



**MIDTERM CME GERIATRIC MENTAL
HEALTH 2022**

10TH DECEMBER 2022

ORGANISED BY

DEPARTMENT OF PSYCHIATRY

MGIMS SEVAGRAM

E-SOUVINER



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NATIONAL MIDTERM CME GERIATRIC MENTAL HEALTH- 2022

THEME: PRESERVING THE COGNITIVE RESERVE

Date: 10th December, 2022

*Organised at
Mahatma Gandhi Institute of Medical Sciences,
Sevagram, Wardha*



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DEAN

The Department of Psychiatry, Mahatma Gandhi Institute of Medical Sciences, Sevagram are conducting National CME on "Geriatric Mental Health" on 10th December 2022. I extend my heartfelt greetings and wish everyone all the best for a successful and productive gathering.

The theme of CME is "Preserving the Cognitive Reserve". The concept of cognitive reserve holds all the promise and interventions that could slow cognitive aging or reduce the risk of dementia. Idea that one can increase the cognitive reserves is a hot topic for research nowadays. It implies the possibility of preventive or compensating for cognitive decline by strengthening nerve networks and even building new ones through intellectual and social stimulation and thus forms an important component of geriatric medicine.

My sincere congratulations to all those involved in organizing this academic activity for their untiring efforts in making this CME a grand success.



Dr. Nitin M. Gangane

MD, DNB, FUICC, FICP, FAMS, PhD
DEAN

MESSAGE FROM THE CHAIR OF PRESIDENT IAGMH

Dear friends,

I'm extremely happy to join you all at Sevagram, Wardha Maharashtra for the midterm CME of IAGMH. I am confident under the leadership of Dr. Mishra and our CME chairperson Dr. Abdul Majid they have planned a thrilling academic feast which all of you must enjoy. It will be enriching for all of us to acquire the knowledge from the Karmabhoomi of Bapu and Vinobha an epicenter of Indian independence. Jai Hind.

Yours,



A handwritten signature in blue ink, which appears to read "Gautam Saha". The signature is written in a cursive style with a long horizontal stroke extending to the left.

Dr. Gautam Saha

President IAGMH

From the Desk of Organizing Chairperson

Dear friends

It gives me immense pleasure to invite you to the Karmabhumi of Babu, Ba, Badi Bahanji, and Vinobhaji for the Midterm CME of Indian Association of Geriatric Mental Health.

With longevity of life and lifestyle changes there is a general trend to add up mental health issues from geriatric depression to dementia. It increases the caregiver stress on nuclear families and busy urban life.

Experts from all over the country and all over the world come for a day on 10th December 2022, meeting on a common platform to look for a solution for this ever-rising issue.

We look forward to everyone for active participation in the deliberation process.



Regards

Dr. K. K. Mishra

Organising Chairperson

National CME Geriatric Mental Health 2022

MESSAGE FROM THE ORGANIZING SECRETARY

I feel elated to be a part of the organizing committee of the National CME Geriatric Mental Health 2022 at MGIMS Sewagram, organized by Indian Association of Geriatric Mental Health. I am eternally grateful to Shri. Dhirubhai Mehta, President, Kasturba Health Society (K.H.S), Shri. P.L. Tapadiya, Vice-president K.H.S, Dr. B.S. Garg, Secretary K.H.S and Dr. Nitin Gangane, Dean MGIMS for extending their support and blessings towards Successful organization of this academic feast. I am indebted to Dr. Gautam Saha, President IAGMH, Dr. Neelanjana Paul, Secretary IAGMH and Dr. Abdul Majid, CME chairperson IAGMH, for being the guiding light in mapping out the educational programme. I am hopeful that the hard work of all the staff members of the department of psychiatry and support staff of Kasturba hospital shall prove fruitful in improving the knowledge and skills of CME participants in geriatric mental health care.



