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## Appeal to the WPA President and Executive Committee to suspend the Russian Association of Psychiatry

On Feb 24, 2022, the world, as we knew it, changed when Russia invaded the peaceful democratic country of Ukraine, starting a full scale war. Backed by false propaganda and strategies reminiscent of Nazi Germany, Russia is killing unarmed civilians, including women, children, husbands, and parents. Russia is bombing children's hospitals, maternity hospitals, schools, churches, and our homes, brazenly violating human rights and laws. The Russians are even denying humanitarian bridges to allow civilians to get medicine, food, and water, or to escape to safety.

We, along with our colleagues throughout Ukraine, are under constant fire and shelling from Russian troops. Many have lost contact for days with friends and family in cities such as Mariupol and towns around Kyiv. Five or six times, every day, I (IP) have had to rush down to the bomb shelter to avoid artillery rounds and missiles, as well as weapons forbidden by international law, such as cluster and thermobaric bombs.

Since the invasion began, we have been fighting for the very existence of our country as well as our lives and the lives of our families and friends. Sadly, this fight is not just for Ukraine, but also for the rest of Europe and the whole world, as we now know it. Sadly also, for whatever reason, Russian scientists and our clinical colleagues in Russia appear to be silently watching

the slaughter in Ukraine. None of these colleagues has overtly condemned the war, the war crimes, and the actions of their president, government, and country. Their silence represents a false pretense that this war is not happening and that they support the actions of the Russian government. This is simply unacceptable to Ukraine and the civilised world.

Because of the immoral, belligerent behaviour of the Russian government and the failure of our Russian psychiatric colleagues to adhere to the most basic standards of ethics, we respectfully request that the World Psychiatric Association (WPA) suspend the Russian Association of Psychiatry. For the moment, the Russians have shown that they are not worthy to be counted amongst our colleagues and to participate in our shared responsibility to meet our ethical obligations to protect the health and safety of our fellow human beings.

As our personal safety and country remain in serious jeopardy, we look forward to hearing that you and our WPA colleagues have made the right and ethical decision. We are strong and proud to defend ourselves, but we also depend on the moral and material support of friends and colleagues from around the world. God Bless Ukraine!

IP is Vice-President and SG is the President of the Ukrainian Psychiatric Association.

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## Addressing the substance use treatment gap in Africa using digital screening and brief interventions

The treatment gap for substance use disorders in Africa is as high as 87%.<sup>1</sup>

WHO recommends screening and brief interventions (SBIs) for the identification and management of risky substance use, and for motivating people with probable dependence to seek care. SBIs are efficacious<sup>2</sup> and cost-effective,<sup>3</sup> making them an attractive public health approach for increasing access to treatment for substance use disorder.

Studies show that mental health interventions can be feasibly digitised for self-administration, removing the need for health-care provider contact—in person or remotely.<sup>4</sup> A self-administered, digital substance-use SBI has the potential to increase access to care and decrease intervention delivery costs. These factors are important for many parts of Africa where services and staffing for substance-use treatment and prevention are scarce.

Not much is known about the feasibility of digital SBIs in Africa. We did a systematic search of PubMed on Feb 13, 2022, using terms for digital interventions, substance use, and Africa. The search spanned the period from inception to date, and no filter was applied. We included original research articles looking at some form of feasibility for self-administered digital interventions for substance-use SBIs. We excluded review papers, those that had no participants from Africa, and papers that involved a health-care provider in administration. The search yielded 574 articles. A screening of abstracts and titles resulted in the inclusion of one article.

The study was done in 769 adult patients on antiretroviral therapy in two Namibian hospitals and used a mixed-methods open-trial design. The findings suggested that an app-based SBI for risky alcohol use was potentially feasible.<sup>5</sup> The mean time to intervention completion was 16.5 min (SD 8.1). Most patients reported that they were able to easily navigate the programme, and that the intervention resulted in behavior change.<sup>5</sup> The perceptions of health-care providers about the intervention were similarly favourable.<sup>5</sup>



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Our search suggests there is a paucity of research investigating the feasibility of self-administered digital substance-use SBIs in Africa. Available work suggests potential feasibility.<sup>5</sup> Given the rapid increase in internet penetration rates, and smart phone usage across the continent in recent years, as well as limited access to treatment, there is an urgent need to explore the utility of digital, self-administered SBIs in the region.

We declare no competing interests.

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## Time to replace the term neuroleptic malignant syndrome with antidopaminergic syndrome?

Neuroleptic malignant syndrome is a potentially fatal reaction to

antipsychotic drug treatment, characterised by mental status change, parkinsonism, hyperthermia, and dysautonomia. It is most common with high-potency, first-generation antipsychotic agents but can be caused by all classes of antipsychotic drugs. In a recent systematic review, mortality from neuroleptic malignant syndrome was reported at 7.6%.<sup>1</sup> The pathophysiology is not fully known, but there is a consensus that blockade of dopaminergic signalling or related pathways is fundamental in causing this condition.<sup>1,2</sup> This theory is supported by the same symptomatology being found in patients treated with other drugs that might also block dopamine receptors, such as antihistaminergic antiemetics. The same effect is also seen after acute withdrawal of dopaminergic agents in patients with Parkinson's disease.<sup>2,3</sup> This is an increasing problem with pump failure in patients with Parkinson's disease treated with continuous subcutaneous or intrajejunal infusions of dopaminergic drugs. However, this patient group is diagnosed with parkinsonism-hyperpyrexia syndrome,<sup>3</sup> neuroleptic malignant-like syndrome, acute akinesia, the malignant syndrome in Parkinson's disease, as well as neuroleptic malignant syndrome.<sup>4</sup> We largely consider these terms to be synonyms for the same condition and advocate the need for a common term, used by clinicians of all specialties to diagnose these patients.

Neuroleptics is a largely outdated synonym for antipsychotic medications. Therefore, it would be favourable to replace the term neuroleptic malignant syndrome, as well as the several terms used for describing the same symptoms in patients with Parkinson's disease, with an updated label that is associated with the symptomatology or pathophysiology of the condition. Although the pathophysiology is not fully explored and probably also involves other neurotransmitter systems, the dopamine pathways

appear sufficiently central to use as a basis for a diagnostic term.

Serotonergic syndrome is an important differential diagnosis for this condition, adequately named after the largely drug-induced change in serotonin levels in the CNS. According to this tradition, it would be sensible to establish a pathophysiology-related name to replace neuroleptic malignant syndrome, parkinsonism-hyperpyrexia syndrome, and other synonyms. We therefore propose antidopaminergic syndrome as a new clinical diagnosis for patients with mental status change, parkinsonism, hyperthermia, and dysautonomia caused by dopamine-blocking agents or abrupt cessation of dopaminergic treatment.

We declare no competing interests.

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