Methods. A cross-sectional survey was done in three first-generation universities in southwest Nigeria. A sample size of 550 participants per institution was estimated with a margin of error of 2.5%, a 95% confidence level. This gave a total sample size of 1650 respondents participants for the study. In each university, Students and staff were categorized by faculties into 3 clusters: science, social science, and arts. A proportionate sampling technique was used. Participants were assessed for SH, age, sexual orientation, gender, motivation for dressing, depressive symptoms, and suicidality. Associations were tested using Pearson correlations.

Results. SH was higher with age, among females, among lesbian, gay, and bisexual (LGB), participants with sexual motivation for dressing, high sexual desire, high suicidality, and low perception of campus safety. In terms of gender differences, correlation with age was slightly higher in females while correlations with lesbian/gay status was higher in males. In terms of sexual orientation, correlation with age was largest in LGB, association with dressing motivation, sexual desire, and depressive symptoms scores was greatest in heterosexual participants, association with suicidality scores was greatest with lesbian/gay status; and correlation with perception of campus as safe lowest among bisexual participants. Generally, the associations were weakest among staff compared to students.

Conclusion. There are certain demographics (heterosexual and bisexual females and gay men) that appear to be more vulnerable to SH in tertiary institutions. The correlates of SH also vary in the different sample groups. These should be considered when programming for prevention and response to SH in Nigerian tertiary institutions.

Association of Various Factors With Deliberate Self-Harm Among Patients of Bipolar Disorder

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Aims. Deliberate self-harm is one of the common psychiatric emergencies in medical practice, and bipolar disorder carries one of the highest risks for self-harm among various other psychiatric and physical disorders. The relationship between self-harm and bipolar disorder and its risk factors has not been sufficiently studied in Pakistan and remains an area of investigation elsewhere. The objective of our study was to determine the frequency and factors associated with deliberate self-harm in patients with bipolar disorder.

Methods. This cross-sectional study was conducted in the outpatient department of psychiatry of a tertiary care hospital in Lahore, Pakistan, from May 2020 to April 2021. A total of 165 patients living with bipolar disorder, between the ages of 15 and 65 years, were included in our study. The diagnosis was in accordance with the criteria in International Classification of Diseases 11th Revision (ICD-11). Deliberate self-harm was defined as a non-fatal act in which an individual deliberately causes self-injury or ingests a substance in excess of any prescribed or generally recognized dosage. This was assessed through history (during last 6 months) and physical examination performed by the psychiatrist.

Sociodemographic variables like age, gender, educational status, marital status and employment status, and the clinical variable of treatment compliance, were documented. The data were recorded and analysed using Statistical Package for the Social Sciences (SPSS) version 20. The association of above factors with the presence of self-harm in our study participants was then explored with Pearson Chi-Square test. The p-value of less than 0.05 was considered as significant.

Results. Out of 165 cases included in the study, 62.42% (n = 103) were male and 37.58% (n = 62) were females. The frequency of deliberate self-harm in bipolar disorder was 35.15%. In terms of association, only female gender was found to have a statistically significant relationship (p-value <0.001) with the presence of self-harm in our study.

Conclusion. We concluded that deliberate self-harm is a common finding in cases of bipolar disorder in Pakistan. Additionally, vulnerable subgroups, such as female patients in this study, should receive more clinical attention and safeguarding support.

A Systematic Review of Clinical Practice Guidelines on the Use of Deep Brain Stimulation for Obsessive-Compulsive Disorder

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Aims. Deep brain stimulation (DBS), an invasive neurosurgical treatment where electrical stimuli are delivered in target brain areas, is an intervention that has traditionally been used for neurological movement disorders, but that has recently been considered for the management of psychiatric conditions, one of these being obsessive compulsive disorder (OCD). This review aimed to identify and assess clinical practice guidelines on the use of DBS for OCD, and, secondly, whether or not recommendations are tailored to individual patient characteristics, such as age, gender and comorbidities.

Methods. A systematic search of MEDLINE, EMBASE, APA Psych Info and Scopus was conducted, along with guideline development organisation websites, using all relevant synonyms of: "Guideline and DBS and OCD". Studies were assessed by two independent reviewers, and discrepancies managed by a third reviewer. The protocol was registered with PROSPERO, following the PRISMA checklist. Included guidelines were appraised using the AGREE-II instrument.

Results. Nine guidelines were identified in total. Eight recommended DBS as a last-line option in the management of OCD,