association between exposure and emulating DSH behaviour they were exposed to.
Methods: This descriptive cross-sectional study conducted in 2022, consisted of a sample of 162 individuals presenting with DSH to NHSL. A semi-structured clinical interview was used to collect data. Relevant statistical tests were used to analyse data.
Results: The average duration this study population spent on social media (1–3 hours) surpassed previous records for Sri Lankans (34 minutes). Fifty per cent were aged 20–29 years and 59.8% were female; a notable over-representation of minority religious and ethnic groups compared with general population demographics in Sri Lanka was seen. Out of 162 participants, 148 (91%) acknowledged being exposed to social media content depicting self-harm at some point. Facebook and YouTube were the top two platforms through which individuals were exposed to DSH/suicide content and the commonest methods published were hanging and overdose.

Although there was no statistically significant association between age and sharing self-harm content on social media, an overwhelming majority (87%) were <30 years of age. Approximately 30% of the sample reported experiencing severe emotional disturbance following exposure to DSH/suicide content.

Individuals who intentionally searched social media for DSH/suicide content consisted 11% of the sample and they were more likely to emulate similar behaviour than those who did not actively search such content. Spending 5 hours or more in a day on social media significantly increased several risks including the likelihood of being exposed to content depicting DSH/suicide, experiencing emotional disturbance and emulating the self-harm behaviours they were exposed to.
Conclusion: The notable ethnic and religious disparity seen in this sample suggests the need to examine healthcare accessibility, socioeconomic disparities, and tailored mental health literacy programmes. Prolonged social media exposure, particularly over 5 hours increases the risks of exposure and emulation significantly, warranting implementation of policies to reduce harmful content on social media and targeted interventions to promote healthy social media use among vulnerable populations.

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Clozapine Induced Pericarditis: A Systematic Review

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Aims: Clozapine is an atypical antipsychotic for treatment-resistant schizophrenia. Despite its efficacy, there are potential life-threatening side effects, including pericarditis, which has limited its usage. Clozapine-induced pericarditis may range from mild symptoms to life-threatening complications. Despite increasing case reports, a comprehensive synthesis is lacking, necessitating a systematic review.
Methods: A systematic review was conducted following PRISMA 2020 guidelines and registered in PROSPERO. Eight databases, including PubMed, Embase, and PsycINFO, were searched, identifying case reports published between 1980 and 2024. Inclusion criteria focused on English-language case reports diagnosing clozapine-induced pericarditis. Exclusion criteria included non-clozapine-induced pericarditis and mixed aetiologies without clozapine-specific data. Data extraction included demographics, clinical presentation, diagnostic findings, management, and outcomes.
Results: Of the 941 identified articles, 36 met the inclusion criteria. The mean age was 33.56 years (SD: 15.56), with males comprising 63.9%. Chest pain (63.8%), fever (52.8%), breathlessness (50%), and tachycardia (44.4%) were the most common symptoms. Diagnostic tests consistently indicated elevated inflammatory markers, including CRP (mean: 88.13 mg/dL) and ESR (mean: 72.72 mm/hr). Echocardiograms confirmed pericardial effusion in 88.9% of cases. Management strategies included colchicine (16.7%) and analgesics (19.4%), with cardiac recovery achieved in all but one case. Clozapine rechallenge was attempted in 16.7%, with successful outcomes in 83.3% of these cases. Time to recovery averaged 3.73 weeks (SD: 9.8). Psychiatric stability was maintained in most cases following substitution with alternative antipsychotics, primarily olanzapine and risperidone.
Conclusion: Clozapine-induced pericarditis is a rare but significant adverse event characterized by elevated inflammatory markers and diagnostic imaging abnormalities. Prompt recognition and tailored management, including anti-inflammatory treatment and careful rechallenge, can lead to favourable cardiac and psychiatric outcomes. This review underscores the need for heightened clinician awareness and standardized protocols to optimize care for patients requiring clozapine therapy.

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Psychotic Manifestations in Huntington's Disease: A Systematic Review of Clinical Presentation, Treatment Approaches, and Outcomes

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Aims: Huntington's disease (HD) is a progressive neurodegenerative disorder characterized by motor dysfunction, cognitive decline, and psychiatric symptoms. Among the psychiatric manifestations, psychotic symptoms such as delusions and hallucinations remain underreported and poorly understood. This systematic review aims to analyse the prevalence, clinical presentation, assessment tools, and treatment approaches for psychosis in HD patients.
Methods: A comprehensive literature search (PubMed, Embase, PsycINFO, and Google Scholar) was conducted using multiple electronic databases to identify studies reporting psychotic symptoms in HD patients. Inclusion criteria involved case reports that provided detailed psychiatric presentations, genetic findings, and treatment interventions. Data extracted included patient demographics, genetic CAG repeat counts, psychiatric symptoms, assessment tools, pharmacological and non-pharmacological interventions, side effects, and patient outcomes.
Results: A total of 53 case reports with 60 cases were included. The mean age of psychiatric symptom onset was 42.58 years, and the