

HEADLINE

The official newsletter of the South African Society of Psychiatrists - SASOP

SASOP is an interest group in SAMA, and a member of WPA

PSYCHIATRY AND MENTAL HEALTH ARE PUBLIC HEALTH

Here we invite stories from members about real life issues that they would like to share.

It is said very often that there is NO HEALTH WITHOUT MENTAL HEALTH.

Matters of STIGMA and of poor service provision can be handled here.

The Young Psychiatrists Interest Group can actually take over this section and work it the way they like. In fact, I look forward to a Website Managed by Young Psychiatrists themselves and linked to the main SASOP one. President Jan Chabalala says, "Take ownership of Psychiatry!"

I am extremely optimistic that the PHARMACEUTICAL COMPANIES INVOLVED IN NEUROSCIENCE would be most willing to sponsor a Young Psychiatrists Website or the main SASOP Website. All of them are eager to afford Psychiatrists and other Neuroscience practitioners an opportunity to learn Psychopharmacology, using their Educational Grants.

The SASOP Website does not have to be sponsored by only one Psycho-Pharmaceutical company; ALL including the GENERIC companies have an educational outreach program which can use the SASOP Website for the

benefit of Psychiatry at large. Synergy is the operative word!

DR YAO DANKWA

Colleagues may not remember this gallant psychiatrist! On 14-09-2006, as he arrived at the driveway of his Pretoria home, he was shorn in the neck by terrorists. He suffered severe neurological damage which left him quadriplegic.

He is now home and continues to improve daily.



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DISCLAIMER: The ideas presented in the HEADLINE are not the official positions of SASOP but of the correspondent.

What the interest groups are saying

The SESIG Convener, Dr. Bernard Van Rensburg has been adducing arguments that seek to transform the SASOP CONTINUING PROFESSIONAL DEVELOPMENT DIVISION.

The Division for Con-

tinuing Professional Development focuses on continued professional development and liaison with Neuroscience activities of the Pharmaceutical Industry.

Which division of

SASOP should deal with Training and Support for Registrars, Medical Officers studying for the Diploma in Mental Health and Medical Students?

Your comments please

"SASOP is in the business of FIRST Supporting its MEMBERS and then enabling them to provide Excellent Psychiatric Service for ALL."

DR YAO DANKWA - A STORY OF RESILIENCE

29 November 2008

The family is pleased to send this summarized incident report of our father's unfortunate incident to SASOP

Dr YAW AMOAKOHENE DANKWA was shot on September the 14th 2006. Dr and Mrs Dankwa attended a psychiatric congress in Swaziland. On their return to Oliver Thambo airport, their two daughters met them at the airport. From the airport back to Pretoria, Dr Dankwa decided to drive.



SUPPORT FOR COLLEAGUES IS ESSENTIAL

When the car was in the driveway of their Pretoria East home, three men managed to enter the half closed gate. One of the men ran very fast towards the car and without asking any question, shot Dr Dankwa in the neck. The men left without taking anything.

Dr Dankwa sustained cervical spine injury and he was rushed to the Pretoria East hospital in a critical condition. An MRI of the spine indicated a burst fracture of C4 and right vertebral artery involvement. He was admitted into ICU where he was ventilated and stabilized. A tracheostomy was later inserted in the trachea because he was not able to breathe on his own. A PEG tube was also inserted. An attempt was made during his stay at the Pretoria East hospital to wean him off the ventilator but this failed because his right diaphragm was paralyzed. He was later placed on Bipap Synchrony Mini Ventilator.

He was transferred to the Eugene Marais Rehabilitation Unit on the 20th December 2006. One of the largest goals of rehabilitation was to successfully wean Dr Dankwa off the ventilator. Doctors at Eugene Marais unfortunately decided that he was not a candidate for phrenic nerve stimulation.

In March 2006 his medical aid decided that there was not much that could be done for him, so he should be transferred to a nursing care home.

