CORRESPONDENCE

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TRAINING RESEARCH ASSISTANTS FOR A DELIBERATE SELF HARM STUDY

Deliberate self harm (DSH) is defined as 'intentional self-injury or self-poisoning, irrespective of type of motivation or degree of suicidal intent'.[1] The estimated number of DSH attempts per year in Pakistan is 30,000 to 60,000.[2] It is emerging as a public health problem, as DSH attempts are 10-40 times more frequent than completed suicide.[3,4] The problem needs immediate attention as there is accumulating evidence that incidence of DSH has increased in recent years in Pakistan.[5]

A cross sectional study conducted in the Emergency Department (ED) of Aga Khan University Hospital Karachi Pakistan in November 2010. The objective of the study was to assess the knowledge of the research assistants before and after the training for a DSH study, going to be conducted in four tertiary care hospitals of Karachi Pakistan.

Thirteen research assistants were trained for a study. The objective of the study for which they were getting the training was to determine the risk factors of patients presenting with DSH to the EDs of four tertiary care hospitals of Karachi. There were 9 medical gradates and 4 psychologists who were trained for four days. Training included lectures delivered by an Emergency Physician and a Psychiatrist, discussion of the protocol and questionnaire. Mock interviews were also a part of the training. A questionnaire containing 15 questions regarding "DSH and suicide in Pakistan" was given to the research assistants and they were asked to fill it before the start of the training. The same questionnaire was filled at the end of the training. The difference in knowledge was assessed through the scores of the test. These questions were related to definition of DSH, difference between DSH and suicide, numbers of suicides (according to WHO) by the year 2020, risk factors, age and gender, laws regarding DSH in Pakistan, symptoms of major depression, definition of psychological autopsy, methods used, differences in presentation to public and private sector hospitals, role of Emergency Department care, cost of treatment of DSH in Pakistan.

The mean age of research assistants were 23 (+/-5) years. There were 11 females (84.6%). The mean scores before starting the session were 6/15 (40%) whereas the mean scores after training were 13/15 (86.6%). Most of the research assistants were unable to answer the questions related to the laws regarding DSH in Pakistan, definition of psychological autopsy, numbers of suicides (according to WHO) by the year 2020 and cost of treatment of DSH in Pakistan before the start of their training.

The research assistants are lacking the knowledge related to DSH. Therefore they should be trained before starting the DSH studies in Pakistan.

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ATYPICAL CASE OF DELUSIONAL PARASITOSIS IN EYELIDS

Delusional parasitosis, a term coined by Wilson and Miller[1] is an uncommon condition characterized by the single hypochondriacal, delusional system that the patient is infested with insects. Munro described one of the largest series and highlighted its diagnostic criteria. This condition has occasionally been found to be associated with systemic conditions like pellagra, vitamin B12 deficiency, cerebro-vascular disease and temporal lobe epilepsy, and leprosy[3-5] (Rook et al 1986; Sheppard et al 1986; Bhatia et al 1996). Delusional parasitosis affecting only eyelids have not been described till date. We report a case which also responded to a second generation antipsychotic, amisulpride.

A 40 year old female presented with a nine months history of itching in the eyelids, which she attributed to infestation by insects: On examination by an ophthalmologist, she had no evidence of infestation. Swelling due to scratching was present in eyelids. She was referred to psychiatry outpatient department for assessment. Psychiatric history and examination revealed anxiety, sleeplessness and elaborate delusions of being infested by small insects. No other psychopathology was detected. Nervous system examination was normal. There was no history of any chronic medical illness or drug abuse. Patient was started on amisulpride 50 mg/day which was gradually increased to 100mg/day in two weeks to which she responded completely. On following her up for 3 months, she did not develop the delusion again.

In our patient itching in the eyelids along with fear of being infested with worms seems to have triggered off the delusion of parasitosis. The exact mechanism of the evolution of the delusional system in this disorder is not known. One hypothesis is that these patients suffer a profound breakdown in their ability to discriminate between normal and abnormal somatic perceptions and the delusion may be mediated by endogenous dysfunction in the limbic system. This dysfunction may be the result of a pathological over activity of the dopaminergic system as evidenced by the efficacy of the specific dopamine antagonist, pimozide[2]. The presentation of delusional parasitosis with eyelids being affected is has not been reported and responding completely with treatment.

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ROLE OF ARIPIPRAZOLE IN THE MANAGEMENT OF IRRITABILITY IN AUTISTIC SPECTRUM DISORDER

Autistic Spectrum Disorder (ASD) is a childhood onset developmental disorder characterised by impairments in social interaction, communication and interfering repetitive behaviour with onset of symptoms prior to 3 years of age [1]. The core symptoms of Autistic spectrum Disorder have a severe impact on the individual as well as their families. The impact is further increased by the presence of associated behaviours such as irritability marked by aggression, self injurious behaviour, tantrums and sudden mood changes all this can limit access of the individual to education, vocational and other services [2,3]. There are no pharmacological treatments to treat the core symptoms of Autistic spectrum disorder; associated secondary symptoms such as irritability can be treated by a combination of behavioural and pharmacological approaches, including the use of atypical antipsychotic [4].

A young child with Autistic spectrum disorder whose irritability was treated with atypical antipsychotic, risperidone and experienced side effects including increased Prolactin levels and significant weight gain. Risperidone was discontinued and another atypical antipsychotic aripiprazole was considered, as it is considered to have few side effects. This is a common scenario and we see these young people with ASD, every day, who presents with irritability, agitation and aggressive outbursts and question is about the right choice of medication. We wanted to know what evidence is there to support the use of aripiprazole to treat irritability in ASD? Therefore, we reviewed the available literature.

Aripiprazole is sometimes referred to as a third generation antipsychotic to denote a difference from other available atypical (Second generation) antipsychotic. It has a unique mechanism of action impacting dopaminergic and serotonergic neurotransmission[5]. While reviewing articles on the use of Aripiprazole in irritability and aggression[6-10], we were able to find two multicenter double blind, placebo controlled studies[11-12]. These studies were similar in design, one was a fixed dose study [11] and the other was a flexible dose study[12], both the studies showed significant improvement in irritability then placebo. These 8 week studies demonstrated the short term efficacy, safety and tolerability of Aripiprazole, followed these randomised controlled studies a 52 week, open label, multicenter study was conducted to evaluate long term safety and tolerability and it showed Aripiprazole reduced symptoms of irritability associated with Autistic spectrum disorder in paediatric subjects ages 6-17 who were studied for up to 1 year[13].

In conclusion, FDA has given approval to risperidone and aripiprazole in treating irritability associated with Autistic spectrum disorder in children and adolescents. Although research has shown both these medications to be efficacious, however aripiprazole tends to reduce prolactin levels, a side effect commonly experienced by risperidone (increases prolactin levels) and also the impact on weight gain is much less with aripiprazole than with risperidone [14]. Clinicians should consider these side effects before prescribing medication in children and adolescents who are already vulnerable to side effects and hence to prevent non-compliance with the medication.

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