NEURON

THE 7th ASIA PACIFIC NEUROPSYCHIATRY CONFERENCE (NEURON 2023)

"BEYOND THE TRICKY BRAIN"

10–11 JULY 2023

0800–1700

Royale Chulan Hotel
KL

More Information
neuron2023.reg@gmail.com

NSR Event ID: 22290
(16 points)

NEURON 2023

WELCOME EVERYONE!

Welcome to the NEURON 2023, held in the beautiful **Royale Chulan Hotel KL from 10th to 11th July 2023**!

We are honoured to have such a distinguished group of experts from Malaysia and Australia, to share their insights and expertise on the challenges and opportunities facing the field of neuropsychiatry.

The theme of this year's conference is "Beyond the Tricky Brain," which highlights the ongoing challenges that mental health professionals face in understanding and treating psychiatric disorders. The brain, being the most complex organ in the body, is often a source of confusion and mystery, especially when it comes to mental health conditions.

During this conference, we will delve into a wide range of topics, including traumatic brain injury, neurocognitive disorders, sleep disorders, functional neurological disorder, epilepsy and autoimmune disorders.

We are looking forward to meeting you in person this July in Kuala Lumpur!

Dr. Mohamad Iqbal Bin Mohaini
Organising Chairman
The 7th Asia Pacific Neuropsychiatry Conference (NEURON 2023)

DISTINGUISHED SPEAKERS

Dr. Kenny Ong Kheng Yee
Consultant
Neuropsychiatrist
NEURON, HKL

Dr. Chee Kok Yoon
Consultant
Neuropsychiatrist
NEURON, HKL

Assoc. Professor Dr. Samantha Loi
Consultant Neuropsychiatrist
Neuropsychiatry Unit,
Royal Melbourne Hospital,
Australia

Dr. Mohammad Nabhan KhaliL bin Azizan
Consultant Neuropsychiatrist
Sultanah Nur Zahirah Hospital,
Kuala Terengganu

Dr. Chhoa Keng Hong
Consultant
Neuropsychiatrist
Sarawak General Hospital,
Sarawak

Dr. Ahmad Shahir bin Mawardi
Consultant Neurologist
(Movement Disorders &
Parkinson's Disease)
Dept. of Neurology, HKL

Dr. Sheela Theivanthiran
Consultant Rehabilitation
Medicine Physician,
Cheras Rehabilitation Hospital

Dr. Hamdi Nahman bin Achok
Consultant Sleep Neurologist
Sultanah Aminah Hospital, Johor

Dr. Nurul Hafidzah binti Rahim
Consultant Neuroradiologist
Radiology Department, HKL

Dr. Chin Han Lim
Psychiatrist | Honorary Clinical Fellow
Neuron HKL | Neuropsychiatry Unit,
Royal Melbourne Hospital, Australia

Mr. Mohamad Zaharin Osman
Caregiver of a person with
Young-Onset Dementia

DISTINGUISHED SPEAKERS

Dr. Chee Kok Yoon

Consultant Neuropsychiatrist, NEURON Kuala Lumpur Hospital

The head of the Neuropsychiatry and Neurostimulation Services of the Department of Psychiatry, HKL. Established and elevated the neuropsychiatry service to the national referral level. A recipient of two Young Asian Psychiatrist Awards and three merits of service awards. Adept at research and involved actively in international collaboration on psychopharmacology and combating stigma and discrimination against mentally-ill people.

Assoc. Prof. Dr. Samantha Loi

Consultant Neuropsychiatrist, Neuropsychiatry Victoria, The Royal Melbourne Hospital, Australia

She is a principal research fellow at the Royal Melbourne Hospital and University of Melbourne. Her clinical and research expertise is in the area of young-onset dementia, where she focuses on assessment, diagnosis, neuropsychiatric symptoms and behaviour changes, looking to improve the quality of life for those with young-onset dementia and their families.

Dr. Kenny Ong Kheng Yee

Consultant Neuropsychiatrist, NEURON Kuala Lumpur Hospital

He graduated from International Medical University (IMU), Seremban in 2002. Subsequently, he attained his Master of Medicine (Psychiatry) from Universiti Sains Malaysia, Kubang Kerian in 2012, and later Fellowship in Neuropsychiatry from Royal Melbourne Hospital, Melbourne, Australia in 2016. His special interests include young onset dementia, neuromodulation therapies and administrative psychiatry.

DISTINGUISHED SPEAKERS

Dr. Mohammad Nabhan Khalil

Consultant Neuropsychiatrist, Sultanah Nur Zahirah Hospital, Kuala Terengganu

A highly qualified neuropsychiatrist based in the East Coast of Malaysia. He received his MD degree from Universiti Kebangsaan Malaysia in 2005 and later completed his MMed (Psych) at Universiti Sains Malaysia in 2015. In addition, he completed his neuropsychiatry subspecialty training at HKL and the Royal Melbourne Hospital and returned to Malaysia in 2022.

Dr. Chhoa Keng Hong

Consultant Neuropsychiatrist, Sarawak General Hospital, Sarawak

He obtained his basic medical degree from UNIMAS in 2008 and subsequently graduated with DrPsych from UKM in 2017. He was assigned as the pioneer psychiatrist to set up the service in the northern division of Sarawak since then. With his interest in neuroscience, he pursued and progressed further in his career with training at HKL and Royal Melbourne Hospital and completed his Fellowship in Clinical Neuropsychiatry in 2022.

Dr. Ahmad Shahir bin Mawardi

Consultant Neurologist (movement disorders & Parkinson's disease), Dept. of Neurology, HKL

He graduated from UKM in 2004. He completed Master in Internal Medicine from the same university in 2012 before pursuing his neurology training under Ministry of Health Malaysia. He had his clinical attachment done in James Cook University Hospital and Newcastle Hospital, UK during his training. He is current secretary for Malaysian Society Neurosiences and Treasurer for Malaysia Movement Disorder Council.

DISTINGUISHED SPEAKERS

Dr. Hamdi Najman Bin Achok

Consultant Sleep Neurologist, Hospital Sultanah Aminah, Johor

He obtained his MBChB degree from the University of Otago in New Zealand in 2000, and later earned his MMed from Universiti Kebangsaan Malaysia in Malaysia in 2011. In 2017, he completed fellowship in Neurology from MOH, Malaysia. He is a World Sleep Society Board-certified physician in sleep medicine since 2019 and had underwent training at the Excellence Center for Sleep Disorders at King Chulalongkorn Memorial Hospital, Bangkok, Thailand in 2018.

