

The *Irish Journal of Psychological Medicine*: looking to the future

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Half a century ago, Dr Richard Asher, a physician at the Central Middlesex Hospital, London, famously posed a question: "Why are medical journals so dull?"¹ There are many possible answers, not least of which is that many medical journals are not dull at all, but manage to maintain relevance, interest and impact over lengthy periods of time. The most successful journals achieve this by focusing on high quality content, adapting to technologies, and – most of all – adhering to a set of values that endures, even as societal, scientific and publishing environments change.

The *Irish Journal of Psychological Medicine*

The *Irish Journal of Psychological Medicine* was founded in 1982 by Dr Mark Hartman. The Journal was, from the outset, "an independent scientific voice", "innovative in its content", with a key role "in expressing the unique identity of Irish psychiatry."² The journal grew in strength and popularity, and in 1994 Professor Brian Lawlor became Editor-in-Chief, following the untimely death of Dr Hartman.

From his appointment in 1994 until he stepped down in 2010, Professor Lawlor explicitly renewed the Journal's commitment to its central objectives: disseminating the results of original scientific research to a national and international readership; expressing "the unique identity of Irish psychiatry"; and "underscoring the important cross-cultural differences in psychiatry within and beyond these islands".²

Over the following 16 years, the Journal published an increasing number of national and international research papers; circulation increased to 2,200 copies throughout 54 countries; format was substantially revised; and a website was developed, with full-text access to recent issues (www.ijpm.org).

In 1992, the Journal awarded the first John Dunne Medal, established in honour of Dr John Dunne, first Professor of Psychiatry in Ireland and President of the Royal Medico-Psychological Association in 1955.^{3,4} In his inaugural address as president of the RMPA, Dr Dunne emphasised the "contribution of the physical sciences to psychological medicine" and endorsed a rigorous, broad-based approach to psychiatry:

"The various scientific approaches to the explanation of mental functioning by physiologists, neurologists,

bio-chemists, electrologists, cyberneticists, not only appear to harmonize, even synchronize, in the elucidation of mental mechanistics, but also appear to harmonize very closely with the concepts of the psychological purist."⁵

Consistent with this approach, the John Dunne Medal is now awarded annually by the *Irish Journal of Psychological Medicine*. The prize is open to all trainees from Ireland, Northern Ireland and Britain. To be eligible, a trainee must have made a significant contribution (though not necessarily as first author) to an original paper published by the Journal over the year. Now approaching its 20th year, the John Dunne Medal has come to symbolise excellence and originality in the field of psychiatric research.

In 2004, the Journal appointed its first 'Trainee Editor', with a view to: (a) increasing the involvement of psychiatry trainees in the submission of original research papers, audit papers, and other articles; (b) optimising the Journal's relevance to trainees, by commissioning review papers on topics of relevance to trainees; and (c) involving the trainee editor in the wider editorial process at the Journal.⁶ This has been an extremely valuable initiative, both in terms of training and ensuring continuity within the Journal.

The future of medical journals

Today, it is readily apparent that medical journals face significant challenges, including the continual evolution of electronic communication technologies, issues related to independent peer-review processes and substantial changes in the publishing industry.^{7,8} Further issues relate to the complex roles of journals in the developing world⁹ and protection of human rights.¹⁰ Notwithstanding these challenges – or, more likely, because of them – medical journals appear set to retain a critical role in shaping medical knowledge, informing evidence-based practice, developing health policy and underpinning training in healthcare disciplines.¹¹

These are particularly exciting times in the fields of psychiatry and mental health, owing chiefly to the development of more evidence-based approaches to treatment and continued advances in areas such as genetics, neuro-imaging and epidemiology. These advances further emphasise the necessity for innovative original research, rigorous editorial processes, and careful evaluation of the implications of such advances for clinical practice. The need for a reliable, peer-reviewed forum is further underlined by significant changes in mental health policy and legislation in Ireland in recent years, deepening the need for careful debate about the implications of such changes for Irish psychiatry.

