

MEDITIME

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"**DEPRESSION** affects nearly **86 million** people in South-East Asia Region, **INCLUDING NEPAL**, and if left untreated, in its most severe form can lead to suicide, warned **WORLD HEALTH ORGANIZATION REGIONAL OFFICE** for South-East Asia."

The Himalayan Times, April 4th, 2017

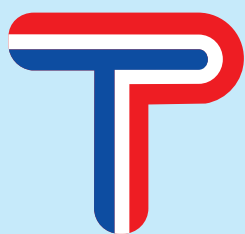


Alcohol Abuse/Use
in Suicide Attempters

Key Facts About
Depression

Dementia

Touching Lives, Delivering Promises



MEDITIME

A Medical Bulletin from TIME Pharmaceuticals (P.) Ltd.

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Editorial



Mental disorders account for one of the largest and fastest growing categories of the burden of disease worldwide. Mental ill-health can have devastating effects on individuals, families and communities, with one in every two people experiencing a mental illness in their lifetime.

There is a bitter truth which is proved by research that the serious mental illness can take between 7-24 years off a person's life, which is similar to or worse than the impact of heavy smoking. The researchers found that the average life expectancy was 10-20 years shorter than normal for people with schizophrenia, 9-20 years shorter for those with bipolar disorder, 7-11 years shorter for those with recurrent depression, and 9-24 years shorter for people with drug and alcohol abuse. It shows that it is more dangerous than life shortened by heavy smoking.

There are many different mental disorders, with different presentation. Depression and anxiety disorders are among the most common illnesses in the community and in primary care. After that, Dementia, a disease majorly affecting memory, is now leading as a cause of disability and dependency among the elderly. It is believed that a new case of dementia occurs somewhere in the world in every 3 seconds. With this, we can predict that the cases of dementia are increasing day by day. There are over 100 forms of dementia. The most well known form of dementia is Alzheimer's disease. Beside this, Psychosis is becoming one of the most life-impacting conditions in healthcare, and arguably most significant in mental health in terms of poorest lifelong outcomes. All these diseases are increasing due to busy lifestyle and stress as well as unable to manage the work-life balance in their life.

TIME Pharmaceuticals is now launching series of new molecules in the sector of depression and psychosis such as Setra (Sertraline 25, 50 and 100mg), Alzicare (Donepezil 5 & 10mg) and Aripri (Aripiprazole 10 and 15mg). Furthermore molecules are in the pipeline of R & D. Aripiprazole, a blockbuster molecule within a short period of launching in the world with therapeutic effects on both positive and negative symptoms of schizophrenia and related disorders with reduced side effects.

In this issue, we are supported with the articles related to depression and suicide which are the hot issues of current society. We feel honor to share the information from our valued doctors with our readers. I thank fully acknowledge all medical fraternities for your continuous support for MEDITIME, and wish similar support with valuable feedback and suggestion for improvement in it.


Sudarshan Lal Shrestha
Editor in Chief

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Dengue Cases and Deaths in Nepal Increasing at Alarming Rate

Nepal has become victim to the deadly dengue epidemic, which has affected more than 4,000 people and is slowly taking their lives.

As of September 09, 2019, the number of dengue patients in the nation has increased by 52 percent. The country recorded a total of 3,899 people affected with dengue until September 08, 2019. According to the Nepal Epidemiology and Disease Control Division, the given number of people was tested positive for dengue. The number increased by 268 cases from September 03, 2019.

Following the rapid spread of the epidemic, lawmakers have begun drawing the attention from the government, who are yet to comment or take action on the alarming situation in Nepal. "We have to make a concerted effort to contain the infection as the government cannot do much on its own. Every household and community should play a proactive role to limit the infection," said a senior Health and Population Ministry official on condition of anonymity. The epidemic has begun claiming lives of the affected, increasing the death toll at an alarming rate.

Dengue Cases as of September 19, 2019

The dengue fever cases in Chitwan, Kathmandu and Bhaktapur is seeing a rapid upward climb, signaling the beginning of a dengue epidemic in Nepal. Chitwan has reported more than 2,000 cases of dengue over the last two months. As many as 1,170 dengue cases have been reported in Kathmandu until September 10, 2019. Bhaktapur has recorded a total of 197 dengue cases within two weeks, as of September 18, 2019. Despite these alarming numbers, the Nepal Government has not declared a state of emergency in Nepal. Nepal Deputy Prime Minister of Health and Population Upendra Yadav stated that there was no need to declare 'Health emergency' in the country, while addressing the House of Representatives on September 18, 2019.

Yadav explained that dengue was a global concern as there was no vaccine or medicine to treat or control the disease. "The most effective method to contain the outbreak is to search and destroy larvae that breed dengue causing mosquitoes. Containing dengue outbreak has become a major challenge even for the developed countries. Dengue was listed by the WHO as one of the most serious diseases," Yadav said.