Dr. Sheela Theivanthiran

Consultant Rehabilitation Physician, Cheras Rehabilitation Hospital

She obtained her MBBS from J.N. Medical College, Belgaum (India). She has completed her training of special interest in Acquired Brain Injury Rehabilitation in University of Toronto, Canada from 2015 to 2016. She is an active member of the Malaysian Association of Rehabilitation Physicians. She has given many talks and presented scientific publications at local and international conferences.

Dr. Nurul Hafidzah Bt. Rahim

Consultant Neuroradiologist, Radiology Dept., HKL

She received her MD from Universiti Putra Malaysia in 2007 and later earned her MRad from Universiti Kebangsaan Malaysia in 2015. In 2022 she completed her fellowship in diagnostic neuroradiology from National Neuroscience Institute, Singapore. She has multiple scientific presentations and written publications. She is also the scientific chairperson for neuroimaging course 2023, National Cancer Institute, Putrajaya, Malaysia.

DISTINGUISHED SPEAKERS

Dr. Chin Han Lim

Psychiatrist/ Fellow in Neuropsychiatry
NEURON HKL/ The RMH

He obtained his Medical Degree (MD) from USM and Masters of Psychological Medicine (MPM) from UM in 2010 and 2018 respectively. After 2.5 years of serving in Borneo Island, he has decided to pursue his interest in Neuropsychiatry by joining the subspecialty programme in 2021. He is presently in his final year of subspecialty training in the Royal Melbourne Hospital, Australia.

Mr. Mohamad Zaharin Osman

Caregiver of a person with Young-Onset Dementia

He obtained his Bachelor of Electrical Engineering from University Malaya. He was the Managing Director and Founder of Young Eagle Solutions Sdn. Bhd. His specialty is in the Contract & Project Management, Business Development and Engineering & Designof projects related to the generation, transmission and distribution system of the electrical power industry. He becomes a full time caregiver to his wife since 2019 when his wife was diagnosed with Young-Onset Dementia.

NEURON 2023

10/7 2023

THE ROYALE CHULAN KL

0800 0830	Registration: Secretariat
0830 0900	Opening and Welcoming Speech
0900 0945	Young Onset Dementia, an Australian perspective Assoc. Prof. Dr. Samantha Loi
0945 1000	My perspective: Viewpoint from a caregiver of a person with Young-Onset Dementia Mohamad Zaharin Osman, Caregiver
1000 1030	Tea Break & Booth Visit
1030 1115	A Cyclist, a Stutter & a Lost Reader: Perspectives of Young-Onset Alzheimer's Dementia Dr. Kenny Ong Kheng Yee
1115 1200	Are We Missing Reversible Dementias? Dr. Chhoa Keng Hong

Continue in next page...

day 1

1200 1230	Lunch Symposium: The Interplay between Non-Motor Fluctuation of PD and Bipolar Disorder: case study and discussion Dr. Chee Kok Yoon
1230 1400	Lunch
1400 1445	Autoimmune Encephalitis: Challenges in Psychiatry profile & management Dr. Kenny Ong Kheng Yee
1445 1530	Neuroimaging in Encephalitis: From Unremarkable to Overwhelming Brain Damage Dr. Nurul Hafidzah binti Rahim
1530 1545	Tea Break & Booth Visit
1545 1615	Huntington Disease Mimicking Movement Disorders in Psychiatry Dr. Ahmad Shahir bin Mawardi
1615 1700	Neuropsychiatric Aspects of Huntington Disease Assoc. Prof. Dr. Samantha Loi
1700	**END OF DAY 1**

End of Day 1

NEURON 2023

11/7 2023

THE ROYALE CHULAN KL

0800 0830	Registration: Secretariat
0830 0915	Back to Basic: Neuropsychiatric Approach on Traumatic Brain Injury Dr. Chee Kok Yoon
0915 1000	Post-Concussion Syndrome: an Outdated Concept? Dr. Mohammad Nabhan Khalil bin Azizan
1000 1015	Tea Break & Booth Visit
1015 1100	Cognitive Rehabilitation for Traumatic Brain Injury Dr. Sheela Theivanthiran
1100 1145	Neuropsychiatric Approach to Insomnia Disorders Dr. Chhoa Keng Hong
1145 1230	Narcolepsy and Sleep Study Dr. Hamdi Najman bin Achok

Continue in next page...

day 2

1230 1300	Lunch Symposium: When Treatment Resistant Depression (TRD) is not even a Depression Dr. Chee Kok Yoon
1300 1400	Lunch
1400 1445	Approach to Tardive Syndrome: AIMS (Practical Session on examination) Dr. Ahmad Shahir bin Mawardi
1445 1530	Neuropsychiatric Aspects of Antipsychotic Related Tardive Syndrome Dr. Chin Han Lim
1530 1545	Tea Break & Booth Visit
1545 1630	The Role of Rehabilitation in Functional Parkinsonism and Weakness Dr. Sheela Theivanthiran
1630 1700	What do you do if referred a patient with Functional Seizure Disorder? Dr. Mohammad Nabhan Khalil bin Azizan
1700 1715	Best Poster Award

GENERAL INFORMATION

Conference venue:

Hall Tamingsari 1 & Hall Tamingsari 2

Parking rate:

RM12/day (to bring the parking/payment card to receptionist for validation before exit)

Internet Wi-Fi (free access):

Username: theroyalchulan@wifi

Prayers room:

Level 1

Event exibition booths:

Booth 1: SpringHealth
Booth 2: Luye
Booth 3: mksmedic
Booth 4: DKSH
Booth 5: Mitsubishi
Booth 6: Orion Pharma

Certificate of attendance:

Digital certificate of attendance will be sent to you via email upon completion of conference

Covid-19 prevention measure:

Delegates are encourage to wear facemask

Congrats!

SEE NEXT FOR THE 16 SHORT-LISTED ABSTRACTS FOR POSTER COMPETITION

NEURON 2023

ABSTRACT FOR POSTER 001

SAFETY AND ADVERSE EVENTS FOLLOWING COVID-19 VACCINATION AMONG PEOPLE WITH EPILEPSY: A CROSS-SECTIONAL STUDY

Marjorie Jia Yi Ong1,2, Ching Soong Khoo1,3, Yi Xuan Lee1, Vaanee Poongkuntran1, Chia Khoi Tang1, Yu Joe Choong1, Rozita Hod2, and Hui Jan Tan1

1*Neurology Unit, Department of Medicine, Faculty of Medicine, Universiti Kebangsaan Malaysia, Jalan Yaacob Latif, Kuala Lumpur, 56000, Wilayah Persekutuan Kuala Lumpur, Malaysia.*

2*Department of Community Health, Faculty of Medicine, Universiti Kebangsaan Malaysia, Jalan Yaacob Latif, Kuala Lumpur, 56000, Wilayah Persekutuan Kuala Lumpur, Malaysia.*

3*Corresponding author.*

INTRODUCTION: Epilepsy is estimated to affect 50 million people worldwide. It is known that there is increased prevalence of morbidity and mortality following COVID-19 infection among people with epilepsy (PWE). However, there is a paucity of information about the adverse events following COVID-19 immunization among them. This study aimed to assess both the safety and adverse events after COVID vaccination among PWE at our hospital, with a focus on the neurologic adverse events following immunization (AEFI).

