

## EDITORIAL

# Research Tourism, Indian Psychiatry and International Databases

Recently, the Drugs Controller General of India (DCGI) has written to several organizations seeking information on their infrastructure for drug trials. The DCGI was actually trying to figure out the Good Clinical Practice (GCP) training requirements at the national level. The DCGI wishes to build up a pool of GCP trained clinicians in the country by initiating a series of training campaigns. The first residential workshop "GCP Theory and Practice" is scheduled to be held in Madh Islands, Mumbai (February 13-15, 2003). It is gratifying to see that the workshop would include nearly everything that is connected with GCP: GCP fundamentals, Ethical issues in clinical research, GCP compliant SOPs, Investigators' responsibilities, Site monitoring, Quality control and audit, Adverse event management, data management and Clinical research organizations (CROs). The Central Drugs Standard Control Organization (CDSCO) is now actively pursuing the goal of improving the environment for clinical trial in the country with help from the WHO-India Country Office.

On one hand, this indicates the nature and extent of requests the DCGI has been receiving, for GCP trials, from the international Pharma majors. On the other, it may be read as an attempt to respond to an emerging trend of research partnership in global health campaign. This is an extremely valid concern for the time has now come to realize that there is a palpable shift from earlier cynicism about psychiatric research in developing societies towards appreciating the relative merits and potential rewards of conducting research in partnership in a developing economy.

One would be tempted to comment that there was nothing new about doing research in collaboration, as the latter was never a dirty word. However, when it comes to the developing world, one notes that a good number of researches that are undertaken here would probably not be printed in journals

having reasonably good impact factor (Patel & Sumathipala, 2001). It has been claimed that psychiatric researches in developing countries lack focus on major psychiatric problems. It is further argued these researches are donor-driven, not priority-driven. It is also alleged that there are problems in documentation and quality.

Some of these arguments are partly correct. The research environment is far from being conducive for several researchers. There is inadequate felt need for conducting research. Attitudinal deficits plague mental health research, translating into hostility and ridicule. Poor resource allocation, though a problem, is a somewhat weaker argument. There is a glaring problem of poor resource utilization as well.

However, much of these are probably changing. Increasingly, there is a felt need to pursue and respect research carried out in the developing or poor income countries. Even in the context of simple drug trials, the major international pharmaceutical companies now recognize that India is a viable destination for research tourism. It offered a sound opportunity for carrying out clinical trials. There is a large patient pool, good number of well-trained and well-meaning investigators whose expertise can match those anywhere in the world. The international quality managers and auditors have a substantial presence in India and there are a number of premier institutions that can shoulder the responsibility of a GCP trial and stand scrutiny of the auditors from international regulatory agencies, such as the FDA. All this can happen at a considerably low cost as compared to the developed or high-income countries. Already, about 8 centres carried out the ziprasidone trial for Pfizer. Burrows Welcome sponsored their lamotrigine study through Quintiles-Spectral India operations. AstraZeneca also recruited several centres through the Quintiles for several studies involving quetiapine in manic disorder. Janssen-Cilag has presumably finished their study of risperidone in mania in

centres. One notes that most of these are multicentre trials primarily for satisfying the regulatory authorities abroad. All the Pharma companies are coming back with more protocols!

In other context too, there is a palpable shift of interest in favour of research conducted in developing nations. Many psychiatrists in these countries have embarked on joint collaborative studies with their western counterparts, with or without funding support. Here again, there is the realization that a large number of treated as well as untreated patients are available. Through their interactions and formal meetings in international conferences, both sides understand the need to collaborate with one another in search for the answers to interesting questions of immense clinical relevance. As a result, psychiatric research is fast achieving a global relevance.

For instance, Kumar et al (2003) in this issue, observe that ECT works for treatment resistant schizophrenia but raise an important question: are there lasting benefits with ECT? Does one require administering *maintenance ECTs* to those who benefited from an acute course of, say 12 to 15 ECTs? These questions could be answered anywhere in the world theoretically. However, Chanpattana in Thailand chose to conduct the study in collaboration with Sackeim in the USA and came up with brilliant answers (Chanpattana et al., 1999). In this very issue, a similar reference is made of the New Delhi - Newcastle collaborative project on bipolar disorders wherein the effect of mood stabilizers on neurocognitive functions could be worked out (Moore & Gallagher, 2003).

