

European Conference on **PSYCHIATRY**

July 25, 2022 | Webinar

Definition of Tinnitus**Aldo Messina^{1,2*}, Alessandro Corvaia² and Chiara Marino²**¹*Department of Biomedical, Dental, Morphological and Functional Imaging Sciences, University of Messina, 98100 Messina, Italy*²*Regina Margherita Otoneurological Center, 90145 Palermo, Italy*

Tinnitus is generally defined as the perception of sound in the absence of vibration of an external elastic body. If this definition appears useful to differentiate tinnitus from somatosounds, it is not suitable for distinguishing it from psychiatric hallucinations. Nor does this solution define a temporal limit of duration of the perception, which is important for distinguishing pathological tinnitus from those occasional noises that we all perceive from time to time. A complete definition appears necessary not only to achieve homogeneity in epidemiological studies but also to set up correct and personalized therapeutic schemes. An analogy with neuropsychiatric studies and, in particular, the concept of auditory hallucinosis are proposed by the authors to define tinnitus. According to the authors, tinnitus is auditory hallucinosis, and similarly, vertigo is spatial hallucinosis.

Biography

Alessandro Corvaia was professor in University of Catania and he has done Scholar di specializzazione in psichiatria. Alessandro Corvaia, Aldo Messina, Vestibule e SNC Book title: TRATTATO ITALIANO DI VESTIBOLOGIA CLINICA Publisher: Società Italiana di Vestibologia, Alba Caruso, Alessandro Corvaia, Aldo Messina, APOLOGIA DEL SILENZIO He has Published Aldo Messina, Bruno Galletti, Francesco Cupido, Alessandro Corvaia, and Chiara Marino., "Residual Dizziness after Liberator Maneuver for BPPV: Two Types of Labyrintholithiasis?" Aldo Messina, Alessandro Corvaia, Chiara Marino, "Definition of Tinnitus" Aldo Messina, Francesco Ciodaro, Alessandro Corvaia, Simona Di Liberto, Chiara Marino., Use of magnesium citrate in the prophylaxis of vestibular migraine in childhood.

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Schizophrenia explained by a schizophrenic scientist**Dr. Anna Cornelia Beyer***The Schizophrenia Clinic, Hull, UK*

I am a scientist with a PhD and a patient with schizophrenia since 2002. I have the advantage that I can research this illness with my own experience in mind. Since 2008, I have researched schizophrenia intensively, and published a book about it called Health and Safety for Spirit Seers, Telepaths and Visionaries – Self-help for Schizophrenia. In this talk, I will show the causes, symptoms and potential cures of schizophrenia. I want to show at my personal history how traumatic experiences and deprivation cause schizophrenia, I will argue that episodes most strongly happen in 'transition years' in the person's life, which might co-occur with global transition years. I will argue that the symptoms have a spiritual quality. My symptoms distinctly feel like spirit communication and telepathy (one can also call it clairaudience and clairvoyance). I always argue, also in my book, that the symptoms of schizophrenia must be thought of as telepathy. The main symptom in schizophrenia are auditory hallucinations, some people also see things. Auditory hallucinations are voices that the patient can hear, but no one else. To me, they have always felt like telepathy. Telepathy is an increasingly researched phenomenon. It is thought that aliens communicate that way, maybe animals too, and some accounts mention that spirits communicate via telepathy. There is not necessarily a cure for schizophrenia. But this illness can be managed so that it is less destructive and less painful to live with. I will show how medications, spirituality, loving kindness, and supplemental therapies, such as vitamin therapy and music therapy and a very healthy lifestyle, amongst others, can help in managing the condition and live a happier and healthier life.

Biography

Dr. Beyer holds a PhD in Politics from the University of Hull, where she worked for 12 years until 2019. She has since founded the Schizophrenia Clinic (www.schizophreniaclinic.com). Since 2008, she has researched schizophrenia in-depth. She is herself diagnosed with schizophrenia since 2002. She has authored 9 books, and many articles, 3 books on schizophrenia.

