

‘7+5=13’ and OJPAS this issue

Abstract

The history of the journal and the current scenario with the contemporary happenings were covered by the Editor-in-Chief in his editorial for this issue.

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Is seven plus five thirteen? Of course, not; a wrong calculation! But, as a matter of fact, it all started in something like that about a decade back. In 2005, an in-house magazine of the Department of Psychiatry, Gauhati Medical College Hospital, Guwahati was born and titled ‘7+5=13’. This concept later became ‘Dysphrenia’. Later on, it turned to a peer-reviewed journal. Now, the same has been rechristened as ‘Open Journal of Psychiatry & Allied Sciences’, in short OJPAS.[1,2]

The 26th Annual Conference of the Indian Psychiatric Society, Assam State Branch is going to be held in Silchar from 22 to 24 September 2016. The theme of the conference is ‘Women and mental health’. Our distinguished International Advisory Board Member Unaiza Niaz discussed the subject matter in her Guest Editorial column.[3]

Keeping in line with the theme of this year’s World Health Day,[4] this issue of the journal contains three articles on diabetes. Kamal Nath and his colleagues[5] compared socio-demographic variables of patients with type 2 diabetes with and without depressive disorder. Adya Shanker Srivastava and his team[6] studied psychiatric morbidities in patients who were newly diagnosed with type 2 diabetes. Jyoti Kakkar and Srishti Puri[7] explored type 1 diabetes in children from social work’s perspective. In an earlier related work from this part of the globe, Thakuria and Das[8] attempted to evaluate the role life events play in noninsulin dependent diabetes mellitus (NIDDM). Stress may be one of the aetiological factors.

Ivana Stasevic Karlicic and her co-authors[9] presented the report of a patient where after excluding the possibilities of other medical conditions as well as intoxications, a diagnosis of neuroleptic malignant syndrome (NMS) is made. Authors draw our attention to consider conditions like anti-N-methyl-D-Aspartate (NMDA)-receptor encephalitis in the differential diagnoses. Moreover, question is raised regarding how correct we are in the classification systems that are followed as of now.

This area of classificatory system is a subject of much interest. Not only diagnosis of disease, but even the definition of disease is in question. In addition to classification of disease, there is work on the classification of treatment as well. All these aspects are viewed in a different light during contemporary times in contrast to the traditional paths. ‘Brain-based diagnostic system’ for the psychiatric disorders and ‘neuroscience-based nomenclature’ for treatment modalities of such disorders led us to ask whether we are into the ‘fifth revolution of psychiatry’![10]

An unusual presentation of sexual experience is reported by G Ragesh and co-workers[11] in the patient who received multiple diagnoses and multiple treatments over time. The North Eastern India as a whole and Assam in particular has been the centre of conflicts for long in the form of manmade disasters. In the backdrop of such a scenario, Budhiswatya Shankar Das and Arif Ali[12] studied a patient from the psychiatric social work point of view that turned to a ‘blessing in disguise’. For last few issues, OJPAS has been the platform for discussion of medication-related adverse effects.[13,14] This issue contains a patient with writer’s cramp induced by aripiprazole that is reported by Priyajyoti Chakma and Punyadhar Das.[15] Talking about medications and their unavoidable accompaniment of unwanted effects, Sekh Afrar Alam and co-workers[16] reviewed such a condition, namely drug-induced movement disorders. Their implications and management are covered in this update.

The differences in the history, the culture, and the context of the countries in the South East Asian Region (SEAR) are focused by Roy Abraham Kallivayalil and co-authors[17] while reviewing the mental health legislation in these countries. Bhagabati and Kumar[18] reviewed mental health in light of evolving society. Stigma and discrimination remained an unavoidable hindrance throughout the journey. The author also have had a similar discussion earlier on suicide.[19] Now

in terms of barriers from receiving treatment of psychiatric disorders, interestingly stigma is no longer the topmost hurdle. Instead, self-sufficiency emerges as the real mountain to climb these days.[20]

College seems to be a suitable location for comprehensive programmes since these students attitude has strong influence.[21] Mohammad Isaque Manik and R Sreevani[22] addressed this group for sleep-related issues. A pre- and post-test research evaluated the effectiveness of structured teaching programme on knowledge about the same.

In a previous study, Maheshwar Nath Tripathi and his team[23] found that substance abuse was one of the major risk factors as far as aggressive behaviour was concerned. Anger among substance users was tried to be managed by surya namaskar and aerobic exercise, and their effect was assessed by Priyanka Malhotra and her colleagues.[24] Psychiatric comorbidities in patients with epilepsy are explored by Lokesh Kumar Ranjan and his team.[25] This enriches our knowledge on some existing literature published in this journal related to the subject of chronic illness like epilepsy.[26,27] Epilepsy is common in children with autism spectrum disorder. But even without history of seizure, there can be epileptiform discharges on electroencephalography in this population. Bobby Hmar[28] highlights this area from not only the biomarker point of observation for early detection but also in terms of intervention for behavioural problems with anticonvulsants. She earlier authored an original research paper on the subject with her colleagues.[29]

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