



Early Career Psychiatrists Section

World Psychiatric Association

Section Newsletter

First Publication 2019

Message from Section Chair

Dear colleagues and friends

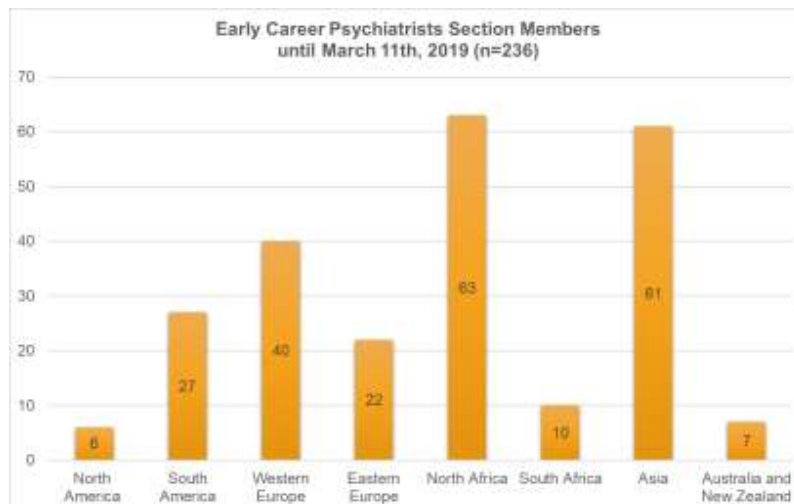
We have exciting plans for the year ahead. We look forward to promoting the exchange opportunities for early career psychiatrists across the world, and we are preparing for a meeting bringing together early career psychiatrists. Please watch this space for updates.

Throughout this time, we have been working closely with other organisations, supporting undergraduate psychiatric education, in collaboration with the International Federation of Medical Students Associations (IFMSA).

We are also preparing for the WPA in Portugal in August this year. We expect several scientific and social activities for early career psychiatrists and we are glad that there are fellowships to support the travel and accommodation for early career psychiatrists. Certainly, this will be another inspiring event and a unique opportunity for early career psychiatrists to meet. We encourage all of you to apply to these great opportunities! You can find more information on the Congress website.

Best wishes,
Mariana Pinto da Costa

Section Update



The ECP membership has grown from 185 in September 2018 to 236 up to date. The regions with more members are Asia and North Africa and Middle East, which together contributed to 45% of the growth since September. South Africa has seen no increase in Membership, while North America and Eastern Europe grew by one member each.



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North Africa And Middle East

COMMON CARDIOLOGICAL COMPLICATIONS IN PSYCHIATRIC PRACTICE

Dr. Moustafa Mohamed Mohamed Abdo; Ain shams university; Psychological Medicine Hospital.

Contact: Moustafa.abdo.asu@gmail.com

Case: Mr X is 24-year-old male whose brother had been diagnosed with schizophrenia. His father and two brothers died suddenly. Mr X now presents with a 10-year history of negative symptoms, disorganized speech, delusion of persecution and hallucinations, causing functional impairment. Following a psychiatric assessment, Mr X was admitted to a psychiatric hospital, where he received 12 sessions of Electro-Convulsive Therapy (ECT). Three anti-psychotics were also prescribed during this admission. Olanzapine (up to 20mg/day) was used and produced good symptom relief, but discontinued due to prolonged QTc. Aripiprazole 30 mg/day was also used but there was poor response to it. Risperidone 4mg/day, in combination with Citalopram 10mg/day was then initiated. Mr X developed extrapyramidal side effects (EPSEs) on Risperidone; Amantadine 200mg /day was then added and EPSEs resolved. His QTc then became prolonged.

Among other investigations, Mr X's Holter's ECG showed supraventricular ectopic beats and his echo-cardiography was normal.

The QT interval (usually cited as QTc – QT corrected for heart rate) is a useful but imprecise indicator of risk factor for sudden death. The QT interval broadly reflects the duration of cardiac repolarization. Lengthening of repolarization duration induces heterogeneity of electrical phasing in different ventricular structures, which in turn allows the emergence of early after depolarizations (EADs) which may provoke ventricular extra-systole and torsade de pointes.