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ISSUES OF MIGRANT WORKERS DURING COVID-19 PANDEMIC**Biswajit Chaklader***Dr. D.Y. Patil Medical College and Research Centre, Pune, Maharashtra, India.*

Once Covid-19 cases were starting to get detected in India, Government of India went forward with nationwide Lockdown to restrict the transmission of Covid-19. As Lockdown settled down, Migrant workers were seen struggling the most due to loss of their job followed by no money and place to stay which made them move back to their native place. Objective was to find out the problems faced by Migrant workers. Qualitative study was conducted from 30th April to 8th May period when the Government of India ordered to conduct Camps for Migrant workers. To take care of above, a team of Community Medicine, Psychiatric Doctors along with Male Social Worker went to different sites of PCMC area and investigated the status of more than 1000 Migrant worker's physical and mental well-being. Problems which were common in all the sites were lack of nutritious meal. Majority of the sites were providing only one meal a day which was a Govt initiative. Social distancing and hand hygiene which was need of the hour, never got due respect in sites due to overcrowding and lack of water respectively. Mental and Emotional stress were seen more in workers who were away from their family. Few also showed symptoms of anxiety and depression for which psychological counselling, stress management technique was demonstrated whereas physically they were feeling weak, for which proper diet had been recommended to the higher authorities and also highlighted the importance of social distancing and hand hygiene to them.

Biography

Biswajit Chaklader is a final year post graduate student of community medicine. Has published 3 papers as a primary investigator and another 3 papers as a statistician. Has working experience as a Zero-surveillance officer and also did a survey amongst migrant workers during initial days of lockdown.

The Knowledge and Attitudes of Primary Care and the Barriers to Early Detection and Diagnosis of Alzheimer's disease

Donna de Levante Raphael

Alzheimer's Foundation of America, NY 10001, USA

Primary care physicians play a vital role in the clinical care of their patients, early identification of dementia, and disease advocacy. It is essential to assess the knowledge and attitudes of physicians in the diagnosis of Alzheimer's disease and other dementias. In primary care, the diagnosis of Alzheimer's disease is often missed or delayed. With the increased prevalence of Alzheimer's disease and the growing impact of dementia on health care resources, early detection by primary care physicians (PCP) is essential. Thus, their knowledge and attitudes about early detection and diagnosis are crucial. To examine the knowledge and attitudes of primary care physicians regarding early detection and diagnosis of Alzheimer's disease and how barriers may contribute to missed and delayed detection and diagnosis. An interpretive scope review was used to synthesize and analyze a body of literature published over the past decade. The study population are physicians in the United States. The current health systems experience challenges in providing early, safe, accurate, and comprehensive Alzheimer's diagnosis and care by a primary care physician trained or knowledgeable in diagnosing the various forms of dementia. This article identifies several interrelated obstacles to early detection and diagnosis in primary dementia care, including gaps in knowledge, attitudes, skills, and resources for person with dementia (PWD)/caregivers and their primary care providers and systematic and structural barriers that negatively impact dementia care. Research shows that Alzheimer's disease has gone underdiagnosed and undertreated. Delays in detection, diagnosis, and resource utilization may have social and clinical implications for individuals affected by Alzheimer's disease and their families, including challenges in obtaining an accurate diagnosis. Until the issues of missed and delayed Alzheimer's screening become more compelling, efforts to promote early detection and diagnosis should focus on the education of physicians and removing the barriers to diagnosis.

Keywords: Alzheimer's disease; primary care physicians; dementia; knowledge and attitude; early diagnosis and management; barriers to diagnosis.

Biography

Donna de Levante Raphael is a Gerontologist and has earned her PhD in Gerontology and Public Health from Walden University. She is the Director of the National Memory Screening Program, at one of the leading Alzheimer's disease Non-profit organizations. Donna also provides leadership and strategic solutions to the AFA's Medical & Scientific Board. Her research interests focus on social gerontology to include topics on the quality of life and healthy aging issues of America's diverse older adult populations and Alzheimer's disease. Donna has over 13 years of experience recognizing the need for Alzheimer's disease and dementia education for professional staff in healthcare and corporate organizations and America's diverse communities. Donna strives to provoke thought, start a conversation, educate, empower, and be a resource for aging in general and diverse communities.

T-patterns, T-strings and T-societies and the Sudden and Unique Mass-social Self-similarity between Proteins and Humans.**Magnus S. Magnusson***University of Iceland, Human Behavior Laboratory, IS101 Reykjavik, Iceland.*

