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SOUTH AFRICAN PSYCHIATRY

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issue 41 • NOVEMBER 2024

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Brain and Mind: Broadening Horizons

ABSTRACTS

PUBLISHED IN ASSOCIATION WITH THE SOUTH AFRICAN SOCIETY OF PSYCHIATRISTS

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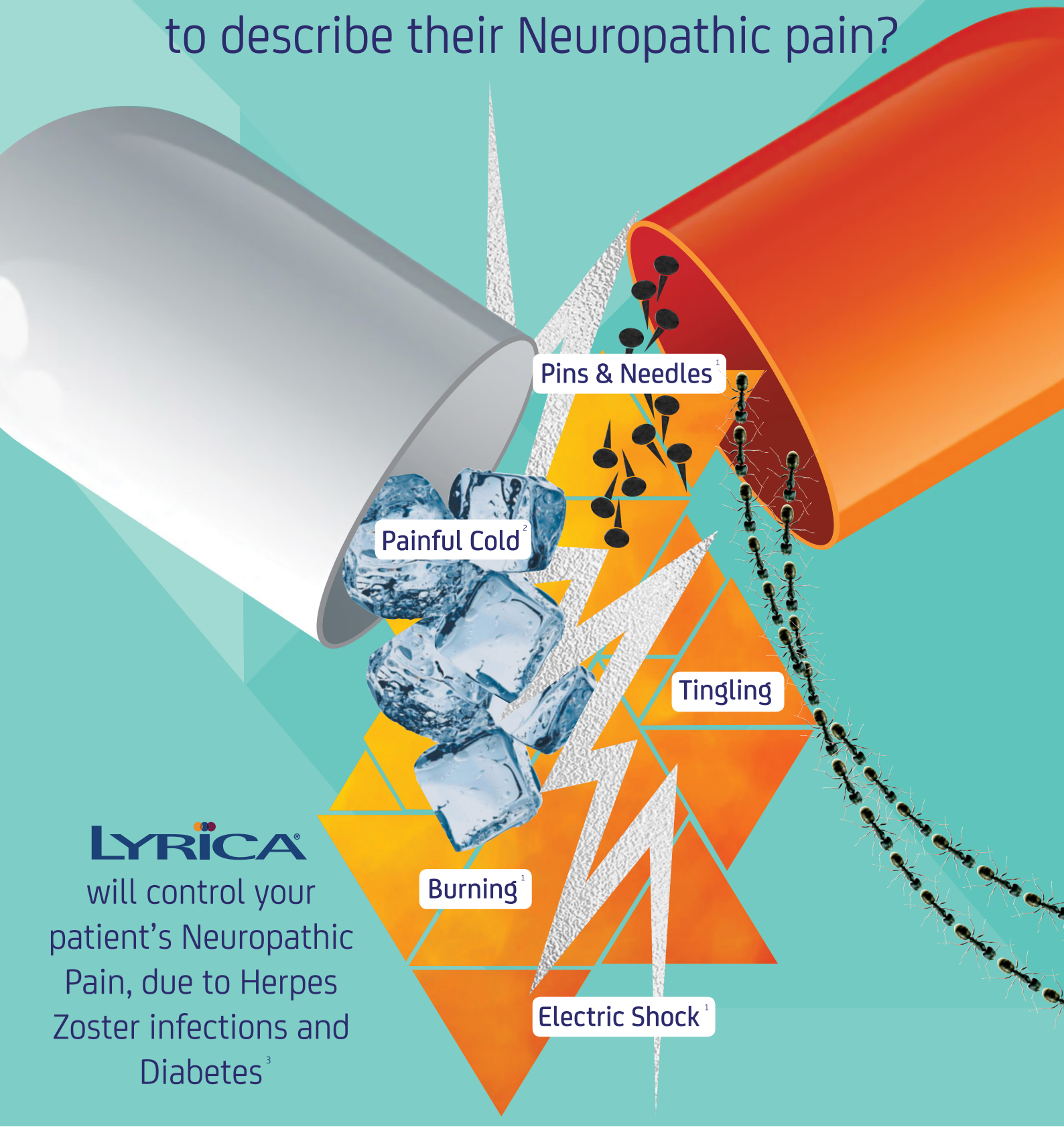

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References: **1.** Chetty S, Baalbergen E, Bhigjee AI, et al. Clinical practice guidelines for management of neuropathic pain: expert panel recommendations for South Africa. SAMJ. 2012;102(5):312-325. **2.** Bouhassira D, Attal N, Alchaar H, et al. Comparison of pain syndromes with nervous or somatic lesions and development of new neuropathic pain diagnostic questionnare (DN4). Pain. 2005;114:29-36. **3.** Lyrica Package Insert, 21 December 2022. **4.** Freeman R, Durso-DeCruz E, Emir B. Efficacy, Safety, and Tolerability of Pregabalin Treatment for Painful Diabetic Peripheral Neuropathy. Diabetes Care. 2008 July; 31(7): 1448-1454. **5.** Satoh J, Yagihashi S, Baba M, et al. Efficacy and safety evaluation of pregabalin treatment over 52 weeks in patients with diabetic neuropathic pain extended after a double-blind placebo controlled trial. J Diabetes Invest. 2011 December; 2(6): 457-463.

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SOUTH AFRICAN SOCIETY OF PSYCHIATRISTS

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

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SOUTH AFRICAN SOCIETY OF PSYCHIATRISTS

SASOP PRESIDENT UPDATE - 2ND HALF 2024

It has been a pleasure to complete the first year in the role of SASOP President. The year has presented itself with opportunities and innovative engagements that have set the tone for my term. My key priorities included a focus on 1) Child & Adolescent Mental Health, 2) Strengthening SASOP's role in Academic Psychiatry and Research, and 3) Social Responsibility for Science communication.

I am delighted to highlight the following progress in terms of the priorities:

1. CHILD & ADOLESCENT MENTAL HEALTH

- SASOP was invited to lead an APA CEO hosted symposium on the Challenge of Child &Adolescent Mental health services and training in South Africa at the American Psychiatric Association Meeting in New York (May 2024).

  This was well received and generated interest and opportunity for engagement within the APA and its affiliate.

  The President Elect Dr Anersha Pillay and myself also attended a meeting of international member societies to discuss Psychiatry and challenges across the globe hosted by the APA.

- **Action:**
  SASOP was invited to be part of the WPA Section standing committee on Education and Publications – I currently serve on this committee and will also be sharing ideas and presenting the South African Perspective at the WPA meeting in Mexico in November 2024.

2. ACADEMICS AND RESEARCH:

- Collaboration in this area has been fruitful and has involved a number of academic contributions from SASOP which included:

a. Hosting a successful webinar of 800 signed up members attending the **Royal college of Psychiatrists UK** Deans' Grand Rounds – entitled: *"Integrating Perinatal & Infant Mental Health Services in resource constrained settings".*

Anusha Lachman

This was led by the Women's mental health SIG (Dr's Lavinia Lumu, Bavi Vythilingum & Anusha Lachman) https://www.youtube.com/watch?v=ttX1AgawoC0

b. Production of care pathways for the management of Depression in Children by the CAPSIG, as well as Position statements on topical and critical areas in Psychiatry by the SUD, Interventions and SEP SIGs.

c. Talks by various members of the Board Directors through out the year with Pharmaceutical partners for co-hosted Academic weekends, and PsychMG/SASOP roadshows.

- Strengthening partnerships with affiliated organizations including Africa Global Mental Health Institute (AGMHI) which involves the Past Presidents (Prof Chiliza and Dr Mvuyiso Talatala), Chairs of SIGS (Prof Laila Asmal, Dr Siki Mdletya) and the SASOP President A Lachman, playing roles in directorships, and chairing working groups such as Research, Advocacy, Training/education and Clinical Care Delivery.

- Formalizing partnership with the CMSA, for SASOP to play a more integrated role in the support and training of registrars.

- **Action items**

a) Currently in the process of reconstituting the editorial board of the SAJP with Profs Chiliza

SOUTH AFRICAN SOCIETY OF PSYCHIATRISTS

and Asmal as the helm, and rethinking funding models for sustainability of the journal.

b) The creation of the Training Institute for SASOP – which will include research support for psychiatrists and registrars, as well as the development of short courses and CPD programs for training and upskilling in key areas of psychiatry.

3. SOCIAL RESPONSIBILITY FOR SCIENCE COMMUNICATION

- We have actively attempted to focus the spotlight on mental health in SA and this has taken the form of clearer messaging and addressing misinformation in the media.

- Online, digital platforms and broadcasting media have been the target of our awareness campaigns which have included a range of topics focussing on women's mental health, physical wellbeing and mental health, early childhood adversity and psychedelic medications.

- **Action:**
  We continue to engage with our PR and media company Jigsaw to facilitate a more targeted and clearer social and broadcast media focus in the next 2 years with novel topics and welcome any ideas and volunteers.

I look forward to the next year as SASOP President, and would like to encourage you to please contact me to engage openly, respectfully and thoughtfully on how I can assist in supporting the membership and steering the profession under the leadership of SASOP in a more inclusive way.

I welcome any feedback and ideas, thoughts or reflections throughout my term – email me directly at **anusha.sasop@gmail.com**

Warm Regards

Anusha Lachman

SASOP President 2023-2025

SOUTH AFRICAN SOCIETY OF PSYCHIATRISTS

BIOLOGICAL PSYCHIATRY
ORGANISING COMMITTEE WELCOME

It is with great excitement that we welcome you to the Biological Psychiatry Congress 2024, taking place at the Century City Convention Centre in Cape Town, the Mother City. This year, we are thrilled to present our theme, "Brain and Mind: Broadening Horizons," which reflects our commitment to advancing the field of biological psychiatry and brain health through innovative research, collaborative dialogue, and intentional interdisciplinary exploration.

As we gather in this beautiful and historically rich city, we are reminded of the power of collective knowledge and the importance of diverse perspectives in addressing the complex scientific and ethical challenges in psychiatry. Cape Town, known for its breathtaking landscapes and cultural diversity, serves as the perfect backdrop for our discussions on the intricacies of the human brain and mind.

This Congress brings together leading experts, researchers, and practitioners from South Africa and around the world in an environment of collaboration and inspiration. Our programme is designed to facilitate engaging conversations and thought-provoking debates on the latest advancements in biological psychiatry. We have curated a range of sessions, including keynote presentations, panel discussions, and workshops that delve into the intersection of neuroscience, psychiatry, psychology, and broader medicine and public health.

We are privileged to host distinguished speakers from across the globe who will share their insights on a variety of topics, from the neurobiological underpinnings of mental disorders to emerging therapeutic strategies that bridge the gap between brain function and emotional and psychological well-being.

The emphasis on "Broadening Horizons" encourages us to look beyond traditional boundaries, integrating findings from genetics, neuroimaging, psychopharmacology, and neuroethics, among others, to enhance our understanding of mental health and illness.

Soraya Seedat

Throughout the Congress, there will be numerous opportunities for networking, allowing you to connect with peers, exchange ideas, and explore potential collaborations. Whether you are a seasoned researcher, a clinician, or a student, your contributions are invaluable to the dialogue that will unfold over the coming days.

We also recognise the importance of addressing global mental health challenges, particularly in the context of South Africa and the African continent more broadly, where unique cultural and socio-economic factors influence mental health care delivery. We are delighted to welcome several talented early-career researchers and clinicians from Africa, selected through a competitive process, who will share their research insights with us.

We hope that the knowledge gained at the Congress will not only inform your practice but also inspire you to push the boundaries of research and clinical care in biological psychiatry.

In closing, we extend our deepest gratitude to our sponsors, committee members, and our organising partner, whose hard work and dedication have made this Congress possible.

We wish you a productive and highly enjoyable experience at the Biological Psychiatry Congress 2024. Let us collectively strive to broaden our horizons and advance our understanding of the brain and mind for the benefit of all.

Soraya Seedat

Soraya Seedat is Chair of the Biological Psychiatry 2024 Scientific and Organising Committee and Executive Head of the Department of Psychiatry at Stellenbosch University. **Correspondence: sseedat@sun.ac.za**

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SPEAKERS

PLENARY TALKS

OLIVER HOWES (UK)

Keynote: From mechanism to new treatment targets for psychosis

Parallel Session: Addressing treatment resistance better: community initiation of clozapine

Oliver Howes is Head of Department, Psychosis Studies and Professor of Molecular Psychiatry at the Institute of Psychiatry, Psychology & Neuroscience (IoPPN) at King's College London. His clinical work is as a Consultant Psychiatrist at the Maudsley Hospital, London, where he runs a general adult community mental health team. He heads the Psychiatric Imaging Group. The group investigates the neurobiology of major mental illnesses and the development of novel treatments. It focuses on the translation of basic science findings into first in human and early phase clinical studies. ISI Thompson has identified 18 of his papers as in the top one per cent by citations; Faculty 1000 has identified 10 papers as outstanding & Science Watch identified two papers as amongst the top six in psychiatry by citations for the year. The group's preclinical work involves the development of novel radiotracers and pharmacological probes to take into human studies and the development of preclinical models of the neurobiology of major mental illnesses. These include developmental, genetic, and pharmacological rat and mouse models, including sub-chronic ketamine, cocaine and chemogenetic (DREADD) challenges. The group uses a variety of in vivo and ex vivo techniques including behavioural testing, PET imaging in mice and rats with and without blocking agents, autoradiography, confocal microscopy, and immuno-histochemistry. The group's human work focuses on experimental medicine studies in patient cohorts and healthy volunteers. Approaches include in vivo imaging with PET, fMRI, and MRS coupled with pharmacological or behavioural challenges. The group uses a number of functional and pharmacological challenge procedures, for example to target the immune, serotinergic, dopaminergic and cannabinoid systems. In addition the group conducts first in human and first in disorder studies with new drugs and radiotracers, including in vivo validation using blocking agents and pharmacokinetic modelling. This has involved developing novel modelling approaches and methodological developments. The group also conducts studies on imaging and blood based biomarkers for stratification of disorders.

PROF ANTHONY DAVID (UK)

Keynote: Insight in psychiatric disorder: Is it in the brain?

Parallel Session: Catatonia: Recent advances

Prof Anthony David graduated in medicine from Glasgow University in 1980 and trained in neurology before entering psychiatry at the Maudsley Hospital, London. He also has a Masters degree in Cognitive Neuropsychology. He was an honorary consultant at the Maudsley from 1990-2018 and was awarded a personal chair from the Institute of Psychiatry, King's College London in 1996. He was Vice Dean for Academic Psychiatry at the IoPPN in 2013-8. He has a wide and diverse range of research interests including schizophrenia, neuropsychiatry, medically unexplained syndromes and neuroimaging – both structural and functional. He is especially interested in the concept of insight in schizophrenia and how this relates to treatment compliance and decision making capacity. He is a Fellow of the Royal College of Physicians, the Royal College of Psychiatrists and the Academy of Medical Sciences; a member of the Experimental Psychology Society and a founder member of both the British Neuropsychological Society and British Neuropsychiatry Association and was Chairman to the latter from 2004-7. He delivered the inaugural "King's Lectures" in 2018 on the topic "Psychiatry, Science and Society". He is President of the International Neuropsychaitric Association (2022-24). He joined UCL as the Director of the Institute of Mental Health in 2018. He is an honorary consultant neuropsychiatrist at the National Hospital for Neurology, Queen Square UCLH. He is the editor of the journal "Cognitive Neuropsychiatry" and has co-edited several books including, The Self in Neuroscience and Psychiatry (2003) with Tilo Kircher, and Insight and Psychosis (2nd Ed) (2004) with Xavier Amador; and Lishman's Organic Psychiatry (2009). "Into the Abyss: a neuropsychiatrist's notes on troubled minds" (Oneworld Pbs, 2020). He is the author of over 650 publications in peer reviewed medical and scientific journals.

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References: 1. Rosenberg R, Murphy P, Zammit G, et al. Comparison of Lemborexant With Placebo and Zolpidem Tartrate Extended Release for the Treatment of Older Adults With Insomnia Disorder: A Phase 3 Randomized Clinical Trial. JAMA Netw Open. 2019 Dec 2;2(12):e1918254. **2.** Kärppä M, Yardley J, Pinner K, et al. Long-term efficacy and tolerability of lemborexant compared with placebo in adults with insomnia disorder: results from the phase 3 randomized clinical trial SUNRISE 2. Sleep. 2020 Sep 14;43(9):zsaa123. **3.** Dayvigo® Professional Information. Approval date, 15 August 2023. **4.** Beuckmann CT, Suzuki M, Ueno T, et al. In Vitro and In Silico Characterization of Lemborexant (E2006), a Novel Dual Orexin Receptor Antagonist. J Pharmacol Exp Ther. 2017 Aug;362(2):287-295

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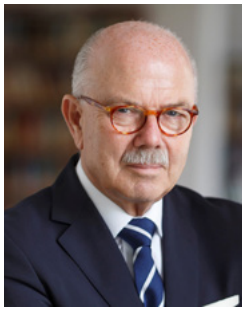
PROF MERETE NORDENTOFT (DENMARK)

Keynote: Suicide prevention and early intervention in psychosis

Parallel Session: Use of virtual reality in the treatment of psychosis

Merete Nordentoft is a clinical psychiatrist and Professor of Psychiatry, University of Copenhagen. Merete Nordentoft played a leading role in developing and implementing early intervention services in Denmark. She is an expert in epidemiology, suicidal behavior, psychopathology and early intervention in psychosis. She has led the process from research to implementation of early intervention services all over Denmark, and all over Europe, she has been a strong advocate for improvement of services for people with first episode psychosis. Professor Nordentoft has worked with suicide prevention at a national level since 1997, and together with a group of epidemiologists from Nordic countries, she has demonstrated that life expectancy for people with schizophrenia is 15 to 20 years shorter than in the general population. She initiated the Danish High Risk and Resilience Study VIA 7 -a representative cohort study of 522 7-year-old children with 0, 1, or 2 parents with schizophrenia or bipolar disorder. The cohort was assessed at age 11, age 15 and now age 19. In 2018, she published the book: "How do we create the future psychiatry?" and she is a strong advocate for improving mental health and mental health services in general and especially for young people. Professor Nordentoft was given the prestigious awards: The Golden Scalpel, Global Excellence in Health, the Richard Wyatt Award, the Marie and August Krogh Award and the Novo Nordisk Prize. From 2017 to 2023 she was amongst the one percent most often cited researchers in Clarivate Analytics. She was the president of IEPA from 2012 to 2014, and she has serves as general secretary for International Association for Suicide Prevention. She is president in Schizophrenia International Research Society and for Danish Psychiatric Society.



PROF WOLFGANG GAEBEL (GERMANY)

Keynote: Schizophrenia or other psychotic disorders: ICD-11, DSM-5 (-TR), and beyond

Parallel Session: The evidence base and global use of digital interventions in schizophrenia and other psychoses

Dr. med. Wolfgang Gaebel is a Professor of Psychiatry and Psychotherapy, former Director of the Department of Psychiatry and Psychotherapy at the Heinrich-Heine University, Düsseldorf (Germany) and Medical Director of the LVR-Klinikum Düsseldorf. He is Director of the WHO Collaborating Centre for Quality Assurance and Empowerment in Mental Health (DEU-131), and he is Member of the WHO Medical Scientific Advisory Committee (MSAC). From 2014 to 2016 he was Founding Director of the LVR-Institute for Mental Healthcare Research at the LVR-KD Düsseldorf. Prof. Gaebel was twice President of the German Society of Psychiatry, Psychotherapy and Psychosomatics (DGPPN 1995/6, 2007/8), 1999-2002 he was President of the German Society of Biological Psychiatry. From 2000-2016 he was Vice-President of the German Association of the Medical Scientific Societies (AWMF). 2015/6 he served as President of the European Psychiatric Association (EPA), 2015-2021 as President of the European Scientific Association of Schizophrenia and other psychoses (ESAS), 2022 as Vice President of the European Brain Council. 2008-2020 he was chairing the German Alliance on Mental Health. Prof. Gaebel was chairing the WHO Working Group on Psychotic Disorders for ICD-11, and he was also a member of the APA Working Group on Psychotic Disorders for DSM-5. Prof. Gaebel is chairing the WFSBP Task Force on Nosology and Psychopathology, the WPA Section on Quality Assurance, co-chairing the WPA Section on Schizophrenia, and he is also chair of the WPA Expert Group on Impact of Digitalisation. Prof. Gaebel was the initiator, speaker and a principal investigator of the German Competence Network on Schizophrenia funded by the German Federal Ministry of Education and Research (BMBF). His professional research interest includes psychopathological and psychopharmacological aspects of schizophrenia, treatment guide-lines and quality management, mental health service, stigma and discrimination, revision of classification, and promotion of digital mental health. Since 2001, Prof. Gaebel is a Member of the German National Academy of Science Leopoldina. In 2020, he was honored by the DGPPN with the Wilhelm-Griesinger Medal for lifetime award.

PROF CATHERINE MUMMERY (UK)

Keynote: Beyond amyloid: emerging tau therapies in dementia

Parallel Session: Roundtable Discussion: How can we realistically address the key barriers to advancing Alzheimer's Disease prevention and treatment in the next 5 years?

Cath Mummery is a Professor of Neurology and consultant neurologist at the National Hospital for Neurology and Neurosurgery. She is chair of the NIHR Dementia Translational Research Collaboration, and Director of the NIHR UK Dementia Trials Network, building a national unified trials network for early phase clinical trials and working with the Mission to accelerate and enhance dementia translational research in novel treatments. She is Head of Clinical Trials at the Dementia Research Centre at University College London. She has been chief investigator on over 20 early phase drug trials of potential disease modifying

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REFERENCES: 1. Chu B, Marwaha K, Sanvictores T, *et al.* Physiology, Stress Reaction - StatPearls - NCBI Bookshelf 2022. Available from: https://www.ncbi.nlm.nih.gov/books/NBK541120/?report=printable (Accessed 12 March 2024). **2.** Święcicki Ł. Therapy of anxiety disorders – the problem of choosing a drug in the primary health care physician's practice. *Paediatr Fam Med* 2015;2(1):82–91.

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agents in sporadic Alzheimer's disease (AD), and genetic forms of AD and frontotemporal dementia. As clinical lead for the UCL Neurogenetic Therapies Programme, she leads a programme of innovative collaboration between industry and academia to accelerate progress in genetic therapies in dementia. Her driving ambition is to ensure we not only have treatments that can alter the course of neurodegenerative diseases like Alzheimer's, but that we can deliver them promptly, safely and equitably.was honored by the DGPPN with the Wilhelm-Griesinger Medal for lifetime award.