QT should be measured in either Lead II or V5/V6. Bazett's formula is the most commonly used due to its simplicity. It over-corrects at heart rates > 100 bpm and under-corrects at heart rates < 60 bpm, but provides an adequate correction for heart rates ranging from 60 – 100. At heart rates outside of the 60 – 100 bpm range, the Fredericia or Framingham formulas are more accurate and should be used instead.

Prolonged QTc (Males: > 440 -Females: >460) may be caused by many conditions, including hypokalemia, hypomagnesaemia, hypocalcaemia, hypothermia, myocardial ischemia, post-cardiac arrest state, raised intracranial pressure, congenital long QT syndrome, drugs, hypothyroidism, rheumatoid arthritis and diabetes mellitus.

Short QTc <350 causes include hypercalcemia, congenital short QT syndrome and digoxin effects.

Different antipsychotics have different effects on QTc Interval. Aripiprazole and Lurasidone have no known effect; there is no reported QTc prolongation at therapeutic doses or in overdose.

A high number of antipsychotics are known to have low effect on QTc at therapeutic doses, but may cause severe prolongation in overdose. These include Clozapine, Olanzapine, Risperidone, Sulpiride, Flupentixol, Fluphenazine, Perphenazine, Paliperidone and Asenapine.

Antipsychotics that are known to have a moderate effect on QTc, often associated with an average increase of about 10ms at clinical doses, include Amisulpride, Chlorpromazine, Quetiapine and Haloperidol.



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A high effect, with average QTc prolongation of more than 20ms at normal clinical doses is seen with any use of combination antipsychotics, any IV antipsychotics, Pimozide and Sertindole.

Lastly, other antipsychotics have unknown effect on QTc. These include Loxapine, Zuclopenthixol and Trifluoperazine

Asia

ARE YOU READY TO MAKE AN OFFICIAL PRESS STATEMENT ON BEHALF OF YOUR PROFESSIONAL BODY?

Nicholas Pang Tze Ping¹, Abdul Rasyid Sulaiman², Hazli Zakaria³, Mohd Fadzli Mohamad Isa⁴, Loo Jiann Lin⁵

¹Senior lecturer (Faculty of Medicine and Health Science, Universiti Malaysia Sabah) & Deputy Secretary (Young Asia Pacific Psychiatrists Network)

²Senior Lecturer (Department of Psychiatry, International Medical University) & President (Section of Early Career Psychiatrist, Malaysian Psychiatric Association)

³Senior lecturer (Department of Psychiatry, Universiti Kebangsaan Malaysia Medical Centre) & President (Malaysian Psychiatric Association)

⁴Consultant Psychiatrist (Department of Psychiatry and Mental Health, Hospital Kuala Lumpur, Malaysia) & Committee Member (Malaysian Psychiatric Association)

⁵Senior lecturer (Faculty of Medicine and Health Science, Universiti Malaysia Sabah) & President (Young Asia Pacific Psychiatrists Network)

Corresponding author: Dr Loo Jiann Lin, jiannlinloo@gmail.com



Figure 1 Participants are brainstorming ideas.

Are you ready to make an official press statement on behalf of your professional body? As a psychiatrist, it is part of our job to advocate for our patients. When there is an important social incident or social phenomenon related to mental health or as a response to an official statement of a politician, a press statement is an important vehicle of communication with the public. So what is a press statement? It is essentially an official published document stating the stance and opinion of a society which includes professional



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bodies. As it is on paper supposed to represent the majority of society members, careful and tactful preparation is mandatory. In Malaysia, one important challenge faced by ECPs is the readiness to prepare a press statement when the need arises. The Malaysian Postgraduate training programme does not provide structured training on how to prepare a press statement. However, it is in theory examinable as part of a final year Administration viva scenario. Hence, an innovative idea was proposed by the president of Malaysian Psychiatric Association (MPA), Dr Hazli Zakaria: organising a hands-on session on how to prepare a press statement.

