

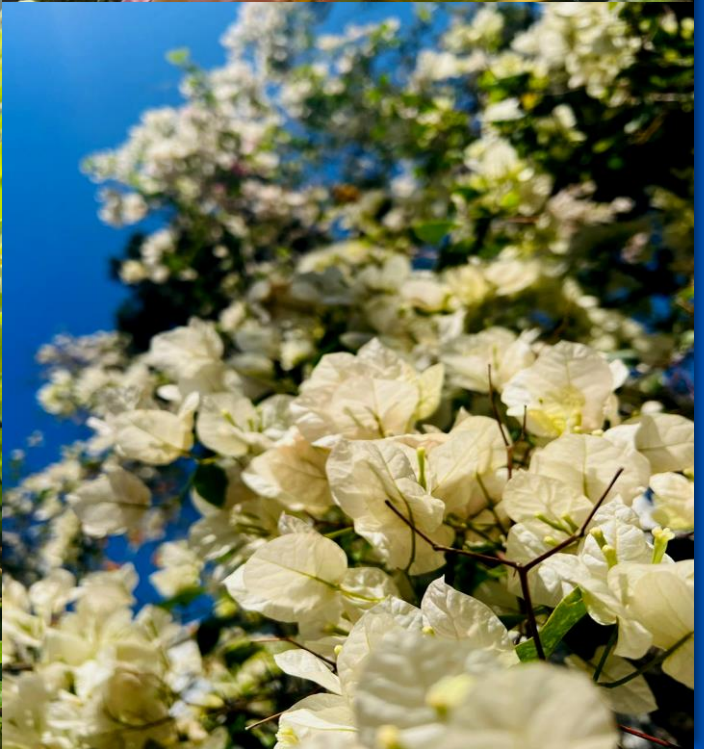


# BRIDGING MINDS

# PSYCHIATRY UNVEILED

Issue 1

March 2024



**W**elcome to the inaugural edition of "Bridging Minds," the official newsletter of the Psychiatric Department at Casablanca. With a commitment to making psychiatry accessible to all, our goal is to break down the barriers surrounding mental health and reduce stigma. Through informative articles, personal stories, and community engagement, "Bridging Minds" seeks to educate, inform, and foster understanding. We aim to connect not only within our department but also with other disciplines, showcasing the interdisciplinary nature of mental health. Join us in this collaborative effort, share your experiences, and let's build a community where open dialogue and support are paramount. Stay connected through our social media channels for the latest updates, events, and insightful discussions. Thank you for joining us on this journey of exploration and connection.

Warm regards,

Imane Salihi, Editor-in-Chief, Bridging Minds

Psychiatric Department, Casablanca

## Editorial Team

Imane Salihi - Lead Editor

Asmaa Rayadi - Editor

Wafaa Belarabi - Trainee Editor

Latifa El Kaoui- Trainee Editor

Asmaa Matrane - Trainee Editor

Oussama Sfa- Trainee Editor

Sara Baouchouch- Trainee Editor

Abir Tanjaoui- Trainee Editor

Correspondence email: [Drsalihi.imane@gmail.com](mailto:Drsalihi.imane@gmail.com)



# IN THIS ISSUE

**Issue 1, March 2024**

## **Editorials**

- 01 Team Psychiatry, who are we? Editorial team
- 02 View from the Chair, Mohamed Agoub
- 03 Voices of Experience: Insights from Our Esteemed Professors

## **Features**

- 04 History of Psychiatry- Asmaa Rayadi
- 05 Stigmatization of psychiatry in Morocco and the Arab world-Oussama Sfa
- 06 Psychiatry training Program in Morocco- Imane Salihi
- 07 Role of the Intern doctor in psychiatric care- Fatima Zahra Goursa
- 08 Delirium: Neurology or Psychiatry?- Sara Baouchouch
- 09 What is Dementia- Imane Salihi
- 10 Electroconvulsive therapy- Abir Tanjaoui
- 11 What's new in psychiatry this month?- Latifa El Kaoui

## **Liaison Psychiatry Section**

- 13 Psychosis following traumatic brain injury - Abdelkoudous Laaidi

## **Patients Corner**

- 14 A Journey from Darkness to Recovery- Anonymous

## **Neurobiology section**

- 15 Pathophysiology of Delirium- Asmaa Rayadi

## **Arts and creativity**

- 16 Swiftie psyche in Morocco- Imane Salihi
- 17 Star of the month- Sara Baouchouch
- 18 Residents suggestions- Asmaa Matrane
- 19 Upcoming events- Editorial Team





# TEAM

## Psychiatry

### Who are we?

# EDITORIAL

# TEAM

In the ever-evolving landscape of mental health, Bridging Minds Newsletter stands as a testament to collaboration, dedication, and innovation. Behind the scenes of this groundbreaking publication lies a diverse and talented editorial team, each member contributing their unique expertise and passion to the mission of promoting understanding and compassion in psychiatry. Let's take a closer look at the individuals who make up this dynamic team:

**Dr. Asmaa Rayadi**, A seasoned psychiatrist and co-founder of Bridging Minds, Dr. Rayadi brings a wealth of experience and skill to the table. With a specialization in psychotherapy, particularly Cognitive Behavioral Therapy (CBT), she navigates the intricacies of the human mind with empathy and finesse, shaping the editorial vision of the newsletter.

**Dr. Salihi Imane**, As a third-year resident in psychiatry, Dr. Imane infuses the team with youthful energy and unwavering ambition. Her passion for the field and dedication to elevating it to an international level inspire her colleagues and drive the mission of Bridging Minds forward.

**Dr. Wafaa Belarabi**, A second-year resident doctor and the resident photographer of Bridging Minds, Dr. Belarabi adds a creative dimension to the team.

Alongside her colleagues, Dr. Matrane and Dr Kaoui, she works tirelessly within the university psychiatry center, capturing moments of insight and connection through her lens.

**Dr. Matrane Asmaa, Dr Kaoui Latifa:** dedicated colleagues to Dr. Belarabi, shadow doctors within the university psychiatry center, contributing fruitfully to patient care despite their status as a shadowed doctors.

**Dr. Tanjaoui Abir, Dr. Baouchouch Sara, and Dr. Sfa Oussama**, The future of psychiatry shines bright with these three first-year residents, affectionately known as the "embryos" of the UPC (University Psychiatric Center). Hardworking, attentive, and respectful, they embody the spirit of dedication and service, always ready to lend a helping hand to patients and colleagues alike.

Together, this diverse team of professionals represents the heart and soul of Bridging Minds Newsletter. With their combined talents, passion, and commitment to excellence, they continue to push the boundaries of psychiatric understanding and pave the way for a future where mental health is prioritized and celebrated. Through their collaborative efforts, Bridging Minds remains a beacon of hope and inspiration for all those touched by the complexities of the human mind.



Dr Asmaa Rayadi



Dr Imane Salihi



Dr Asmaa Matrane



Dr Latifa Kaoui



Dr Wafaa Belarabi



Dr Sara Baouchouch



Dr Oussama Sfa



Dr Abir Tanjaoui

# VIEW FROM THE CHAIR

**Prof. Mohamed Agoub**

**Chair of the University  
Psychiatric Center of  
Casablanca**

Professor Mohamed Agoub has been a distinguished figure in psychiatry, serving as the Chair of the University Psychiatric Center of Casablanca since 2001. His academic journey, marked by the attainment of professorship in that year, reflects a profound dedication to psychiatric principles and the dissemination of knowledge. At the helm of the University Psychiatric Center, Professor Agoub has championed a patient-centric approach, providing comprehensive and compassionate care tailored to individual needs. Beyond clinical leadership, he has emerged as an influential mentor and educator, nurturing the growth of medical trainees and residents.



Professor Agoub's commitment to research and innovation has propelled the field forward, fostering a culture of curiosity among colleagues and students. Engaging with the community, he leads initiatives to raise awareness and diminish the stigma surrounding mental health in Casablanca. In addition to his leadership at the University Psychiatric Center, he is responsible for the diploma in geriatrics and addiction studies, as well as the director of the WHO Collaborating Centre for Mental Health Research and Training, and a member of The Arab Board of Health Specializations. Also affiliated with the Mental Health League and the Moroccan Association of Interpersonal Therapy.

