

## OJPAS this issue

### Abstract

This editorial highlights the contents of this issue of the journal.

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Newer and newer information in the pathophysiology apart from the traditional neurotransmitters can give more ammunition in the armamentarium of the fight to defeat depression. One such approach was attempted by Deb *et al.*[1] to see the relationship of magnesium and calcium levels in patients suffering from depression.

Wellbeing of healthcare workers is important for healthcare delivery system. Baishya and Goswami[2] assessed burnout among maternity nurses, and thus guide appropriate management. Ultimate result can be better patient outcome.

Considering the critical role played by caregivers, it is important to know their state of affairs. Konwar *et al.*[3] assessed anxiety level of patients' family members and findings can pave ways for improving them.

Hmar *et al.*[4] studied patients attending child guidance clinic with behavioural problems over a period of three years. Even without clinical seizures, a significant proportion of patients showed electroencephalographic abnormalities. This can have tremendous implication from management point of view for these children.

From the perspectives of primary as well as tertiary preventive aspects, Nath and Naskar[5] evaluated the intellectually disabled children having seizure disorders. This population had not only showed quite a high prevalence of seizure disorders but there were also the associations with severity of intelligence quotient and frequency of seizure.

Modern science, especially biomedical science, looks upon epidemiology and statistics to build-up the evidence-base in health-related states. Bhuyan *et al.*[6] throws light on the basics as well as essence in this field of biostatistics.

In first of its kind, Ahmed and Baruah[7] developed a tool in vernacular language, i.e. Assamese. This tool assesses the knowledge of mental illness in family members. Statistical

analyses by Chronbach's alpha and Spearman Brown-Proficiency formula showed good internal consistency.

In India, smoking is banned in public places. They include hospital premises. Even then, smoking by caregivers of patients is commonplace. Purushottam *et al.*[8] reported that psychological variables like depression, anxiety, and stress played key roles for nicotine dependence.

Through a study of pre and post with control group design, Kumar *et al.*[9] indicated that social network among caregivers of individual with alcohol dependence improved the social support system of caregivers. This in turn protected them from loneliness and aloofness.

Chakma *et al.*[10] reported the case of a 46 years old woman who presented with amenorrhoea, distended abdomen, and breast engorgement. She was diagnosed with pseudocyesis and managed with supportive psychotherapy as well as low dose of benzodiazepine.

In a community-based study among rural population, Kwan *et al.*[11] examined mental health and alcohol-related problems in the elderly. In addition, quality of life and perceived social support were also assessed with insight to mental health professionals in the areas to work on for the elderly population and their families.

In a follow-up study, Dutta *et al.*[12] examined depression and assessed its severity in patients after myocardial infarction. Findings call for vigilance on part of the clinicians who are dealing with this group of patients.

Sharma and Nath studied the prevalence of neurological soft signs in brief psychotic disorder, schizophreniform psychosis, and schizophrenia,[13] and then made a novel attempt to find out relationship between structural involvement and the three disorders.[14] This was tried through the evaluation of neurological soft signs at the onset of symptoms.

Chakravarty *et al.*'s[15] prospective study analysed prescriptions in the outpatient department of psychiatry. The principal aim of the drug utilisation research is to facilitate the rational use of the drugs. The drug prescribing pattern is influenced by several factors in different geographical areas, including cultural and environmental factors.

Movement of patients with schizophrenia from asylums to community brings about changes in the approach to their management. Under the circumstances, Aswini *et al.*[16] discussed the care of such patients from the perspective of family burden, medication adherence, and pharmacoeconomics.

With the understanding of risk of heart disease from high cholesterol, active cholesterol-lowering interventions are in vogue. But, in this current scenario, Gupta[17] drew attention to the fact of low cholesterol leading to mood imbalance by lowering serotonin. Thus, the challenge is to find out an alternative that not only maintain healthy cholesterol level but also psychological wellbeing.

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