METHODS: This cross-sectional study recruited 120 adult PWE, who are active patients of the Neurology Clinic, Universiti Kebangsaan Malaysia Medical Centre. Consent-taking was conducted via synchronous or asynchronous approaches, followed by a phone call interview session. The interview collected socio-demographic information, epilepsy-related variables, and vaccination-related variables. Univariate analysis and multiple logistic regression analysis were done to study factors associated with the AEFI of different COVID-19 vaccines.

RESULTS: Among all types of COVID-19 vaccines, most of the PWE received the Cominarty® COVID-19 vaccination (52.5%). Overall, local AEFI was the quickest to develop, with an average onset within a day. PWE with normal body mass index (BMI) were at a higher risk of developing both local and systemic AEFI compared to those underweight and obese PWE. (OR: 15.09, 95% CI 1.70-134.28, p=0.02).

CONCLUSION: COVID-19 vaccines are safe for PWE. AEFI among PWE were similar to those observed in the general population following COVID-19 vaccination. Therefore, clinicians should encourage PWE to be vaccinated against COVID-19.

KEYWORDS: Epilepsy, COVID-19 vaccination, adverse events following immunization.

ABSTRACT FOR POSTER 002

MALNUTRITION AND OTHER MEDICAL COMPLICATIONS IN AN ELDERLY WITH SCHIZOPHRENIA WITH CATATONIC FEATURES

Cristina Agustin
Department of Psychiatry Philippines, Baguio General Hospital and Medical Center

INTRODUCTION: Catatonia has long been considered as a neuropsychiatric syndrome. Patients with catatonia often present to clinics due to medical complications.

CASE PRESENTATION: Patient FDV is a 65-year-old male, single, high school graduate, farmer, Roman Catholic, who was brought to emergency department due to violent behavior. History revealed that during adolescence, he presented with negative symptoms. During young adulthood, auditory and visual hallucinations, and persecutory and grandiose delusions were noted. There were no noted mood symptoms, illicit substance use, and other medical conditions then. Psychiatric consult was done and assessment was Schizophrenia. Patient was non-adherent to prescribed Chlorpromazine. During middle adulthood, verbigeration, motor excitement, autonomic hyperactivity (hypertension, tachycardia) and stereotypies were noted. In his late adulthood, negativism and mutism ensued. Nutrition was compromised and patient needed supervision with his nutrition and hygiene. He was admitted due to danger of hurting self, underweight, dehydration secondary to poor oral intake, anemia, and hypokalemia. Medical management was provided by Internal Medicine. Bush Francis Catatonia Rating Scale was used to monitor response. Cranial MRI revealed hyperacute and late subacute on top of chronic subdural hematoma on the left-frontoparietal convexity, and chronic infarcts on bilateral corona radiata, left lentiform and right internal capsule. Possible neurosurgical intervention was advised by Neurosurgery but the family refused. Psychotropics initiated were Clozapine, and Clonazepam after a week. Significant improvements noted were coherence, resolution of stereotypies, and motor excitement. There were no new onset neurologic symptom noted. Supportive Psychotherapy, and psychoeducation to the patient and to his family were rendered.

CONCLUSION: Patients presenting with catatonia often enter the healthcare system due to medical complications. Preventing the identified complications need multidisciplinary care, especially among the elderly.

ABSTRACT FOR POSTER 003

ABSENCE SEIZURE OR DISSOCIATION FROM REALITY? CHRONIC HYPERSOMNOLENCE AND SEIZURE-LIKE PRESENTATION IN A YOUNG ADULT WITH DEPRESSION, POSTTRAUMATIC STRESS DISORDER, AND SOMATIC SYMPTOM DISORDER

Cristina Agustin
Department of Psychiatry Philippines, Baguio General Hospital and Medical Center

INTRODUCTION: Symptoms like hypersomnia or insomnia, or both often occur along with a Mood Disorder, Anxiety Disorder, and Trauma-related Disorder. Clinicians have to rule out Neurologic conditions like seizure prior to considering a primary psychiatric disorder. Diagnostic tools like polysomnography with sleep latency, EEG, and cranial MRI are important in the assessment such cases.
CASE PRESENTATION: DVS, is a 19-year-old, female, single, High School Graduate, unemployed, who consulted Neurology Clinic due to hypersomnolence. Patient's initial history revealed pattern of daytime sudden blank stares, followed by hypersomnolence, sometimes oriented, at times not. Neurologic examination, Cranial MRI Seizure protocol, Polysomnography with Sleep Latency, and EEG were unremarkable. The initial assessment was Absence Seizure. Levetiracetam 500 mg/tab twice a day was initiated, with good adherence. Upon follow-up consults, patient reported sleep patterns were the same. Dosage of Levetiracetam was increased to three times a day and Valproic Acid 500 mg/tab ODHS was initiated. Psychiatric referral was done for further evaluation. History revealed no other medical condition warranting hospitalization. Social and environmental history noted were chronic domestic abuse by her father, maternal neglect, and sexual abuse by her classmates. She denied use of illicit substances. Symptoms of recurrent depression with psychotic symptoms, posttraumatic stress disorder, with depersonalization and derealization have been extracted. Psychological Test was done which reveled high score on malingering. Biological management included Sertraline 50 mg/tab ODHS. Supportive psychotherapy, psychoeducation, and Cognitive-Behavior Therapy were done. Marked improvement of daytime hypersomnolence was noted after two months of Psychiatric intervention.
CONCLUSION: Patients with seizure-like symptoms often accompanies psychiatric symptoms of mood, trauma-related or psychotic symptoms. Preventing relapse or progression needs multidisciplinary care and multimodal (biological-psychological-social) management, especially among late adolescents who are in transition young adulthood, to maximize their productivity.

