present case highlights the myriad of clinical features of NCC. Patient presented present to us with seizures and acute psychosis. On further evaluation he was diagnosed as a case of disseminated neurocysticercosis. He responded to treatment with anti-helminthic drugs without recurrence of psychosis.

Keywords: Acute psychosis, Disseminated Neurocysticercosis, Neuropsychiatric symptoms

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Conflict of interest: NIL

INTRODUCTION

Disseminated cysticercosis is due to infection by Cysticercus cellulosae, the larval form of Taenia solium. Mode of transmission of Cysticercus is via feco-oral route. Widespread dissemination of the cysticerci can result in the involvement of almost any organ in the body. Neurocysticercosis (NCC) is the common parasitic infestation of the central nervous system worldwide. The clinical manifestations of NCC are varied and depend not only on the site, number and stage of the larval parasite, but also on the status of the host’s immune response [⁰]. While some cases of NCC may remain asymptomatic, most have been reported to present as seizures, headache, raised intra cranial tension (ICT) due to blockage of CSF flow, stroke, dementia, neuropsychiatric symptoms, ophthalmologic and endocrinological manifestations [¹]. Disseminated Neurocysticercosis (DNC) is an uncommon manifestation of this common disease [²]. Here, we present a case of Disseminated Neurocysticercosis who presented as acute psychosis.

CASE PRESENTATION

A 15yr old male from a rural background admitted in psychiatry ward with chief complaint of abnormal behaviour and
Comparative study of clinical profile and presumptive stressful life events in patients of psychogenic non epileptic seizure and epileptic seizure: a cross sectional study

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Keywords: Epileptic seizure, Psychogenic non epileptic seizure, Semiology, Presumptive stressful life events

INTRODUCTION

Psychogenic Non Epileptic Seizure (PNES) is often initially misdiagnosed as epileptic seizure and the eventual diagnosis often depends upon the possibility of PNES being considered in the first place. PNES is one of the most common conditions to be mistaken for epilepsy. This is further complicated by the fact that a sizeable population of patients have co-morbid epileptic seizure. No clinical feature is pathognomonic of PNES, but a number of clinical features help in distinguishing PNES from epileptic seizure. Gradual onset of attacks,2,4 out of phase movements,2 side-to-side head movements,1 sustained eye closing and fluttering undulating motor activity,7,8 attacks longer than 2-5 min,5,6 quick recovery,11,12,14 are found frequently in PNES. Conversely, certain clinical features considered typical of epilepsy can be present in PNES. These include autonomic manifestations like tachycardia, flushing and sweating,15 incontinence and injury, including tongue biting,14 and provocation of attacks by specific triggers such as flashing lights.17 Nocturnal attacks have often
Depression and Spiritual Experiences on Post Graduate Students: 
A Comparative Study
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ABSTRACT
Depression has become one of the alarming crises in today’s fast paced society. Person suffering from depression can overcome from spiritual point of view. Spirituality is the need for finding satisfactory answers to ultimate questions about the meaning of life, illness and death. This research study investigated the relationship between spiritual experiences and depression among male and female post graduate students, to compare males and females on depression scores and to compare males and females on spiritual experiences. This study finds that there is no significant correlation found between daily life experiences and depression among post graduate students. It was also found that female scores higher on depression as well as on spirituality.

Keywords: Depression, Spirituality, Spiritual Experiences.

Depression is one of the major health problems affecting a large number of population especially younger generations across the world. Depressed people typically have negative thoughts about themselves, their world, and the future. They experience themselves as not good enough at doing job, of no value and often feel guilty. Depression causes a pessimistic view of things. It also discourages enthusiasm and stifles ones initiatives. It may also produce despair and bring about sickness in the mind and body. Much of the time such thoughts are completely unnecessary.

However a person who is suffering from depression can overcome from a spiritual point of view. By developing spirituality one may change one’s view which may allow the individual to rise above a depressed state of mind. It can lift one’s right out of any depression or despair one may feel. Spirituality provides us with the right philosophy of life. It is a guide book, lead us out of darkness of ignorance and ushering us into the light of reality. Spirituality is our helpful companion in times of difficulty. It saves us from succumbing to adversely. It is the art of crises.

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EFFECTIVENESS OF MINDFULNESS BASED COGNITIVE THERAPY ON QUALITY OF LIFE, LIFE SATISFACTION AND DEPRESSION OF PATIENTS WITH HIV/AIDS

Psychology

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ABSTRACT

Background of the study: Mindfulness based cognitive therapy (MBCT) is a psychological therapy designed to aid in preventing the relapse of depression, specifically in individuals with Major Depressive Disorder. It uses traditional Cognitive Behavioural Therapy (CBT) methods and adds in newer psychological strategies such as mindfulness and mindfulness meditation. MBCT helps in promoting successful aging in people with HIV. The total number of people living with HIV in India is estimated at 2.4 million with uncertainty bounds of 1.93 to 3.04 million in 2009. People who are infected with HIV are faced with a profound sense of loss of many levels. It can lead to depression and has a profound effect on the quality of life and life satisfaction. Material and Method: This study was conducted at the outpatient clinic for HIV at Anti-Retroviral center (ART) of Jawaharlal Nehru Medical College and Hospital, Aligarh Muslim University. 50 HIV/AIDS diagnosed patients aged 18-60 years were taken for the study between, January 2016 to June 2016. MBCT was offered as a group therapy to patients as an addition to the basic treatment. Result and Discussion: In this study 25 patients were selected for MBCT. It was found that patients who received MBCT an addition to pharmacotherapy showed significant improvement in QOL, life satisfaction and level of depression as compared to those who only receive pharmacotherapy.

KEY WORDS:
Mindfulness, HIV/AIDS, Quality of Life.

INTRODUCTION: HIV-infected patients have an increased risk of physical symptoms and pain and mental health symptoms like depression, anxiety disorders, abuse of alcohol and drugs and personality disorders and there is a high prevalence of psychopathology in those patients. There is a high association between both the symptoms. HIV-related fatigue has a high prevalence and is strongly associated with psychological factors such as depression and anxiety. The risk of suicides and suicidal attempts are also high among HIV patients as compared to general population and the patients suffering from other diseases.

Physical and mental health symptoms have a major negative effect on the quality of life of the patient and also results in depression which remains both undiagnosed and untreated. It also affects the treatability, adherence, and prognosis of the HIV infection. Berger-Greenshtein and colleagues (2007) reported that over 70% of participants met criteria for major depression among a sample of patients diagnosed with HIV, substance abuse, and psychiatric illness.

India has the third largest HIV epidemic in the world. There are 2.1 million people living with HIV/AIDS in this country (UNAIDS, 2014) The five states with the highest HIV prevalence are Nagaland, Mizoram, Manipur, Andhra Pradesh and Karnataka (NACO, 2014).

There seems to be equal importance of both psychotherapy and medication as the treatment for mental health problems in HIV-infected patients, especially with depressive symptoms.

Mindfulness-based therapies (MBTs) evolved from Western psychology as practiced in the late 1970s. This type of therapy seeks to have people live in the present moment, and be non-judgmental, accepting, patient, open, curious, kind, and "non-doing". It is hoped that through practicing mindfulness, patients will build the skills needed for total attention to the present moment, and accept their psychological or psychological distress with a non-judgmental awareness. It has been suggested that mindfulness exerts its effects via mechanisms: attention regulation, body awareness, emotion and changes in perspective regarding one’s self.

Segal, Williams and Teasdale added elements of cognitive therapy and developed the Mindfulness Based Cognitive Therapy (henceforth MBCT). MBCT combines MBSR with Cognitive Therapy to prevent depressive relapse. It is a short, easy to realize 8-week therapy, consisting of 8 sessions with trained therapists. Patients are expected to do intense homework programme which includes exercises and meditation at home for at least one hour per day.

During the training, the therapists discuss the homework and encourage the patients to do their exercises. However, it is important that patients implement mindfulness in their daily life, and not only during the research period. There are number of research evidences suggesting that MBCT may be an effective means of treating depression (Hofmann, et al., 2010; Kyuken & Williams, 2012). Research studies showed that MBCT could reduce self reported distress, and improve quality of life and healthier HIV biomarkers, indicating its effectiveness for the psychological treatment of HIV/AIDS (González-Gazía et al., 2013; Rodriguez, T., 2014).

As most evaluations of the effectiveness of MBCT have been done almost immediately after the 8-week period, it is unclear whether the positive effect of MBCT in patients will last for a substantial period of time. None of the studies mentioned above reported on the long-term effects (one year) of MBCT on mental health symptoms in HIV-infected patients and the feasibility of the addition of MBCT to care as usual. It remains unclear if supplementing regular treatment with MBCT constitutes a worthwhile addition.

METHODOLOGY:

Objectives:
- To assess the impact of MBCT on quality of life of HIV patients.
- To assess the impact of MBCT on life satisfaction of HIV patients.
- To assess the Impact of MBCT on level of depression of HIV patients.

Procedure: This study was conducted at the outpatient clinic for HIV at Anti-Retroviral center (ART) of Jawaharlal Nehru Medical College and Hospital, Aligarh Muslim University. 50 HIV/AIDS diagnosed patients aged 18-60 years were randomly selected for the study, between January 2016 to June 2016. MBCT was offered as a group
Comparative study of family burden and life satisfaction among care givers of the patients with dementia and schizophrenia

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Abstract
Background of the Study: Care giving has been acknowledged as a basic part of human nature and chief component of close relationship. A number of previous studies reveal a higher rate of depression and anxiety among the caregivers as compared to the general population. Regardless of the researches on caregivers, and particularly on their burden, their psychological well-being is not well known. Although the amount of research might suggest most caregivers are vulnerable to collapse, most cope and seem to cope quite well. The purpose of this study is to find out the level of burden and amount of life satisfaction among the caregivers of the patients of schizophrenia as compared to the caregivers of dementia patients.

Material and Method: A total number of 100 care givers 50 of schizophrenia patients and 50 of dementia patients from Jawaharlal Nehru Medical College, Aligarh Muslim University Aligarh were selected as sample of the present study. They were tested using The Satisfaction with Life Scale and Family Burden Interview Schedule.

Result and Discussion: There is not much difference in the level of burden and only a smallest difference is found between the level of life satisfaction among the caregivers of schizophrenia and dementia patients.

Keywords: caregivers, depression, schizophrenia, dementia, life satisfaction

Introduction
Caregiver burden has been defined as a multidimensional response to the negative evaluation and apparent stress resulting from taking care of an ill individual. Caregiver burden adversely affects physical, psychological, emotional and functional health of caregivers (Zarit et al. 1980, Parks &Novielli 2000. Etters et al. 2008, Carretero et al. 2009) [9, 17, 10]. Caregivers often suffer from depression, have maladaptive coping strategies and express concern about their poor quality of life (Serrano-Aguilar et al. 2006, Papastavrou et al. 2007, Molyneux et al. 2008) [47, 34, 27]. It leads them to report more physical and psychological symptoms and use more healthcare services and prescribed medicines as compared to non-caregivers. (Brodtry & Green 2002, Schulz & Martire 2004, Serrano-Aguilar et al. 2006) [3, 46, 47]. Because of lack of knowledge of the techniques helpful in dealing with the patient showing aggressive symptoms caregivers feel more burden and distress. Thus, the emotional well-being of the family, especially the primary caregivers, is affected on a large extent.

A stressful emotional climate, anxieties and practical burdens, can have harmful effects on the physical and mental health of both adults and children. Children as well as adults experience adverse effects on their health and this possibility has been studied extensively. Adversely affected mental and physical health of the children, with possible long-term consequences results in high social costs of having mentally ill people in the home. Rutter et al. [2007, 2020]

In chronic illnesses, the individual may have difficulty with his or her identity (what kind of person am I?) and with alterations in lifestyle (Charmaz. 1995) [33]. Prolonged or chronic illnesses also have negative impact on the rest of the family. Taking care of a chronically ill individual is demanding and stressful. The marital relationship may suffer (Woods & Lewis 1995) [29]. Family patterns may have to be warped and may be highly constrained by the sick member. Serious illness precludes proper role functioning of the family and results in disruption of the normal family life. For example, those who are physically or emotionally ill may be incapable of adequately fulfilling the roles of spouse, parents, or, breadwinner. In extreme cases, most activities of family members reflect the ill person’s needs and limitations. Poor interpersonal relationships can be a factor in the onset of a mental disorder, and mental disorders adversely affect interpersonal relationships (Palisi and Canning 1983) [33].