Early in January 2008 Dr Dankwa was admitted to Milpark Hospital under the care of Dr Snyckers a Neuro-Surgeon. During his three week stay at the ICU, he was successfully weaned off the ventilator without any surgical intervention or the need for a diaphragmatic pacemaker. The tracheostomy was finally closed in May 2008 and Dr Dankwa was finally able to return home after spending almost two years in hospitals.

Dr Dankwa's neurological status continues to improve by the day. He has good motor and sensory function in the neck and shoulder region. There are motor activities in isolated parts of the upper limbs. We the family have faith and we strongly believe that our father will make a full recovery and he will walk in the name of Jesus.

Finally we thank all those who have been praying for our father's recovery.

The family of Dr Dankwa

The story of resilience presented here warrants sensitivity regarding Disability Evaluation.

THE PHARMACEUTICAL INDUSTRY AND THE NEUROSCIENTIST

Much debate must be had on this topic! The media have shown great interest in where SASOP stands on the matter.

The fact is, THERE IS AS YET NO SASOP POSITION PAPER ON PRESCRIBING GENERIC VERSUS ETHICAL PSYCHOACTIVE MEDICATION.

The main issue is that Some Pharmaceutical Companies make it their business to Conceptualize, Research, Develop, Manufacture and Market NEW, ORIGINAL products. These Originator or Ethical (I don't know how this term arose!) companies are primarily in the business to make profits, then to positively affect mankind with their innovations and finally to benefit their workers and the environment.

Read the views of President Elect, Dr.Ian Westmore and send in your own for discussion. EdiTER

FROM THE SASOP PRESIDENT'S desk

Dr. Jan Chabalala said, "As President, I hope to achieve the following objectives, and I believe with your help these are possible.

- a) To encourage open discussion among members irrespective of how controversial a subject.
- b) To forge unity of purpose among all members
- c) To re-ignite interest in

SASOP, in view of the perceived lethargy in certain quarters

d) To improve relations between SASOP and the other role players e.g. the pharmaceutical industry, Department of Health, University Departments etc."

He chaired the first National Executive Meeting on 20/01/2009. They are raring to go!

The President and the SASOP secretariat will send in their official input for us to interact with

them on a regular basis. Communication and being aware of what goes on around us is important.



SASOP PRESIDENT DR JAN CHABALALA 2008 TO 2010

Sasop national executive matters

Dr Grobler, the SASOP Secretary and Dr. Ian Westmore will send us info to insert here.

A summary of the issues discussed at the first SASOP BoD Meeting will be presented.

SASOP has a presence in all Nine Provinces of South Africa –why, there is a SASOP Member working somewhere, representing the good name of the organization!



Drugs - Ethical or Generic. Much to say in this HEADLINE!

Reports from subgroups in nine provinces

WE ENVISAGE requesting All SASOP Subgroup Secretaries and a Young Psychiatrist they are Mentoring to write in to HEADLINE and give us news from their Health District.

SASOP SubGroups are the REAL SASOP and must take ownership of the organization and push forward their activity reports and communicate with the rest of the country.

We like to know about their SASOP

innards, the interaction of SASOP with Mental Health NGOs in their District and their interaction with the Health Department in Local Authority and District or Provincial Authority.

From Dr Lebo Zako 20090203

Hi Jan

I write to you as the convenor of the psychotherapy SIG of SASOP. Dr

Allers has raised concerns about GPs and specialists outside the field of psychiatry claiming for psychotherapy from the various medical aid funds. I have attached a letter for your perusal and further discussion with the executive of SASOP regarding a policy endorsed by the psychotherapy SIG re: this matter. Kindly give me your thoughts (feel free to make any amendments you deem necessary) on it before we circulate it to the differ-

HEADLINE

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PSYCHIATRIST DR.DENISE WHITE HEADS SAMA!