ABSTRACT FOR POSTER 004

ANXIETY DISORDER SECONDARY TO FRONTAL LOBE INFARCT SUCCESSFULLY TREATED WITH ELECTROCONVULSIVE THERAPY: A CASE REPORT

Muthumathi S
Department of Psychiatry, Hospital Sultanah Aminah, Johor Bahru, Johor Malaysia

INTRODUCTION: Anxiety is the second common neuropsychiatric disorder associated with stroke with prevalence about 28%. Frontal lobe is the most common site to cause post stroke anxiety but most challenging to diagnose and treat. The clinical presentations can overlap with symptoms of dementia with BPSD as majority of stroke patients are elderly. It is tricky if presentation also suggestive of frontal lobe syndrome. Anxiety disorder diagnosed and treated as early as 3 months post stroke evidenced to have better outcome and psychosocial recovery. However relatively little research work has been directed towards identifying and treating post stroke anxiety involving frontal lobes.

CASE PRESENTATION: I report a case of 70 years old female, ADL independent, first psychiatry contact, presented with excessive worries about her new onset of multiple non-specific somatic symptoms, irritability, lack of focus and forgetfulness for 1 month associated with prominent executive dysfunctions. There were occasional episodes of socially inappropriate behaviors. MMSE 25/30, FAB 4/18, HADS-D 9, HADS-A 19, GDS 5/15. She failed to respond to trials of antidepressants and unable to engage in psychotherapies. Improvement seen after an acute course of ECT. With ECT maintenance monthly and T.Valdoxan 25mg on her anxiety symptoms are well controlled, dementia symptoms has improved with return of psychosocial functioning.

CONCLUSION: This case illustrates the recognition of variable clinical presentation, emphasizes on prompt diagnosis, effective treatment for optimal patient outcome and challenges in managing and arriving at the correct diagnosis. More extensive evidence-based researches needed focused on further connections between anxiety and frontal lobe strokes. Prospective studies should evaluate if the treatment effect is reproducible on large scale.

ABSTRACT FOR POSTER 005

NEUROPSYCHIATRIC EFFECTS OF COVID AND LONG COVID IN SOUTHEAST ASIA: A SYSTEMATIC REVIEW

Phoebe FSY, Isabella BAK, Gaurangkumar DP, Hong KY, Heng SK, Varman S

ABSTRACT

There has been growing evidence in literature to support that COVID and Long COVID patients suffer from neuropsychiatric effects. To equip and empower Southeast Asian psychiatric and mental health services for management planning in the current recovery phase of the pandemic, we conducted a systematic review to establish the types, degree, and severity as well as the prevalence of neuropsychiatric symptoms in this population of COVID-19 survivors. We peer reviewed studies that were published from 1st January 2020 to 1st March 2023 related to neuropsychiatric symptoms of COVID-19 patients and COVID-19 survivors with control groups in the Southeast Asia Region. We discarded non-clinical studies (E.g., economics, hazards, or effect of COVID-19 on corporates), articles that were not in English, and studies with less than 20 patients for better accuracy. We used the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Databases (PubMed, EMBASE, MEDLINE, ProQuest, and ScienceDirect and more) were used to identify studies within the remit of the topic. A group of key terms regarding the factors of investigation were used to obtain relevant articles: “COVID-19”, “Long COVID-19”, “Neuropsychiatric symptoms “and “Southeast Asia”. A minimum of 2 authors extracted summary data for each study. From a total of 25 articles, a total of 7 articles were extracted (n = 2,481). Study quality was commonly moderate. Depression and anxiety were significantly more prevalent prevalent among COVID patients, whereas lethargy and difficulty concentrating were highest reported in long COVID patients in Southeast Asian countries. Other symptoms included sleep disturbances, Loss of taste, and loss of smell.

ABSTRACT FOR POSTER 006

PREVALENCE OF NEUROPSYCHIATRIC SYMPTOMS IN COVID-19 AND POST-COVID-19 PATIENTS IN SOUTHEAST ASIA: A SYSTEMATIC REVIEW

Varman S1,Fan SYP2, Patel G2, Hong KY2, Peter Nyarok IB2, Heng SK2
1 International Medical University Faculty
2 International Medical University Year 4 Medical Students

OBJECTIVES: This systematic review aimed to determine the prevalence of neuropsychiatric symptoms in COVID-19 and post-COVID-19 patients in Southeast Asia and explore associated factors.
METHODS: Following PRISMA guidelines, a comprehensive literature search was conducted in relevant databases. Studies reporting on the prevalence of neuropsychiatric symptoms such as fatigue, anxiety, depression, sleep disturbances, cognitive impairment, and post-traumatic depression in COVID-19 and post-COVID-19 patients in Southeast Asia were included. Data were extracted and analysed to determine the prevalence rates and associated factors.
RESULTS: A total of 7 studies met the inclusion criteria. The findings revealed a high prevalence of neuropsychiatric symptoms among COVID-19 patients in Southeast Asia. Fatigue was reported by approximately 43.3% of patients during active COVID-19 infection and 45.1-54% in the post-COVID-19 phase. Anxiety affected 14.3-28.1% of COVID-19 patients, with comorbidities and severity being closely associated. Depression was prevalent in 3.6-38.7% of COVID-19 patients, with healthcare workers showing a higher prevalence. Sleep disturbances were reported in approximately 16.1% of post-COVID-19 individuals. Various factors such as age, gender, quarantine duration, and socioeconomic status were identified as potential contributors to these symptoms.
CONCLUSION: Neuropsychiatric symptoms, including fatigue, anxiety, depression, sleep disturbances, cognitive impairment, and post-traumatic depression, are prevalent among COVID-19 and post-COVID-19 patients in Southeast Asia. These symptoms have a significant impact on patients' lives and warrant attention in clinical management. Further research is needed, particularly in the ASEAN region, to better understand these symptoms, explore gender differences, and develop effective management strategies. The findings of this study emphasize the importance of early detection and holistic treatment that addresses both physical and psychological symptoms in COVID-19 patients.
KEYWORDS: COVID-19, post-COVID-19, neuropsychiatric symptoms, fatigue, anxiety, depression, sleep disturbances, cognitive impairment, Southeast Asia.

ABSTRACT FOR POSTER 007

18FDG PET CT CHARACTERIZATION OF ALZHEIMER'S DISEASE AND OTHER DEMENTIAS: A CASE SERIES AND REVIEW OF LITERATURES

1Dr Kamalia Binti Kamarulzaman, 1Dr Mohd Fazrin Rohani,
1Department of Nuclear Medicine, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

INTRODUCTION: The diagnostic challenge of dementia stems from its insidious onset, as well as the substantial overlaps in terms of symptomatology and clinical manifestation. FDG, a glucose analog, is transported into the brain via glucose transporters and metabolized in a concerted process involving astrocytes and neurons. While dementias have specific underlying histopathologic findings, on a whole, they manifest with an overall loss of neurons, gliotic change and decrease in synaptic connections which can be depicted as an altered Fluorine-18 Fluorodeoxyglucose (18F-FDG) uptake by Positron Emission Tomography/Computed Tomography (PET/CT). Differential patterns of altered 18F-FDG uptake and severity of such changes can provide important differential diagnostic clues to clinicians, particularly when the interpretation of images is aided by statistical mapping technologies.

