The etiopathogenesis of psychotic symptoms in RP remains unclear. Studies were able to formulate certain postulates regarding the origin of psychotic symptoms in syndromic RP: an independent genetic predisposition towards developing both usher's syndrome and schizophrenia together, a diffuse involvement of the central nervous system in RP leading to polymorphic clinical presentations involving perceptual and behavioral abnormalities, or the psychotic states in RP being a stress-related response consequent to progressive sensory impairment. Our report will add to the literature that psychosis in non-syndromic RP can present with brief-lasting psychotic states and catatonia and may require intensive treatment strategies such as ECT.

Conclusion
The report will inform the clinician that enduring sensory impairment can lead to poor communication, with consequent diagnostic difficulties. Hence, a thorough medical history and comprehensive mental status examination may be required to overcome such hardships. Future studies should explore the genetic underpinnings of the association of non-syndromic RP and psychosis.

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Letters to the Editor

the duration of illness at the time of disability certification in clinical practice.

Method

The Institute Ethics Committee approved the study. A retrospective chart review of disability certificates issued between January 2017 and December 2018 at National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru, a tertiary care center, was done. In this period, 931 and 123 disability certificates were issued for mental illness and neurological disorders, respectively. For 516 patients, the duration of illness at the disability certification was available from the case records.

Results

Psychosis (including schizophrenia, schizotypal, and other psychotic disorders) was the most common mental illness to be certified for disability (Table 1). The median duration of illness at disability certification was much lower for dementia and neurological conditions (around 4 years) as compared to other mental illnesses (about 10–13 years).

Discussion

Though research suggests that disability due to schizophrenia plateaus by 5 years,5,6 the median duration of illness at disability certification for psychosis was 11 years. The possible reasons for the delay in disability certification need to be studied prospectively. One possible reason may be delays in patients seeking tertiary care. Attitudinal barriers among health professionals towards certifying disability for mental illness or specific conditions like substance use disorder may also delay disability certification.

The present study suggests that a disability certificate is issued earlier for patients diagnosed with conditions where improvement with treatment is limited (including intellectual disability, autism spectrum disorder, dementia, and chronic neurological conditions). As treatment for mental illness results in a considerable reduction in disability,7 health professionals treat the symptoms before certifying disability.

The government guideline is silent about treatment status at the time of certifying disability due to mental illness.4 As per current guidelines, disability certification is possible for an untreated patient. An untreated patient with schizophrenia with a benchmark disability due to mental illness may not be disabled after the treatment is initiated. There is a discrepancy across states on this issue. Some states, like Uttar Pradesh, mandate treatment before certifying disability due to mental illness.8 An expert committee constituted by the Indian Psychiatric Society had suggested three months of treatment before disability certification for mental illness.9 This timeframe is arbitrary, and a proportion of patients may not respond to the first medication trial.

The timeframe for administering IDEAS needs to be clarified. For example, a patient may have a high IDEAS score at the time of hospitalization as compared to discharge. The draft IDEAS proposed by the Rehabilitation Committee of Indian Psychiatric Society had recommended scoring the number of months disabled in the last two years.10 The World Health Organization-disability assessment schedule assesses disability over the previous 30 days.11

As this was a retrospective file review-based study, we were not able to assess the reasons for the delay in disability certification. We did not collect the details of whether the disability certificates were issued for the first time or renewed. The duration of the treatment trial, medication adherence, and response to treatment were not studied.

Conclusion

Disability certificate is issued earlier for dementia and other neurological disorders than mental illnesses. Government guidelines on disability certification for mental illness should specify the timeframe for administering IDEAS and the relevance of treatment status at the time of certification.

Table 1.

Sociodemographic Profile and Duration of Illness at Disability Certification

| Disability (n = 516) | 1. All mental illnesses (n = 487) | a. Psychosis (n = 275) | b. Bipolar affective disorder (n = 120) | c. Obsessive compulsive disorder (n = 18) | d. Dementia (n = 26) | e. Others (n = 48) | 2. Neurological disorders (n = 29) |
|----------------------|----------------------------------|-----------------------|----------------------------------------|-------------------------------|-------------------|-------------------|----------------------------------|
| Male: Female ratio   | 308:179                          | 184:91                | 64:56                                  | 11:7                          | 21:5              | 28:20             | 19:10                            |
| Age (years) Mean±SD  | 40.6±12.61                       | 38.3±11.11            | 40.3±11.5                              | 36.8±8.9                      | 62.5±13.27        | 43.0±12.67        | 30±13                            |
| Mean±SD duration of illness (years) | 12.9±8.86 | 12.7±8.7               | 14.8±8.9                               | 9.1±5.2                       | 5.8±4.3           | 14.6±9.23         | 8.3±8.4                           |
| Median duration of illness (years) | 11                      | 11                    | 13                                     | 10                            | 4.25              | 13                | 4                                |
| Range of duration of illness (years) | 0.3–50                  | 0.3–40                 | 1.1–49                                 | 0.9–16                        | 0.3–18            | 0.5–34             | 0.7–45                           |

References

1. Some states, like Uttar Pradesh, mandate treatment before certifying disability due to mental illness.8 An expert committee constituted by the Indian Psychiatric Society had suggested three months of treatment before disability certification for mental illness.9 This timeframe is arbitrary, and a proportion of patients may not respond to the first medication trial.

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To the Editor,

Slanging is a universal phenomenon. The Cambridge English Dictionary defines “slang” as “to attack with angry, uncontrolled language.” The use of slanging has been documented in all cultures around the globe; but in every part of the world, it has been poorly researched. Slanging differs from one society to another. Slanging is also used to express annoyance and rage. Slanging is also used to punish, humiliate, and abuse people. Slanging can have both overt and covert meanings. Sometimes, there is not much distinction between the overt and covert meanings (i.e., with some slanging, the covert meaning is the intended meaning and is traumatizing). The interpretation of the meaning of slanging depends on the personal values and beliefs and the society to which the individual belongs. Accordingly, an individual may judge slanging as good or bad. People also indulge in slanging to socialize with people from a similar culture. Slanging is socially forbidden and tabooed due to its vulgarity. Slanging content may include negative connotations regarding racism, social status, and sexuality. Negative sexual connotations are one of the most widely used slang materials. The sexual contents in slanging can be related to gender identity, sexual orientation, forbidden sexual relationships (incestuous relationship with mother, sister, father), sexual relationship with animals (bestiality), adultery, and anatomy of distorted genitals. Sexual contents in slanging also depict the sexual intercourse, masturbation as well as menstruation. Variations in slanging across gender have also been

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