Pardon My Sobbing: A Qualitative Study on Differentiating Generalised Mood Disorders From Premenstrual Dysphoric Disorder

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Aims. To assess current diagnostic methods used in the United Kingdom which have led to successful diagnoses of PMDD (Premenstrual Dysphoric Disorder).
Methods. Women suffering from PMDD were recruited across the United Kingdom. Participants were interviewed using a semi-structured interview guide about their paths to diagnoses and the impact of receiving a misdiagnosis. Interviews were transcribed and thematically analysed to assess for overarching themes and similarities across participants. The Patient Health Questionnaire-9, Generalised Anxiety Disorder-7 survey, and Premenstrual Symptom Screening Tool were used to assess for each questionnaire's diagnostic ability.
Results. Four women aged 30–50 years all identifying as PMDD patients were interviewed. All four participants received misdiagnoses of major depressive disorder and/or generalised anxiety disorder. The key to achieving a PMDD diagnosis for all four women was awareness of the cyclical nature of their symptoms. All three surveys failed to fulfill all the diagnostic criteria for PMDD, however the Premenstrual Symptom Screening Tool performed the best and elicited the greatest number of symptoms from the population sample.
Conclusion. This research showed the need for patient awareness of PMDD via research, or awareness of the relationship between symptoms and the menstrual cycle, to achieving a diagnosis and receiving adequate treatment. Specialist treatment was also imperative to achieving a formal diagnosis.

Comparison of Prevalence of Psychiatric Disorders Among the Adult Population in Bangladesh, Before and During the COVID-19 Lockdown

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Aims. The aims were to determine and compare the prevalence of possible psychiatric disorders among Bangladeshi adults before and during lockdown. It was hypothesized that prevalence of possible psychiatric disorders would increase during the lockdown. In Bangladesh, lockdown was implemented in response to the COVID-19 pandemic resulting in conditions where those prone to developing psychiatric disorders were more vulnerable in an environment where the mental healthcare infrastructure is already lacking. Although many studies outlined the devastating impact on mental health that the lockdown measures created, this unique study specifically uses a World Health Organization developed research instrument for a lower-middle-income country.
Methods. This was a cross-sectional, descriptive, comparative study with one stage design to determine possible psychiatric cases. Initially, 603 adults were randomly contacted using Facebook messenger & groups and email. Questionnaires including the validated Self Reporting Questionnaire (SRQ)-20 in Bangla, for screening psychopathology of the cases, and a structured questionnaire containing socio-demographic and other related variables, were inputted into Google Forms and hyperlinks were distributed. Eventually, 570 participants, from 18 to 77 years, with Internet access, who completed the questionnaires, were included in the study through purposive and consecutive sampling. The SRQ variables were divided into four categories: (1) depressive/anxious; (2) somatic symptoms; (3) reduced vital energy; and (4) depressive thoughts. Using IBM SPSS Statistics, paired sample t-tests were used during data analysis.
Results. The mean age of cases was 34.69 ± 13.02 years; male: female = 1.41:1. The prevalence of possible psychiatric disorders was 43.9% during lockdown compared to 23.3% before lockdown ($t = 19.497$, $P = 0.000$). Before lockdown, sex and employment status were significant factors for the SRQ positive cases. After lockdown, in the SRQ positive cases, sex, educational status, COVID-19 positive cases and death due to COVID-19 among family members were highly significant ($p = 0.0001$) factors. Somatic symptoms and depressive thoughts were approximately double in prevalence among the SRQ positive cases during lockdown compared to before lockdown.
Conclusion. There was a significant impact on mental health where a reduction in psychological and socioeconomic support occurred. These findings are in line with those in the literature where somatic symptoms have been identified as most commonly experienced during the pandemic. Increased depressive thoughts are associated with increased feelings of possible impending death and fear of an uncertain situation. Clearly, the mental health infrastructure of Bangladesh is in even greater need of rapid change to ensure resilience to the survivors of the lockdown.

Decoloniality in the Psychedelic Research Space

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Aims. Since the 1950's, there has been increasing interest in the potential of the psychedelic experience to generate an enhanced state of emotional well-being in those suffering from a range of mental disorders. Following the so-called 'War on Drugs', much of this research was curtailed until a new surge of interest resulting in a 'psychedelic renaissance'. This has come at a time where powerful institutions, including the medical sphere, are being asked to address their oppressive and damaging pasts; these narratives bear particular relevance to psychedelic research given the widespread use of entheogenic plants as medicines and tools for spiritual healing amongst indigenous groups worldwide, and the political history of the War on Drugs. The aim of this study was to explore how those in the psychedelic community have come to understand what it means to 'decolonise' this space and to situate these conversations within existing literature.
Methods. Semi-structured interviews were conducted with 10 participants who were recruited using theoretical and snowball sampling. Data collection and analysis were carried out from a critical theoretical standpoint, further borrowing from aspects of constructivist grounded theory methodologies. This involved open coding of existing literature to devise an interview guide,