Dr. Harshal Sathe

Organizing Secretary

National CME Geriatric Mental Health 2022

Preventing mental health concerns in older adults: Reviewing the possibilities - with a focus on India



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Honorary Professor, Faculty of Contemplative and Behavioral Sciences, Sri Sri University, India

It is obvious that with growing population of older adults in India, the age related mental health concerns will continue to increase. The number of people who need treatment and care in their old age is already overwhelming, considering inadequate support system; although only a small proportion of older adults access or afford appropriate health services. It is essential to explore ways how the mental health morbidities can be prevented and their impact decreased in the population. Current understanding of contribution factors for mental illnesses can help to design strategies for prevention at population, clinic and individual level. While impact of psychological stress is well-known, dealing with ones specific to old age could be the key. Loneliness, bereavement, abuse contribute majority of concerns in old age. There are now evidence based factors helpful for preventing dementias, which can be utilized in a lifespan approach. There is also the need for improving care and support of the family caregivers and preventing their stress. Overall, bringing in positivity to the old age making it the better years of life is an objective that needs to be supported not only by a multidisciplinary team for care and treatment, but also by the policy makers, health service providers, planners and the society at large.

Current Status of Dementia in India



Prof. Palanimuthu T Sivakumar,

Professor of Psychiatry

Head, Geriatric Psychiatry Unit

Department of Psychiatry

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Abstract

Dementia is recognized as a public health priority by the World Health Organization (WHO). The prevalence and burden due to dementia is increasing rapidly in developing countries like India secondary to population ageing. It has enormous impact on the individual as well as the caregivers. The prevalence of dementia in India is estimated to be more than 50 Lakh currently. WHO has formulated the Global action plan for the public health response to dementia (2017-2025) for all the member countries to make progress in the effective care of persons with dementia. Many countries have launched National Dementia strategy to implement a systematic plan with public health intervention for dementia. In India, there is no official dementia strategy launched by the government. But there are several initiatives from the Government as well as non-governmental organizations that has contributed to the improvement in the clinical services, training and research related to dementia. This talk will review the progress in the field of dementia over the past few decades in India and summarize the status related to these in the current context.

Cognitive Enhancers: Which Patients Are Going To Respond



Dr Abhijeet Faye, Assistant Professor, NKPSIMS & Lata Mangeshkar Hospital, Nagpur
Secretary Psychiatry Society Nagpur

Abstract

Cognitive enhancers (CE) are the agents often used to improve memory, alertness and cognitive capacity. There are numerous cognitive enhancers available and many are used by normal individuals (military setting, by sports persons or by college students) to boost the performance or memory. Some agents are also called as Nootropics or smart drugs. But, in the context of dementia, the only approved cognitive enhancers are Acetyl choline esterase inhibitors (AChE-I) like donepezil, rivastigmine & galantamine and NMDA receptor antagonist like memantine. Patients of mild, moderate and severe dementia (Alzheimer's type) respond better to AChE-Is whereas those with moderate to severe dementia respond better to memantine, higher doses of donepezil and donepezil & memantine combination. Vascular dementia, if associated with Alzheimer's disease responds better to AChE-Is. Patients of fronto-temporal dementia do not respond to these approved drugs. Patients of dementia associated with Lewi body disease and Parkinson's disease show good response to AChE-Is. Other drugs like citicoline, piracetam and vinpocetine have been tried in multiple studies and clinical trials with inconsistent benefits. Other nootropic drugs like Ginkgo biloba, Vit E, Ginseng, hirudin, saffron, statins, etc, though found to be having effects on improving memory and attention, are not approved for use in dementia due to poor quality of studies with respect to their methodology. It is always advisable to weigh cost versus benefit and benefit versus adverse effects while prescribing cognitive enhancers in patients with dementia.

Key words- cognitive enhancers, dementia, nootropics, response

Drugs in Pipeline For Management Of Dementia



Dr. Ashish Srivastava
Associate Professor
Goa Medical College

Abstract

Treatments available presently for management of Dementia include drugs that treat symptoms - cognitive and non-cognitive. Recently a drug that may change the disease progression has been added to this list. Several possible interventions could include anti-amyloid and anti-tau interventions, neurotransmitter modification, neuroprotection, anti-neuroinflammation, and cognitive enhancement. Multiple trials in various stages are ongoing of which major chunk is of Disease modifying therapies. The presentation will touch upon various perspectives of same.

