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Beware of Predatory Conferences: A Pandemic through Another Pandemic

Dear Sir,

Presenting research work at a reputed conference shines the life of medical students during their training. It encourages young trainees to carry forward scientific research into their life. In many countries, it has become mandatory to present scientific research at a conference during postgraduation training.¹ Nowadays, hundreds of scientific conferences are being organized by anonymous scholarly societies throughout the world. Often, merit-based scholarships from the parent institutions facilitate the attendance to various conferences.²

The COVID-19 pandemic has shown us newer ways of attending conferences. We can now easily present our articles or listen to great researchers from another part of the world. We can save enormous money and time while having a similar academic experience.³

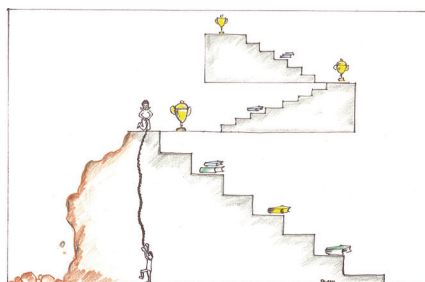
However, technology can come with greater possibilities of being manipulated. A study revealed shows that faculty or fellows are receiving 1,500 unsolicited emails per year.⁴ Some emails also mention conferences that are not even related to their subject specialties. The conferences are covering multiple disciplines together, such as veterinary sciences and psychiatry. Some offer you a certificate even without a proper review by the panel. Till now, this did not need significant attention as we were focused on face-to-face conferences; however, COVID-19 has brought more attention to virtual platforms, hence more traps for budding psychiatrists or students. There is no clear data about the number of conferences being organized throughout the world. There are no central or global

authorities looking after the data related to these conferences.

Here we raise some important aspects and tips to tackle the epidemic of predatory conferences in the wake of COVID-19. Predatory conferences are like other conferences that provide platform to a scholar to present their research work but these are organized mainly for profit and these are poorly organized.

Easy Tips for Identifying Predatory Conferences

1. Fast track acceptance of conference paper, no proper panel review, guarantee for acceptance.
2. No proper aim or scope of the conference, often mix of different unrelated specialties.⁵
3. The admission is often low-priced, and may even be subsidized; however, it would be impossible to get a refund.
4. Organizers are not well known.
5. Presenters are often not from that particular field or often not seen in other research portals.
6. Often target junior medical or scientific researchers; they may even receive an invitation as a guest speaker despite lack of experience.
7. Getting an invitation from totally different fields and asking for collaboration.⁵
8. Unusual promises such as publications without peer review.



Why Predatory Conferences Are the Problem?

1. It is a danger to scientific progress as it undermines the quality of the scientific meeting. For example—you can present a paper of physics at a psychiatric conference.
2. Junior researchers are prey to them, leading to wastage of time, resources, and money.⁶
3. Losing credibility of genuine research when published in such a conference. Well-known research groups ignore such research while reviewing the literature for practice guidelines, systematic reviews, or meta-analysis.

How to Avoid It?

1. Avoid conferences linked with open access predatory journals identified by Beall's list.⁷
2. Carefully check the speakers and organizers and their credentials.
3. Discuss with peers or seniors.
4. Do not hurry to achieve success; rather, take it slow before publishing or attending a conference.
5. Choose a conference for learning something new, not just adding an extra name in biodata.

Conclusion

Science is in danger from evils like predatory conferences. Junior researchers are getting targeted every day. There are evil forces working only on the aim of money-making. Fake academic organizations can earn billions just by selling their agendas, and young researchers may not be cognizant of this aspect, due to lack of adequate knowledge about the predatory conferences. It is time to organize ourselves against such evil by educating our future generations. Researchers should

not focus on shortcuts and they should always be cognizant about research ethics. There is a need for regulatory bodies who can oversee and warn the academic fraternity from falling prey to various money-making predatory organizations.

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Atypical Mood Symptoms As The Presenting Feature of Moyamoya Disease: A Case Report

Dear Sir,

Moyamoya disease is a rare vaso-occlusive disease that results in transient ischemic attacks or strokes. Neuropsychiatric manifestations have been uncommonly reported to be associated with moyamoya disease. We report the case of Mrs S, a 35-year-old, right-handed female who presented to Regional Mental Hospital, Nagpur, India. She was brought by her husband, with complaints of pervasive irritable behavior, sleep disturbances, and intermittent headaches for the last one year. She complained of difficulties in concentration and in remembering recent events and of not being able to perform her daily chores as earlier. She had a

history of a similar episode at the age of 24 years. At the age of 30 years, she had had a transient right-sided hemiparesis, which resolved over a week. On mental status examination, she expressed persecutory delusions, her mood was predominantly irritable, and she had increased psychomotor activity. Her physical examination findings were unremarkable. Neurological examination did not reveal any residual motor paresis or other signs of upper motor neuron lesions. Routine lab investigations inclusive of hemogram, fasting glucose, serum electrolytes, and kidney, liver, and thyroid function tests were normal. Her 2D echocardiogram revealed mild mitral valve prolapse with normal biventricular function.

In view of the atypical nature of her mood symptoms and the history of hemiparesis, a magnetic resonance imaging of the brain was performed. It revealed a focal area of gliosis in the left

frontal lobe. Subsequently, magnetic resonance (MR) angiography revealed gross irregular narrowing of the distal internal carotid artery and proximal middle cerebral artery and non-visualization of the distal anterior and middle cerebral arteries. There was extensive bilateral collateralization, and multiple chronic infarcts were noted. Digital subtraction angiography revealed complete occlusion of bilateral middle and anterior cerebral arteries, with collaterals. The above findings were supportive of a diagnosis of moyamoya disease,¹ which was also confirmed by a neurologist. She was managed conservatively with antiplatelet drugs and folate supplementation.

Her mood syndrome fulfilled the criteria for an episode of mania with psychotic symptoms. She was started on T. lithium carbonate 600 mg/day, T. divalproex sodium 1,000 mg/day, T. olanzapine 10 mg/day, and T. trihexyphenidyl 4 mg/day. The mood symptoms responded