

## Editorial

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*M Gourie-Devi, - Editor-in-Chief*

Greetings to the readers from your new Editor-in-chief of NIMHANS JOURNAL. Earlier, I had been associated with the journal as a member of the first Editorial Board when it was launched in 1983 under the stewardship of Prof. G N Narayana Reddy, the founder editor-in-chief. Over the years the Journal has amply fulfilled its primary objective of reflecting the research work carried out at the National Institute of Mental Health & Neuro Sciences in clinical, applied and basic sciences in the field of mental health and neurosciences. Under the able guidance and direction of Prof. S M Channabasavanna as Editor-in-Chief during the last 8 years, the scope has widened to include contributions and invited reviews from colleagues outside the institute, abstracts of theses of post-graduate students and research scholars, and letters to the editor among other changes. Publication of special issues on specific themes has added value to the journal. The increased frequency in publication from biannual to quarterly from the year 1996 reflects the interest of colleagues in sending their scientific contribution to the NIMHANS Journal. As I take over the reins of the Journal from May 1997, I see a bright future for the journal and hope it will be one among the well established international journals. The Editorial Committee is committed to strive towards achieving this goal.

The viewpoints expressed by the contributors in this issue are summarised. Good diagnostic stability for schizophrenia and affective disorders in adults has been reported in the literature. Very few studies have focused on the diagnostic stability of psychoses of childhood and adolescent onset. In this issue of the journal, Srinath et al. (pp. 119-127) report stable diagnosis in 82% of 28 subjects during a follow up period of 4-5 years, comparable to the observations in the adults.

Contrary to the observations reported from the Western countries, Janakiramaiah et al. (pp. 129-132) in an analysis of 505 case records of patients seen at NIMHANS during the year 1992 found that a significantly higher proportion of females than males had onset of illness at age of 20 years or below. In view of these observations the biological explanation of protective effect of earlier puberty and gonadal hormones in females needs a fresh reappraisal.

Study designed to examine peer relations and social competence in children with specific disorders of scholastic skills in 20 children revealed that these children perceived their relationship with peers as cordial similar to the control group (Lall et al. pp. 133-137). However, the teachers found the children with scholastic skill disorders as poorer in social competence, compared to the controls. The authors recommend involving teachers in intervention programmes for such children.

Monitoring of motor seizures and EEG seizures in 89 patients who had electroconvulsive therapy for the first time, showed that in 21 patients who had EEG seizure of duration of 120 seconds or more, the ratio of motor to EEG seizures was significantly less compared to those with EEG seizure of less than 120 seconds duration (Jayaprakash et al. pp. 139-142.) An important point is made by the authors that since EEG seizures of duration of more than 120 seconds have to be terminated, monitoring of motor seizures is unreliable and therefore there is a need for EEG seizure monitoring.

Rapid urbanisation, increased vehicular traffic, poor conditions of roads and disregard for rules and regulations governing driving are some of the important factors responsible for increasing number of road traffic accidents. Head injuries constituted 21% of all injuries due to road traffic accidents, falls and assaults in a study conducted at NIMHANS (Channabasavanna et al [1] 1994) In this issue Kaliaperumal et al. (pp. 143-155) report their observations on

classification of prognostic factors related to outcome of head injury by structural equation model in 185 patients employing 20 predictors. The authors conclude that outcome of patients with head injury is dependent on "pretraumatic, traumatic and post-traumatic factors."

A large number of survivors from head injury have post-traumatic sequelae and among them neuropsychological deficits in the areas of attention, memory, information processing, visuo motor speed and concept formation lead to impairment in social and occupational activities. In 89 subjects with head injuries with post-traumatic syndrome, pattern of association between symptoms and neurological deficits was analysed through cluster analysis by Rao et al. (pp. 157-167). Disruption of neural networks with resultant cognitive deficits and symptoms appears to be the underlying mechanism. Cognitive retraining may lead to restoration of networks and result in improvement of function.

Alteration in 5-HT<sub>2</sub> receptors have been implicated in pathophysiology of depression and understanding this has led to the rational development of drug therapy. In obsessive compulsive neurosis, schizophrenia and Alzheimer's disease changes in 5-HT<sub>2</sub> receptors have also been observed and further they are implicated in neuronal growth. Jagadish and Subhash (pp. 169-175) have studied the developmental pattern and regional distribution of 5-HT<sub>2</sub> receptors in rat brain by radioligand binding using 3H-spiroperone in isolated synaptosomal membrane from different regions of brain at different ages. Maximum density of binding was observed in hippocampus, followed by cerebral cortex, cerebellum and brain stem. Three fold increase in the receptors was seen in 3-month old rats compared to new born rats. A gradual decline in 5-HT<sub>2</sub> receptors was seen with aging.

Guillain-Barre Syndrome (GBS) is an immune mediated disorder due to a large variety of aetiological agents. Since tuberculosis is a very common disease in India, Patil et al. (pp. 177-180) examined the possible association of M.tuberculosis and GBS through an immunological approach. Anti-mycobacterial antibodies of both IgG and IgM type were significantly higher in serum of patients of GBS than in controls. However immune complexes reflecting the acute phase of infection were absent suggesting that chronic infection with M.tuberculosis has an association with Guillain-Barre Syndrome.

1.Channabasavanna S M, Gururaj G, Das B S, Kaliaperumal V G, Epidemiology of head injuries,  
Pub : NIMHANS, Bangalore  
1994

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