Psychotherapy 2022

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Scientific Tracks

Problem Management Plus, a treatment of Depression and practical problem solving by non-health care professionals in Rural Area (Rwandan context)

HAKIZIMANA JANVIER
Partners In Health/Inshuti Mu Buzima, Rwanda Program

PM+ is a brief psychological intervention for adults developed by the World Health Organization to help people living in adversity and experiencing emotional and practical problems. This psychotherapy intervention is called "Problem Management Plus (PM+)", and is a low-intensity intervention which has its roots in cognitive-behavioral and problem-solving strategies, and has been shown to improve depressive symptoms and improve functioning when delivered by non-specialists in resource-limited settings, compared with enhanced care as usual. PM+ covers 4 core strategies which are: 1.Managing Stress (Helps patient manage anxiety and stress), 2. Managing Problems (Helps patient address practical problems), 3.Get Going, Keep Doing (Aims to improve patient's levels of activity), and 4. Strengthening Social Supports (Helps reduce isolation and improve social support) and is made up of five 90-minute individual sessions. It is recommended that you have the sessions once a week. However, you may need to see clients more or less frequently depending on their needs and the local context.

This model of psychotherapy is used in Burera district in Rwanda where health center general nurses were trained on PM+ because they are already working to treat patients with mental health issues, they are people who care for the community, they have good interpersonal skills and are trustworthy.

However, this training should be strengthened by mentorship where the psychologist work together with the trained nurse in order to complete the theory gained during training, serving like practical side. The overall aim of PM+ is achieved through a process beginning with screening of the clients with PHQ9 whereby eligible ones are confirmed based on criteria enrolled on sessions with purpose of building their ability to manage their own emotional distress and reduce their own practical problems. For this reason, the language used is similar to training or coaching approaches and PM+ avoids giving advice. This strategy is aimed at improving clients' levels of activity (e.g. social activities or carrying out necessary tasks or jobs), because many clients who have reduced their activity usually feel depressed.

Biography

I have a bachelor's degree of Arts in clinical Psychology obtained from the University of Kibungo in 2011, Master of Education in Curriculum Designing and Development, from the Open University of Tanzania in 2019 and candidate of Masters of Public Health in Mountain Kenya University. Additionally, I am Master of Public Health candidate at Mount Kenya University and I serve as psychologist in Mental Health Program as manager, integrator of psychotherapy (PM+) intervention at Partners In Health/Inshuti Mu Buzima, Rwanda program, from 2017 until now.

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Ramachandran Muthiah
Morning star hospital, India

Neurocognitive dysfunction in rasopathies

RASopathies are resulting from germline mutations of the protooncogene HRAS. Many of these mutations affect SHP2, SOS1, RAS, RAF and MEK proteins. Dr. White says. a group of related disorders including Costello syndrome, Noonan syndrome (NS), cardiofaciocutaneous (CFC) syndrome, and neurofibromatosis 1 (NF1), caused by abnormal functioning of the Ras-mitogen-activated protein kinase (RAS/MapK) pathway. Ras/MAPK pathway is an essential signaling pathway that controls cell proliferation, differentiation, survival and its dysregulation causes clinically overlapping genetic disorders, called as 'Rasopathies'. In this pathway, Ras, a GTPase, transmits extracellular signaling from receptor tyrosine kinases to two serine/threonine kinases (Raf and MEK) and, finally, to the activation of MAPKs. She has led the implementation of exome sequencing (a genomic technique for sequencing all of the protein-coding regions of genes in a genome known as the exome) at The Royal Children's Hospital and The Murdoch Children's Research Institute (Melbourne, Australia). Aoki et al. discovered that these germline mutations altered residues Gly12 and Gly13 in HRAS's P-loop and had been identified previously as somatic defects in varioustumors.

