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COMMENTARY - PSYCHIATRY

The study by Hashmi S. et al is an important study in terms of reporting the psychological morbidity in the aftermath of 2005 earthquake in Northern Pakistan. However, it raises some glaring concerns in terms of disaster-research. The ethical debate of research in times of disasters has been the focus of debate since some time. It is important that researchers define their horizon of responsibilities in research ethics. The dilemma that research survey will not entail any care for those who are undergoing severe stress and the general good of sciences is difficult to resolve. While important information comes out of the survey, which could be useful for setting-up the services, researchers walk away (with the data) from the population who is at risk of psychological morbidity. Although, public takes a preventive approach to the medicine, the importance of having a field expert, psychiatrist/psychologist, cannot be over-emphasized. Field specialists would have proven handy with the methodological issue of case ascertainment through screening instruments, staff training and outcome measures which have clinical relevance. Additionally a training program, for existing health care staff, could have been nested as part of the project. This would have helped in recognition and management of psychological morbidity in times of resource constraints.

All over the world benzodiazepines are classified among the controlled drug category, implying that their prescription, dispensation and usage is subject to monitoring. However, how much of this happens in terms of practice and regulation is a matter of concern. The situation is graver in the context of Pakistan – ubiquitous nature of the mental health issues, dearth of specialists, ineffectual primary health care system and profit-maximizing pharmaceutical industry are some of the factors which make the prescription and use of benzodiazepines a major public health concern. In the local scenarios various compounds from the benzodiazepines group are available over the counter. They are marketed with various attractive names and labels. It is not uncommon to see adjectives like tranquility, serenity and relaxation entwined in the names of some compounds. A survey reports that the compound of alprazolam alone is available with more than 60 different names. The study by Fisher J. et al reviews the literature on the prescription monitoring program of the benzodiazepines, citing the intentional and unintentional effects on the population at large. Although, the context of the study is much different in terms of health care system in a developing country but it provides some useful insights in terms of public health domain. The National Institute for Health and Clinical Excellence (NICE) guidelines also offer some practical directions on clinical use of benzodiazepines. In general, the three rules that apply to benzodiazepines are that prescribing should be kept to a minimum, reviewed regularly and discontinued as soon as possible

Third study, although not directly related to mental health, talks about the learning style of medical students in the context of Turkey. Medical education is an evolving discipline. The study not only validates the construct measures in the Vermunts Inventory of Learning Styles (ILS), but also compares the findings in the context of Turkish students. They reported their students to be somewhere in between the teacher-regulated to student-regulated continuum. It will be interesting to study the learning style of medical students from a representative sample in Pakistan.

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Disaster Med Public Health Prep 5, 2930 (2011).

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Drs Hashmi, Hafsa Nawaz, Choudhary, and Haq Nawaz, and Mr Petraro, Ms Rizzo and Ms Tessier Sherman are with the Department of Preventive Medicine and Internal Medicine, Griffin Hospital; Dr Kasl is with the Yale School of Public Health, Yale University School of Medicine.

SYMPTOMS OF ANXIETY, DEPRESSION, AND POSTTRAUMATIC STRESS AMONG SURVIVORS OF THE 2005 PAKISTANI EARTHQUAKE.

Objective: To assess and compare the prevalence of psychological morbidity among survivors of the 2005 northern Pakistan earthquake from Azad Kashmir and the Northwest Frontier Province (NWFP). **Methods:** We conducted a cross-sectional study among randomly sampled survivors (N = 361) of the earthquake living in camps at the time of the interview, approximately 6 months after the earthquake. **Results:** The prevalence of posttraumatic stress disorder (PTSD) symptoms in the total sample was 51.5% and the prevalence of individuals who received positive scores on the Hopkins Symptom Checklist (HSCL) was 75%. The prevalence rates for anxiety and depression symptoms

were 77.3% and 70.9%, respectively. The prevalence in Azad Kashmir was 57.9% for PTSD and 79.8% for positive HSCL, and NWFP had 41.3% PTSD and 67.4% positive HSCL. Study subjects from Azad Kashmir were approximately 2 times as likely to have PTSD or a positive HSCL when compared to subjects from NWFP (odds ratio 1.95, confidence interval 1.27-3.0; P = .0024) and (odds ratio 1.91, confidence interval 1.18-3.1; P = .0085), respectively. **Conclusions:** Nearly half of the northern Pakistan earthquake survivors had symptoms of PTSD. Six months after the incident, more than three-fourths exhibited symptoms of an anxiety disorder.

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THE INTENDED AND UNINTENDED CONSEQUENCES OF BENZODIAZEPINE MONITORING PROGRAMMES: A REVIEW OF THE LITERATURE

Objective: Concern has been expressed regarding the potential over-prescription of benzodiazepines (BZDs) and their potential for misuse and abuse. Patterns of BZD use can be tracked by prescription monitoring programmes (PMPs). This study reviews the literature examining the impact of PMPs on the use of BZDs. **Methods:** Studies published in English from January 1980 to April 2009 were identified through PubMed, EMBASE, IPA, CINHL and Web of Science using MeSH terms: 'Benzodiazepines' OR 'Benzodiazepines/supply and distribution' AND ('Social Control, Formal/legislation, jurisprudence');

Emtree terms: 'drug control'/exp AND 'benzodiazepine derivative'/exp/mj. A broad search strategy was also used: benzodiazepines; triplicate prescription program; prescription monitoring program; triplicate prescribing; and triplicate prescription policy. **Results and Discussion:** This search identified 32 relevant articles that addressed the impact of implementation of a PMP for BZDs in New York State in 1989. Overall, BZD prescribing declined following implementation, but the decline was not consistent across population groups. In particular, marginalized and vulnerable populations, such as persons with chronic mental

health disorders, may be disproportionately affected.

Conclusion: We provide a critical review of the impact of PMPs on the use of BZDs. PM decreases overall use of BZDs, but may have unintended consequences

that differentially impact certain populations. Furthermore, research is warranted to understand better the long-term costs and benefits.

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A TURKISH STUDY OF MEDICAL STUDENT LEARNING STYLES.

Context: A good understanding of the learning styles of students is necessary for optimizing the quality of the learning process. There are few studies in Turkey on the subject of the learning characteristics of medical students. **Objectives:** The aim of this study was to define the learning patterns of Turkish medical students based on the Turkish version of Vermunts Inventory of Learning Styles (ILS). **Methods:** The Turkish version of the ILS was developed and administered to 532 medical students. Learning patterns were investigated using factor analysis. **Findings:** Internal consistencies of scales ranged from 0.43 to 0.80. The Turkish version of the ILS identified four learning styles among medical students. In compar

ing the pre-clinical and clinical phases of medical students related to mental models of learning, statistically significant differences (.01) were found between the two groups for the learning characteristics: lack of regulation; certificate; self-test and ambivalent orientation; intake of knowledge; and use of knowledge. **Conclusion:** The Turkish version of the ILS can be used to identify learning styles of medical students. Our findings indicate an intermediate position for our students on a teacher-regulated to student-regulated learning continuum. A variety of teaching methods and learning activities should be provided in medical schools in order to address the range of learning styles.