Pattern of Child and Adolescent Admission into Psychiatric Wards

Abstract:

Aim: To describe the pattern of admission into psychiatric wards for patients aged 18 years and younger, identifying their psychiatric disorders, associated medical problems and mental sub-normality, the length of stay in the hospital, referrals and pattern of discharge.

Methods: First admission of people 18 years of age or younger to the psychiatric wards of king Khalid University Hospital in Riyadh, Kingdom of Saudi Arabia, From May 1st, 1995 to April 30th 2005 were reviewed regarding admission data.

Results: A total of 140 patients (4.5% of all admission) were 18 years of age or younger. Adolescents constitute 95%, females from 75%. Sixty-five percent were admitted via emergency department. Most of them stayed less than 2 months. Bipolar affective disorder was diagnosed in 30% and schizophrenia was diagnosed in 27%. Phisical diseases were not significantly associated. Only 9.3% had associated mental retardation.

Most of referrals were directed to the psychologists. Seven patients (5%) received electro-convulsive therapy (ECT). About 10.7% reported history of suicide attempt. About 19.3% were secluded at least once during admission. Most discharges, 72.9%, were decides by the trating psychiatrists.

Conclusion: Most of admitted patients were adolescents with aggressive behavior and diagnosed as bipolar affective disorder or schizophrenia, with low utilization of the service by children.

Key words: child, adolescent, psychiatry

Substance use among University Students in the Gaza Strip - Abu Qamar, Kamal; Thabet, A.; Vostanis, Panos

Abstract:

Aim: The aim of study was to investigate the prevalence of substance abuse among university students in the Gaza Strip.

Design: A cross-sectional study

Settings: Four universitites in the Gaza Strip (Al Azhar, Islamic, open Alquds, and Al aqsa University).

Participants: A total number of 1047 university students in the 1st and 4th year of two parts; the first part of 13 questions relating to socio-economic information, health status and abusing unprescribed substances, sources and reasons of abusing and the second part of 5 questions for 8 substance categories.

Results: Results showed that 2.1% have ever used unprescribed substances over the past twelve months; 11.7% abused tobacco (smokers) with significant difference for male (21.4%) compared to (2.1%) for female. 1.2% abused alcohol with significant differences for male (2.1%) compared to (0.2%) for female. The study revealed no significant differences of other substances; 0.79% abused psych-stimulants, 1.09% abused sedatives, 0.30% abused opiates, 0.99% abused cannabis, 0.70% abused inhalants, and 0.20% abused hallucinogenic. Pharmacies were the most common source of narcotics and stimulants.

Conclusion: our low level of abusing alcohol and other drugs even during the years of conflict and war is inconsistent with literatures in the west, which suggested that people who experienced major trauma and those with post traumatic stress disorder or depression may self-medicate with drugs or alcohol to relax, cope with stress or relieve symptoms.

Key words: prevalence, substance abusedn university students, Gaza Strip.
Is there a Relationship Between Suicide Attempts and the Date of Birth, in Saudi Arabia

Abstract:

Objective: this study tries to answer the question whether there is a relationship between suicide attempts and date of birth among Saudi and Non-saudi males and females, who were admitted with suicide attempt at King Fahad National Guard Hospital, KAMC-Riyadh, Kingdom of Saudi Arabia

Method: This work is a part of a comprehensive study of all reported suicide attempts based on review of all files admitted to king Fahad National Guard Hospital, KAMC-Riyadh, Kingdom of Saudi Arabia; during the last 20 years (from 1/1/1994 to 31/12/2003) where data was collected in a specia study from. Chi-square was used for analysis.

Results: A total of 365 cases were identified, 57 (15.6%) attempters chose the date of birth (DOB) for the attempt. Forty percent of non-Saudi compared to 12% of saudis chose this day (p<0.01). the difference was more noticeable in non-saudi females (43%) when Saudi females (12%) ( P<0.01), the highest age group was between 35-50 years.

Conclusion: This study indicated that the date of birth according to the Gregorian date can be a risk factor to attempt suicide in those suicide groups especially in non Saudi. A significant increase in the percentage of suicide attempters on the date of birth in the second decated (1994-2003) comparing with the first (decade 1984-1994) in non Saudi might give a hint to the role of globalization and the culture chages.

Gender Differences in Symptoms of schizophrenia
Alsaladi A A, Al-Haddad MK, Al-Faraj A M, Qaheri S, Greally M, Al-Shboul Q M, Alnasheet F

Abstract:

Objective: to determine gender differences in the symptoms and age of onset of schizophrenia in bahraini patients.

Methods: 112 bahraini patients with schizophrenia who were initially involved in a genetic study were selected. The OPCRIT 3.31 checklist was applied as a diagnostic tool. OPCRIT items were analysed for differences between males and females.

Results: No differences were found between males and females in the studied symptoms of schizophrenia and age of onset as "the earliest age at which medical advice was sought for psychiatric reasons or at which symptoms began to cause subjective distress or impair functioning". This finding was found in both the familial and sporadic groups of schizophrenia. Furthermore, OPCRIT was found to be an equally reliable tool in diagnosing schizophrenia in males and females.

Conclusion: the above findings were compared and contrasted to the findings of other studies. While there is agreement regarding the lack of gender difference in the symptoms of schizophrenia, there is more variation in the age of onset. This may suggest that while both males and females experience schizophrenia similarly, the timing of symptom onset may differ. Further research is needed to explore the underlying reasons for these differences and to understand the implications for treatment and support.
firearms in Yemen were all associated factors in the majority of committed crimes. Further future studies are needed in this newly developed branch of psychiatry in Yemen.

Objective: to investigate the socio-demographic, diagnostic types and associated crimes of mentally disordered offenders referred to the forensic psychiatric committee in the central prison/Sana'a city during the period from January 2003 to December 2004.

Patients and Methods: all Yemeni male, adult; mentally disordered of fenders referred during the study period were examined and their sociodemographic data, diagnosis, and associated crimes were recorded crimes were recorded and tabulated.

Results:
1. A total of 198 mentally ill offenders were referred to the committee.
2. The peak frequency is in the range 30-40 years old (45.5%)
3. The majority of the patients have had history of mental illness before the crime (60.6%)
4. 27.3% had previous criminal records and 18.7% with positive family history of mental disorders.
5. The identified diagnosis were as follows schizophrenia (42.4%) mania (28.8%) delusional disorders (18.7%) depression (7.1%), neurotic disorders (2.5%) and organic disorders (0.5%).
6. The associated crimes include assault (38.4%), murder (29.3%), left (15.6%), sexual crimes (8.6%) and attempted murder (8.1%).

Conclusion
This descriptive study for forensic psychiatric services, which is of its first kind in Yemen, has raised a number of issues and recommendations for improving practice of forensic psychiatry in Yemen. It has also that lack of mental health education in the community, non compliance with medication, excessive chewing qat by mentally ill offenders, as well as their easily access to psychiatric education.
In this context, a group therapy program was designed and developed in the department of Psychiatry and Behavioral Sciences of University of Texas Medical School at Houston since the early 1990s. This permitted the training of psychiatric residents in a psychotherapeutic setting that can also provide high quality of psychiatric care in a cost-effective basis. We hope that in addressing the experiences ascertained in this training programs during the last ten years, other graduate training programs in psychiatry across this country could learn from our experiences and thus consider utilizing this training and service model in their attempts to comply with today’s ACGME expectations within a managed-care environment.