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Delirium awareness practices among first-line care providers on medical and surgical wards in Jeddah, Saudi Arabia

Waleed Alghamdi, Moayad Alhumaid, Abdullah Azab, Afnan Faruqi and Layan Arafah
King Abdulaziz University, Saudi Arabia

Introduction: Delirium is a mental state that is characterized by acute disturbance of consciousness and attention, which may present with impaired cognition (orientation, memory, abstract thinking), behavioral and psychomotor abnormalities (ranging from apathy to agitation), psychotic symptoms (delusions and hallucinations), and mood instability. The onset of delirium is usually acute. Its incidence is reported to range from 9% to 87%, depending on age, severity of the medical illness and type of surgery. It has been shown that delirium is severely under-recognized and underdiagnosed by health care professionals which may have major negative sequelae on patients' health outcomes given its potential complications. These complications include prolonged hospitalization, institutionalization, increased mortality and poor physical and cognitive recovery.

Objective: In this research, we hypothesize that the problem of delirium under-recognition is the result of limited knowledge and awareness of delirium among first-line health care staff (i.e. nurses, house officers and residents).

Method: We developed a questionnaire to survey first-line health care staff at different public hospitals in Jeddah. Through this questionnaire, we aim to explore the different aspects relating to delirium awareness during the day-to-day practice by the staff such as screening practices, and utilization of prevention strategies.

Results: We are currently in the process of data collection which is on track to be completed in August 2016.

Conclusion: Our results would offer a better insight into the awareness and practices related to delirium prevention, detection and management among health care providers. This would allow health care planners and educators to develop effective interventions to amend the existing gaps.

dr_waleedag@yahoo.com

Unusual presentation of an inconspicuous Schizophrenia with Burn Injury after 20 years of illness: A Case Report

Vinay Kumar
Navodaya Medical College, Hospital and Research Centre, India

Schizophrenia is often detected accidentally with other physical disorder in medical setting. It is often a cause for physical problem due to low sensitivity to the pain that has important implications for physical health. In this case report we have highlighted that how schizophrenia was accidentally detected in a burn patient after 20 years of illness. This case illustrates interesting aspect of schizophrenia. Firstly, the context in which it was first detected. Neither family members could detect for 20 years nor could treating surgeon identify the illness as he did not report spontaneously. Usually the mental disorders are not recognised by non-mental health professional until severe behavioural disturbance is evident and majority of them would not report to physician. It is unusual that harbouring hallucination for such a long period did not manifest in his behaviour and socio-occupational function was intact. Secondly, the command hallucination is common in Asian patient and often contains aggression, dependency, and self-punishment themes and compliance to these voices depends upon associated belief, familiarity and emotional involvement. Thirdly, there is diminished sensitivity to pain (both behavioural pain reactivity and self-reported responses to pain) in schizophrenia. Explanation offered was that it is related more to a different mode of pain expression than to a real endogenous analgesia. Finally, it emphasises the need of routine screening for co morbidity of mental illness among burn patients as prevalence is more than general population.

vinay.was.appi@gmail.com