DR COLLENE LAWHORN (USA)

Keynote: Mental health disparities in the COVID-19 era: Implications for research and practice

Parallel Session: Navigating NIMH funding: Opportunities in mental health research

Collene Lawhorn, Ph.D., is the COVID and Mental Health Impact Lead at the National Institute of Mental Health (NIMH) and Co-lead of the NIMH Global Mental Health Team. Her work focuses on understanding the acute and long-term effects of COVID-19 on mental health, with special attention to health disparities populations. As the global team's co-lead, Dr. Lawhorn works with NIMH staff on multidisciplinary approaches to address mental health research needs in low-resource settings worldwide. Prior to this role, Dr. Lawhorn led NIMH's HIV Communication, Dissemination, and Engagement Research Program and the National NeuroAIDS Tissue Consortium in the Division of AIDS Research. She also co-led strategic planning efforts in the Science Policy and Evaluation branch of the Office of Science Policy, Planning and Communications, and global mental health reporting. Before joining NIMH, Dr. Lawhorn served as a Senior Research Advisor at the United States Agency for International Development in the Global Health Bureau's Office of Maternal and Child Health, where she focused on Congressional research communications and programs to prevent child injury. Dr. Lawhorn received her undergraduate degree in Communication from the Rochester Institute of Technology, a Masters in Psychological Services from the University of Pennsylvania and a Ph.D. in Neuroscience from the Albert Einstein College of Medicine.

INVITED LECTURE

PROF CHERIE ARMOUR (UK)

TOPIC: Understanding psychological resilience in the aftermath of potentially traumatising life events

Cherie Armour is a Professor of Psychological Trauma and Mental Health in the School of Psychology at Queens University Belfast. Professor Armour is the Director of the Research Centre for Stress Trauma and Related Conditions (STARC). Cherie is a trauma psychologist who received her first degree from Ulster University achieving a first class honours in Psychology in 2007. Cherie transitioned straight into a D.Phil at Ulster University, completing her PhD in 2010. In 2010 Cherie commenced an MSc in Forensic Psychology at Coventry University on a part-time basis whilst also commencing a postdoctoral research position at the University of Southern Denmark. In 2012, Cherie commenced her first lectureship position at Ulster University. In 2015 Cherie was promoted to Reader in Psychology, and in 2016 Cherie was promoted to Chair. In 2016, Cherie commenced a new role as Associate Dean for Research & Impact and Director of the Institute of Mental Health Sciences in the Faculty of Life & Health Sciences. In 2019, Cherie moved to the role of Professor of Psychological Trauma and Mental Health at Queens University Belfast.

INVITED WORKSHOP

PROF MELISSA MILANAK (UK)

TOPIC: An introduction to Cognitive Behaviour Therapy for Insomnia (CBT-I)

Dr. Melissa Milanak is a licensed clinical psychologist and an Associate Professor in the Department of Psychiatry & Behavioral Sciences at the Medical University of South Carolina (MUSC). Dr. Milanak holds a bachelor's degree from Bucknell University and a PhD in Clinical & Community Psychology from the University of Illinois at Urbana-Champaign. She completed her post-doctoral training at the Medical University of South Carolina (MUSC), where she maintains an active academic career providing clinical services in the Sleep & Anxiety Treatment and Research Program, serving as the Director of Continuing Education, and conducting federally-funded research. Dr. Milanak played a pivotal role in establishing MUSC's Resiliency Clinic, offering support to healthcare workers during the pandemic, and designed innovative, empirically-supported treatment programs for sleep, stress, and anxiety for intensive outpatient addictions programs. Most recently, her work has extended to global initiatives, including a pilot program with Stellenbosch University

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1.Citrome L, McEvoy JP, Todtenkopf MS, McDonnell D, Weiden PJ. A commentary on the efficacy of olanzapine for the treatment of schizophrenia: the past, present, and future. Neuropsychiatric Disease and Treatment. 2019 Sep;15(15):2559–69.

and Tygerberg Medical System in South Africa, aiming to roll out a culturally adapted sleep treatment protocol for adolescents. As the founder of MIND Impact Consulting, Dr. Milanak frequently serves as a keynote speaker on sleep and its impact on workplace effectiveness, stress, anxiety, and wellbeing for businesses around the world, and she recently gave a TEDx talk on sleep and optimal performance highlighting the critical importance of sleep for professional success and personal well-being. She actively engages in pro bono work, supporting athletes, active military, veterans, and entrepreneur groups, emphasizing the critical role of sleep in overall well-being.

INVITED PANEL

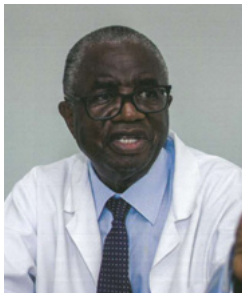
Topic: Diagnosis and treatment of mental illness on the African continent: Advances that are informing and shaping psychiatry globally

PROF LUKOYE ATWOLI (KENYA)

Prof. Lukoye Atwoli is a leading Psychiatrist, currently serving as the Dean of the Aga Khan University Medical College in East Africa, the Deputy Director of the Brain and Mind Institute, AKU, and a practicing Psychiatrist at the university's hospital in Nairobi. He has an extensive academic background, including a PhD from the University of Cape Town, focusing on trauma and PTSD in South Africa. As a member of the World Mental Health Surveys Consortium, Prof. Atwoli is widely published, with research interests in trauma, PTSD, genetics of mental disorders, children and youth mental health, as well as HIV-related mental health. Prof. Atwoli holds key leadership roles including President of the African College of Neuropsychopharmacology (AfCNP), Secretary-General of the African Association of Psychiatrists (AAP), Chairperson of the Board of the Mathari National Teaching and Referral Hospital in Kenya, and co-Chair of the Board on Global Health of the US National Academies of Sciences, Engineering and Medicine. As a strong mental health advocate, he has influenced policies both in Kenya and internationally, earning him honors such as the International Fellow of the American Psychiatric Association (IFAPA), the Moran of the Order of the Burning Spear (M.B.S), and election to the US National Academy of Medicine (NAM).

PROF NOELINE NAKASUJJA (UGANDA)

Noeline Nakasujja is an Associate Professor and immediate past Chair of the Department of Psychiatry at the College of Health Sciences, Makerere. She is also the immediate past Chair for the Uganda Society for Health Scientists. Her research interests include geriatric psychiatry and cognitive impairment in HIV/AIDS. Her work has focused on neurocognitive assessments across the life span as well as other areas in the field of psychiatry. She has published numerous papers in peer reviewed journals, supervised several students' projects both at undergraduate and post graduate level. She has been a recipient of several grants that she has managed successfully. She has been honored with a numerous award that include: Uganda Medical Association best researcher, The International Psychogeriatrics Association Young Investigators award, Center for AIDS research award for best poster presenter and Outstanding mentor for the American Academy of Child and Adolescent psychiatry. She has also received recognition for her scientific achievements from the Uganda Society for Health Scientists and was the recipient of the James Kimani award, Society of Neuroscientists of Africa.



PROF SEGGANE MUSISI (UGANDA)

Professor Seggane Musisi, MD FRCP(C) is former Chair of Psychiatry at Makerere University where he obtained his medical degree before joining the University of Toronto, Canada, for specialization in Psychiatry with special interest in Psychosomatics, Liaison and Intensive Care Psychiatry. In 2000 he returned to Uganda and founded an NGO, the African Psycare Research Organization (APRO), to research, teach and consult on African mental health problems and their management. He has worked in Government, university and private psychiatric settings. He is a Fulbright New Century Scholar and a Fellow of the Uganda National Academy of Sciences and is the founder and CEO of Entebbe Lakeside Hospital. He is widely researched and published in the psychiatry of trauma, HIV/AIDS, Severe Mental Illness and old age psychiatry as seen in Africa.

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LOCAL SPEAKERS

PROF KATE COCKCROFT

TOPIC: The multilingual brain: From bilingual advantage to cognitive reserve

Kate Cockcroft is a Professor in the Department of Psychology at the University of the Witwatersrand, where she obtained her PhD. She holds dual registrations with the Health Professions Council of South Africa in the categories of Neuropsychology and Research Psychology and has many years' experience teaching undergraduate and postgraduate courses in cognitive psychology, neuropsychology, cognitive neuroscience, developmental psychology and psychological assessment. Kate's scholarly work addresses theoretical and practical issues of local and global relevance related to the relationship between executive functioning and multilingualism, the malleability of executive functions, as well as valid and fair ways of assessing these abilities. These interests, and others within the field of cognitive neuroscience, have resulted in nationally and internationally funded research studies, and 97 publications. Kate is an executive editor of the African Journal of Psychological Assessment and a member of the Academy of Science of South Africa (ASSAf).

PROF ERIC DECLOEDT

TOPIC: Personalised medicine in psychopharmacology

Eric Decloedt is a medical doctor specialised in clinical pharmacology and an associate professor and Divisional Head of Clinical Pharmacology at Stellenbosch University / Tygerberg Hospital. He is the current president of the South African College of Clinical Pharmacologists. He main research interest is to optimise therapy within the South African context and he is interested in the application of personalised medicine in clinical practice with several projects exploring optimising drug therapy using drug concentration measurements and pharmacogenetics. Related to psychopharmacology, his PhD researched the pharmacotherapy of HIV associated neurocognitive impairment. He is co-PI on NIH-funded studies examining metformin as an intervention to reduce cerebrovascular dysfunction in South Africans with HIV and metabolic syndrome; and a case-control study studying antiretroviral therapy adherence in people with HIV presenting with stroke.

PROF BEN LOOS

TOPIC: Mitochondrial function and dysfunction in neurodegenerative disease and its relationship with proteostasis control

Ben Loos leads the Neuro Research Group. Over the last 13 years he has sought to gain a better understanding of the role of autophagy activity, i.e., autophagic flux, in the onset of cell death associated with neurodegenerative diseases and gliomas. Ben's research focus centres around Alzheimer's disease and neuronal aging, malignant brain tumours, as well as neuronal injury and trauma. To study the dynamics of the onset of cell death he uses various microscopy techniques that allow single cell and tissue analysis with high localization precision and quantitative power. These include molecular/fluorescence imaging techniques such as structured illumination microscopy, quantitative single-molecule imaging approaches such as stochastic optical reconstruction microscopy (STORM) as well as photo-activation- and FRET. A novel control analysis and biophysics approach made it possible to assess the localization and extent of control (as opposed to regulation) of autophagy activity, as well as the quantitative assessment of complex and dynamic intracellular networks formed by tubulin and mitochondria. This approach led to the development of a new methodology to quantify autophagic flux in a more standardized fashion. Recently, correlative light and electron microscopy (CLEM), light sheet microscopy and CLARITY have been implemented, to allow for enhanced translation using pre-clinical spheroid models and rodent brain tissue. His research is anchored in strong collaborative activities with electrical/electronic engineering, which has led to four patents associated with an autophagy sensing device, as well as virtual reality guided 3-dimensional precision analysis and mitochondrial dynamics software tools. The spinout company 'Phagoflux' that was established in 2020 aims to develop autophagy sensing tools for the research, pharma, diagnostics and wellness market.

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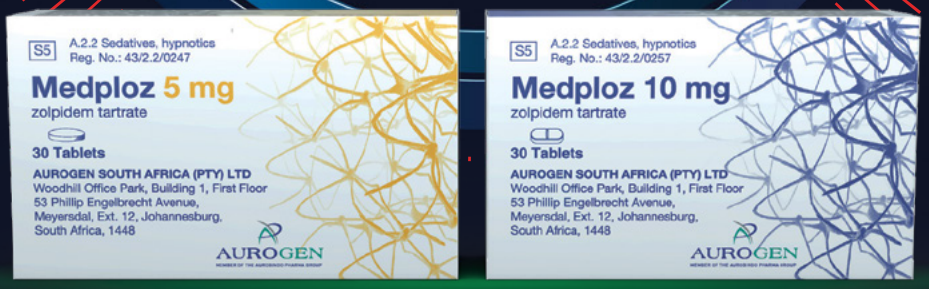

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PROF KEYMANTHRI MOODLEY

TOPIC: Brain computer interfaces: Are there any ethical concerns?

Keymanthri Moodley is a Distinguished Professor in the Department of Medicine and Head of the Division of Medical Ethics and Law, Faculty of Health Sciences, Stellenbosch University, South Africa. The Division was re-designated as a Collaborating Centre in Bioethics in 2023 for the third time by the World Health Organisation (WHO), one of twelve in the world and the first on the African continent. Keymanthri is also an Adjunct Professor in the Department of Social Medicine, University of North Carolina-Chapel Hill, USA. She is a specialist family physician, bioethicist, an NRF rated researcher (established scholar with international recognition) and a member of the Academy of Science of South Africa (ASSAf). To date, she has served as Principal Investigator on 5 NIH grants and has just over 130 publications (journals, books, book chapters). The Division has trained 40 mid-career professionals from 10 African countries in bioethics and currently has 4 PhD graduates and 4 PhD trainees. Keymanthri serves on the Scientific Advisory Committee of EDCTP. She currently co-chairs the WHO Working Group on Developing Guidance for Clinical Ethics. Her most recent NIH funded research project explores ethical, legal and social issues (ELSI) in Data Science Innovation in Africa. The group is working on the ELSI of big data and Artificial Intelligence in the African context. Keymanthri is a member of the WHO Ethics and AI Expert Group.

PROF MICHÈLE RAMSAY

TOPIC: Exploring the genetic architecture of depression in African populations

Director of the Sydney Brenner Institute for Molecular Bioscience, Professor in Human Genetics, and South African Research Chair in Genomics and Bioinformatics of African Populations at the University of the Witwatersrand. Michèle is committed to promoting research excellence and capacity strengthening in the fields of genomics and precision medicine in Africa and contributing to research that accurately represents African populations in global science. As a founding member of the H3Africa consortium she leads the AWI-Gen Collaborative Centre, and is a co-PI on the Genetics of Depression in Africa research group (DepGenAfrica). She is co-chair of the International Human Cohorts Consortium, member of the African Population Cohorts Consortium Blueprint Committee and the WHO Technical Advisory Group for Genomics.

PANEL

Topic: Diagnosis and treatment of mental illness on the African continent: Advances that are informing and shaping psychiatry globally

PROF DANE STEIN

TOPIC: Mitochondrial function and dysfunction in neurodegenerative disease and its relationship with proteostasis control

Dan J Stein is Professor and Chair of the Dept of Psychiatry at the University of Cape Town, Director of the South African Medical Research Council's Unit on Risk & Resilience in Mental Disorders, and Scientific Director of UCT's Neuroscience Institute. Dan's training includes doctoral degrees in both clinical neuroscience and philosophy, and a post-doctoral fellowship in psychopharmacology. He is a clinician-scientist-advocate whose work has long focused on anxiety and related disorders, including obsessive-compulsive spectrum conditions and posttraumatic stress disorder. His approach is integrative, moving between bench (laboratory neuroscience), bed (clinical research), and bundu (public health). He has influenced the field by collaboration (across South Africa, Africa, and the world), by mentorship (his mentees have worked on a range of topics relevant to South Africa and Africa, and they occupy leadership posts in a number of areas including addiction psychiatry, child health, liaison psychiatry, neurogenetics, neuroimaging, neuropsychiatry, public mental health, psychopharmacology, and psychotherapy), and by publication (Google h-index > 130, perhaps the highest of any African scientist)

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ORAL PRESENTATION ABSTRACTS

PREVALENCE AND PATTERN OF SUBSTANCE USE AMONG ADOLESCENT STUDENTS AT PUBLIC SECONDARY SCHOOLS IN MOGADISHO-SOMALIA

Dr Mustafa Ali
mustafxabeeb@gmail.com

Mustafa Ali, Ilyas Shobai, Marian Ali

BACKGROUND
The use of substances among teenagers is still a significant global public health issue. Understanding the usage trends and factors related to substance use in adolescents is crucial due to the potential negative health consequences. However, little is known about the prevalence of substance use among high school students in Somalia. This research sought to outline the prevalence of substance use and the related factors among adolescent students in public schools in Mogadishu, Somalia.

METHODS
Simple random sampling was utilized to recruit 422 high school students from public schools in Mogadishu. A structured questionnaire including the ASSIST (V3.0) was used to collect data from the study participants. The study analyzed data on the prevalence of substance use, including sedatives, opioids, tobacco, cannabis, alcohol, and other psychoactive substances. The prevalence and patterns of substance use were analysed using frequencies and percentages. Bivariate and multivariable analysis was performed using binary logistic regression. Level of significance was investigated at 0.05. Stata version 15 was used for data analysis.

RESULTS
A total of 401 secondary school students participated in the study representing a 95% response rate. Majority of the respondents, 62.6% (n =251) were male with 68.3% (n =274) were aged ≥18 years. In investigating the class level, 59.9% (n =240) were in 12th grade. The study found a 63.3% prevalence of substance use among secondary school students, with sedatives (41.6%), opioids (38.4%), and tobacco (27.2%) being the most commonly used substances. Other substances include cannabis (19%), alcohol (17.7%), and various psychoactive agents (24.2%). Key predictors of substance use include living alone (adjusted odds ratio (aOR) = 2.52 (95% CI: 1.05 - 6.02, p = 0.038), having a family history of mental health illness, aOR = 3.76, 95% CI: 1.70 - 8.27, p = 0.001) and students with a family history of substance use (aOR = 2.52, 95% CI: 1.36 - 4.65, p = 0.003).

CONCLUSION AND RECOMMENDATIONS
The burden of substance use among secondary school students is extremely high with living alone and family history of both mental illness and substance use were key predictors. Thus, there is need to implement school and community programs to provide additional support for students living alone as well as introducing family- focused programs that provide education and support for families with a history of

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INCIDENCE AND FACTORS ASSOCIATED WITH NEUROPSYCHIATRIC MANIFESTATIONS AT ONE-MONTH FOLLOWING TRAUMATIC BRAIN INJURY AMONG PATIENTS ADMITTED AT REFERRAL HOSPITALS IN DODOMA, TANZANIA

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BACKGROUND
Traumatic brain injury (TBI) is a significant global health concern, affecting 27-69 million people annually, with a notably high incidence in Africa and LMICs. The onset of neuropsychiatric disorders,

such as depression, apathy, PTSD, anxiety, manic symptoms, and psychosis after TBI alters the overall trajectory with many poor outcomes. Given the scarcity of research in the subject area in Africa and the potential of generating valuable information helpful in designing various interventions to address modifiable risk factors, this study aimed to determine the one-month incidence and factors associated with post-TBI neuropsychiatric manifestations in referral hospitals in Dodoma, Tanzania.

METHODOLOGY

This prospective observational study enrolled 121 patients with moderate to severe TBI at referral hospitals in Dodoma. Baseline data encompassed socio-demographics, clinical, and injury characteristics. At one month, psychiatric manifestations were assessed using standardized tools, including PHQ-9 (for depression), GAD-7(Anxiety), YMRS (mania), AES(apathy), PANNS(psychosis), PCL-5(PTSD), and MoCA (cognitive function). Univariate and multivariable logistic regression analyses were employed to identify risk factors for post-TBI neuropsychiatric manifestations.

RESULTS

Of 121 patients, (95.87%) were males, with population mean age of 31.04±10.41, 38.02% had a history of substance use, and 76.15% was due to motor traffic accidents. 76.04% had moderate TBI, with over half involving close(54.55%), non-penetrative(54.55%), or blunt injuries(59.59%). The one-month incidence of neuropsychiatric manifestations was 80.58%, with apathy (70.87%) being the most common, followed by cognitive impairment (50.48%), depression (27.18%), mania (24.27%), and PTSD (13.59%). Confusion (AOR: 6.156, 95%CI: 1.755-21.587, p=0.0045) and substance use history (AOR: 4.183, 95%CI: 1.013-17.264, p=0.0479) were significantly associated with any neuropsychiatric manifestation.

CONCLUSION

This study highlights a high incidence of neuropsychiatric manifestations in the acute phase of TBI, emphasizing the critical need for early identification and prompt management to prevent complications. Confusion and substance use history are identifiable and manageable risk factors; hence early identification can prevent complications.

COGNITIVE INSIGHT IN ADULTS WITH POSTTRAUMATIC STRESS DISORDER AND CHILDHOOD MALTREATMENT

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BACKGROUND/AIM

Cognitive insight includes the assessment of experiences and beliefs, the review of misinterpretations and the awareness of more helpful alternate conclusions. Although there are suggestions that cognitive insight may play a role in posttraumatic stress disorder (PTSD) the relationship has not been directly investigated. Childhood maltreatment exposure may influence cognitive insight, and this may be a pathway contributing to impaired cognitive insight in PTSD. Our aim is to investigate cognitive insight in PTSD and the association with childhood maltreatment exposure.

METHODOLOGY

This is a cross-sectional observational study and will comprise secondary data analysis of the PTSD cohort (patients and controls) data obtained from the matched case-control SHARED ROOTS study. PTSD diagnoses were determined with the Clinician-Administered PTSD Scale for DSM-5 (Past Month Version) and childhood maltreatment with the Childhood Trauma Questionnaire (CTQ-SF). We will compare cognitive insight scores determined with the Beck Cognitive Insight Scale (BCIS) between PTSD cases and trauma exposed controls (TEC) using multivariate logistic regression, controlling for age, sex, trauma exposure and any other factors significantly different between PTSD cases and TEC. Multivariate linear regression will be used to determine the association between CTQ severity and cognitive insight scores, controlling for age and sex.

RESULTS

We will present results comparing cognitive insight scores between PTSD cases and TEC and the association between cognitive insight and CTQ severity scores. We will also examine whether cognitive insight scores influence the association between childhood maltreatment and PTSD.

CONCLUSION

Investigating cognitive insight in patients with PTSD and trauma-exposed controls (TEC) will help determine whether cognitive insight is impaired in patients with PTSD, which have implications for the assessment and management of PTSD. Furthermore, determining whether childhood maltreatment exposure is associated with cognitive insight and whether cognitive insight influences the association between childhood maltreatment exposure and PTSD will highlight potential routes leading to impaired cognitive insight in PTSD and possible early intervention strategies.

miRNA SIGNATURES IN UMBILICAL CORD BLOOD ASSOCIATED WITH CHILD DEVELOPMENTAL OUTCOMES IN A SOUTH AFRICAN BIRTH COHORT

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BACKGROUND/AIM
Psychological distress is prevalent during pregnancy, affecting approximately 10-20% of women globally. Recently, compelling evidence has been suggesting that foetal exposure to a suboptimal intrauterine environment alters child developmental outcomes via epigenetic mechanisms which are highly regulated by microRNAs (miRNAs). Thus far, there is a paucity of research investigating the association between prenatal maternal psychological distress and miRNA signatures profiled from umbilical cord blood. This study aimed to investigate these transgenerational mechanisms using child miRNA expression profiles, with data from the Drakenstein Child Health Study (DCHS) – an ongoing, longitudinal birth cohort study in South Africa.

METHODOLOGY
The Self-Reporting Questionnaire 20 (SRQ-20) was used as a measure of prenatal maternal psychological distress and the Bayley Scale III was used to assess infant development at 24 months. miRNA sequencing profiles were generated from the umbilical cord blood (UCB) of the index newborns and the Limma-Voom R-package was used to identify differentially expressed miRNA between neonates exposed to prenatal maternal psychological distress versus unexposed controls. Regression analyses were used to model associations between miRNAs associated with prenatal maternal psychological distress, and child adverse developmental outcomes.

