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Migraine and psychiatric disorders co-morbidity consideration of sinus hypoxic nitric oxide theory

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Migraine is an extremely common incapacitating neurovascular disorder and has co morbidity with many psychiatric illnesses which are caused by neurotransmitter imbalance, neurodegenerative changes and genetic predisposition. The sinus hypoxic nitric oxide theory presents, diffused paranasal sinus nitric oxide in the nasal mucosa has been hypothesized as the primary molecule that initiates migraine. Existence of such pathophysiology in human beings is termed as sinus hypoxic nitric oxide phenomena. According to this new hypothesis the sinorhinogenic trigeminal nerve impulse distribution of the central nervous system, is suggested to cause central neurotransmitter track dysfunction and cortical spreading depression with neurodegeneration that may relate to co morbidity. Moreover, avoidance of the excess sinorhinogenic central neuronal influence to the brain in early child hood and early intervention in the case of genetic susceptible history with psychiatric illnesses would help to prevent the progression or aggravation of psychiatric illnesses according to this theory.

It also provides an etiologically important neuro vascular impulse generating pathway to cause or aggravate psychiatric disorders. Therefore patients who are clinically suspected of having migraine headache and psychiatric disorders or associated cases with medico legal involvement should receive a comprehensive sinorhinological examination and evaluation based on the sinus hypoxic nitric oxide phenomena.

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Toxicology in suicides and homicide-suicides

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Gaps in crises of mental health include differentiating between various types of lethal violence of people who suicide and those who murder and then kill themselves and the role, if any, that substance use has in the outcome. In this study, a sample of medical examiner investigative and toxicology reports from Los Angeles and Orange counties in California were available for analysis for 432 suicide cases and 193 homicide-suicide cases.

Variables examined in the analysis included toxicology reports, cause of death, type of weapon used, race, age, sex of perpetrators and victims, and location of the homicide. Significant differences noted were levels of alcohol were higher in suicide victims than homicide-suicide perpetrators ($p=.004$). Homicide-suicide perpetrators had almost twice the level of stimulants in their system than suicide victims ($p = .022$) but did not have elevated levels of drugs or alcohol compared to suicide deaths.

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