Looking to the future

In future years, the *Irish Journal of Psychological Medicine* aims to continue to pursue its core objectives, by continuing

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to publish innovative research and original scientific papers; providing a critical and constructive voice in psychiatry, both in Ireland and abroad; and helping shape the medical and scientific basis of developments in psychiatric practice.

The Journal will also build on new strengths. In June 2009, we published the first of our Continuing Professional Development (CPD) modules, both in print and online.¹² CPD is now a key element in the clinical activity of all health professionals and a cornerstone of good clinical governance throughout mental health services. The CPD policy of the College of Psychiatry of Ireland indicates that psychiatrists who participate in suitable online learning which fits the criteria for CPD may claim CPD points under the Personal CPD category (up to a maximum of 5 points per year).

This CPD section of the *Irish Journal of Psychological Medicine* provides CPD modules dedicated to key topics in mental health care. In order to assist with learning and self-assessment, multiple choice questions are provided at the end of each module. Each module and its multiple choice questions are available both in print and online (www.ijpm.org). Topics covered to date include the biological treatment of mood disorders,¹² management of schizophrenia,¹³ management of alcohol use disorders,¹⁴ adherence in psychiatry,¹⁵ morbid jealousy¹⁶ and post-traumatic stress disorder.¹⁷ It is our intention to continue to develop and expand this section of the Journal in coming years. (Suggestions for future topics can be emailed to: psychological@medmedia.ie)

It is also our intention to develop and expand the Journal website further, to include enhanced presentation of CPD modules, original research, review papers and all articles published in the Journal. It is of particular note that the Journal continues to publish case reports, when many other journals have discontinued this practice. We believe that case reports serve several important purposes, including the description of new diseases and adverse effects; providing clues about new indications for existing treatments;¹⁸ and enhancing education and quality assurance.¹⁹ In addition, case reports are often especially engaging for readers, and this was a key consideration when the *Lancet* launched its series of peer-reviewed case reports in 1995.²⁰ Like the *Lancet*, the *Irish Journal of Psychological Medicine* still sees an important role for concise, relevant, well-written case reports.

The publication of case reports is consistent with the Journal's commitment to a plurality of paper formats, including editorials, original papers, brief reports, audits, case reports, systematic reviews, historical papers, CPD modules, letters to the editor and book reviews. This reflects the Journal's enduring objective to reflect the diversity of Irish psychiatry and, more specifically, the "complex tapestry of different historical traditions and experiences that mesh together to create a system that is unique and different from any of its derivative parts."² Particular strengths include the Journal's commitment

to publish historical papers²¹⁻²³ and composite papers debating key issues in contemporary psychiatry.^{24,25}

Medical journals are not dull

Towards the end of his consideration of the "dullness" of certain medical journals, Dr Asher concluded: "Style is what matters most".¹ We agree that style is critical, but also emphasise scientific rigour, clinical relevance, and clarity of thought. As the *Irish Journal of Psychological Medicine* approaches its 30th anniversary, it is our intention that a continued emphasis on these values will help develop, deepen and expand the role of the Journal even further. We look forward to your involvement and assistance in this process.

Declaration of Interest: Brendan D Kelly is Editor-in-Chief of the *Irish Journal of Psychological Medicine*. There is no other interest to declare.