CASE PRESENTATION: We retrospectively reviewed the clinical data and imaging findings of different types of dementia cases referred to our department for F-18 FDG PET/CT imaging to rule out Alzheimer's disease, frontotemporal dementia, corticobasal degeneration or non-neurodegenerative disease. Visual and semiquantitative analysis of FDG-PET revealed different types of neurodegenerative disorders tend to affect specific brain regions which is called as selective vulnerability while sparing other regions, giving rise to differential clues to the specific neurodegenerative substrate. We illustrated the FDG characterization of different types of dementia in this case series.

CONCLUSION: FDG PET is a widely available and powerful diagnostic biomarker in the evaluation of dementia. It can sensitively display the distinct patterns of neuronal and synaptic dysfunction associated with neurodegeneration. The recognition by 18F-FDG PET of the major neurodegenerative disorders has now become a standard of care. A timely, accurate diagnosis is valuable not only to guide outcomes and appropriate pharmacologic treatment, but also to facilitate early nonpharmacologic interventions, reduce overall healthcare costs and provide families with prognostication for an anticipated clinical course.

ABSTRACT FOR POSTER 008

RESULTS OF PHASE II/III STUDY OF VALBENAZINE IN JAPANESE PATIENTS WITH TARDIVE DYSKINESIA

Authors: Gilbert Madriaga1, Koichiro Watanabe2, Jun Horiguchi3, Kazuoki Kondo4, Atsushi Iwatake4, Hajime Sakamoto4, Yutaka Susuta4, Hideaki Masui4, Yumi Watanabe4

1. Medical Affairs Department, Mitsubishi Tanabe Singapore Pte Ltd, Singapore
2. Kyorin University, Tokyo, Japan
3. Shimane University, Izumo, Shimane, Japan
4. Mitsubishi Tanabe Pharma Corporation, Ikuyaku Integrated Value Development Division, Tokyo, Japan

PURPOSE: The efficacy and safety of repeated oral administration of valbenazine (VBZ; 40 mg or 80 mg) were evaluated in patients with tardive dyskinesia (TD).
Methods: This multicenter study consisted of a 4-week run-in period, a 6-week double-blinded placebo controlled (DBPC) period, a 42-week blinded VBZ extension period, and a 4-week follow-up period. The primary endpoint was the change from baseline in the Abnormal Involuntary Movement Scale (AIMS) total score at Week 6.
RESULTS: Among the 256 patients initially randomized, 211 patients completed the DBPC period and 117 subjects completed the blinded VBZ extension period. The mean change in AIMS total score from BL at Week 6 in MMRM analysis (LS Mean) was -2.2 (40 mg) and -3.6 (80 mg), showing a statistically significant improvement compared to the placebo group in both dose groups ($p<0.001$ for both groups). The effect of VBZ was maintained throughout the treatment period (up to 48 weeks). The incidences of treatment-emergent adverse events (TEAEs) were higher in each VBZ group than in the placebo group, and in the VBZ 80 mg group than in the VBZ 40 mg group. The incidences of TEAEs leading to discontinuation or dose reduction were similar between the placebo and the VBZ 40 mg groups, and higher in the VBZ 80 mg group than in the VBZ 40 mg group. Somnolence, salivary hypersecretion, and tremor, were considered to be associated to the pharmacological action of VBZ and were higher in the VBZ 80 mg group relative to the other treatment groups. Most of these AEs were mild or moderate in severity.
CONCLUSION: The efficacy of VBZ (40 mg and 80 mg) was confirmed in TD patients in Japan. No major safety concerns were associated with VBZ.

ABSTRACT FOR POSTER 009

EFFICACY AND SAFETY OF VALBENAZINE IN TARDIVE DYSKINESIA IN JAPANESE PATIENTS WITH SCHIZOPHRENIA/SCHIZOAFFECTIVE AND MOOD DISORDERS: A POST-HOC ANALYSIS

Gilbert Madriaga1; Mieko Nagano2; Yutaka Susuta2; Hideaki Masui2; Yumi Watanabe2; Koichiro Watanabe3

1. Medical Affairs Department, Mitsubishi Tanabe Singapore Pte Ltd, Singapore.
2. Ikuyaku, Integrated Value Development Division, Mitsubishi Tanabe Pharma Corporation, Tokyo, Japan
3. Department of Neuropsychiatry, Kyorin University School of Medicine, Tokyo, Japan

OBJECTIVES: The efficacy and safety of valbenazine (VBZ; 40 mg or 80 mg) in Japanese patients with tardive dyskinesia (TD) was confirmed in a Phase II/III study (J-KINECT). A post-hoc analysis of J-KINECT was performed to evaluate the efficacy and safety of VBZ by underlying disease, i.e., schizophrenia/schizoaffective disorders (SCHZ) and mood disorders (MD).

METHOD: J-KINECT consisted of a run-in period, a 6-week placebo-controlled double-blind period, a 42-week VBZ extension period (double-blind), and a 4-week follow-up period. In this post-hoc analysis, changes from baseline (BL) in Abnormal Involuntary Movement Scale (AIMS) total score were evaluated for efficacy.

RESULTS: Of 249 subjects in the ITT population, 160 subjects were diagnosed with SCHZ, while 89 subjects were diagnosed with MD. At Week 6, the difference from the placebo group in the mean change (95% CI) in AIMS total score from BL was -1.8 (-3.2 to -0.5) in the 40 mg group and -3.3 (-4.7 to -1.9) in the 80 mg group of subjects with SCHZ, and -2.4 (-3.9 to -0.9) in the 40 mg group and -3.5 (-5.1 to -1.9) in the 80 mg group of subjects with MD. Improvement in TD symptoms by VBZ was maintained throughout treatment (up to 48 weeks). The incidences of treatment emergent adverse events (TEAEs) were higher in the VBZ groups than in the placebo group and higher in the 80 mg group than in the 40 mg group, regardless of the underlying disease. The incidence of TEAEs that differed by underlying disease was "schizophrenia (worsening)" in subjects with SCHZ and "depression (worsening)" in subjects with MD. All “depression (worsening)” AEs were considered to be due to the underlying disease.