Role of medications in management of behavioral and psychological symptoms in dementia



Dr. Suyog Jaiswal
Associate Professor
AIIMS Nagpur

Abstract:

Dementia is a Neurodegenerative disorder with significant memory impairment and cognitive decline. Behavioural & psychological symptoms of dementia (BPSD) are very common and 90% of patients with Alzheimer's disease develop at least one symptom of BPSD. It is associated with worse prognoses, greater impairment in activities of daily living and increased healthcare costs as well. The manifestation of BPSD is verbal and behavioral aggression, agitation, psychotic symptoms, sleep disturbances, oppositional behavior, wandering behaviour, disinhibition, anxiety and depression to name a few.

The management of dementia therefore not only requires the management of the cognitive manifestation of dementia but also the non-cognitive manifestations as well. There is no consensus guideline for the management of the BPSD. There are various psychotropic medicines ranging from antipsychotic agents and selective serotonin reuptake inhibitors have been studied and shown evidence in the management of BPSD. The medical management of BPSD is discussed.

Papers

1. Title: Autonomic Correlates of Geriatric Mental Health: A quantitative probe into a potential non- invasive signature of cardiovascular control

Prashanth A*, Ruchi Kothari, Gaurav Mittal, Irfana M, Gaurav Pawar, Pradeep Bokariya

Dr. Prashanth A, Resident Doctor, Department of Physiology, MGIMS Sevagram

Dr. Ruchi Kothari, Associate Professor, Department of Physiology, MGIMS Sevagram

Introduction

Dysregulation of the autonomic nervous system has been implicated in the development of hypertension. Autonomic imbalance, characterized by a hyperactive sympathetic system and a hypoactive parasympathetic system, is associated with excessive energy demands over time which leads to psychiatric symptoms. Heart Rate Variability (HRV) is the physiological phenomenon of variation in the time interval between heartbeats which can be traced back to the autonomic system and is a major determinant of beat-to-beat cardiac regulatory system response. The ability of decreased HRV to predict incident hypertension and depression has not been well studied and there is not much evidence of how these two contribute to a potential threat to geriatric mental health.

Objectives:

- To compare and analyze the association between HRV indices and blood pressure in geriatric hypertensive patients and age matched controls.
- To evaluate the association between HRV indices and mental health in both the groups.

Methods:

This was an observational, cross sectional study. The data was collected from 25 Known cases of hypertension as diagnosed by consultant physician of Department of Medicine in the age group 55-70 years and 75 Normotensives in the same age group ± 5 yrs served as the controls. ECG was recorded using Power lab data recording system, AD instruments and analysis was done by HRV Module of Lab chart software. Severity of depression was quantified by Beck Depression Inventory.

Results:

HRV was reduced in men and women with systemic hypertension as compared to their healthy counterparts. Among normotensive men, lower HRV was associated with greater risk for developing hypertension. These findings clearly exhibit that autonomic dysregulation is present in the early stage of hypertension particularly in geriatric population. From Pearson correlation analysis, a positive relationship was observed between systolic BP and Frequency domain indices in controls while in cases a negative correlation was found. A strong positive correlation was found between Systolic BP and time domain parameter SDNN in hypertensives. The correlations between HRV and the severity of depression as measured by the BDI, although significant, were lower in this study.

Conclusions:

This pioneering study analysed the association between non-invasively evaluated heart rate variability indices and high blood pressure with depression. The analysis of HRV could provide important insights into the role of the autonomic nervous system in the pathogenesis of essential hypertension and depression. The findings of this study support the view that reduced HRV predicts psychological morbidity later. Thus, HRV may serve as a biomarker for future mental health particularly in geriatric population.

2. Assessment of Alexithymia and Cognition in Elderly patients with Depression - A Cross Sectional Exploratory Study.

Dr. Tejeswini Vasave., Dr. Abhijeet Faye, Dr. Rahul Tadke, Dr. Sushil Gawande, Dr. Sudhir Bhave, Dr. Vivek Kirpekar. Department of Psychiatry, NKPSIMS, Nagpur

Abstract

Objectives: Depression is a commonest psychiatric illness in elderly. Alexithymia and cognitive impairment can be independently associated with depression and old age. This study aims to assess the alexithymia and cognitive dysfunction in geriatric patients with depression.

