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Abstract

The published research in psychiatry by Indian scientists in the national and international journals have been reviewed. The broad areas of epidemiology, phenomenology, treatment, biological studies have become the focus of a number of studies. The speciality areas of child mental health, forensic psychiatry, geriatric psychiatry, community mental health, drug dependence have started becoming areas for research effort, however limited these reports are at present. Professionals have emphasized the need for policies to guide development of mental health services, mental handicap care, undergraduate mental health education and manpower development. Newer areas coming for attention are mental health education and ethical aspects of mental health care. A lacunae of current research is the lack of longitudinal research efforts.

Key words -

Psychiatric Research, Review

The studies of psychiatric epidemiology has always interested psychiatrists. In the year under review a wide variety of studies have been reported. Studies of prevalence of psychiatric problems in general hospital [1], in the community clinic [2], rural health facility [3], orthopaedic clinic [4] report high morbidity of nonpsychotic mental disorders in these nonpsychiatric settings. The range of prevalence is around 20%. This emphasizes the need for measures to provide mental health skills to nonpsychiatric health professionals.

Two major general population psychiatric studies reported during the year cover the prevalence of severe mental disorders in 4 centres and the prevalence of schizophrenia in an urban slum. The ICMR study 'Severe mental morbidity' [5] is the largest population study to-date. Four centres, namely Bangalore, Baroda, Calcutta, Patiala with population of about 40,000 each were surveyed as part of an intervention study. The focus was on the prevalence of severe mental disorders using a two-stage technique. The prevalence rates are 18.2 (Bangalore), 19.9 (Baroda), 20.2 (Calcutta) and 12.8 (Patiala). The major categories of illnesses were epilepsy, organic brain syndrome, schizophrenia and affective disorders. The differences in the rates of prevalence for epilepsy was strikingly different with a high rate of 7.82 at Bangalore and a low rate of 1.28 at Baroda. Depressive psychosis was reported most from Patiala and Calcutta. Since this project used in the same methodology at all centres, with adequate training of research staff, the differences need further study.

The 1,00,000 population study of Madras [6] for prevalence of schizophrenia has reported a rate of 3.8/1000. This study is important for two reasons, namely it covers a big population in an urban area and the efforts were made to understand the treatment related factors. A large number of ill schizophrenics were not receiving care is an observation needing attention in planning of services.

Understanding the characteristics of mental disorders as they are seen in India has always been an area of interest. A

number of studies have been carried out in a wide variety of disorders. Schizophrenia has been studied from the point of positive and negative symptoms, thought disorders, hallucination [6] and cognitive impairment [7], [8], [9], [10], [11], [12]. Other studies in this area are the study of psychiatric problems following head injury, epileptic psychosis, obsessive compulsive neurosis, PKU, diabetes related sexual problems, course and outcome of schizophrenia [13], [14], [15], [16], [17], [25]. Other studies covered life events studies of OCN, anxiety neurosis, study of endogenous depression [19], [20], [21] and changing diagnostic pattern [22] and disability studies [23].

The studies of Sabeshan et al [24] report on the delusional disorders after head injury. The results covering 105 patients showed that 14 of the total group and 23% with closed head injuries reported delusions. It was noted that the severity of the head injury, its type and history of alcohol use and left sided injury were important. They report that the course and outcome was similar to functional psychoses and head injury only had a triggering effect.

An important work in the area of 'outcome of schizophrenia in India' has been reported by Kulhara et al [25] from Chandigarh. The authors have studied a group of 112 patients diagnosed to be suffering from schizophrenia according to ICD-9 concept of the disorder. All the patients were followed up for a period of 18-30 months. Five diagnostic systems for schizophrenia: Catego, Research diagnostic criteria, Feigner's criteria; DSM III and Schnieder's first rank symptoms were also applied to the study group at the beginning of investigation. The outcome was assessed in the areas of clinical improvement, course, severity of illness and work. The course of the disorders and outcome in various definitions did not reveal significant variability though patients diagnosed to be schizophrenics according to DSM III tended to display more psychopathology and impaired work efficiency at the time of follow up. This study is important because the results of the study are not in agreement with the previous reports in this area. It is a prospective study and covered a period of 18-30 months follow up with a follow up rate of 81.2%. The authors themselves have pointed out some of the methodological flaws of study.