Are you ready to make an official press statement on behalf of your professional body? As a psychiatrist, it is part of our job to advocate for our patients. When there is an important social incident or social phenomenon related to mental health or as a response to an official statement of a politician, a press statement is an important vehicle of communication with the public. So what is a press statement? It is essentially an official published document stating the stance and opinion of a society which includes professional bodies. As it is on paper supposed to represent the majority of society members, careful and tactful preparation is mandatory. In Malaysia, one important challenge faced by ECPs is the readiness to prepare a press statement when the need arises. The Malaysian Postgraduate training programme does not provide structured training on how to prepare a press statement. However, it is in theory examinable as part of a final year Administration viva scenario. Hence, an innovative idea was proposed by the president of Malaysian Psychiatric Association (MPA), Dr Hazli Zakaria: organising a hands-on session on how to prepare a press statement.

The session was held immediately after the annual MPA Postgraduate Research Award on 20 January 2019 and lasted for two hours. At the beginning, participants were asked on the latest issues or hot topics discussed actively by Malaysian politicians or social activists. Three topics were shortlisted for further discussion, including decriminalisation of suicide, legalisation of kratum cultivation in the country, as well as decriminalisation of drug possession for personal use. The participants were separated into three different groups and each group was tasked to discuss on one topic and prepare a press statement draft, using resources online. The groups were moderated by Dr Hazli Zakaria, Dr Mohd Fadzli Mohamad Isa, and Dr Abdul Rasyid Sulaiman respectively. After twenty minutes of discussion, each group sent a representative to present their draft and an active exchange of opinion took place. The exercise was aimed to equip the future ECPs with the ability to appraise current evidence-based approach in management of a public mental health issue, to consolidate the available information from



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different perspectives into a stance, to translate this information into a press statement that can be understood by the public, and to develop sophisticated presentation skills in order to articulate their arguments and moderate discussion amongst relevant public stakeholders. In addition, this is part of an overall “soft skills” package for ECPs. At the end of the day, ECPs will mature into leadership positions and such simulations can inspire interest into leadership capacities. A win-win situation will ensue too where the draft can actually form the bulk of the actual press release, after being reviewed by PR experts and MPA committee members.

Ultimately, ECPs will become the leader of psychiatry in the future. They will advocate for the vulnerable and engineer policy change for the betterment of mental health in society. However, “Rome was not built in one day”, and rather than expecting ECPs of varying calibre and backgrounds to develop such leadership skills in an autochthonous manner, it is good that the foundations and the bricks are laid slowly, with the aid of experienced and skilled builders.

VALIDITY OF BIO-PSYCHOSOCIAL MODEL IN CONTEMPORARY PSYCHIATRY

Dr. Prashanth Peethala (MD Psychiatry)

Senior Resident; Department of Psychiatry; MVJ Medical College and Research hospital, Bangalore

Karnataka, India – 562114

Contact: dr.prashanth.peethala@gmail.com

The science of medicine adopts models essentially to help in guiding the arduous process of diagnosing a disorder, planning its management and to further help in guiding policy to formulate preventive measures to apply to the population. In order to achieve this, these models need certain qualities. First, and foremost they need to help the clinician arrive at a diagnosis which is universally valid and plan a management which is based on objective evidence base.

Validity of a model arises from its quality of being logically sound, and which likely corresponds accurately to the real world, based on probability.

One of mankind’s endeavors has been to find solution to his ailments. When he failed to see the causality, he attributed the reason to the supernatural and further to *humors* in the age where science had not progressed. Gradually as the scientific methods improved, causes of diseases were identified; treatments were prescribed precisely to the causative agents thus achieving ‘cure’. For the longest time,



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the biomedical model was satisfactory to manage and treat diseases. Unfortunately, due to gaps in the knowledge, and poor understanding of the mind, compounded by its incorporeal nature, psychiatric disorders have been elusive to our understanding.

Psychoanalysis was thus born out of this need. It employed an excavator process to explain certain behaviors. Though it seemed promising, this method failed to adequately explain certain phenomena, the etiological processes of the psychopathology on a neural/biological level, especially for psychosis. Apart from that, it required long hours of training to be able to analyze a phenomenon, which was dependent on the therapist skills, clearly lacking in its objectivity.

Around the same time in history, the biomedical model was being criticized for being reductionist in nature, discounting the human experience of suffering, and thereby negating Kant's categorical imperative. This trend called upon a need for a new idea, and to fill the gaps in the knowledge as well as to guide a physician to formulate an adequate management plan, the bio-psychosocial model was incepted. This system promised a 'holistic' model for diseases considering the persons suffering and his personal relation to his experience, as well as the social and environmental factors contributing to his condition.