Methods: A cross sectional study was conducted on 100 participants of ≥ 60 years with Depression. Participants were assessed using Semi-structured proforma, Geriatric Depression Scale (GDS), Hamilton Depression Rating Scale (HDRS), Toronto Alexithymia Scale (TAS-20) having 3 subscales- 'Difficulty describing feelings' (DDF), 'Difficulty identifying feeling' (DIF) & 'Externally-Oriented Thinking' (EOT) and Montreal Cognitive Assessment (MoCA). Statistical analysis was done using chi-square/Fischer's exact test, Pearson's correlation and t-test.

Results: Mean age of the participants was 67.35 years with equal gender distribution. 34% were of ≥ 70 years age and 53% from rural area. Median duration of depression was 30 months with median duration of untreated illness, 6 months. 34% had newly diagnosed depression with anxiety as a commonest psychiatric co-morbidity (43%). 71% had alexithymia whereas 77% had cognitive impairment (MoCA score < 26). Scores on GDS, HDRS, TAS 20, DIF, DDF and MoCA (< 26), were significantly higher in elder participants ($p < 0.05$) and those from rural area ($p < 0.05$). Higher TAS 20 score correlated with lower MoCA score ($p < 0.01$). Also, severe depression correlated with higher TAS 20 and lower MoCA score.

Conclusion: Prevalence of newly diagnosed (geriatric) depression was 34%. More than 2/3rd participants had alexithymia and cognitive dysfunction. Higher alexithymia was associated with poor cognition. Severe depression correlated with higher alexithymia and cognitive impairment. Alexithymia and cognitive dysfunction were higher in elderly from rural region.

Key words: Depression, elderly, alexithymia, cognitive dysfunction.

1. The caregiver burden in elderly stroke patient: A systematic review

Dr. Vaibhav Malve, Junior Resident, Department of Medicine, MGIMS, Sevagram

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Background: The prevalence of caregiver burden was 25–54% and remained elevated for an indefinite period following stroke. Increased caregiver burden was associated with significantly poorer mental health of informal caregivers of stroke survivors. Many stroke survivors are in their 6th decade of life or older, with caregivers approximately the same age. This literature review specifically focuses on caregiver burden and associated factors among caregivers of stroke survivors.

Study Method: Literature Review.

Results: Numerous factors impact the lived experience of caregivers providing care for the stroke survivor. Assuming the role of caregiver has an inherent risk which can result in health compromises for the caregiver.

Conclusions: The literature review has shown that research regarding the risk of caregiver burden and the resulting health compromise is scarce. As caregiver burden increases, caregivers are more likely to have anxiety and depression. Depression severity also increases.

Relevance to clinical practice: Caregiver stress culminating in burden is commonly a reason for the eventual institutionalization of the stroke survivor. Critically assessing and providing for the mental, physical, psychosocial and educational support needs of stroke caregivers will assist in mitigating the daily burden experienced by the caregiver. Caregiver burden often results in psychological and physical health compromise for the caregiver. This literature review will address the role of the caregiver and the responsibilities of doctor and nursing to meet the needs of the caregiver.

2. Neurocognitive Impairment in Parkinson's Disease: Tools for Diagnosis and Assessment

Presenter- Dr Hemant Paikrao, Junior Resident, Department of Medicine, MGIMS, Sevagram

Dr Bharati Taksande, Professor, Department of Medicine, MGIMS, Sevagram

Mahatma Gandhi Institute of Medical Sciences, KHS, Sevagram, Wardha.

Background: To identify the diagnostic and assessment tools that best capture the cognitive changes occurring throughout the course of PD, we have conducted a systematic review of the clinometric aspects and suitability of scales that have been specifically designed for PD or reported to detect the cognitive alterations most frequently observed in PD

Settings and design: Review article about the Neurocognitive Impairment in the patients of Parkinson Disease and what are the tools used in the diagnosis and how that can help in the management.

