Survival of Patients with Dementia Attending a Psychogeriatric Clinic in Sri Lanka

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Aims: Data on survival rates of patients with dementia is sparse in Asian populations. Thus the aim of this study is to determine rates of survival of patients with dementia in Sri Lanka.
Methods: A descriptive cross-sectional analysis of data was done using the data of patients who have registered at the National Institute of Mental Health Sri Lanka, Older Persons Mental Health Clinic (largest governmental psychogeriatric service provider in Sri Lanka) from 2021 to 2023.
Results: Total registries were 366. Prevalence of Alzheimer's, vascular and mixed aetiology were 149 (40.41%), 83 (22.67%), 112 (30.6%) respectively. 203 (55.46%) had defaulted up to 2025. Out of 163 under regular follow up 17 (10.43%) had passed away. Mean years of survival with the disease was 3.7 years. Cause of death was dementia and related complications in 13 (76.47%) and vascular events in the rest. Mean age of death had been 77 years and male to female ratio was 0.7. Out of the defaulted 74 (36.45%) had beencontactable. Out of them 57 (77.03%) had passed away. Mean years of survival had been 2.01 years. Cause of death was dementia and related complications in 39 (68.42%) and vascular events in the rest. In the 146 surviving patients under regular follow up mean age was 73. Male to female ratio was 0.55. Mean years of life they had been living with dementia was 4.03 up to 2025. Among 17 surviving contactable patients who had defaulted it was 3.18 years. Odds of death in patients under regular clinic follow up compared with defaulted was 0.035 (Fisher's exact p-value $2.5´ 10^{-24}$)
Conclusion: Regular clinic follow up is associated with a statistically significant lower rate of death compared to defaulters among patients with dementia.

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Antipsychotic Prescribing Patterns in Patients with Dementia Attending a Psychogeriatric Clinic in Sri Lanka

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Aims: Usage of antipsychotic medications in patients with dementia is associated with heightened incidence of adverse effects and mortality. Yet their prescription is on the rise to contain behavioural and psychological symptoms of dementia (BPSD). Thus the aim of thisstudy is to as certain patterns in antipsychotic prescribing over the years from 2019 to January 2025 among patients with dementia attending Deeghayu psychogeriatric clinic, at the National Institute of Mental Health, Angoda, the largest psychogeriatric clinic facility in Sri Lanka.
Methods: A descriptive cross-sectional analysis of the data extracted from the patient records was done.
Results: Total of 493 patients had been viewed including 306 (62%) with dementia. Alzheimer's, vascular and mixed aetiologies had been the commonest with a prevalence of 124 (40.5%), 69 (22.5%) and 92 (30.6%) respectively. Out of them 228 (74.5%) had BPSD. Among them 172 (75.4%) had been initiated on antipsychotics. Quetiapine, risperidone, olanzapine and aripiprazole had been prescribed for 84 (48.8%), 16, 8 and 1 patients respectively and 63(36.6%) were on a combination of 2 antipsychotics out of which majority 45 (71.4%) were on the combination of risperidone and quetiapine. Among those who were not on antipsychotics for BPSD, 49 (21.5%) were on antidepressants for depression and 7 (3.1%) were solely on behavioural management. Poor sleep, wandering, aggression/agitation, hallucinations, disinhibition, delusions and mania had been the indication for prescription of antipsychotics in 107 (46.3%), 71 (30.7%), 80 (32.6%), 51(22%), 31(13.4%), 26 (11.6%) and 19 (8.2%) patients respectively. Percentage with two types of BPSD were 37.2% while 20.2% had more than two types of BPSD. Out of those with depression 34 (69.4%) had been prescribed antipsychotics out of which 27(79.4%) were on quetiapine.
Conclusion: Antipsychotic prescription is of high prevalence. Identifying and addressing the underlying cause leading to BPSD and usage of non-pharmacological strategies as the firstline of management can minimize the usage of antipsychotics. Further research is warranted to evaluate tolerance and effectiveness of the prescribed antipsychotics.

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Filicide Beyond Maternal Motives, a Forensic Psychiatry Unit-Based Study in Sri Lanka

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Aims: Though the motives behind filicide had been extensively studied the factors that sow the seeds of those motives and how to take their edges off had rarely been investigated thus far in Sri Lanka and worldwide at large.Thus the aim of this study is to describe the demographic and clinical characteristics and associated factors in female patients referred following filicide to National Institute of Mental Health, the largest in patient forensic psychiatry facility in Sri Lanka over a period of 12 years.
Methods: Data was collected from the bed head tickets (BHTs) and descriptive statistics were analysed.
Results: Total of 41 BHTs were examined. 92.7% of the mothers were aged 18–40 years, 78.7% were educated up to grade 11 or below. 61.1% were from rural areas. 17.1% wereemployed. 36.6% had been diagnosed with a psychiatric illness prior to the event with depression (31.3%) being the commonest. 75.6% had not been on treatment. 73.1% of the undiagnosed, had demonstrated symptoms of psychiatric illnesses but had been diagnosed only following the filicide. Harmful use of substances was evident in 44.7% of the fathers and 7.9% doubted

the paternity. 61.1% of the mothers had been subjected to domestic violence by their husbands and 63.6% had considered the support received from husbands to be inadequate. Monthly income was <50,000 in 100%. 30.8%, 41% and 25.6% of victims were aged <24 hours, 0–1 year and 1–5 year respectively. 59.5% pregnancies were unplanned. 30.8% had attempted abortions. 28.9% had had home deliveries. 21.1% of the victims had had post-natal complications. 32.4% of the mothers had attempted suicide and 22.2% had attempted homicide of the victim. 23.7% of the victims had been abused; with mother (62.5%) being the commonest abuser. Commonest modes of filicide were drowning (42.9%) and strangulation (28.6%).