CONCLUSION: The efficacy of VBZ 40 mg and 80 mg in patients with TD was confirmed regardless of the underlying disease, without any major tolerability concerns.

ABSTRACT FOR POSTER 010

CASE SERIES OF REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION IN TREATMENT-RESISTANT DEPRESSION

Gue Kay Lyn 1, Ting Chuong Hock2

1. Department of Psychiatry, Hospital Sentosa Kuching, Sarawak, Malaysia

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INTRODUCTION: Repetitive transcranial magnetic stimulation (rTMS) is a non-invasive form of brain stimulation therapy and The United States Food and Drug Administration (FDA) approved the use of rTMS for the treatment of the major depressive disorder (MDD) in 2008. Multiple studies had shown that patients with treatment-resistant depression (TRD) showed clinically significant improvement after treatment with rTMS but its use remained limited in local setting. This case series aimed to report the efficacy of rTMS on treatment-resistant depression in patients of diverse ages in Hospital Sentosa Kuching, Malaysia.

CASE PRESENTATION : Four patients with treatment-resistant depression, aged 17 to 73 years old, completed the course of rTMS. All patients received 20 sessions of 10 Hz rTMS, 1000 pulses per session, using Magstim Rapid2 and the session was conducted once daily for five days per week. The outcome of treatment was measured using The Montgomery-Asberg Depression Rating Scale (MADRS) and responder was defined as having ⩾ 50% reduction in score. Two patients responded to the treatment and two elderly patients did not have adequate response to the rTMS treatment. The two responders were on antidepressant augmented with antipsychotic and mood stabilizer respectively and did not respond well to previous oral medication. Among the non-responder patients, one reported improvement in the apparent and reported sadness though the overall had less than 50% reduction in MADRS score. The sessions were well tolerated by all patients.

CONCLUSION: rTMS can be a promising treatment option for TRD and more research may be needed to determine the most effective treatment protocol.

ABSTRACT FOR POSTER 011

“SHE SUBMERGED HERSELF IN THE MANGROVE SWAMP?” A CASE REPORT ON: DISSOCIATIVE STATE VS EPILEPTIC AUTOMATISM

Author: Dr Choong Wen Mei, Dr V Komalaa Vadeveloo

ABSTRACT

Dissociation is defined as disruption of the normal, subjective integration of behavior, memory, identity, consciousness, emotion, perception, body representation, and motor control. On the other hand, transient epilepsy amnesia (TEA) and epileptic automatism (EA) have a somewhat similar clinical presentation to that of a dissociative state. The only distinct difference is that the amnesic and automatism episode of epilepsy occurs during and/or directly after a seizure attack while the onset of dissociative state is closely related to stressful life event and mental disorders. Here we describe a case of a middle age woman, was found submerged in the mangrove swamp but could not recall the whole incident. Prior to that, she was chased out from the house together with her children, which caused them to sleep in the car for the past two weeks. Despite presenting with clear stressor, she strongly denies her act as a suicidal attempt, and could not remember how she ended up submerged. In the past, she has histories of self endangering behaviour such as ingesting bleaching agent, overdosing medication, and attempting to jump down from bridge which she later on also could not remember her acts. The complexity comes when she is being co-managed by medical team for EA with history of admission to medical ward for generalized tonic clonic seizure. This case illustrates a rare presentation of self harm behaviour portraying either as a dissociative episode or a TEA/EA. In this report, we also discuss about the investigation and management using a multidisciplinary approach.

ABSTRACT FOR POSTER 012

FROM OBSESSIONS TO FRANK PSYCHOSIS: A CASE REPORT OF HETEROGENOUS NEUROPSYCHIATRIC COMPLICATIONS FOLLOWING A TRAUMATIC BRAIN INJURY

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ABSTRACT

Traumatic brain injury (TBI) is an acquired injury that results from a sudden, external physical assault to the brain. Its immediate clinical implications range from a transient altered mental state to an irreversible comatose state and even death. Approximately 64-74 million individuals worldwide are afflicted by TBI ranging from moderate to severe every year1. In Malaysia, the National Trauma Database 2009 reported that 85% of people who presented with blunt trauma also suffered injuries to the head and neck2. A 2009 report documented head injury as the commonest diagnosis leading to an intensive care unit (ICU) admission3. It is one of the most prevalent causes of disability in adults which lead to profound consequences on its victims' physical, emotional and psychosocial state. Mood changes, anxiety, psychosis and cognitive dysfunction are some of the neuropsychiatric sequelae often reported after a TBI. This case report sheds light on a 21-year-old man who suffered from a severe TBI at the age of 13 and experienced a tumultuous post-TBI recovery. Prior to the accident, he had no past psychiatric history. He had a younger sibling with autism spectrum disorder but otherwise no family history of psychotic or affective disorders. One year after the accident, he presented with psychiatric symptoms. They began as obsessions, compulsions and vague auditory hallucinations but over the next 8 years, these symptoms evolved into schizophrenia-like psychosis. In this case report, we discuss about the heterogenous nature of TBI-related psychiatric presentations with a focus on posttraumatic psychosis.

ABSTRACT FOR POSTER 013

A CLINICAL CONUNDRUM OF POSTTRAUMATIC PSYCHOSIS OR PRIMARY PSYCHOTIC DISORDER: A CASE REPORT

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ABSTRACT

Traumatic brain injuries (TBI) are among the most common cause of disability in adults. On one end of the spectrum, many TBI survivors experience transient symptoms and recover fully within weeks or months. At the other end are patients who suffer long-term psychological disturbances and social dysfunction including those who experience posttraumatic psychosis.

Studies have reported the incidence of psychosis after TBI to be approximately two to three times that of the general population1,2. A 2011 meta-analysis estimated a 60% increase in risk of schizophrenia after TBI3. However, the relationship between psychosis and TBI is complex and multifactorial, making it difficult to infer a straightforward unidirectional attribution of psychosis to TBI. Some researchers argue that psychosis is a risk factor for sustaining head injury, with higher incidence rates of TBI found in persons with schizophrenia even before onset of illness4. This conundrum of posttraumatic psychosis versus primary idiopathic psychosis is illustrated in a case of a 27-year-old lady who sustained cerebral concussion from a motor vehicle accident in 2021. A month following the TBI, she experienced third-person, derogatory auditory hallucinations. The psychotic symptoms evolved into paranoia and delusion of reference. She was frequently irritable and had a tendency of inflicting harm to herself whenever in frustration. She had no prior psychiatric history and no family history of mental disorders. In this case report, we discuss the overlap of clinical presentation between posttraumatic psychosis and schizophrenia as well as its diagnostic challenges.