Materials and methods: Scales used are Parkinson's disease Specific and Non Specific which includes:

Mini-Mental Parkinson (MMP)

SCOPA-COG (Scales for Outcomes of Parkinson's disease – Cognition)

PANDA ((Parkinson Neuropsychometric Dementia Assessment)

PD-CRS (Parkinson's Disease – Cognitive Rating Scale)

Mattis Dementia Rating Scale (MDRS)

Mini-Mental State Examination (MMSE)

Cambridge Cognitive Assessment (CAMCOG)

Frontal Assessment Battery (FAB)

Conclusion: Neurocognitive(NCI) appear as integral features of Parkinson's Disease, with differences regarding time of onset, associated pathological features, and the type of cognitive defects arisen. Tools to assess the heterogeneous cognitive defects observed in PD patients should be able to recognize early and mild cognitive defects, as well as those neuropsychological deficits that appear when progression of NCI is accelerated and leads to dementia. Both the SCOPA-COG and the PD-CRS and other scales include cognitive domains able to capture early and mild cognitive changes, and both have shown to be able to capture also the progression of CI over the course of the disease.

3. A CASE OF FRONTOTEMPORAL DEMENTIA, DIAGNOSED CADASIL POSITIVE

DR. MADHURA GODBOLE, Junior Resident, BYL NAIR HOSPITAL, MUMBAI

INTRODUCTION

CADASIL (Cerebral Autosomal Dominant Arteriopathy With Sub-cortical Infarcts and Leukoencephalopathy) is a rare condition with prevalence of 1 in 1,00,000. It is a single gene disorder of the cerebral small blood vessels caused by mutation in the *Notch3* gene. As per literature *Notch3* gene mutations may rarely be identified in bvFTD , ALS-FTD. Here we present a case of semantic variant of FTD diagnosed with *Notch3* gene mutation.

Here we report a case of a 47 year old male, married with h/o forgetfulness since 7-8 months, for example could not remember passwords , difficulty in performing calculations, operating mobile phone like before. H/o apathy since 2 months for which patient was taken to a psychiatrist and was started on T.Desvenlafaxine and increased to 225mg. Since last 2 months required assistance for activities of daily living such as bathing, dressing and wife noticed word finding difficulty. Since 1 month developed urinary and fecal incontinence. Above complaints increased since the last 1 week and thus the patient was brought to a tertiary centre for treatment. Family history of hypertension in mother and early demise of father at the age of 50 years

On examination attention was ill sustained, semantic and phonemic paraphasias were detected. Object naming was impaired for objects not used in everyday life. Score on frontal assessment battery was 5. Antisaccades impaired. Temporal lobe assessment showed impairment in recent memory and impaired categorical fluency.

Scores on scales- MMSE - 17/30, MOCA- 15/30 , ADL - 2

MRI Brain scan was suggestive of white matter ischemic changes , cerebral atrophy, marked dilatation of perivascular spaces that involved bilateral basal ganglia , cerebral peduncle and mesial temporal lobe.

PET SCAN showing hypometabolism in frontal and temporal regions

Diagnosed *Notch3* gene positive on genetic testing.

CONCLUSION- Patients with frontotemporal dementia can frequently present with behavioral changes to psychiatry unit. This case presented with frontotemporal syndrome and was diagnosed with CADASIL. This case highlights the importance of detailed assessment of higher mental functions and need for detailed evaluation to find the underlying etiology which guides clinicians regarding prognosis, genetic counseling and psycho education of caregivers.

4. To assess the magnitude of depression in chronic kidney disease inpatients /outpatients on maintaince hemodialysis

Manish Patode- manishpatode@mgims.ac.in

Dr Amrish Saxena, Professor, Department of Medicine

Mahatma Gandhi Institute of Medical Sciences, KHS, Sewagram, Wardha.

Background: Chronic kidney disease (CKD) is a growing global public health problem. Patients with CKD have a poor quality of life and suffer from depression,

Settings and Design: A cross-sectional hospital-based study was performed in CKD patients admitted in the department of Medicine of a rural teaching tertiary care hospital in central India.

Materials and Methods: In all consecutive CKD inpatients, presence of depression or its severity was assessed by Hamilton scale who is blind of the comorbidities, CKD staging, and laboratory investigations of the patient. Another study person collected the data including demographics, co-morbid diseases or risk factors, clinical and laboratory parameters.

