

THIS ISSUE

The new face of PPS

The message from the new president Prof. Riaz Bhatti inaugurates the first issue for volume 4 and the new cabinet for Pakistan psychiatric society. We at the editorial board appreciate the support by the president PPS and assure that the JPPS will continue to be published as high quality scientific journal. We will also like to endorse the president plea to all the members of PPS to support the journal.

Psychiatry in South Asia, Developing countries and Pakistan

The guest editorial by Vikram Patel highlights the harsh realities of mental health services in South Asia. The region is home to 1.3 billion people with 30-40% population being under the age of 14, the largest number of world's children. The iniquities in mental health provision as pointed by Patel should be a common observation for every one of us practicing in South Asia. What is not obvious for us is how to cope with this? He advocates eloquently a case for tempering our role as primary clinicians and shift our focus to empowering and building capacity in other sectors of health system and communities. This may also provide solution to one of the most common but neglected problem i.e; Conversion Disorder highlighted in the editorial. As pointed out in this editorial, we will have to do some soul searching to face the dilemmas posed by this common psychiatric disorder. Feel free to write to the journal if you want to share something after this journey to explore your conscious and unconscious.

Haider Naqvi provides a useful critique on epidemiological studies in Pakistan on Anxiety and Depression. It is rightly pointed out that almost all the studies on the subject are cross sectional in design and the putative risk factors for depression in these studies need to be carefully interpreted. This article also heralds the publication of "Tutorial" in JPPS which will aim to provide a simple and concise explanation of epidemiology and statistics in the context of literature from Pakistan and developing countries.

Measuring strengths and difficulties

Ask any research worker in Pakistan about the difficulties in conducting research. The lack of standardized measures will perhaps be the most difficult hurdle to overcome. This is specially a problem in child psychiatry, a field still in its infancy. In this context, the study

by Ehsanullah Syed is very important. He has demonstrated that the Urdu version of Strength and difficulty questionnaire and Child behaviour checklist correlate moderately. The availability of these translated versions should help to stimulate basic epidemiological research in child psychiatry in Pakistan.

Daily Headache

This is not a reference to load shedding in Pakistan. This is something from our neighbouring country. The article by Ravi et al highlights the fact that the research does not always need high tech instruments and bollywood film budgets. A clinical problem such as headache is studied with the help of simple clinical tools. The publication of this article in a Psychiatric journal may come to a surprise to many but for any practitioner in this region, it would be exceptional to see any patient suffering from anxiety and depression without headache. So it is our headache, read on!

Lest we forget

It was October 2005, the moment has come and gone but the scars are still there. The study on destitute women by Unaiza et al helps us to remind that the beautiful valleys of northern Pakistan are left with innumerable widows and orphans. More than two third of women were found to be suffering from depression, fear and avoidance. The cross sectional nature of the study should not deter us from the conclusion but help us to conduct more rigorous studies in future. The study by Bordbar et al from Iran should help us to remind that we need not to wait for earthquakes to study PTSD. In a carefully designed study, they have evaluated the prevalence of PTSD in patients following orthopaedic trauma and have come up with some interesting findings.

We must not also forget that NMS is a common complication of our treatments. In the era of atypical neuroleptics, we may not be observing it much commonly. However, depot antipsychotics and haloperidol were implicated in the 88% of the cases of NMS as highlighted by Faizi and Naqvi. Both are still commonly used mostly in agitated, aggressive and uncooperative patients, all being high risk factors for NMS.

And sometimes, mothers kill their children as well. Achakzai and Kasi in their case report highlight a case of a mother who killed her two children in post partum period and the only treatment she received was visits to multiple faith healers. We must not forget that we are practising in South Asia, the home to largest number of children!

The Editor