The disease has claimed six lives across Chitwan, Doti, Kathmandu, Sunsari and Sindhupalchowk as of September 09, 2019. 56 of the 77 Nepali districts have been affected with Dengue. The districts which have recently started reporting of dengue include Dolakha, Manang, Myagdi, Pyuthan, Rolpa and Rukum. Province 3 has reported the highest number of dengue cases in the country, where 2,010 people have been tested positive for the illness. Province 3 alone contributes to 51 percent of the dengue cases in Nepal. Gandaki Province and Province 1 have recorded 896 and 831 dengue cases, respectively. Chitwan, Kaski and Makwanpur districts remain the most-affected with 1,036, 715 and 624 dengue cases, respectively. Kathmandu district has also recorded a steady increase in the number of dengue patients, which has risen to 254 between September 03-09, 2019. The number of dengue patients in Lalitpur increased to 32 during the same period, while in Bhaktapur the people infected by dengue increased to 33. Every year, the world reports about 360 million cases of dengue annually. Human beings are infected with the dengue virus caused by the bite of the female *Aedes aegypti* mosquito. The change in Nepal's rainfall pattern due to climate change is one of the reasons for the rise of dengue cases in the country.

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SUICIDE:

One Person Dies Every 40 Seconds

The number of countries with national suicide prevention strategies has increased in the five years since the publication of WHO's first global report on suicide, said the World Health Organization in the lead-up to World Suicide Prevention Day on 10 September. But the total number of countries with strategies, at just 38, is still far too few and governments need to commit to establishing them.

Despite progress, "one person still dies every 40 seconds from suicide," said WHO Director-General, Dr Tedros Adhanom Ghebreyesus. "Every death is a tragedy for family, friends and colleagues. Yet suicides are preventable. We call on all countries to incorporate proven suicide prevention strategies into national health and education programmes in a sustainable way."

Suicide rate highest in high-income countries; second leading cause of death among young people

The global age-standardized suicide rate for 2016 was 10.5 per 100 000. Rates varied widely, however, between countries, from 5 suicide deaths per 100 000, to more than 30 per 100 000. While 79% of the world's suicides occurred in low- and middle-income countries, high-income countries had the highest rate, at 11.5 per 100 000. Nearly three times as many men as women die by suicide in high-income countries, in contrast to low- and middle-income countries, where the rate is more equal. Suicide was the second leading cause of death among young people aged 15-29 years, after road injury. Among teenagers aged 15-19 years, suicide was the second leading cause of death among girls (after maternal conditions) and the third leading cause of death in boys (after road injury and interpersonal violence).

The most common methods of suicide are hanging, pesticide self-poisoning, and firearms. Key interventions that have shown success in reducing suicides are restricting access to means; educating the media on responsible reporting of suicide; implementing programmes among young people to build life skills that enable them to cope with life stresses; and early identification, management and follow-up of people at risk of suicide.

Pesticide regulation: an under-used but highly effective strategy

The intervention that has the most imminent potential to bring down the number of suicides is restricting access to pesticides that are used for self-poisoning. The high toxicity of many pesticides means that such suicide attempts often lead to death, particularly in situations where there is no antidote or where there are no medical facilities nearby.

As indicated in the WHO publication the regulations to prohibit the use of highly hazardous pesticides can lead to reductions in national suicide rates. The best-studied country is Sri Lanka, where a series of bans led to a 70% fall in suicides and an estimated 93,000 lives saved between 1995 and 2015. In the Republic of Korea-where the herbicide paraquat accounted for the majority of pesticide suicide deaths in the 2000s-a ban on paraquat in 2011-2012 was followed by a halving of suicide deaths from pesticide poisoning between 2011 and 2013.

Alcohol Abuse/Use in Suicide Attempters: A Study in Psychiatric Out-Patient Clinic of a Teaching Hospital of Eastern Nepal

Abstract

Background: Alcohol use is common in Nepalese society. Substance abuse/use is described as one of the 3 of the deadliest combination for suicide. There is a scant data from Nepal about the relationship of alcohol with suicide. We aim to see alcohol abuse/use in cases of suicide attempt.

Methods: It is a hospital based descriptive study conducted among the cases with suicide attempt. All the patients consulting the investigating psychiatrist of a department of psychiatry of a teaching hospital in eastern Nepal within study period were enrolled after informed consent. With usual detailed work-up, suicidal state was ascertained. Relevant informations were recorded in the proforma. An intensive exploration was made in all suicide-attempt subjects into a range of alcohol abuse/use. Alcohol use/disorder was operationally sorted out into various categories in relation to suicide attempt.

Results: Out of 150 total cases of suicide attempt, 68% (102) were married and 58.7% (88) were female. Average age was 28.8 ± 12.329 years. More of the cases were from village and semi-urban settings. Some cases had used alcohol for the first time immediately prior to the attempt and some other had Alcohol dependence syndrome (ADS). A clear and possible association was seen in 56/150 (37%).

Conclusion: Alcohol abuse/use is common and appears to precipitate and predispose the DSH attempt.

