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#### SAJP GOES OPEN ACCESS

The South African Journal of Psychiatry is moving to 'open access' through the open access online biomedical research publisher BioMed Central.

From the SAJP's perspective its publishing policy will remain essentially unchanged, with peer review continuing as before. There will also be citation tracking, with the addition of on-line tracking options (Scopus and Google Scholar), which will enable authors to monitor their own citation statistics directly. Copyright for articles is retained by authors, licensed under the Creative Commons Attribution License, which allows articles to be freely downloaded from the BioMed Central website and re-used and re-distributed without restriction, as long as the original work is correctly cited.

Open access will significantly broaden the reach of the *SAJP*, effectively making it global, and ensuring that the contents get the widest distribution.

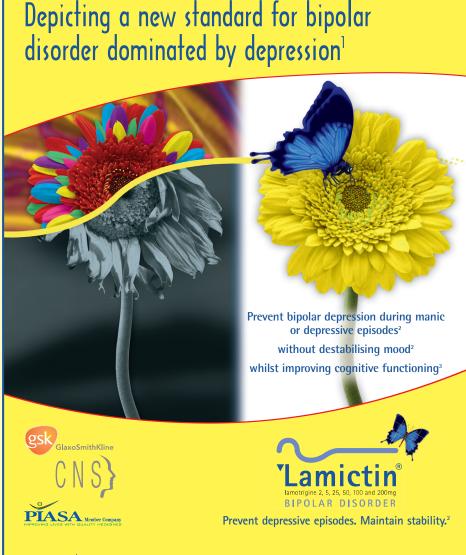
Source: www.biomedcentral.com

## NEUROLOGICAL DISORDERS AND THE PUBLIC HEALTH CHALLENGES

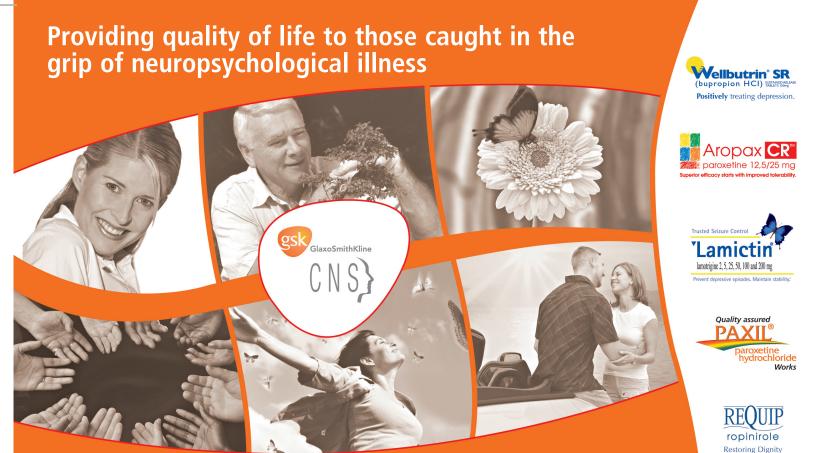
Neurological disorders, including dementia, epilepsy, headache disorders, multiple sclerosis, neuroinfections, neurological disorders associated with malnutrition, pain associated with neurological disorders, Parkinson's disease, stroke and traumatic brain injuries, affect up to one billion people worldwide, according to a new survey by the World Health Organization (WHO).

Of these, some 50 million people suffer from epilepsy and 24 million from Alzheimer's or other dementias, and together these disorders, along with Parkinson's disease, are estimated to have accounted for 1.3% of total global DALYs in 2005. This number is expected to rise to 1.5% in 2015 and more than 1.8% by 2030 – an increase brought about by a demographical transition from predominantly youthful populations to older and ageing ones as a result of increased life expectancy and reduced fertility.

References: 1. Judd LL, Akiskal HS, Schettler PJ, et al. The Long-term Natural History of the Weekly Symptomatic Status of Bipolar I Disordex. Arch Gen Psychiatry 2002; 59: 530-537. 2. Goodwin GM, Bowden CL, Calabrese JR, et al. A pooled Analysis of 2 Plasebo-Controlled 13-Month Hisials of Lamotrigine and Luthium Maintenance in Bipolar I Disordex. J Clin Psychiatry 2004; 65(3): 432-441. 3. Khan A, Girsberg LD, Asnis GM, et al. Effect of Lamotrigine on Cognitive Compliants in Patients with Bipolar I Disordex. J Clin Psychiatry 2004; 65(11): 483-1490. For full prescribing information, refer to package insert. [33] LAMICTIN\* 25, 50, 100 and 200 Tablets. Reg. Nos. 2012;5308-09. 29. 29/2.503093—29/2.503093—39/2.503096, 39/2.5030







For full prescribing information, refer to the package insert. \$\lequip AROPAX CR 12,5 \text{. Reg. no. A381,20612}. Each controlled release tablet contains parawetine hydrochloride equivalent to 12,5 mg parawetine free base. \$\lequip AROPAX CR 25, Reg. no. A381,20613. Each controlled release tablet contains parawetine hydrochloride equivalent to 25 mg parawetine free base. \$\lequip AROPAX CR 25, Reg. no. A381,20613. Each controlled release tablet contains parawetine hydrochloride equivalent to 25 mg parawetine free base. \$\lequip AROPAX CR 25, Reg. no. A381,20613. Each controlled release tablet contains parawetine hydrochloride equivalent to 25 mg parawetine free base. \$\lequip AROPAX CR 25, Reg. no. A381,20613. Each controlled release tablet contains parawetine hydrochloride equivalent to 25 mg. Som. \$\lequip AROPAX CR 25, Reg. no. A381,20613. Soc. \$\lequi





These disorders are found among all age groups and in all geographical regions.

Despite the fact that effective, low-cost treatments are available, large numbers of people go untreated for reasons including inadequate health delivery systems, lack of trained personnel, the absence of essential drugs and the prevalence of traditional beliefs and practices.

The report says that a clear message emerges: unless immediate action is taken globally, the neurological burden is expected to become an even more serious and unmanageable threat to public health. Accordingly it recommends a series of 'simple but effective' actions, including greater commitment from decision makers, increased social and professional awareness, strategies that address stigma and discrimination, national capacity building and international collaboration. The research agenda for developing countries, including operational research, also needs to be developed to gain better understanding of the problem so that appropriate responses can be developed and evaluated.

Most importantly, neurological care may be integrated into primary health care. In these settings, doctors can use low-technology interventions, and community-based rehabilitation is also an option.

Source: www.who.int

# GlaxoSmithKline launches HIV/AIDS and Mental Health Newsletter

Neuropsychiatric disorders comprise the second largest component of HIV/AIDS, our national burden of disease.

The National Research Foundation has provided funding for a cross-university brain-behaviour initiative (CUBBI), a research initiative focused on the psychobiology of vulnerability and resilience after psychological trauma.

GSK initiated this newsletter, in association with the CUBBI, as a service to the medical community The newsletter will provide practitioners with a series of updates on HIV/AIDS and mental health, written by respected professionals in their individual fields of expertise. It also aims to raise awareness and highlight the role and gravity of mental health in HIV/AIDS patients.

Professor Dan Stein, Professor and Chair of the Department of Psychiatry, University of Cape Town and Director, MRC Unit on Anxiety and Stress Disorders, University of Stellenbosch, has been appointed as editor. The first issue appeared at the end of June 2007.

Parties interested in receiving or contributing to future issues of the newsletter are welcome to contact Madelein Steyl, CNS Brand Manager, GSK South Africa, tel (011) 745-6046 or e-mail: madelein.m.steyl@gsk.com. Reference available on request.

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