Conclusion: Depression was present in 30 % of patients with CKD and was related to advanced CKD stage, serum creatinine and blood urea levels.

5. Title: A case of Progressive Supranuclear Palsy

Author : Mouni Nagda, Junior Resident, BYL Nair Hospital Mumbai

Introduction:

Progressive supranuclear palsy (PSP) is a neurodegenerative tauopathy characterized by supranuclear gaze palsy, postural instability and akinesia. Although PSP is categorized as a movement disorder, patients with PSP often present dementia with psychiatric symptoms and behavioural disturbances. Approximately 60–70% of patients with PSP are estimated to be suffering from dementia. The features of dementia symptoms in PSP are known as 'subcortical dementia' characterised by bradyphrenia and executive dysfunction based on involvement of the frontal-subcortical circuit.

We report a case of a 75 year old male, who was brought with complaints of forgetfulness, incontinence of urine/ stools and imbalance in walking since 9 months and irrelevant talking, suspiciousness and decreased sleep since 3 months with past history of alcohol and tobacco for 30 years, last consumption being 4 months ago.

Patient is also has hypertension, diabetes, benign prostrate hypertrophy, on medication.

CT Brain:

- Chronic lacunae infarct in bilateral gangliocapsular region.
- Chronic small vessel ischaemic changes.
- Mild age related corticocerebral atrophy.

MRI Brain-

- Midbrain atrophy with concave superior surface noted in mid sagittal images (*Hummingbird sign*) .
- Acute non-haemorrhaging infarcts in right frontal region, left corona radiata and left lentiform nucleus.
- Multiple foci of blooming in bilateral cerebral hemispheres and basal ganglia suggestive of area of microhaemorrhages secondary to hypertension.
- Chronic small vessel ischaemic changes.
- Mild age related corticocerebral atrophy.

MSE:

A conscious, minimally communicative, minimally cooperative, elderly individual, sitting on the wheelchair.

Anxious mood, affect perplexed, with delusion of persecution and reference and auditory hallucinations with impaired recent memory, impaired social and personal judgment and poor insight about the illness.

ADL- 3 (dependent)

MMSE- 19

NPI- Q- 30

Conclusion:

Improved knowledge of the neurobehavioral abnormalities of these patients will allow us to diagnose and manage PSP better and address more directly the subjective complaints of patients and their care-givers.

6. Prevalence of Depression among the geriatric population with Dependency as risk factor in Rural Central India.

Naveen Shyam Sundar, Junior Resident, Department of Preventive & Social Medicine, MGIMS, Sevagram

Dr. Amey Dhatrik, Assistant Professor, Department of Preventive & Social Medicine, MGIMS, Sevagram

Introduction

Depression in the elderly has disastrous implications that not only lowers quality of life, but it also has an impact on the prognosis of other chronic conditions, exacerbating disability. As estimated by WHO, depression occurs in 7% of the general elderly population and the same in India is 9.3%. This study was undertaken to know the prevalence of depression among the geriatric age group with Dependency as risk factor in villages of our field practice area.

Methodology

It's a Cross sectional study of 251 geriatric population. The selection of villages was done through Simple random sampling and all the villagers of age above 60 years were included in the study. The identification of depression was carried out using the Geriatric Depression Scale (GDS). The dependency was calculated using the Barthel Index

Results

From our study it is found that the prevalence of depression and dependency among the geriatric population in our study area is 43.4% and 25.9% respectively. About 51% of the individual who were identified as dependent were found to be depressed. (p value: 0.015)

Conclusion

The study makes us understand the importance of analysing the dependency status while screening for the mental health status of the elderly person. This also gives us the idea to include the same in the interventions those are carried for improving the quality of life of elderly

Key words- geriatric, depression, dependency, GDS, Barthel index

7. Case Series on Burden Among Elderly Caregivers of Head and Neck Cancer patients on Palliative care

Navneet Rathod, Junior Resident, Department of Medicine, MGIMS, Sevagram

Background: Caring for cancer patients may cause a multidimensional burden on family caregivers and most importantly elderly caregivers. Recognition of factors associated with caregiver burden is important for providing proactive support to caregivers at risk. The burden that elderly caregivers assume when caring for oral cancer patients can negatively impact the caregiver's quality of life, relationships, and the decision to place the patient in a care facility.

