

**South Eastern Division Spring
Academic Meeting & AGM
6th May 2009
Oxford**

The South Eastern Spring Academic meeting, which was held at the University Department of Psychiatry, Warneford Hospital, Oxford on the 6th May 2009 was an inspirational event, that lived up to the promise of the chair that this event will "change my clinical practice". The theme of the academic meeting was "Controversies and Prejudices in the Practice of Psychiatry".

Professor Guy Goodwin, head of the University Department of Psychiatry at Warneford Hospital talked about controversies in Bi-Polar Disorder particularly that of diagnosis. He reminded us that approximately 50% of patients diagnosed with Bi-Polar Disorder have psychotic symptoms and these are often an index of severity and an independent indicator of poor outcome. Mixed manic states are also very common but poorly described. Clinicians seem reluctant to use the word Mania any longer. In particular, he emphasized that Drug induced Psychoses lasting a few weeks, means mania. He also described a study where 20% of a student population identified hypomanic symptoms and this led to the question: could interventions at this early stage reduce the risk of developing the illness in the future, especially in a student population.

On a day to day basis, the co-morbidity of Bi-Polar disorder and substance misuse are often problems for clinicians and patients, and he emphasized the need to consider and treat co-morbid conditions when this is possible.

Professor Goodwin addressed the inter-relationship between Borderline Personality Disorder and Bi-Polar Disorder especially the overlap in the interpretation of behaviours common to both such as: impulsivity and self harm, which then have different treatment approaches depending on which diagnosis is made. The age of onset of both is also similar, however, borderlines personality disorder tends to settle in time, whereas Bi-Polar disorder is a condition for life.

He drew our attention to the diagnostic criteria of Jules Angst, which are broader than current diagnostic systems. If we were to liberalise definitions of the disorders, there would be a one to one ratio of Bi-polar disorder to depression. In other words, he was drawing our attention to the high number of patients that probably suffer from this disorder. This is important, as we would not routinely consider first line anti-depressants in this group.

Professor John Geddes who is also from the Oxford University Department of Psychiatry, presented the preliminary results of the Balance trial. This was a two year multi centre prospective study of outpatients with Bi-Polar Disorder who were prescribed Lithium, Valproate or both. For patients for whom long term treatment was clinically indicated, combination therapy with Lithium and Valproate was superior to monotherapy. For monotherapy, Lithium was superior to Valproate. This trial was independent of the pharmaceutical industry and cost a fraction of normal trials and was a pragmatic study reflecting usual clinical practice. Professor Geddes has now started CEQEUL a second trial essentially comparing Quetiapine and Lamotrigine in the treatment of Bi-Polar depression. Please contact him if you would like to take part.

Professor Singh from the Health Science Research Institute, University of Warwick spoke on Institutional Racism in Psychiatry: where Science and Politics collide. This was an amusing, challenging and philosophical presentation. Professor Singh started out by sharing some of his own experiences of racism. He then went on to question whether psychiatric services were inherently racist by reviewing the available evidence. He presented the evidence from research looking at migrant groups from all over the world. They all have higher rates of psychosis than the indigenous population. Multiple markers of social disadvantage and life lived "in the city" correlates with high risks of psychosis. Professor Singh challenged the assumption that just because there were higher rates of detention of ethnic minority patients, particularly those of Afro Caribbean or African background that this meant psychiatry was racist. He looked at the complex nature of Mental Act Assessments and the family support and the impact this has on whether a patient accepts or declines admission. Professor Singh also noted that other illnesses that occur in ethnic minorities such as diabetes and hypertension do not attract accusations of over diagnosis and racism.

Dr Steve Pearce, Consultant Psychotherapist, leads the Complex Needs Service in Oxford. His talk: "Being Nice in Borderline Disorder" reviewed the current NICE guidelines, particularly the recommendations for psychotherapy and the recommendation against prescribing medication. The latter led to a passionate discussion with the audience, many of whom felt that this recommendation was not supported by evidence.

There were three excellent presentations for the John Lyon Memorial Prize. The first was by Dr Siobhan Pieroni about "The effect of an educational video on the accuracy of proxy decisions; the case of electro convulsive therapy". This was followed by Dr Dominic Johnson, Specialist Registrar in Forensic Psychiatry at the Bracton Centre, Dartford in Kent, who presented "Needs assessment and economic evaluation – a comparison of forensic and generic mental health hostel accommodation". The prize was won by Dr Navjyoat China, from the Oxford deanery for the multi centre assessment of psychiatric intensive care unit (PICU) patient characteristics, treatment and outcome. The presentations for the certificates were made by Phil Davison, Chair of South Eastern Division.

This was an extremely stimulating and interesting day, which questioned and challenged current thinking about diagnosis and current clinical practice and non-evidence based assumptions about racism. The standard of presentation of the trainees was extremely high and very encouraging for the future.

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