Keywords: Alcohol use; Deliberate self harm; Alcohol use disorder; Nepal; Suicide

Abbreviations: ADS: Alcohol Dependence Syndrome; ARD: Alcohol Related Disorder; AUA: Acute use of alcohol; AUD: Alcohol Use Disorders; BPKIHS: BP Koirala Institute of Health Sciences; DSH: Deliberate Self Harm; DSM: Diagnostic and Statistical Manual of Mental Disorders; HUA: Harmful Use of Alcohol; ICD 10: The International Classifications of Diseases 10th Edition; IERB: Institute Ethical Review Board; SPSS: Statistical Package for Social Studies

Introduction

Suicide is a complex phenomenon with multi-factorial causation^[1-4]. Complex interplay of various psychological, social, cultural and biological factors is implicated behind suicide and its attempt^[2-5] though many of times; some particular precipitating event/factor stands out in particular set-up and region indicating need for the identification and some specific strategies^[3]. Among suicide attempters, the combination of depression, hopelessness and substance/alcohol abuse/use has been reported as the deadliest one as risk^[5]. Alcohol abuse/use is common and suicide/attempt has been observed more among alcohol users in Nepalese context too^[6,7]. Data on magnitude of alcohol abuse/use in



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suicide/attempt will help guide devising needful strategies^[3]. There is, however a dearth of information about alcohol use and related disorders among suicide attempters in Nepalese setting. This study was conducted in the department of psychiatry, B.P. Koirala Institute of health sciences, Nepal in 2011 to sort out the alcohol use/related disorders among suicide attempters.

Methods

It is a hospital based-cross sectional descriptive study looking into alcohol abuse/use among suicide attempters. All patients consulting the investigating psychiatrists-team of B. P. Koirala Institute of Health Sciences, Dharan, Nepal, within study period (12 months, 2010 October/ 2011 September) were enrolled after informed consent. With usual detailed work-up, suicidal state was ascertained. Relevant informations were recorded in a predesigned proforma. An intensive exploration was made in all the subjects into a range of alcohol use and alcohol use disorders (ICD-10)^[8]. Alcohol abuse/use was categorized in relation to suicide attempt into:

- Single and first time use just prior to the attempt.
- Occasional but not during attempt.
- Occasional and also during attempt.
- Harmful use and also during attempt.
- Harmful use but not during the attempt.
- Regular use/Alcohol dependence syndrome (ADS) but not during attempt.

e.g: ADS and use during attempt. The information and views collected from the subjects and their care takers (when the subject was not in position to respond) (through semi-qualitative approach) regarding the role of alcohol use and disorder in the suicide attempt were sorted out. The information was kept confidential. Ethical clearance was obtained from the Institute Ethical Review Board of BPKIHS. Data were entered into a computer and analyzed using 'Statistical Package for Social Studies' (SPSS) - software 17.

Results

- Out of the total of 150 cases enrolled in this study; 88 were female, with M : F ratio of 0.71: 1.
- Average age was 28.8 ± 12.329 years, with age range of 14-81. Patients of age groups (20-29) and (< 20) years constituted the largest proportion 40.7% and 22.7%. Majority 102, 68.0% were married; with 43, 28.7% single, 3, 2.0% widow and 1, 0.7% each divorcee and engaged. Great majority 82% were educated to various levels (Table 1).

Table 1: Age, Marital status and Education of suicide attempt cases

Age group (yrs.)	No. (%)
< 20	34 (22.7)
20 - 29	61 (40.7)
30 - 39	26 (17.3)
40 - 49	18 (12.0)
≥ 50	11 (7.3)
Marital status	
Single	43 (28.7)
Married	102 (68.0)
Separate/ divorce	1 (0.7)
Widow	3 (2.0)
Engaged	1 (0.7)
Education Level	
Illiterate	27 (18.0)
Literate - 3	16 (10.7)
4 - 7	29 (19.3)
8 - SLC	52 (34.7)
PCL and above	26 (17.3)

c. Caste/ethnicities classified as per the system of 'Government of Nepal, 2007 for Free Health services, District Health Service Report 2064' revealed: Upper Hill caste (e.g. Brahmin, Chhetri, Thakuri, etc.), disadvantaged Hill Janajati (e.g. Magar, Rai, Tamang, Limbu, Sherpa, etc) and relatively advantaged Janajati (e.g. Newar, Gurung, Thakali) as the commonest caste/ethnicities. Hindu cases (127, 84.7%) predominated here; with 11, 7.3% Kirat; 6, 4.0% Buddhist; 4, 2.7% Muslim and 2, 1.3% Christian. Half of the total 75, 50.0% were from villages; 24, 16.0% from cities and 51, 34.0% semi-urban (Table 2).

Table 2: Caste/Ethnicity, Religion, Family type and Residential settings.

Caste/ Ethnic Groups	No. (%)
Upper Hill	40 (26.7)
Upper Terai	15 (10.0)
Relatively Advantaged Janajati	16 (10.7)
Religiously Minorities/ Muslim	5 (3.3)
Disadvantaged Non-Dalit Terai	21 (14.0)
Disadvantaged Hill Janajati	39 (26.0)
Disadvantaged Terai Janajati	1 (0.7)
Hill Dalit	11 (7.3)
Terai Dalit	2 (1.3)
Religion	
Hindu	127 (84.7)
Buddhist	6 (4.0)
Muslim	4 (2.7)
Christian	2 (1.3)
Kirat	11 (7.3)
Family Type	
Nuclear	74 (49.3)
Joint	54 (36.0)
Broken/ Separated/ Alone/ Other	22 (14.7)
Residential Setting	
Urban	24 (16.0)
Semi-Urban	51 (34.0)
Rural	75 (50.0)

- d. Majority of these subjects (115, 76.7%) had psychiatric disorder. The most common psychiatric diagnosis was depression (unipolar mainly and some bipolar) (Table 3).
- e. Consumption of poison was the most common mode (118, 75%) of suicide attempt*. Among the 118 subjects attempting suicide by consuming poison, the commonest poison used was Organophosphorous compounds. Two subjects had consumed 2 poisons (Table 4).
- f. Many cases 71/150 had high intent and 58/150 had high lethality of effect of the attempt (Table 5).
- g. More than half of subjects (82/150, 54.7%) reported to use psychoactive substance, mainly alcohol (Table 6).
- h. One third of the subjects 50/150, 33.3% reported to consume alcohol immediately prior to the suicide attempt (Table 7).
- i. In 56, 37.3% cases, some relationship (definite and possible) was reported between alcohol abuse/use and suicide attempt.

