New edition of an existing textbook tries to incorporate newer findings of the intervening period apart from revising the earlier contents in new light. These newer and fresh lights of findings usually first appear in journals. When a textbook of repute captures and includes areas that are represented in a journal during the timeframe, that journal gets due recognition. Such an event occurred in reference to the Open Journal of Psychiatry & Allied Sciences, in short OJPAS, formerly DYSPHRENIA™.

Widely read Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry has had its 11th edition published in 2015. The tenth edition was published in 2007. ‘New and updated sections’ include, among many, “Mentalization and Mindfulness”, ‘the Human Connectome Project’, and “the section dealing with the impact of terrorism has been updated to reflect new information about posttraumatic stress disorders in children, including the latest data on the psychological effects on children exposed to natural and man-made disasters”.[1]

In the research, entitled “Efficacy of mindfulness-based stress reduction programme in reducing perceived stress and health complaints in patients with coronary heart disease”, published in OJPAS, the efficacy of mindfulness-based stress reduction programme in decreasing perceived stress and health complaints in coronary heart disease patients was established by Nehra et al.[2] In the article, entitled “Human Connectome Project: mapping the human brain”, published in OJPAS, Talukdar[3] discussed how our understanding of brain and behaviour is going to be helped by the Human Connectome Project. In the commentary, entitled “Terrorism and mental health”, published in OJPAS, attention was drawn to terrorism, a modern society’s difficult issue, by Medhi.[4] Impact on mental health is tremendous, as well as support and rehabilitation for facilitating victims’ recovery were highlighted.

Tremendous loss to people’s life and properties were brought by the violent tsunami waves on 26 December 2004. Fishermen folk of Tamil Nadu, Andhra Pradesh, and Kerala were particularly affected. In research, entitled “Impact of tsunami disaster among children”, Pillai and Sekar[5] studied 238 children aged ten to 18 years from Melmanakudy, Kanniyakumari. The impact of disaster was substantial and the children suffered from multiple losses. Among the children, intrusion and avoidance were equally present. Another publication from this part of the globe finds its way into the textbook. The chapter, “Attenuated Psychosis Syndrome”,[1] in references, mentions the work of Shrivastava et al.,[6] published in the Indian Journal of Psychiatry.

Abstracting and indexing of OJPAS continues to grow. OJPAS is now available in IndianJournals.com.[7] One can submit articles online through IndianJournals.com as well. “ROAD, the Directory of Open Access scholarly Resources, is a service offered by the ISSN International Centre with the support of the Communication and Information Sector of UNESCO.” The ROAD date for OJPAS was 26 November 2014. The journal was assigned the following abbreviated key title: Open j. psychiatry allied sci.[8]

AcademicKeys[9] is the recent addition. The already existing list includes: ISSN India, IndexCopernicus, OpenJ-Gate, NewJour, Hinari, ULRICHSWEB, WorldCat, Elektronische Zeitschriftenbibliothek, Indian Citation Index, ResearchBib, InfoBase Index, CiteFactor, the United States National Library of Medicine (which runs MEDLINE and PubMed) catalogue, Google Scholar Citations, Zeitschriftendatenbank, Directory of Research Journals Indexing, IndianScience, Jour Informatics, Directory of Science, SAARLANDISCHE UNIVERSITATS-UND LANDESBIBLIOTHEK, International Impact Factor Services (IIFS), Open Academic Journals Index, Journal Index, Advanced Sciences Index, and EBSCO.[10]

Manuscriptedit.com is working for English language editing, proofreading, medical writing, formatting, design and development and publication support services. ManuscriptEdit and OJPAS are now partners.[11]
This issue, i.e. July-December 2015. Volume 6 Number 2, of OJPAS contains this editorial, one article,[13] 11 researches,[14-24] three cases,[25-27] two commentaries,[28,29] and one review.[30]


Applied strategy to manage a case of dissociative amnesia with regressed behaviour by using pharmacological and non-pharmacological methods was reported, and the need for more such reporting for better understanding of psychopathology was stressed by Singh et al.[26]

Alam et al.[27] reported a rare case of delusional disorder where the sufferer had a firm and unshakeable belief of parasite infestation in the brain.

Karlčič et al.[15] enrolled 148 elderly inmates living in a welfare institution and compared the group of 91 who were under legal guardianship protection with the group of 57 who were not being under legal guardianship, on the bases of their cognitive status; the Mini Mental State Examination (MMSE) was used for evaluation of cognitive status.

Emotional quotient (EQ) and intelligence quotient (IQ) were correlated by Nath et al.[16] They studied medical interns in relation to academic performance and gender.

Srivastava et al.[17] carried out a study in postpartum females to find out psychiatric morbidities during puerperium. This type of study helps in proper assessment of mental health. Thus, comprehensive management can be planned.

Following myocardial infarction (MI), depressive symptoms are common. Dutta et al.[18] found unfavourable impact of post MI depression on adherence of cardiological medications.

Clozapine is presented by Alam et al.,[13] starting from history to current perspective, covering areas like its action, efficacy, tolerability, and indications.

Shaik and Rajkumar[19] studied association between Internet availability and sexual offenses against children, using methodology in which statistics were obtained from the National Crime Records Bureau.

By studying the symptom profile, Kumar and Phookun[20] conclude that all somatoform disorders are virtually same; they question the need to have many subtypes.

The relationship of social, cultural, and economic factors with mental illness, and thus, need of including biological, psychological, and social aspects equally in interventions are highlighted by Kumar et al.[29]

Deb and Deka[21] studied patients with head and neck cancer in relation to perceived stress and coping. They conclude that stress is high in this population of patients. When coping is maladaptive, stress is further aggravated.

Panday et al.[22] found that quality of life of elderly people in old age home was better in comparison to those living within family setup.

Karim et al.[23] found no significant difference in caregivers’ burden and social support of 30 persons with schizophrenia and 30 persons suffering from epilepsy, while certain domains of burden are negatively correlated with perceived social support.

Medhi and Das[24] conducted a case control study in four groups of patients, i.e. dissociative disorder, somatisation disorder, generalized anxiety disorder, and depressive episode, to know the role of life events in their genesis.

Happy reading!

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References


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