These gatherings serve as platforms for professionals to exchange ideas, engage in collaborative discussions, and stay abreast of the latest developments in interpersonal therapy and psychiatry. Professor Agoub's involvement in these organizations underscores his dedication not only to the local psychiatric community but also to the broader landscape of mental health in Morocco.



# VOICES OF EXPERIENCE INSIGHTS FROM OUR ESTEEMED PROFESSORS

IMANE SALIHI- [Drsalihi.imane@gmail.com](mailto:Drsalihi.imane@gmail.com)



In the hallowed halls of academia and medicine, there exist luminaries whose wisdom and guidance shape the future of generations to come. Within our esteemed faculty, these individuals stand as beacons of experience, offering invaluable insights and mentorship to residents and medical students alike. Let us delve into the profound impact of our esteemed professors, whose contributions extend far beyond the confines of the classroom and hospital wards.



**Professor  
Battas  
Omar**

Beyond his exceptional skills as a speaker and teacher, Professor Omar Battas exudes a rare wisdom and warmth that resonates with all who have the privilege of learning from him. His presence is akin to that of a father figure, offering not only knowledge but also empathy and understanding. Through his words and actions, Professor Battas instills confidence and courage in his students, empowering them to face the challenges of medicine with grace and resilience.



**Professor  
Mchichi  
Alami  
Khadija**

A magnificent presence in the academic realm, Professor Khadija Mchichi Alami is renowned for her generosity of spirit and willingness to share her vast reservoir of knowledge with residents. As a compassionate listener, she lends her ear to the concerns and aspirations of those under her tutelage, offering invaluable guidance and support along their professional journey. Her generosity in sharing her expertise enriches the educational experience for all fortunate enough to cross her path.



**Professor  
Khoubila  
Adil**

With a wealth of experience and a heart dedicated to nurturing the next generation of medical professionals, Professor Adil Khoubila embodies the essence of mentorship.



. His guidance, both in and out of the hospital, serves as a guiding light for residents and medical students, instilling in them a sense of purpose and dedication to their craft. Through his leadership, countless individuals have found inspiration and direction on their journey towards excellence in medicine.



**Professor  
Attouche  
Nadia**



**Professor  
Elkabbaj  
Nisrine**

These two distinguished professors exude an aura of brilliance and dedication that leaves an indelible impression on all who have the privilege of learning from them. Despite their youthful vigor, they bring a depth of experience and expertise to the table that is truly remarkable. Their unwavering commitment to excellence serves as a beacon of inspiration for both colleagues and students alike, propelling them towards greatness in the field of healthcare. With their guidance, the next generation of medical professionals is not only equipped with the knowledge and skills

necessary for success but also instilled with a sense of purpose and passion for making a difference in the world.



**Professor  
Falah  
Karima**

As the newest addition to our esteemed faculty, Professor Karima Falah immediately captivates with her infectious enthusiasm and boundless energy. Her passion for teaching is matched only by her unwavering dedication to the well-being of her patients, making her an invaluable asset to our academic community. Despite her newcomer status, Professor Falah's innovative ideas and fresh perspectives have already begun to make waves, leaving an indelible mark on the future of medicine. With her leadership, we are poised for a brighter and more promising future in healthcare, where compassion, innovation, and excellence reign supreme.

The voices of experience within our esteemed faculty serve as guiding lights, illuminating the path towards excellence in medicine. Through their wisdom, compassion, and dedication, they inspire us all to reach greater heights and make a meaningful difference in the lives of others. As we continue on our journey, let us cherish the invaluable lessons imparted by these distinguished mentors and strive to uphold the legacy of excellence they have so graciously bestowed upon us.



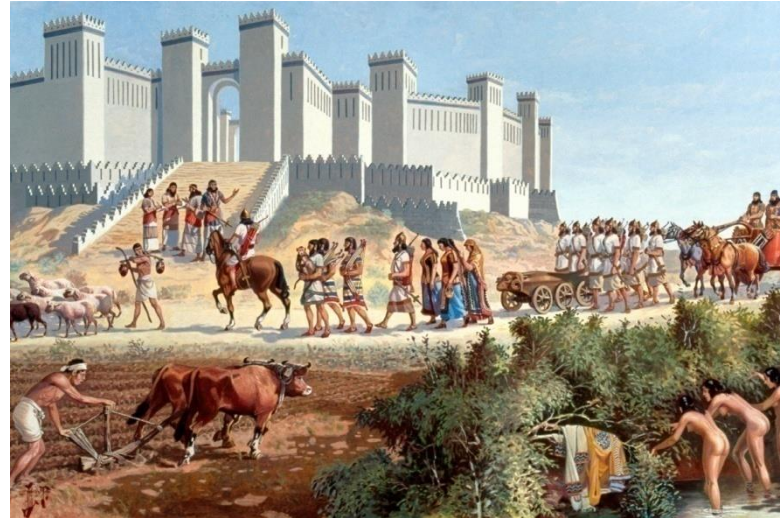
# HISTORY OF PSYCHIATRY



**ASMAA RAYADI-Asmaarayadi@gmail.com**

Throughout the annals of human history, the journey of psychiatry unfolds like a rich tapestry, woven with threads of evolving attitudes, treatments, and perceptions of mental illness. Spanning from ancient civilizations to our modern era, this field has undergone profound transformations, shaped by a myriad of cultural, social, and scientific influences. Let's embark on a detailed exploration of the global history of psychiatry:

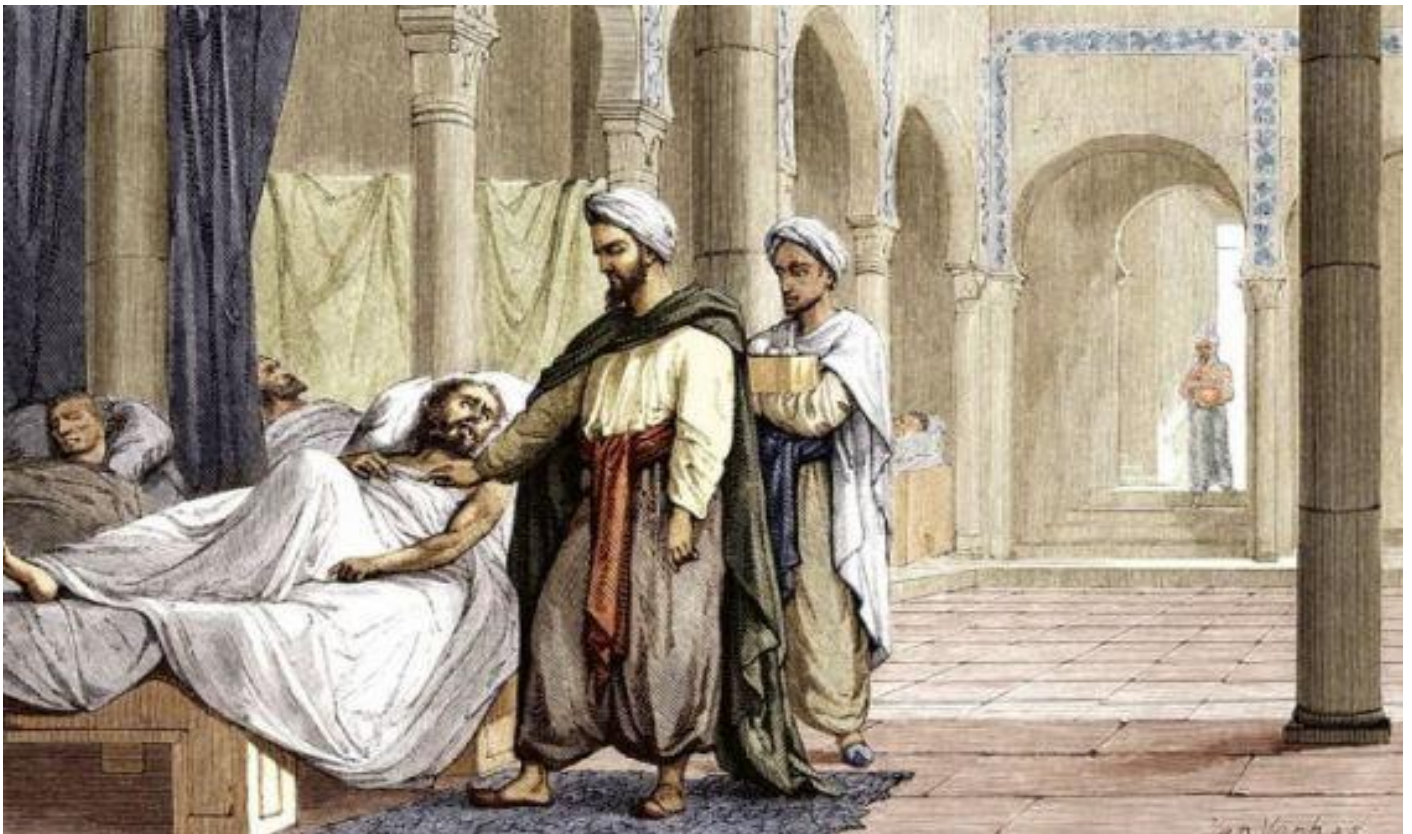
**Ancient Civilizations (3000 BCE - 500 CE)**, when ancient societies like those in Mesopotamia, Egypt, Greece, and India held primitive understandings of mental illness, often attributing it to supernatural forces or divine punishment. Remedies of the time included rituals, exorcisms, herbal concoctions, and prayers aimed at appeasing the gods or spirits believed to cause mental disorders. **Middle Ages and Renaissance (500 CE - 1600 CE)**, during the Middle Ages, mental illness was often interpreted through a religious lens, with demonic possession commonly cited as the cause. and nurturing for the mentally ill.