Table 3: Psychiatric diagnoses*.

ICD Code	Psychiatric Diagnosis	No. (%)
	Suicide, Impulsive	35 (23.3)
	Present	115 (76.7)
	Physical Disease	8 (5.33)
F10-19	Psychoactive Substance Use	48 (32.00)
F20-29	Schizophrenia, Schizotypal & Delusional	10 (6.67)
F30-39	Mood (Affective)	59 (39.33)
F30- 34, 38, 39	Manic Episode, Bipolar Affective	1 (0.67)
	Depressive Episode, Bipolar Affective	4 (2.67)
	Depressive (Including Dysthymia- 1)	54 (36.00)
	Stress Related/Adjustment	17 (11.33)
Others	Organic/Mental Retardation/Personality	16 (10.67)

*Multiple response category - One respondent may have one or more responses.

Table 4: Mode of Suicide attempt and Type of Poisons used*.

Mode of Attempt	No. (%)	Mode of Poisoning	No. (%)
Poisoning	118 (74.55)	Organophosphorous	92 (77.9)
Hanging	23 (15.33)	Zinc Phosphide	15 (12.7)
Strangulation	5 (3.33)	Drug Overdose	6 (5.1)
Cut/Injury	6 (4.00)	Chemical	4 (3.4)
Other/Mixed	9 (6.00)	Other/Mixed	3 (2.5)

Table 6: Substance use among out patients with Suicide attempt*.

Substance Use	No. (%)
None/Never	68 (45.3)
Occasional/Social Alcohol	20 (13.3)
Harmful Use of Alcohol	27 (18.0)
Alcohol Dependence	20 (13.3)
Alcohol + Other Substance	8 (5.3)
Other Substance	8 (5.3)
Inadequate	7 (4.7)

Table 7: Alcohol use during Suicide attempt.

Substance use During Suicide Attempt	No. (%)
Not Present	91 (60.7)
Never Used	68 (45.3)
Occasional but not During Act	13 (8.7)
Harmful Use but not During Act	9 (6.0)
Present	50 (33.3)
First time Use at the Time of Act	5 (3.3)
Occasional and Use During Act	7 (4.7)
Harmful & use During Act (Excluding First Time Use)	18 (12.0)
Regular and Use During Act	8 (5.3)
Increased Regular Use During Act	12 (8.0)
Inadequate Information	9 (6.0)

Discussion

Suicide and its attempts is a serious problem with great impact for individual, family, society and nation^[9,10]. Its rate is reported to increase in recent years^[2], more so in the developing countries^[10]. Nepal is also witnessing high and rising suicide rates, in various settings^[11,12] though we have a limited nationwide community based data^[13]. Suicide is the result of a complex process of interaction of protective and risk factors, i.e. interplay of bio-psycho-socio-cultural factors^[1-5]. Hence, the prevention efforts are challenging and also required to be multi-factorial and multi-dimensional^[2,9]. As with other health problems, suicide prevention endeavours include primary, secondary and tertiary prevention in the form of universal, selective, targeted and indicated interventions^[2,9]. Related factors may predispose or precipitate the suicide phenomena and may also contribute to cause repeated attempts^[2,9]. Important perspective is to analyze and address modifiable factors in a particular setting and locality^[3,14]. Identification of modifiable factors and managing them consist of an important aspect of suicide prevention^[3]. We have some studies looking into associated clinical correlates including depression and other psychiatric morbidities^[15] and common stressors^[16] in suicide attempt subjects. We aim in this study to see the alcohol use and disorders among suicide attempt cases coming in psychiatric department of a teaching hospital in eastern Nepal. Since alcohol use and disorders are remarkably high in this part^[7,17], we view that this effort would make a meaningful step towards comprehensive understanding and suicide prevention here.

Occurrence of any factor in a health problem can be of coincidental, co-occurrence or causal (cause and effect) relationship. Alcohol use and its related disorders in suicide also may be one of these possibilities; complex and still far from conclusive^[2,3,9,14]. In this study, we aim to see the occurrence of a spectrum of alcohol use and alcohol use disorders among the psychiatric patients seeking consultation for suicide attempts. Alcohol abuse/use was operationally categorized in this study in relation to suicide attempt into:

- Single and first time use immediately prior to the attempt.
- Occasional but not during attempt.
- Occasional and also during attempt.
- Harmful use and also during attempt (excluding first time use just prior to the attempt in this study which is conceptually a Harmful use).
- Harmful use but not during the attempt.

- Regular use/Alcohol dependence syndrome (ADS) but not during attempt.

e.g. ADS and use during attempt. We explored in the subjects (by semi-qualitative approach; i.e. their information and view) into the possibility of the role of the alcohol use and related factors in suicide attempt. Analysing (statistical and definite) the relationship and mechanisms of alcohol and suicide is beyond the scope of this study; however, this could be the area of further study in this setting as well.