Conclusion: Beyond provision of the blanket defence and analysis of the maternal motives, prevention of filicide requires refining of several individual and social factors that have been overlooked.

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Prevalence of Behavioural and Psychological Symptoms of Dementia and Its Association with Quality of Life in Dementia and Care Giver Burden–A Hospital-Based Study in Sri Lanka

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Aims: Behavioural and psychological symptoms of dementia (BPSD),though an integral feature of dementia leading to greater mortality and morbidity, remains understudied in low- and middle-income countries like Sri Lanka. Thus this study is performed to determine prevalence of BPSD and its association with quality of life (QoL) and care giver burden among patients attending Deeghayu clinic at the National Institute of Mental Health (NIMH), Angoda, the largest psychogeriatric facility in Sri Lanka.

Methods: A descriptive cross-sectional analysis was carried out at the first clinic visit over a period of one year from 2024 to 2025. Prevalence was as certained with Neuro Psychiatry Inventory (NPI).

Results: Total of 72 patients were diagnosed with dementia, 27.8% were females with a mean age of 76.9 years (SD±11.1). Mean duration of untreated symptoms by the time of diagnosis was 2.07 years (SD ±1.54). Prevalence was 61.1% in Alzheimer's, 4.2% in vascular, 30.5% in mixed (Alzheimer's with vascular), 1.4% each in Parkinson's, Lewy body and fronto-temporal dementia. Frequency of severities were 43% mild, 41.7% moderate and 15.3% severe. Severity of dementia was positively correlated with NPI score (Pearson Correlation 0.09). Prevalence of BPSD was 95.8%. 33.3% had delusions, 47.2% hallucinations, 54.2% agitation/aggression, 47.2% depression, 25% anxiety, 15.3% elation, 47.2% apathy, 19.4% disinhibition, 44.4% irritability, 65.3% wandering behaviour, 75% sleep disorder and 47.2% loss of appetite. 15.3% of the patients were initiated on donepezil, 5.6% on memantine, 4.2% on both. 13.9% were initiated on quetiapine alone for management of BPSD and 61.1% on quetiapine along with one or two cognitive enhancers. 51.4% had mild to severe care giver burden according to ZaritCare Giver Burden Scalewhich was positively correlated with NPI score (Pearson Correlation 0.29). All domains of QoL assessed via World Health Association QoL in both care givers and patients were negatively correlated with NPI score except for patients' social and environmental QoL.

Conclusion: Majority of the patients had BPSD at the time of diagnosing dementia associated with statistically significant heightened care giver burden and diminished QoL. This raises a concern that BPSD had led to accessing services rather than early cognitive and functional decline potentially indicating delayed diagnosis. Thus, this study underscores the need to enhance awareness and screening strategies to promote early detection of dementia in under-resourced settings such as Sri Lanka.

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Prevalence of Bodily Distress Disorder Among a Sinhala Speaking Population Seeking Outpatient Treatment at a Tertiary Care Hospital, in Sri Lanka

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Aims: Bodily distress disorder (BDD) involves presence of excessively distressing somatic symptoms to which individuals direct excessive attention despite repeated contacts with healthcare providers or even if another condition is causing the symptoms, paying excessive out of proportion attention to symptoms. BDD is more prevalent following Covid-19, but data from Asia remains sparse. Thus, this study is done to determine the prevalence of BDD among patients seeking outpatient treatment at Colombo North Teaching Hospital (CNTH), Sri Lanka.

Methods: We conducted a cross-sectional study recruiting consecutive, consenting patients attending the outpatient department (OPD) of CNTH from April to June 2025. Presence of somatic symptoms were determined by applying Bradford Somatic Inventory. Relationship of somatic symptoms to bodily distress disorder, depression or anxiety was determined according to ICD–11 criteria through clinical interviews by a senior registrar in psychiatry. In patients diagnosed with BDD lack of an adequate biological explanation for symptoms or in patients with established medical conditions contributing to symptoms, degree of attention to symptoms being excessive despite appropriate clinical examination, investigations and reassurance was confirmed by the Consultant Physician in charge of OPD.

Results: We studied 236 patients (female 83.1%, mean age 62±11.8 years, educated up to orbelow grade eleven–83.1%, residency urban or suburban–89%). Prevalence of somatic symptoms was 94.1%. Out of those, BDD was diagnosed in 28.1%, depressive disorder in 14.3% and anxiety disorder in 7.1%. Prevalence of BDD was higher in females 29.1% compared with males 15% (Chi square 3.4,pvalue 0.06) and higher in people with education up to or below grade eleven–27.0% when compared with above grade eleven–25.0% (Chi square 0.7, p value 0.79). BDD was higher in people below 60 years (Chi square 5.6, p value 0.18) and in people residing in urban, and suburban areas (Chi square 11.0, p value 0.00). Number of comorbidities is positively

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