The emergence of asylums in Europe marked a significant development, though conditions within were often harsh and treatment minimal. However, the Renaissance witnessed a shift towards more compassionate care, with some asylums providing basic support 18th and 19th Centuries, the Enlightenment period ushered in a more scientific approach to understanding mental illness, with philosophers and physicians advocating for empirical observation and rational treatment methods. Institutions like England's York Retreat and America's Friends Asylum emphasized moral treatment, striving to create therapeutic environments conducive to healing. Pioneers such as Philippe Pinel in France and William Tuke in England championed humane treatment and worked towards reforming asylums. Early 20th Century (1900s - 1940s), the dawn of the 20th century witnessed significant breakthroughs in psychiatry, including Sigmund Freud's development of psychoanalysis and the emergence of biological explanations for mental illness.

Psychiatric hospitals became more prevalent, yet issues such as overcrowding and subpar conditions persisted. The discovery of psychoactive medications like chlorpromazine in the 1950s sparked a revolution in treatment and led to deinstitutionalization efforts worldwide. The latter half of the 20th century, saw continued progress in psychiatric research and treatment, with the development of antidepressants, antipsychotics, and mood stabilizers. The rise of community mental health services aimed to provide support outside of institutional settings, while psychiatry expanded to include specialized fields such as child, geriatric, and forensic psychiatry. Efforts to combat stigma and improve access to mental health care have gained momentum globally.

Mental health concerns in Morocco have recently gained prominence within the healthcare system. Initially, the Ministry of Health prioritized other health issues such as maternal and child health, family planning, epidemic diseases, tuberculosis control, and vaccinations, relegating psychiatry to a secondary position within medicine. However, in recent years, there has been a notable shift, with psychiatry emerging as a key focus area in Morocco's health objectives. This reflects a delayed yet evident effort by authorities to enhance the care provided to individuals with mental illness. After reviewing the historical development of psychiatry in Morocco, we aim to evaluate the current state of affairs and identify the challenges and constraints faced by psychiatric practitioners.





## **Historical Background: From Antiquity to the Arab Era**

The origins of medical practices in the Maghreb region can be traced back to ancient times, where magical and religious rituals were employed to alleviate suffering and invoke divine blessings. The understanding and treatment of mental disorders evolved alongside prevailing ideologies, levels of knowledge, and the balance between reason and mythology. Maghrebian and Arab-Islamic medicine were influenced by both Greco-Roman naturalism and rationalism, as well as Islamic humanism and spirituality.

During the Arab era, which witnessed significant advancements in various fields of knowledge, including medicine, psychiatry emerged as a prominent discipline. Arab scholars, including Ibn Sina, Ibn Omrane, Ibn Khaldoun, Ibn Rochd, and Arrazi, made substantial contributions to psychiatry through clinical descriptions of mental disorders and the development of etiopathogenic theories integrating psychosomatic explanations. This period saw significant progress in psychiatry, positioning the Islamic world centuries ahead of its contemporaries.

## **Establishment of Psychiatric Facilities**

The Arab era also saw the establishment of hospitals specifically dedicated to the care of the mentally ill, known as bimaristanes or maristanes. These institutions provided shelter and

treatment for individuals suffering from mental health issues, supported by charitable donations and communal assistance. The construction of such hospitals, beginning in Damascus and spreading throughout the Arab world, reflects the importance placed on caring for the mentally vulnerable within Islamic society.

## **Decline and Renewal**

Following the decline of Islamic civilization and the onset of foreign rule, psychiatric care in Morocco experienced a period of stagnation. Political instability, conflicts, and socioeconomic challenges contributed to a general deterioration in mental health services.





However, with the advent of the protectorate and subsequent independence, efforts were made to revitalize psychiatric care in the country. The establishment of psychiatric hospitals and specialized facilities marked a renewed commitment to addressing mental health needs within the population.

### **Current Challenges and Future Directions**

Despite progress in recent years, the field of psychiatry in Morocco still faces numerous challenges. Stigma, inadequate resources, and disparities in access to care remain significant obstacles to the delivery of mental health services. Nevertheless, ongoing initiatives by government agencies, healthcare providers, and civil society organizations seek to overcome these barriers and enhance the overall mental health system in Morocco.

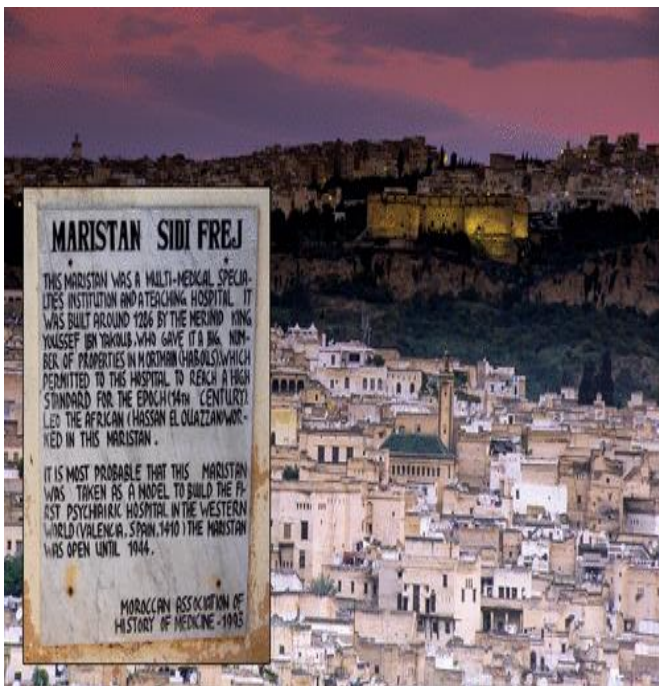


In conclusion, while psychiatry in Morocco has a rich historical legacy, its contemporary practice is characterized by a complex interplay of achievements, setbacks, and ongoing efforts to improve. By acknowledging the past and confronting present challenges, stakeholders can work towards a future where mental health is prioritized and accessible to all segments of society.