ABSTRACT FOR POSTER 014

CASE SERIES OF RISPERIDONE-INDUCED SEIZURE: ADDRESSING THE GAP BETWEEN STUDY-DERIVED EVIDENCE AND FIELD-OBSERVATION

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ABSTRACT

According to many publications, second-generation antipsychotics are considered safer than first-generation antipsychotics in terms of inducing seizures. Risperidone is a second-generation antipsychotic known as one of the drug-of-choice for patients with epilepsy due to its low risk of causing seizures. Albeit these evidences, we found different results from three large-scale studies, collectively covering more than 13,000 respondents across various races and ages whose data were collected in 7 to 27 years of time span. These studies argued that second-generation antipsychotics, including risperidone, were more closely associated with seizure and EEG abnormalities than first-generation antipsychotics. We present three cases of patients with seizure incidents possibly induced by risperidone. In two of these cases, seizures occurred in patients with a history of controlled epilepsy after medication-switching from haloperidol to risperidone and re-switching back to haloperidol led to seizure resolution. One other case showed an adolescent with psychotic symptoms and no history of epilepsy experiencing seizure after taking risperidone for the first time. Although guidelines and consensus suggested second-generation antipsychotics, most favorable being risperidone and aripiprazole, as the safest choice for psychosis in seizure, large evidence in clinical fields, including in our cases, have been showing otherwise. An alternative explanation is needed to understand the possible cause. The role of neurosteroids and risperidone metabolites could assumably explain the reasoning behind this, although more research is needed to provide evidence. New perspective of the safety of antipsychotics for seizures could lead to improvement of guidelines and possibly, a new algorithm.

KEYWORDS: antipsychotics, risperidone, seizure, case series

ABSTRACT FOR POSTER 015

ASSESSING THE INTERPLAY BETWEEN POSTTRAUMATIC EPILEPSY AND COGNITIVE IMPAIRMENT AMONG THE TRAUMATIC BRAIN INJURY PATIENTS

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INTRODUCTION: Posttraumatic epilepsy (PTE) is a significant complication of traumatic brain injury (TBI). While epilepsy in general is reported to cause various comorbidities, the relationship between PTE and cognitive impairment remains vague and understudied. To address this research gap, we conducted a retrospective cohort study at Hospital Canselor Tuanku Muhriz (HCTM). We compared the cognitive performance of individuals with PTE and those without PTE among the TBI patients.

METHOD: We included TBI patients above 18 years old, who were admitted to HCTM from 2019 to 2020 without pre-existing neurological disorders. Twenty participants with PTE (n=20) and their corresponding controls without PTE (n=41) were matched for age and gender (ratio 1:2). Cognitive abilities were assessed using Addenbrooke's Cognitive Examination-III (ACE-III), Wechsler Adult Intelligence Scale (WAIS-IV), and Comprehensive Trail Making Test (CTMT).

RESULT: The median age for the PTE group was 32.5, while 32.0-year-old for the non-PTE, with both having median of 11 years education. Overall, the PTE group had lower median scores than the non-PTE in most ACE-III domains, CTMT, and WAIS-IV ($p<0.05$). There was a significant association between PTE and lower scores in the attention, memory, and language domains of ACE-III, as well as in CTMT and WAIS-IV ($p<0.05$). When evaluating for mild cognitive impairment, a significant difference is seen in cognitive impairment between the PTE and non-PTE groups using ACE-III ($p=0.001$) and WAIS-IV ($p=0.005$).

CONCLUSION: Our findings indicate that individuals with PTE exhibited deficits in cognitive performance even at two years after TBI. This study highlights the importance of understanding the pathophysiological link between PTE and cognitive impairment in TBI patients, the need for further research and clinical management strategies in this population.

ABSTRACT FOR POSTER 016

A CASE REPORT: DEMONIC POSSESSION OR AUTOIMMUNE ENCEPHALITIS? THE DIAGNOSTIC CHALLENGES IN THE CASE OF NMDAR ENCEPHALITIS IN A DISTRICT HOSPITAL

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INTRODUCTION: Anti N-methyl-D-aspartate receptor (NMDAR) Encephalitis is a disease defined by Dalmau in 2007, He described a constellation of neuropsychiatric symptoms among young women, sometimes associated with neoplasms. In Malaysia, there have been more than 20 cases reported. The symptoms can mimic a purely psychiatric illness in early stages and was suspected to be the reason behind several accounts of witchcraft. Its multiphasic presentation poses a diagnostic challenge but treatment consisting of high-dose steroids and/or intravenous immunoglobulin exhibits good prognosis. Herein, we highlight a case of NMDAR Encephalitis presenting to a district hospital.

CASE PRESENTATION: A 30-year-old woman initially presented with abnormal behaviour for 3 months, being treated with Olanzapine, developed somatic hallucinations and incoherent speech. Physical examination showed no significant irregularities. One week later, she became febrile and developed catatonia, a computerized tomography (CT) Brain scan was normal. Her family opted for traditional treatments and claimed symptomatic improvement. However she developed focal seizures 2 months later, Electroencephalography (EEG) revealed focal cortical dysfunction over the right hemisphere. These seizures were associated with talkativeness, incoherent speech and echolalia. She was admitted to psychiatric ward and started on Epilim. Antipsychotics were withheld as she was unresponsive. She was then referred to a tertiary centre for complete neuromedical workup when her NMDAR IgG antibody was positive. A magnetic resonance imaging (MRI) Brain was normal, cerebrospinal fluid (CSF) yielded positive for NMDAR confirming the diagnosis. She was treated with IV Methylprednisolone for 5 days and was asymptomatic upon discharge. She regained full functioning and was able to return to work as a geography teacher three months later.

CONCLUSION: Our case emphasises the need for increased awareness among physicians regarding NMDAR Encephalitis, with its diverse overlap in neurological and psychiatric symptomatology, in order to identify and treat the disease accurately.