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and behaviour. The data does not exclude the possibility of an increased risk for pregabalin. Patients should be monitored for signs of suicidal ideation and behaviours and appropriate treatment should be considered. Patients (and caregivers of patients) should be advised to seek medical advice should signs of suicidal ideation or behaviour emerge. Insufficient data for withdrawal of concomitant antiepileptic medication, once seizure control with adjunctive Lyrica has been reached, in order to reach monotherapy with Lyrica. After discontinuation of short and long-term treatment withdrawal symptoms have been observed in some patients; insomnia, headache, nausea, anxiety, diarrhoea, flu syndrome, nervousness, depression, pain, convulsion, sweating and dizziness. The patient should be informed about this at the start of the treatment. Convulsions (including status epilepticus and grand mal convulsions) may occur during treatment and shortly after withdrawal. Concerning discontinuation of long-term treatment there are no data of the incidence and severity of withdrawal symptoms in relation to duration of use and dosage of pregabalin. (see side effects). There have been post-marketing reports of congestive heart failure in some patients receiving pregabalin. These were mostly elderly, cardiovascularly compromised patients who received treatment for a neuropathic indication. Pregabalin should be used with caution in these patients. Discontinuation of pregabalin may resolve the reaction. There have been post-marketing reports of reduced lower gastrointestinal tract function when pregabalin is co-administered with medication that has the potential to produce constipation (i.e. opioid analgesics). Measures to prevent constipation may be considered. Cases of abuse have been reported (exercise caution in patients with a history of substance abuse). Cases of encephalopathy have also been reported (take care in patients with related underlying conditions). **Ability to drive and use machines:** May affect ability to drive or operate machinery. **Interactions:** Pregabalin appears to be additive in the impairment of cognitive and gross motor function caused by oxycodone and may potentiate the effects of ethanol and lorazepam. In the postmarketing experience, there are reports of respiratory failure and coma in patients taking pregabalin and other CNS depressant medications. **Pregnancy and lactation:** Lyrica should not be used

during pregnancy unless benefit outweighs risk. Effective contraception must be used in women of childbearing potential. Breast-feeding is not recommended during treatment with Lyrica. **Side effects:** Adverse reactions during clinical trials were usually mild to moderate. Most commonly (>1/10) reported side effects in placebo-controlled, double-blind studies were somnolence and dizziness. Commonly (>1/100, <1/10) reported side effects were appetite increased, euphoric mood, confusion, libido decreased, irritability, ataxia, disturbance in attention, coordination abnormal, memory impairment, tremor, dysarthria, paraesthesia, vision blurred, diplopia, disorientation, balance disorder, insomnia, vertigo, dry mouth, constipation, vomiting, flatulence, erectile dysfunction, fatigue, oedema peripheral, feeling drunk, lethargy, sedation, oedema, gait abnormal and weight increased. See SmPC for less commonly reported side effects. After discontinuation of short and long-term treatment withdrawal symptoms have been observed in some patients; insomnia, headache, nausea, anxiety, diarrhoea, flu syndrome, nervousness, depression, pain, sweating and dizziness. Concerning discontinuation of long-term treatment there are no data of the incidence and severity of withdrawal symptoms in relation to duration of use and dosage of pregabalin. (see warnings and precautions). In the post-marketing experience, the most commonly reported adverse events observed when pregabalin was taken in overdose included somnolence, confusional state, agitation, and restlessness. **Legal category:** S1A. **Date of revision:** July 2010. **Package quantities, marketing authorisation numbers:** Lyrica 25mg, EU/1/04/279/003, 56 caps; Lyrica 25mg, EU/1/04/279/004, 84 caps; Lyrica 50mg, EU/1/04/279/009, 84 caps; Lyrica 75mg, EU/1/04/279/012, 56 caps; Lyrica 100mg, EU/1/04/279/015, 84 caps; Lyrica 150mg, EU/1/04/279/016, 56 caps; Lyrica 200mg, EU/1/04/279/021, 84 caps; Lyrica 300mg, EU/1/04/279/024, 56 caps; **Marketing Authorisation Holder:** Pfizer Limited, Ramsgate Road, Sandwich, Kent, CT13 9NJ, UK. Lyrica is a registered trade mark. **LY 14.1. Further information** is available on request from: Pfizer Healthcare Ireland, 9 Riverwalk, National Digital Park, Citywest Business Campus, Dublin 24, Republic of Ireland.

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