**Kindly be advised that the images showcased in this article were obtained from readily accessible sources on the internet via a straightforward search.**

**If readers are interested in the references used in this article, they are welcome to contact me via email at [Asmaa.rayadi@gmail.com](mailto:Asmaa.rayadi@gmail.com)**

**Thank you for your kind interest...**



# Stigmatization of psychiatry in Morocco And the Arab world



**OUSSAMA SFA-** [oussama.sfa@gmail.com](mailto:oussama.sfa@gmail.com)

In the realm of healthcare, few sectors contend with as much stigma as psychiatry. Despite notable progress in comprehending and treating mental health disorders, misconceptions and biases continue to cast a shadow over psychiatry, both on a global scale and within the Arab world. This stigma not only deters individuals from seeking assistance but also hampers advancements in mental healthcare systems, perpetuating misunderstandings about mental illness.

## **The Global Perspective:**

Globally, persistent misconceptions and negative attitudes towards psychiatry endure. Mental health issues are frequently misconstrued or dismissed as personal failings rather than legitimate medical conditions. Such stigma can result in discrimination, social alienation, and obstacles in accessing necessary care.

Media portrayals and societal attitudes play a significant role in perpetuating psychiatric stigma. Films, television programs, and news coverage often sensationalize mental illness or portray individuals with psychiatric disorders as unpredictable or dangerous, reinforcing negative perceptions of psychiatry.

Moreover, historical factors have contributed to the stigmatization of psychiatry. In the past, individuals suffering from mental illness were often marginalized, institutionalized, or subjected to harmful treatments. While psychiatric care has evolved considerably, the legacy of these practices continues to influence public opinion.

## **The Arab Context:**

In the Arab world, stigma surrounding psychiatry is particularly pronounced due to cultural norms and societal expectations. Mental health concerns are often considered taboo subjects, and seeking help for psychological issues is stigmatized. Many Arab societies prioritize stoicism and resilience, discouraging individuals from acknowledging or addressing their mental health challenges.

Religious beliefs also shape attitudes towards psychiatry in the Arab world. While Islam emphasizes compassion and care for the vulnerable, there are prevalent misconceptions that mental illness is a divine punishment or a manifestation of moral weakness, leading to shame and reluctance to seek professional assistance.

Furthermore, the scarcity of mental health resources and trained professionals exacerbates psychiatric stigma in the Arab world. Limited access to quality care and a lack of awareness about mental health contribute to the perpetuation of negative attitudes towards psychiatric treatment.

### **Breaking the Chains of Stigma:**

Despite these obstacles, there is optimism for reducing stigma and enhancing mental health outcomes globally. Education and awareness initiatives are pivotal in challenging misconceptions and fostering understanding about mental illness. By disseminating accurate information and cultivating empathy, stigma can be combated, encouraging individuals to seek help without fear of judgment.

In the Arab world, efforts to tackle psychiatric stigma must be culturally sensitive and contextually appropriate. This entails engaging religious leaders, community influencers, and healthcare professionals in discussions about mental health and confronting stigma at its core. By integrating mental health education into educational curricula, religious institutions, and community hubs, open dialogue can be promoted, destigmatizing psychiatry.

Additionally, expanding access to mental health services and investing in the training of psychiatric professionals are crucial steps in improving mental healthcare in the Arab world. By prioritizing mental health within healthcare systems and addressing systemic barriers to care, individuals can receive the support and treatment needed to thrive.

Furthermore, it's essential to recognize the dual impact of stigma on individuals with mental illness. On one hand, they grapple with the symptoms and disabilities of their condition. On the other, they confront the stereotypes and prejudice resulting from misconceptions about mental illness. This dual challenge often deprives them of opportunities for a quality life, such as employment, housing, healthcare, and social connections.

### **The Moroccan Perspective:**

In Morocco, mental health issues have historically been overshadowed by other healthcare priorities, such as maternal and child health, infectious diseases, and vaccinations. Psychiatry has often been relegated to a secondary position within the healthcare system. However, in recent years, there has been a growing recognition of the importance of addressing mental health concerns in Morocco.

Efforts have been made to integrate mental health services into primary care and raise awareness about mental health issues in the general population. Despite these efforts, challenges remain, including stigma, limited resources, and disparities in access to care. Ongoing initiatives by government agencies, healthcare providers, and civil society organizations aim to address these challenges and improve the overall mental health system in Morocco.

### **Breaking the Chains of Stigma:**

Despite the obstacles, there is optimism for reducing stigma and enhancing mental health outcomes globally



within the Arab world, and specifically in Morocco. Education and awareness initiatives are pivotal in challenging misconceptions and fostering understanding about mental illness. By disseminating accurate information and cultivating empathy, stigma can be combated, encouraging individuals to seek help without fear of judgment.

In the Arab world and Morocco, efforts to tackle psychiatric stigma must be culturally sensitive and contextually appropriate. This entails engaging religious leaders, community influencers, and healthcare professionals in discussions about mental health and confronting stigma at its core. By integrating mental health education into educational curricula, religious institutions, and community hubs, open dialogue can be promoted, destigmatizing psychiatry.

Additionally, expanding access to mental health services and investing in the training of psychiatric professionals are crucial steps in improving mental healthcare in Morocco and the broader Arab world. By prioritizing mental health within healthcare systems and addressing systemic barriers to care, individuals can receive the support and treatment needed to thrive.

Ultimately, overcoming the stigma surrounding psychiatry requires a multifaceted approach, involving education, advocacy, and systemic change. By challenging stereotypes,

promoting understanding, and advocating for equitable access to mental health services, we can create a world where mental health is recognized, valued, and treated with the same importance as physical health.

*Here are some key takeaways:*

- ✓ *Despite mental health progress, stigma persists worldwide, hindering care access.*
- ✓ *Cultural norms amplify stigma, making seeking help challenging.*
- ✓ *Stigma denies opportunities, worsening mental health burdens.*
- ✓ *Stereotypes, prejudice, and discrimination harm mental health outcomes.*
- ✓ *Protest, education, and personal contact combat stigma effectively.*
- ✓ *Stigma levels vary globally, requiring tailored interventions.*
- ✓ *Research is needed to address stigma complexity and institutional barriers.*

**This article draws from various sources and scholarly articles to provide insight into the complex issue of psychiatric stigma on a global scale, within the Arab world, and specifically in Morocco. For further information or inquiries about the subject matter, please feel free to contact us via email at [oussama.sfa@gmail.com](mailto:oussama.sfa@gmail.com).**

**We welcome any questions, feedback, or requests for additional resources related to this topic.**

# PSYCHIATRY TRAINING IN MOROCCO



**IMANE SALIHI-** [Drsalihi.imane@gmail.com](mailto:Drsalihi.imane@gmail.com)



## MEETING THE INCREASING DEMAND

With heightened awareness and reduced stigma surrounding mental health, more individuals are seeking help and support. However, the shortage of well-trained therapists poses a significant obstacle. Psychotherapy training plays a pivotal role in bridging this gap, ensuring that there are enough qualified professionals to cater to the growing demand for mental health services.



## ADDRESSING THE MENTAL HEALTH CRISIS

The mental health landscape in Morocco is undergoing significant changes, with a growing recognition of the importance of addressing mental health challenges. As the demand for mental health services increases, it becomes crucial to emphasize the significance of psychotherapy training in meeting these challenges effectively. Morocco, like many countries, faces a pressing mental health crisis. The prevalence of mental health disorders, such as anxiety, depression, and post-traumatic stress disorder (PTSD), is rising. By offering comprehensive psychiatry training, we can equip professionals with the necessary skills to address these challenges head-on.



## CULTURAL SENSITIVITY AND CONTEXTUAL UNDERSTANDING

Morocco's rich cultural diversity and unique societal context necessitate therapists who are culturally sensitive and knowledgeable about local customs and beliefs. Psychiatry training programs can incorporate cultural competence components, helping therapists

understand and respect the cultural nuances and values of the Moroccan population.

## **PSYCHIATRY TRAINING PROGRAMS IN MOROCCO**

### **Moroccan Postgraduate Psychiatry Residency Program**

**Duration:** Four years

**Entry Requirements:** Completion of one year of foundation training and Passing the entrance examination consisting of psychiatric semiology and pharmacology.

**Training Centers:** The postgraduate psychiatry residency program is offered in collaboration with local universities and the Ministry of Health in Morocco.

**Accreditation:** The program is accredited by the Moroccan government, ensuring that it meets the established standards for psychiatric residency training.