WHERE TO STAY AROUND KUALA LUMPUR

(DISTANCE FROM KL ROYALE CHULAN HOTEL)

ROYALE CHULAN KUALA LUMPUR (0.00KM)

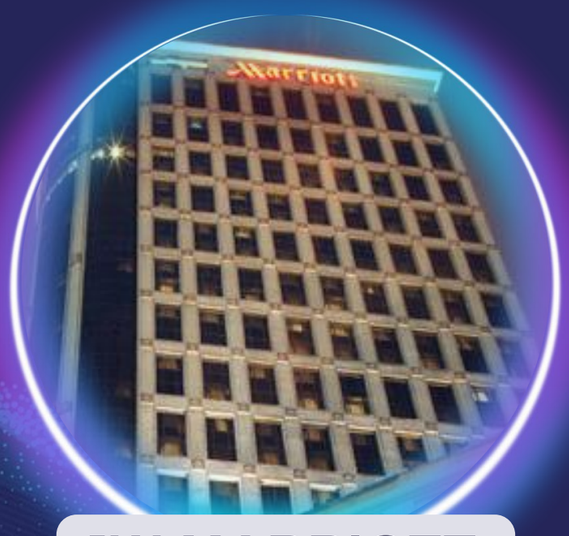
PULLMAN KUALA LUMPUR (0.30KM)

BANYAN TREE KUALA LUMPUR (0.45KM)

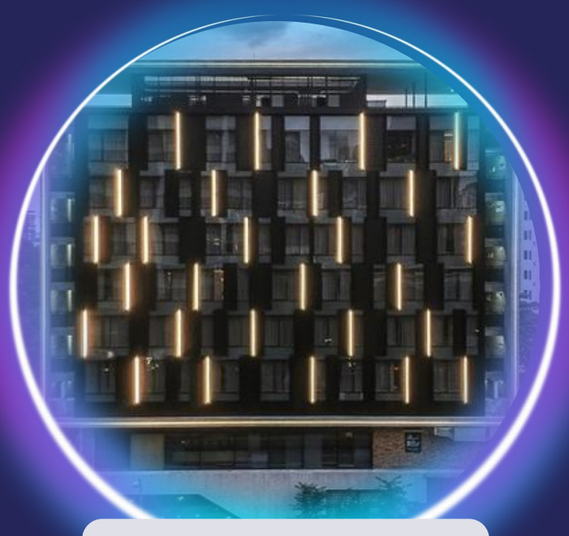
THE WESTIN KUALA LUMPUR (0.70KM)

THE RUMA HOTEL AND RESIDENCES (0.70KM)

PAVILION HOTEL KUALA LUMPUR (0.75KM)



JW MARRIOTT KUALA LUMPUR (0.80KM)

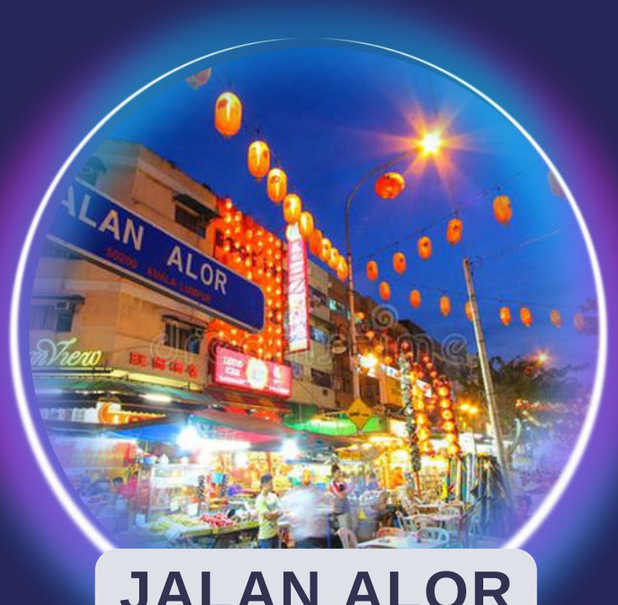


KLOE HOTEL (0.90KM)

INTERESTING PLACES TO VISIT IN KUALA LUMPUR

(DISTANCE FROM KL ROYALE CHULAN HOTEL)

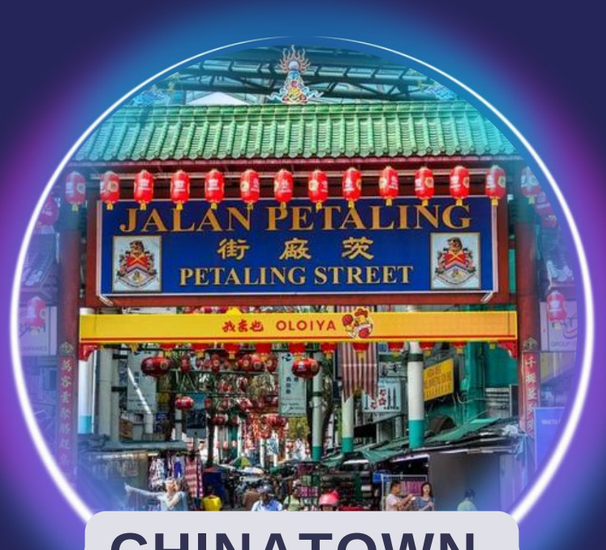
KLCC/
AQUARIA KLCC
(1.70KM)



JALAN ALOR
(2.50KM)

KL TOWER
(3.20KM)

KUALA LUMPUR
BIRD PARK
(6.70KM)



CHINATOWN
KUALA LUMPUR
(6.20KM)

NATIONAL MOSQUE
MALAYSIA
(7.40KM)

ISLAMIC ART MUSEUM
MALAYSIA
(7.50KM)

PERDANA
BOTANICAL GARDEN
(10.60KM)

COMMITTEE TEAM

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DR. MOHAMAD IQBAL BIN MOHAINI

DR. CHEE KOK YOON

DR. KENNY ONG KHENG YEE

DR. CHHOA KENG HONG

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DR. SIVENANTHINI PURANA VISVANATHAN

DR. MOHAMMAD NABHAN KHALIL BIN AZIZAN

DR. MOHAMAD UMAR AZREE

DR. SON WEI DA MICHAEL

DR. RENUHSA MENON

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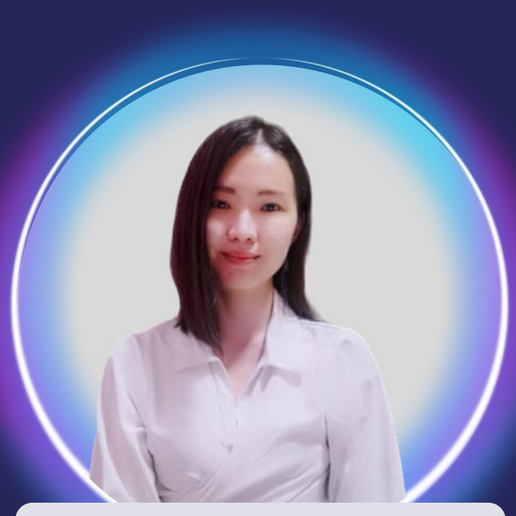

DR. TEE LEE CHIN

A SOBNA ANNAMALAI

MUHAMMAD AMIRUL ASYRAF

MOHD FAHMY ASRAF BIN MOHD HUSSAIN

NORHAYATI BT MOHD SHARIF

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