This model, though it seemed holistic again fails to answer the etiological basis of disorders, and where one cannot find the etiological basis, drives its emphasis on to the psychosocial modules. Physicians now had a tool, an aid, to address issues which were not being addressed by biological treatments alone. However, this led to the rise of eclecticism in practice.

This new approach was not universal in nature and management decisions were drawn on the fortes of the physician, rather than on the available evidence base, derailing the practice of medicine from the strict tenets of scientific method.

As the practice of this model increased, eclecticism arose. Eclectic practices bring about fallacies, which undermine the validity of this model. Firstly, it appeals to probability, where it takes for granted that because it appeals to a holistic nature, it must probably work, which is not always the case. This is especially seen when this model fails in addressing the somatoform disorders. Second, the soundness or the validity of this model hinges on conditional probability, which brings about the base rate fallacy. Instantly, it becomes apparent, the non-factual basis of psychiatric practice which becomes commonplace when the resources are scarce, or simply if the physician is not inclined. These fallacies render the model invalid in its current state. Eclecticism replaces objectivity of the scientific rigor with



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subjective practices, leading to poor quality of service delivery.

Bio-psychosocial has had its benefits, it allowed us to understand the nature of psychological illnesses where the other models failed. It allowed us to expand our understanding of behaviors within the context of the persons culture. The contemporary scenario of psychiatric disorders is changing, we have better understanding of genetic and epigenetic mechanisms at play, better understanding of neural processes especially with the aids of functional imaging, biomarkers are being identified for various psychiatric disorders which were previously not available, and the treatment modalities have improved. Though these technologies are still in their nascent stage will come into play in the near future.

The goal and role of the physician needs to change along with demands of the time. If you can address a problem, using reductionist methods, if this can bring down the cost to the consumer and state, ensure better objective evidence-based prevention and treatment strategies, then there is no harm in doing so. One need not vilify these methodologies purely on their nature, if they serve purpose. It would not mean that the status of human condition is reduced as well, after all they exist to cure the very malady that has brought the patient to the physician. Bio-psychosocial model pushes the patient to rely heavily on the healthcare delivery system when other mechanisms like their own cultural dispositions can very well address their needs. The psychosocial aspects are rather intrusive into a person's life, and the physician enters boundaries which need not be trespassed only in the name of curative process. There exists no oversight into this phenomenon.

In conclusion, bio-psychosocial model has been a stop-gap approach for when the answers did not exist. It has not led to reduction in disease prevalence or burden, nor has it modified the disease process. With the geometric progression of population, there is an increased demand for service delivery systems to be more efficient. Bio-psychosocial model fails in its current form and is found wanting a desperate upgrade and which will address the contemporary needs.

INDIAN EARLY CAREER PSYCHIATRIST TO DEVELOP AN INTERVENTIONAL MODEL TO ADDRESS THE TREATMENT GAP FOR PERINATAL MENTAL HEALTH DISORDERS

Ramdas Ransing¹, Prerna Kukreti², Pracheth Raghuv³

1. BKL Walawalkar Rural Medical College , Ratnagiri, Maharashtra, India -415606

2. Lady Hardinge Medical College , New Delhi, India

3. Yenopoya medical college , Manglore , India



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The Perinatal mental health services are poorly developed and difficult to access in Low- and middle- income countries (LAMI) including India. The socio-cultural, geographical and socioeconomic adversities, lack of awareness among service providers and stigma are the important factors that hinder the delivery of effective interventions to the perinatal women despite of its availability.

The team of Early Career Psychiatrist from different regions of India representing diverse group of population has been started working together to address this important challenge to improve accessibility, acceptability and feasibility of perinatal mental health services in 2016-2017. The Early Career Psychiatrist team Includes Dr. Ramdas Ransing (BKL Walwalkar Rural Medical College, Ratnagiri), Dr.Pruna Kukreti (Lady Hardinge Medical College, New Delhi), Dr. Pracheth Raghuvver (Yenopoya medical college, Manglore). They are being mentored by Prof. Smita Deshpande (RML Hospital, New Delhi), Dr. Ravinder Singh (Senior Scientist , Indian Council of Medical research, New Delhi) and Dr.Tritish Bhatia (RML hospital, New Delhi).