Although the amount of research might suggest most caregivers are at risk of collapse, most cope and seem to cope fairly well (Vituliano 2000; Chappell 2001) [33, 11].

Among the contextual variables, gender plays an important role with female caregivers experiencing more burden than male caregivers (Barusch and Spaid 1989; Stockey and Smyth 1997) [2, 32], although this finding is not supported by all the researchers (Miller and Cassafa 1992) [30]. Kramer and Kipnis 1995 [33] found that age of caregiver and burden were inversely related among employed informal caregivers. Jutras and Veilleux 1991 [33] reported an increase in burden with age.
Original Article

Assessment of Immediate, Recent and Remote Memory of Patients with Depression and Anxiety Disorder

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ABSTRACT

Introduction: Memory is a complex ability that involves the recall and recognition of previous experience. The formation of new memory involves recognition and registration of the initial sensory input, retention and storage of information and recall or retrieval of stored information. Memory functions have traditionally been divided into three areas: immediate, recent and remote memory. Immediate memory can be checked by asking patient to repeat 6 digits forward and backward. Recent memory can be checked by asking patient about his appetite and then about what they had for their breakfast or for dinner the previous evening. In the end, remote memory can be tested by asking patient for the information about their childhood that can be later verified. Aims: This study aims to assess immediate, recent and remote memory of patients with depression and anxiety.

Material and methods: Purposive sampling method was used. 15 patients with depression and 15 patients with anxiety were selected from outpatient unit of JNMC. The severity level of patients was from mild to moderate. Depressive patients were assessed by Hamilton Depression rating scale and Anxiety patients were assessed using Hamilton Anxiety rating scale. PGI memory scale was used to assess memory of the both patients. Result and Conclusion: Depression and anxiety patient shows not only an adverse effect on immediate memory but also on the retrieval of recent memory. On the other hand Remote memory was found to be intact. There was no significant difference found between anxiety and depression disorder patients.

Keywords: Memory, Depression, Anxiety

Introduction

"Memory is the process of maintaining information over time."1

"Memory is the means by which we draw on our past experiences in order to use this information in the present."2

Memory is the term given to the structures and processes involved in the storage and subsequent retrieval of information. Memory is essential for all of lives. Without memory of the past, we cannot operate in the present or think about the future. We would not be able to remember what we did yesterday, what we have done today or what we plan to do tomorrow. Without memory we cannot learn anything. Memory is involved in processing vast amount of information. This information takes many different forms, e.g. images, sounds or meaning. Memory functions have traditionally been divided into three areas: immediate, recent and remote memory. Immediate memory can be checked by...
Opipramol: Drug review and our clinical experience

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Opipramol is an antidepressant and anxiolytic used in Germany and was recently launched in India. It is an imipramine derivative, belonging to the tricyclic antidepressants (TCAs) group and was developed by Schindler and Blattner in 1964. Although it is structurally similar to tricyclic antidepressants (TCAs) especially imipramine but it does not class as TCAs because opipramol does not act as a reuptake inhibitor, instead acts as a sigma receptor agonist. Opipramol is typically used in the treatment of generalized anxiety disorder (GAD) and somatoform disorders.

Adverse drug reactions: Opipramol is a well-tolerated drug and produces fewer side effects than SSRIs and SNRIs. The reported adverse reactions at the beginning of the treatment includes fatigue, dry mouth, blocked nose, hypotension and orthostatic dysregulation. The adverse reactions reported occasionally (<0.1% to <1%) includes dizziness, stupor, urticaria, abnormal ejaculation, erectile impotence, constipation, transient increase in liver enzyme activities, tachycardia and palpitations.

Our Clinical experience: we used opipramol for the treatment of general anxiety disorder in 15 patients in a dose of 150mg/day to 300mg/day. Drug was well tolerated by most of the patients and mild gastrointestinal symptoms was complained by 4 patients and only 3 patient reported dizziness. No significant improvement in the symptoms of anxiety was reported by the majority of the patients in a 2-week period. As the drug was recently launched in India so there is limited data on its usage. However, double blind placebo control trial was needed to validate its efficacy.

Acute Kidney Injury Associated with the Use of Nephrotoxic Drugs in Children with Complicated Malaria

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Background: Malaria is a significant cause of morbidity and mortality in children in endemic countries. Acute Kidney Injury (AKI) is among the commonest complications of malaria in children. Use of nephrotoxic drugs may aggravate kidney injury in children with complicated malaria.

Objective: To study the association of nephrotoxic drugs to acute kidney injury in children being treated for complicated malaria.

Methods: It was a cross-sectional study done in the Pediatric ward of a referral teaching hospital. Children aged up to 14 years admitted for complicated malaria were included. Diagnosis and species of malaria were confirmed by peripheral blood smear or quantitative buffy coat (QBC) methods and the stage of parasitemia was determined. Patients were categorized into complicated and uncomplicated malaria as per WHO criteria.

Concurrent use of nephrotoxic drugs was noted. Presence of AKI among the patients was assessed using the Acute Kidney Injury Network (AKIN) criteria. Other risk factors for AKI such as presence of vomiting, diarrhea, dehydration, use of diuretics and coexisting infections were also noted. All patients were followed up to discharge to note persistent derangement of renal functions. Patients with abnormal serum creatinine at discharge were further examined at 1-month and 3-month follow-up visits for persistence of derangement.

Results: A total of 153 patients of complicated malaria were studied. Most patients (n=100; 68.2%), had received one (n=67, 67%) or more than one (n=33, 33%) nephrotoxic drugs, before or during the course of
Oxidative stress and level of antioxidant enzymes in drug-naive schizophrenics

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ABSTRACT

Background: Schizophrenia is a chronic illness having varied etiology which affects cognition, emotion, perception, and other aspects of behavior. There are data which show possible role of oxidative stress and disturbance in antioxidant mechanisms in various neurological and neuropsychiatric disorders.

Materials and Methods: Fifty drug-naive schizophrenic patients, who attended psychiatry outpatient department/inpatient department for the 1st time, were selected and compared with 50 age-sex matched healthy controls. The erythrocyte level of malondialdehyde (MDA) - a lipid peroxidation product and marker of oxidative stress, antioxidant enzymes - superoxide dismutase (SOD), glutathione peroxidase (GPX) was estimated. We also correlated the sociodemographic parameters and severity of illness (positive and negative syndrome scale score) with oxidative stress (MDA) and level of antioxidant enzymes (SOD, GPX).

Results: The level of oxidative stress (MDA) was increased, and the levels of antioxidant enzymes (GPX and SOD) were decreased in schizophrenic patients as compared to normal healthy controls and the difference was statistically significant. No significant relationships of age, sex, educational status, marital status, and PANNS score with oxidative stress (MDA) and antioxidant enzymes (GPX and SOD) level in schizophrenic patients was found; but there was significant relationship of locality with oxidative stress (MDA) and antioxidant enzymes (GPX and SOD) level in schizophrenic patients was found. Urban population have a higher level of MDA, GPX, and SOD than the rural population.

Conclusion: Our findings put great emphasis on the weak pro-antioxidant defense mechanisms and its role in the pathophysiology of schizophrenia. We can make recommendations of dietary nutritional supplementation and adjunct antioxidants therapy with antipsychotics to treat schizophrenics.

Key words: Antioxidative enzymes, drug naive, oxidative stress, schizophrenia

INTRODUCTION

Schizophrenia is a clinical syndrome that involves cognition, emotion, perception, and other aspects of behavior. The expression of these manifestations varies across patients and with time, but the effect of the illness is often severe and is usually long-lasting. The disorder usually begins before age 25, persists throughout life, and affects persons of all social classes.

Although schizophrenia is discussed as if it is a single disease; it probably comprises a group of disorders with heterogeneous etiologies.

Oxidative stress is an imbalance between oxidants and antioxidants in favor of the oxidants, potentially leading to damage. Antioxidant is "any substance that when present at low concentrations compared with that of an oxidizable

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Role models and occupational ambitions of in-school male adolescents

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ABSTRACT

Background: A role model is perceived as worthy of imitation, their selection can indicate significant elements of psychosocial health and self-projection in adolescents. Patterns of behavior and lifestyle choices established during adolescence can have immediate and lasting effects on health. Materials and Methods: Cross-sectional study was undertaken in the schools of Aligarh, Uttar Pradesh, India. The sample frame was 2347, out of which a sample of 350 students was studied. Data collected were entered and analyzed by SPSS for Windows version 10%. Results: Majority (62.7%) of adolescents revealed that their role models were Film Star (34.8%) and their Teachers (27.9%), Parents (14.3%), Sportsman (12.0%). Politicians as the role models were opted by least proportion (1.2%). Desire of future occupation was Businessmen (27.9%), Doctor (18.6) and Engineer (14.4%). Conclusion: Nearly all adolescents had a role model. There is greater impact of cinema on the minds of adolescents, which resulted in choosing film actors as their role model. Aspiration of future occupation was not related to the characteristics of the role model.

Keywords: Ambitions, adolescents, occupational ambitions, role models, school

The term role model generally means any "person who serves as an example, whose behavior is emulated by others". The term first appeared in Robert K. Merton's socialization research of medical students. Merton hypothesized that individuals compare themselves with reference groups of people who occupy the social role to which the individual aspires.

Since a role model is perceived as worthy of imitation, their selection can indicate significant elements of psychosocial health and self-projection in adolescents. The characteristics of role models have changed drastically because of exposure to contemporary social networks and media. Peer pressure, in addition, may mean huge social pressures that can influence adolescent behavior.

Patterns of behavior and lifestyle choices established during adolescence can have immediate and lasting effects on health. Teenage smoking, excessive drinking, and drug use, for example, are strongly linked to an array of important health outcomes later in life, including cardiovascular disease and stroke, hypertension, diabetes, obesity, substance abuse, and depression—conditions currently among the leading contributors to premature disability and preventable death in the United States.

During adolescence, individuals begin to plan for their future career by considering a number of occupational choices. Recent research has shown that interests continue to play a primary role in the selection and rejection of occupations throughout childhood. Initially, career preferences may consist of "fantasy" choices; adolescents may taper their choices as they grow and develop a realistic sense of choosing a future occupation.

A number of external factors have been found to influence adolescents' career aspirations, including gender, parental influence, socioeconomic status, and early school experiences. The role of gender in adolescent occupations has been given much attention. The review of literature on the current topic reveals that there are not many studies that can highlight the current trend of accepted role models.
A Comparative Study of Male and Female Hostlers on Spirituality and Quality of Life

Deoshree Akhouri¹, Kehksha²*, S. A. Azmi³

ABSTRACTS

Spirituality may refer as a subjective feeling and experiences that occur both within and outside of traditional religious systems that influence various domains of life e.g. physical health, mental health, optimism, resilience and quality of life. The aim of the present study is to explore the relation between spirituality and quality of life in male and female hostlers. To accomplish the goal of study, we selected 100 girls and 100 boys post graduate students from Aligarh Muslim University through random sampling method. The entire participants were hostlers whom age ranges from 18-24 years. We applied Daily spiritual experience scale (DSES) and WHOQOL-BREF on the participants to collect data. We analyzed data with the help of t-test and Pearson product moment co-efficient of correlation. The results indicate positive relationship between spirituality and quality of life. Result also shows the difference between male and female hostlers on spirituality and quality of life.

Keywords: Spirituality, Quality of Life, Hostlers, Subjective Feeling.