RESULTS
Data from 233 DCHS mother-child dyads were included in this analysis. At genome-wide FDR < 0.05, miR-526b-5p was significantly upregulated in neonates exposed to psychological distress versus unexposed controls; and at genome-wide FDR = 0.1 miR-515-5p and miR-516a-5p were upregulated in neonates exposed to psychological distress versus unexposed controls. The results indicated that the expression of miR-526b-5p predicts increased risk for delayed socio-emotional development and the expression of miR-516a-5p predicts increased risk for delayed acquisition of fine motor skills in infants at 24 months.

DISCUSSION
This is a pioneering study that demonstrates a biological interrelationship between the upregulation of UCB miRNAs associated with prenatal maternal psychological distress and the socio-emotional and fine motor domains of infant development at 24 months.

MULTIDIMENSIONAL ANALYSIS OF NEUROMUSCULAR FATIGUE MECHANISMS IN LONG COVID PATIENTS

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BACKGROUND/AIM
Investigating neuromuscular fatigue in Long COVID (LC) and ME/CFS is crucial due to virus- or immune-mediated disruptions causing complex post-viral syndromes with diverse symptoms.

METHODOLOGY
This exploratory study examined the relationships between autoantibodies (AABs) and SARS-CoV-2 epitopes related to neuroinflammation using techniques such as Fractional Anisotropy (FA), structural deformation analysis, heart rate variability (HRV) assessments, skeletal muscle micro vibration (MV) measurements, and electromyographic (EMG) recordings. Sixty-three participants (33 ME/CFS, 30 LC, 10 controls) were classified using clinical assessments and self-report measures.

RESULTS
Patients showed distinct markers, including low skeletal muscle resting tremors, elevated heart rates, diminished HRV, and increased blood pressure. Significant decreases in FA and structural deformations in the SCP reticular formation of the brainstem were observed. Specific areas such as the hypothalamus, fornix, corpus callosum body central, and hippocampus showed decreases in volume and structural anomalies. Certain antibodies influenced the brainstem and reduced muscle tension.

CONCLUSION
The findings suggest that overloaded brain

feedback mechanisms contribute to the symptoms in ME/CFS and LC patients. Identifying these mechanisms opens pathways for potential therapeutic interventions, warranting further research.

THE ROLE OF INTERMITTENT FASTING(IF) IN ENHANCING BRAIN HEALTH AND MANAGING CHRONIC ILLNESSES

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Nutritional Psychiatry represents a rapidly growing field in Neuroscience as it highlights the connection between diet, mental health, physical health as well as brain function. Intermittent fasting (IF) has recently gained significant attention as a dietary strategy with potential benefits for improving brain health and managing chronic illnesses. IF involves periodic cycles of eating and fasting, which are believed to promote metabolic flexibility, improve insulin sensitivity, and reduce inflammation - key factors associated with chronic disease progression.

This presentation aims to explore the various biological mechanisms by which IF may improve brain health and chronic illnesses, including inducing autophagy, a cellular process that removes damaged cells and reduces oxidative stress, which is crucial in conditions like neurodegeneration, aging and cancer. Other potential biological mechanisms such as influencing the gut microbiome, epigenetics, and immune responses will be examined especially with regards to its impact on mental health and other chronic diseases. Furthermore, IF has shown promise in reducing body weight and improving lipid profiles, which are beneficial for cardiovascular and metabolic health.

Although the precise mechanisms and optimal fasting regimens remain under investigation, preliminary findings support the role of IF as an accessible complementary intervention in improving mind, brain and body and thereby potentially improving chronic disease management and prevention.

EVALUATING THE PERFORMANCE OF POLYGENIC RISK SCORE- & MACHINE LEARNING-BASED CLASSIFICATION FOR THE PREDICTION OF POSTTRAUMATIC STRESS DISORDER IN A SOUTH AFRICAN POPULATION

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BACKGROUND/AIM

Posttraumatic stress disorder (PTSD) is a complex psychiatric disorder characterized by symptoms of intrusive thoughts, avoidance behaviors, hyper-arousal and negative alterations in cognition and mood. PTSD is unique among psychiatric disorders in that its identification is conditional upon exposure to a traumatic incident. While 50-85% of individuals are expected to encounter at least one traumatic event in their lifetime, the prevailing prevalence of PTSD is estimated to lie between 3.9 and 5.6% globally. This discrepancy serves to highlight the existence of factors granting individuals contingent resilience or vulnerability to developing PTSD. While the biological underpinnings elemental to PTSD remain largely unknown, prior heritability estimates have suggested that the disorder presents a genetic component that interacts with non-genetic factors to confer risk of or resilience to PTSD.

METHODOLOGY

This study aims to elucidate the molecular mechanisms underlying PTSD by comparing the predictive performance of a series of PTSD-risk proxies in a uniquely admixed South African population. Polygenic risk score- and machine learning-based predictive approaches will be used to construct, optimize, and subsequently validate models tailored to assess genetic risk in our sample. In addition, we will explore the utility of genetically supported predictor variables by utilizing transcriptome analysis to test the generated risk proxies against potential molecular contributors.

RESULTS

Data will be presented on polygenic risk score and machine learning models attempting to identify the optimal method of predicting PTSD status in our sample population.

CONCLUSION

These findings will add to the growing knowledge base on polygenic risk score- and machine learning-based methods in psychiatric studies, supplement our current research on the genetic mechanisms underlying PTSD, as well as help improve existing analytical capabilities associated with interrogating complex datasets in resource-limited environments.

INCREASED BRAIN AGE AMONG PSYCHIATRICALLY HEALTHY ADULTS EXPOSED TO CHILDHOOD TRAUMA

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BACKGROUND/AIM
Adults with childhood trauma exposure may exhibit brain changes typically associated with aging and neurodegeneration (e.g., reduced tissue volume or integrity) to a greater degree than their unexposed counterparts, suggesting accelerated brain aging. Machine learning methods that predict a person's age based on their magnetic resonance imaging (MRI) brain scan may be useful for investigating aberrant brain aging following childhood trauma exposure. Emerging evidence indicates altered brain aging in adolescents with childhood trauma exposure, however this association has not been examined in healthy adults.

METHODOLOGY
We investigated the associations between childhood trauma exposure, including abuse and neglect, and brain-predicted age in psychiatrically healthy adults. "Brain age" predictions were generated from T1-weighted MRI scans using a pre-trained machine learning pipeline, namely brainageR. The differences between brain-predicted age and chronological age were calculated and associations with childhood trauma questionnaire scores were investigated using linear regression.

RESULTS
The final sample (n = 165; mean age 46 ± 16 years, 72% female) included 69 adults with childhood trauma exposure and 84 unexposed adults. Childhood sexual abuse was associated with an average increased brain age of approximately 3 years, while adjusting for chronological age and age-squared, as well as sex, scanner site, and emotional abuse/neglect exposure.

CONCLUSION
This study represents one of the first to investigate brain age in adults with childhood trauma using a machine learning-based prediction model. Our findings suggest a link between childhood trauma exposure, specifically sexual abuse, and accelerated brain aging in adulthood. This may increase the risk of age-related cognitive and neurodegenerative decline and associated disorders later in life.

WHAT DELAY IS PRUDENT AFTER CANNABIS CONSUMPTION IN SAFETY-SENSITIVE OCCUPATIONAL SETTINGS?

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BACKGROUND/AIM
The 2016 SASOP Position Statement on cannabis recognizes an increased risk of motor vehicle accidents - a common proxy for fitness to work in safety-sensitive settings. However, SASOP fails to recommend an appropriate delay ("washout") following cannabis use by safety-sensitive workers or for operating a vehicle. Cannabis impairs cognition and performance, which may result in increased risk of error, accident, and injury. While the pharmacology and the biological basis for occupationally relevant impairment for both tetrahydrocannabinol (9-delta-THC) and cannabidiol (CBD) are reasonably established, there is currently no consensus on the duration of impairment or the "washout" time required after consumption and before initiating safety-sensitive work. Recreational use of cannabis has been legal in Canada since 2018. With a high prevalence of use in construction, the issue of workplace safety became a salient concern. This prompted the Occupational and Environmental Medical Association of Canada (OEMAC) to compile a position statement (derived from a systematic review & meta-analysis) to determine an appropriate "washout" period. Several key industries in Canada have since adopted the OEMAC-recommended 24-hour "wash-out". However, further research has emerged since 2018, necessitating a revisiting of most current evidence on duration of cannabis impairment.

METHODOLOGY
A review of systematic reviews (umbrella review) was conducted to determine the most current and appropriate delay after cannabis consumption in safety-sensitive workers. Our main analysis included all eligible systematic reviews, and despite the wealth of anecdotal evidence and public sentiment among workers, a sensitivity analysis considered results from peer-reviewed publications only. The search identified 5 systematic reviews for inclusion.

RESULTS
Systematic review evidence outlining the duration of neuropsychiatric impairment beyond acute intoxication (n=5) was mixed and methodology varied greatly. The included reviews did not consistently include studies to reflect highly diverse real-world circumstances, e.g. cannabinoid combinations used, dosage, strength of compounds used, route of administration, medical authorization status, combination with other substances and/or alcohol, pre-existing mental disorders, and other common causes of occupational impairment, e.g. fatigue. Due to the heterogeneity of studies included, this umbrella review did not allow for a meta-analysis.

CONCLUSION
Mixed evidence notwithstanding, the "precautionary principle", as applied in Canadian jurisprudence, supports a minimum 24-hour washout.

FACTORS ASSOCIATED WITH BURNOUT AND MENTAL HEALTH OUTCOMES OF SOUTH AFRICAN HEALTHCARE WORKERS DURING THE COVID-19 PANDEMIC

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BACKGROUND/AIM
There is a need to understand the psychological impact as well as personal and professional factors associated with mental health (MH) status among healthcare workers (HCW) during crises such as the COVID-19 pandemic. Utilising the cross-sectional baseline data of HCWs participating in "The feasibility, acceptability and efficacy of a mental health self-management app in health care workers working during the COVID-19 pandemic: A RCT (COVID-MH-Clin)" we assessed which sociodemographic, work-related, and clinical factors were associated with MH outcomes in HCW during the Covid-19 pandemic.

METHODOLOGY
Data were obtained using self-report online questionnaires from 244 HCW (75.8% female, average age 33.1 years) in the Western Cape of South Africa between December 2020 and July 2022. We conducted multivariate analyses to determine which sociodemographic, work-related, and clinical factors were significantly ($p < 0.05$) associated with each MH variable, controlling for age and sex.

RESULTS
Factors associated with anxiety included more hours worked per week, poorer self-rated general health, prior COVID-19 infection, poorer diet in the past month, and poorer sleep quality. Female sex, weight gain in the prior month, exercising less in the prior month, and poorer sleep quality were associated with burnout. Depression was associated with female sex, being separated/divorced/widowed, poorer self-rated general health, weight gain in the prior month, and poorer sleep quality. Finally, posttraumatic stress was associated with younger age, poorer self-rated general health, prior COVID-19, weight gain in the past month, previous diagnosis of a common mental disorder, and poorer sleep quality.

CONCLUSION
Although there were factors that were unique to the different MH conditions, self-perceived deterioration in healthy lifestyle and prior COVID-19 were common factors. These results suggest that improving healthy lifestyle choices alongside MH interventions in HCWs during crisis periods, such as the COVID-19 pandemic, should be addressed.

MALINGERING IN AWAITING TRIAL DEFENDANTS IN SOUTH AFRICA REFERRED UNDER SECTIONS 77, 78 AND 79 OF THE CRIMINAL PROCEDURE ACT: PREVALENCE, PATTERNS AND ASSOCIATIVE FACTORS

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BACKGROUND/AIM
There is a paucity of research on malingering, especially in the South-African context. In the setting of forensic psychiatry, the accurate detection of malingering is vital, as failure to do so leads to significant ethical and legal implications. The aims of the study was to to estimate the prevalence of malingering in the forensic observation setting in South- Africa; to establish the most common presentations of malingering; and to establish possible characteristics that may have an association with malingering.

METHODOLOGY
The study was a quantitative retrospective analysis with a cross-sectional chart review, and was conducted at Sterkfontein Psychiatric Hospital, situated in Gauteng, South Africa. The records of all subjects 18 years and older, who had been admitted for forensic psychiatric observation between 01 January 2018 and 31 December 2019 (478 individuals), were screened for malingering. Evidence of malingering was recorded for 66 of those observandii, and those individuals were included in this study.

RESULTS
The prevalence of malingering that was found in this study population was (13,8%). The majority of the defendants in this study were charged with serious offences, and had a history of substance use. The presence of a personality disorder or trait was noted for 26 of the observandii. The most common clinical presentations of malingering was cognitive impairment, followed by psychotic symptoms, physical symptoms and mood symptoms, in that order. Findings from 23 psychological assessments that were conducted continue to highlights the question of exactly how accurate the diagnosis of malingering is when based on clinical factors alone.

CONCLUSION

The prevalence of malingering in this setting is comparative to that reported in other countries, and this reflects our ability in this setting to detect and record suspected malingering to some accuracy. Recommendations based on the findings in this study are that more specific and detailed note keeping are needed to establish precise patterns of malingering. Furthermore, it should be considered that a referral be made to psychological services for cognitive malingering tests for all obervandii who present with cognitive impairment where possible. Further research on malingering in the forensic setting in South-Africa are needed, to build on findings and conclusions of this study.

DEVELOPMENT AND EVALUATION OF A COGNITIVE BATTERY FOR PEOPLE WITH SCHIZOPHRENIA IN ETHIOPIA

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BACKGROUND

Cognitive difficulties significantly burdened people with schizophrenia (PWS). However, cognitive assessment is often unavailable in low- and middle-income counties (LAMICs) due to a lack of validated and culturally adapted cognitive assessment tools.

OBJECTIVE

In this study, we developed and evaluated a culturally sensitive cognitive battery for PWS in Ethiopia.

METHODS

This study was conducted in three phases. First, we selected appropriate tests through a four-step instrument selection procedure and created a new battery. Then, we rigorously adapted the tests using culturally competent procedures, including cognitive interviewing among 15 purposively selected PWS followed by expert meetings. Finally, we tested the new battery in 208 PWS and 208 controls. We evaluated its psychometric properties using advanced statistical techniques, including Item Response Theory (IRT).

RESULTS

The Ethiopian Cognitive Assessment battery for Schizophrenia (ECAS) was developed from three different batteries. The ECAS includes seven tests to address six cognitive domains. The ECAS took an average of 35 minutes for administration. Participants reported that the tests were easy to complete, and the raters found them easy to administer. All tests had good inter-rater reliability, and the composite score had very high test-retest reliability (ICC = 0.91). One-factor structure better represented the data with excellent internal consistency ($\alpha = 0.81$). ECAS significantly differentiated PWS from controls with 77% sensitivity and 62% specificity at a Z-score ≤ 0.12 cut-off value. Item Response Theory (IRT) analysis suggested that the battery functions best among moderately impaired participants (difficulty between -0.06 and 0.66). Conclusions: ECAS is a practical, tolerable, reliable, and valid assessment of cognition. ECAS can supplement current assessment tools in LAMICs for PWS and can be used to measure cognitive intervention outcomes.

WORKPLACE BULLYING AND MENTAL HEALTH OF MEDICAL INTERNS IN KWAZULU-NATAL, SOUTH AFRICA

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BACKGROUND/AIM

Background: There is a silent epidemic of workplace bullying among medical doctors and often the junior doctors are most vulnerable. Bullying among medical interns has not been formally explored in KwaZulu-Natal, South Africa.

Aim: This study aimed to describe the prevalence and types of workplace bullying, reported perpetrators and the association of bullying on the mental health and quality of life of intern doctors in KwaZulu-Natal (KZN

METHODOLOGY

A cross-sectional online survey was conducted in all state hospitals in KZN that are designated for training of first- and second-year medical interns from June to August 2023.The survey was shared by snowball sampling. A socio-demographic questionnaire, patient health questionnaire -9 (PHQ -9), generalized anxiety disorder (GAD) scale, World Health Organization quality of life scale (WHOQOL), Negative Acts Questionnaire (NAQ) tools and a self-developed survey questionnaire about bullying in the workplace were used.

RESULTS

Out of 270 medical interns employed in KZN, 182 participated in the study and 135 responses were utilized. Forty-seven were excluded because they were incomplete. The median age of participants was 26 years. with majority being females (n=102, 75.6%). All interns reported bullying on the NAQ. 52% of participants scored positive for anxiety and depression on the PHQ-9 and GAD scales. Most participants complained of somatic symptoms recurrent headaches (n=45, 42.5%), chronic lethargy (n= 92, 79.3%), chronic pain (n=26, 25.5%), gastro-intestinal illnesses (n= 44, 42.7%) and sleep disturbance (n=82,67.8%). Loss of interest was reported by 98 (81.0%) interns and absenteeism at work due to workplace bullying by 47 (43.5%) participants. Most participants 74 (61.2%) did not report the bullying and those who did were not satisfied with the outcome 93 (91.2%) of the investigation.

CONCLUSION

This study found a high prevalence of workplace bullying, with anxiety, depression, somatic symptoms and negative effects on quality of life reported by medical interns. It is also concerning that the majority of participants did not report workplace bullying and those that did report were not satisfied with response.

INVESTIGATING THE GUT MICROBIOME IN PATIENTS WITH SCHIZOPHRENIA

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INTRODUCTION

Growing evidence suggests a complex interplay between the gut microbiome and schizophrenia (SCZ) through the microbiome-gut-brain axis. Dysbiosis of the gut microbiome has been observed in SCZ patients, indicating potential associations between specific microbial profiles and disease severity. This study aims to investigate the intricate connections between the gut microbiome and SCZ.

METHODS

16S rRNA (V4) sequence data for 41 patients with SCZ (first-episode psychosis, FEP, n = 24; chronic patients n = 17) and 48 controls from the Shared Roots of Neuropsychiatric Disorders and Cardiovascular Disease Project (SR) were analysed. Patients were recruited from general and psychiatric hospitals and community clinics. The diagnosis of SCZ was based on the Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (SCID-IV).

Data analysis was done in R studio (dada2 pipeline) and QIIME2 (diversity and composition plugins) to assess diversity (PCoA and adonis PERMANOVA) and differential abundances (ANCOM and ANCOM-BC). Covariates included in the analyses were case-control status, sex, and current smoker status.

RESULTS

We found no significant results for cases versus controls or FEP versus chronic cases. The results did suggest that Alistipes (p = 0.064) were enriched in SCZ cases versus controls. Moreover, the results suggested the differential abundance of Methanobrevibacter (p = 0.068) and Butyrivibrio (p = 0.083) were depleted in FEP cases, whereas Gemmiger (p = 0.098) was enriched in chronic cases compared to controls.

CONCLUSION

This is an exploratory study done on a South African population and larger studies are needed to confirm the findings of the gut microbiome's association with case-control statuses and Methanobrevibacter, Butyrivibrio, Gemmiger and Alistipes.

REDUCED BRAIN WHITE MATTER LESION VOLUMES IN PEOPLE WITH MS WHO FOLLOWED A PATHOLOGY-SUPPORTED GENETIC TESTING (PSGT) PROGRAM OVER 10 YEARS, ASSESSED WITH 3-T MRI

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BACKGROUND/AIM

MS is an immune-mediated, chronic inflammatory disorder, resulting in white matter lesions (WMLs) in the brain. Pharmaceutical interventions targeting the immune system have not demonstrated reversal or prevention of WMLs or disability progression. A research study at the University of Stellenbosch with ethics approval since 1996 aimed to elucidate the risk factors for disability progression. Several sub-studies have shown that disability is associated with genetic and lifestyle factors and biochemistry in people with MS (pwMS). A Pathology-supported genetic testing (PSGT) Program provides a method for implementing a personalised risk reduction plan and can be used by referring clinicians to monitor and manage treatment. In the present sub-study, an MRI pilot case control study was performed over a 10 year period to ascertain whether the PSGT Program can reduce or prevent WML formation in pwMS.

METHODOLOGY

PwMS (n=22) were diagnosed before study entry according to standardised criteria, including 1.5-T MRIs at diagnosis and follow-up by their respective neurologists. WML volumes were determined with 3-T MRI using Sequence Adaptive Multimodal SEGmentation (SAMSEG) software, part of FreeSurfer 7.2. Other variables include age at MRI, disease duration, disability status and medication. Disability was assessed using the Expanded Disability Status Scale (EDSS). Genetic-, lifestyle- and biochemical data were obtained for all participants.

RESULTS

PwMS (n=13) who had followed the PSGT Program for more than 10 years, had significantly smaller WML volumes (mm3) compared to pwMS who did not adhere to the Program (n=9) (4950 ± 5303 vs 17934 ± 11139; p=0.002). WML volumes were significantly associated (p=0.02) with disability (EDSS) but not with age (p=0.350), disease duration (p=0.709), or Interferon-β treatment (p=0.70). In some of the pwMS WMLs showed resolution over time.

CONCLUSION

Dietary- and lifestyle changes may lower the risk of developing cerebral WMLs in pwMS and potentially slow disease progression. Larger studies are required to confirm the effectiveness of such interventions in pwMS. PSGT enables a clinical risk assessment algorithm, integrated with genetic test results, which can be used to write a report for each patient, indicating the steps to be taken to reduce their risk for disability.

HAIR PROGESTERONE AS A BIOMARKER OF ANXIETY & SLEEP QUALITY IN SOUTH AFRICAN FEMALES

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BACKGROUND/AIM

Anxiety symptoms and poor sleep quality are common in women. The role of sex hormones, particularly progesterone, in anxiety and sleep quality in women is understudied. Hair progesterone concentrations (HPC) offers a promising method to investigate the association between progesterone and anxiety symptoms and sleep quality of women. In a sample of 159 South African women (mean age 46.5 years; range 18-79 years) we identified the sociodemographic, hair-related, and clinical factors associated with HPC and investigated the association between HPC and anxiety severity and sleep quality.

METHODOLOGY

We utilised the data obtained in the control participants of the 'Understanding the SHARED ROOTS of Neuropsychiatric Disorders and Modifiable Risk Factors for Cardiovascular Disease' project conducted in Cape Town from May 2014

until June 2017. HPC were determined using an established liquid chromatography-tandem mass spectrometry (LC-MS/MS) method. Unadjusted and multiple linear regression models were used to investigate whether sleep quality, measured with the Pittsburgh Sleep Quality Index (PSQI), and anxiety, measured with the Spielberger State-Trait Anxiety Inventory (STAI), were associated with HPC whilst controlling for the sociodemographic, hair related, and clinical factors that were associated with HPC.

RESULTS

HPC was significantly ($p < 0.05$) associated with age, duration of sample storage, hormonal treatment, postmenopausal status, and number of trauma types experienced in adjusted models. Post hoc analyses also showed HPC were significantly higher in trauma exposed (than unexposed individuals). Neither anxiety severity nor sleep quality were significantly associated with HPC.