This work was initially much inspired by the work of ethnologists N. Tinbergen, K. Frisch, and K. Lorenz, who in 1973 shared a Nobel Prize in Medicine or Physiology and E. O. Wilson's Socio-biology, where insects were the smallest species; none were parts of others and there was neither talk of societies of Nano scale actors nor of the sudden rise of unique mass-social bio-mathematical self-similarity across some 8 orders of magnitude, between T-string-based societies (T-societies) in proteins and humans. This talk primarily reflects this author's recent free open access paper entitled "T-patterns, external memory and mass-societies in proteins and humans: In an eye-blink the naked ape became a string-controlled citizen" resuming over 50 years of research, since 1995 involving a growing formal international (European-American) inter-university collaboration of now 38 universities to test and further develop "Magnusson's analytical model" for better understanding social interaction through the development of mathematical pattern types, mainly T-patterns and T-strings (i.e., T-patterned strings) with dedicated detection algorithms and software (THEMETM, patternvision.com) for T-pattern Analysis (TPA) widely used for in analysis of interactions in humans and animals, and more recently in brain networks and finally for T-string detection in DNA and proteins, which has drawn attention to uniquely human mass-social self-similarity (spanning some eight orders of magnitude) to trillions of protein mass-societies in animal and human individuals. Giant Extra-Individual Purely Informational T-strings (GEIPIT), first DNA then texts, suddenly allowing the advent of human mass-societies and explosive growth of laws, science, technology, and the modern human mass-social lifestyle.

Biography

Magnus S. Magnusson, Ph.D. Emeritus Research Professor, founder, and director of the Human Behavior Laboratory (HBL.hi.is), University of Iceland. Author of the T-system including the T-pattern, T-string, T-society, and the bio-mathematical T-self-similarity concepts. THEMETM (PatternVision.com) for T-pattern detection in real-time behavior, molecules, and text. Co-directed the two-year project "DNA analysis with Theme." Keynotes in ethology, neuroscience, mathematics, religion, proteomics, A.I., and Nano science. Deputy Director 1983-1988 in the Musée de l'Homme, Paris, then invited Professor at the University of Paris V, VIII & XIII. Works in formalized collaboration between 38 universities initiated 1995 in the Sorbonne, based on "Magnusson's analytical model."

Depression as a terminal illness – is there a place for palliative care?

Minna Chang

Imperial College London, UK

In 2020, there were 5,224 deaths due to suicide registered in England and Wales (1). The Mental Health Foundation has reported that ~70% are in patients with depression (2). The numbers of attempted suicides are much higher – South West London and St George's mental health trust estimates that at least 140,000 people attempt suicide in England and Wales every year (3). In suicidal depression, the psychological pain is often unbearable and feels overwhelmingly incompatible with life. One is no longer living, they are merely surviving and eventually, the exhaustion will lead to decompensating. This is marked by suicide. The goal is to end the suffering permanently and this is achieved through death. Depression, like all other physical and mental illnesses, runs a course. This is highly variable between individuals and can be the case even between separate relapse episodes in the same patient. Like many diagnoses, depression is known to lead to death in a significant number of people. Many suicidal depressed patients feel that death will be an inevitable result of the illness. Suicide is often viewed as a symptom of severe depression, but would it be justifiable to consider death as part of the disease process itself? Consequently, would it be justifiable to consider depression in these patients as a form of terminal illness? Since without treatment, the condition would lead to death? Accordingly, could there be a place for palliative care in a small minority of suicidally depressed patients? This would mean that instead of placing the focus on the prevention of deaths and prolonging lifespan, the focus would be on making the patient comfortable as the disease progresses, maintaining their dignity and promoting autonomy. In this essay, I discuss the ethical and moral implications of suicidal depression from a doctor's and patient's perspectives. I also discuss the implications of depression on capacity and decision-making. Lastly, I discuss the ethical dilemmas surrounding assisted suicide and euthanasia for severe suicidal treatment resistant depression. Could there be considered a means of treatment in certain cases? Recognition.

Biography

Minna Chang graduated from Imperial College London. She has a special interest in medical ethics, particularly in psychiatric cases. She enjoys research and teaching outside her clinical duties.

Relative Efficacy of Psychotropic Medications for the Management of Acute Agitation in Children and Adolescents in the Psychiatric Emergency Room

Ramkrishna Makani

Atlantic care Regional Medical Center, Galloway, NJ, USA

Introduction: Physical restraints can create a 'sense of terror', causing extreme physiological reactivity that overwhelms children's capacity to regulate emotion and behavior¹ - At least 30 children in the United States have died in restraint-related incidents² - There is little guidance or standardization for use of less restrictive options, especially medications, to manage agitation and avoid restraint

Objectives Elucidate which acute agitation medications potentially lead to significantly lower need for physical restraints in the psychiatric ED - Promote provider confidence in agitation medication selection for children in an acute setting

Methods: Retrospective chart review of patients aged 5-17 years seen at Atlantic Care Regional Medical Centre psychiatric emergency room from 1/1/2019 to 12/31/2020 - Collected and analysed data of 1346 total admissions (630 males, 716 females) - 59 patients (47 males, 12 females; average age 14.1 years) received pharmacologic intervention to manage "agitation" or "aggression" - Analyzed use of physical restraint (primary outcome measure) after treatment with neuroleptic, anxiolytic and combination medication