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followed by coding of interview transcripts to generate several key themes as they emerged from the primary data.
Results. Analysis of the data generated 8 sub-themes, which were then combined to create the 4 main themes;
- The Making of a 'New' Medicine
- Scientism and Spirituality
- Appreciation vs Appropriation
- Beyond Decriminalisation

A theoretical framework which sought to bridge decolonial and social justice approaches was used to understand how participants made links between these two related but distinct concepts. Foucauldian theories of biopower were also explored and integrated into the discussion. Participants assigned wide-ranging meaning to the concept of decoloniality in reference to psychedelic research, though there were calls not to appropriate the term itself and senselessly apply it to any issues of injustice.
Conclusion. The study demonstrated the participants' willingness to engage in a discussion which explored some uncomfortable truths regarding psychedelic research. There was a suggestion amongst some participants that the space can never be truly decolonised given the capitalist and neo-colonial manifestations within the current space. Future research should seek to facilitate more critical discussion of the epistemic, material, and geopolitical injustices which exist, and critical indigenous methodologies offer a meaningful way of understanding and undoing the hierarchical power structures currently at play.

The Psychological Impact of COVID-19 Pandemic on Suicidal Thoughts in the United Kingdom

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Aims. Background: The impact of the pandemic and resultant restrictions on suicidal thoughts may vary across populations, geographical areas, between high and low socio-economic groups and vulnerable populations. Aim: To investigate the psychological impact of COVID-19 and resultant restrictions on suicidal thoughts in the United Kingdom.
Methods. The study group conducted a cross sectional survey using a questionnaire based on published approaches (Generalised Anxiety Disorder 7, Patient Health Questionnaire 9, Impact of Events Scale-Revised) to understand the psychological impact of COVID-19 and the resultant restrictions on suicidal thoughts. The study was conducted in 3 phases to capture the different phases of the pandemic restrictions:
Phase 1: 1st May 2020 to 31st July 2020
Phase 2: 12th November 2020 to 12th February 2021
Phase 3: 1st July 2021 to 30th September 2021
Inclusion: All individuals above 16 years of age who wanted to participate were eligible.
Analysis strategy: Descriptive analysis and logistic regression is applied in this study.
Results. The study recruited 29133 participants in phase 1; 83851 participants in phase 2 and 75204 participants in phase 3. The largest age group of participants was 45–64 years. About two thirds of respondents were female. Majority of participants were of White British ethnicity. 31% participants in phase 1, 30% in phase 2 and 19% in phase 3 reported suicidal thoughts.

The preliminary regression analysis indicates that younger and male participants reported more suicidal thoughts among other findings which will be reported in the presentation.

Limitations: The non-probability sample design and time limited surveys meant that longitudinal changes were not possible to elicit.
Conclusion. There is mixed evidence on whether rates of suicidal thoughts increased during the pandemic. The results of this study will add to the evidence base and influence future pandemic planning and efforts to developing resilience and good mental health in society.

COVID-19 Vaccine Hesitancy Among Health Care Professionals of Allied Hospitals of Rawalpindi Medical University: A Mediation Analysis

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Aims. This research assessed healthcare workers' vaccination practices for influenza, hepatitis, and pneumonia, as well as their desire to get COVID-19 vaccine when accessible, and investigated their 7C psychological antecedents (confidence, complacency, collective responsibility, compliance, calculation, constraints and conspiracy). Stress variables and vaccination intention for COVID-19 were also compared to see whether psychological stress had a meditative impact on the relationship.
Methods. An analytical cross-sectional survey was conducted among health care professionals including nurses and doctors of tertiary care hospitals of Rawalpindi. Data were collected from February to April 2021 to get the COVID-19 vaccination when it became available, and looked into their 7C mental forebears (confidence, complacency, collective responsibility, compliance, calculation, constraints and conspiracy). A total of 642 health care professionals voluntarily participated in our research. Demographic Details, questions like pneumonia vaccination, hepatitis vaccination, influenza vaccination and 7C questions were asked. Data were entered and analysed through SPSS 26.0 and Python. Correlation, linear and non linear regression, and mediation analysis were applied.
Results. The immunization rates for influenza, hepatitis, and pneumonia vaccines, as well as the percentage of those who received COVID-19 vaccination, were 43.4%, 65.2%, 42.8%, and 39.7%, respectively. Hepatitis vaccination was significantly associated with the 7C model, influenza vaccination with conspiracy, whereas pneumonia was significantly associated with compliance. confidence ($r = 0.11$), complacency ($r = -0.19$), constraints ($r = -0.20$), calculation ($r = 0.08$), collective responsibility ($r = 0.18$), and compliance ($r = 0.19$) were significantly corelated with the COVID-19 Vaccine Intention. Contrary to direct effect, the indirect effect of patient contact frequency ($\beta = -0.01$, $\rho < 0.05$) and terrified of contracting virus ($\beta = -0.05$, $\rho < 0.05$) via psychological stress on COVID-19 Vaccination intention were significant depicting full mediation.
Conclusion. For herd immunity, the probability for COVID-19 vaccination uptake among healthcare professionals was less than optimal. The 7C structures may help predict immunization against influenza, hepatitis, and pneumonia, but not vaccination against COVID-19.

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