Other perspective is acute alcohol use (AUA) just prior to the attempt and chronic long standing use resulting into alcohol use disorder (AUD) among the cases of suicide attempt. Both of these have been reported higher among suicide and suicide attempts^[3]. We have 50/150 (33.3%) of the suicide attempt subjects using alcohol before the attempt which is comparable to available literature^[3,18,19]. Nearly one third of the subjects (32%) fulfilled the criteria for one or other alcohol use disorder (ICD-10: Acute Intoxication, Harmful use, Alcohol dependence syndrome, other induced disorders)^[8] again keeping this study in line with available data from other parts^[3,20]. Exploration was made through semi-qualitative approach into the relationship/association of alcohol in suicide attempt. Some association was seen in 56/150 (37%) of the deliberate self harm (DSH) attempters. Five cases had used alcohol for the first time prior to the attempt and some other had Harmful use (18%), and Alcohol dependence syndrome (ADS) (13.3%) comparable to large scale study from Canada^[9]. We have over all 50% of suicide attempt cases who have alcohol use/abuse, replicating the similar finding in other areas^[1,9]. It makes a strong ground for the alcohol prevention programs here as well which will positively impact the public mental health and help reduce suicide risk in/directly^[2].

Both suicide/attempt and substance are stigma laden issues and their information is hidden^[9]. We made an attempt to collect information about suicide and alcohol abuse/use in suicide attempt cases. Hence, the collected information is liable to forgetting, modification and hiding. In some cases, information was not available/inadequate in this study to ascertain some important issues, i.e. intent/ lethality of suicide attempt, substance/alcohol use/disorders in these suicide cases. Many of these cases might add to the figure of substance/alcohol abuse/ use in these cases during the suicide and as a whole. Second issue is that our study is hospital based and is among psychiatry patients seeking consultation for suicide attempts. This bias may limit its generalization to other setting. However, we believe that for a suicide like phenomenon (relatively epidemiologically rare, complex and stigmatized issue), it is a method^[3] and it does not make difference for the study objective of looking into alcohol ab/ use among suicide attempters. Definite statistical correlational analysis and other in-depth cause effect analysis is beyond the scope of this study which could be the objective of further study though challenging in this type of subject^[2]. We intended only to directly see the occurrence of alcohol abuse/use in suicide attempt cases. We did not mean in this work to intensively explore in-depth to other possible bio-psycho-social and cultural factors somehow associated with suicide attempt in acute alcohol use (AUA), e.g. circumstances/

motivation to drink, distress/mental state, impulsivity, etc. and in alcohol use disorder (AUD) subjects, e.g. depressive disorder, AUD symptoms severity, low social support, stressful life events, medical illness or complaints, and unemployment or other indications of economic adversity etc. which are not less important^[3].

This study is however expected to open avenues for the in-depth and large study on the relationship of substance and suicide and might indicate various future study areas, e.g. effect of acute (AUA) and chronic use (AUD), many other associated factors. Overarching the objective of this study would be to devise the strategies as targeted and indicated measures for these high risk and survivors of suicide attempts in this setting, e.g. sensible/ reduced drinking, comprehensive treatment including that for alcohol problem^[3], exploring and monitoring the suicide risk at intervals in follow ups and consultations^[2]. For this, it is important to give information and training to the related stakeholders, e.g. general practitioners and other health professionals, parents, teachers, clean ex-users of substance coming in contact with at-risk individuals^[2].

Conclusion

Among the subjects seeking psychiatric consultation for suicide attempt; female were more, majority were less than 30 years and more were married. Three fourths had psychiatric disorder, the most common being depression. Poisoning was the most common mode of suicide attempt and the commonest poison used was

organophosphorous compound. Half of these subjects reported to use psychoactive substance, mainly alcohol. One third of the cases had consumed alcohol immediately prior to suicide attempt. Some (clear and possible) relationship was seen between alcohol abuse/use and the suicide attempt in 37% of the cases. This indicates the need to explore and treat substance/ alcohol use disorder simultaneously in these suicide attempt cases and to screen and manage suicide risk in alcohol ab/use cases.

Declaration

Ethics approval and consent to participate- Approval from Institute Ethical Review Board (IERB) of BPKIHS (Ref. No.- Aca 216/068/069) and Consent to participate taken from the subjects.

Acknowledgement

Prof. Rupa Singh, Department of Paediatrics and Neonatology, BPKIHS.

Authors' Contributions

Overall responsibility born by the author (solo).

*For the references, please mail us at
mpd@timepharma.com*



Product Information

Generic Name : Sertraline
Strength : 25/50/100 mg Tablet
Anti-Therapeutic Category : Anti-Depressant

Class of Anti-Depressant :
Selective Serotonin Reuptake Inhibitor
Dose : OD
Packaging : 10 x 10 Tablets PVC Blisters

FDA approved Indications of SETRA

- ◆ Major Depressive Disorder
- ◆ Panic Disorder
- ◆ Pre-menstrual Dysphoric Disorder
- ◆ Post Traumatic Stress Disorder
- ◆ Social Anxiety Disorder
- ◆ Obsessive Compulsive Disorder

Pharmacodynamics of SETRA

Selectively inhibit the reuptake of serotonin at the presynaptic membrane. This results in an increased synaptic concentration of serotonin in the CNS, which leads to numerous functional changes associated with enhanced serotonergic neurotransmission. It is suggested that these modifications are responsible for the antidepressant action observed during long term administration of antidepressants.