At a Special National Council Meeting of the South African Medical Association held on Friday 30 January 2009, the Chairman Dr Kgosi Letlape tendered his resignation as Chairman of SAMA.

This was a culmination of much strife in the Executive Committee and the Board of Directors of SAMA, which in November 2008 passed a Vote of No Confidence in the chairmanship of Dr Letlape. He insisted on chairing Board meetings, and told the BoD that they did not have the power to remove him from chairmanship.

A National Council Special Meeting was called to resolve the matter at a cost of no less than R800,000! A lot of council members were unhappy that so much money had been wasted just because a single member had refused to collaborate with the BoD!

The resignation was accepted unanimously by the National Council, chaired by the illustrious physician Professor Y.K.Seedat. National Council expressed appreciation to Dr Letlape for his services to the profession during his almost 9-year tenure.

SAMA Vice-Chairperson Professor Denise White will assume the Chair until the next election which is scheduled to be held at the end of August 2009.

Editorial game plan

ACKNOWLEDGEMENT. Professor Margaret Nair- ex-SASOP president - took *HEALINE* over from the illustrious Dr Eugene Allers - and pitched the standard very high! When it became clear that this communication tool would need an editor, Dr.Thabo Rangaka volunteered to be the GUEST EDITOR.

VISION

South Africa seeks to ensure

A BETTER LIFE FOR ALL.

SAMA wants to Empower doctors to bring health to the nation.

SASOP is committed to Supporting its members and Promoting excellence in Psychiatry and Mental Healthcare.

HEADLINE OBJECTIVES are to:

1. Provide a platform for Psychiatrists - **especially those in training** - to Communicate with one another.
2. Disseminate information from SASOP SubGroups, Interest Groups and the National Executive.
3. Provoke debate on matters of National Health, and Intellectual interest.

YOUR PART is to send in your views on **anything constructive** to share with all of us. Especially urgent will be the contribution by SASOP members in Academic Institutions and Hospital and Clinic Services.

EVERY SASOP SUBGROUP and INTEREST-GROUP is DUTY-BOUND to send an up-date of its activities - even if it sends a one-liner.

Now there are psychiatrists who work in regions and provinces that do not have a SASOP presence. We will really appreciate their contributions.

FINANCING THE WEBSITE is a challenge but I believe that the **NEUROSCIENCE** Pharmaceutical Companies all have Educational Grants which they can collectively apply to the SASOP non-aligned website. EdiTER

PSYCHOTROPIC DRUGS - ORIGINATOR OR GENERIC: YOUR CHOICE DOC!

Over the past few years, SASOP members in both the private and the state employed sectors, would have found themselves in a rapidly changing pharmaceutical environment, as more and more generic equivalents to ethical products become available. Our changing economic and political climates have seen us being encouraged (sometimes even forced) to use these products as part of treatment regimes for patients. We have also seen more and more generic companies being introduced to the market, making them significant role players on the neuroscience stage as is evidenced, for example, by an increasing presence at our national congresses.

Whether we like it or not, as psychiatrists we can no longer ignore the issue of generic substitution and our inevitable interaction with generic companies and their drugs. Most of us find ourselves in a situation almost daily where we have to motivate why certain generic drugs that are on a prescribed list need to be replaced (or not substituted with) ethical products as we try and attend to response and remission targets in our patients. We are often left feeling irate and frustrated at what seem to be bureaucratic measures that do little to help us in our clinical roles. This is but one aspect that has led to negative perceptions regarding schemes, generic drugs and their companies.

At the National Congress last year, it was decided to establish a specific SASOP Task Team which would look into the generic debate and eventually come up with a position statement regarding generic medicines and their use in psychiatry in South Africa. This followed several informal discussions and a formal breakfast session at the George Congress, and I was asked to head the task team. In the meantime, we have been approached by the media, and released a provisional statement highlighting our concerns (which were unfortunately not accurately reflected in the subsequent article).

