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.

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.

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

mean age at HD diagnosis was 38.09 years. The mean CAG repeat count was 44.71, and the mean age of onset of motor symptoms was 41.25 years. The review identified multiple cases of HD patients presenting with psychotic symptoms, including persecutory and grandiose delusions, auditory and visual hallucinations, and paranoia. Electroconvulsive therapy (ECT) was used in 20% of cases. The most frequently used antipsychotics were risperidone (26.7%), olanzapine (23.3%), clozapine (16.7%), aripiprazole (16.7%), and haloperidol (13.3%). A family history of HD was present in 73.3% of patients. In 36.6% of cases, side effects were reported, including extrapyramidal side effects, orthostatic hypotension, neutropenia, and increased sedation. In 93.3% of cases, symptomatic improvement was reported, though some patients exhibited persistent cognitive dysfunction and residual psychotic features.

Conclusion: Psychotic symptoms in HD are a significant but understudied phenomenon, frequently complicating disease management. The findings highlight the need for standardized assessment protocols and tailored treatment approaches to mitigate psychiatric distress while balancing cognitive and motor function preservation. Future research should focus on longitudinal studies to better understand the trajectory of psychosis in HD and optimize treatment strategies.

Education and Training

The Effectiveness of Teaching Applied Transference Focused Psychotherapy on the Attitudes and Technical Confidence of Psychiatry Trainees in Malaysia, on the Management of Patients with Personality Disorder.

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Aims: Psychiatric trainees are often the "first responders" to manage patients with personality disorders but receive little specific training in this. Transference Focused Psychotherapy (TFP) is a manualized evidence-based treatment for severe personality disorders based on a psychodynamic approach that focuses on object relations theory. There is an expanding experience in applying TFP in different psychiatric settings. While there is evidence of effective training of applied TFP in the UK, Europe, South Africa and India, TFP training in Malaysia is a relatively new concept.

The aim of the study was to evaluate the effectiveness of a series of teaching sessions on TFP as applied to patients with personality disorders, on improving the attitude and technical confidence of psychiatric trainees in one of the major universities in Malaysia (UiTM), in their clinical encounters with patients with personality disorders.

Methods: A cohort of psychiatric trainees at UiTM received four 2-hour teaching sessions on applied TFP over consecutive weeks via video teleconference. Nineteen trainees completed 2 questionnaires, pre and post four teaching sessions. The cohort included first-year trainees (n=7) and senior trainees (n=12, comprising second, third and final-year psychiatry trainees). The questionnaires used were the Attitude to Personality Disorder Questionnaire (APDQ) and the Clinical Confidence with Personality Disorder Questionnaire (CCPDQ), both are validated instruments with good psychometric properties.

Results: The mean age of participants was 33.18 years, with an average of 2–8 years of experience in psychiatry. Quantitative analyses revealed significant improvements in both attitudes and clinical confidence. For the Attitudes to Personality Disorder Questionnaire (APDQ), the mean pre-intervention score was 71.11±9.87, while the post-intervention mean score was 65.05 ±10.79, representing a statistically significant reduction ($t(18) = 4.11$, $p=0.00065$). This finding indicates improved attitudes toward patients with personality disorders. Similarly, the Clinical Confidence with Personality Disorder Questionnaire (CCPDQ) showed a significant increase in confidence levels. The mean pre-intervention score was 16.11±6.38, which rose to 22.58±7.76 post-intervention ($t(18) = -3.58$, $p=0.0021$).

Conclusion: Teaching sessions on applied TFP to personality disorders can significantly improve psychiatric trainees' attitudes and technical confidence in clinical encounters with patients with personality disorders. Given the low resource requirements (8 hours of training, delivered remotely), and the growing international experience of effective teaching of applied TFP training, it may be considered not only in Malaysia but in a range of countries.

Fostering Leadership in Psychiatry: Outcomes of the West Midlands Leadership Programme for Higher Trainees

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Aims: To outline the development and implementation of the West Midlands Psychiatry Leadership Programme, a pioneering initiative believed to be unique within UK psychiatry training, and to evaluate participant feedback on its impact and benefits.

Methods: The programme, led by honorary leadership tutors who are higher psychiatry trainees, combines three online training days and a face-to-face conference. Conducted across 2024, it allowed participants time to reflect between sessions. Open to all psychiatry higher trainees in the West Midlands Deanery, invitations were sent via email. Feedback, collected via Microsoft Forms, evaluated its impact in preparing trainees for consultant roles through theory, practical application, self-awareness, and team leadership.

Day 1: Focused on leadership roles within the NHS, exploring operational structures, financial frameworks, emotional intelligence, and personal leadership styles.

Day 2: Addressed "Preparing to be a Consultant" with presentations, scenario analysis, and panel discussions on transitioning to consultancy.

Day 3: Explored "Leading in Teams and Organisations" through organisational change frameworks, team-building exercises, and QI project workshops.