Discussion: The largest medication subgroup was benzodiazepine administration (27% alone) - Pharmacological interventions were moderately successful with 31 (53%) patients still requiring physical restraints despite receiving medications for acute agitation - 23 (59%) who received combination medications, 6 (24%) who received anxiolytics alone, and 2 (67%) who received neuroleptics alone, subsequently required physical restraint

Conclusion: Studies such as this can be utilized by clinicians to help inform medication choices to reduce the use of physical restraints in the paediatric population - Future efforts include elucidating the presence of statistically significant difference between use of anxiolytics, neuroleptics, or combination and subsequent physical restraint use

Biography

Dr. Makani has completed his medical school from esteemed Gujarat University (Smt. NHL Medical College) and then pursued MPH from West Chester University of Pennsylvania, Unites States. He did clinical research at IV league academic institution (University of Pennsylvania) for 3 years and then pursued his psychiatry residency from Cooper University Hospital with "best resident award in clinical and research excellence". He continued this success and earned his child and adolescent psychiatry fellowship and completed from the best children's hospital in United States (Children's Hospital of Philadelphia). He has published more than 14 papers in reputed journals and also serving as reviewers in 4 journals. He is currently at Atlantic Care health System and soon going to be Director of Psychiatry Residency Training at Atlantic Care from March of 2022.

Psychosomatic dysfunction in Rasopathies

Ramachandran Muthiah

Morning star hospital, Marthandam, Kanyakumari District, India

RASopathies are resulting from germ line mutations of the proto-oncogene HRAS. Many of these mutations affect SHP2, SOS1, RAS, RAF and MEK proteins. Dr White says. a group of related disorders including Costello syndrome, Noonan syndrome (NS), cardiofaciocutaneous (CFC) syndrome, and neurofibromatosis 1 (NF1), caused by abnormal functioning of the Ras-mitogen-activated protein kinase (RAS/MapK) pathway. Ras/MAPK pathway is an essential signalling pathway that controls the cell proliferation, differentiation, survival and its dysregulation causes clinically overlapping genetic disorders, called as 'Rasopathies'. In this pathway, Ras, a GTPase, transmits the extracellular signaling from the receptor tyrosine kinases to two serine/threonine kinases (Raf and MEK) and, finally, to the activation of MAPKs. She has led the implementation of exome sequencing (a genomic technique for sequencing all of the protein-coding regions of genes in a genome known as the exome) at The Royal Children's Hospital and the Murdoch Children's Research Institute (Melbourne, Australia). Aoki et al. discovered that these germline mutations altered the residues Gly12 and Gly13 in HRAS's P-loop and had been identified previously as somatic defects in various tumours. Rasopathies are developmental disorders characterised by postnatal growth inhibition with delayed skeletal maturation and psychomotor retardation. In 2009, gain-of-function missense mutation in SHOC2, C4a> G(Ps2g), identified in NS-like syndrome with loose anagen hair, severe intellectual disability, hyper nasal voice and skin abnormalities. HRAS consists of six exons Somatic mutation hotspots are bases encoding the glycines in Positions 12 and 13 and the glutamine in Position 61. Missense mutations at these positions lead to increased activity of the gene product. Germ line mutations affect similar codons, it can be inferred that they have a similar effect on the gene product. The splicing efficiency of activating HRAS mutations can determine the rasopathy phenotype and frequency in Cancer. This unravels a potential for the development of new anti-cancer therapies based on SSO-mediated HRAS exon 2 skipping. Pathway modulators or small molecule inhibitors such as statins causes significant improvement in verbal and nonverbal memory, visual attention & efficacy by inhibiting the posttranscriptional lipid modification of RAS. it is a potential targeted therapeutic drug to improve the stature of patients affected with disruption of the RAS/MEK/ERK pathway.

Biography

Ramachandran Muthiah, Consultant at Zion hospital, Azhagiemandapam and Morning Star hospital, Marthandam, Kanyakumari District, India. Completed primary education at Anaan vilai, keezhkulam and secondary education at Concordia Higher secondary school, Pootteti, MBBS in 1988 Worked as medical officer in Rural health services for 5 years (keezhachekkarakudi, Aryappapuram)

Self-rated psychological health of married women living in slums and its determinants: A mixed method study in deprived communities of Uttarakhand, India

Santosh Kumar

All India Institute of Medical Sciences (AIIMS), Rishikesh, Uttarakhand, India

Introduction: Urban slum inhabitants' lives are often dictated by crowded living quarters, leaking roofs, and poor sanitation, which render them vulnerable to infectious disease. These circumstances make it impossible to consider slum dwellers' mental health. Despite the growing focus on mental health in India, the mental health of women, particularly those who live in slums, remains a neglected public health priority.