Aims and Objectives: To find out what is the magnitude of the burden among elderly caregivers of cancer patients and find out whether they have Depression, Anxiety or Stress.

Design: Case Series Study.

Methods: We interviewed 7 caregivers with an age greater than 60 yrs. Patients with Head and Neck cancer who are on palliative care were included. We used The Zarit Burden Interview and DASS 21 score for the assessment of caregiver burden.

Results and conclusion: Out of 7 elderly caregivers, 2 had Anxiety and depression, with ZBI suggestive of moderate to severe burden, 2 had anxiety, with ZBI suggestive of mild to moderate burden and 1 had Anxiety and Stress, ZBI suggestive of moderate to severe burden, 2 had depression with ZBI suggestive of mild to moderate depression.

8. Title: A case of Neuro-cognitive disorder in stroke patient with extreme lability of affect.

Sagar Bhalke, Junior Resident, BYL Nair Hospital, Mumbai

Introduction:

Dementia associated with cerebrovascular disorders and cardiovascular disorders encompasses both sporadic and familial diseases. The hallmark of vascular dementia is a progressive change in personality and behaviour, with variable degrees of gait and other cognitive impairment. Vascular dementia is the second most common cause of neuro degenerative dementia warranting further attention.

We report a case of 61yr old male who was brought with complaints of inappropriate sexual behavior, wandering away, frequent crying spells and forgetfulness since last 6 months associated with headache, loss of sleep and generalized tingling in the body with alcohol and tobacco use of dependence pattern since 20 years with past history of stroke. Pt has hypertension and diabetes.

Past History: Stroke in 2012. Angioplasty in 2017.

CT scan brain: Intracranial bleeding in pons in 2012.

MRI brain:Haemorrhage in the pons region 2012,

Multiple infarcts and small vessel ischemic changes in the thalamus and periventricular region 2021.

Family history of alcohol and tobacco use of dependence pattern and wandering away behavior in father (? Psychosis)

BP 167/95 mmHg. HGT 307.

Slurred speech and unstable gait on CNS examination.

MSE:

Pt is crying continuously during the interview. Anxious mood, craving for tobacco, impaired recent and remote memory, impaired social judgment and poor insight about his illness.

CIWA: 13

AUDIT: 33

ADL: 2

MMSE: 15

Conclusion:

Extreme labile affect, abnormal sexual behavior and cognitive deficits should be furthered with necessary clinical and radiological examination for a diagnosis before initiation of the treatment.

9. Title-Etiology, clinical manifestation and diagnosis of cognitive impairment and dementia in elderly stroke patients :A Review study

Presenter-Sakharam Bhagat- sakha3489@gmail.com, Junior Resident, Department of Medicine, MGIMS, Sevagram

Background: Dementia is the severe loss of cognitive functioning (the ability to think, remember, or reason) that interferes with a person's daily life and activities. Vascular dementia is the second most common form of dementia only exceeded by alzheimer disease in terms of incidence and prevalence. Vascular cognitive impairment can cause significant changes to memory, thinking, and behavior. Cognition and brain function can be significantly affected by the size, location, and number of changes. Vascular cognitive impairment and dementia arises as a result of risk factors that similarly increase the risk for cerebrovascular disease (stroke), including atrial fibrillation, hypertension, diabetes, and high cholesterol. Vascular dementia can occur along with Alzheimer Disease.

Study Methods: Review of various studies, articles regarding Vascular cognitive impairment, post stroke dementia using pubmed, Google scholar, up-to-date.

Conclusion: Controlling vascular risk factors such as high blood pressure may reduce the risk of developing dementia. Learning more about dementia and dementia disorders and how they affect the brain will lead to new and better way to treat them

10. Amantadine role in Cerebellar Cognitive Affective Syndrome secondary to Multiple system atrophy- cerebellar type: A case report

Sinha ShashankSaurabh¹, Kumar Prerak², Tripathi M Shailendra³

- 1- Senior Resident DM 2nd Year, Department of Geriatric Mental Health, King George Medical University, Lucknow.
- 2- Senior Resident DM 2nd Year, Department of Geriatric Mental Health, King George Medical University, Lucknow.
- 3- Associate Professor, Department of Geriatric Mental Health, King George Medical University, Lucknow.