Through the last decade researcher noticed spirituality and considers its influence on health related issues (Ridhour, 2008). Spirituality seems to be related to various facets of mental and physical health while the acceptance of spirituality as a firm component of good mental and physical health has become more standardized (Moberg & Bruseck, 1978). Spirituality is a different and broad phenomenon. Canda (1990) defined spirituality as the “person’s search for a sense of meaning and morally fulfilling relationships between oneself, other people, the encompassing universe, and the ontological ground for existence”. Spirituality is not the same as religion because religion includes spiritual assurances and practices that is maintained by society and culture over time. Vaughan et al. (1996) defined spirituality as “a subjective experience that exists both within and outside of traditional religious systems” and by Sussman et al. (1997), it is a “subjectively experiencing a life force”. Spiritual experience can also be defined as

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Original Article

Socio-demographic correlates of obsessive compulsive disorder patients with metabolic syndrome-a cross sectional study

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Abstract

Introduction: Metabolic syndrome (MS) is a highly prevalent disorder among the general population. Studies show an even higher prevalence among psychiatric patients. It is major predictor of mortality and morbidity. MS has been studied previously in relation with schizophrenia, bipolar disorder and depression but there is comparatively less research on MS in obsessive compulsive disorder (OCD). Aims: This study aims at comparing the socio-demographic variables between patients of obsessive compulsive disorder (OCD) having MS and not having MS along with assessment of severity of OCD. Material & Methods: This cross sectional study was conducted in a tertiary care psychiatry hospital. The study included total of 82 subjects who attended the outpatient clinic. Informed consent was obtained from each subject. Yale brown obsessive compulsive scale (YBOCS) was applied for assessing severity of OCD. Statistical Package for Social Sciences (SPSS) version 20.0 was applied for statistical analysis. Results: The prevalence of MS came out 32.9%. There was significant difference in age of patients when we compared the OCD patients having MS and not having MS. There were more number of married people and female patients in MS present group. Two variables (systolic and diastolic BP) was found to be significantly different among male and female. Mean score of severity of disease in MS present group was 23.48 ± 5.32 while the mean score in MS absent group was 19.31 ± 5.10 and the difference was significant with p value of 0.001. Conclusions: This study contributes to an understanding of the role that demographic factors play in development of MS in OCD patients. We suggest that clinicians should carefully screen all subjects with OCD for risk factors related to MS and all patients should receive evaluation and surveillance of metabolic and laboratory measures.

Keywords: Obsessive compulsive disorder, Metabolic syndrome, Socio-demographic profile

Introduction

Obsessive Compulsive Disorder (OCD) is projected to be among the ten leading causes of global disability by the World Health Organization (WHO, 2005). It is represented by diverse group of symptoms, that include intrusive thoughts, rituals, preoccupation and compulsions. The rate of OCD are fairly consistent with a life time prevalence in general population at 2-3%. Some researchers have found it to be 10%. These figures make OCD the fourth most common psychiatric diagnosis.

The metabolic syndrome (MS) is a collection of clinical and biochemical risk factors that predispose affected individuals to cardiovascular disease, type 2 diabetes mellitus, stroke and premature mortality.
Original Article

Electronic screen use and Mental Well-Being in Early Adolescents

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Abstract

Background: Today’s children spend a great deal of time viewing electronic screen devices, but the consequences of such behaviors, if any, are unknown. Objective: This piece of research sought to study the effect of total daily electronic screen time use on mental well-being of adolescents. Material & Method: We analyzed cross-sectional, population-based data of early adolescent children from various schools in Aligarh, Warwick-Edinburgh Mental Well-Being Scale of mental well-being covering subjective well-being and psychological functioning of participants was used. Results: Our study concluded that well being of children was better of those children who were spending more time watching TV/DVD/etc. as compared to those who were not giving any time on this activity and the mean difference obtained was significant at 0.05 level of significance. The mental well-being was better of adolescents who were playing computer games or using internet for academic purposes as compared to those who spent no time on it. Conclusion: There are applications of the Internet that can help children succeed academically and socially and grow cognitively. However, there is potential harm the Internet can do if it is not used appropriately. The way Internet use affects children depends on the context and way it is used.

Keywords: Electronic Screen, Mental Well-Being, Mental Health, Early Adolescents

Introduction

Electronic screen use has increased greatly among children in developmental countries and the reason behind it is advancement of technology. Some of the researches have shown negative correlation between time spent at home and sedentary behavior but decreased social, communal or family activities and increased screen use among children. Computer game playing and television viewing are reported as most popular screen media activity among children. A study was conducted in USA by Kaiser Family Foundation and the findings revealed that children aged > 8 yrs. spend an average of 6.43 hours per day on electronic media. Other findings of a study conducted in America are that nearly one half (47%) of American children spend > 2 hours per day on various types of screen viewing activities. In India, no such study has been conducted.

Both positive and negative effects of electronic screen use have been documented by previous researches. The positive side has shown effect in relation to children’s self-conceptualization and socialization through increased opportunities for playing, communicating and learning.

Increase reaction time, self-esteem and socialization in children are other positive benefits of increased screen time. Nonetheless, there are growing concerns worldwide that electronic screen viewing may be related to a huge number of problems in children. Some studies have shown increase level of aggression, arousal and aggressive cognition in children who are spending more time...
LEVEL OF MANIA AND LEVEL OF PSYCHOLOGICAL DISTRESS AMONG DIFFERENT TYPES OF PHYSICALLY CHALLENGED CHILDREN

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2 Dept. of Psychiatry, A.M.U., Aligarh

ABSTRACT

Purpose of the study was to assess the level of mania and the level of psychological distress among different types of physically challenged children. The sample of the study consisted of 142 children who were orthopaedically challenged, visually challenged, hearing challenged & intellectually challenged. Young Mania Rating Scale and Kessler Psychological Distress Scale was used as a tool to collect data and the analysis of the study was made using frequency comparison. Results showed that very high level of mania was found among those who are orthopaedically challenged. Levels of psychological distress are found to be severe among few orthopaedically challenged children as well as intellectually challenged children.

Keywords: Mania, Psychological distress, physically challenged children.

INTRODUCTION

The concept of physical disability differs from person to person and is defined in different ways depending on the purpose in view. Physical disability is a state of permanent physical dysfunction due to neural, muscular, skeletal, or chronic disease, resulting in inability to use the body in normal ways to complete expected tasks (Bawalsah, 2016). According to WHO Report 2011, 15-20% of children worldwide, have disabilities; 85% of which are in developing countries (Kamath, 2015). There are different types of physically challenging situations; orthopaedically challenged, visually challenged, hearing challenged and intellectually challenged. These physical defects make the children feel that they are different from others; hence, they may suffer from feelings of inadequacy and inferiority. According to Adler’s theory of “organ inferiority”, neuroses and other maladjustment are compensations for organ inferiority. He also suggested that inferiority feelings may give rise to “will to power”. The child who suffers from a physical defect develops an inferiority complex; he then tries to compensate for it by trying to achieve fame, prestige or superiority (Alder, 1924). Though some children may try to compensate in this way, it is obvious that most children do not; they develop...
Attention Impairment in Patients of Schizophrenia

Sarah Javed1*, Suhail Ahmed Azmi2, Deoshree Akhouri3

ABSTRACT

Background: Cognitive impairment has a high prevalence in Schizophrenia and has been linked to functional outcome. To date statistically significant effects of medication on cognition in mood disorder trials and in schizophrenia do not necessarily translate to clinically meaningful effects. Objectives: To study the socio-demographic profiles of Schizophrenic patients and normal control and to assess and compare cognitive functions among patients of Schizophrenia disorder and normal control. Material and Methods: 100 schizophrenic patients as per ICD 10 who came to Psychiatry OPD and 100 normal controls of Jawaharlal Nehru Medical College, Aligarh Muslim University, Aligarh, India were recruited for the study. Results: Schizophrenic patients were found to be having significant level of cognitive impairment as compared to normal controls. Keywords: Impairment in Patients, Cognition, Impairment, Schizophrenia

Cognitive impairment has become an important focus for psychiatric research in major psychiatric disorders. Any group of psychiatrically disordered patients may be found to have cognitive impairment in comparison to control population (Weiser et al, 2004; Mortensen et al, 2005). It is well established that Schizophrenia patients show deficits on a wide range of cognitive domains including verbal memory, working memory, executive functions, and attention and processing speed on a background of general intellectual impairment (Reichenberg and Harvey, 2007; Seidman et al. 1997). Cognitive deficits are core features of many patients with Schizophrenia as they are present already at the onset of the illness (Addington and addington, 2002; Elvevag and Goldberg, 2000; Heinrichs and Zakzanis, 1998; MacCabe et al).

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Original Article

Parental Handling Measures Among Physically Challenged Children and Normal Children: A Comparative Study

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ABSTRACT

Background: Parental handling is a critical aspect of the parent-child relationship and several factors may influence the parental handling measures adopted. Among them are factors such as stress, which is critically enhanced when the child is dealing with a disability. Aim: This paper empirically studies the differences in level of parental care and control for physically challenged children and normal children under different scenarios. Methods and Materials: Based on a questionnaire-cum-structured interview method, data was collected using a Parental Handling Questionnaire for 120 children at JNNMC, Aligarh. Mann-Whitney 'U' and Kruskal-Wallis tests were used depending on applicability. Results and Conclusions: The results of the paper show that there is a significant difference (at 0.1 significance level) in parental handling measures (parental control) for physically challenged children and normal children. Both parental care and control are insignificant towards type of physical disability and age is a significant factor in parental handling for physically challenged children.

Key Words: Parental care, Parental control, Disability, Physically challenged children.

Introduction

Parental handling is one of the most influential and challenging aspects of a relationship between a parent and his or her child and based on the type of parenting, it can be classified into different measures such as parental care-parental control, authoritative-authoritative. The importance of parental handling measures can be seen in its impact on the behaviour and performance of children. Research indicates that a strong parent-child connectedness improves the child's academic outcome, self-esteem, mental health and has protective effects towards the likelihood of drug use etc. However, apart from the intrinsic factors, parental handling can be affected by external factors as well. For example, one of the factors that affect parenting behaviour towards offspring is stress. Parenting stress can be defined as the excess tension and anxiety caused in regard to the duties of a parent and the parent-child interactions. Previous studies suggest that parental stress is higher in case of physically challenged children. Higher levels of chronic sorrow and lower levels of support received are characteristics associated with parents having physically challenged children, which in turn can also be related to the behaviour problems and socio-emotional problems in their children. Often, parental behaviour can depend based on a range of emotions such as guilt, shame, despair, denial, anger, and frustration which may affect parents as they are confronted by the issues associated with their child's disability.

Additionally, parental handling also changes based on the specific requirements of the children.
Original Article

Parental Handling Measures Among Physically Challenged Children and Normal Children: A Comparative Study

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ABSTRACT

Background: Parental handling is a critical aspect of the parent-child relationship and several factors may influence the parental handling measures adopted. Among them are factors such as stress, which is critically enhanced when the child is dealing with a disability.

Aim: This paper empirically studies the differences in level of parental care and control for physically challenged children and normal children under different scenarios.

Methods and Materials: Based on a questionnaire-cum-structured interview method, data was collected using a Parental Handling Questionnaire for 120 children at JNMC, Aligarh. Mann-Whitney ‘U’ and Kruskal-Wallis tests were used depending on applicability.

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Introduction

Parental handling is one of the most influential and challenging aspects of a relationship between a parent and his or her child and based on the type of parenting, it can be classified into different measures such as parental care-parental control, authoritative-authoritarian etc. The importance of parental handling measures can be seen in its impact on the behaviour and performance of children. Research suggests that a strong parent-child connectedness improves the child’s academic outcome, self-esteem, mental health and has protective effects towards the likelihood of drug use etc. However, apart from the intrinsic factors; parental handling can be affected by external factors as well. For example, one of the factors that affect parenting behaviour towards offspring is stress. Parenting stress can be defined as the excess tension and anxiety caused in regard to the duties of a parent and the parent-child interactions. Previous studies suggest that parental stress is higher in case of physically challenged children. Higher levels of chronic sorrow and lower levels of support received are characteristics associated with parents having physically challenged children, which in turn can also be related to the behaviour problems and socio-emotional problems in their children. Often, parental behaviour can depend based on a range of emotions such as guilt, blame, despair, denial, anger, and frustration which may affect parents as they are confronted by the issues associated with their child’s disability.

Additionally, parental handling also changes based on the specific requirements of the children.
A Comparative Research on Possibility of Onset of Bipolar Disorder among Physically Challenged and Normal Children

Nabat Arfi1*, Prof. Suhail Ahmad Azmi2, Prof. Farzana Alim3

ABSTRACT

Physical disability is a very common part of human society and it comes in different forms. In addition to the well-known negative effects of these disabilities on the development of a child, such as motor development, ability to perform in educational settings and inability to communicate properly, they also have an effect in other areas of development such as behavioural, social and emotional development. The current study explored the comparison of possibility of onset of bipolar disorder between physically challenged children with that of normal children based on the Child Bipolar Questionnaire (CBQ) and the different factors affecting it. In the given sample, the difference in the distribution of the scores between physically challenged children and normal children is not statistically significant. In addition, the type of physically disability is not a statistically significant factor in the possibility of onset of bipolar disorder. Furthermore, it is also found that the type of family of a physically challenged child has a significant impact on the possibility of onset of bipolar disorder.