Pharmacokinetics of SETRA

- ◆ **Absorption** : Mean peak plasma concentrations occurred between 4.5 to 8.4 hours. The steady-state concentrations are reached after 1 week following once-daily administration. May be taken with or without food.

- ◆ **Protein Binding** : Highly bound to serum protein (98%)
- ◆ **Metabolism** : Extensively metabolized in the liver. Sertraline metabolism involves N-demethylation, N-hydroxylation, oxidative deamination, and glucuronidation of sertraline carbamic acid. N-desmethylsertraline to be substantially less active than sertraline.
- ◆ **Route of Elimination** : Sertraline is extensively metabolized and excretion of unchanged drug in urine is a minor route of elimination.
- ◆ **Half Life**: The elimination half-life of sertraline is approximately 25-26 hours.

Pregnancy Category : C

Contraindications

- ◆ In patients taking monoamine oxidase inhibitors (MAOIs) is contraindicated
- ◆ In patients with a hypersensitivity to sertraline or any of the inactive ingredients



Congratulations

**We Heartly Congratulate Chairman & Managing Director of TIME Pharmaceuticals *G. Narayan Bahadur Chhetri* on being elected as the *President of APPON*.
We wish him all the best for his successful tenure.**

Celebration at Marketing/Liaison & Factory





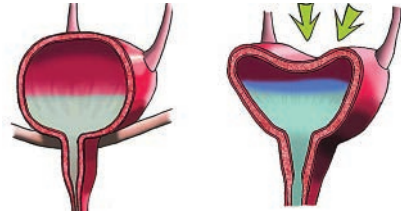
OAB

(Over Active Bladder)

Over Active Bladder भनेको के हो ?

Over Active Bladder आफैमा रोग होइन । यो मूत्र थैली सम्बन्धित धेरै लक्षणहरू को समिश्रण हो । यसका सामान्य लक्षणहरू निम्नानुसार छन् ।

- ❖ छिन-छिनमा पिसाब लाग्नु (एक दिनमा आठ पटक भन्दा बढी पिसाब लाग्नु)
- ❖ पिसाब रोक्न नसक्नु
- ❖ पिसाब चुहिनु
- ❖ रातमा दुई पटक भन्दा धेरै पटक पिसाब लाग्नु



Normal Bladder Over Active Bladder

यसका कारणहरू :

अहिलेसम्म वास्तविक कारण यही हो भनेर प्रमाणित भएको छैन । तर पनि बिभिन्न वैज्ञानीकहरू ले मूत्र थैलीको मांसपेशीमा हुने खराबी वा स्नायु प्रणालीमा हुने खराबी लाई नै मुख्य कारण मानेका छन् ।

यसका असरहरू:

- ❖ मूत्र प्रणालीमा संक्रमण
- ❖ दैनिक गतिविधिमा प्रभाव । जस्तै:
 - ◆ काम
 - ◆ यात्रा

- ◆ निन्द्रा
- ◆ पारस्परिक गतिविधि
- ◆ शारीरिक गतिविधि
- ◆ सामाजिक गतिविधि
- ◆ यौन जीवन

- ❖ जीवनको गुणस्तरमा असर

उपचार बिधि :

- ❖ जीवन शैलीमा परिवर्तन ल्याउने
- ❖ Therapy (थेरापी)
- ❖ चिकित्सकको सल्लाह अनुसार औषधी उपचार गर्ने



*** जनहितमा जारी ***

तथ्य :

सामान्यतय यसको लक्षणहरू ६५ वर्ष पार गरेका महिला पुरुषमा देखिने गर्दछ । तर विश्वका बिभिन्न देशमा गरिएको अनुसन्धानले, ४५ वर्ष नाघेका, ११ देखी २२ प्रतिशत महिला र पुरुष दुबै यसबाट प्रभावित छन् भनेर पुस्टी गरेको छ । तथ्याङ्क अनुसार पुरुष भन्दा बढी महिला यसको लक्षणहरू बाट प्रभावित छन् ।

WHEN CONTROLLING URINE IS MAJOR PROBLEM

URODINE

Tolterodine Tartrate 2 mg IR Tablets

1

Time in Nepal with International Standard
Under Collaboration with Square Pharma



CONTROL FLOW OF URINE

Fuzon

Alfuzocin HCl 10 mg Extended Release Tablets

1st

NATIONAL BRAND

DEMENTIA

What is DEMENTIA ?

It is a syndrome (and not a disease) in which there is deterioration in memory, thinking, behaviour and the ability to perform everyday activities. It is group of brain disorders that make it hard to remember, think clearly, make decisions or even control your emotions. Worldwide, around 50 million people have dementia, and there are nearly 10 million new cases every year. Although dementia mainly affects older people, or likelihood of dementia increase with age BUT it is not a normal part of ageing.

The number of patients with Alzheimer's disease in Nepal was estimated to be 78,000 in 2015 and estimated to double every 20 years.