**Training Posts:** Upon acceptance into the program, residents are assigned voluntary or contractual positions with the government or University Hospitals. These training posts provide hands-on clinical experience under the supervision of experienced psychiatrists. Residents have the opportunity to work in diverse clinical settings, including psychiatric hospitals, outpatient clinics, and community mental health centers.

**Curriculum Overview:** The postgraduate psychiatry residency program in Morocco is designed to provide a comprehensive and in-depth education in psychiatry. The curriculum covers various areas, including psychiatric assessment, diagnosis, treatment planning, and therapeutic interventions. It emphasizes the integration of biological, psychological, and social aspects of mental health. During the four-year program, residents rotate through different subspecialties within psychiatry, such as child and adolescent

psychiatry, adult psychiatry, geriatric psychiatry, addiction psychiatry, and forensic psychiatry. These rotations allow residents to gain expertise in specialized areas and develop a well-rounded understanding of the field.



Residents also receive training in research methodology, ethics, and evidence-based practice to foster critical thinking and scholarly activities. They have the opportunity to engage in research projects, case presentations, and academic discussions. **Evaluation and Certification:** Residents undergo regular assessments throughout the program to monitor their progress and competency development. These assessments may include written exams, oral presentations, clinical evaluations, and research evaluations. Successful completion of the four-year program leads to certification as a psychiatrist in Morocco.



## **CHALLENGES AND OPPORTUNITIES IN PSYCHIATRY TRAINING PROGRAMM**

Psychiatry training encounters various challenges, including combating stigma and misconceptions surrounding mental health, limited resources in low-income regions, diverse patient needs, the need to stay updated with evolving research and treatments, and maintaining work-life balance and self-care. However, amidst these challenges lie opportunities for growth. These opportunities include fostering awareness and understanding to



	Year 3	Year 4	Year 5	Year 6
<b>Duration</b>	12 months	12 months	10 months	2 months
<b>Postings</b>	General Adult (inpatient and outpatient)			Old age and Neuropsychiatry
	Any elective in areas relevant to psychiatry (local or abroad)			
<b>Methodology</b>			Liaison psychiatry Lectures, Seminars, ward rounds, case conferences, journal clubs, Skills training workshops.	
<b>Other mandatory competencies (to be learned throughout the posting)</b>	Electroconvulsive therapy Psychotherapy (Interpersonal therapy, behavioural therapy...) Research. *Addiction psychiatry/ sexuality/ psychoanalytic therapy are optional (university diploma). **There is no child and adolescent psychiatry posting availability yet.			
<b>Formative Assessment</b>	Case-based discussions, Mini-CEX.			
<b>End of Year Summative Assessment</b>	Modified essay question, clinical short case and long case.	Modified essay question, clinical short case and long case.	Modified essay question, clinical short case and long case.	Modified essay question, clinical short case and long case. Viva voce for research

overcome stigma, advocating for increased resources and support, preparing psychiatrists to work with diverse populations, embracing advancements in research and treatment, and promoting a healthy work-life balance to prevent burnout and ensure sustainable careers in psychiatry.

Government support provides a chance for increased backing and investment in psychiatry training programs, as the Moroccan government recognizes the importance of mental health services. Collaborations between the government and educational institutions can expand resources and enhance the quality of training. The integration of community-based care offers opportunities to emphasize early intervention and prevention through the development of mental health services in local communities. Psychiatry training programs can equip trainees with the necessary skills to work effectively in community settings and foster collaboration with primary care providers.

Multidisciplinary collaboration, involving professionals from various healthcare fields such as psychology, social work, and nursing, can enhance the efficacy of psychiatric care. Psychiatry training programs can actively promote interprofessional education and create an environment that fosters collaboration across disciplines.

The diverse cultural landscape of Morocco presents an opportunity for psychiatry training programs to prioritize cultural competence. By addressing cultural beliefs, practices, and values, these programs can equip psychiatrists to deliver care that is sensitive to diverse cultural backgrounds.

Leveraging telepsychiatry and technology can significantly improve access to mental health services, particularly in remote areas. Incorporating training on virtual care and digital tools prepares psychiatrists to adapt to the evolving landscape of healthcare practices.

overcome stigma, advocating for increased. By capitalizing on these opportunities, psychiatry training in Morocco can advance, with increased support, community-based care, multidisciplinary collaboration, cultural competence, and the integration of technology to enhance accessibility and quality of mental health services.

### SUCCESS STORIES

The success stories of residents who have benefited from psychiatry training programs in Morocco are testament to the transformative impact of accessible and high-quality mental health care. These stories showcase the profound changes experienced by individuals who have received support from well-trained psychiatrists. By highlighting these success stories, we can shed light on the positive outcomes that can be achieved through psychiatry training programs. Residents who have received proper training and guidance are equipped with the skills and knowledge to provide comprehensive mental health care to those in need.

As a result, patients have experienced significant improvements in their mental well-being, leading to enhanced quality of life and overall personal growth. These success stories also underscore the importance of accessible mental health care services. Through psychiatry training programs, professionals are being trained and placed in various regions, including underserved areas and rural communities. This ensures that individuals who previously had limited access to mental health care now have the opportunity to receive the support they require. The impact of this accessibility cannot be understated, as it breaks down barriers and promotes inclusivity in the delivery of mental health services. Moreover, these success stories highlight the significance of high-quality mental health care.

expertise and competence enable them to address the diverse needs of their patients, taking into account cultural, social, and individual factors. The impact of receiving high-quality care extends beyond symptom management, positively influencing the overall well-being and functioning of individuals.

In conclusion, the success stories of residents who have benefited from psychiatry training programs in Morocco demonstrate the transformative impact of accessible and high-quality mental health care. These stories serve as a powerful reminder of the positive changes that can occur when individuals have access to well-trained psychiatrists and comprehensive treatment. It reinforces the importance of continuing to invest in psychiatry training programs and striving for accessible mental health care for all individuals in Morocco.



In this issue of the newsletter, we're thrilled to present a special section titled "Star of the Month," curated by Dr. Sara Baouchouch. This month, we delve into the compelling story of Selena Gomez, highlighting her experiences with mental health issues. Join us as we explore Gomez's journey and the valuable insights she offers on navigating mental health challenges.

# ROLE OF THE INTERN DOCTOR IN PSYCHIATRIC CARE



**FATIMAEZZAHRA GUOURSA- Fz.Guoursa@gmail.com**

During their six-month rotation in psychiatric units, intern doctors play a crucial role as integral members of the psychiatric care team. This period serves as a comprehensive learning experience, enabling interns to acquire essential skills and knowledge essential for effective patient care in mental health.

Interacting closely with residents and learning from seasoned professors provides interns with valuable insights into medication management, crisis intervention, case presentation, and collaborative care. Intern doctors invest significant time in studying the pharmacological treatments used in psychiatric care. They delve into psychotropic medications, grasping their mechanisms of action, potential side effects, and dosage nuances. Guided by attending physicians, interns actively engage in medication monitoring and adjustment processes, ensuring optimal treatment outcomes for patients.

Interns undergo rigorous training to prepare for handling psychiatric emergencies, including situations involving suicidal ideation or attempts. They develop the ability to promptly assess the severity of risk, throughout night and day shifts, establish therapeutic rapport with patients in crisis, and implement evidence-based interventions to mitigate immediate dangers.



Through collaboration with multidisciplinary teams, interns contribute to crafting crisis management plans and providing ongoing support to individuals at risk of self-harm.

Intern doctors actively participate in presenting cases during team meetings and clinical rounds, refining their skills in gathering pertinent patient information, conducting thorough assessments, and formulating evidence-based treatment plans.

Under the mentorship of senior clinicians, interns enhance their communication abilities, bolster their clinical reasoning skills, and actively contribute to collaborative decision-making processes.



Interns engage in consultations with medical specialists across various disciplines to address the multifaceted needs of patients with both psychiatric and medical comorbidities.