Keywords: Disability, children, physically challenged, psychological problems, Bipolar disorder, Mann-Whitney, Kruskal-Wallis.

The examination of the issue of physically challenging conditions has been, traditionally, through one of the following perspectives. 1. Medical and clinical approaches that focus on functional impairments. 2. Psychological approach with its orientation on psychological disturbances. 3. From an economic-vocational standpoint that stresses vocational limitation emanating from physical, intellectual or sensory impairments. 4. From systems analysis approach, which perceives the phenomenon of disability in systematic terms? 5. From a minority group perspective, which seeks to justify analogies between the disabled and other minorities. 6. From the human rights paradigm, which views legal measures as constituting the fundamental framework by which the mechanism for equality of opportunity can be ensured (Karna, 2001). The present paper takes the second, of the above mentioned, approach towards the topic.

According to WHO, International Classification of Functional Disability (ICF) defined physical disability (Physically Challenged) as a state with remarkable defect, limitation or
Original Article

Assessment of Immediate, Recent and Remote Memory of Patients with Depression and Anxiety Disorder

Deoshree Akhouri, Sarah Javed, Sobia Ansari, Suhail A. Azmi, A.Q. Siddiqui
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ABSTRACT

Introduction: Memory is a complex ability that involves the recall and recognition of previous experience. The formation of new memory involves recognition and registration of the initial sensory input, retention and storage of information and recall or retrieval of stored information. Memory functions have traditionally been divided into 3 areas: immediate, recent and remote memory. Immediate memory can be checked by asking patient to repeat 6 digits forward and backward. Recent memory can be checked by asking patient about his appetite and then about what they had for their breakfast or for dinner the previous evening. In the end Remote memory can be tested by asking patient for the information about their childhood that can be later verified. Aims: This study aims to assess immediate, recent and remote memory of patients with depression and anxiety.

Material and methods: Purposive sampling method was used. 15 patients with depression and 15 patients with anxiety were selected from outpatient unit of JNMC. The severity level of patients was from mild to moderate. Depressive patients were assessed by Hamilton Depression rating scale and Anxiety patients were assessed using Hamilton Anxiety rating scale. PGI memory scale was used to assess memory of the both patients. Result and Conclusion: Depression and anxiety patient shows not only an adverse effect on immediate memory but also on the retrieval of recent memory. On the other hand Remote memory was found to be intact. There was no significant difference found between anxiety and depression disorder patients.

Keywords: Memory, Depression, Anxiety

Introduction

"Memory is the process of maintaining information over time."1

"Memory is the means by which we draw on our past experiences in order to use this information in the present."2

Memory is the term given to the structures and processes involved in the storage and subsequent retrieval of information. Memory is essential for all of lives. Without memory of the past, we cannot operate in the present or think about the future. We would not be able to remember what we did yesterday, what we have done today or what we plan to do tomorrow. Without memory we cannot learn anything. Memory is involved in processing vast amount of information. This information takes many different forms, e.g. images, sounds or meaning. Memory functions have traditionally been divided into 3 areas: immediate, recent and remote memory. Immediate memory can be checked by
A comparative study of addiction of simple phone and smartphone and its effect on mental health: the dark side of technology

1 Deoshree Akhouri, 2 Kehksha

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Abstract
Having phone has become an essential need of people in present time. Using phone excessively produces several psychological and physical problems in users which have been investigated by psychologists and physical health specialists. Therefore, we conducted the present study to compare the addiction of simple phone and smartphone in youths and find out the effect of phone addiction on users' mental health. Sample of 300 post graduate students was selected through purposive random sampling technique from colleges of Aligarh. The sample was categorized into two groups - smartphone users and simple phone users. Data was collected by administering Smartphone Addiction Scale-SV, Mobile Phone Problem Use Scale and Mental Health Checklist. Results indicated that smartphone users have higher addiction than simple phone users. Excessive phone addiction was also found associated with poor mental health.

Keywords: smartphone, simple phone, addiction, mental health

1. Introduction
Present era is the time of information and communication where access to information is just a deal of few seconds through technology. By using advanced information technology, exchange of information and connecting with people, sitting thousands miles away have become faster and easier than before. From the last decade smartphone has emerged as an essential device for youths. As from the last 20 years, mobile phone subscriptions have grown from 12.4 million to over 5.6 billion all over the world, penetrating about 70% of the global population (Wikipedia). The number of telephone subscribers in India increased from 1,006.96 million at the end of June 2015 to 1,022.61 million at the end of September 2015 that shows a growth of 1.55% over the previous quarter (TRA 2015). The term “smartphone” is basically used for those phone that provide integrated services of communication, computing, messaging, management of applications and wireless communication competency. Modern Smartphone's currently include all the features of a laptop i.e. web browsing, Wi-Fi, various applications, games etc. Smartphone with advanced features assists people not only to communicate with others but also to entertain themselves as well as getting education. All over, The Smartphone is changing the ways in which people communicate, find information, have fun, and manages their everyday life (Park et al 2013). Therefore popularity of smartphone is increasing day by day. That is why smartphone has become a vital part of people’s life and mostly youths are using smartphone as a permanent acquaintance. Hong et al (2012) [13] explored that mobile phones are popular among university students because they increase their social communication and expand their opportunities for establishing social relationships.

Smart phone was invented for the ease and welfare of people but its excess use changed people’s mental and social health. In this way, a new kind of health disorder among adolescents named as “smart phone's addiction” is invented which is emerging rapidly. Addiction is considered by World Health Organization (WHO Expert Committee 1964) “as dependence, as the continuous use of something for the sake of relief, comfort, or stimulation, which often causes cravings when it is absent. There may be seen two types of addictions in this context one is “drugs or alcohol addiction” and other one is “behavioral addiction such as internet, game and mobile phone addiction.” Unfortunately, internet addiction is resistant to treatment, entails significant risks and has high relapse rates (Block, 2008) [1]. Smart phone addiction involves behavioral addiction that destroys social life apart from the imagined world on smartphone.

Smart phone addiction involves abuse, misuse or compulsive use of a smartphone by users. Indian adolescents are also affected by high smart phone addiction (Davey et al 2014) [8]. Smartphones can lead to many problems; one of the prominent problems among them is being addicted (Hassanzadeh et al 2011) [12]. Interactive characteristics of smartphones contain inducing and reinforcing features that promote excessive usage behaviors (Greenfield, 2011) [10]. Oulasvirta et al (2012) [13] have demonstrated that frequently checking dynamic content on mobile devices weakens self-regulation, which is the consequence of smartphone overuse. Smartphone users report some more common health related issues as headache.
A Comparative Study of Male and Female Hostlers on Spirituality and Quality of Life

Deoshree Akhouri1, Kehksha2*, S. A. Azmi3

ABSTRACTS

Spirituality may refer as a subjective feeling and experiences that occur both within and outside of traditional religious systems that influence various domains of life e.g. physical health, mental health, optimism, resilience and quality of life. The aim of the present study is to explore the relation between spirituality and quality of life in male and female hostlers. To accomplish the goal of study, we selected 100 girls and 100 boys post graduate students from Aligarh Muslim University through random sampling method. The entire participants were hostlers whom age ranges from 18-24 years. We applied Daily spiritual experience scale (DSES) and WHOQOL-BREF on the participants to collect data. We analyzed data with the help of t-test and Pearson product moment co-efficient of correlation. The results indicate positive relationship between spirituality and quality of life. Result also shows the difference between male and female hostlers on spirituality and quality of life.

Keywords: Spirituality, Quality of Life, Hostlers, Subjective Feeling.

Through the last decade researcher noticed spirituality and considers its influence on health related issues (Ridnour, 2008). Spirituality seems to be related to various facets of mental and physical health while the acceptance of spirituality as a firm component of good mental and physical health has become more standardized (Moberg & Brusek, 1978). Spirituality is a different and broad phenomenon. Canda (1990) defined spirituality as the “person’s search for a sense of meaning and morally fulfilling relationships between oneself, other people, the encompassing universe, and the ontological ground for existence”. Spirituality is not the same as religion because religion includes spiritual assurances and practices that is maintained by society and culture over time. Vaughan et al. (1996) defined spirituality as “a subjective experience that exists both within and outside of traditional religious systems” and by Suzman et al. (1997), it is a “subjectively experiencing a life force”. Spiritual experience can also be defined as

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Depression and Spiritual Experiences on Post Graduate Students: 
A Comparative Study
Sobia Ansari1*, Deoshree Akhouri2, R. K. Gaur3

ABSTRACT
Depression has become one of the alarming crises in today’s fast paced society. Person suffering from depression can overcome from spiritual point of view. Spirituality is the need for finding satisfactory answers to ultimate questions about the meaning of life, illness and death. This research study investigated the relationship between spiritual experiences and depression among male and female post graduate students, to compare males and females on depression scores and to compare males and females on spiritual experiences. This study finds that that there is no significant correlation found between daily life experiences and depression among post graduate students. It was also found that female scores higher on depression as well as on spirituality.

Keywords: Depression, Spirituality, Spiritual Experiences.

Depression is one of the major health problems affecting a large number of population especially younger generations across the world. Depressed people typically have negative thoughts about themselves, their world, and the future. They experience themselves as not good enough at doing job, of no value and often feel guilty. Depression causes a pessimistic view of things. It also discourages enthusiasm and stifles one's initiatives. It may also produce despair and bring about sickness in the mind and body. Much of the time such thoughts are completely unnecessary.

However a person who is suffering from depression can overcome from a spiritual point of view. By developing spirituality one may change one's view which may allow the individual to rise above a depressed state of mind. It can lift one's right out of any depression or despair one may feel. Spirituality provides us with the right philosophy of life. It is a guide book, lead us out of darkness of ignorance and ushering us into the light of reality. Spirituality is our helpful companion in times of difficulty. It saves us from succumbing to adversely. It is the art of crises.
Self Esteem, Anxiety, Depression and Stress among Physically Disabled People

Shahnawaz Mushtaq¹*, Dr Deoshree Akhoury²

ABSTRACT

Background: The aim of the present study is to investigate the self esteem, anxiety, stress and level of depression among the individuals who are differently able. The study investigated the psychological stressors, mental health and self image of the physically challenged people. Any physical disability leads to feelings of inadequacy which results in the feelings of depression, anxiety and low levels of tolerance. Material And Method: 30 physically challenged and 50 normal women and men were taken for the study. Result And Discussion: It was found that physically disabled people have low levels of self esteem and high levels of depression, stress and anxiety in comparison to normal population.

Keywords: Self Esteem, Depression, Physically Challenged, Anxiety.

The present study focuses on the distorted self esteem and the high level of depression, stress and anxiety among the physically disabled. According to International Classification of Functional Disability (ICF), physical disability is a state with remarkable defect, limitation or inability of certain organs or processes of the body, which create hurdle in carrying out normal physical movements and thus affect normal functioning in different areas of life (WHO, 2001 as cited in Chang & Johnson, 2008). Individual having any kind of disability has faced the problem in interacting with the society at one time or the other. Disability results in the limitation of performance in one or more activities that are essential for the daily living. This means the individual is incapable of some degree of independence (Reynell, 1970). Disability limits the individual’s opportunity and creates frustration. It also creates a sense of prejudice among disabled and able bodied. The degree of disability of a person is measured on the basis of the demands of the surroundings in which he or she is living and his or her inability to meet those demands. From a vocational and educational perspective, there are three categories of disabled

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Study of Morbidity Pattern in Geriatric Population in Rural Areas of Aligarh

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Abstract- Elderly population, in India as well as world-wide, is increasing rapidly over the years. Geriatric medicine is yet to acquire an important place in India. People aged 60 years and above are considered as the Elderly population. Elderly people are suffering from various physical, mental, social, and economical problems. Elderly are vulnerable to long term diseases of insidious onset such as cardiovascular illness, CVA, cancers, diabetes, musculoskeletal and mental illnesses. The present study was conducted in Rural Health Training Centre, Jawan, of Jawahar Lal Nehru Medical College, AMU, Aligarh. A semi structured questionnaire was used to collect data from March and April 2015. A total of 100 persons of age 60 or more, who were living for more than 6 months in Jawan village, formed the target group. An informed consent was taken from them. A detailed history was taken regarding present and past illness. The laboratory investigations available at RHTC were done on each included person. The data was entered into excel sheet and was analyzed. The study population comprises 100 people, out of which 60% were males and 40% females. 90% were illiterate and 10% were literate. 98% of the study population were dependent on their children for their livelihood. Only 2% were independent. The most common complaints were generalized body ache (53%), and diminished vision due to refractive error (60%). It was followed by cataract problem (30%) and joint pain problems (30%). Known hypertensives were 22% and known diabetics were 3%. Dental problems were present in 27% of the subjects. Chronic cough was present in 25% of subject's. Asthma and impaired hearing was present in 21% of subjects. Hemoglobin (<12gm%) was present in 65% of subjects. The elderly population represents a high prevalence of morbidity like impaired vision, joint pains, cataract etc. So there is need to provide training to health care providers to manage the existing health problems in the community.