CONCLUSION

In a sample of South African women, we identified demographic, hair related, and clinical factors associated with HPC, thus informing which factors need to be considered in future research using HPC. Although anxiety and sleep were not associated with HPC, greater trauma exposure was associated with higher HPC, suggesting that it may be a marker of severe stress.

PREVALENCE OF SIGNIFICANT ANXIETY SYMPTOMS AND ASSOCIATED FACTORS AMONG ADULT PEOPLE LIVING WITH HIV/AIDS IN CARE AND TREATMENT CLINIC CENTERS IN KILIMANJARO REGION, TANZANIA: A CROSS-SECTIONAL STUDY

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BACKGROUND

People living with the Human Immune Deficiency Virus (PLWHA) are more prone to generalized anxiety disorder. There is a limited understanding of the prevalence of significant anxiety symptoms and its associated risk factors among adult PLWHA in the Tanzanian context. This study aims to determine the prevalence of significant anxiety symptoms and related risk factors among adult PLWHA attending selected HIV clinics (CTCs) in Moshi Municipality, Kilimanjaro Region.

MATERIALS AND METHODS

We used a multistage random cluster sampling approach to select participants at four CTCs of Kilimanjaro Christian Medical Centre, Mawenzi Regional Referral Hospital, Majengo, and Pasua Health Centre, by location at tertiary, secondary, and primary health care levels. The Kiswahili seven-item Generalized Anxiety Disorder (GAD-7) screening tool assessed levels of generalized anxiety symptoms with significance set at scores ≥ 10.

Sociodemographic and clinical characteristics were collected using a semi-structured questionnaire. Risk factors for significant anxiety (GAD-scores ≥ 10) assessed included perceived social support, HIV-associated stigma, probable depression, coping, and anxiety sensitivity. Bivariate analyses determined risk factors associated with significant anxiety symptoms (GAD-7 ≥10) at p-values ≤0.20 for inclusion in logistic regression models to determine the independence of these risk factors after adjusting for socio-demographic covariates. Adjusted odds ratios with confidence intervals are reported with significance set at a p-value of < 0.05.

RESULTS

Out of 593 PLWHA participants, 12.5% screened positive for significant anxiety symptoms. Participants treated at the tertiary health facility level (AOR=7.4, 95% CI: 6.14-9.04, P-value=0.00), reporting any substance use (AOR= 4.69, 95% CI: 1.12-19.53, P-value = 0.03), screening positive for probable depression (AOR= 5.02, 95% CI: 2.34-11.06, P-value = 0.00), with higher anxiety sensitivity (AOR= 15.39, 95% CI: 3.88-61.14, P-value = 0.00), and lower use of adaptive coping mechanisms (AOR= 3.48, 95% CI: 1.43-8.46, P-value = 0.01) or higher levels of perceived social support (AOR=3.35; 95% CI: 1.61-6.96, P-value = 0.00) showed a higher likelihood of significant generalized anxiety symptoms.

CONCLUSIONS

Significant anxiety symptoms were common among adult PLWHA. Integrating routine generalized anxiety screening and raising PLWHA's and primary caregivers' awareness of GAD is recommended.

ETHICAL COMPLEXITIES OF MEDICAL ASSISTANCE IN DYING FOR PATIENTS WITH SERIOUS MENTAL ILLNESS AS THE SOLE UNDERLYING MEDICAL CONDITION

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BACKGROUND/AIM
More countries are permitting medical assistance in dying (MAiD) for patients suffering from mental disorders as their sole underlying medical conditions. This challenging ethical landscape is fraught with controversy and complexity. This presentation explores the multifaceted ethical controversies surrounding MAiD for patients with serious mental illness.

METHODOLOGY
An overview of the ethical complexities of MAiD for patients with serious mental illness will be presented.

RESULTS
Some of the ethical aspects that will briefly be explored include the role of autonomy, decision-making capacity, the subjective nature of unbearable suffering, prognostic uncertainties, quality of life considerations, externalist arguments, voluntariness, vulnerability and abuse potential. The role of mental health professionals in assessment for and provision of MAiD and the importance of access to mental health and palliative care services will also be considered.

CONCLUSION
By critically examining these ethical controversies, this presentation will strive to foster a nuanced understanding of the complex interplay between mental illness, respect for autonomy, individual rights, compassion, alleviation of suffering, protection and end-of-life decision-making.

ETHICAL LESSONS FOR THE NEXT PUBLIC HEALTH CRISIS

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BACKGROUND/AIM
During the COVID-19 pandemic, the traditional four fundamental principles of medical ethics – autonomy, beneficence, non-maleficence, and justice – were often breached and it was difficult to reconcile the theory with what we were witnessing. For example, the principle of autonomy, which reflects an individual's right to make decisions about their healthcare, including their right to refuse treatment without repercussions, seemed not to apply when the Mayo Clinic terminated around 700 employees for refusing the mandatory Covid-19 vaccination (NBC News, 2022).

METHODOLOGY
review and discussion paper

RESULTS
The principle of non-maleficence, simplified as "do no harm", seemed to be pushed aside in the rush to vaccinate the population. The aptly named "Operation Warp Speed" (Winch et al., 2021) allowed vaccine developers to dramatically reduce the duration of clinical safety trials.

The principle of justice, which emphasises fair resource distribution, was evident as healthcare providers made tough decisions on allocating medical care, hospital beds and ventilators. However, these decisions typically applied only to individuals who reached a health facility. In truth, justice was only narrowly applied. Many people in poor and underserviced communities remained marginalised and were never considered for treatment.

The traditional four principles fall short as they focus largely on the rights of the individual rather than those of the community. To help us make rational decisions in our next public health crisis, we need to incorporate a broader ethical community approach.

CONCLUSION
This presentation discusses alternative constructs including David Jeffrey's (2020) relational ethical approach, which applies the principles of solidarity, equity, relational autonomy, and reciprocity. Alternate ethical approaches emphasise the interconnectedness of individuals within a community and incorporate broader social implications in ethical decision-making processes.

CHILDHOOD TRAUMA IN ADULTS WITH OBSESSIVE-COMPULSIVE DISORDER (OCD): CLINICAL FINDINGS FROM A MULTINATIONAL STUDY

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BACKGROUND/AIM

Although some studies have pointed to an association of early adversity with obsessive-compulsive disorder (OCD), not all findings are consistent. The Global OCD study, a multinational investigation of adult OCD, provided the opportunity to compare exposure to early adversity in individuals with OCD and matched healthy controls, and to determine whether the association of childhood trauma (CT) reached clinically significant levels in any of these groups, and how CT associates with clinical features in OCD (OSF link: https://osf.io/jx8n7).

METHODOLOGY

268 individuals with OCD (mean age [SD]: 29.53 [7.92] years, 54% females) and 256 age- and sex-matched healthy controls (mean age [SD]: 30.01 [8.14] years, 58% females) were assessed with the Childhood Trauma Questionnaire (CTQ). CTQ total scores were also dichotomized into none/minimal and low/moderate/severe levels of CT, and were compared in OCD and controls. In OCD, linear regression models were used to examine associations between CT and OCD severity, OC symptom dimensions, impulsivity/compulsivity, age of OCD onset, and insight, controlling for site, age, sex, SES, and depressive and anxiety symptoms.

RESULTS

At all study sites and in both males and females, individuals with OCD reported significantly higher CT than HCs, with significantly higher proportions of moderate to extreme childhood trauma in OCD than in HCs. In OCD, after adjusting for demographics and anxiety/depression, CT total scores were significantly associated with more anxiety/depression, greater impulsivity/compulsivity, and less insight into the excessiveness and irrationality of OC symptoms. CT total scores were not, however, significantly associated with OCD onset, severity, and symptom dimensions. Physical abuse/neglect in childhood was significantly associated with harm-related OC symptoms, even after adjusting for anxiety/depression.

CONCLUSION

Our findings suggest specific links between the severity of child adversity and some clinical features of OCD. Further work, potentially including neuroimaging, is needed to determine the psychobiological mechanisms that underlie these associations.

PREVALENCE OF NEUROCOGNITIVE IMPAIRMENTS IN CHRONIC PAIN PATIENTS ATTENDING A TERTIARY PAIN CLINIC IN PIETERMARITZBURG, KWA-ZULU NATAL

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BACKGROUND/AIM

Background: Recognizing the prevalence of neurocognitive impairments in chronic pain is vital for improving patient care, guiding research, and creating supportive environments. However, there is a notable absence of epidemiological data on this issue within the South African population.

Aim: This research focused on examining and characterizing individuals experiencing chronic pain, specifically those with objectively measured neurocognitive impairments using the MMSE (Mini-mental state examination) and MoCA (Montreal Cognitive Assessment).

METHODOLOGY

This was a cross-sectional, quantitative, observational, and descriptive study. The study was completed between January 2023 and July 2023 at the Greys Hospital Tertiary Pain Clinic in Pietermaritzburg, Kwa-Zulu Natal, South Africa. The outpatient clinic has a multidisciplinary team serving a wide catchment area in and around uMgungundlovu, including urban, semi-urban, and informal settlements. All registered consecutive patients meeting the criteria—ages 18 to 65, with 3-6 months of care for chronic pain, the ability to read, write, and speak English, and an education level higher than grade 7—were invited to participate during routine follow-up visits. Study information sheets were distributed in the waiting area. Eligible participants were interviewed and completed the MMSE, MoCA, Clinical Data Information, and PSMS (ADLs) questionnaires in one visit. All provided informed consent, and the protocol was approved by the institutional review board (BREC 00004986/2022). All the data was collected by the principal investigator. The data was analyzed using Stata v17, Chi Square/Fisher exact tests with the P value = 0.05

RESULTS

The findings revealed that 73.3% (77) of the 105 participants exhibited neurocognitive impairment as measured by the MoCA tool, while 55.2% (55) demonstrated impairment according to the MMSE tool. Participants with no tertiary level of education scored worse on the neurocognitive test (p-value = 0.02 (MoCA) & 0.04 (MMSE)).

CONCLUSION

Participants with chronic pain display significant neurocognitive impairments and understanding the association between neurocognition and chronic pain will be beneficial for holistic and

optimal care of chronic pain disorders. Routine assessment of cognitive functioning in chronic pain patients is advocated, as it enables pain management clinicians, as a multi-disciplinary team, to establish specific and targeted treatment goals. This approach will lead to improved treatment outcomes.associations.

DETERMINING THE RESILIENCE AND COPING MECHANISMS AMONGST POSTGRADUATE STUDENTS IN THE SCHOOL OF MEDICINE AT THE UNIVERSITY OF PRETORIA

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BACKGROUND/AIM

Postgraduate training is a highly stressful period for trainees. Poor well-being among healthcare professionals leads to medical errors, malpractice suits, infections, patient mortality, poor teamwork, lower patient satisfaction, job dissatisfaction, reduced effort, and rapid staff turnover. Burnout adversely affects quality, safety, and health care system performance, therefore there is a need for organizations to add measures of Health care professional's well-being to their routine institutional performance measures.

Aim: This study assessed burnout levels and resilience among postgraduate students using validated scales, identified factors affecting them, and examined how employment structures can better support students during crises.

METHODOLOGY

This descriptive, mixed-methods cross-sectional study involved 83 registered postgraduate MMed students at the University of Pretoria, with a 30% response rate. Respondents completed online surveys using validated scales to assess burnout, resilience, and coping mechanisms. Data analysis included descriptive statistics to summarise frequencies, percentages, means, medians, and standard deviations.

RESULTS

Many participants reported significant fatigue at work, with 23% sometimes feeling weak and 25% lacking energy for daily tasks. ANOVA showed that 23% were infrequently burned out ($p<0.0001$). Cronbach's Alpha indicated high internal consistency for fatigue (84.80%), emotional exhaustion (85.71%), and cognitive weariness (87.62%). Despite this, 80% considered themselves resilient, influenced by strong relationships, belief in fate, confidence from past successes, and a positive outlook. Most valued support such as online discussions, time off, and mentorship, though some felt unsupported

CONCLUSION

The study found that many postgraduate students experienced significant fatigue and burnout but considered themselves resilient due to strong relationships and a proactive mindset. Although many valued institutional support like online discussions and mentorship, some did not use these resources and felt unsupported.

MATERNAL AND INFANT DNA METHYLATION PROFILES IN THE CONTEXT OF ALCOHOL USE, INFANT NEURODEVELOPMENTAL ASSESSMENT SCORES AND FETAL ALCOHOL SPECTRUM DISORDERS STATUS

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BACKGROUND/AIM

Approximately 16-31% of children in high-risk areas of the Western Cape of South Africa are affected by fetal alcohol spectrum disorders (FASD), a term encompassing the range of physical and neurocognitive impairments arising from prenatal alcohol exposure. Alcohol is a known disruptor of DNA methylation (DNAm) processes, that when consumed during pregnancy, extends these alterations to the fetus. Deleterious changes to DNAm profiles, and consequently gene expression patterns, may contribute to FASD development. We aim to assess DNAm variation of independent cohorts of pregnant mothers (n=60) and their infants at 9 months of age (n=54) in relation to maternal alcohol consumption, Bayley Scales of Infant and Toddler Development Third Edition (BSID-III) scores, and FASD status.

METHODOLOGY

Pregnant women were recruited from antenatal clinics in Wellington and Robertson in the Western Cape of South Africa, and assessed for alcohol use using the alcohol use disorders identification test (AUDIT). FASD was diagnosed using revised

Institute of Medicine (IOM) criteria. DNA extracted from maternal and infant saliva samples was epigenotyped on the Illumina HumanMethylation450 and Infinium MethylationEPIC BeadChip v2.0 arrays, respectively. Data will undergo quality control processing using ENmix. Covariate-adjusted linear regression models will be used to assess maternal and infant epigenome-wide DNAm profiles against relevant outcome variables. Mediation model-coupled weighted gene co expression network analyses will be performed using CWGCNA to identify co methylated gene modules and causal pathways.

RESULTS

We anticipate identifying significant differentially methylated sites and regions associated with FASD status, BSID-III or maternal AUDIT scores in mothers and infants. Specific co methylated gene modules might emerge, wherein mediation analysis may reveal causal pathways linking alcohol-induced DNAm changes to FASD status. Results are expected to be available for presentation at the conference.

CONCLUSION

These exploratory results may uncover epigenetic biomarkers predictive of FASD status and associated neurodevelopmental outcomes in a South African population, which could aid early intervention and mitigation of the impact of FASD.

INVESTIGATING THE TOXIC EFFECTS OF NYAOPE ON THE BRAIN, LIVER, AND KIDNEY OF SPRAGUE-DAWLEY RATS

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BACKGROUND/AIM

Worldwide drug use is estimated to be 345 million, encompassing both synthetic and plant-based medications, as well as both legal and illicit opioids. The use of these drugs is on the rise and is becoming a growing concern for public health. Moreover, the emergence of heroin dominant street drugs like nyaope have gained popularity, especially in low- and middle-income countries such as South Africa. The use of nyaope exposes individuals to the risk of substance use disorders (SUDs) and the array of mental health issues, as evidenced by social and clinical studies. Nyaope, a relatively inexpensive illicit drug, is commonly found in townships and outskirts of inner cities which are predominantly saturated with African/Black ethnic communities. Its composition varies depending on the geographical area but primarily consists of ingredients like heroin, opioid derivatives, rat poison, antiretroviral drugs (ARVs), and other substances. Similar to other opioids, heroin exerts its effects on the central nervous system (CNS) by acting on opioid receptors in various brain regions, including the prefrontal cortex (PFC), nucleus accumbens, and amygdala. These regions play a critical role in regulating mood and cognitive functions. Additionally, opioids undergo processing in the liver before being excreted by the kidneys. Our work sought to evaluate the effects of acute toxicity from the unique street drug cocktail known as nyaope on the behaviour and molecular markers of the PFC, liver, and kidney in Sprague-Dawley rats, despite the abundance of material already available on opioid usage.

METHODOLOGY

Twenty-five Sprague-Dawley rats were sourced from the Wits Research Animal Facility following ethical clearance and habituated for a duration of ten weeks. A pilot study involving three of these rats was conducted to determine the appropriate exposure dose of nyaope. Following the pilot study, the remaining twenty-two rats were divided into two groups; nyaope-treated (n=11) and saline-treated (n=11). Nyaope-treated rats received a single dose of nyaope at 0.4 mg/kg/bw and were subsequently exposed to the Open Field Test (OFT), which assesses various behavioural indices, including locomotor activity, mood, and exploratory behaviour, using the AnyMaze video tracking system. The saline-treated rats received a single dose of physiological saline at 0.4 mg/kg/bw and underwent the same 30-minute exposure to the OFT. After this exposure, the animals were placed in their respective home cages and qualitatively observed for an additional 30 minutes. Following this observation period, the rats were anaesthetized with isoflurane and euthanized exactly one hour after exposure to nyaope or saline. Tissues from the brain, liver, and kidney were collected, and RT-PCR was conducted to assess toxicity markers, including genes that code for proteins involved in the processes of apoptosis (BAX and Bcl-2), autophagy (SQSTM1/p62), microglial repair (ANXA3), and inflammation (IL-6). In addition, plasma samples were collected and analysed using IDEXX catalyst technology to examine the plasma presence of liver toxicity markers; aspartate transferase and alanine transferase, along with the kidney toxicity marker; creatinine.

RESULTS

The qualitative findings indicated that rats treated with nyaope exhibited reduced grooming behaviour. Additionally, the nyaope-treated rats experienced a phase of heightened activity followed by extreme lethargy. In contrast, the saline-treated rats displayed consistent mobility and curious behaviour. Compared to the saline-treated rats, the nyaope-treated rats exhibited clinical signs such as tremors, a rigid tail, hypoxia, and increased diuretic behaviour. When observing the track plots of the nyaope-treated rats, they tended to favour the outer zone in a thigmotaxis pattern, with few bouts into the centre, while the saline-treated rats showed more uniform movement within the OFT apparatus.

Quantitative behavioural data using the AnyMaze tracking system revealed that nyaope-treated rats had decreased locomotor activity. They covered less total distance during the test and travelled shorter distances within the centre zone compared

to saline-treated rats. Nyaope-treated rats also had fewer mobility episodes and moved at slower speeds on average than the saline-treated rats. In terms of mood assessment, the nyaope-treated rats spent less time mobile overall, both in the outer and centre zones and engaged in significantly fewer grooming bouts compared to the saline-treated rats. In the assessment of exploratory behaviour, it was noted that nyaope-treated rats exhibited fewer instances of rearing, line crossing, and head entries into the centre than the saline-treated rats.

Regarding the molecular assessment of the brain and kidney, there were no significant differences in the expression of molecular markers between the two groups, except for a decreased expression of Bcl-2 ($p < 0.001$) in the kidneys of nyaope-treated rats compared with the saline-treated rats. Additionally, plasma expression levels of AST, ALT, and creatinine were similar between the two groups.

CONCLUSION

These findings indicate that exposure to 0.4 mg/kg/bw of nyaope for one hour does result in behavioural changes, even though it does not immediately lead to acute molecular toxicity in the brain, liver and kidney. Conversely, nyaope exposure causes a reduction in mRNA expression of Bcl-2, suggesting that the drug induces cell and tissue damage in the kidney through apoptosis.

A SCOPING REVIEW OF BARRIERS AND FACILITATORS TO ACCESSING MENTAL HEALTHCARE AMONG MEDICAL DOCTORS

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BACKGROUND/AIM

Several studies have highlighted high rates of mental illness among medical doctors compared to the general population. The WHO's 2022 World Mental Health Report highlights that most people with mental illness do not receive formal mental health treatment (only 33.3% of people with major depressive disorder). Treatment gaps in medical doctors are presumed to be higher than the general population due to higher prevalence rates of symptoms of mental illness, coupled with unique barriers to care and limited facilitators.

For access to health care to be truly universal, current health services designed around diseases must be remodelled into health services designed for people, with people. Interventions targeting medical doctors are more likely to be effective if they address specific barriers and facilitators to care.

Unique challenges faced by medical doctors include reduced self-recognition of mental illness, denial, reluctance to seek professional care, stigma, self-diagnosis and treatment, over-reliance on collegial consultation, fears surrounding confidentiality, job security and complexities of role reversal (from medical doctors to patients). Research on facilitators to care is lacking. The aim of this scoping review is to assess the extent of the literature on barriers and facilitators to accessing mental healthcare among medical doctors

METHODOLOGY

A scoping review based on the Joanna Briggs Institute (JBI) and PRISMA-ScR guidelines. All articles published on the barriers and facilitators to mental healthcare in medical doctors will be included in the review (pre- or post-treatment). Sources will be qualitative data, quantitative data, mixed-method study designs, systematic reviews, meta-analyses, theses, dissertations from peer-reviewed journals and book chapters. The search will begin with search of PubMed, PsycINFO and CINAHL. An analysis of key terms and index terms in titles and abstracts found then applied to all published (PubMed, PsycINFO, CINAHL, Cochrane Library, Embase Clinical Key, Africa Wide Information) and unpublished (OpenGrey, dissertations and theses).

RESULTS

Full texts will be retrieved and screened for inclusion and exclusion criteria. The data will be extracted using a data extraction instrument - Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) checklist and will be mapped using the PRISMA-P chart. Data analysis will be conducted using a software package JBI SUMARI (System for the Unified Management of the Assessment and Review of Information).

(Please note that results should be available by the congress in Nov/Dec 2024)

CONCLUSION

This information can be used while developing stratified interventions that minimise barriers and capitalise on facilitators. In addition, a scoping review may reveal gaps in the literature where barriers and facilitators among medical doctors have not been explored.

THE FEASIBILITY AND ACCEPTABILITY OF A MENTAL HEALTH SELF-MANAGEMENT APP IN CLINICIANS WORKING DURING THE COVID-19 PANDEMIC: A RANDOMISED CONTROLLED TRIAL

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BACKGROUND/AIM

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Background and aims: The mental health and wellbeing of healthcare workers (HCWs) is impacted by a variety of daily occupational exposures. The COVID-19 pandemic brought about additional stressors necessitating appropriate support for HCWs. This study evaluated the overall feasibility, acceptability and utility of a mental health self-management app (COVID Coach) in South African HCWs who took part in a randomised controlled trial (SANCTR: DOH-27-092020-5293).

METHODOLOGY

A sample of 80 HCWs (41 randomised to COVID Coach and 39 HCWs in the waitlisted group) recruited through the RCT (n = 209) who downloaded the app and completed feasibility and acceptability measures was included. Descriptive statistical analysis was conducted on the system usability scale (SUS), client satisfaction questionnaire (CSQ) and frequency of app use.

RESULTS

The sample was predominantly female (92.5%) with a mean age of 32.6 years. HCWs were from the nursing (47.5%), allied (23.8%), counsellor (16.3%), and medical (12.5%) disciplines. The HCWs most used the app at home (86.3%), for a mean of 2.3 days (SD = 1.54) per week and for 45 minutes per week (SD = 46.20). The mean SUS score was 80.6 (SD = 16.4, range 27.5-100), with 78.8% of participants reporting that the app had above average usability ≥68. The mean CSQ score was 24.5 (SD = 4.0, range 9-32), indicating above average acceptability. HCWs reported engaging most frequently with stress management strategies in the app and finding this the most useful. The greatest barrier to app use was time constraints.