Dementia Types : There are several types of dementia, including:

- 1. Alzheimer's Disease:** It is characterized by plaques between the dying cells in the brain and tangles within the cell, both are due to protein abnormalities.
- 2. Dementia with Lewy bodies:** It is a neurodegenerative condition linked to abnormal structure in the brain.
- 3. Mixed Dementia:** It refers to diagnosis of two or three types of dementia occurring together. Eg: Alzheimer's Disease & Vascular Dementia at the same time.
- 4. Parkinson's Disease:** Also marked by presence of Lewy bodies. Although Parkinson's is often considered a disorder of movement, it can lead to dementia symptoms.
- 5. Huntington's Disease:** It is characterized by specific types of uncontrolled movements but also includes dementia.
- 6. Vascular Dementia:** It is the second most common type of dementia (after Alzheimer's disease). 30% of Stroke Survivors will develop Vascular Dementia. Stroke doubles the risk of Dementia. Preclinical and clinical evidence indicates that a cholinergic deficit, similar to that seen in Alzheimer disease is associated with Vascular Dementia.



Alzheimer's Disease

Alzheimer's is named after Dr. Alois Alzheimer. Alzheimer's disease is the most common cause of dementia - a continuous decline in thinking, behavioral and social skills that disrupts a person's ability to function independently. The early signs of the disease may be forgetting recent events or conversations. As the disease progresses, a person with Alzheimer's disease will develop severe memory impairment and lose the ability to carry out everyday tasks.

The Hallmarks of the Disease are the accumulation of Neurofibrillary Tangles and Amyloid plaques causing neuron cells to die. Breaking these connections causes neurons to be lost. Deficit or loss of cholinergic neurons/ cholinergic transmissions can potentially influence all aspects of Cognition, Behaviour and Processing informations.

Ach has an important role in cognitive processes, & is pointed as an important factor in many forms of dementia, including AD. Deficits in the cholinergic transmission can potentially influence all aspects of cognition and behavior, including cortical and hippocampal processing information. Cholinergic neuronal loss, especially in the basal forebrain, leads to AD.



What to Expect in Late-Stage Dementia



Loss of facial expression



Bedbound, requires around-the-clock care



Unable to speak



Problems with everyday activities like bathing, dressing, eating



Unable to walk or sit up without assistance

Product Information

Brand Name : ALZICARE

Therapeutic Category : Anti-Alzheimer's Disease

Generic : Donepezil

Class of Drug : AcetylCholinesterase Inhibitor

Strength : 5 & 10 mg Tablets

Dosage : OD Before Sleep



ALZICARE : FDA APPROVED INDICATIONS IN

- ◆ In mild, moderate and severe stages of AD, vascular dementia and dementia associated with Parkinson's disease
- ◆ Cholinesterase Inhibitor helps with the Behavioral Elements of Parkinsonism Disease

Pharmacodynamics

Donepezil is a centrally active, reversible inhibitor of Acetylcholinesterase.

Acetylcholinesterase is an enzyme that degrades acetylcholine after it is released from the presynapse.

Donepezil binds reversibly to acetylcholinesterase and inhibits the hydrolysis of acetylcholine, thus increasing the availability of acetylcholine at the synapses, enhancing cholinergic transmission

Pharmacokinetic

- ◆ Donepezil is well absorbed with a relative oral bioavailability of 100% and reaches peak plasma concentrations in 3 to 4 hours.
- ◆ Food does not affect the absorption.
- ◆ Protein Binding : 96%
- ◆ Donepezil is both excreted in the urine intact and extensively metabolized to four major metabolites, two of which are known to be active.

Compilations of VARIOUS RESEARCH ARTICLES

1. According to Dement Neuropsychol 2011, confirmed that Donepezil is well tolerated & improves Cognitive Symptoms & Functional Abilities in Vascular Cognitive Impairment (VCI) patients.
2. According to The Lancet, 2006, many clinical studies have shown that use of Donepezil at an early stage results in delayed progression of the disease, and increased longevity, implying a disease-modifying effect rather than the simple suppression of symptoms that might be expected from Acetylcholinesterase Inhibition.
3. According to American Journal of Alzheimer's Disease & other Dementias, 2009, Donepezil has strong data throughout the Alzheimer's disease spectrum and, therefore, represents a First-Line Monotherapy that can provide benefits to patients in all stages of Alzheimer's disease.
4. According to Clinical Interventions in Aging, 2008. Efficacy & Safety of Donepezil, Galantamine, Rivastigmine for the treatment of Alzheimer's Disease. Donepezil is significantly better than Galantamine with regard to behavior & global assessment of change & showed a better efficacious with least side effects.



Key Facts About Depression

What is Depression ?

Depression is a common illness worldwide, with more than 300 million people affected. Depression is different from usual mood fluctuations and short-lived emotional responses to challenges in everyday life. Especially when long-lasting and with moderate or severe intensity, depression may become a serious health condition. It can cause the affected person to suffer greatly and function poorly at work, at school and in the family. At its worst, depression can lead to suicide.

Close to 800 000 people die due to suicide every year. Suicide is the second leading cause of death in 15-29-year-olds.

Although there are known, effective treatments for depression, fewer than half of those affected in the world (in many countries, fewer than 10%) receive such treatments. Barriers to effective care include a lack of resources, lack of trained health-care providers, and social stigma associated with mental disorders. Another barrier to effective care is inaccurate assessment. In countries of all income levels, people who are depressed are often not correctly diagnosed, and others who do not have the disorder are too often misdiagnosed and prescribed antidepressants.