There is a possibility that a few researchers in a developing country such as India may at times feel somewhat demoralized because he has to operate with very little incentive to conduct his research. This gets further aggravated, if and when he finds it difficult to have the paper(s) accepted by a decent, indexed international journal! Consequently, a Mathew effect sets in wherein more and more investigations from the developing world, conducted with great difficulty and numerous odds, cannot be published in leading journals, depriving him of the due appreciation for his work.

It is imperative to note that there is no dearth of quality research in India in the field

of psychiatry. At present, however, there is a general tendency to send a quality report to other, international journals. Many are rejected, and research is not published in time losing out on topicality. This could be depressing for many and justifiably so. Why is the IJP not indexed, then? The question is relevant. As and when this journal is indexed, first time quality submissions would pour in, triggering a chain of positive events with incremental effects in terms of quality.

After all, a journal is the creation of the authors and readers. Everyone is apparently convinced that indexing of IJP in international databases such as Index Medicus has to be a top priority. Therefore, the authors and readers have to make efforts to uplift the quality, as quality alone is the deciding factor.

Hence, it is important that we deal with the issues and processes of indexing the journal in Index Medicus. Here is a glimpse of what goes on, (modified from [http://www.nlm.nih.gov/pubs/factsheets/j\\_sel\\_faqs.html](http://www.nlm.nih.gov/pubs/factsheets/j_sel_faqs.html))

The decision whether or not to index a journal is made by the Director of the National Library of Medicine, based on considerations of both scientific policy and scientific quality. The Literature Selection Technical Review Committee (LSTRC) arranges to review journal titles and assess the quality of their contents.

Approximately 4,500 journals are currently indexed and included in the MEDLINE database. There are about 3,630 titles in *Index Medicus*. The LSTRC would usually meet three times a year to consider approximately 140 titles at each meeting.

The users of the MEDLARS indexes are researchers, health care practitioners, educators, administrators, and students. It is not difficult to see that their needs would vary considerably. It is thus very important that the indexes do not concentrate on one set of users at the expense of another. The content, form and accepted structure of the journals vary greatly.

National Library of Medicine favours a practical system for selection of journals that will reflect these different needs. The selection depends greatly on the judgment of LSTRC

members and the Director. However, the following are the *critical elements* that serve as a general guide:

Firstly, the scope and coverage is important in that the journal under review should publish papers mainly on core biomedical subjects. Psychiatry and behavioural sciences are regarded as a core area.

The main deciding factor in selecting a journal for indexing is its scientific merit. The Committee members look at validity, importance, originality, and contribution to the coverage of the field. These key factors are considered before recommending a journal for indexing.

Quality of editorial work is one of the major concerns, too. The contents of the journal must have all those features that contribute to the objectivity, credibility, and quality, including information about the processes of selecting articles, with special reference to external peer review. It should have statements concerning ethical guidelines, disclosure of financial conflicts of interest, timely corrigendum, explicit responsible retractions and a forum for airing comments and dissenting opinion. Nothing should raise questions about the objectivity of the published material. Sponsorship by national or international professional societies may be considered. The Indian Psychiatric Society sponsors the IJP.

The quality of the production is assessed as well, because the get-up, layout, printing, graphics and illustrations are all important aspects of a journal. The National Library of Medicine prefers that journals of archival importance be printed on acid-free paper. This is not a requirement for selection, though.

The MEDLINE and Index Medicus are facilities that cater to mainly those in the health professions: researchers, practitioners, educators, administrators, and students. The phrase health professionals includes physicians, nurses, dentists, veterinarians, and the many types of allied health professionals in the research and health care delivery systems.

According to the type of papers the journals are sub-typed. Many types are indexed. One would note that publications that consist primarily

of reprinted articles, reports of association activities, abstracts of the literature, news items or book reviews, are not usually indexed. The IJP may be regarded as a journal that publishes original research reports.

In the recent years, the members of Indian Psychiatric Society would have very often discussed about the aforementioned details governing the process of indexing in Index Medicus. The preoccupation with a place in international database is understandable and widely shared. For instance, the President of the World Journal of Biological Psychiatry, Professor Carlos Roberto Hojaij writes, in his letter to the readership, in December 2002, "*Although that achievement (indexing of the journal by Index Medicus) may represent just another bureaucratic step in its successful evolution, considering the short period of time to get that recognition (middle of the third volume), it really represents the outstanding quality, and worldwide acceptance of the World Journal of Biological Psychiatry.*"

Now, it is in the hands of all the members of the Society and the authors of IJP to strengthen the quality of the IJP. After all, a journal is the creation of its authors and readership.

## REFERENCES

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