Rasopathies are developmental disorders characterised by postnatal growth retardation with delayed skeletal maturation, psychomotor retardation, cutis laxa, and acanthosis nigricans. In 2009, gain-of-function missence mutation in SHOC2, C4a> G(Ps2g), identified in NS-like syndrome with loose anagen hair, severe intellectual disability, hypernasal voice and skin abnormalities. HRAS consists of six exons. Five exons code for a protein of 189 amino acids with a molecular weight of 21 kd. Alternative splicing, excluding residues 152–165, gives rise to a protein of 170 amino acids. The nucleotide substitution c.34G>A, resulting in p.Gly12Ser amino acid change is the most common (65/81 or 80%). The splicing efficiency of activating HRAS mutations can determine the rasopathy phenotype. Gene correction of these germline mutations to restore normal protein functions is anticipated as a new therapeutic option.

Neurocognitive involement is a common feature of rasopathies. Isoprenylation involves the enzyme farnesyl transferase(FTase) transferring a farnesyl group from farnesyl pyrophosphate (FPP) to the pre-Ras protein. Pathway modulators or small molecule inhibitors such as statins causes significant improvement in verbal and nonverbal memory, visual attention & efficacy by inhibiting the posttranscriptional lipid modification of RAS. RAF-1 inhibition by C-type Natriuretic Peptide (CNP) improved bone growth in preclinical animal models and it is a potential targeted therapeutic drug to improve the stature of patients affected with disruption of the RAS/MEK/ERK pathway.

Oxidative stress- play a role in cancer development and free radicals- determine non-neoplastic clinical features such as elastin anomalies, alteration of skin and appendages, developmental retardation and cardiac defects. PAR therapy (potassium ascorbate with ribose) a reduction in oxidative stress biomarkers in parallel with improvement of clinical features. It combines the antioxidant action of vitamin C with the stabilizing intracellular effects of potassium and causes improvement of skin and appendage lesions, better evolution of psychomotor development, no Progression of heart hypertrophy, nor tumor development.

Biography:
Ramachandran Muthiah, Consultant Physician & Cardiologist, Zion hospital, Azhagiamandapam and Morning star hospital, Marthandam, Kanyakumari District, India. Born on 10/5/1966.. Mother Swornam belongs to keezhkulam village and Father Muthiah belongs to Enayam thoppu and both were farmers. Published many papers in Cardiosource, American College of Cardiology Foundation, Case Reports in Clinical Medicine (SCIRP) and Journal of saudi heart assocoation.

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In defense of psychoanalysis

Sam Vaknin
Southern Federal University,Russia

Psychological theories must be all-inclusive (anamnetic), coherent, consistent, logically compatible, insightful (diagnostic), aesthetic, parsimonious, explanatory, predictive (prognostic), therapeutic, imposing, and elastic.

But psychology is constrained because its experiments have to be ethical and are subject to the Psychological Uncertainty Principle: they are unique and lead to undergeneration of testable hypotheses.

The psychological theories underlying psychotherapy, though, are good as organizing principles, integrative principles, and purgatory principles.

Biography:
Sam Vaknin is the author of "Malignant Self-love: Narcissism Revisited" and other books about personality disorders. His work is cited in hundreds of books and dozens of academic.

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Neurocysticercosis presenting as functional psychosis : A case report

Surabhi Mitra
Datta Meghe Institute of Medical Sciences Nagpur,India

Introduction :

Cysticercosis is the commonest parasitic disease in the world. It is called neurocysticercosis when it affects the central nervous system. It has been reported all over the world, but important foci exist in India, Pakistan, China, Indonesia and Latin America. It produces a variable picture, although hydrocephalus, intracranial hypertension, seizures and stroke and the commonest. Psychotic episodes occur in approximately 5% of patients with neurocysticercosis. This case warrants attention because presenting symptoms were those of functional psychosis.

Case report :

An 18 year old, literate, unmarried Hindu female, an undergraduate medical student, a vegetarian, from a middle socio-economic class presented with a 4 month history of gradual change in behaviour irrelevant talking, withdrawn behaviour, suspiciousness with fearfulness, sleep and appetite disturbances. There was gradual deterioration in personal hygiene. There was history of two complex partial seizures, 3 and 5 weeks before approaching psychiatric outpatient care. No past or family history of major medical, surgical or psychiatric illness was present.

