

# Dysphrenia this issue

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Hazarika *et al.*[1] aimed to find out the variables affecting medication adherence in patients with schizophrenia along with the relationship to severity of illness. Adherence correlated negatively with psychopathology. Adherence was better in patients who were regular in follow up as well as in those receiving oral and depot medications.

A progressive neurodevelopmental disorder, schizophrenia is associated with many unanswered questions. Rajkumar[2] proposes a model to address these issues through the process of synaptic plasticity. Changes in brain functioning and neuroplasticity are produced by psychological interventions. They can have positive impact on brain structures in these patients.

Wide prevalence and universality of mental disorders, along with better outcome in mentally ill people, result in society paying attention to research ethics. In this context, Ghosh[3] discusses ethical issues in research in people with mental disorders. Good science and good ethics do not always co-exist, as exemplified by the Nazi era psychiatry experience.

Contrary to the earlier believe that cognitive impairment is seen in chronic schizophrenia, it is now obvious that cognitive impairment is present before the manifestation of illness. Bhandari *et al.*[4] elaborate on seven neurocognitive areas and five domains of social cognition in schizophrenia. Finally, they note the psychological approaches that attempt change in cognitive and social deficits.

In epilepsy due to brain lesion, Yadav *et al.*[5] compared lacosamide's efficacy with other antiepileptic drugs. After three months follow up, response was more than 90%; half of the patients were seizure free. There was significant improvement in quality of life with lacosamide group. Minimal side effects and absence of severe adverse reaction were also reported.

Sreevani and Reddemma[6] investigated symptom, function and quality in depression. While the correlation between depression and quality of life is negative, that between depression and functional impairment is positive. Therefore, in the management of depression, along with symptom, both quality and function need consideration.

Kathpalia[7] draws attention to the tragedy of losing young lives to suicide and comments on parenting challenges because "a parent always remains a parent for life" and "parenting is a herculean task". Worrisome situations like dependency on virtual world, breakdown of joint family system and substance abuse demand larger responsibility on part of parents.

In context of under-conceptualisation of child mental health, Dogra *et al.*[8] highlighted various developmental theories. There are both categorical and dimensional classification systems, which again are uniaxial or multiaxial. Risk and protective factors influencing mental health in children are listed. They conclude with the undesirability of extrapolating adult research findings to children.

Gupta *et al.*[9] systematically enquire in to the heinous act of ragging that brings horror. The study was conducted on 1823 students. Prospectuses containing anti-ragging measures, and parents as well as students giving compulsory undertaking are good measures undertaken by institutions. Social, commitment, infrastructure and professionals required for enforcement show that ragging is a biopsychosocial problem.

The 'case report' section is edited by Sahu,[10] who stresses the need for publishing common simple case reports for reference purpose, since they are ignored in favour of atypical case presentations or new intervention packages, by professional journals. These 'social casework reports' are contributed by Baruah and Hamza,[11] Jagannathan *et al.*[12] and Sahu.[13]

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