CONCLUSION

The COVID Coach app was associated with above average feasibility and acceptability. Context-specific implementation of mobile health interventions among the South African HCWs may improve their mental health, particularly in times of crisis when mental healthcare might be less accessible.

"I WAS ALSO TRYING TO PROTECT MYSELF AND SAVE MY LIFE": EXPERIENCES OF PEOPLE LIVING WITH SEVERE MENTAL ILLNESS DURING THE COVID-19 EPIDEMIC

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BACKGROUND/AIM

People with severe mental illness (SMI) are highly vulnerable and more affected by epidemics than the general population. They encounter limited access to care, miss out on infection prevention measures, and are more prone to relapses.

Aim: This qualitative study aimed to explore the experiences of individuals with SMI and their caregivers in Uganda during the COVID-19 pandemic. Its focus was on the impact of the pandemic and its response measures on their mental health, access to care, and overall experiences.

METHODOLOGY

The study was conducted at three sites in Uganda; a national referral mental hospital, a regional referral hospital and a district hospital. Participants included persons with SMI, their caregivers, and mental health professionals. We selected 3 service users and three family members from each site for the In-depth interviews (IDI) and 3 mental health professionals for the Key Informant Interviews (KII). In addition, we held 2 Focus Group Discussions (FGD) per site with 6-8 participants; one for service users and the other for caregivers. The FGDs were facilitated by the mental health professionals. The collected data was transcribed and translated into English. Phenomenological thematic analysis was employed in using Atlas-ti qualitative analysis software.

RESULTS

The key themes identified encompassed challenges in accessing mental health services, disrupted routine care, the impact of lockdown measures, stigma, and discrimination.

CONCLUSION

The findings highlight the unique challenges faced by individuals with SMI and their caregivers during the COVID-19 pandemic in Uganda. There is a need for interventions focusing on ensuring continued

access to care, reducing stigma, improving information dissemination, and addressing the psychological impact of containment measures on people with SMI.

THE EFFECTIVENESS OF AN OUTREACH MOBILE MENTAL HEALTH CLINIC INITIATIVE FOR PEOPLE WITH SEVERE MENTAL ILLNESS

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BACKGROUND/AIM

Mobile clinics are now recognized as a beacon of hope in addressing the healthcare disparity for under resourced remote regions. For individuals with severe mental illness (SMI), health care service delivery is worse during outbreak of epidemics like COVID-19. The restrictions instituted at such times can be circumvented by the use of outreach mobile clinics to bridge the gap in the delivery of the much-needed health care.

Aim: To explore the effectiveness of an outreach mobile mental health clinic initiative for people with severe mental illnesses during the COVID-19 pandemic.

METHODOLOGY

We enrolled patients confirmed to have SMI and caregiver dyads from 3 health care sites; Butabika national referral mental hospital, Masaka regional referral hospital, and Mityana district hospital. We used standard validated instruments to evaluate for quality of life, SMI symptom severity, stigma, violence and caregiver burden. Data was collected at baseline, 6 months and 12 months. Analysis of variance was used to for the effectiveness of the mobile outreach mental health clinic (MMHC) intervention. The statistical significance was set at $p<0.05$.

RESULTS

There were 90 patient participants and 90 family caregivers with median ages of 33 (25 – 43) and 46 (34-59) years respectively. SMI participants were more likely to be female 53 (58.9%), not in a relationship 49 (54.4%), with less than 7 years of education 49 (54.4%). Bipolar disorder 34 (47.8%) and schizophrenia 20 (22.2%) were the most common SMI. There was statistically significant improvement in the quality of life 0.4(90.3-0.6) $p<0.001$, psychiatric symptoms-0.4 (-0.6 to -0.2) $p<0.001$, depression symptoms -0.3 (-0.4 to -0.1) $p=0.002$, internalized stigma 0.3 (-0.4 to -0.1) $p<0.001$, Intimate/sexual gender-based violence -2.7 (-4.5 to -0.9) $p=0.004$ and reduction in the care giver burden p-value=0.001 after the MMHC.

CONCLUSION

The outreach mobile mental health clinic initiative proved to be an effective approach to address the challenges faced by individuals with SMI during the COVID-19 pandemic in Uganda. The findings of this study support the need for innovative and community-based interventions to ensure continuity of care for vulnerable populations, particularly during times of crisis.

SHOULD PSYCHOTROPIC MEDICINES BE RESCHEDULED IN SOUTH AFRICA? THE CASE FOR FLUOXETINE

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BACKGROUND/AIM

In South Africa (SA), prescription-only medicines are listed in Schedules 3 to 6. Schedules 5 and 6 are reserved for medicines vulnerable to abuse or dependence, confer heightened control measures, and increase stigma. Psychotropic medicines are listed in Schedule 5 or 6. Although fluoxetine is first-line treatment for depression and anxiety in primary health care, nurse prescribing is limited to Schedule 4 medicines. This presentation discusses an application for fluoxetine rescheduling made to the South African Health Products Regulatory Authority and the appropriateness of psychotropic medicine scheduling in SA.

METHODOLOGY

The application used three approaches. Firstly, international medicine controls and regulatory systems were examined. Secondly, a rapid systematic review of the evidence of harmful pattern or dependent fluoxetine use was conducted. Epistemonikos, PubMed, and Cochrane Central Register of Controlled trials were searched for primary studies and case reports in December 2023. A narrative synthesis of the evidence was performed guided by WHO ICD-11 criteria for 'harmful pattern' or 'dependent' substance use. Thirdly, South African adverse event and poisoning data related to fluoxetine were collated.

RESULTS

As for all antidepressants, antipsychotics, and mood stabilisers, fluoxetine is not scheduled by the United Nations Convention on Psychotropic

Substances (1971) and is not under international control. While SA, the United States of America, Canada, Australia, the United Kingdom, India, Brazil, Nigeria, and Kenya all list fluoxetine as a prescription-only medicine, it is only controlled in SA and Brazil.

Of 1499 records identified by the database search, nine were included in the evidence synthesis. Very low certainty evidence did not support diagnoses of 'harmful pattern' or 'dependent' use described in studies reporting specifically on withdrawal, tolerance, or abuse. Detail provided in case reports of possible dependence was insufficient to draw any conclusions. However, the evidence suggests that episodes of harmful use may occur, particularly in people with comorbid substance use and other mental disorders.

Local data indicate episodes of harmful use do occur with fluoxetine but there is no evidence of 'harmful pattern' or 'dependent' use.

CONCLUSION

Scheduling fluoxetine in Schedule 3 or 4 is appropriate and would facilitate access at primary care. The scheduling of other psychotropic medicines requires review.

CONTROVERSIES IN NEUROSCIENCE – THE POLYVAGAL THEORY

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BACKGROUND/AIM

The 'polyvagal theory' (PVT) was formulated in 1994 by Stephen Porges, who is a professor of psychiatry at the University of North Carolina, and founder of The Polyvagal Institute. The conventional view of the vagus nerve, which is the tenth cranial nerve, is that it is functionally a single nerve. PVT proposes that it has two neuroanatomical and neurophysiological components. These evolved separately in reptiles and mammals, and mediate different parasympathetic responses to threat.

PVT has recently gained considerable traction, and is espoused by a range of mental and allied health professionals. It is in the field of trauma, and treating PTDS (post-traumatic stress disorder), that PVT has gained the most prominence. It is seen as a helpful way of understanding responses to trauma, and as a useful way to treat trauma-induced psychopathology using psychological approaches. PVT is also of interest because of the role which the vagus nerve plays in human health, and there is much interest in vagus nerve stimulation as a therapeutic intervention.

The aim of the presentation is to establish the scientific validity of PVT.

METHODOLOGY

Relevant literature about PVT, evolutionary theory, comparative neuroanatomy, PTSD, and the physiology of human threat responses, which include vasovagal syncope, freezing, immobilisation, and dissociation, has been extensively reviewed.

RESULTS

It will be argued that the foundations of PVT are flawed, and that PVT lacks validity as a scientific theory. There is little empirical evidence to support it. Responses to trauma are neurophysiologically well understood and do not require a polyvagal explanation. Ethical concerns include PVT's insistence that it is a scientifically sound intervention, and that it markets itself as such. The vagus nerve is crucially involved in maintaining homeostasis and therefore health, and vagus nerve stimulation has been successfully used to treat an array of physical and mental illnesses. Nevertheless, these findings do not translate as empirical support for PVT.

CONCLUSION

Polyvagal ideas might be more usefully accommodated within a polyvagal model, or paradigm. The polyvagal theory has limited utility in psychiatry.

DOPAMINE-, SEROTONIN-, AND NEUROTROPHIN-RELATED GENETIC VARIATION IS ASSOCIATED WITH REWARD-RELATED NEURONAL ACTIVITY: AN IMAGING-GENETICS STUDY

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BACKGROUND/AIM

Neurotransmitter signalling is influenced by synthesis, release, re-uptake, and degradation, as well as receptor availability and binding capacity. Genetic variation in these components may mediate reward processing. Dopamine, serotonin, and neurotrophic growth factors (e.g. BDNF) are thought to guide learning jointly by positive coding reward prediction error signals, and are key neurochemicals that are dysregulated in depression, anxiety, and substance-related disorders. This study investigated the role of

dopamine- and serotonin-related genetic variants, and their interaction, in reward processing in a healthy control cohort.

METHODOLOGY

An imaging-genetics dataset was used to investigate eight selected gene variants previously found to be involved in endogenous dopamine, serotonin, and neurotrophin signalling, including DRD1 rs686, DRD2 rs1800497, DRD2 rs4274224, DRD3 rs6280, BDNF rs6265, a variable number of tandem repeats (VNTR) in the DRD4 gene, a VNTR in the DAT gene, and a repeat polymorphic region in the serotonin SLC6A4 gene (5-HTTLPR). The association of genotype with functional magnetic resonance imaging (fMRI) BOLD (blood oxygen-level dependent) response during a reward-based monetary incentive delay task was examined in 93 healthy participants. Repeated-measures analysis of variance was used to investigate the relationship between genotype and BOLD activity.

RESULTS

During reward anticipation, a main effect of DRD3 rs6280 genotype on BOLD activity in the ventral striatum was observed when including 5-HTTLPR genotype ($F = 3.554$, $p = 0.011$). Similarly, a main genotype effect was also noted for the BDNF rs6265 genotype when accounting for 5-HTTLPR genotype ($F = 6.164$, $p = 0.004$). During reward outcome, a main genotype effect on reward outcome-related BOLD response in the orbitofrontal cortex was observed for the DRD3 rs6280 variant ($F = 3.518$, $p = 0.035$), and a trend-level main effect of genotype on orbitofrontal cortex BOLD activity was also observed for the BDNF rs6265 SNP ($F = 2.894$, $p = 0.093$).

CONCLUSION

The effects of DRD3 and BDNF in interaction with 5-HTTLPR, convey significant reward-related information. Consequently, this joint modulation of reward may explain disease progression in reward-related disorders. This exploratory study provides a baseline for future research on genetic factors associated with reward processing in mental disorders characterised by reward processing disturbances.

POTENTIAL ASSOCIATIONS BETWEEN THE RELATIVE ABUNDANCE OF BUTYRATE-PRODUCING AND MUCIN-DEGRADING TAXA AND PARKINSON'S DISEASE

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BACKGROUND/AIM

Parkinson's disease (PD) is a neurodegenerative disorder characterised by a range of motor and non-motor symptoms. Changes in gut microbiome composition and diversity, altered intestinal permeability, and inflammation have been implicated in the aetiology of PD. This study sought to further explore the association between the gut microbiome and PD in the South African context.

METHODOLOGY

The 16S rRNA gene (V4) microbial data from the gut (PD cases = 16; controls = 42) was prepared and classified using the DADA2 pipeline. Alpha-diversity was assessed using Shannon diversity metrics, whereas beta-diversity was assessed using ADONIS permutation-based statistical tests in QIIME2. Differentially abundant taxa were assessed through Analysis of Compositions of Microbiomes with Bias Correction.

RESULTS

No statistically significant associations were observed between alpha-diversity and PD status. However, differences in gut microbial composition and diversity (beta-diversity) between PD cases and controls were found to be influenced by disease status ($q = 0.008$). Furthermore, statistically significant differences in the relative abundances of Faecalibacterium ($q = 0.007$), Roseburia ($q = 0.030$), Dorea ($q = 0.015$), Akkermansia ($q = 0.015$), Butyrivibrio ($q = 0.049$), Sutterella ($q = 0.047$), Victivallis ($q = 0.000$), Veillonella ($q = 0.000$), and Clostridium ($q = 0.016$) were observed between PD cases and controls.

CONCLUSION

In line with previous studies, the present study suggests a reduction in butyrate-producing bacteria such as Faecalibacterium and Roseburia, and an increase in mucin-degrading bacteria, Akkermansia, in PD cases compared to controls. This finding could be associated with heightened gut permeability and inflammation seen in previous research. Despite the relatively small sample size, our results suggest that the gut microbiome may be altered in PD. Larger studies are required for validation, and longitudinal studies are required to delineate whether microbiome changes are a risk factor for or develop consequent to PD.terised by reward processing disturbances.

MEGA-ANALYSIS OF THE BRAIN-AGE GAP IN SUBSTANCE USE DISORDER: AN ENIGMA ADDICTION WORKING GROUP STUDY

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BACKGROUND/AIM
The brain age gap (BAG), calculated as the difference between a machine learning model-based predicted brain age and chronological age, has been increasingly investigated in psychiatric disorders. Tobacco and alcohol use are associated with increased BAG; however, no studies have compared global and regional BAG across substances other than alcohol and tobacco. This study aimed to compare global and regional estimates of brain age in individuals with substance use disorders and healthy controls.

METHODOLOGY
This cross-sectional study is an Enhancing Neuro Imaging through Meta-Analysis Consortium (ENIGMA) Addiction Working Group study including data from 38 global sites, including 2606 participants, of whom 1725 were cases with a substance use disorder and 881 healthy controls. This study employed the Kaufmann brain age prediction algorithms to generate global and regional brain age estimates using T1 weighted magnetic resonance imaging (MRI) scans.

We used linear mixed effects models to compare global and regional (FreeSurfer lobestrict output) BAG (i.e., predicted minus chronological age) between individuals with one of five primary substance use disorders as well as healthy controls.

RESULTS
Alcohol use disorder (delta=-5.49, t=-5.51, p<.001) was associated with higher global BAG, whereas amphetamine-type stimulant use disorder (delta=3.44, t=2.42, p=.02) was associated with lower global BAG in the separate substance-specific models.

CONCLUSION
People with alcohol use disorder appear to have a higher brain-age gap than people without alcohol use disorder, which is consistent with other evidence of the negative impact of alcohol on the brain.

RESTORING THE MISSING PERSON TO PERSONALISED MEDICINE AND PRECISION PSYCHIATRY

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BACKGROUND/AIM
Mental health disorders are the leading cause of disability in young people worldwide. Current treatment modalities can be remarkably effective in alleviating the symptoms of many mental health disorders, yet finding the right treatment for an individual can be a long process trying to balance efficacy and tolerability of treatment and improving outcomes while limiting costs.

Precision psychiatry has emerged as part of the shift to personalised medicine where each individual's variability in genes, environment, and lifestyle are taken into consideration.

METHODOLOGY
A literature study was conducted to explore different concepts in precision psychiatry and personalised medicine. This presentation will focus on psychiatric nosology through the ages: the shift from a categorical to a dimensional and hybrid approach, as well as the etiological approach. Key concepts regarding the methods and ethics of precision psychiatry will be discussed.

RESULTS
Precision psychiatry harness the advantage of advances in artificial intelligence and machine learning to analyze datasets to better describe and distinguish diagnostic entities or disorders, to infer underlying mechanisms, and to make clinically relevant predictions of course, differential treatment response, and outcome. However, the "person" is missing. Precision psychiatry does not acknowledge the lifespan developmental dimension, socio-structural dimension, cultural-historical dimension and experiential dimensions of individuals - which brings ethical concerns to the fore.

CONCLUSION
Precision psychiatry promises to be quantitatively more precise than contemporary approaches, while also being qualitatively different. However, it is important to restore person, culture and context to psychiatry - toward a person-centers eco-social neuroscience for precision psychiatry.

PSYCHOPATHOLOGY TRAJECTORIES AND THEIR MODERATORS IN RELAPSE VS. NON-RELAPSE GROUPS IN FIRST-EPISODE SCHIZOPHRENIA

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BACKGROUND/AIM
Relapse following a first episode of schizophrenia (FES) is common and often results in serious adverse psychosocial consequences. Treatment non-adherence is a key risk factor for relapse, but why relapse occurs despite antipsychotic treatment adherence remains unclear. This study examined the differences in FES psychopathology trajectories over 24-months of antipsychotic treatment between those who relapsed and those who did not and what moderates these group differences.

METHODOLOGY
We collected clinical and socio-demographic data from 107 participants with FES treated with long-acting injectable antipsychotic medication over a 24-month period. Relapse was defined using the modified Csernansky criteria. Substance use was assessed through participant and family interviews and urine toxicology. Linear mixed model repeated measures models were constructed to (1) compare psychopathology trajectories over 24 months between relapse versus non-relapse groups (2) to examine factors moderating differential trajectories between the groups.

RESULTS
Positive symptom trajectories were significantly worse in the relapse compared to non-relapse group over 24 months ($F(8, 649 = 3.288)$, $p = 0.001$). More severe childhood trauma (CT), in particular physical abuse (PA) ($F(39, 298 = 1.783)$, $p = 0.004$), was associated with worse positive symptom trajectories over 24 months in those who experienced a relapse event.

CONCLUSION
Our findings suggest that the examination of a history of CT and, in particular childhood PA measures for relapse in individuals with FES, is important.of the negative impact of alcohol on the brain.

THE RELATIONSHIP BETWEEN LIFETIME TRAUMA EXPOSURE AND PSYCHOSIS IN A MULTI-COUNTRY CASE-CONTROL STUDY IN AFRICA

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BACKGROUND/AIM
Exposure to traumatic events is a known risk factor for psychosis. Additionally, psychosis may be a risk factor for exposure to traumatic events. There are little data on the relationship between traumatic events and psychosis in sub-Saharan Africa, particularly in large, cross-country samples using the same instrument.

METHODOLOGY
In a case-control study, 42,935 adults were recruited with psychosis (cases) and without (controls) in Ethiopia, Kenya, South Africa, and Uganda from 2018 to 2023. Trauma exposure was assessed using the Life Events Checklist-5. Regression models included the: i) prevalence of any trauma exposure; ii) cumulative burden of trauma exposure; and iii) highest risk trauma types. Analyses were run by case-control status for the full sample and within each country; trauma types endorsed by cases and controls were further stratified by sex.

RESULTS
Cases reported greater risk of ≥1 exposure to trauma and >3 trauma types than controls (adjusted Odds Ratio (AOR)=1.23, 95% CI: 1.18-1.28 and AOR=1.19, 95% CI: 1.15-1.23, respectively). The trauma types with the greatest risk were sexual violence (AOR=1.99, 95% CI: 1.86-2.14), physical violence (AOR=1.69, 95% CI: 1.62-1.76), and network trauma (AOR=1.52, 95% CI: 1.38-1.67). Similar trends were seen within each country. Risk of sexual violence and physical violence were largely driven by the high endorsement by female cases and male controls, respectively. Risk of network trauma was driven primarily by male cases from South Africa.

CONCLUSION
People with psychosis in eastern and southern Africa report significant exposure to trauma. Special attention should be paid to potential trauma exposure including interpersonal violence when providing treatment for this population.

PTSD, METABOLIC SYNDROME AND COGNITIVE FUNCTIONING: NO RELATIONSHIPS IN SOUTH AFRICAN ADULTS

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BACKGROUND/AIM
Metabolic syndrome (MetS) and posttraumatic stress disorder (PTSD) often co-occur and both may compromise cognition, owing in part to common underlying mechanisms. Few studies have investigated the additive effects of these disorders on cognitive performance. Our aims were to compare cognitive performance between patients with PTSD and trauma-exposed controls (TEC) and investigate the additive effects of MetS factors on cognition.

METHODOLOGY
In this case-control study, we included 474 adult participants, 236 with PTSD matched with 238 TEC. Demographic, neuropsychiatric, metabolic-related, and neurocognitive assessments were undertaken and hierarchical regression analysis was conducted. Each cognitive domain was treated as a dependent variable in the analysis, and demographic information, patient status, and presence/absence of MetS or MetS components as independent variables, in each model.

RESULTS
Patients with PTSD did not demonstrate worse cognitive performance than TEC on the neurocognitive domains assessed, and the presence of MetS in patients with PTSD did not alter this finding. When we looked at individual MetS features, higher BMI and waist circumference were both associated with poorer visuo-spatial performance, and higher systolic BP was associated with poorer attention scores, in TEC only. Additionally, in the whole sample of trauma-exposed adults, higher BMI was linked with poorer visuospatial performance.

CONCLUSION
These findings contrast with many previous studies showing worse neurocognitive performance related to both PTSD and MetS and further investigation is required to establish the contribution of MetS to cognitive deficits in those with PTSD. Generalisability and inferences regarding the directionality of associations are limited.

THE EFFICACY OF A MENTAL HEALTH SELF-MANAGEMENT APP IN CLINICIANS WORKING DURING THE COVID-19 PANDEMIC: A RANDOMISED CONTROLLED TRIAL

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BACKGROUND/AIM
Increased demands and stressors associated with the COVID-19 pandemic have been shown to adversely affect the mental health of healthcare workers (HCWs). We investigated whether a mental health self-management app, COVID Coach, could improve burnout and mental health outcomes in South African HCWs in a parallel-arm, randomised controlled trial (SANCTR: DOH-27-092020-5293).

METHODOLOGY
Using a 1:1 allocation ratio 209 HCWs (78.5% female, mean age 33.1 years) working during the COVID-19 pandemic (July 2021 – October 2022) were randomised to the intervention (n = 104) or waitlisted (n = 105) groups. Utilising repeated measures analysis of variance and linear mixed effects models we assessed for change in self-reported mental health outcome measures between the groups after one month of app use.

RESULTS
At one month, there were greater improvements in the primary outcome measure; total burnout measured with the Copenhagen Burnout Inventory ($F(1,27) = 4.21$, $p = 0.042$, $n2p = 0.03$), and in perceived stress measured with the Perceived Stress Scale 4-item version ($F(1,27) = 4.37$, $p = 0.039$, $n2p = 0.03$), in the intervention (n = 51) versus the waitlisted group (n = 78). Intention-to-treat analyses yielded similar results, although burnout showed only a trend towards significance ($p = 0.053$). There were no significant differences in other mental health outcomes between the groups.

