weight (F=3.23, p=0.022). There was significant between groups differences in waist and BMI but not waist/hip ratio or fasting blood sugar.

Conclusions: Metformin is effective in achieving significant weight loss compared to a placebo in patients treated with antipsychotics and have gained >10% of their body weight.

OP 11: Perceived level of stress in patients with acute coronary syndrome

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Introduction and Objectives: This study sought to determine the association of 'perceived level of stress' in patients with acute coronary syndrome (ACS) and its short term outcome. Chronic stress is known to be associated with development of cardiovascular disease. This is the first study done on perceived level of stress in patients with ACS in Sri Lanka.

Methods: 314 ACS patients from the University Unit of the Colombo South Teaching Hospital completed the Perceived Stress Scale-10. The scale assesses the stress perceived by the patient based on ten questions. Sum of scores ranges from 0-40. High stress was defined as scores 20 or above.

Results: High stress levels were found in 238 (76%) patients and low stress in 75 (24%). There was no difference in the level of stress perceived by males and females (p=0.5). Stress levels did not change the presenting complaint: typical chest pain versus other complaint (p=0.09). Patients with high stress levels presented early (within 12 hours) to hospital p<0.05). There was no difference in the stress levels of patients presenting with different types of ACS: ST-Elevation Myocardial Infarction (STEMI), non-ST-elevation myocardial infarction (NSTEMI) or unstable angina (UA) (p=0.147). The stress levels did not affect the severity of ACS assessed by Thrombolysis in Myocardial Infarction (TIMI) scores. (NSTEMI/UA p=0.97, STEMI p=0.27).

Conclusions: High stress levels were seen in most patients with ACS. The stress levels did not influence the severity or the type of ACS. Patients with high stress levels were likely to present early to hospital.

OP 12: Development and assessment of a psychological intervention for snakebite victims

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Introduction and Objectives: There is significant delayed psychological morbidity and negative psycho-social impact following snakebite. However, no psychological support is provided to victims. To develop and assess the effectiveness of a brief intervention which can be provided by non-specialist medical officers aimed at reducing psychological morbidity.

Methods: In a double blind clinical trial at Polonnaruwa Hospital, 187 snakebite victims were randomised into three arms. One arm received no psychological intervention (Group A; n=59; control). Group B (n=60) received psychoeducation at discharge from hospital. Group C (n=68) received psychoeducation and a second intervention one month later based on cognitive behavioural principles. All patients were assessed six months after discharge from hospital using standardised tools for presence of psychological symptoms and level of functioning.

Results: Compared with Group A, there was a significant reduction in anxiety symptoms measured by the Hopkins Psychiatric Symptom check list (16.9% vs. 5.9%, p=0.047, Chi-Squared test) and a non-significant trend towards improvement in the level of functioning measured by the Sheehan Disability inventory (6.47 vs. 4.69) in Group C, but not in Group B. There was no difference in rates of depression and post traumatic stress disorder (PTSD) between the three groups.

Conclusions: The existing equations were unsuitable for this population. Our new FM% equation allows accurate determination of body composition in urban Sri Lankan women.

THEME 2: PSYCHIATRY

OP 9: Study on patients admitting with a suicidal attempt to District General Hospital- Matale

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Introduction and Objectives: Sri Lanka has an alarmingly high rate of suicide. The presence of a mental disorder is an important risk factor. Aim of this study was to analyse demographic details, risk factors, mode of attempt and chance of having a mental illness among people who were attempting suicide.

Methods: Relevant data of individuals admitting with a suicidal attempt to Matale hospital over a 6 months period were collected using an interviewer administered questionnaire. Mental state examination was also done in each patient. Data were analysed using SPSS 20.

Results: 121 individuals were enrolled (51.2% males, mean age 27.21 [SD=12.67]). Among them 57.6 % (68) were educated up to GCE (O/L) or more. Majority (52.9%) had overdosed medications and 33.6 % (40) had ingested agrochemicals. Paracetamol was the commonest (22.5%) drug used for suicide. Thirty one (51.7 %) of males had consumed alcohol at the time of the act. Twenty (16.9 %) had attempted suicide in the past. Mental illnesses were found among 62 (52.5%) and 38 had depressive disorder. Commonest (38.1%) precipitating event was reported as family conflicts, while broken relationships had provoked 27.1% of attempts. Participants who attempted suicide more than once and individuals above 25 years were likely to have an associated mental illness (p= 0.05).

Conclusions: Commonest mode of suicidal attempt was overdose of medications. More than half of males had consumed alcohol at the time of attempt. Commonest precipitant was family conflicts. More than half had an associated mental illness.

OP 10: Metformin for treatment of antipsychotic induced weight gain in patients with schizophrenia or schizoaffective disorder: a double blind, randomized, placebo controlled study

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Introduction and Objectives: To test the efficacy of metformin in attenuating antipsychotic induced weight gain in patients with schizophrenia or schizoaffective disorder. A double-blind, placebo-controlled, randomised study was done at University Psychiatry Unit, NHSL.

Methods: Patients aged >/=18 years, diagnosed with schizophrenia or schizoaffective disorder according to ICD-10 research criteria, treated with atypical antipsychotics and gained more than 10% of the pre-treatment body weight were included in the study. Sixty five patients were randomised using computer generated random numbers in block size of 4. Participants were randomly assigned to receive metformin 500mg twice a day or placebo for 6 months. To ensure allocation concealment, medication was provided in coded plastic containers by the manufacturer. The containers had identical looking tablets of metformin or placebo. The primary outcome measure was change in body weight from baseline to week 24. Secondary outcome measures were change in BMI, waist/hip ratio and fasting blood sugar. Statistical analysis of repeated measures was carried out using linear mixed models.

Results: There were no significant differences between groups in demographic or clinical characteristics. The metformin group lost 1.22% of their body weight (1.09 kg) while the placebo group gained 1.3% of their body weight (0.91 kg). Between groups difference demonstrated a significant time-by-treatment interaction for