Tara et al [26] have reported on the utility of WHO Disability Assessment Schedule (DAS) in the Indian patients. The study with schizophrenia has led to some modifications of DAS. Authors have deleted certain items and regrouped the rest into 4 main areas namely, personal, social, occupational and global disability. Using this modified field instruments in 3 diagnostic groups, they report its value in the study of persons with psychosis. The main problem is in the occupational disability assessment.

The number of reports focus on treatment related research. Clomipramine in OCN [27] penfluridol in schizophrenia [28] ECT, family therapy, clonidine for detoxification [29], [30], [31], [32], behavioural techniques in different mental disorders [33], [34], [35] have been reported. However most of these studies involve small groups of patients and have not utilised the rigorous methodology to allow for firm conclusions.

Another group of studies are related to treatment effects. Lithium related effects on kidney has been reported [36], [37] and EKG changes in chronic schizophrenics [39] have illustrated the importance of monitoring patients on long term therapy. Kuruvilla et al [36] reported that 25% of lithium treated patients had ADH resistant in polyurea and polydypsia. It was noted that serum lithium levels had a positive correlation with daily urine volume.

Biological studies have been limited. Blood groups in affective disorders [39], genetics of MDP [38], immunochemical profile in schizophrenia [40], dichotic listening in schizophrenia and MDP [41], dopamine related hormone levels in acute adrenocortical dysfunction in depression [44] have been reported. These studies are largely cross sectional and have not provided any breakthroughs.

The study of Tharayan [45] focussed on the post-ictal serum prolactin changes in differentiating epilepsy and hysteria. In this double blind study it was found that a proportionate increase in peak prolactin levels of at least 3 times in baseline value differentiated the two types of seizures.

Drug dependence research of the year covers the course and outcome of male alcoholism [46], scrounge test for alcoholism [47], biochemical diagnosis of alcoholism [48] and prevalence of alcohol related problems in general practice [49] and comparison of clonidine in the detoxification process [50].

Sharma and Srinivasa Murthy [51] followed up 71 admitted patients after 4-5 years. The findings show 4.3% were only totally abstinent with 30% with partial abstinence. The mortality was very high in this group with a mean age at death of

46.6 years. The outcome was not related to the duration of stay, the follow up contact and treatment. This observation raises a number of issues for planning services for persons with alcohol dependence. The clinical trial of clonidine in 102 opioid dependent persons shows that clonidine in high doses was more effective than other therapies [50].

There have been no reports in the area of forensic psychiatry, geriatric psychiatry, prevention and only one report in child mental health [52].

In marked contrast there are a number of reports in the area of the community mental health. The ICMR study of 'Severe Mental Morbidity' in four centres has demonstrated the feasibility of integrating mental health care with primary health care [53]. This report is important for its methodology and as it involves four different centres of the country. The report emphasises the needed support system for mental health in the community. The District mental health programme [54] forms a major step in the development of models for mental health care, for MPW [59] Manual on mental retardation [60] and Health education materials [61]. In addition Bhaskaran [62] and Ponnudurai have emphasized the need for undergraduate mental health education. Shamsundar's experience of training general practitioners is another important development in this area [63].

There have been some studies in the area of psychosocial research. Studies like body image disturbances in lower limb amputees, illness behaviour assessment of psychiatric patients with somatic presentation, experience with learned helplessness scale in Hindi, Marital disharmony in neurotics, death, dying and near death experiences and psychometric studies on the possible relationship between sexual orgasm and primary dysmenorrhoea in the Indian women [64], [65], [66], [67], [68]. A novel study in this direction has been an exploration of the social support system and family burden due to chronic schizophrenia in rural and urban background. This emphasises the role of social support and underlines the need for an assessment of family burden in a condition like schizophrenia in which psychosocial factors have been implicated in every aspect starting from etiology to relapse rate [70].