They work closely with internal medicine, neurology, and primary care teams to ensure seamless integration of care and holistic treatment approaches. Through interdisciplinary discussions, interns play a pivotal role in optimizing treatment outcomes and coordinating discharge planning efforts. To conclude, the role of intern doctors in psychiatric care is multifaceted and indispensable, significantly contributing to the delivery of high-quality patient care.

Through their rotation in psychiatric units, interns gain invaluable experience and expertise in medication management, crisis intervention, case presentation, and collaborative care. Interacting with residents and learning from experienced professors enriches their learning journey, equipping them with the skills and knowledge necessary to tackle the complex challenges of mental health care. As future clinicians, intern doctors are poised to make meaningful contributions to the field of psychiatry and advocate for the well-being of individuals with mental illness.

As to mention the names of intern doctors' rotation in the University Psychiatric Center: Dr Benhamza Youssed, Dr Aroui Chaimaa, Dr Belabdi Maha, Dr Mona Sabir, Dr Alj Fatimazahra, Dr El Mahi Anas, Dr Battas Yasmine, Dr Slimani Saad, Dr Chafi Jouhaina, Dr Fatima Ezzahra Elhajmir....

## TEST YOUR KNOWLEDGE ABOUT CANNABINOIDS

**What is the key physiologic consequence of cannabinoid receptor 2 (CB2) activation?**

- A- Appetite and metabolism Regulation
- B- Neuronal signaling Modulation
- C-Immune Response regulation

**Based on clinical evidence, which of the following is a common adverse event with cannabidiol (CBD) use?**

- A-Hypertension
- B- weight gain
- C- Diarrhea

**When it comes to composition, what is the primary goal of extracting cannabinoid compounds from the cannabis plant for medicinal purposes?**

- A- A product with no more than 3% tetrahydrocannabinol (THC) content
- B- A product with no more than 5% tetrahydrocannabinol (THC) content
- C- A product with a precise composition of active ingredients to yield the desired effect

**According to a study published in 2022, approximately what percentage of CBD oils are labeled correctly?**

- A-15%
- B-35%
- C-25%

**Which phytocannabinoid has a low affinity for CB1 and CB2 receptors?**

- A- Tetrahydrocannabinol
- B- 2-Arachidonoylglycerol
- C-Cannabidiol

**Which of the following cannabinoids appears in products labeled as "weed light" or "diet weed"?**

- A-Delta-8-tetrahydrocannabinol (THC)
- B-Delta-9-THC
- C-Tetrahydrocannabivarin

\*CORRECT ANSWERS IN THE UPCOMING ISSUE



# DELIRIUM: NEUROLOGY OR PSYCHIATRY?

**SARA BAOUCHOUCH- sarasshi@gmail.com**



Confusion, often described as a state of disorientation or mental fog, can be a complex phenomenon with underlying causes spanning both neurological and psychiatric domains. When it comes to managing cases of confusion within a hospital setting, particularly in a university hospital where interdisciplinary collaboration is common, the question of whether to approach it from a neurological or psychiatric perspective may arise.

Neurology and psychiatry are distinct medical specialties, each with its own focus and expertise. Neurology primarily deals with disorders of the nervous system, including the brain, spinal cord, and nerves, whereas psychiatry focuses on mental health conditions and disorders of mood, thought, and behavior. Confusion can be a symptom of various medical conditions, and determining the underlying cause requires a comprehensive assessment that may involve input from both neurology and psychiatry.

From a neurological standpoint, confusion may be indicative of a range of neurological disorders such as dementia, delirium, stroke, traumatic brain injury, or metabolic encephalopathy. Neurologists are trained to evaluate cognitive function, perform neurological examinations, and interpret imaging studies to identify structural or functional abnormalities in the brain that could contribute to confusion. Treatment in neurology may involve addressing the underlying neurological condition through medications, rehabilitation, or surgical interventions.

On the other hand, psychiatrists are skilled in assessing mental health factors that can contribute to confusion, such as anxiety, depression, psychosis, or substance use disorders. They may explore psychosocial stressors, past psychiatric history, and current medications that could impact cognitive function. Psychiatric interventions may include psychotherapy, medication management, and addressing any underlying psychological issues contributing to the confusion.

In many cases, the distinction between neurological and psychiatric causes of confusion may not be clear-cut, and there can be significant overlap between the two. For example, delirium—a state of acute confusion often seen in

hospitalized patients—can have both neurological and psychiatric components, with underlying medical conditions triggering changes in cognitive function and contributing to psychiatric symptoms such as agitation or hallucinations. Its Physiopathological perspective is reviewed by Dr Rayadi, in this newsletter.

### DSM-5 Criteria of Confusion

A. A disturbance in attention (reduced ability to direct, focus, sustain, and shift attention) and awareness (reduced orientation to the environment)

AND

B. The disturbance develops over a short period of time (usually hours to a few days), represents a change from baseline attention and awareness, and tends to fluctuate in severity during the course of a day.

AND

C. An additional disturbance in cognition (memory deficit, disorientation, language, visuospatial ability, or perception)

AND

D. The disturbances in Criteria A and C are not better explained by another preexisting, established, or evolving neurocognitive disorder and do not occur in the context of a severely reduced level of arousal, such as coma.

AND

E. There is evidence from the history, physical examination, or laboratory findings that the disturbance is a direct physiological consequence of another medical condition, substance intoxication or withdrawal (due to a drug of abuse or to a medication), or exposure to a toxin, or is due to multiple etiologies.

### Risk factors

According to a Korean observational retrospective cohort study, published in 2016, delirium risk factors as follows;

### Medical Subgroup:

Lower plasma sodium level  
Hypertension

### Surgical Subgroup:

Lower plasma albumin level  
Past history of stroke

ICU care

Hypertension

Number of medications

Use of antipsychotic drugs

Use of anticholinergic drugs

Use of opioids

Additionally, there are factors mentioned that are not explicitly labeled as "risk factors" but are associated with increased risk of delirium:

-Surgery itself is a known risk factor for delirium.

-Delirium is believed to be associated with preoperative and postoperative stroke in patients with risk factors for cardiovascular diseases.

-Treatment in the ICU is a risk factor for delirium.

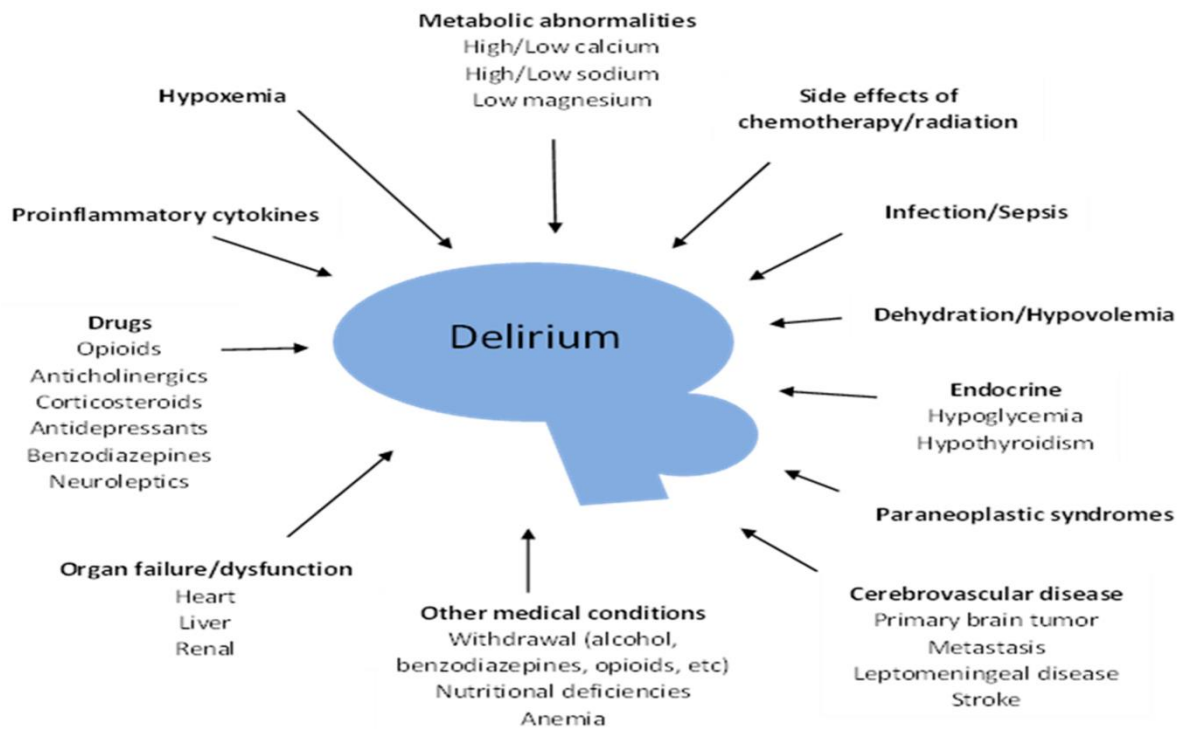
These factors collectively suggest that different clinical situations may have distinct risk factors for delirium, emphasizing the need for tailored approaches to prevention and management.