Keywords: Elderly, Rural, Morbidity, Gastrointestinal.

I. INTRODUCTION

Elderly population in India as well as world-wide, is increasing rapidly over the years. Geriatric medicine is yet to acquire an important place in India [3]. People aged 60 years and above is considered as the Elderly population by the United Nation [1]. In India, the proportion of elderly was 8% in 2012, which is expected to increase to 19% in 2050 [2]. Elderly people are suffering from various physical, mental, social, and economical problems. Elderly are vulnerable to long term diseases of insidious onset such as cardiovascular illness, CVA, cancers, diabetes, musculoskeletal and mental illnesses. Chronic health conditions are common in elderly persons, and the prevalence of multiple chronic conditions is expected to increase [4]. Numerous studies have examined the distribution of multi morbidity among older persons in developed nations but the studies are scanty of developing countries [5]. In India, Joshi reported in 2003 that 83% of the elderly people had more than three morbidities [5]. Research showed that average number of morbidities per person was 2.77 among the elderly people of rural India [6]. Very little information is there about the prevalence of morbidity among geriatrics in rural Bangladesh. In India, the elderly population as per 2011 census was 8% which is expected to increase to 12.4% by 2026 [7]. The present study aimed to know the morbidity pattern of the elderly in rural population of Aligarh.

II. MATERIAL AND METHODS

The present study was conducted in Rural Health Training Centre, Jawan, of Jawahar Lal Nehru Medical College, AMU, Aligarh. A semi structured questionnaire was used to collect data from March and April 2015. A total of 100 persons of age 60 or more, who were living for more than 6 months in Jawan village, formed the target group. An informed consent was taken from them. A detailed history was taken regarding present and past illness. A general physical examination was done. Blood pressure was measured twice using a
STUDY OF MORBIDITY PATTERN AMONG ADOLESCENT GIRLS IN RURAL AREAS OF ALIGARH

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ABSTRACT

Introduction: WHO defines Adolescence as the segment of life between the ages of 10-19 years. The importance of adolescent girls is because they are future mothers tomorrow. So they should be given care in terms of health, nutrition and education. The health problems of adolescents are very different from those of younger children and adults. Majority of adolescents still do not have access to information on reproductive health and rights, nor do they have access to preventive and curative services. The aim and objective of this study was to study the morbidity pattern among the adolescent girls in rural areas of Aligarh.

Material and Methods: The present study was conducted in Rural Health Training Centre, Jawan, of Jawahar Lal Nehru Medical College, AMU, Aligarh. A semi-structured questionnaire was used to collect data from October-November, 2013. A total of 100 adolescent girls, 10-19 years of age, of Jawan village, formed the target group. We had taken those adolescent girls for study who had attained menarche. An informed consent was taken from them. A detailed history was taken regarding present and past illness General and systemic examination was done. Anthropometric measurements were taken. Results Most of the girls had some menstrual problem in the form of dysmenorrhoea or irregular cycles or pattern of bleeding etc. This was followed by polydipsia and weight and height were less. The mean BMI was 20% and blood loss during menstruation was 30% of them and 20% had UTI. 60% had mild anaemia, 25% had moderate anaemia and 5% had severe anaemia. 53% of girls were of normal BMI, 44% of them were underweight, 2% were overweight and 1% obese. Conclusion: The health and nutritional status of adolescent girls is very poor in rural areas. It is because of gender discrimination in the families. Regular health check-ups and periodical examination in the schools and families should be done by health workers. Health education programme on hygiene and common diseases have to be carried out in the schools and health centres. Adolescents should be opened in the health centres.

INTRODUCTION

WHO defines Adolescence as the segment of life between the ages of 10-19 years. It is a transition phase through which a child becomes an adult. It is characterized by rapid growth and development, both physically, psychologically and socially(1). The importance of adolescent girls is because they are future mothers tomorrow. So they should be given care in terms of health, nutrition and education. Adolescent girls form an important vulnerable sector of population that constitute about one-tenth of Indian population(2). Most of the surveys show that health status of adolescent girls are at sub-optimal level(3). Twenty-five percent of adult height and 50% of adult weight are attained during adolescence. It is also an intense anabolic period when requirements for all nutrients increase(4). School health check-ups should be done regularly to prevent complications in adolescent girls(5). The health problems of adolescents are very different from those of younger children and adults(6). Majority of adolescents still do not have access to information on reproductive health and rights, nor do they have access to preventive and curative services(7).

The aim and objective of this study was to study the morbidity pattern among the adolescent girls in rural areas of Aligarh.

MATERIAL AND METHODS

The present study was conducted in Rural Health Training Centre, Jawan, of Jawahar Lal Nehru Medical College, AMU, Aligarh. A semi-structured questionnaire was used to collect data from October-November, 2013. A total of 100 adolescent girls, 10-19 years of age, of Jawan village, formed the target group. We had taken those adolescent girls for study who had attained menarche. An informed consent was taken from them. For proper response the heads of the families were explained in detail the purpose of study. A detailed history was taken regarding present and past illness General and systemic examination was done. Anthropometric measurements were taken. Haemoglobin estimation by Sahlis
Impact of Reproductive Health Education Intervention On Reproductive Health Practice In Rural Literate Sarna Tribal Women

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Background: Reproductive health education intervention is assuming increasing importance globally in the context of the HIV/AIDS pandemic. Studies evaluating the impact of such interventions are sparse in India and none have been carried out in tribal population of Jharkhand.

Aim: To assess the impact of a reproductive health education intervention package on reproductive health practice in rural literate Sarna tribal women in Jharkhand.

Methods: The sample for the study consists of 180 literate Sarna tribal women divided into three groups: one control group and two experimental groups. After the baseline assessment the experimental groups were given reproductive health education through audio-visual materials presented with and without discussion using a pre and post intervention design.

Results: Results revealed that the educational intervention resulted in a significant improvement in reproductive health practice of the participants. Reproductive Health Education imparted with discussion was significantly more effective as compared to Reproductive Health Education without such discussion for the improvement in Reproductive Health practice.

Conclusion: Educational intervention improved reproductive health practice. Reproductive health education based on discussion as opposed to reproductive health education without such discussion was more effective for the improvement in reproductive health practice. Greater the frequency of intervention stronger the effects on reproductive health practice. Age does not influence the reproductive health practice of the respondents.

Keywords: Reproductive health education; Reproductive health practice; Tribal women

Introduction

The recent economic growth in the Asian countries has resulted in a breakdown of traditional support systems such as the family because of rapid urbanization and modernization. Moreover, a large number of people are living below the poverty line in impoverished environment in urban and rural communities. Once a young woman is capable of having children, her mobility and opportunities may be restricted as family fears that she may be sexually victimized or have premarital sexual relations that would bring dishonour to the family. There is increasing prevalence of premarital sex, unwanted pregnancies, forced childbearing, STI’s, STD’s, HIV, and unsafe abortions in these regions that indicate a lack of knowledge about sexuality and reproductive health [1]. Studies from Turkey, Iran, India and Malaysia reveal that sex related risky behavior s are increasing [1-5]. The problem is compounded in rural areas where lack of information, social stigma, and personal and cultural fears combined with inadequate health services, predisposes young people to poor knowledge, attitude, and practices regarding reproductive health [6]. Under these conditions, educating
Impact of parent-child relationship on educational aspiration and self-esteem of adolescents boys and girls

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Abstract:
To examine the impact of parent-child relationship on educational aspiration and self-esteem of adolescence boys and girls and compare them on respective variables. Sample of the present study was 200 intermediate students (100 boys & 100 girls) from Aligarh that were selected randomly. Data was collected by administration of Educational Aspiration Scale, Parent Child Relationship Scale (PCRS) and Rosenberg Self-esteem scale. Data was analyzed by using SPSS 17.0. In present study significant difference was found between girls and boys on all the dimensions of PCR i.e., protecting, symbolic, punishment, rejecting, demanding, indifferent, symbolic reward, loving, object reward, and neglecting as well as self-esteem and educational aspiration. It was also found that smooth relationship with parents influenced adolescents' educational aspiration and self-esteem positively and vice versa. It is concluded that smooth relationship between parents and children plays significant role in establishing high...
SELF EFFICACY AND LIFE SATISFACTION AMONG YOUNG ADULTS

MARIA MADIHA1* Dr. DEOSHREE AKHOURI2

ABSTRACT:

Self-efficacy and life satisfaction are integral part of individual’s life. The present investigation was intended to ascertain the relationship between self-efficacy and life satisfaction among adults (males and females). The present study was conducted to study the relationship between self-efficacy and life satisfaction and to study the influence of self-efficacy on life satisfaction. The study was conducted purposive sampling technique on adults (60 males and 60 females) in the age range of 25-35 years. The General Self Efficacy (GSE) scale developed by Jerusalem and Schwarzer (1992) and The Satisfaction With Life (SWLS) created by Ed Diener (1985), were used for data collection. The results revealed that there is a significant relationship between self-efficacy and life satisfaction. It also indicated that self-efficacy has significant influence on life satisfaction.

KEYWORDS: - Self efficacy, life satisfaction, factors affecting self-efficacy, factors affecting life-satisfaction, young adults, optimism, positive thinking.

1. INTRODUCTION-

Self efficacy is individual's belief in his or her capacity to execute behaviours necessary to produce specific performance attainments. It reflects confidence in the ability to exert control over one's own motivation, behaviour and social environment. These cognitive self-evaluations influence all manner of human experiences, including goals for which people strive, the amount of energy expended towards goal achievement and likelihood of attaining particular levels of behavioural performance.

In 1977, Albert Bandura explained that self efficacy, or your belief in your own abilities to deal with various situations, can play a role in not only how you feel about yourself, but whether or not you successfully achieve your goals in life. The concept of self-efficacy is central to psychologist Bandura's social cognitive theory, which emphasizes role of observation learning, social experience and reciprocal determinism in the development of personality.

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Self-efficacy beliefs are important aspect of human motivation and behaviour as well as influence the actions that can affect one's life. The basic principle is that individuals are more likely to engage in

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Attention Impairment in Patients of Schizophrenia

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ABSTRACT

Background: Cognitive impairment has a high prevalence in Schizophrenia and has been linked to functional outcome. To date statistically significant effects of medication on cognition in mood disorder trials and in schizophrenia do not necessarily translate to clinically meaningful effects. Objectives: To study the socio-demographic profiles of Schizophrenic patients and normal control and to assess and compare cognitive functions among patients of Schizophrenia disorder and normal control. Material and Methods: 100 schizophrenic patients as per ICD 10 who came to Psychiatry OPD and 100 normal controls of Jawaharlal Nehru Medical College, Aligarh Muslim University, Aligarh, India were recruited for the study. Results: Schizophrenic patients were found to be having significant level of cognitive impairment as compared to normal controls.