On appearance, the look was dishevelled with old stains of coffee and pickle on her unwashed clothes that she refused to change for 2 weeks. She hadn't taken a bath since the past one month and refused to do so even when help was available, leading to a stale and obnoxious odour. On mental status examination, she was well oriented to time, place and person, cooperative, communicative and responded well to questions asked. No evidence of memory impairment was found.

Delusions of persecution and reference were present. No perceptual anomaly was detected. Insight was partial, yet impaired; she accepted the illness but attributed it to black magic. She scored high on the Brief Psychiatric Rating Scale (BPRS) as well as the Positive and Negative Syndrome Scale (PANSS). A diagnosis of Schizophrenia with Seizure Disorder was given. She was started on Olanzapine 10mg HS and asked to come for follow-up in two weeks. Neurology opinion was taken for the seizures.

Examination by neurologists revealed subcutaneous nodules over both forearms and inner thighs. They were soft, mobile and nontender. Examination of cardiovascular system, respiratory and abdomen revealed no abnormality. Detailed central nervous system examination was normal. She was treated with Levetiracetam, 300 mg/day in divided doses. Investigations were asked to be done and follow-up was advised in 2 weeks.

After 2 weeks of follow up, there was no behavioural improvement. However, she did not have any seizure episodes during this period. Investigations were as follows: Leukocytosis (total leucocyte count 13,026/mm) with evidence of eosinophilia (eosinophil count 19%) was present in peripheral blood smear examination. Erythrocyte sedimentation rate was normal.

General blood picture, kidney function tests, blood sugar, urine and liver function tests were within normal limits. Stool examination was positive for Taenia solium in one of the three consecutive early morning stool samples. Examination of fundus oculi did not reveal any sign of raised intracranial tension or deposits of cysticerci. X-rays of skull, thighs and forearms did not show any calcification. An electroencephalogram (EEG) showed generalized inter-ictal discharge. Cerebrospinal fluid examination revealed abnormal increase in lymphocytes, raised protein and normal glucose level. Mild eosinophilia was seen. Cranial computerized tomography scan showed multiple, high attenuating (some less than 5 mm size, some in

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Surabhi Mitra
Datta Meghe Institute of Medical Sciences Nagpur,India

between 5-10mm size) lesions with perifocal oedema in fronto-parieto-temporal regions. A few calcified lesions were also present. Ventricle size was normal. There was no evidence of generalized oedema. A provisional diagnosis of neurocysticercosis was made; while histopathology report of subcutaneous nodules confirmed the diagnosis of cysticercosis cellulosae. The patient was admitted in the neurology ward and was treated with albendazole, at a dose of 15 mg/Kg/day in divided doses for one month. The dose of Olanzapine was also increased from 10 mg to 20 mg per day. A cranial CT scan was repeated 2 months after albendazole therapy, which showed a decrease in the number of lesions. Some calcified lesions persisted. There was no evident perifocal oedema. Subcutaneous nodules regressed in size after albendazole therapy and completely disappeared in four months. Significant improvement in psychiatric symptoms was also observed. Delusions of persecution and reference were not found on mental status examination. Insight also improved; instead of attributing the illness to black magic, the patient accepted having a physical illness, which had caused those psychiatric symptoms. Olanzapine was gradually tapered and completely stopped after six months. But, because of the presence of a few calcified lesions in the brain, Levetiracetam was continued.

Discussion :

Our patient presented mainly with a functional psychiatric illness. History of a recent seizure, one positive stool test and the presence of subcutaneous nodules were the only pointers to organic illness. Antipsychotic therapy was of no help initially but when albendazole therapy was added, significant improvement in behaviour was reported. Although the possibility of purely functional psychiatric illness (schizophrenia) cannot be ruled out, the definite evidence of neurocysticercosis, clinical response to Olanzapine only after the addition of specific albendazole therapy and previously reported psychiatric abnormalities in patients with neurocysticercosis do suggest the possibility of a symptomatic psychosis as a result of neurocysticercosis. What makes this case unique is, that it did not present with organic psychotic symptoms, hence creating a doubt of it being Schizophrenia.

Biography:

Surabhi Mitra was born in Maharashtra. She is working as a MD Psychiatry in Datta Meghe Institute of Medical Sciences Nagpur, Maharashtra, India.

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