### Underlying causes

By definition, delirium is caused by an underlying medical condition and is not better explained by another preexisting, evolving, or established neurocognitive disorder. The underlying cause of delirium can vary widely and involve anything that stresses the baseline homeostasis of a vulnerable patient. Examples include substance intoxication or withdrawal, medication side effects, infection, surgery, metabolic derangements, pain, or even simple conditions such as constipation or urinary retention. The diagnosis is often missed due to its subtle clinical manifestation, especially in the hypoactive type.







### Differential diagnosis

Dementia, AIDS-related complex, Psychosis, Catatonia, Ganser Syndrome...

Dementia is one of the most important risk factors for delirium. It often coexists in patients who are hospitalized. Delirium may be a risk factor or marker for the development of dementia. The safest rule is to consider delirium when recent changes in an elderly patient's level of consciousness and cognition have occurred in an acute care setting.

Patients with hypoactive withdrawn delirium may be misdiagnosed as depressed. Depressed patients also may have cognitive symptoms, but the patient's level of consciousness is normal. Predominantly are visual and fluctuate, and the patient has impaired memory and orientation and clouding of consciousness.

### Assessment

The Confusion Assessment Method (CAM) is a widely used tool for diagnosing delirium. It was first developed by Dr. Sharon Inouye and colleagues in 1990.

CAM is designed to be a standardized, structured method for identifying delirium quickly and accurately in both clinical and research settings. It's particularly useful for healthcare professionals who may not have specialized training in psychiatry or neurology.

### Confusion Assessment Method (CAM)

(Adapted from Inouye et al., 1990)

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:** Assess the following factors.

#### Acute Onset

1. Is there evidence of an acute change in mental status from the patient's baseline?  
 YES     NO     UNCERTAIN     NOT APPLICABLE

### Management

The assessment process involves interviewing the patient to evaluate current clinical status, including potential aggression, hallucinations, and delusions, alongside a thorough examination of comorbidities and medical history, particularly focusing on factors contributing to confusion. It emphasizes the importance of establishing a correct diagnosis of confusion, which is considered a medical emergency.

Clinical examination, guided by temporal and spatial orientation and vital function assessment, is crucial for identifying somatic emergencies and determining etiology. Complementary examinations, tailored to clinical findings, include basic assessments like electrolyte levels and complete blood count, as well as additional tests such as urine culture and imaging studies, depending on the patient's clinical status.

Principles of management aim to minimize morbidity and mortality. Strategies for both prevention and treatment overlap significantly, targeting **sleep-wake regulation, orientation, early mobilization, optimizing vision and hearing**, as well as **nutrition and hydration**. However, there's limited high-quality evidence on non-pharmacological treatment of delirium in older patients, though single or multiple-component protocols have been trialed. Evidence regarding multi-component non-pharmacological interventions for preventing confusion is stronger than for treating established delirium.

As for **Antipsychotics**: Not FDA-approved for use in Delirium, with controversial efficacy. They are commonly used as first-line for managing symptoms threatening safety or hindering care, yet recent meta-analyses showed no significant effect on delirium incidence, duration, severity, or mortality. Given the lack of data, it's recommended to limit antipsychotic use and reserve them for managing symptoms like delirium, agitation, or hallucinations, prioritizing patient and staff safety.

**No FDA-approved medication exists for treating confusion.**

Based on Cochrane systematic reviews from 2018/2019/2020, antipsychotics' efficacy remains controversial,

with limited role and low-quality evidence in medical, surgical, and palliative care settings, showing no reduction in confusion severity, symptom resolution, or mortality, regardless of antipsychotic type. Their impact on hospitalization duration and cognitive symptoms is unclear. In the absence of conclusive evidence, antipsychotics should be limited to managing agitation, delirium, and hallucinations, posing a safety risk.

If the patient is in distress or considered a danger to themselves or others: Consider short-term (usually for 1 week or less) administration of Haloperidol or Olanzapine. Prudently titrate based on symptoms: Initial doses of haloperidol are 1 to 2 mg every 2 to 4 hours, with lower initial doses for elderly patients. When using haloperidol to treat delirium, monitor ECG.

Use antipsychotic medications cautiously or limit their use for individuals with conditions such as Parkinson's or Lewy body dementia.

Benzodiazepines are reserved for specific causes of confusion like intoxication or withdrawal, with preference given to short-acting types. Cholinergics and certain vitamins may have utility in specific cases. However, the decision to use medication should be made cautiously, considering individual patient factors and potential risks.

### References:

Kim H, Chung S, Joo YH, Lee JS. The major risk factors for delirium in a clinical setting. *Neuropsychiatr Dis Treat*. 2016 Jul 21;12:1787-93. doi: 10.2147/NDT.S112017. PMID: 27499625; PMCID: PMC4959764.

Ramírez Echeverría MDL, Schoo C, Paul M. Delirium. 2022 Nov 19. In: *StatPearls [Internet]*. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. PMID: 29261982.

# WHAT IS DEMENTIA?



**IMANE SALIHI**



Dementia encompasses a range of cognitive disorders marked by memory decline, impaired thinking, and reduced daily functioning. It's not a specific ailment but rather symptomatic of various conditions, notably Alzheimer's disease, along with vascular dementia, Lewy body dementia, and frontotemporal dementia. Symptoms worsen over time, affecting communication, reasoning, and independence. Early detection and tailored care plans are crucial for symptom management and enhancing the well-being of those affected by dementia.

## What Are the Different Types of Dementia?

Alzheimer's disease stands as the most prevalent form, constituting 60 to 80 percent of cases. Other common types include dementia with Lewy bodies, frontotemporal degeneration, and vascular disease.

- **Alzheimer's Disease**

This progressive neurodegenerative disorder leads to memory loss, language impairment, and executive function decline due to brain cell destruction. It often manifests as difficulty organizing tasks, misplacing items, financial management challenges, and word-finding difficulties.

- **Dementia with Lewy Bodies**  
Caused by protein deposits in neuronal cell bodies, particularly in the frontal and temporal lobes and basal ganglia, this condition primarily affects older men. It involves fluctuating cognitive impairment, visual hallucinations, and Parkinsonism symptoms such as falls, loss of consciousness, neuroleptic sensitivity, delusions, hallucinations, sleep disorders, and depression.

- **Frontotemporal Degeneration**  
This term encompasses disorders characterized by frontal and temporal lobe atrophy. Early-stage symptoms typically involve personality and behavioral changes, such as loss of self-awareness, social comportment, disinhibition, impulsivity, distractibility, excessive eating, social withdrawal, repetitive behavior, and decreased speech.

- **Huntington's Disease**  
A genetic disorder causing progressive nerve cell destruction, leading to motor, cognitive, and psychiatric deficits.

- **Parkinson's Disease**  
This neurodegenerative disorder presents with tremors, stiffness, walking difficulties, motor impairments, facial expression loss, and speech impairment.



- **Vascular Dementia**

Arteriosclerotic changes, cerebrovascular disorders, or strokes can cause this form. Symptoms may vary from abrupt cognitive changes to stepwise or continuous worsening, depending on the affected brain region and the extent of damage.

