

use of herbal medications and to provide their patients with information about the potentially dangerous interactions between herbal and psychotropic medications. More research is needed into the prevalence of use of herbal medicines, the types of medicine used and drug–herb interactions. Patients' use of alternative therapies, including herbs, should be emphasised more in medical curricula, to increase awareness among medical professionals.

References

- Dwarakanth, S. C. (1965) Use of opium and cannabis in the traditional systems of medicine in India. *Bulletin on Narcotics*. United Nations Office on Drugs and Crime.
- Eisenberg, D. M., Davis, R. B., Etnet, S. L., et al (1998) Trends in alternative medicine use in the United States, 1990–1997. Results of a follow-up national survey. *JAMA*, **280**, 1569–1575.
- Fugh-Berman, A. (2000) Herb–drug interactions. *Lancet*, **355**, 134–138.
- Government of Sri Lanka (2007) Sri Lanka to totally eliminate drug abuse by 2010. Official Government News Portal of Sri Lanka, <http://www.news.lk>, 12 April.
- Kessler, R. C., Soukup, J., Davis, R. B., et al (2001) The use of complementary and alternative therapies to treat anxiety and depression in the United States. *American Journal of Psychiatry*, **158**, 289–294.
- Knaudt, P. R., Connor, K. M., Weisler, R. H., et al (1999) Alternative therapy use by psychiatric outpatients. *Journal of Nervous and Mental Disease*, **187**, 692–695.
- Liyanage, K. J. (2004) Cannabis cultivation: relaxing the strong arm of the law. *Observer*, 23 May.
- Matthews, S. C., Camacho, A., Lawson, K., et al (2003) Use of herbal medications among 200 psychiatric outpatients: prevalence, patterns of use, and potential dangers. *General Hospital Psychiatry*, **25**, 24–26.
- Werneke, U., Turner, T. & Priebe, S. (2006) Complementary medicines in psychiatry. Review of effectiveness and safety. *British Journal of Psychiatry*, **188**, 109–121.
- World Health Organization (1992) *International Classification of Diseases* (10th revision) (ICD–10). WHO.

NEWS AND NOTES

For contributions to the 'News and notes' column, please email ip@rcpsych.ac.uk

RCPsych at the APA meeting in Washington – May 2008

The College held its annual reception, organised by the Pan-American Division, at the meeting of the American Psychiatric Association (APA), on 5 May 2008 at the Marriott Hotel. The President of the College, Sheila Hollins, updated the nearly 100 attendees on the College and psychiatric issues in Britain and Ireland; she went on to introduce her successor, Dinesh Bhugra, as well as Rachel Jenkins, Director of International Affairs, who spoke of the success of College educational efforts in Kenya and Iraq, despite severe poverty and major political problems, and Peter Tyrer, Editor of the *British Journal of Psychiatry*, who spoke of its increased scope and recognition and who ended with a Shakespearean epilogue!

The President of the APA, Carolyn Robinowitz, spoke of her shared passion for advocacy with Sheila Hollins and of the joint presidential symposium on this subject. There was also a joint symposium on education and the Pan-American Division held its seventh annual symposium, with six speakers from the International Divisions of the College, on poverty and mental illness around the world. There were members at the reception from all over the USA, Canada, Jamaica and Venezuela. It was also attended by the President-Elect of the Latin American Psychiatric Association, the Chairs of at least two other International Divisions, the Secretary of the Japanese Psychiatric Association, and many officers, trustees and former Presidents of the APA. It was a great social occasion and an important opportunity for networking and cooperation, which continued with other shared activities.

Anyone interested in next year's symposium at the APA or the Pan-American Division session at the College annual meeting should contact Nigel Bark, Chair, Pan-American Division, on panamericandivision@rcpsych.ac.uk.

Dr Nigel Bark
Chair, Pan-American Division, Royal College of Psychiatrists

Report on the Asian disasters in Myanmar and China

The Cyclone Nargis disaster in Myanmar

Cyclone Nargis (an Urdu word meaning daffodil) developed on 27 April 2008 in the central area of the Bay of Bengal. On 2 May 2008, with peak wind speeds of 215 km/h (135 mph), it moved ashore, leaving a trail of death and massive destruction. The death toll has now reached 100 000, with 56 000 missing, and appears to be increasing. Responding to the disaster, the Asian Federation of Psychiatric Associations (AFPA) and South Asian Forum International joined forces with the Burmese Medical Association of Australia to bring relief and care. We have set up a crisis committee:

- to assist and support the immediate medical care and treatment for all victims
- to support and enhance possible avenues to prevent infectious diseases
- to provide physical and psychological support for the relief workers who are engaged in active disaster relief work
- to facilitate capacity building and resilience promotion, including training of professionals in psychological assessment and mental health issues in recovery from disasters.