In the meantime, I have been in contact with some of the other Societies of Psychiatry and surprisingly have found that they have not formalized their position regarding the use of generic medicines! Perhaps we in South Africa are at the forefront of this issue because of our unique environment.

Why the debate then?

- Firstly, because we in South Africa are encouraged to bring down the cost of treatment for patients by offering them “less costly” alternatives. Pharmacists are by law also required to make patients of generic alternatives when they fill their prescriptions. The point is valid: we treat costly and mostly chronic diseases and the ethical drugs are often very expensive. The use of less costly alternatives could theoretically increase the availability of treatment to more people who would otherwise remain untreated. Whether these drugs always result in across the board savings needs to be debated, as we are all aware of the hidden and indirect costs that could be incurred when patients do not respond adequately to treatment.
- Secondly, there is a perception amongst certain psychiatrists and patients that generic drugs are inferior and less effective than their originators. Many psychiatrists have been in situations where patients are switched from ethical products to generic ones and relapse in time. In certain cases this has been a relatively frequent occurrence with a specific drug, but the phenomenon does not seem to be limited to single drugs or companies. These perceptions need to be scientifically investigated.
- There is also the issue of bioequivalence and bioavailability of generic drugs as compared to ethical products. It would seem that the process of comparison is based on small studies and psychiatrists who have long worked in the realm of evidence based medicine and placebo controlled clinical trials, look at this with skepticism. The lack of comparative trials where clinical effectiveness, and not only bioavailability of drugs is compared, is an aspect that psychiatrists would want to have addressed, but who will pay for these studies?

- There is also suspicion regarding the apparent “fast tracking” of generic drugs by the local regulatory authorities. This perception needs to be investigated.

SASOP has identified the fact that generic drugs are an important contribution in the armamentarium available towards the treatment of illnesses that are an ever increasing health burden globally. The World Health Organization is also supportive of their development and appropriate use. It is therefore, we believe, appropriate that these **perceptions** are investigated and discussed, to ensure that patient care remains optimal and is never compromised.

Our plan is to meet with the relevant role players and enter into debate arising from the above. We hope that some research, and then a position statement will emanate from these meetings and that we will be able to provide our members with the necessary support and guidance in this matter.

I would therefore welcome contributions from our members in the debate, so that we can present an accurate reflection of experience and perceptions of local psychiatrists. Any members who are interested in being involved are welcome to contact me at westwmore@axxess.co.za.

Dr Ian Westmore President-Elect & Convenor of Generic Task Team.

FROM EDITOR

More relevant than BIO-EQUIVALENCE is the concept of CLINICAL-EQUIVALENCE. As clinicians we are often struck by how a patient stable on a give product - whether Originator or Generic - is thrown off track for a long time just because the drug on which they were stabilized is replaced with one considered to be Bio Equivalent.

I would like to see the following scenario. A generic maker - such as Lilly - does a Head to Head comparison on more than 30 Real patients of their Generic (in this case Lilly fluoxetine) against the Originator Product Prozac. The study is then published and doctors Detailed on the outcome. It is NOT sufficient for Lilly to tell us on glossy leaflets, that their Fluoxetine is Superior to Placebo and to Tricyclic antidepressants. They must tell us how their Generic compares with the original Prozac in Real patients - not in young, healthy male university student volunteers!

Now, when can we expect such scientific work from the many Generic Companies that flood the Public Sector Market with their products? Many of our colleagues would be happy to be involved in the Head to Head Comparative Studies which I think that the Generic Drug Companies should be happy to finance.

That some Generic Drug Companies want to pose as the “saviors of the poor”, rescuing the people and Governments of Developing Countries from’ “greedy” Ethical Pharmaceutical Companies is a smoke screen! The Profit Motivation drives ALL companies, including themselves, in a Free Enterprise System such as South Africa. Fairness and transparency is to me a more noble motivation for competitors vying for a market share.

From Dr Thabo Rangaka EdiTER