

MANCHESTER MEDICAL SOCIETY

Section of Psychiatry

The inaugural Rethink Academic Prize in Psychiatry and Presidential Address of the Section of Psychiatry, of the Manchester Medical Society, was held on **Wednesday 28th February 2007** in **Lecture Theatre 1, Education and Research Centre, Wythenshawe Hospital, Southmoor Road, Manchester.**

Professor A Burns, President of the Section of Psychiatry, opened the meeting and welcomed Professor J A Morris, President of the Society. He also welcomed Rethink, sponsors of the prize and extended the sections appreciation for their generous support.

Three competitors were chosen and were allocated fifteen minutes each to deliver their papers which included five minutes for questions from the audience as follows:-

Dr Ross Overshott

“Homicide in older people”

Ross explained that there were higher rates of psychiatric disorder in older prisoners but that they were less likely to be referred for forensic psychiatry assessment. Homicides in older people formed between 1% and 4% of all homicide and there was a particular sub group of so-called, ‘mercy killings’, which were of particular interest.

The study looked at National Confidential Inquiry into Suicide and Homicide by individuals suffering with mental illness. There were 47 out of 2662 homicides in the > 60 year old reported during the study period. Twenty-two of which were in the over 65s group. The vast majority were male and two thirds were homicides of a spouse.

In Dr Overshott’s study they reviewed the psychiatric reports, which were available in thirty-eight of the forty-seven cases. No mental illness was diagnosed in 44% and the most common psychiatric diagnosis was depression. This was particularly common in the over 65 group. Only 22% had alcohol on the day of the homicide and no one was diagnosed with alcohol or drug dependence.

Dementia was diagnosed in 14%. There were significant omissions in the psychiatric reports; few had had formal cognitive assessments. Seven out of thirty-eight cases were thought to be mercy killings, predominately husbands killing wives. Often in the background to the case there was no history of arguments. There was also strong evidence in this group of moderate to severe depression. Two cases being found guilty of manslaughter on the grounds of diminished responsibility.

Dr Prathiba Chitsabesan

“National study of mental health provision for young offenders. The mental Health needs of young offenders in custody and in the community”

Young people commit a quarter of a third of all offences. There is a continuity of anti social behaviour and mental illness behaviour in childhood through to adult hood. There is an important need to identify individual early and have effective provision for them.

Dr Chitsabesan described a cross sectional survey of six sites with 150 adolescents in custody and 150 in the community. There was also a longitudinal survey following up those moving from custody into community. The survey indicated that of the sample 37% had had periods in care and an alarming 20% had an IQ less than 70 and 50% had reading age under 10. In 30% there was a range of risky behaviours including drug and alcohol misuse and 30% had identified mental health needs. Predominately depression, anxiety and alcohol.

Interestingly those in the Community had greater needs than those in custody which may be related to the fact that those in custody were having some of their needs met. Needs were assessed using the SNASA, Salford Needs Assessment Scale for Adolescents. In the longitudinal follow up study from those moving from custody back to the community using the SNASA again the interesting finding was that peer and family relations and drug and alcohol problems both deteriorated following the move.

Dr Nicola Swinson

“Homicide in people with mental illness:
Longitudinal study and national clinical survey”

Dr Swinson began by reviewing the perception that the general public has in terms of the risk of homicide in those suffering with mental illness and that the problem is increasing. In fact on reviewing the data the homicide rate has stayed very static in the mentally ill, approximately 3%. This has been stable for the past thirty years. Overall there is a small yet significant increased risk of homicide in this group.

Dr Swinson described a seven-year case series where she was reviewing individuals reported to the National Confidential Inquiry between 1997 and 2003. In terms of the verdicts there were falling rates of manslaughter with diminished responsibility. In the overall population there is increased rate of stranger homicide but this is not due to an increase of stranger homicide by those with mental illness.

Of the 3930 homicides reported to the Inquiry one third were of family members, one third of acquaintances. The predominant method of homicide was stabbing. It did not appear that there had been an increase in stranger homicide relating to care in the community.

The rate of schizophrenia in those committing homicide were higher than the general population at 5%. A significant increase in alcohol and drug abuse, particularly crack cocaine and cocaine was linked to homicide. Dr Swinson gave some explanations for the decrease in Section 2 manslaughter verdicts.

Each of the talks generated significant debate in the audience. The panel's deliberations were very difficult due to the high quality of the presentations but the prize was awarded to Dr Chitsabesan as the inaugural Rethink Academic Prize in Psychiatry.

The judges Professor A Burns, Dr J Shaw and Ms Grainne Currie (Rethink) met together during the coffee break to discuss the presentations. After much consideration the judges awarded the Rethink Prize of £500 to Dr Chitsabesan. They gave their commiseration to the others as all three presentations were of a very high standard. Everyone in attendance thought it was an enormous success.

Dr S A Davenport, the Immediate Past President, then took the floor and announced that the next and final item for the afternoon was the **Presidential Address** of **Professor Alistair Burns** (Professor of Old Age Psychiatry, University of Manchester and Honorary Consultant Old Age Psychiatrist in the Manchester Mental Health and Social Care Trust) whose title is :-

Alzheimer's disease: A century on'

An excellent and wide ranging talk by Professor Burns reviewed the history of the diagnosis of Alzheimer's disease from the first patient called Augustine by Alzheimer in 1906. This was written up in 1907 hence the title of the talk. Professor Burns also reviewed the primary goals of treatment, which were maintenance of function in the normal range for as long as possible. There was a review of the anti dementia drugs and also critical analysis of the NICE Guidelines in relation to anti dementia drugs in relation to cost effectiveness and quality of life years.

Professor Burns also reviewed the role of anti depressants identifying that 80% of individuals with dementia present with depressive symptoms but that there was limited evidence. There is a forthcoming study looking at the study of anti depressant in dementia in Manchester.

There was also a review of the role of anti psychotics which were effective against agitation and they did not seem to adversely affect cognitive function in dementia. However, there were also the recent CSM warnings with regards to increasing rates of death particularly with atypical.

There was also a review of the behavioural techniques in terms of memory training and behaviour interventions also some newer studies of bright light therapy and aromatherapy.

In reviewing the working with carers it was obvious that there were limited interventions with carers but that there could be a positive effect in terms of distress and there could be a delay in institution of the patient with dementia. There was also interesting consideration of the potential for prevention of dementia particularly in cardio vascular risk factors. As is usual with Professor Burn's talks, as well as being extremely informative it was also very amusing.

Much questions ensued and a lively discussion took place. Dr Davenport gave a vote of thanks to the President and also to the prize presenters for their contribution to an interesting, thought provoking afternoon meeting.

The meeting then came to a close at approximately 4.30 pm.