Keywords: Impairment in Patients, Cognition, Impairment, Schizophrenia

Cognitive impairment has become an important focus for psychiatric research in major psychiatric disorders. Any group of psychiatrically disordered patients may be found to have cognitive impairment in comparison to control population (Weiser et al, 2004; Mortensen et al, 2005). It is well established that Schizophrenia patients show deficits on a wide range of cognitive domains including verbal memory, working memory, executive functions, and attention and processing speed on a background of general intellectual impairment (Reichenberg and Harvey, 2007; Seidman et al. 1997). Cognitive deficits are core features of many patients with Schizophrenia as they are present already at the onset of the illness (Addington and addington, 2002; Elveveag and Goldberg, 2000; Heinrichs and Zakzanis, 1998; MacCabe et al).
Efficacy of mindfulness based stress reduction on worry and state of mindfulness on caregivers of patients with dementia: An intervention study

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Caregivers of any patient go through a lot of difficulty in caring. They provide emotional support to the patients along with their regular treatment. In many cases, patients with dementia are challenging, demanding and stressful and it negatively affects the mental and physical health of caregivers. There are very few studies examining the effectiveness of MBSR in caregivers of dementia for improving their level of mindfulness and reducing worrying. 20 patients with their caregivers were taken from Psychiatry OPD, Jawaharlal Nehru Medical College, Aligarh Muslim University, Aligarh. They were randomly divided into 2 groups namely experimental group (n=10) and control group (n=10). Only experimental group Dementia patients caregivers were taken for MBSR intervention. Both groups were reassessed on Peri worry state questionnaire at baseline and after MBSR intervention and Toronto Mindfulness Scale was administered only on experimental group at pre and post. After MBSR intervention, the experimental group caregivers showed significantly reduction in worry in comparison to control group and experimental group caregivers also found improvement in state of mindfulness. Results indicated that MBSR intervention significantly reduced worry and increase mindfulness among caregivers of dementia.

Keywords: caregivers, dementia, mindfulness, worry, and stress

Mindfulness emerged as a meditative technique may help caregivers in alleviating their stress with non-reactive way to create moment-to-moment awareness for the removal of burden, worry, and anxiety. However, in India, relatively few researches have been done to investigate the efficacy of mindfulness based stress reduction training program to alleviate worry among the caregivers of patients with dementia and to create a moment to moment awareness to address the thought of irritation, burden, anxiety, worry which come as their mind while caregiving.

Dementia is a neurological disease particularly marked by the poor cognitive ability. They have problem to recognize familiar objects, people, or places. There are a number of studies conducted to examine stress on the patients but few have focused on stress, worry, burden experienced by the caregivers of patients with dementia in India.

Mindfulness have positive effect on emotion regulation. Emotion regulation plays important role in the well being. Various studies have shown the positive effect of mindfulness on emotion regulation. It has also a positive effect on cultivating awareness, which is a part of MBSR training process. Worry is one of the important emotional factors, which faced by caregivers of dementia. Borkovec, Robinson, Pruzinsky and DePree (1983) define worry as “a chain of thought and images, negatively affect-laden and relatively uncontrollable” (p. 10).

Boehnke, Schwartz, Stromberg, and Sagi (1998) distinguished between two types of worry: (i) Micro worry and (ii) Macro worry. Micro worry is related to worry about the individual's own self and others. Macro worry is related to the bigger aspects of environment, society, world, or universe at large (e.g., worry about global peace, environment protection etc.). In the case of caregivers of the dementia patients, the level of worry was well to describe. Caring for people with various conditions is challenging and stressful and can have a negative effect on physical and mental health of caregivers. Caring for a family member with dementia is associated with chronic stress, which can have significant deleterious effects on caregivers. The purpose of the Balance Study was to compare a mindfulness-based stress reduction intervention to a caregiver of people with dementia. Schwantes and Meleis (2000) conducted a study in 14 cultures and found that micro worries are correlated with poor mental health because it affects their well being.

This study was making a significant contribution to the application of...
ASSESSMENT AND MANAGEMENT OF ANXIETY, DEPRESSION AND QUALITY OF LIFE AMONG PATIENTS OF BREAST CANCER

INTRODUCTION

Cancer is considered as one of the greatest forms of conditions from which it is not easy to recover. It is a notion that once a person is diagnosed with cancer, there is a very slight chance of recovery. It is a group of diseases resulting from abnormal cell growth and can spread to other parts of the body.

In U.S., by January 2018, around 3.8 million women were reported to have breast cancer. Breast cancer is quite common in India also. The highest number of cases are reported in cities like Mumbai, Bangalore, etc. It is the second most common condition found in females. Breast cancer accounts for 25-22% of all females, implying that one-fourth of female cancer patients suffer from breast cancer.

Breast cancer is a life-threatening aggressive cancer which attacks women both physically and psychologically.

Over the years, the psychological and physical consequences of breast cancer surgery have been evolving. The physical aspect is covered by various cosmetic interventions, whereas the psychological aspect is often taken over by various therapies. Cancer being the life-threatening aspect, femininity was also greatly affected by it: from removal of breasts to decreased level of sexual attractiveness. The news of cancer in itself is grave and it leads to not only stress but also to depression, anger, etc. At this point of time, not only the chemotherapy is effective but the support of family members and keeping psychological factors intact is also very important.

Limited research has been done to address the fact that psychotherapies could also play a significant role on cancer patients. Psychologists/therapists focus on providing the emotional and psychological support to patients. Their main goal is to make them accept their condition and its consequences in a positive way and not view cancer as a death. Psychologists focus on changing this attitude and focus on providing the guidance to the patients.

It is believed that psychological factors affect the progress of both cancer and chemotherapy. If the patient faces psychosocial problems regarding cancer, there is a slight chance that chemotherapy will affect them positively. Stress, anxiety, and other factors seem to have a lot of negative influence on progress of cancer. Therefore, various types of therapeutic steps have been seen to be quite effective for cancer patients. The most important one to consider is cognitive restructuring of the patients, while providing the scientific information about cancer and psychotherapy. The main aim of cognitive restructuring is to challenge and change the patient's negative view of cancer and to replace it with an optimistic outlook. Most patients are of the view that cancer leads to death, but there are cases that leads to healthy and beautiful lives.

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KEYWORDS

psychology to work for the better treatment strategies of breast cancer patients. This paper explores the importance of psychotherapy for breast cancer patients and explains that if psychotherapy is given along with chemotherapy, patient's treatment could be fruitful.

OBJECTIVES

1) To assess and compare the level of anxiety, depression and quality of life of breast cancer patients from pre-to-post therapeutic intervention
2) To intervene with various psychotherapies to see its effects on breast cancer patients
3) To make comparison between control group and experimental group from pre-to-post intervention

METHODOLOGY

Sample- Total of 42 patients having breast cancer were referred for the study. Those meeting the inclusion and exclusion criteria of the study were retained others were left out.

INCLUSION CRITERIA

1) Age range 35-55 years
2) Patients having moderate-to-severe levels of anxiety and depression
3) Patients showing reduced quality of life
4) Both breast and breast
5) Middle and advanced stage patients of breast cancer
6) Patients receiving chemotherapy
7) Only referred cases were taken
8) Patients who gave consent for participation

EXCLUSION CRITERIA

1) Patients not falling under age range
2) Patients having psychiatric features
3) Patients having no anxiety and depression
4) Patients not having quality of life
5) Patients at initial stage of breast cancer
6) Those patients who were not receiving chemotherapy
7) Patients who were not referred
8) Patients who did not give consent for participation

TOOLS USED

1) Hamilton Anxiety Scale (HAM-A) - is a 14 item scale rated on 5-point. Each item is scored on a scale of 0 (not present) to 4 (severe), with a total score range of 0-56, where <17 indicates mild severity, 18-24 mild to moderate severity and 25-30 moderate to severe
2) Beck Depression Inventory (BDI-2) - consists of 21 item rated on 4-point rating. Scores 1-10 are considered normal, 11-16 mild mood disturbance 17-20, borderline clinical depression 21-30 moderate depression, 31-40 severe depression and over 40 extremely depression
3) WHO Quality of Life: BREF - consists of 26 items among them 24 items are based on a 4 domain structure that is Physical, Health, Psychological, Social Relationships and Environment, in addition 2 items are from the Overall Quality of Life and General Health facet. The items are based on 5 point Likert Scale ranging from very poor, poor, neither poor nor good, good and very good. The higher the score, the higher the quality of life

International Journal of Scientific Research
BIBLIOTHERAPY AS A SELF MANAGEMENT METHOD
TO TREAT MILD TO MODERATE LEVEL OF
DEPRESSION

Deeshree Akhouri

Abstract

Background: Bibliotherapy can form an integral part of treating depression naturally at primary care level. Bibliotherapy in conjunction with natural remedies for depression can play an effective role in self management of depression. It is the term used to describe the use of self-help books to help those who are experiencing mild to moderate symptoms of anxiety, depression and other common emotional difficulties. Objective: This study was conducted to see its effects on reducing depressive symptoms, hopelessness and suicidal ideation on depressive patients. Method: With purposive sampling method 12 patients of depression without psychotic symptoms (6 patients in experimental group and 6 patients in control group) were taken from psychiatric OPD. The total duration of the study was three months. Assessment was done six times an interval of 15 days. Result: Subjects in the Bibliotherapy group had significantly less depressive symptoms, hopelessness and suicidal ideation than those in the control group at the end of three months. Conclusion: Bibliotherapy is effective as an adjunct to psychotherapy in the management of depressive patients.

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Original Article

Effectiveness of Mindfulness (VIPASANA) Meditation for Graceful Greying: A Follow-up Study

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Abstract

Introduction: Population Census of India (2011) indicates that there are approximately 104 million old people in India (aging 60 and above), of which 53 million are females and 51 are males. Due to the changes in later stage of life (old age), various problems are encountered by old people such as retirement, loss of spouse, deteriorating health, cognition, etc. This paper aims to provide a better day-to-day management strategy for healthy aging, i.e., through mindfulness. Objectives: To assess stress, anxiety, depression, hopelessness, life satisfaction and quality of life of old people at baseline level. To see the effect of mindfulness meditation on various psychological domains and compare them (from pre-to-post-to-follow-up). To assess and compare the effectiveness of mindfulness from pre-to-post-to-follow-up. Methods: Total of 30 participants were approached from various localities of Aligarh, of which 20 were retained for the study. Participants were given training once in a week in Psychological Research Lab of Psychiatry Department, up to 16 sessions for 2 months. Follow-up was done after 3 months of termination of therapy, where they practiced mindfulness daily. Assessment was done using Perceived Stress Scale, Hamilton Anxiety Scale, Beck Depression Inventory, Beck Hopelessness Scale, The Satisfaction with Life Scale and WHO Quality of Life along with General Health Questionnaire-12. Five Facets Mindfulness Questionnaire. Results and Conclusions: Result shows significant effect of mindfulness (Vipasana) on elders on their various psychosocial domains. The result also indicates daily practice of mindfulness meditation improves level of mindfulness. It could be concluded that there is a significant effect of mindfulness (Vipasana) meditation on different psychosocial factors for healthy aging. Mindfulness meditation is one such technique, when involved in day-to-day practice will help in improving various psychosocial factors, requiring no financial assistance or constant supervision of the therapist.

Keywords: Mindfulness meditation, Vipasana, Stress, Life satisfaction, Quality of life.

Introduction

World Health Organisation (WHO) defines healthy aging as a process of developing and maintaining the functional ability, enabling the well-being in old age. The functional abilities include ability to meet basic needs, to grow and make decisions, maintain ing relationships and contributing to the society. Healthy aging has become WHO’s focus on aging from 2015-2030, replacing Active Aging Policy Framework of 2002.

According to WHO’s report, as of 2010, there are about 524 million people of age 65 and above, contributing to 8% of world’s population which is to increase to 16% by 2050. It is estimated that
Impact of gender and region on attitude towards gay and lesbian on adolescents

Abraham et al. in an effort to explore the impact of gender and region on the attitudes of adolescent girls and boys towards lesbian and gay people, present study includes a sample of 100 rural students (50 male and 50 female) and 100 urban students (50 male and 50 female), selected randomly, from colleges of Aligarh. Data was gathered by the Attitudes toward Lesbian and Gay Men Scale of Harek. It results suggest that adolescents belonging to rural areas have a more negative attitude towards gay and lesbian people, in comparison to urban area students. It was also found that female students have a more negative attitude towards lesbian and gay people. It can be concluded that students from rural areas are more negative than adolescents from urban areas for lesbian and gay. It may be happen because students from urban areas share a common global culture and more freedom than to the students of rural areas that affect their attitude and thinking. As well as girls face more restrictions than boys that may alter their attitude towards these things that are against laws and culture.

