$p < 0.001$) however the correlation with resilience was not significant (r = −0.06, $p = 0.76$).

Conclusion. Sexual harassment is a pervasive problem among adolescents that is associated with low well-being, low self-esteem, the presence of depressive and anxiety symptoms, and increased suicidality. It is therefore essential for relevant stakeholders to develop and implement appropriate policies that would assist in identifying and addressing this menace among school students. Adequate psychological intervention should also be provided for affected individuals.

Lifestyle Interventions in Preventing Excess Weight Gain in First Episode of Psychosis (FEP): A Systematic Review

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Aims. Weight gain, cardiometabolic complications and psychosis are implicated in significant reduction in life expectancy. While there is current research to uncover a shared aetiology for mental illness and metabolic diseases, people with FEP are especially vulnerable to rapid weight gain during the early stages of treatment due to the side effects profile of many antipsychotic medications. Physical exercise along with lifestyle and dietary modifications have proven efficacy in weight reduction, improving metabolic profile and mental well-being and may be valuable interventions during the early stages of a psychotic illness. Our aim was to find evidence to support the use of non-pharmacological interventions in managing weight gain in people with FEP.

Methods. We conducted a systematic review of electronic databases; MEDLINE, EMBASE and PsycINFO on 06/01/2023. We included all studies that looked at non-pharmacological interventions in the management of weight gain for people diagnosed with FEP. Findings are reported in line with Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). Two authors independently assessed the included studies' methodological quality using The National Institute of Health (NIH) quality assessment tool for cohort and cross-sectional studies and all included studies were rated as good.

Results. Our search identified 221 studies and 5 met our inclusion criteria. All studies had a control group that received treatment as usual (TAU) and a test group with Interventions such as dietetic support and exercise programs. Four of the studies demonstrated reduced weight gain on follow up with lifestyle interventions that were statistically significant while the remaining one study did not show a significant difference between groups. One study showed sustained improvement in diet quality with no significant weight change at 2 year follow up. The essential lifestyle interventions that led to reduced weight gain included psychoeducation on healthy lifestyle, dietary modifications and exercise.

Three studies included cardiovascular risk factors such as lipid profile and blood glucose. One of them demonstrated increased cardiometabolic risk factors at baseline which worsened initially but improved after 1 to 2 years of intervention. Another study found increased cholesterol in the intervention group and increased glucose levels in the TAU group and the third study did not find a significant difference between the groups.

Conclusion. Lifestyle weight-management interventions have the potential to reduce weight gain in patients with FEP receiving antipsychotic treatment, but research evidence is very limited at present.

Study on Concordance of ICD-11, ICD-10, and DSM-5 Diagnostic Guidelines for Alcohol and Opioid Use Disorders

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Aims. To study the implications of proposed changes in guidelines in ICD-11 in Alcohol and Opioid Use Disorder patients. To evaluate the concordance of ICD-11 with ICD-10 and DSM-5. To compare endorsement of various criteria for dependence between ICD 11 and other systems. To examine the agreement between ICD-11 and other systems with regard to the severity of dependence. To compare the application of WHO ASSIST in screening across systems.

Methods. A cross-sectional study among newly registered, adult male patients attending NDDTC OPD, or community clinics and using the substance in the last week. N = 200 (100 each of Alcohol and opioids). Instruments: Semi-structured proforma, CIDI 3, ASI-lite, WHO-ASSIST, AUDIT. Items of CIDI were used to make the diagnosis according to various systems. The diagnostic agreement was assessed by Kappa. Endorsement frequencies of the criteria were compared across diagnostic systems. Scores of scales across systems were compared using Two Independent sample t-test.

Results. The highest prevalence of Dependence was found using ICD-11. Almost perfect agreement between ICD-11 and ICD-10 for both Use Disorder and Dependence for all substances (kappa >0.8) except Inhalants. Agreement for AUD, CUD, and IUD between ICD-11 and DSM-5 was substantial but less than almost perfect. Similar findings for ICD-11 Dependence and DSM-5 Moderate-Severe Use Disorder in Benzodiazepines and Inhalants (kappa ranging from 0.693–0.790). High endorsement frequencies of Salience for Alcohol and Opioids, and Craving and Tolerance for all substances (ICD Dependence); Inability to cut down or control, Craving, and Tolerance (DSM-5 UD). Mean scores of AUDIT and ASSIST were generally lower in participants who received the diagnosis according to ICD-11 (sig. difference for CUD and Cannabis Dependence).

Conclusion. There are significant implications of the changes in ICD-11, and further testing of the impact of these changes needs to be done.

Barriers to Choosing Psychiatry as a Career in Pakistani Medical Students and Junior Doctors – Survey Study

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