The year is also noteworthy because attention was paid to a very important but often neglected area i.e., the ethical aspects. The systematic study of 'informed consent for drug trial' clearly suggest that the patients can express clear choice for a drug trial provided sufficient information is given to them for making the choice [71]. The study is timely because the study of ethical issues assume importance in the near future both from a human rights point of view as well as legal point of view.

The study on methodological issues in psychiatric research [72] highlights the severe lacunae in methodological aspects of psychiatric research.

In the area of transcultural psychiatry, there is limited work. Some examples like psychiatric outpatient in a general hospital of Addis Ababa, diagnostic and sociodemographic characteristics [73] and terminal illness in Indian setting, problems of communication [74] make comparison of the patient characteristics between Indian setting and other third world countries. Desai et al's study comparing symptomatology of depression between India and USA noted that 'core' symptoms were similar in both Western and Eastern culture though somatisation is more common among Indians [75].

The area of development of research tools and instrumentation also witnessed some developments. A schedule for measurement of childhood psychopathology has been developed and standardised [76]. For the first time 'The NIMHANS Model of ECT instrument' for clinical and research purposes has been reported with regard to technical aspects [77]. Another study aimed to develop uniform methods of rating the BIQ to enhance its reliability and to obtain normative data. The authors provide certain guidelines to rate the items based on responses to probe questions. The authors report adequate reliability [78].

Case reports and briefs communications published during the year is of diverse interest. Case reports include anxiety and sexual arousal, psychotropic drug induced priapism, manual asymmetry in persons with Down's syndrome, periodic catatonia, neuroleptic induced laryngeal dystonia, schizophrenic pseudodementia, capgras syndrome in chloroquine induced psychosis, obsessive compulsive disorder with psychotic features, self induced sleep deprivation in treating depression, a case of clover leaf skull syndrome [79], [80], [81], [82], [83], [84], [85], [86], [87], [88]. In a case report of psychotherapy of a patient with prominent alexithymic characteristics Sriram et al. [89] describe the response of a 28 years old male patient with significant alexithymia to dynamic psychotherapy with modifications for alexithymic subjects. Brief communications relate to human sexuality and sexual problems, neuropsychological performance of schizophrenic

patients with Luria Test, views on psychotherapy in India, relevance of clinical autopsies in a psychiatric institute, lithium induced paradoxical neurotoxicity [90], [91], [92], [93], [94], [95]. The first detailed study of an autopsy confirmed case of Alzheimer's case from India has been reported by Shankar et al [96]. Detailed morphological, ultrastructural and immunochemical features of neuronal pathology has been presented in this. The authors noted that the features observed are similar to ones described from the West.

The review articles published during the year were predominantly related to social psychiatry. Articles on violence among psychiatric patients and criminals, teaching of research as a necessary psychiatric skill, the functional patient, the psychiatrist and social commitment, psychosocial stress, the Waltair Asylum, psychiatric practice in India, psychiatric aspects of deliberate self harm, the future of mental health in developing countries [97], [98], [99], [100], [101], [102], [103], [104], [105] have been published. In addition reviews on Manovikaras with special reference to Udwega (anxiety) and Vishada (depression), children of schizophrenics as a high risk group, biological correlates of obsessive compulsive disorder have updated the current knowledge [106], [107], [108]. The Tilak Venkoba Rao Oration Award article of Chaturvedi [109] has reviewed the psychosocial and psychobiological aspects of negative symptoms in psychiatry, emphasising the possible roles of social supports, self esteem, for understanding negative symptoms and for their prevention and treatment. He also noted the psychobiological aspects like neurological abnormalities, CT Scan abnormalities, cognitive dysfunction language production, premorbid adjustment, intellectual impairment, dyskinetic movements, neurotransmitter disturbances, neuropsychological defects, EEG abnormalities and the pharmacological basis of negative symptoms. He gives suggestions for future developments and makes a critical appraisal of treatment of negative symptoms.

In conclusion, the large body of psychiatric research is impressive and indicates the growing importance given to research in India. The lacunae is for longitudinal research in specific areas and problems.

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