On 30 and 31 May 2008 the Asian Disaster Mental Health Network ran a training workshop for Burmese doctors and other professionals and volunteers who will be going to Myanmar to implement phases 2 and 3 of the recovery programme. On 29 August 2008 the Asian Disaster Network will run a symposium on recent Asian disasters at the 13th Psychiatric Congress of the Association of South East Asian Nations (ASAEN) in Bangkok. The Burmese Medical Association of Myanmar is sending a team of experts from the Asian Disaster Network to Myanmar for a series capacity-building activities.

Details for donations to the Burmese Doctors' Relief Fund are as follows:

Bank: CBA Martin Place Sydney Australia
 BSB: 062 000
 Account No: 1164 5054

Earthquake disaster in the Sichuan province of China

More than 50 000 people are estimated to have died in the earthquake which struck Sichuan province on 12 May 2008, China's deadliest natural disaster in a generation. China disclosed that at least 4 million apartments and homes had been damaged or destroyed, leaving almost 5 million people homeless. The Chinese Society of Psychiatry (CSP) and the Asian Disaster Mental Health Network are joining forces to raise funds. The Section on Disaster Intervention of the World Psychiatric Association sent its guidelines on disaster management and minimum standards in mental health management in disasters. Further plans for phased mental health disaster recovery are being developed by the Chinese Society of Psychiatry and the Asian Federation of Psychiatric Associations will participate in this work.

Dr Russell D'Souza
 Chair, Asian Disaster Mental Health Network, AFPA

BPPA Awards 2008

The British Pakistani Psychiatric Association (BPPA) offers a number of awards each year. The Young Researcher of

the Year Award aims to promote an interest in psychiatric research among young Pakistani health professionals and students whose research work, in any sub-specialty or psychiatric field, has been published in any peer-reviewed scientific journal. There are two categories – one for research carried out in Pakistan and the other for research carried out in the UK or Ireland. The winners and runners-up will be entitled to memorial shields and cash rewards equivalent of £250 and £150, respectively.

The Clinical Audit Award offers memorial shields and cash awards of £100 and £50 to the winner and runner-up, respectively. An independent evaluation committee will short-list the six best projects and the short-listed candidates will be invited to present their projects at the 7th Annual Conference of the BPPA on 1–2 November 2008.

The Public Education Award is a new prize for promoting an interest in public education in mental health issues among Pakistani media professionals, artists, health professionals and students.

Further information and nomination forms for any of the above awards may be obtained by emailing secretary@bppauk.org or visiting www.bppauk.org. All nominations must be received by 31 August 2008. The results will be announced by 30 September 2008.

Dr S. H. Jawed
 Chairman, BPPA

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Ethno-psychopharmacology

Sir: We read the article by Pi & Zhu (2007) with interest, as this topic is particularly important to psychiatrists practising in countries like Sri Lanka, where, because of the lack of local prescribing guidelines, the dosing of medication is generally determined by guidelines developed for patients in the West, such as those from the National Institute for Health and Clinical Excellence (NICE) and the *British National Formulary*.

There are reports that Asian people generally require lower doses of psychotropic medications than White people and also that they have a lower threshold for extrapyramidal side-effects (Lin & Finder, 1983). This may be because of genetic and biological variations in pharmacokinetics and pharmacodynamics. Therefore it seems prudent to observe the rule of thumb 'start low and go slow' when prescribing psychotropics, in order to achieve a clinical improvement while avoiding adverse effects.

Self-adjustment of doses of medications is commonly seen among our patients, and that can lead to suboptimal therapeutic responses and more side-effects. Hence it is important to explain treatment decisions and the adjustment of doses.

Another factor which has to be kept in mind is that these patients may also be on concomitant herbal medication. There have been reports that some herbal medications

(particularly Asian herbal mixtures) are contaminated with heavy metals (Ernst & Thompson Coon, 2001). Herbal medications may also be adulterated with prescription drugs or contain misidentified herbal ingredients. The presence of these constituents may alter the pharmacokinetic and pharmacodynamics of psychotropics, leading to toxic effects as well as suboptimal clinical improvement. Patients should be asked about the use of herbal medications, and be educated and cautioned with regard to the possible interactions between herbs and psychotropics.

Therefore, it is important to consider the inter-racial pharmacokinetic and pharmacodynamic differences as well as environmental and cultural factors when determining the dosage of psychotropics for our patients.

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Ernst, E. & Thompson Coon, J. (2001) Heavy metals in traditional Chinese medicines: a systematic review. *Clinical Pharmacology and Therapeutics*, **70**, 497–504.

Lin, K. M. & Finder, E. (1983) Neuroleptic dosage for Asians. *American Journal of Psychiatry*, **140**, 490–491.

Pi, E. H. & Zhu, W. (2007) New research advances in ethno-psychopharmacology: an Asian perspective. *International Psychiatry*, **4**, 57–58.