CONCLUSION
We demonstrated that COVID Coach improved burnout and perceived stress in HCWs during the

COVID-19 pandemic. Mobile interventions offer a flexible, cost-effective and scalable intervention to improve stress-related parameters in HCWs during periods of increased strain, such as pandemics.

HIPPOCAMPUS, AMYGDALA, AND INSULA ACTIVATION IN RESPONSE TO ROMANTIC RELATIONSHIP DISSOLUTION STIMULI: A CASE-CASE-CONTROL FMRI STUDY ON EMERGING ADULT STUDENTS

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BACKGROUND/AIM

Romantic relationship dissolutions (RRD) are associated with posttraumatic stress symptoms (PTSS). Functional magnetic resonance imaging in RRD studies indicates overlapping neural activation similar to posttraumatic stress disorder. These studies combine real and hypothetical rejection, and lack contextual information and control groups exposed to non-RRD or DSM-5 defined traumatic events. We investigated blood oxygen level dependent (BOLD) activation in the hippocampus, amygdala, and insula of participants with RRDs compared with other traumatic or non-trauma stressors.

METHODOLOGY

Emerging adults (mean age=21.54 years; female=74.7%) who experienced an RRD (n=36), DSM-5 defined trauma (physical and/or sexual assault: n=15), or a non-traumatic stressor (n=28) completed PTSS, depression, childhood trauma, lifetime trauma exposure, and attachment measures. We used a general and customised version of the International Affective Picture System to investigate responses to index-trauma-related stimuli. We used mixed linear models to assess between-group differences, and ANOVAs and Spearman's correlations to analyse factors associated with BOLD activation.

RESULTS

BOLD activity increased between index-trauma stimuli as compared to neutral stimuli in the hippocampus and amygdala, with no significant difference between the DSM-5 Trauma and RRD groups. Childhood adversity, sexual orientation, and attachment style were associated with BOLD activation changes. Breakup characteristics (e.g., initiator status) were associated with increased BOLD activation in the hippocampus and amygdala, in the RRD group.

CONCLUSION

RRDs should be considered as potentially traumatic events. Breakup characteristics are risk factors for experiencing RRDs as traumatic ■

POSTER ABSTRACTS

ANXIOLYTIC-LIKE EFFECT OF THE AQUEOUS LYOPHILISATE OF ALCHEMILLA KIWUENSIS ON A RAT MODEL OF EPILEPSY-INDUCED ANXIETY

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BACKGROUND/AIM
Anxiety is one of the most common psychiatric comorbidities of epilepsy and it greatly increases the burden, worsening the life quality of patients. The present study was designed to evaluate the pharmacological potentials of the aqueous lyophilisate of Alchemilla kiwuensis in a rat model of epilepsy-induced severe anxiety.

METHODOLOGY
Wistar rat of both sexes, weighing between 150-80g were submitted to a pentylenetetrazole-induced kindling model of epilepsy. The lyophilisate at the doses 40mg/kg and 80mg/kg was administered orally each treatment day 1h before PTZ injections. To mark the severity of anxiety, animals received 7 extra PTZ injections following the full development of epilepsy in the control group. 24h later, animals were submitted to the EPM test to assess anxiety phenotype; 1h later they were dissected for their hippocampi, which were used for homogenate preparation. Oxidative stress (MDA and catalase), neuroinflammation (TGF-1B and TNF-α), glutamatergic signalisation (glutamate and EAAT-2), GABAergic signalisation (GABA and GABA-T) and CRH were evaluated.

RESULTS
Both doses of the lyophilisate reduced anxiety phenotype by reducing close arms activities and time spent into the close arms, while increasing open arms activities and time spent into the open arms. Biochemical analysis disclosed a decrease in GABA-T activity, glutamate, TNF-α, MDA and CRH levels. Likewise, increases in GABA, EAAT-2, TGF-1B and catalase activity were depicted in a dose-dependent manner.

CONCLUSION
Alchemilla kiwuensis prevented epilepsy-induced anxiety by enhancing GABA signalling, favouring antioxidant mechanisms and modulating neuroinflammation both in the PFC and in the hippocampus.

AN INVESTIGATION OF TRAIT IMPULSIVITY IN OCD

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BACKGROUND/AIMS
While obsessive-compulsive disorder (OCD) is specifically characterised by compulsivity, considerable literature suggests impulsivity also plays an important role in the disorder. However, impulsivity is a multi-faceted construct and the exact relationship of trait impulsivity to OCD remains unclear. Therefore, this scoping review aimed to collate and review studies of trait impulsivity in OCD by an investigation of: 1. How trait impulsivity in OCD is measured in the research literature; 2. How people with OCD perform on these measures and compare to healthy and other psychiatric groups; and 3. What correlations with trait impulsivity are observed in OCD.

METHODS
This study was pre-registered on PROSPERO (CRD42023481781). Electronic search of PubMed, Scopus, and PsycINFO databases using keywords '(impuls*) AND (OCD)' was undertaken without date restrictions for peer-reviewed articles available in English. After exclusion of duplicates and screening of 1476 abstracts, 114 articles were identified for full-text review.

RESULTS
54 articles were reviewed after excluding studies assessing neurocognitive impulsivity only (i.e. no inclusion of trait impulsivity), sub-clinical OCD symptoms, and review articles. The literature reports cross-sectional clinician-rated and self-rated trait impulsivity data, with the Barratt Impulsivity Scale (BIS) being used most frequently. Broadly, people with OCD scored higher than healthy controls on at least one aspect of trait impulsivity. However, comparisons of OCD groups to other psychiatric groups demonstrated equal or lower trait impulsivity in OCD. Individuals with OCD with comorbid diagnoses (ADHD, behavioural addictions, tic disorder, borderline personality disorder, bipolar disorder) had relatively higher levels of trait impulsivity than those without. In OCD, trait impulsivity scores were associated with various psychiatric symptomatology (OCD severity, anxiety, depression, compulsivity, hoarding levels, behavioural addictions, anhedonia, aggressive and sexual impulses). Trait impulsivity did not correlate with neurocognitive measures of impulsivity.

CONCLUSIONS
Key findings are that trait impulsivity research in OCD was predominantly observational, with cross-sectional studies using the BIS. While higher levels of trait impulsivity were seen in patients with OCD compared to healthy controls, this finding was not specific to OCD. OCD demonstrated equal or lower trait impulsivity than other psychiatric groups that the literature had examined to date; trait impulsivity in OCD was positively correlated with a number of psychiatric factors; and neurocognitive measures of impulsivity did not correlate with trait impulsivity. Future work on OCD should include interventional and neuroimaging methods that utilise several different measures of impulsivity.

PSYCHOLOGICAL DISTRESS IN PARENTS OR CAREGIVERS OF CHILDREN WITH A MENTAL ILLNESS: ASSOCIATION WITH SOCIO-CLINICAL FACTORS AT A TERTIARY LEVEL PSYCHIATRIC HOSPITAL IN GAUTENG, SOUTH AFRICA

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BACKGROUND/AIM
Background: The COVID-19 pandemic had a strong psychological impact on the family unit. Thus this study aimed to assess the contribution of sociodemographic and clinical factors to psychological distress in parents or caregivers of children with a mental illness at a specialist Tertiary Hospital in Gauteng, South Africa.

METHODOLOGY
A structured socio-demographic and clinical questionnaire measuring psychological distress was self- administered to 150 participants. The Perceived Stress Scale (PSS) was used to measure severity of stress, Patient Health Questionnaire-9 (PHQ-9) the severity of depression, and the Generalized Anxiety Disorder-7 (GAD-7) was used to measure the severity of anxiety.

RESULTS
Among caregivers, 16.0% reported never to low mental illness levels, while 19.2% reported moderate to high levels. The results also show that 22.4% of caregivers are currently receiving psychiatric treatment. Significant predictors of mental health status include loss of home due to COVID-19 (OR: 46.61, 95% CI: 5.81-1089.92), psychiatric treatment history (OR: 11.98, 95% CI: 3.16-57.22), perceived decline in quality of life (OR: 11.88, 95% CI: 1.20-185.28), female gender (OR: 3.83, 95% CI: 1.00-17.7) and difficulty spending time with extended family (OR: 3.09, 95% CI: 1.10-9.29).

CONCLUSION
The mental health status of caregivers of children with a mental illness during COVID-19 was likely influenced by loss of home due to COVID-19, psychiatric treatment history, perceived decline in quality of life, female gender and difficulty spending time with extended family. Our study demonstrates the intricate interplay of socio-clinical factors with depression, anxiety, and perceived stress.

OLFACTORY REFERENCE SYNDROME: A NOSOLOGICAL SPECTRUM CONUNDRUM?

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BACKGROUND/AIM
Individuals with olfactory reference syndrome (ORS) erroneously believe that they have unpleasant body odour or halitosis, often leading to compulsive washing and toothbrushing, self-consciousness, and social withdrawal, symptoms shared with obsessive-compulsive disorder (OCD) and social anxiety disorder (SAD), respectively. Research in the East has suggested that OCD/SAD

comorbidity explains the manifestation of ORS. In a cross-sectional study in a large Western sample, we examined ORS's prevalence in patients with OCD and/or SAD, shed light on its position on the obsessive-compulsive and social anxiety spectrum.

METHODOLOGY

In a South African clinical sample (n = 371; male = 164 [44.2%], female = 207 [55.8%], ages ranging between 14 and 64 years), rates of ORS in adults with primary OCD without SAD (OCD-SAD; n = 211) were compared with those with primary SAD without OCD (SAD-OCD; n = 118), and those with both OCD and SAD (OCD+SAD; n = 42).

RESULTS

In the combined dataset, ORS rates were low (n = 6/371; 1.6%). There were significantly higher rates of comorbid ORS in the SAD-OCD group (n = 5/118; 4.2%) compared to the OCD+SAD (n = 1/42; 2.4%; p = 0.022) and OCD-SAD patients (n=0/211; p = 0.005), respectively.

CONCLUSION

Our findings suggest a stronger link between ORS and SAD than between ORS and OCD, which may have implications for its position in DSM/ICD. Moreover, our findings underscore potential global (West vs. East) differences in rates of ORS. These global differences emphasise the necessity of further cross-cultural ORS research, which may have implications for diagnosis and choice of intervention.

8-MONTH SENSOMOTORIC TRAINING INTERVENTION FOR NEUROMUSCULAR FATIGUE IN LONG COVID PATIENTS

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BACKGROUND/AIM

The rise of post-viral ME/CFS-like Long COVID cases following SARS-CoV-2 infection presents opportunities to develop new therapeutics for ME/CFS. Sensomotoric training targeting the vestibular system (CNS) might help regrow neurotrophic effects of pyramidal cells and enhance their connectivity to Motor-Neuron 1-α.

METHODOLOGY

Eight patients with neuromuscular fatigue (mean age = 38 years; 4 females, 4 males) participated. Demographic and clinical data, disability levels, and DTI brain scan outcomes indicated reduced Fractional Anisotropy in specific brain areas before intervention. MRI data before and after the 8-month intervention were analysed. The intervention involved weekly sessions of 5 exercises on the SRT Zeptor machine (stochastic randomized therapy).

RESULTS

Post-intervention, FA Average conductivity in the fornix front-areal increased by 18-50%, with corresponding increases in hippocampal volume. Participants reported reduced balance difficulties, enhanced dexterity, and improved reaction times. A comparison group showed a decrease in FA Average conductivity without the intervention.

CONCLUSION

Future studies should explore additional aspects of stochastic randomized therapy and sensomotoric training. This therapeutic approach shows potential and warrants further investigation.

FOOD INSECURITY IN WOMEN WITH MENTAL ILLNESS ATTENDING A SPECIALIZED PSYCHIATRIC HOSPITAL IN KWAZULU- NATAL

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BACKGROUND/AIM

Background: Food insecurity is a problem in South Africa. Women from the general population, and people living with mental illnesses are at particular risk of food insecurity globally. There is limited information regarding food insecurity in women living with mental illnesses from South Africa.

Aim: To describe the prevalence of food insecurity and its impact on quality of life in women with mental illnesses from South Africa.

METHODOLOGY

A cross-sectional descriptive survey was conducted among women with mental illness attending a specialised psychiatric hospital. A researcher designed questionnaire was used to collect sociodemographic and clinical data. The WHO Quality of life questionnaire (WHO QOL-BREF) and the Household Food Insecurity Access Scale (HFAIS) were used to collect data on quality of life and food insecurity respectively.

RESULTS

There were 123 participants, with a mean age of 50 years (SD ± 13.89). The overall prevalence of food insecurity was 47.1%. In bivariate analysis, food insecurity was significantly associated with younger age (p= 0.017), having no monthly household income, (p=0.018), a comorbid psychiatric diagnosis (p= 0.03), and a poorer overall quality of life (p<0.001).

CONCLUSION

Compared to the general population prevalence (21%), this study confirmed that women with mental illnesses in South Africa have a high prevalence of

food insecurity, with an associated poorer quality of life. Although the majority of participants were recipients of social or disability grants, additional measures are required to improve food security in this vulnerable group.

INVESTIGATING THE MEDIATORS OF EXERCISE EFFECTS ON POST TRAUMATIC STRESS DISORDER SEVERITY: A LIVING SYSTEMATIC REVIEW OF HUMAN AND NON-HUMAN STUDIES

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BACKGROUND
Treatment of post-traumatic stress disorder (PTSD) is highly challenging due to its varied and complex symptoms, as well as the elevated risk of relapse. Exercise has been shown to be a beneficial adjunct treatment for PTSD. Understanding the underlying mechanism of the effect of exercise could help identify more targeted treatments for PTSD and uncover additional interventions that work through similar mechanism. This review seeks to synthesize current research on the mediators of the effect of exercise on PTSD severity.

METHODS
A living systematic review and meta-analysis of controlled studies encompassing both human and non-human studies was conducted. Two independent reviewers extracted the data by searching and identifying studies in multiple electronic databases and clinical trial registries. For the non-human and human studies, searches were done until August 24, 2023 and August 30, 2023, respectively combining multiple search terms for PTSD and exercise, and limiting the terms to English language. Data for human studies were extracted using EPPI while SyRF was used for non-human studies. Risk-of-bias was assessed using the Cochrane Risks-of-Bias2 for randomized trials and data were synthesised with random-effects meta-analysis where appropriate.

RESULTS
In the human studies, eleven studies met the eligibility criteria. Eight of the eleven studies were included in the meta-analysis while three examined putative mediators. Increase in circulating levels of BDNF was found to mediates the effects of exercise in reducing PTSD symptoms while AEA was found to mediate the relationship between moderate-intensity aerobic exercise and reduced threat expectancy ratings following reinstatement.

Of the 14 non-human studies which met the eligibility criteria, all studies used rats and each study examined at least one factor that might influence PTSD. Exercise was associated with improvement in all behavioural outcomes, including increase in brain-derived neurotrophic factor (SMD = 1.79; 95% CI: 0.56 to 3.01).

CONCLUSION
More mechanistic studies are needed to understand the mediators of exercise's effects in alleviating PTSD symptom severity. Increases in BDNF and AEA levels have been associated with reductions in PTSD symptom severity and threat perception, respectively, following high-intensity exercise, highlighting their beneficial role in the treatment of PTSD.

DYSREGULATION OF AUTO-IMMUNE THYROID TARGETS IN ADULT HUMAN BIPOLAR LIMBIC BRAIN

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BACKGROUND/AIM
The co-occurrence of thyroid autoimmunity and neuropsychiatric disorders is well-documented; nevertheless, there are few reports indicating a neuro-immunological connection between autoimmune thyroid disease (AITD) and bipolar disorder (BD). Our research has centered on exploring autoimmune thyroid factors linked to Hashimoto's Disease in critical regions of the adult human bipolar brain involved in mood regulation. Our hypothesis posits that disruptions in thyroid protein expression within the limbic brain of bipolar individuals contribute to the pathophysiology of this mood disorder.

METHODOLOGY
Two experimental techniques were employed to fulfil the objectives of this project. (1) Standard immunohistochemical techniques was used to identify cellular distribution of thyroid-stimulating hormone receptor (TSH-R) and thyroglobulin (TG) within major limbic areas of normal (n=5) and bipolar (n=5) brains. We further obtained protein quantitative assessments using image analysis. (ii) Reverse transcriptase qPCR along with the comparative threshold cycle (CT) method was used to determine TSH-R gene expression-fold differences between the study groups.

RESULTS
We demonstrated novel findings of extra-thyroidal expression of TSH-R and TG within limbic neurons and vasculature, respectively, of normal and bipolar human brain. Further, intra-group statistical comparisons showed significant reduction of thyroid protein expression across all bipolar limbic areas examined. We reported additional findings of TG protein exclusive to bipolar amygdala neurons, which correlated well with earlier neuro-imaging observations of increased amygdala activity and emotional sensitivity in BD.

CONCLUSION
Identifying thyroid-specific proteins in limbic areas strongly suggests an alternative role of the human thyroid system in mood control. It is probable that mood dysregulation symptoms stem from limbic-derived thyroid proteins as downstream targets in AITD. Our discovery of decreased bipolar thyroid expression strongly suggests that diminished limbic thyroid function may contribute to altered mood and bipolar pathophysiology. Additionally, the identification of limbic-derived thyroid proteins may offer new targets for future bipolar therapeutic interventions targeting autoimmune responses. This could significantly impact the global prevalence and healthcare burden associated with BD. Currently, we are expanding our investigation into the neuro-functional localization of other key thyroid hormone synthesizing proteins, namely sodium-iodide symporter (NIS) and thyroid peroxidase (TPO).

CATATONIA: DEMOGRAPHICS AND CLINICAL PROFILE OF PATIENTS ADMITTED TO AN ACUTE MENTAL HEALTH UNIT, PORT ELIZABETH, SOUTH AFRICA

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BACKGROUND/AIM
Catatonia is a neuropsychiatric syndrome, encountered across all medical specialities. Early recognition and treatment have shown to reduce medical complications, mortality and ensures favourable outcomes. Research in catatonia within the South African population is limited and more data is needed to explore the concept of catatonia in our population.

METHODOLOGY
A descriptive, retrospective, clinical file review of patients who presented with catatonia to an Acute Mental Health Unit (AMHU) at Dora Nginza Hospital from 01 January 2013 to 31 December 2018. To evaluate the clinical symptoms of catatonia, utilising the Bush Francis Catatonia Screening Instrument (BFCSI) and DSM-5 Criteria including demographical and clinical variables.

RESULTS
A total of 7330 patients were admitted to the (AMHU) during the study period. Eighty-eight (1.2%) were diagnosed as having catatonia. Using the BFCSI, 80 of 88 (91%) patients met the criteria for a diagnosis of catatonia. However, a smaller number (n = 51 of 88; 58%) met the diagnosis of catatonia using DSM-5 criteria. The 29 (36.3%) patients not meeting DSM-5 criteria but diagnosed using BFCSI presented with withdrawal, rigidity and staring. Psychomotor slowing is not included in either BFCSI or DSM-5 criteria but was found in more than 80% of patients with catatonia. The majority of patients were younger than 35 (n=66;83%), male (n=55;69%) and black (n=55;69%). More than half of the patients (55%) had a substance use history, with a significant association between substance use and male gender ($p<0.001$). Almost half of the patients (47.5%) had a prior history of mental illness and 15 (18.8%) of those patients had previous catatonia. There was a significant association between catatonia and a psychiatric disorder than catatonia and a medical disorder ($p<0.001$).

CONCLUSION
The study highlights a few important findings, reiterating the need for more data in our population. Firstly, relying only on DSM-5 criteria for diagnosing catatonia could potentially lead to underdiagnosis. Secondly, the high prevalence of psychomotor slowing raises the question, if it should be conceptualised as a feature of catatonia in the presence of other catatonic features. Lastly, exploring the prevalence and profile of patients presenting with catatonia at other sites.

THE EXPERIENCES OF MENTAL HEALTH CARE USERS AND THEIR FAMILY MEMBERS WHEN INTERACTING WITH THE SOUTH AFRICAN POLICE SERVICES: A QUALITATIVE STUDY CONDUCTED AT CHRIS HANI BARAGWANATH ACADEMIC HOSPITAL

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BACKGROUND/AIM
This study aims to provide a qualitative phenomenological description of the lived experiences of MHCUs and their families when interacting with SAPS for the purposes of gaining assistance from SAPS in managing MHCUs or getting them to hospital.

Objectives of the study

1. To obtain detailed descriptions of MHCUs and their families experience when interacting with the members of SAPS, particularly when SAPS has been called for assistance.
2. Describe the attitudes of the SAPS members towards MHCUs, as experienced by MHCUs themselves and their families.
3. To identify what was individually meaningful to MHCUs and their families regarding their experience with the SAPS.

METHODOLOGY

A descriptive phenomenological research approach was adopted for this study. The sampling technique utilised was both purposive and convenient sampling. The sample consisted of 15 participants: 10 Mental Health Care Users (MHCUs) (5 inpatients and 5 outpatients) and 5 family members. Semi-structured interviews were conducted at Chris Hani Baragwanath

RESULTS

The study identified six primary themes and three subthemes from the experiences of Mental Health Care Users (MHCUs) and their families during interactions with the South African Police Services (SAPS). These themes encompassed the profound impact of living with mental illness, the criminalisation experienced during encounters with SAPS, and the inadequate support received during mental health emergencies. Additionally, the findings highlighted the escalation of force due to lack of assistance, the use of physical force by SAPS, and the discriminatory attitudes of some officers. The themes also captured the significant challenges in rebuilding self-identity and coping with public perception post-crisis, with participants expressing a strong preference for ambulance escorts over police intervention due to the more respectful treatment received from medical personnel. An important finding was the misinformation given by SAPS to families, advising them to call an ambulance first, which is not mandated by the South African Mental Health Care Act. These insights underscore the need for improved coordination and training within SAPS to handle mental health crises with greater empathy and effectiveness.

CONCLUSION

The study's findings, through a phenomenological lens, emphasise the critical need for SAPS to adopt a more compassionate and informed approach to handling mental health crises. By improving coordination with medical services, providing comprehensive training for police officers, and developing protocols that prioritise the dignity and support of MHCUs, SAPS can better address the existential realities faced by individuals with mental illness and their families. Additionally, the study highlighted the misinformation provided by SAPS, suggesting that families must call an ambulance first—a requirement not supported by the South African Mental Health Care Act. These steps are essential for fostering a more effective and humane response to mental health emergencies, ultimately enhancing the overall well-being of the community.

GENETIC RISK FOR DEPRESSION AMONG CONTINENTAL AFRICANS: ESTABLISHING A GENETIC DATABASE FOR DEPRESSION IN AFRICA

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BACKGROUND/AIM

Major Depressive Disorder (MDD) significantly contributes to the global disease burden, with genetic factors playing a crucial role in its etiology. However, the existing body of genetic research on MDD includes African Americans and Africans in the United States and the United Kingdom but not continental Africans. Gene-environment interactions can equally not be fully appreciated given substantial differences between the lived experience of continental Africa and the diaspora. This omission can perpetuate health disparities, as indigenous Africans may not benefit from new treatments and diagnostic tools derived from these findings. To address this critical research gap, our study launches an unprecedented effort to establish a genetics database for depression in Africa leveraging three African cohorts from Eastern (Uganda, Kenya and Ethiopia), Western (Nigeria) and Southern (South Africa and Malawi) regions, collectively encompassing ~31.5K participants (~11K cases).