Introduction

The concept of being lesbian and gay in present era is not yet acceptable as it is spreading all over the world. Though most of the countries have criminalized the relationship of gay and lesbian people, the attitude of people towards them is still ambiguous. Most of the countries take homosexuality as an offence and punish homosexual people through fine, imprisonment or even sentence to death. Homosexuality in Indian culture is still unacceptable for both civil society and governance. For example, section 377 of Indian penal code says, having sex with the person of same gender in a crime and punishable offence in Indian constitution. In spite of being a crime in Indian law, there were about 2.5 million registered gay people living in India in 2012. This data was just based on the self-identification of homosexual people that may be much higher than recorded statistics because homosexual people suffer discrimination in every sphere of life and considered as immoral individual. All the people of gay and lesbian community have to suffer prejudices and valued behavior of people that is deeply rooted in beliefs and culture of society. Hostile and rejecting attitudes towards homosexuals are commonplace. Physical attacks on homosexuals, discrimination against lesbians and gay men by employers, personal rejection by family and neighbors, and derogatory jokes demonstrate widespread homophobia. Members of homosexual group face various kinds of injustice due to lack of social recognition that affects many aspects of their personality. They are more likely to face intolerance, discrimination, harassment, derision, and threat of violence for their orientation toward homosexuality. They constantly suffer from social exclusion that includes market places, schools, workplace, and neighbors as well. Even they are not allowed to enjoy the same legal rights and protection as other citizens do. In labor market the majority of such people have to hide their orientation for fear of being denied work. This pressure is high for young lesbian and gay people, otherwise, they could lose social support, familial detachment, peer group testing and disturbance in their social network, harassment at school etc. which can lead them to have social isolation, school dropout, ill mental health and sometimes homelessness.

Objectives

Present study attempted to accomplish the following objectives:

1. Explore the effect of gender and region on attitude towards lesbian and gay.
2. Differentiate rural and urban areas participants on attitude towards lesbian and gay people.
3. Differentiate adolescence girls and boys on attitude towards lesbian and gay people.

Hypotheses

The present study was carried out to test the following hypothesis:

1. Gender and region influence the attitude of adolescence girls and boys towards lesbian and gay significantly.
2. Participants belong to rural areas have more negative attitude towards lesbian and gay than to participants of urban areas.
3. Adolescence girls have more negative attitude towards lesbian and gay than adolescence boys.

Methodology

Sample: Sample of the present study was adolescent boys and girls students. Therefore, a total of 200 adolescence students from under graduation (ages 15-19) were selected through purposive random sampling technique. An equal number of participants were drawn from colleges of Aligarh district Uttar Pradesh. All the participants were divided into two categories based on rural and urban area and gender as well. Thus, the study consists of four groups of 50 male, female, rural and urban.

Tool used in study: Attitude toward Lesbian and Gay Scale is a
BRIEF RESEARCH REPORTS

Anxiety Depression and Quality of Life among Working Married and Unmarried Women: A Comparative Study

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ABSTRACT

Background: Anxiety and depression are the most common problems that we face in our daily life and both affect our quality of life. So, the present study was done to assess and compare anxiety, depression and quality of life among working married and unmarried women. Methods and Materials: Purposive sampling technique was used for recruiting 100 working women (an equal number of married and unmarried), with their informed consent. The tools used for the present study were Hamilton Anxiety Rating Scale, Beck Depression Inventory-II and WHO Quality of Life-Brief for anxiety, depression and quality of life assessment respectively. Results: Result shows significant differences in the levels of anxiety, depression and quality of life of working married and unmarried women. Conclusion: The present study also concludes that married working women do experience a higher level of anxiety and depression as well as a lower quality of life in comparison to unmarried working women.

Keywords: Anxiety, depression, quality of life, working women

INTRODUCTION

Importance of work is changing due to various conditions. Earlier work was a necessity for survival but today work is not just a necessity but a source of satisfaction. The role of work is changing for women also, instead of being all-time-at-home mothers, they are stepping out to achieve new heights, earning their own living and contributing financially to their families. Women, either married or unmarried, have certain defined roles to accomplish, both in their professional and personal lives. Their status is changing with passing time due to awareness of their rights, education, media, etc. most of the women prefer to be involved in some kind of work, helping them to contribute to their family financially. Thus carrying out responsibilities both at home and at work puts a psychological strain on them. The role of women has been questioned many a time especially in a society like ours. In present society, where the role of women is changing every day, there is a need to address the importance of working women, their level of anxiety, depression and quality of life. Anxiety is something that every individual experience every day. And a little bit of anxiety is good for everyone but when this anxiety level crosses its limit, it starts affecting the personal, social and occupational life of that person.

Anxiety and depression are the two common terms we use in our day-to-day life. Anxiety is a vague, diffuse feeling of helplessness, accompanied by a feeling of worry, distress and/or somatic symptoms of tension. For a working woman, managing her work and her family make it a little difficult at times to manage, causing anxiety in them. For married and unmarried women, their roles and responsibilities are different. For unmarried women, life is about independence, freedom to live on their own terms, freedom to spend their time as they wish but for married working women, things change. They not only have to manage their own lives but their

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How to Cite the Article:
Impact of Acceptance and Mindfulness-Based Intervention as an Add-on Treatment for Skin Diseases—Acne, Eczema and Psoriasis

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Abstract:
Background: According to Global Burden of Diseases, there are approximately 15 different types of skin diseases, such as acne, eczema, psoriasis, impetigo, abscess, etc. It was also noticed that acne, eczema and psoriasis are the top most skin diseases prevalent worldwide. Although it is just the physical aspect mostly affected by skin conditions, the sufferer's psychological well-being is also affected. Various psychotherapies have been adopted to tackle the psychological aspects related to skin diseases. Acceptance and Mindfulness-Based interventions have proven to be effective for various conditions. This study also explores how it could help in improving the psychological levels of adolescents suffering from skin conditions. Aim: To see the effect of acceptance and mindfulness-based intervention for treatment of psychosocial aspects related to skin conditions of adolescents. The main objectives were to assess level of hopelessness, optimism, self-efficacy, self-esteem and mindfulness at baseline level. To see the effect of acceptance and mindfulness-based intervention on various psychological domains and compare them. To assess and compare the level of mindfulness.

Materials: GHQ-12, Beck Hopelessness Scale, Life-Orientiation Test, General Self-Efficacy, Rosenberg Self-Esteem Scale, Adolescent Psychological Resilience Scale, and Five Facet Mindfulness Questionnaire were used for assessment. The pre-post intervention was done to see the efficacy of mindfulness based intervention.

Result & Conclusion: The results show reduced levels of negative psychological aspects related to skin conditions and this reduction is easily attributed to acceptance and mindfulness-based intervention. Acceptance and mindfulness-based therapy is an effective, non-pharmacological approach towards treatment psychosocial aspects related to skin conditions.

Keywords: acceptance and mindfulness; skin condition; acne; eczema; adolescent.

Introduction:
According to Global Burden of Diseases (GBD), there are approximately 15 different types of skin diseases, such as acne, eczema, psoriasis, impetigo, abscess, etc. It was also noticed that acne, eczema and psoriasis are the top most skin diseases prevalent worldwide [1]. About 30-70% of individuals at present are suffering from skin diseases [2,3,4]. According to Frost and Sullivan's report of 2015, about 10-12% of Indian population suffers from skin diseases like eczema and psoriasis, are mostly caused by pollution, global warming, ultraviolet rays, etc [5].
ORIGINAL ARTICLE

Neuro-psychiatric profile of university students attending psychiatry outpatient department of a tertiary care centre

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ABSTRACT

Background: Mental health problems are the in young population because of multiple sources of stress and pressure to excel in the competitive environment, especially depression, substance use disorders and suicide in developing countries.

Aims: To assess neuro-psychiatric profile of university students attending psychiatry OPD of a tertiary care centre.

Methods: All the university students who attended psychiatry OPD were assessed for neuro-psychiatric problems using DSM-IV TR criteria for psychiatric/behavioural problems and additional principle of organic mediate criteria for neurological problems.

Results: The common diagnosis were depression (8.2%), anxiety (12.3%), obsessive compulsive disorder (10.4%), migraine (8.9%), cocaine use disorder (4.4%), tobacco use disorder (6.3%), primary insomnia (1.4%), schizophrenia (7.4%), suicide (0.1%), personality disorder (1.2%), substance use disorder (6.3%).

Conclusion: This study gives us an insight into the mental health of university students.

Keywords: Neuro-psychiatric problems, mental illness, university student.

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INTRODUCTION:

Mental health is defined by WHO as "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". Mental and behavioural disorders are common, affecting more than 25% of all people at some time during their lives. They are also universal, affecting people of all countries and societies, individuals of all age groups, males and females, the rich and the poor, from urban and rural environments. They have a significant economic impact on societies and on the quality of life of individuals and families. At any point of time, about 10% of the adult population is suffering from mental and behavioural problems. Mental health problems are the rise in young population because of multiple sources of stress and pressure to excel in the competitive environment, especially depression, substance use disorders and suicide in developing countries. There was limited data on the overall psychiatric morbidity in student population from India.

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Aims and objectives: To assess neuro-psychiatric profile of university students attending psychiatry OPD of a tertiary care centre.

MATERIALS AND METHODS:

All the students of University who attended Psychiatry OPD during twelve month period starting from 01st January 2013 to 31st December 2013 were included in the study. Initially, the students were evaluated in detail by a junior resident or senior resident and then seen by the consultant in charge, who made the diagnosis. Psychiatric/behavioural problems were diagnosed using criteria laid down by Diagnostic and Statistical Manual of Mental Disorders (4th ed., text revision, American Psychiatric Association, 2000) and Neurological problems were diagnosed using criteria of Harrison's principles of internal medicine (18th ed., 2001). Follow up appointment and old cases were not included in the study.

This study was conducted in a tertiary level hospital which is situated in the campus of the University.

Statistical analysis:

Continuous variables were expressed as mean ± standard deviation (Gaussian distribution), range and qualitative data were expressed in percentage. Chi-squared test was used to compare qualitative data. All p-values were two tailed and values of p < 0.05 were considered statistically significant. All confidence interval were calculated at 95% level. All Statistical analysis was done using SPSS software.

CHAIRMAN

Department of Psychiatry
J.N. Medical College
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Case Report

Penile Self-amputation in a Epileptic Patient

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Introduction

Self-injurious behavior, self-mutilative behavior or self-harming behavior is defined as deliberate destruction of body tissue without any conscious suicidal intent.¹ An alternative definition of self-injurious behavior is repetitive, direct physical self-harm that is evidently not life-threatening.²

The three most commonly reported types of self-injurious behavior are self-cutting of the skin, ocular self-mutilation and genital self-mutilation.³ Here, we present a case of genital self mutilation in a Epileptic patient.

Case Report

Patient was a 25 years old male, married, belonged to a nuclear Hindu family of rural background referred from Plastic Surgery unit for Psychiatric evaluation after 2 days of admission when he presented in emergency with penile self amputation.

Patient was a known case of Generalized Tonic-Clonic Seizures (GTCS) from last 15 years for which he consulted various general practitioners. Seizures frequency had decreased but never subsided with treatment, old records were not available. Currently patient was on Tab Oxcarbazepine 450 mg twice daily and Clobazam 10 mg once daily from last 2 years. Last episode of GTCS occurred 6 months back.

Patient was married 1 year back and had normal sexual relationship with her wife. There was no discord in the family. According to his wife one day back, at around 11:30 PM after having dinner, the family members were preparing for sleep when the patient came down to the ground floor for some work. When patient didn’t return after sometime his wife searched for him and found him in a pool of blood with a razor blade in his hand and his penis was totally amputated. Her wife asked him why he had done so but at that time patient was totally unresponsive and didn’t show any sign of pain. Immediately, he was rushed to the hospital and seen by the plastic surgery residents. He was stabilized and his wound was stitched and draped.

On examination the patient was a young male of average built and nutrition, having eye to eye contact, rapport could be established. He was sad because of the event had feeling of guilt. There was no obsession, delusion or hallucination. His judgment and memory were intact. He had full insight about his disease process.

On interviewing about the incident, he said that he can’t recall the event and how it happened. The only thing he remembered was that he came to ground floor for some work.

His parents also gave history of previous multiple episodes of self injurious behaviors like cutting his lips with blade, passing a needle throughout the wrist and striking his hand with iron rod from last 15 years. Any of the events was not preceded by any stress.