The burden of depression and other mental health conditions is on the rise globally. A World Health Assembly resolution passed in May 2013 has called for a comprehensive, coordinated response to mental disorders at country level.

Symptoms of Depression

Depending on the number and severity of symptoms, a depressive episode can be categorized as mild, moderate, or severe.

A key distinction is also made between depression in people who have or do not have a history of manic episodes. Both types of depression can be chronic (i.e. over an extended period of time) with relapses, especially if they go untreated.



Types of Depression

Recurrent depressive disorder: This disorder involves repeated depressive episodes. During these episodes, the person experiences depressed mood, loss of interest and enjoyment, and reduced energy leading to diminished activity for at least two weeks. Many people with depression also suffer from anxiety symptoms, disturbed sleep and appetite and may have feelings of guilt or low self-worth, poor concentration and even medically unexplained symptoms.

Depending on the number and severity of symptoms, a depressive episode can be categorized as mild, moderate, or severe. An individual with a mild depressive episode will have some difficulty in continuing with ordinary work and social activities, but will probably not cease to function completely. During a severe depressive episode, it is very unlikely that the sufferer will be able to continue with social, work, or domestic activities, except to a very limited extent.

Bipolar affective disorder: This type of depression typically consists of both manic and depressive episodes separated by periods of normal mood. Manic episodes involve elevated or irritable mood, over-activity, pressure of speech, inflated self-esteem and a decreased need for sleep.

Contributing factors & prevention

Depression results from a complex interaction of social, psychological and biological factors. People who have gone through adverse life events (unemployment, bereavement, psychological trauma) are more likely to develop depression.

Depression can, in turn, lead to more stress and dysfunction and worsen the affected person's life situation and depression itself.

There are interrelationships between depression and physical health. For example, cardiovascular disease can lead to depression and vice versa.

Prevention programmes have been shown to reduce depression. Effective community approaches to prevent depression include school-based programmes to enhance a pattern of positive thinking in children and adolescents.

Interventions for parents of children with behavioural problems may reduce parental depressive symptoms and improve outcomes for their children. Exercise programmes for the elderly can also be effective in depression prevention.

Diagnosis and treatment

There are effective treatments for moderate and severe depression. Health-care providers may offer psychological treatments (such as behavioural activation, cognitive behavioural therapy [CBT], and interpersonal psychotherapy [IPT]) or antidepressant medication (such as selective serotonin reuptake inhibitors [SSRIs] and tricyclic antidepressants [TCAs]). Health-care providers should keep in mind the

possible adverse effects associated with antidepressant medication, the ability to deliver either intervention (in terms of expertise, and/or treatment availability), and individual preferences. Different psychological treatment formats for consideration include individual and/or group face-to-face psychological treatments delivered by professionals and supervised lay therapists.

Psychosocial treatments are also effective for mild depression. Antidepressants can be an effective form of treatment for moderate-severe depression but are not the first line of treatment for cases of mild depression. They should not be used for treating depression in children and are not the first line of treatment in adolescents, among whom they should be used with extra caution.

(This Article is abstracted from World Health Organization, 2018)



30th Issue Winner List

Congratulations!

 **Dr. K.B Shrestha**
ENT- Butwal

 **Dr. Navin Kumar Karn**
Orthopedics- Biratnagar

 **Dr. Sandeep Chandra Shrestha**
Birticity Hospital

 **Dr. Sabina Bhattarai**
Derma-Kathmandu

 **Dr. Sushma Shrestha**
Peads-Kanti Children Hospital

 **Dr. Santosh Gautam**
IM, Kist Hospital

 **Dr. Rajdev P. Kushwaha**
Orthopedics-Birgunj

 **Phr. Toya Nath Paudel**
Annapurna Rural Municipality

Time, Square, Sines, Crossid, Urodine, Kabepa

Word Scramble

Identify the Brand Name.

STEAR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
LAZIRACE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NEUROID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
ASREXMA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
NEXIS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
BEPARRA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
COMEN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		



Lucky winner will Get
Surprise Gift From
TIME Pharmaceuticals

Winner Pictures



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Dr. Binay Adhikari
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Dr. Utsav Sharma
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Last date of "Word Scramble" answers Submission : 15th Poush 2076 (31st Dec. 2019)

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Name : _____

Speciality : _____

Contact No. : _____

Birthday : _____ Anniversary Day: _____

Comments : _____

Clinical Address : _____

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Celebrating World Suicide Prevention Day



Participating at Mini Simon, Butwal



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- Obsessive Compulsive Disorder
- Panic Disorder
- Post-Traumatic Stress Disorder
- Social Anxiety Disorder
- Premenstrual Dysphoric Disorder



In Deep Rooted Depression Mixed with Anxiety

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Sertraline 25/50/100mg Tablet

**A CARE IN ALZHEIMER'S
AND OTHER DEMENTIAS**

ALZICARE

DONEPEZIL 5 & 10MG TABLETS

**DONEPEZIL IS WELL
TOLERATED & IMPROVES
COGNITIVE SYMPTOMS &
FUNCTIONAL ABILITIES IN
VASCULAR COGNITIVE
IMPAIRMENT (VCI) PATIENTS.**

Dement Neuropsychol, 2011

ALZICARE
CARE TO COGNITION



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