METHODOLOGY

The study will be undertaken among participants from three cohorts; i) the general population cohort (GPC) of MRC/UVRI and LSHTM Uganda Research Unit (n=10.5K), ii) the NeuroGAP study (n=7K) and iii) the DepGenAfrica study (n=14K). The GPC is on-going with 2,000 participants already recruited. Assessment for MDD is done using the Mini International Neuropsychiatric Interview (MINI, version 7.0.2) and participants' DNA will be

sequenced using the blended genome-exome (BGE) sequencing technology. Preliminary analysis 1,066 participants from this cohort has revealed a prevalence rate of 23.3% (20.7, 25.99) for lifetime MDD. For the NeuroGAP cohort, a total of 7,073 participants (360 cases of MDD) have been recruited from Uganda, Kenya, Ethiopia and South Africa. MDD was assessed using the MINI version 7.0.2 while participants' DNA was sequenced using the BGE technology. Both genetic and phenotypic data is available. Preliminary analysis has revealed male gender and living outside South Africa to be protective while substance use, negative life events, chronic pain and psychological distress are risk factors for MDD. For the DepGenAfrica cohort, participants recruitment is yet to commence. This study plans to recruit 3,000 cases and 2,000 controls in Nigeria, 3,000 controls and 2,000 cases in Malawi and Malawi and 4,000 cases in Ethiopia. Participants will be assessed for MDD using the Patient Health Questionnaire (PHQ-9) and their DNA will be sequenced using 4x whole-genome sequencing.

RESULTS

Participants collectively come from six African countries of Uganda, Kenya, Ethiopia, Malawi, South Africa and Nigeria. This study will perform a discovery genome-wide association study of MDD in these participants, develop a machine learning model for prediction and test causal inferences to MDD using Mendelian randomisation. Additionally, the portability of genetic markers and polygenic risk scores across diverse ethnic backgrounds will be assessed. The study will leverage comparative analyses with data from the Psychiatric Genomics Consortium to illuminate both shared and unique genetic susceptibilities to MDD.

CONCLUSION

This groundbreaking study is poised to illuminate the genetic underpinnings of MDD within African populations, potentially uncovering novel loci and elucidating the transferability of genetic risk factors.

EXPLORING THE GENETIC UNDERPINNINGS OF MAJOR DEPRESSIVE DISORDER AMONG THE UGANDA GENOME RESOURCE PARTICIPANTS USING A GENOME-WIDE ASSOCIATION STUDY APPROACH

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BACKGROUND

Major Depressive Disorder (MDD) is a leading cause of disability worldwide with genetic factors playing a significant role in its etiology. Genome-wide association studies (GWAS) have been conducted to understand the genetic architecture of MDD, but most of these have focused on European populations. Recent studies have included participants from the African American population. However, it is not clear whether the genetic variants identified in these studies are relevant to continental African populations since these participants represent only 1.1% of the African population. Hence this study aimed to investigate the genetic determinants of MDD among the Uganda Genome Resource (UGR) cohort.

METHODS

1,004 participants from the UGR cohort were assessed for MDD using the Mini International Neuropsychiatric Interview version 5.0.0. Of these, 24 individuals were excluded due to missing information, resulting in a final sample size of 980 participants (227 cases and 753 controls). This data for MDD diagnosis was then linked to the pre-existing genotype data. GWAS was performed using GEMMA software to find significant single nucleotide polymorphisms (SNPs) associated with MDD. Fine mapping using the Bayesian approach was then performed to pinpoint the most likely causal SNPs for MDD. Replication of GWAS findings was done to validate the GWAS findings using MDD summary statistics from both African (36,818 cases and 161,679 controls) and European (170,756 cases and 329,443 controls) ancestries.

RESULTS

The GWAS discovered 5 novel intronic genome-wide significant SNPs at P-value <5x10-8 of which 4 were lead; rs1403411845 (NHPH3-ASI), 16:10768301 (TEKT5), 5:7561685 (ADCY2), rs1513848 (FHOD3). The SNP rs1513848 (α = 0.11, se =0.02, P-value = 3.92E-08) was replicated in the European ancestry (α = 0.0164, se =0.0076, P-value = 0.03003). Fine mapping analysis identified SNPs rs1403411845 and 5:7561685 as having a posterior probability > 99% each.

CONCLUSION

This study identified novel genetic variants / SNPs associated with MDD present in a well characterized Ugandan population cohort. These SNPs have been mapped to genes which might be linked to biological processes like cilia dysregulation, cyclic adenosine monophosphate signaling pathway dysregulation and cytoskeleton modifications. These findings provide insights into the biological mechanisms involved in the development of MDD.

ATYPICAL PRESENTATION OF PSYCHOSIS

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BACKGROUND

Fahr's Syndrome is a rare neurodegenerative disorder characterised by bilateral, symmetrical calcifications of the basal ganglia, thalami, hippocampus, cerebral cortex, cerebellum and centrum semiovale. The neurological symptoms include motor symptoms, gait and sensory abnormalities; and seizures. Neuropsychiatric manifestations vary from delirium, depression, psychosis and mania with neurocognitive symptoms follow subcortical dysfunction.

METHODOLOGY

Ms EC is a 42-year-old female who presented as an index patient following a month of aggressive behaviour, mania and psychosis. She displayed subcortical neurocognitive symptoms for an unknown duration. Her past medical history revealed adult-onset epilepsy four years prior to this presentation with her last reported seizure in 2018.

RESULTS

Calcium, magnesium and phosphate were subtherapeutic. EEG displayed abnormal ictal activities and a long bone x-ray indicating hyperostosis. CT brain imaging revealed linear ependymal calcification along occipital horns of the lateral ventricles, bilateral basal ganglia and thalamic and cerebellar calcification with confirmed T2 flair MRI images confirming bilateral, asymmetrical white matter hyperintensities involving periventricular tracts.

Diagnostic Formulation:

1. Fahr's syndrome due to hypoparathyroidism
2. Mood and psychotic disorder due to Fahr's Syndrome
3. Major neurocognitive disorder due to possible Fahr's Syndrome with psychotic symptoms
4. Epilepsy
5. Subclinical hypothyroidism
6. Bilateral eye cataracts

Parenteral calcium, magnesium, thiamine, folate and vitamin D oral supplements were prescribed.

Olanzapine was titrated to 10mg, following a failed trial of risperidone. Lamotrigine was prescribed to augment the therapeutic sodium valproate.

Upon discharge, here pharmacological treatment consisted of:

1) Lamotrigine 75mg po bd 2
2) Epilim CR 300mg po bd
3) Vitamin D supplementation
4) Eltroxin 75ug po daily
5) Olanzapine 15mg po nocte
6) Titralac 2 tabs po tds
7) Folate 5 mg po daily
8) Thiamine 100mg po tds

A referral to ophthalmology was made regarding the cataract's diagnosis.

CONCLUSION

Radiological and biochemistry investigations should be motivated for in resource limited settings when assessing atypical psychosis. This case report highlighted neurobehavioral and neurocognitive symptoms may develop and persist in a patient with Fahr's syndrome.

NEUROCOGNITIVE IMPROVEMENT IN HIV-POSITIVE PATIENTS TREATED WITH DOLUTEGRAVIR-BASED REGIMENS

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BACKGROUND

Mild HIV related NCD remains prevalent despite effective ART. Controversies exist regarding the neurocognitive effects of dolutegravir, a first line treatment for adult HIV-positive patients. This study aimed to describe cognitive function using the IHDS and BNCE in HIV positive, treatment naïve patients before and 3 months post dolutegravir-based ART.

METHODOLOGY

This study was a prospective, quantitative and descriptive cohort study with a population comprising of English-speaking, consenting, adult HIV-positive, ART naïve patients prior to dolutegravir based regimen initiation. Demographic information and blood results, (CD4 count at baseline and VL after 3 months of receiving ART) were recorded.

RESULTS

- There were significantly more females ($p = 0.002$).
- very year of increasing age was associated with BNCE total scores at 3 months decreasing by 0.504 points ($p = 0.009$).
- A one-year increase in education years increased the IHDS 1 and 2 scores significantly ($p = 0.030$ and $p = 0.019$, respectively). Similarly, the time taken to complete the BNCE decreased both at baseline and 3 months later ($p = 0.001$ and $p = 0.002$, respectively).

- No significant correlation was found between baseline and 3 months VL and CD4 measured and neurocognitive test results (IHDS, BNCE and time scores).
- Baseline IHDS results increased significantly at 3 months from a mean of 8.3 to 9.1 (p = 0.033).
- BNCE total scores increased from a baseline mean of 20.5, however was not statistically significant.
- BNCE time completion decreased significantly from baseline of 20.2 minutes to a 3 month mean of 18.3 min.
- When comparing Part 1 and Part 2 BNCE scores at baseline to 3 months, Part 2 scores showed higher scores that were clinically significant (p = 0.043).

CONCLUSION

The trend of neurocognitive function is towards improvement in HIV-positive treatment naïve patients who receive 3 months of dolutegravir-based ART.

SEX VERSUS GENDER ASSOCIATIONS WITH DEPRESSIVE SYMPTOM OUTCOMES OVER 24 MONTHS IN FIRST-EPISODE SCHIZOPHRENIA SPECTRUM DISORDERS

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BACKGROUND/AIM

Females with schizophrenia often experience more severe and persistent depressive symptoms than males, in particular during the acute phase of the illness. Studies have shown that a more feminine gender profile, independent of sex, age of onset, and illness prodrome, is associated with more severe depression in chronic schizophrenia. In contrast to sex (a biological distinction), little is known about the associations between gender (a societal construct) and depression in first-episode schizophrenia spectrum disorders (FES). In response to this knowledge gap, we examined the associations of sex versus gender with visit-wise changes in depressive symptoms over 24 months in patients with FES (n = 77) compared to matched healthy controls (n = 64).

METHODOLOGY

The Bem Sex Role Inventory was used to measure feminine gender role endorsement. The Calgary Depression Scale for Schizophrenia was used to measure depressive symptoms at baseline, weeks 2, 4, and 6, and months 3, 6, 9, 12, 15, 18, 21, and 24. We used mixed models for continuous repeated measures to examine the moderating effects of childhood trauma, premorbid adjustment, age of psychosis onset, and cannabis use on the associations of sex and gender with depressive symptoms.

RESULTS

Higher feminine gender role endorsement, independent of biological sex, was associated with more severe baseline depression and worse initial treatment trajectories. Childhood trauma exposure was also associated with worse depression outcomes, and mediated the association between gender and pre-treatment depression severities.

CONCLUSION

Gender, but not sex, was associated with depressive symptom trajectories in FES. The association between gender and depressive symptoms was most apparent prior to initiation of treatment and during the early months of treatment. However, after that, there were no differences in depression scores between groups. Childhood trauma exposure also mediated the association between gender and pre-treatment depression severities. The consideration of both sex and gender offered a more nuanced insight into depressive symptoms compared to biological sex alone.

BIOLOGICAL AGING PROFILES OF NEUROCOGNITIVE FUNCTION AND DEPRESSION IN SOUTH AFRICAN WOMEN WITH HIV AND VARIABLE EXPOSURE TO CHILDHOOD TRAUMA

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BACKGROUND/AIM

Following HIV infection, the virus can cross the blood-brain barrier, which can lead to HIV-associated neurocognitive disorders (HAND) and depression. These outcomes are observed despite the use of combination antiretroviral therapy (cART) by people with HIV (PWH). The dual burden of HIV infection and childhood trauma (CT) in South Africa increases the risk of HAND and depression in PWH. Consequently, understanding the underlying mechanisms that contribute to these adverse neuropsychiatric outcomes is a research priority. Measures of biological aging such as epigenetic clocks, telomere length (TL), mitochondrial DNA copy number (mDNAcn), and brain-predicted age (BPA) have been associated

with HAND and depression in PWH. This study aims to identify biological aging signatures of the HIV-CT interaction, and whether they are predictive of longitudinal change in neurocognitive function and depression symptom scores. We will use data from an ongoing longitudinal study investigating biological endophenotypes of HAND in South African women.

METHODOLOGY
The cross-sectional correlation of baseline biological measures (epigenetic clocks, absolute TL, mDNAcn, and BPA) will be assessed using Pearson product-moment or Spearman's rank-order correlation coefficients (n = 225). Baseline cross-sectional analysis of predictor variables (CT, HIV, biological aging measures) and outcome variables (cognitive function and depression symptom scores) will be assessed using regression models (n = 225). Linear mixed models will be used to assess the longitudinal (baseline, one-year, and five-year follow-up) effects of HIV, CT, and baseline biological aging measures on cognitive function and depression symptom scores (n = 225 + follow-up data).

RESULTS
N/A

CONCLUSION
Given the high prevalence of HIV infection in South Africa, HAND has a great impact on public health in the country. The findings from this study will provide insight into the role of biological aging, HIV, and CT in the pathophysiology of HAND and depression. compared to biological sex alone.

SOUTH AFRICAN MENTAL HEALTHCARE PROVIDERS' VIEWS ABOUT EXERCISE FOR PEOPLE WITH MENTAL ILLNESS

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BACKGROUND/AIM
People living with mental illness (PWMI) have significantly reduced life expectancy compared to the general population, yet mental healthcare providers (MHCPs) do not regularly prescribe exercise to their patients, despite its proven physical and mental health benefits. The aim of this study was to evaluate South African MHCPs views regarding exercise for PWMI.

METHODOLOGY
This was a cross-sectional descriptive study conducted across five public sector specialised psychiatric units in Gauteng. MHCPs were surveyed using the Exercise in Mental Illness Questionnaire-Health Professionals Version.

RESULTS
Most participants were nurses (49.1%) and doctors (26.2%) and reported no prior formal training in exercise prescription (79.4%). The vast majority (up to 89.7%) agreed regarding the physical benefits of exercise, particularly cardiometabolic benefits. The most common barriers, as perceived by MHCPs, to exercise participation for PWMI were: stigma around having a mental illness (56.5%) and medication side-effects (56.5%). The majority (76.2%) reported prescribing exercise for PWMI at least 'occasionally'. The method most frequently used was personal discussion (77.3%) and aerobic exercise was most frequently recommended (81.0%). Specific instructions regarding physical activity recommendations however were often not provided. Regarding the personal exercise habits of MHCPs, only a third (34%) met physical activity guidelines. Most MHCPs (92.1%) indicated an interest in further training regarding exercise for PWMI.

CONCLUSION
MHCPs were supportive of exercise for PWMI. Strategies to address stigma around mental illness and medication side-effects, improve training regarding exercise prescription, as well as the exercise habits of MHCPs themselves, and collaboration with exercise professionals and organisations are recommended. This study provides insight into the views of South African MHCPs regarding exercise for PWMI.

KNOWLEDGE OF AND ATTITUDES TOWARDS ELECTROCONVULSIVE THERAPY IN AN ACADEMIC PSYCHIATRIC DEPARTMENT

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BACKGROUND/AIM
A negative attitude towards electroconvulsive therapy among health professionals has been attributed to a lack of knowledge of the procedure, despite improvements in administration and evidence for its efficacy in certain psychiatric conditions. This study aims to assess the knowledge and attitudes toward electroconvulsive therapy (ECT) among psychiatry and clinical psychology professionals

METHODOLOGY
This study is a quantitative cross-sectional design. All psychiatry and clinical psychology professionals associated with the University of the Witwatersrand were invited to participate in an anonymous online survey between 01 September 2022 - 30 June 2023.

RESULTS
The response rate was 49.6% (n=58) among psychiatrists and psychiatry registrars, and 22.2%

(n=22) among clinical psychology professionals. Psychiatry professionals had a higher knowledge of, and a more favourable attitude compared to clinical psychology professionals. Fewer clinical psychology professionals (45.5%) than psychiatry professionals (93.1%) had exposure to ECT in a professional setting. There was a significant association between the overall knowledge and attitude scores (p=0.009, odds ratio6.7). Most psychology professionals (86.4%) recommend that ECT theoretical training be included in the curriculum of clinical psychologists.

CONCLUSION

Greater knowledge regarding ECT is associated with an improved attitude towards it. Training should seek to increase knowledge of ECT and thereby assist with improving attitudes towards ECT, particularly for psychology professionals.

PERCEPTIONS OF THE DECRIMINALISATION OF CANNABIS AMONG MENTAL HEALTH CARE USERS ADMITTED AT WESKOPPIES HOSPITAL

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BACKGROUND/AIM

Decriminalisation of cannabis has gained support in many countries, including South Africa.This means that possession and consumption of cannabis, even in small quantities, would not be considered a serious criminal offense. Decriminalisation doesn't make cannabis entirely legal, but reduces severity of punishment for possession and use.

Objective: This study explores perceptions of cannabis decriminalisation among mental health care users at Weskoppies Hospital. It examines their knowledge towards recreational use, understanding of the law, awareness of cannabis's mental health implications, and changes in usage since decriminalisation.

METHODOLOGY

The study is a cross-sectional, quantitative study design. A structured questionnaire was filled out by participants with positive cannabis urine tests. . Participation was voluntary, anonymous, and based on informed consent. Using the CUDIT tool, participants were categorized into two groups: those with hazardous cannabis use and those with cannabis use disorder. Knowledge was compared across age groups and educational levels.

RESULTS

The study included 90 participants, mostly male (81%,n=73), with an average age of 39 years. Most were single and had grade 12 education. Findings showed that 6% had accurate knowledge of cannabis, 56% had good knowledge, and 38% had poor knowledge. No significant difference in knowledge was found between hazardous users and those with a disorder. Many reported difficulty stopping cannabis use and showed interest in rehabilitation services.

CONCLUSION

This study highlights the varied levels of knowledge about cannabis among mental health care users and underscores the need for targeted education and rehabilitation services to address cannabis use issues.

EMERGING DRUG TRENDS AND MENTAL HEALTH IMPACTS AMONG EARLY-CAREER PHYSICIANS: A CROSS-SECTIONAL STUDY ON SUBSTANCE USE DISORDERS AND DEPRESSION IN KENYA

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BACKGROUND

Substance use disorders (SUD) and mental health challenges, particularly depression, are increasingly prevalent among medical professionals globally. Early-career physicians, including medical officer interns, are especially vulnerable due to their exposure to workplace stress, long hours, and access to prescription drugs. While traditional substances like alcohol and tobacco remain prevalent, newer trends such as the use of vaping products, shisha, and stimulants like khat "jaba" juice are emerging in this demographic.

AIM

This study aims to explore the prevalence of emerging drug use trends, including new substances like vape products, shisha pens, and stimulants, and their association with depression among early-career physicians in Kenya. The study also assesses sociodemographic characteristics linked to substance use and mental health outcomes.

METHODOLOGY

A cross-sectional study was conducted among 214 medical officer interns across various hospitals in Kenya. Substance use was evaluated using the ASSIST, with additional focus on newer substances such as vape and shisha pens. Depression was assessed using the PHQ-9. Sociodemographic variables such as age, sex, and work-related stress were also examined for associations with both substance use and mental health outcomes. Statistical analyses included bivariate and multivariate logistic regression.

RESULTS

The study found that 65% of interns reported lifetime alcohol use, while 41.6% reported cannabis use and

34.1% reported tobacco use. New trends were also prominent, with 28% of participants reporting strong urges to use vape or shisha products in the last three months. Depression rates were high at 66%, and a significant correlation was found between high-risk substance use and depression (p<0.05). Medical interns aged 30 years and above were less likely to develop substance use disorder (p=0.01). Family history of substance abuse significantly increased the likelihood of high-risk substance use (p<0.001).

CONCLUSION

The findings highlight a growing trend of newer substances, such as vape and shisha products, among early-career physicians in Kenya. These trends, alongside traditional substance use, are closely linked to mental health challenges, particularly depression. There is an urgent need for targeted mental health and substance use interventions for medical interns.

THE BURDEN OF INSOMNIA AMONG NURSES IN KWAZULU-NATAL, SOUTH AFRICA

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BACKGROUND/AIM

Insomnia is defined as poor quantity or quality of sleep accompanied by difficulty falling asleep, staying asleep or early morning awakening, resulting in impaired daytime functioning. Insomnia has been found to occur at higher rates in the healthcare workers, and has been associated with physiological dysfunction, illness, and distress, as well as many socio-demographic and lifestyle-related factors. This study aims to establish the prevalence of insomnia, and its associated socio-demographic, lifestyle, and occupation-related factors among nurses in KwaZulu-Natal Province, South Africa.

METHODOLOGY

A cross-sectional descriptive online survey was conducted. Public-sector employed nurses were recruited between September and December 2023 to undertake an online survey consisting of a researcher-designed socio-demographic questionnaire, the Sleep Condition Indicator, Single Item Measure of Burnout and Sleep-Hygiene Index (SHI) tools.

RESULTS

Of the 235 participants surveyed, 41.7% screened positive for insomnia and had significantly lower frequencies of good sleep-hygiene practices on the SHI. After controlling for socio-demographic, clinical and work-related covariates, a psychiatric history (aOR: 5,52; CI:1,06-28,66) and poor sleep hygiene (aOR: 1,07; CI: 1,02-1,13) displayed significant association with insomnia. All levels of work-related stress were significantly associated with insomnia (p value<0,01), with total burnout having a 10,3-fold increased association.

CONCLUSION

The study highlights the concerning prevalence of insomnia, and its association with burnout, poor sleep hygiene and a psychiatric comorbidity, amongst nurses. Considering the significant risk factors are modifiable, our results can be used as a point of reference for future health promotion programmes targeting healthcare professionals.

THE ROLE OF GUT MICROBIOME IN THE PATHOPHYSIOLOGY OF PTSD, DEPRESSION AND ANXIETY; A SYSTEMATIC REVIEW

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BACKGROUND/AIM

Accumulating evidence suggests the gut microbiome plays a critical role in mental health through the gut-brain axis. Alterations in gut microbiome composition have been associated with neuropsychiatric disorders, including posttraumatic stress disorder (PTSD), depression, and anxiety, though findings are inconsistent across studies. While evidence supports gut-brain axis involvement in these disorders, discrepancies exist regarding specific microbial signatures. Understanding these complex interactions is crucial for developing markers and advancing microbiome-based therapies for PTSD, depression, and anxiety. This systematic review aims to examine the role of the gut microbiome in the pathophysiology of post-traumatic stress disorder (PTSD), depression, and anxiety.

METHODOLOGY

We followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to identify relevant studies exploring the association between the gut microbiome and PTSD, depression, and anxiety. Eligible studies were critically appraised, and data were synthesized to provide insights into the mechanisms linking gut microbiota to these mental health disorders. Literature searches were conducted in PubMed, Scopus and Web of Science.

RESULTS
This systematic review highlights the significant role of the gut microbiome in the pathophysiology of PTSD, depression, and anxiety.