A photo of Perinatal Mental health Team

The research proposal submitted by ECP team has been funded by Indian Council of Medical Research under the agis of National Mental Health Program of India in August 2018. This activity mentored by senior researchers has boosted the confidence among the early career Psychiatrist to form network and collaboration. So far, ECP team attended the workshops on research methodology. Although they are experiencing challenges in collaboration and networking, they are learning a lot of new things from each other. This activity also provided a unique opportunity to them to interact with



government policy makers, mentors and senior scientist from Indian Council of Medical Research. This ECP project team expect that outcome of this project should help to reduce the treatment gap for mental problems among the perinatal women at

tertiary and secondary health care delivery.



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EUROPEAN FEDERATION OF PSYCHIATRIC TRAINEES (EFPT)

Update from the European Federation of Psychiatric Trainees

Pavel Trančík, MD.^{1,2,3}

EFPT President¹; Psychiatrist, Psychiatric hospital Bohnice, Prague, Czech Republic²; President of Section of Young Psychiatrists, Psychiatric Association, Czech Medical Association³

Email: pavel.trancik@gmail.com

Dear psychiatric trainees from all over the world,

Dear distinguished colleagues,

Have you ever heard about an international forum which is organized by psychiatric trainees for psychiatric trainees? An event where, apart from the scientific programme, you will really boost your training career? An event where enthusiasm, personal contact and a friendly atmosphere are the three core parts of each day? I am honored to introduce you to this long-term project, an organization with a tradition of twenty-seven successful years.

The European Federation of Psychiatric Trainees (EFPT) represents the consensus of psychiatric trainees' associations across Europe and advocates for what training should look like, regardless of the country. The Forum is the annual highlight of EFPT's activities, where delegates from each National Trainee Association in Europe meet in person. Additionally, EFPT launched an Overseas Programme for the first time last year, which supports the participation of selected trainees from countries beyond the borders of Europe to be actively involved as observers. We offer partial funding to cover registration and/or some other costs for trainees who apply for a bursary, on a competitive basis.

On behalf of the local organizing committee I want to warmly invite you to join this year's Forum in Prague, in the Czech Republic, on 10th to 14th July 2019. The world class keynote speakers are already confirmed. Professor Norman Sartorius and Dr. Julian Beezhold, who will share their perspective on the tasks and challenges of the psychiatrists of the future. Professor Gil Zalsman will speak about his

journey in suicide research. The current president of the Czech Psychiatric Association, Assoc. Professor Martin Anders, will describe the process of reform of psychiatry in the country, including where we stand and where we are heading. Finally, cutting edge research in psychedelics won't be missed, with the latest updates shared with you by Professor Jiří Horáček.



As promised above, these lectures are just part of the Forum. You will also learn how rich and diverse psychiatric training is



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across Europe, through hearing directly from trainees and their experiences in the “country reports”. All represented countries will have the opportunity to take part in a “poster session”, exploring a particular theme from each country’s perspective. We look for the best out of the best, so if you would like to compete, then please check out the EFPT awards: <http://efpt.eu/awards/>. A dedicated Child and Adolescent Training Day is planned and we hope most of you will choose to join a working group that matches your own interests. Every Forum has amazing social activities, such as the legendary international night, which might truly change your life!

Please, read more details here: <http://efpt.eu/prague2019/>

Registration opened on 1st March. Thank you for your time and see you in Prague! Pavel

Apply for an Early Career Fellowship today!

Deadline: 14 March, 2019

Click here to apply

As part of a shared goal to foster learning and development of early career psychiatrists, the WPA is delighted to offer fellowships to eligible professionals which include :

- ✔ **Covering registration fees**
- ✔ **3-nights of accommodation** in a 3 star hotel (to cost up to €120 per night). Fellowship winners will be reimbursed for their accommodation after the Congress)
- ✔ **Travel grant** (economy class only) as follows (to be reimbursed after the Congress):

-Europe – up to €300

-International (Australia/Asia/ USA/ Canada/Africa) – up to €800

-Local (Portugal) – up to €100

Want to submit an article

Email the editor: wpa.ecp.section@gmail.com