Abstract:

Multiple system atrophy (MSA), a atypical parkinsonian disorder often consists of rapid progressive course, atypical parkinsonism including cerebellar and parkinsonian symptoms and a poor response to levodopa. Cerebellar Cognitive Affective Syndrome (CCAS) is acinical entity with deficits in executive functions, attention, set shift, reasoning, working memory, fluency issues and personality changes secondary to connectivity disruptions in anterior lobe of cerebellum. We report a case of CCAS secondary to MSA-Cerebellar type (MSA-C), who had history of 8 years of autonomic dysfunctions, dizziness, poor balance, difficulty in delayed recall, slurring in speech with stridor. The patient was admitted, he showed the clinical response on Amantadine which was started in a dose of 50 mg twice daily. Notably, clinical improvement was seen in gait, language, sleep, attention, mild improvement in memory and hand tremors. Amantadine is a non-competitive antagonist at NMDA receptor and help augment dopamine release from nerve endings to delay the dopamine reuptake in an elderly. This case highlights the role of amantadine in relatively uncommon syndrome, CCAS secondary to MSA-C.

Keywords: Amantadine, CCAS, NMDA, Dopamine.

11. A Case Of Late-Onset Mania In A Patient With Right-Sided Lacunar Infarct

Authors: Dr. Apurva Bezalwar, Dr. Apoorva Yadav, Dr. Pawan Arun Khadse

Affiliation: Department of Psychiatry, Datta Meghe Institute of Higher Education & Research, Jawaharlal Nehru Medical College, Wardha

Background:

Acute strokes, also known as cerebrovascular accidents (CVA) have been associated with various psychiatric manifestations in nearly 25 to 30% of cases. Post-stroke depression is the most commonly reported stroke-related psychiatric condition (about 35%) whereas mania has a relatively rare occurrence (<1%). In this report, we present a case of an elderly woman who presented with mania after having suffered an acute stroke.

Case description:

A 72-year-old female patient presented to our centre with a two-and-a-half-month history of excessive talking, persistent irritability, abusive language, disinhibited behavior, and a diminished need for sleep, which was indicative of a manic episode. Three months before, she had received inpatient care at another hospital after suffering repeated bouts of vomiting and generalized weakness following cataract surgery on her left eye. A CT scan of the brain revealed an acute lacunar infarct in the right lentiform nucleus as well as chronic lacunar infarcts in the bilateral external capsules and right lentiform nucleus. Following her hospital discharge, she was treated for two weeks by a psychiatrist with escitalopram (5 mg) and clonazepam (0.5 mg) because of her reduced interactions with her family members and apparent low mood. Subsequently, over the next two weeks, the patient progressively developed manic symptoms for which she presented to our centre. There had been no previous history of manic or other psychiatric disorders; however, she had been on diabetes and hypertension medications for 15 years. Her physical examination indicated no abnormalities, while her mental status examination revealed increased psychomotor activity, pressured speech, elated affect, inflated self-esteem, and impaired judgment. Her hematological investigations were unremarkable except for low hemoglobin (10 mg%). She was diagnosed with late-onset mania and was treated as an outpatient with aripiprazole (10 mg) and clonazepam (0.5 mg). Her behavioral symptoms subsided markedly over the next three weeks.

Conclusion:

Although mania is uncommon following a stroke, multiple studies have found that it occurs more frequently with a right frontal, temporal, thalamic, or basal ganglia lesion than with a left-sided lesion. In our patient's case, the presence of a right-sided stroke might have contributed to the onset of mania. Furthermore, this case emphasizes the need for caution while prescribing antidepressants, especially if a right-sided brain injury is present, due to the increased risk of a drug-induced manic switch, as has been described in a few earlier reports.

THANK YOU

DEPARTMENT OF PSYCHIATRY

MGIMS, SEVAGRAM