Patient had achieved normal childhood development and was average in studies; he has completed senior secondary school. His father had family business but patient didn’t take much interest in it. His parents also reported that with his growing age he had became more stubborn. There was history of masturbation and sexual fantasies. Patient achieved his secondary sexual characteristics, he preferred heterosexual relationship, he was never confused over his gender identity or preferred any perverted sexual activities. There was history of any substance abuse or antisocial activities. On detailed evaluation, we have not found any disturbance in
Oxidative stress and level of antioxidant enzymes in drug-naive schizophrenics

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ABSTRACT

Background: Schizophrenia is a chronic illness having varied etiology which affects cognition, emotion, perception, and other aspects of behavior. There are data which show possible role of oxidative stress and disturbance in antioxidant mechanisms in various neurological and neuropsychiatric disorders.

Materials and Methods: Fifty drug-naive schizophrenic patients, who attended psychiatry outpatient department/inpatient department for the 1st time, were selected and compared with 50 age-sex matched healthy controls. The erythrocyte level of malondialdehyde (MDA) - a lipid peroxidation product and marker of oxidative stress, antioxidant enzymes - superoxide dismutase (SOD), glutathione peroxidase (GPX) was estimated. We also correlated the sociodemographic parameters and severity of illness (positive and negative syndrome scale score) with oxidative stress (MDA) and level of antioxidant enzymes (SOD, GPX).

Results: The level of oxidative stress (MDA) was increased, and the levels of antioxidant enzymes (GPX and SOD) were decreased in schizophrenic patients as compared to normal healthy controls and the difference was statistically significant. No significant relationships of age, sex, educational status, marital status, and PANSS score with oxidative stress (MDA) and antioxidant enzymes (GPX and SOD) level in schizophrenic patients was found; but there was significant relationship of locality with oxidative stress (MDA) and antioxidative enzymes (GPX and SOD) level in schizophrenic patients was found. Urban population have a higher level of MDA, GPX, and SOD than the rural population.

Conclusion: Our findings put great emphasis on the weak pro-oxidant defense mechanisms and its role in the pathophysiology of schizophrenia. We can make recommendations of dietary nutritional supplementation and adjunct antioxidants therapy with antipsychotics to treat schizophrenics.

Key words: Antioxidative enzymes, drug naive, oxidative stress, schizophrenia

INTRODUCTION

Schizophrenia is a clinical syndrome that involves cognition, emotion, perception, and other aspects of behavior. The expression of these manifestations varies across patients and with time, but the effect of the illness is often severe and is usually long-lasting. The disorder usually begins before age 25, persists throughout life, and affects persons of all social classes.

Although schizophrenia is discussed as if it is a single disease; it probably comprises a group of disorders with heterogeneous etiologies.11

Oxidative stress is an imbalance between oxidants and antioxidants in favor of the oxidants, potentially leading to damage.12 Antioxidant is "any substance that when present at low concentrations compared with that of an oxidizable
Acute Psychosis: An unusual presentation in Disseminated Neurocysticercosis
Mohammed Reyazuddin1, Karrar Hussain2, Azfer Ibrahim3, Mohammed A Usman4, Rakesh K Gaur5

ABSTRACT
Neurocysticercosis (NCC) is a common parasitic infestation of the central nervous system worldwide. It is caused by the ingestion of Taenia solium eggs. Its clinical manifestation are very varied ranging from headache, seizure, increased ICT to neuropsychiatric manifestation. The present case highlights the myriad of clinical features of NCC. Patient presented present to us with seizures and acute psychosis. On further evaluation he was diagnosed as a case of disseminated neurocysticercosis. He responded to treatment with anti-helmintic drugs without recurrence of psychosis.

Keywords: Acute psychosis, Disseminated Neurocysticercosis, Neuropsychiatric symptoms

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Conflict of interest: NIL

INTRODUCTION
Disseminated cysticercosis is due to infection by Cysticercus cellulosae, the larval form of Taenia solium. Mode of transmission of Cysticercus is via feco-oral route. Widespread dissemination of the cysticerci can result in the involvement of almost any organ in the body. Neurocysticercosis (NCC) is the common parasitic infestation of the central nervous system worldwide. The clinical manifestations of NCC are varied and depend not only on the site, number and stage of the larval parasite, but also on the status of the host’s immune response [1]. While some cases of NCC may remain asymptomatic, most have been reported to present as seizures, headache, raised intra cranial tension (ICT) due to blockage of CSF flow, stroke, dementia, neuropsychiatric symptoms, ophthalmologic and endocrinological manifestations [2]. Disseminated Neurocysticercosis (DNC) is an uncommon manifestation of this common disease [3]. Here, we present a case of Disseminated Neurocysticercosis who presented as acute psychosis.

CASE PRESENTATION
A 15yr old male from a rural background admitted in psychiatry ward with chief complaint of abnormal behaviour and
Opipramol: Drug review and our clinical experience

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Opipramol is an antidepressant and anxiolytic used in Germany and was recently launched in India. It is an imipramine derivative, belonging to tricyclic antidepressant group and was developed by Schneider and Blatter in 1961. Although it is structurally similar to tricyclic antidepressants (TCAs) especially imipramine but it does not classed as TCAs because opipramol does not act as reuptake inhibitors, instead acts as a sigma receptor agonist. Opipramol is typically used in the treatment of generalized anxiety disorder (GAD) and somatof orm disorders.

Adverse drug reactions: Opipramol is a well-tolerated drug and produces fewer side effects than SSRIs and SNRIs. The frequently (\textgtr 1\% to \textlt 10\%) reported adverse reactions with opipramol especially at the beginning of the treatment includes fatigue, dry mouth, blocked nose, hypotension and orthostatic dysregulation. The adverse reactions reported occasionally (\textgtr 0.1\% to \textlt 1\%) includes dizziness, stupor, anorexia, disturbances, accommodation disturbances, tremor, weight gain, thirst, allergic skin reactions (rash, urticaria), abnormal ejaculation, erectile impotence, constipation, transient increase in liver enzyme activities, tachycardia and palpitations.

Our Clinical experience: We used opipramol for the treatment of general anxiety disorder in 15 patients in a dose of 150mg/day to 300mg/day. Drug was well tolerated by most of the patients and mild gastrointestinal symptoms was complained by 4 patients and only 3 patients reported dizziness. No significant improvement in the symptoms of anxiety was reported by the majority of the patients in a 2 week period. As, the drug was recently launched in India so there is limited data on its usage. However, double blind placebo control trial was needed to validate its efficacy.

P 45.

Acute Kidney Injury Associated with the Use of Nephrotoxic Drugs in Children with Complicated Malaria

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Background: Malaria is a significant cause of morbidity and mortality in children and adults, especially in tropical countries. Acute Kidney Injury (AKI) is one of the commonest complications of malaria in children. Use of nephrotoxic drugs may aggravate kidney injury in children with complicated malaria.

Objective: To study the association of nephrotoxic drugs to acute kidney injury in children being treated for complicated malaria.

Methods: It was a cross-sectional study done in the Pediatric ward of a referral teaching hospital Children aged up to 14 years admitted for complicated malaria were included. Diagnosis and species of malaria were confirmed by peripheral blood smear or quantitative buffy coat (QBC) methods and the stage of parasitemia was determined. Patients were categorized into complicated and uncomplicated malaria as per WHO criteria. Concurrent use of nephrotoxic drugs was noted. Presence of AKI among the patients was assessed using the Acute Kidney Injury Network (AKIN) criteria. Other risk factors for AKI such as presence of vomiting, diarrhea, dehydration, use of diuretics and coexisting infections were also noted. All patients were followed up to discharge to note persistent derangement of renal functions. Patients with abnormal serum creatinine at discharge were further examined at 1-month and 3-month follow-up visits for persistence of derangement.

Results: A total of 153 patients of complicated malaria were studied. Most patients (n=100; 66.2%), had received one (n=67, 67\%) or more than one (n=33, 33\%) nephrotoxic drugs, before or during the course of
Research Article

Comparative study of clinical profile and presumptive stressful life events in patients of psychogenic non epileptic seizure and epileptic seizure: a cross sectional study

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ABSTRACT

Background: Psychogenic Non Epileptic Seizure (PNES) is one of the most common conditions to be mistaken for epilepsy. No clinical feature is pathognomonic of PNES, but some help in distinguishing it from epileptic seizure. Role of psychologically stressful events has been considered central to the pathogenesis of PNES and used in differentiating it from epileptic seizure. The purpose of present study was to compare the clinical profile and number of stressful life events in the two patient groups in Indian population.

Methods: 50 new patients of epileptic seizure and PNES each, aged 16 to 60 visiting the psychiatric and neurology OPD were selected. Detailed history and physical examination was carried out to exclude any medical illness. Diagnosis was made based on clinical history given by an eye witness and EEG recording. Brain imaging (CT/MRI) was conducted, to rule out any secondary causes of seizure. General health questionnaire 12, and presumptive stressful life event scale was applied on all patients. SPSS 19 was used for data analysis. Chi square was used for categorical data and Man Whitney U test for continuous data.

Results: There were significantly more females in the PNES group (P = 0.001) and significantly more illiterate (P = 0.004). There were no significant differences with regard to the age of onset, marital status. Also there was no statistically significant difference between the two groups with regard to number of stressful life event (P = 0.330).

Conclusion: Stressful life event should not bias a clinician towards making a diagnosis of PNES.

Keywords: Epileptic seizure, Psychogenic non epileptic seizure, Semiology, Presumptive stressful life events

INTRODUCTION

Psychogenic Non Epileptic Seizure (PNES) is often initially misdiagnosed as epileptic seizure and the eventual diagnosis often depends upon the possibility of PNES being considered in the first place. PNES is one of the most common conditions to be mistaken for epilepsy. This is further complicated by the fact that a sizable population of patients have co-morbid epileptic seizure. No clinical feature is pathognomonic of PNES, but a number of clinical features help in distinguishing PNES from epileptic seizure. Gradual onset of attacks, out of phase movements, side-to-side head movements, sustained eye closing and fluttering undulating motor activity, attacks longer than 2-5 min quick recovery are found frequently in PNES.

Conversely, certain clinical features considered typical of epilepsy can be present in PNES. These include: manifestations like tachycardia, flushing and sweating, incontinence and injury, including tongue biting and provocation of attacks by specific triggers such as flashing lights. Nocturnal attacks have often
Review Article

Well Being Therapy in Psychiatric Disorders: A New Perspective

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ABSTRACT

Background: In the recent era, psychotherapeutic strategies aimed at symptoms reduction while other areas like personal comfort, effectiveness, positive approach, well being are considered as by-products of reduction of symptoms which are not focused much.

Purpose: The present paper attempts to discuss well being therapy in brief. It focuses on its characteristics, technical features and psychotherapeutic strategies used for increasing well being. It highlights its clinical implications in various psychiatric disorders and in preventing their relapse.

Scope: using this therapy various unaddressed issues such as promotion of eudemonic well being and optimal human functioning are explored. Well being therapy as a strategy for promoting well being in patients suffering from affective and stress related disorder who does not respond to standard pharmacological or psychotherapeutic treatment. Combination of psychological, pharmacological along with well being therapy can give outstanding result for the optimal functioning of the individual.

Conclusion: Well-being therapy is a new technique and was utilized in the treatment of various psychiatric disorders. Its effectiveness was proven in smaller clinical studies, hence it is needed to be tested in larger studies before it is widely accepted and practiced.

Keywords: Well being Therapy, Psychotherapy, Positive psychology, Psychiatric disorders.

INTRODUCTION

Negative psychological processes like distorted cognitive style, stress and negative affect have been investigated by number of psychological scientists. [1,2] These processes play a crucial role in development and maintenance of nearly all of the mental disorders as defined in the Diagnostic and Statistical Manual of mental disorder. [3] Prevailing notion is that absence of negative process connotes adaptive functioning but in reality psychopathology is associated with dysregulation of positive mental functions in addition to the presence of negative affective process. [4,5] With the development of positive psychology Seligman & Csikszentmihalyi [6] exhorted researches to direct efforts towards understanding the process that enable humans to flourish even under benign conditions. Elements that makes life worth living encompasses those aspects of the human conditions that denote happiness, fulfillment and enrichment well being.