CONCLUSION
Gut microbiome plays a role in the pathophysiology of PTSD, depression, and anxiety.

THE GENETIC ARCHITECTURE UNDERLYING PSYCHOLOGICAL DISTRESS

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BACKGROUND/AIM
Within Africa, the prevalence of anxiety and depression during the COVID-19 pandemic was 47% and 48%, respectively. The prevalence of these disorders constitutes a substantial health and economic burden. Risk factors include, but are not limited to, female sex, history of trauma, and lower socioeconomic status. However, individuals may experience some or all of these risk factors without developing these disorders, suggesting the presence of biological susceptibility factors. Although anxiety and depression have significant genetic bases, extensive genetic overlap exists between them. To this end, psychological distress, a broad term encompassing symptoms of anxiety and depression, may present as a useful phenotype for investigating the genetic architecture underlying these symptoms. There are many genetic studies on symptoms of anxiety and depression in European and North American populations, results from which cannot be transferred to the relatively understudied African populations due to the wealth of genetic diversity within African individuals. Therefore, we aim to investigate the genetic architecture underlying psychological distress among African populations.

METHODOLOGY
Participants (n = 21,322) were recruited from Ethiopia, Kenya, South Africa and Uganda. Symptoms of psychological distress were assessed using Kessler's Psychological Distress Scale (K10). DNA was extracted from saliva samples and underwent sequencing using the novel Blended Genome-Exome sequencing technology, whereby exons are covered at a read depth of 10X, and the rest of the genome covered at 1-4X. A genome-wide association study will be conducted to identify genetic variants associated with K10 total scores, followed by statistical fine mapping to distinguish likely causal variants. Polygenic risk scores will be generated using the BridgePRS method to determine whether participants' genetic profiles can predict K10 total scores across ancestries.

RESULTS
[Results still to be generated]

CONCLUSION
Results from this study will not only elucidate whether psychological distress is associated with genetic factors, but if so, which variants are causally contributing to the phenotype and to what extent. Furthermore, this study contributes to the knowledge gap of psychiatric genetics in African populations.

CONTRACEPTIVE USE AND COUNSELLING IN WOMEN WITH MENTAL ILLNESS, IN KWAZULU-NATAL, SOUTH AFRICA

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BACKGROUND/AIM
Background: Women with mental illness are a vulnerable population, prone to high rates of unplanned pregnancies, sexual violence and exposure to teratogenic medications. Despite this, limited knowledge exists on contraceptive use and counselling in this at-risk group.

Aim: This study aimed to determine the prevalence of contraceptive use and counselling in women of childbearing age attending a psychiatric facility in KwaZulu-Natal (KZN), South Africa (SA), and the factors associated with consistent contraceptive use.

METHODOLOGY
A descriptive, cross-sectional survey was conducted using a convenience sampling method on in- and out-patients attending Townhill Hospital; a tertiary psychiatric facility in Pietermaritzburg, SA. An interviewer-designed and administered questionnaire was used to obtain data from the 186 participants, from 01 August to 03 November 2023. Clinical information was obtained from the participants' chart.

RESULTS
The median age of participants was 33 years with 67,7% attending outpatient services (n=126). A majority of participants were unemployed (70,4%, n=131), however, approximately three-quarters had passed grade 12 (74,7%, n=139). 65,9% of prior

pregnancies were unplanned (n=81) and more than one-third of participants reported a history of forced sex (35,5%, n=66). 59,1% (n=110) reported current use of contraception while the prevalence of consistent contraceptive use was only 50% (n=93). Barriers to contraceptive use included sexual inactivity, concerns of contraceptive side effects and fear of sexual partners. Only a quarter (25,3%, n=47) of participants reported having received contraceptive counselling by their mental healthcare practitioner (MHCP), while 31,2% (n=58) reported counselling on medication teratogenicity. 63,4% of participants were prescribed a teratogenic medication (n=118). Notably, both contraceptive counselling (p= 0.018) and education on medication teratogenicity (p=0.007) were significantly associated with consistent contraceptive use. A quarter of participants reported having unmet contraceptive needs (25,8%, n=33) and 59,7% of women requested integrated healthcare services (n=111).

CONCLUSION

There is inconsistent contraceptive use and low levels of contraceptive counselling among women with mental illness, despite high rates of unplanned pregnancies, forced sex and teratogen-prescription in this group. Contraceptive counselling should be incorporated into psychiatric services to improve the consistency of contraceptive use in this vulnerable population.

EPIGENETIC PROFILES OF HIV AND CHILDHOOD TRAUMA IN SOUTH AFRICAN WOMEN

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BACKGROUND/AIM

People living with HIV (PLWH) face unique psychiatric challenges, such as HIV-associated neurocognitive impairment and a two-fold higher risk of developing depression. HIV, in combination with social factors, such as childhood trauma (CT), can induce long-term changes in neurocircuitry and brain structure, affecting psychological outcomes. DNA methylation, an epigenetic mechanism, influences gene expression and functions as a molecular interface between the genome and environment. DNA methylation patterns are associated with HIV and CT independently and may mediate the effects of biological and social stressors contributing to depression and neurocognitive impairment in PLWH. There is a need to determine whether DNA methylation is a marker of the combined effect of HIV and CT on neuropsychological function. This study aims to elucidate the interactions between HIV, CT and DNA methylation and determine their effects on depression, neurocognition, and regional brain volumes in a longitudinal cohort of South African women with and without HIV (n = 225).

METHODOLOGY

Neurocognitive functioning was ascertained using the HIV Neurobehavioral Research Centre International Neurobehavioral Battery; CT scores were determined via the Childhood Trauma Questionnaire; and depressive symptoms were ascertained using the Centre for Epidemiologic Studies Depression Scale. A subset of participants underwent structural magnetic resonance imaging. Using DNA methylation data generated on the Illumina EPIC V2 Bead Chip kit, we will conduct DNA methylation region and network analysis using methylation-based inference of regulatory activity and weighted correlation network analysis. Linear and mixed regression models will be used to determine the association between HIV status and CT scores on methylomic signatures.

RESULTS

Preliminary results indicate decreased DNA methylation at one CpG site situated near PLPP1, was significantly associated with positive HIV status in the cohort (p = 2.344x10-08, FDR = 0.023). The PLPP1 protein plays a role in regulating key components in the innate immune and inflammatory responses, such as NF-$\kappa\beta$ and I-$\kappa\beta$, and the release of IL-8.
CT was not associated with DNA methylation at any CpG sites.

CONCLUSION

HIV infection may influence immune function via DNA methylation. Ongoing research will identify whether methylomic signatures are associated with cognitive function scores, depressive symptoms and brain structure.

MAGIC, MADNESS, HEAVEN, SIN? THE ANSWER MIGHT BE INVESTIGATING POSSIBLE LINKS BETWEEN THE GUT MICROBIOME AND SCHIZOPHRENIA IN A SOUTH AFRICAN COHORT.

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BACKGROUND/AIM

Growing evidence suggests a complex interplay between the gut microbiome and schizophrenia (SCZ) through the microbiome-gut-brain axis. Alterations of the gut microbiome have been observed in SCZ cases, indicating potential associations between specific microbial profiles and disease severity. This study aims to investigate the intricate connections between the gut microbiome and SCZ.

METHODOLOGY

16S rRNA (V4) sequence data for 41 cases with SCZ (first-episode psychosis, FEP, n = 24; chronic cases n = 17) and 48 controls from the Shared Roots of Neuropsychiatric Disorders and Cardiovascular Disease Project (SR) were analysed.

Cases were recruited from general and psychiatric hospitals and community clinics. The diagnosis of SCZ was based on the Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (SCID-IV).

Data analysis was done in R studio (dada2 pipeline) and QIIME2 (diversity and composition plugins) to assess diversity (PCoA and adonis PERMANOVA) and differential abundances (ANCOM and ANCOM-BC). Covariates included in the analyses were case-control status, sex, and current smoker status.

RESULTS

We found no significant results for alpha-diversity measures for case-control status (q = 0.093). The differential abundance analysis showed no significant results for cases versus controls that survived correction for multiple testing. The results did suggest that Alistipes (p = 0.064) may be enriched in SCZ cases versus controls, but would need to be confirmed in a larger study.

CONCLUSION

This exploratory study, conducted with data from a South African population, provides valuable insights into the potential associations of the gut microbiome with SCZ case-control statuses and specific microbial taxa, namely Alistipes. However, larger studies are warranted to confirm these findings and to better comprehend the role of the gut microbiome in SCZ pathology.

ASSESSING THE MENTAL HEALTH LITERACY OF HEALTHCARE WORKERS AT A JOHANNESBURG TERTIARY HOSPITAL

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BACKGROUND/AIM

Background: The prevalence of mental illness in South Africa is high. Good mental health literacy (MHL) has proven to aid in providing adequate and timely care, promote positive attitudes towards mental health, and assist in the integration of mental healthcare with other services. Studies have shown that enhancing the MHL of healthcare workers (HCWs) can help alleviate the burden of mental illness.

Aim: To explore the MHL of HCWs at a tertiary hospital in Johannesburg.

METHODOLOGY

Setting: The study was conducted at Helen Joseph Hospital.

Methods: A quantitative, descriptive, cross-sectional study via a self-administered questionnaire consisting of: (1) a demographic, work and exposure to mental illness and mental healthcare services questionnaire and (2) the Mental Health Literacy Scale (MHLS). The MHLS assists in identifying people with low MHL who could benefit from further interventions.

RESULTS

Results: 252 HCWs participated in the study and obtained an overall median MHLS score of 129. The 20-30 year old HCWs with less than 5 years of experience scored higher. Among the various professions, doctors scored the highest, nurses the lowest, with the anaesthetic and psychiatric departments obtaining the highest MHLS scores. Personal exposure to mental illness and mental health services was associated with higher MHLS scores.

CONCLUSION

Conclusion: This study highlighted areas where education and awareness of mental health are lacking, which are crucial for improving MHL. Targeted interventions to fill these identified gaps are therefore recommended.

Contribution: This was the first study done in South Africa to assess the MHL in tertiary-level HCWs of various professions.

TOWARDS AFRICA-SPECIFIC NEUROETHICS GUIDELINES FOR NEUROSCIENCE RESEARCH ON INNOVATIVE NEUROTECHNOLOGIES FOR PTSD IN AFRICA

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BACKGROUND/AIM
Recent developments in neuroscience have produced ground-breaking scientific discoveries improving our knowledge of the human brain. However, there is still a gap between advancements in post-traumatic stress disorder (PTSD) interventions and tailoring these interventions to the needs of individuals living with PTSD within diverse cultural contexts. This brings into question the promotion of ethical neuroscience research practices that prioritize the well-being of individuals affected by PTSD in Africa. This research project aims to identify neuroethical issues that are crucial for African-centered policy guidelines for new neurotechnology interventions that are utilized in neuroscience research related to PTSD across the African continent.

METHODOLOGY
This research project will use empirical methods. I will employ a Modified Deliberative Delphi- Expert Approach, which combines Delphi method with inputs from African experts in neuroscience and ethics related fields and neuroethics community engagement with people who have lived experiences of PTSD. Obtaining opinions of participants will involve questionnaires, focus group discussions and neuroethics community engagement meetings. African experts (n = 15) in the fields of neuroethics, bioethics, neuroscience, psychiatry, and related fields like psychology will be invited to partake. Additionally, adults (n = 15) with a diagnosis of PTSD will be invited to participate in the study.

RESULTS
The study seeks to gauge the knowledge, perceptions, and attitudes surrounding the use of neurotechnologies. Anticipated results include a comprehensive understanding of innovative neurotechnology treatments, such as Virtual Reality Exposure Therapy and Transcranial Magnetic Stimulation, within neuroscience research on PTSD in Africa. Furthermore, the study seeks to provide a deeper insight into how culture and cultural humility influence ethical priorities in this context.

CONCLUSION
Examining the complex relationship between PTSD related neuroscience research and ethics within an African context is essential to advancing the field of neuroscience and neurotechnology. It is important to develop clear guidelines for neuroscience research on PTSD interventions, in order to achieve contextually relevant, culturally sensitive and ethical guidelines for neuroscience that are in alignment with African cultural values.

ANTIPSYCHOTICS AND CHRONIC DYSTONIA AT A BOTULINUM TOXIN CLINIC IN A STATE HOSPITAL IN CAPE TOWN

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BACKGROUND/AIM
Background: Chronic dystonia, characterized by sustained muscle contractions and abnormal postures, poses clinical challenges, especially when associated with antipsychotic medication use.

Aim: To delineate the demographic and clinical profiles of adults with dystonia and examine the association with antipsychotic medication at a Botulinum Toxin Clinic.

METHODOLOGY
We conducted a retrospective cohort study of adult patients seen at the Botulinum Toxin Clinic between January 2018 and June 2022.

RESULTS
Of the 119 patients studied, those assessed with antipsychotic-induced dystonia (32.69%), presented at a younger age ($p<0.001$), were more likely female ($p=0.04$), received higher average dose of Botulinum toxin ($p<0.001$) and incurred a higher estimated Botulinum toxin treatment cost ($p=0.01$) compared to those with primary dystonia. Logistic regression identified age and Botulinum toxin dose as factors associated with psychotropic-related dystonia ($p=0.005$ and $p=0.012$, respectively).

CONCLUSION
Clinical and demographic factors are associated with dystonia in adults taking antipsychotic medication. These patients generally manifested symptoms at an earlier age, had a higher male prevalence, and required prolonged treatment with Botulinum toxin, leading to increased costs. In those assessed with antipsychotic induced dystonia, a comorbid diagnosis of a mood disorder was more common than that of a psychotic disorder. These findings can inform clinical practice, with implications for prevention, earlier recognition, and intervention.

THE EXPERIENCE OF FAMILY MEMBERS OF DEPENDENT ELDERLY PERSONS WITH DEMENTIA WHO EMPLOY FORMAL HOME-BASE CAREGIVERS

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BACKGROUND/AIM
The growing elderly population increases family members' need for assistance in caring for elderly persons with dementia. A dynamic relationship exists between family members, the elderly person, and the formal caregiver. It is therefore important

to understand all factors influencing this care situation. The aim of this study was to gain a deeper understanding of the experiences of the family members of elderly persons with dementia who employ home-based caregivers within the South African context.

METHODOLOGY

This is a descriptive, qualitative study conducted in 2023-2024 in Cape Town, South Africa. The research was done through individual semi-structured interviews with first-degree family members of elderly persons with dementia.

RESULTS

Eight family members were purposively recruited, and in-person or virtual interviews were conducted. Following thematic analysis, five themes emerged. (a) Finding the right match: Family members believed that the success of a caregiver's placement is depended on the right caregiver being paired with the specific elderly person and this usually required a trial-and-error process. (b) Job expectations: Clear job descriptions may facilitate a better working relationship. Family members not only expected the caregiver to provide physical care but to also ensure the safety of the elderly person and provide companionship. (c) Home as a care facility: Family members feel that they had to adapt to having the caregivers within their homes. This related to adjustments made to accommodate the elderly person with the caregiver as well as privacy issues.(d) The South African context: Contextual factors included language barriers and transport issues making caregivers unreliable. As a consequence of socioeconomic disparity, family members tried to further assist the caregivers financially. (e) Suggestions: Prepare the caregiver by providing them with information of the elderly's level of functioning and their requirements. Do further research that can improve the systems that provide dementia care. Don't delay employing a caregiver as their support is invaluable.

CONCLUSION

Findings indicated that family members had varying and contrasting experiences of formal home-based caregivers which were influenced by interpersonal and professional factors. These insights provide healthcare professionals with a better understanding of the home-based care situations to facilitate appropriate recommendations ■

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SOUTH AFRICAN SOCIETY OF PSYCHIATRISTS

NOTICE OF **ANNUAL GENERAL MEETING**

NOTICE IS HEREBY GIVEN THAT THE ANNUAL GENERAL MEETING WILL BE HELD ON FRIDAY, 29 NOVEMBER 2024, AT THE CENTURY CITY CONFERENCE CENTRE, CENTURY CITY, WESTERN CAPE

TIME: 15:00 to 16:00

FOR THE FOLLOWING PURPOSES:

1. To approve the minutes of the previous Annual General Meeting that took place on 22 November 2023;
2. To receive and consider the financial statements for the period ended 31 December 2023;
3. To appoint Messrs Integritas Auditors as auditors of the company;
4. To discuss the Company MOI and Rules, including suggested changes; and
5. To transact any other business which may be transacted at an Annual General Meeting

Any member entitled to attend and vote at the abovementioned meeting is entitled to appoint one or more proxies to attend and speak out and, on a poll, vote in his/her stead. A proxy need not be a member. Proxy forms must be delivered by email as a legible scanned document to: voting@sasop.co.za or porter.sasop@gmail.com or info@healthman.co.za by no later than Friday, 22 November 2024.

BY ORDER OF THE BOARD

1 November 2024

SOUTH AFRICAN SOCIETY OF PSYCHIATRISTS

FORM OF PROXY

SOUTH AFRICAN SOCIETY OF PSYCHIATRISTS

Registration No. 2007/012757/08

("the company")

_____

Any member entitled to attend and vote at the abovementioned meeting is entitled to appoint one or more proxies to attend and speak out and, on a poll, vote in his/her stead. A proxy need not be a member. Proxy forms must be delivered by email as a legible scanned document to: voting@sasop.co.za or porter.sasop@gmail.com or info@healthman.co.za by no later than Friday 22 November 2024.

No more than Five (5) proxies may be held by a person.

I/We_____
(Please print or type name)

being a member of the company, hereby appoint:

_____

or failing him/her _____

or failing him/her, the chairman of the meeting, as my/our proxy to vote for me/us and on my/our behalf at the Annual General Meeting of the company to be held at the annual general meeting or general meeting (as the case may be) of the company to be held on 29 November, 2024 and any adjournment thereof, as follows:

Proposed resolutions	In favour	Against	Abstain
Resolution to approve the minutes of the previous Annual General Meeting that took place on 22 November 2023			
Resolution to receive and consider the annual financial statemen			
Resolution to reappoint the auditors			

Signed on the _____ day of _____ 2024.

_____

SIGNATURE

NOTES

1. A member entitled to attend and vote at the Annual General Meeting may appoint a proxy to attend, speak and vote in his capacity. A proxy need not be a member of the company. The appointment of a proxy will not preclude a member from attending the Annual General Meeting.

2. A member may insert the name of a proxy or the name of two alternative proxies of the member's choice in the space/s provided. The person at the general meeting, whose name appears first on the form of proxy and has not been deleted, will be entitled to act as proxy to the exclusion of those whose names follow.

3. A member's instructions to the proxy must be indicated by the insertion of an "X" in the appropriate space provided. Failure to comply with the above will be deemed to authorise any other proxy to vote or abstain from voting at the Annual General Meeting as he/she deems fit, in respect of the member's vote exercisable thereat.

4. Any alteration or correction to this form of proxy must be initialled by the relevant signatory/ies.

5. The completion and lodging of this form will not preclude the relevant member from attending the Annual General Meeting and speaking and voting in person thereat to the exclusion of any proxy appointed in terms hereof, should such member wish to do so.

6. Forms of proxy must be lodged to the company via email as a legible scanned document to: voting@sasop.co.za or porter.sasop@gmail.com or info@healthman.co.za by no later than Friday 22 November 2024.

7. The chairman of the Annual General Meeting may accept or reject a proxy which is completed and/or received other than in accordance with the instructions, provided that he/she shall not accept a proxy unless he/she is satisfied as to the manner in which a member wishes to vote.

SOUTH AFRICAN SOCIETY OF PSYCHIATRISTS

PsychMg Psychiatry Management Group

SAVE THE DATE

2025 HKCPSYCH INTERNATIONAL MENTAL HEALTH CONGRESS

On behalf of the Organizsng Committee and The Hong Kong College of Psychiatrists, we are pleased to announce that the 2025 HKCPsych International Mental Health Congress will be held on 27-29 June 2025 (Friday - Sunday) at the Hong Kong Convention and Exhibition Centre.

The overarching theme of the Congress is "Towards Mental Health for All: Translating, Transforming and Transcending". The Congress aims to provide a platform for mental healthcare professionals to share the latest advances and challenges in the field of mental healthcare.

We are invited to participate in this Congress. For more information, please visit our Congress website www.psy2025.hk .

CALL FOR ABSTRACTS

The Scientific Committee of the 2025 HKCPsych International Mental Health Congress (HKCPsych 2025) welcomes the submission of abstracts for Oral and Poster Presentation at the Congress. Please click on the button below for submission details. All abstracts must be submitted ONLINE in English. Deadline for abstract submission is 28 February 2025.

ONLINE REGISTRATION

Online registration will start soon and the early-bird registration deadline is 30 April 2025.

Should you need more information about the Congress, please do not hesitate to contact the Congress Secretariat at (852) 2559 9973 or via email to info@psy2025.hk.

Submission details:

https://www.psy2025.hk/call-for-abstracts.html

INSTRUCTIONS TO AUTHORS

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

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

LETTERS TO THE EDITOR

* Novel experiences
* Response to published content
* Issues

FEATURES

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

REPORTS

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

PERSPECTIVES

* Personal opinions written by non-medical contributors

NEWS

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

ANNOUNCEMENTS

* Congresses, symposia, workshops
* Publications, especially books

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

REVIEW / ORIGINAL ARTICLES

Such content will specifically comprise the literature review or data of the final version of a research report towards the MMed - or equivalent degree - as a 5000 word article

* A 300 word abstract that succinctly summarizes the content will be required.
* Referencing should preferably conform to the Vancouver style i.e. superscript numeral in text (outside the full stop with the following illustration for the reference section: *Other AN, Person CD. Title of article. Name of Journal, Year of publication; Volume (Issue): page number/s. doi number (if available);* Harvard style or variations of either will also be acceptable
* The submission should be accompanied by the University/Faculty letter noting successful completion of the research report.

Acceptance of submitted material will be subject to editorial discretion

All submitted content will be subject to review by the editor-in-chief, and where necessary the advisory board. All content should be forwarded to the editor-in-chief, Christopher P. Szabo - Christopher.szabo@wits.ac.za

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References: 1. CLOZABAM ADCO 10 & 20 mg tablets Professional Information, 27 June 2023. 2. Faulkner MA. Comprehensive overview: efficacy, tolerability, and cost-effectiveness of clobazam in Lennox-Gastaut syndrome. *Ther and Clin Risk Manage* 2015;11:905-914. 3. Generics dictionary. http://www.generic.co.za/frontend/generics?utf8=%E2%9C%93&q%5Bactive_ingredient_name_eq%5D=CLOBAZAM (Accessed: 28 February 2024).

For full prescribing information please refer to the Professional Information approved by SAHPRA (South African Health Products Regulatory Authority).

S5 CLOBAZAM 10 ADCO. Each tablet contains 10 mg of clobazam. Reg. No.: 55/2.6/0546. S5 CLOBAZAM 20 ADCO. Each tablet contains 20 mg of clobazam. Reg. No.: 55/2.6/0547.

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