Objective: to assess the mental health of women living in slums and explore the social determinants associated with it.

Methodology: This cross sectional study was conducted using mixed method design. A multistage cluster random sampling was applied to select the study areas. The mental health of women aged 18-50 years was assessed quantitatively using the SRQ (self-reported questionnaire) tool and was analysed using SPSS version 25. Qualitative exploration was done through in-depth interviews with 15 participants and was analyzed using content analysis.

Result: A total of 250 women consented to participate in the study. The median age of the participants was 40 years (± 8.9 SD). Majority were Hindu (89.6%), educated up to primary level (42.40%), Housewives (76.4%). Using a cut off of 10/20, 21.6% (n=54) were found as probable case for Common mental disorders (CMD). Among these, 68% (n=37) reported having suicidal ideation. Somatic symptoms of Feeling tired (X^2 Value =9.368; p value =0.02) and poor sleep (X^2 Value =10.451; p value =0.01) were found to be significantly associated with high SRQ scores. Binary Logistic regression showed that the odds of mental illness was two times higher among those women whose family monthly income was less than Rupees 10,000 (OR:2.315; 95% CI: 0.687- 7.086). Qualitative findings suggest that the mental health of married women living in slums are shaped by the basic adversities such as compromised living conditions, food insecurity, low income of husband, financial dependency on spouse, future insecurity for children, lack of social support and intimate partner violence. However, women view these factors as an inescapable ill fate.

Conclusion: Women in slums are more likely to suffer from mental illness, thus improved career options or skill development initiatives could help them become self-sufficient and thus, improve their social and economic status. Furthermore, better policies against domestic violence must be enacted.

Biography

Dr. Santosh Kumar is MBBS, MD in community and family medicine. He is currently serving as associate professor in community and family medicine department of AIIMS Rishikesh, Uttarakhand, India. He has extensively worked towards improving primary healthcare for rural and vulnerable section of Uttarakhand. He has published various research papers and books on community level prevention of dengue and COVID-19.

From molecular to behavior: Higher Order occipital cortex in major depressive disorder

Xue Mei Song

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Statement of the Problem: Medial prefrontal cortex and other regions like the occipital cortex (OC) exhibit abnormal neural activity in major depressive disorder (MDD). Their relationship to specific biochemical, psychophysical, and psychopathological changes remains unclear, though. For that purpose, we focus on a particular subregion in OC, namely middle temporal visual area (MT) that is known to mediate the perception of visual motion. **Methodology & Theoretical Orientation:** Using Ultra-high-field 7T MRI, including resting state fMRI and proton magnetic resonance spectroscopy (MRS), the amplitude of low-frequency fluctuations (ALFF) of the blood oxygen level-dependent signal in MT, MT-seeded functional connectivity, and GABA in MT were investigated. Applying the vision motion psychophysical task, the motion suppression index of subjects was also examined. **Findings:** We find significantly elevated neural variability (as measured by ALFF) in MT together with decreases in both MT GABA and motion suppression in our MDD sample. Unlike in healthy subjects, MT neural variability no longer modulates the relationship of MT GABA and motion suppression in MDD. MT also exhibits reduction in global inter-regional functional connectivity to medial prefrontal cortex in MDD. Finally, elevated MT ALFF relates to specifically retardation in behavior as measured by the Hamilton subscore. **Conclusion & Significance:** Our findings demonstrate the importance of higher order OC, that is, MT for local-regional function, global topography, and specific depressive symptoms in acute MDD. That singles out MT as a strong candidate biomarker and potential treatment target in MDD.

Biography

Xue Mei Song has her expertise in studying the visual perception and its neural mechanism for more than 20 years. From 2018, she used a cross-species visual stimulus-inter and surround interaction, and combined the technology of ultra-high-field (7T) MRI, to study the neural mechanism of MDD. She and collaborates firstly found that the MDD patients suffer from perceptual changes in following visual speed which is related to the brain's biochemical (Molecular Psychiatry, 2021). Later study found the dysfunction in middle temporal visual area (MT) of MDD, from molecular to neural, brain functional connectivity, behavior, and psychopathological levels (Cerebral Cortex, 2022).