- **Mild Cognitive Impairment**

(MCI) refers to a state where an individual experiences deficiencies in memory, language, or other cognitive functions beyond what's expected for age-related memory decline. While these deficits may not significantly disrupt daily activities, they are noticeable to friends and family members.

Skillful assessment is essential for distinguishing between dementia, delirium, and depression, often referred to as the three Ds. The variations and resemblances among them are elucidated.

	<b>Depression</b>	<b>Delirium</b>	<b>Dementia</b>
<b>Onset</b>	Weeks to months	Hours to days	Months to years
<b>Mood</b>	Low/apathetic	Fluctuates	Fluctuates
<b>Course</b>	Chronic; responds to treatment.	Acute; responds to treatment	Chronic, with deterioration over time
<b>Self-Awareness</b>	Likely to be concerned about memory impairment	May be aware of changes in cognition; fluctuates	Likely to hide or be unaware of cognitive deficits
<b>Activities of Daily Living (ADLs)</b>	May neglect basic self-care	May be intact or impaired	May be intact early, impaired as disease progresses
<b>Instrumental Activities of Daily Living (IADLs)</b>	May be intact or impaired	May be intact or impaired	May be intact early, impaired before ADLs as disease progresses

### **How Is Dementia Diagnosed?**

Initially, physicians seek to identify any underlying treatable conditions such as abnormal thyroid function, medication interactions, or vitamin deficiencies that may contribute to cognitive difficulties.

Early detection is crucial as many of these underlying causes can be managed effectively.

A comprehensive medical evaluation for dementia typically involves: 1) Gathering medical history, including family history of dementia, onset and nature of symptoms, behavioral or personality changes, and medications that could impact symptoms. 2) Conducting a thorough physical examination to identify potential conditions associated with or exacerbating dementia. 3) Performing neurological tests to assess various cognitive and motor functions that may influence diagnosis or respond to treatment. 4) Administering cognitive and neuropsychological assessments to evaluate memory, problem-solving, language, and other mental abilities. 5) Conducting laboratory tests on blood and other fluids to detect or rule out potential causes of symptoms. 6) Employing brain imaging techniques to detect structural abnormalities or changes in brain function indicative of dementia-related conditions. 7) Conducting psychiatric evaluations to assess the presence of depression or other mental health issues contributing to symptoms. 8) Considering genetic testing for known gene defects associated with certain types of dementia to assess the individual's risk. In caring for individuals with dementia, nursing goals focus on fostering empathetic relationships, providing a supportive and structured environment, ensuring safety, facilitating social engagement, collaborating with relevant service providers, and supporting the self-care needs of family members or caregivers.

### Treatment for dementia

Treatment for dementia typically begins with non-pharmacological approaches as the primary intervention for managing behavioral and psychological symptoms. However, if these symptoms are severe and significantly impact the person's or caregiver's quality of life, medication may be necessary, often alongside non-pharmacological interventions. Both the individual with dementia and their family or caregivers require support, education, and counseling to navigate the challenges posed by this debilitating illness. Employing a proactive problem-solving approach can help identify triggers for problematic behaviors, allowing for avoidance or modification.

Non-pharmacological strategies should be tailored to the individual's strengths and weaknesses, aiming to prevent 'catastrophic reactions' that may manifest as aggression or distress. Effective communication involves using clear language, simple sentences, and non-verbal cues.

The 'ABC' model, examining the Activating event, Behavior, and Consequences, can provide insights into behavior patterns and triggers. While there is no cure for dementia, drugs like cholinesterase inhibitors and memantine may help slow its progression, particularly in the early stages.

Antipsychotic medications are effective for treating psychotic and behavioral symptoms, with newer options offering reduced side effects. Sedation may be necessary for severe agitation, but caution is advised to avoid over-sedation. Benzodiazepines with lower toxicity are preferred,

And Antidepressants may be underused despite their therapeutic value for depression in dementia.

Implementing a comprehensive management plan involves early goal identification, engagement with care partners and community supports, and collaboration with interprofessional teams. Encouraging involvement in clinical research can advance treatment, prevention, and support programs for dementia.

### References

Gagliardi JP. Differentiating among Depression, Delirium, and Dementia in Elderly Patients. *Virtual Mentor*. 2008 Jun 1;10(6):383-8. doi: 10.1001/virtualmentor.2008.10.6.cprl1-0806. PMID: 23212038.

Rest of references available on request.

### The team of the Geriatric Psychiatry consultation at the University Psychiatric Center of Casablanca:

**Dr Elkardi Salma**

**Dr Benjamai Imane**

**Dr Choujaa Hafsa**

**Dr Salihi Imane**

**Dr Elyachkouri  
Yasmine**

**Dr Elkis Meriem**

**Dr Lahrichi Lamiaa**



# ELECTROCONVULSIVE THERAPY



**ABIR TANJAOUI- [Abirtanjaoui11@gmail.com](mailto:Abirtanjaoui11@gmail.com)**

Electroconvulsive therapy (ECT), often abbreviated as ECT, is a medical treatment involving the application of an electric current to the brain. This procedure induces a brief seizure, resulting in a surge of electrical activity within the brain. The primary objective of ECT is to alleviate severe symptoms associated with certain mental health conditions.

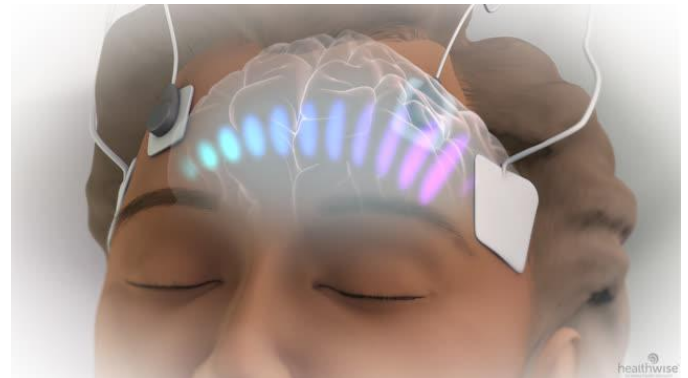
ECT is administered under general anesthesia, ensuring that the individual undergoing treatment is unconscious throughout the procedure.

## What Conditions Can ECT Address?

According to recommendations from the National Institute for Health and Care Excellence (NICE), ECT is considered a treatment option under specific circumstances. These include severe depression cases where:

- The individual prefers ECT based on prior positive experiences.
- Urgent intervention is required due to life-threatening situations like refusal to eat or drink.
- Other treatment modalities, such as medication and talk therapy, have proven ineffective.

Additionally, ECT may be utilized as a short-term intervention for severe or prolonged episodes of mania and catatonia. However, its repetitive use for these conditions is advised only if



previous positive responses to the treatment have been observed or if other therapeutic options have been exhausted. It's important to note that ECT is not recommended for managing schizophrenia on an ongoing basis, nor is it suggested as a routine treatment for mild depression.

## Who is Not Suitable for ECT?

ECT is generally not recommended for children under the age of 11 and is rarely effective for those aged between 11 and 18.

For individuals with heightened risks, such as pregnant women, older adults, or those with cardiovascular conditions, careful consideration is required before proceeding with ECT. Factors like the potential risks associated with anesthesia, existing medical conditions, possible adverse effects including memory impairment, and the risks of forgoing treatment altogether must be evaluated.



### **Is ECT Effective?**

While some individuals report positive outcomes from ECT, its efficacy varies among patients, and the mechanism of action in the brain remains unclear. Before undergoing ECT, individuals should receive comprehensive information about the treatment, including potential side effects.

### **Can Other Treatments be Combined with ECT?**

NICE guidelines suggest that ECT should be considered only after other treatment options have been exhausted or deemed unsatisfactory. Some individuals find that ECT complements other therapeutic approaches, such as medication or talk therapy, facilitating continued progress post-treatment.

### **Supporting Someone Through ECT**

For individuals concerned about a loved one undergoing ECT, resources on supporting others with their mental health journey can provide valuable insights and assistance.

### **Why is ECT Controversial?**

The use of ECT sparks debate within the medical community due to several reasons like, diverging opinions among healthcare professionals regarding its appropriateness, the occurrence of memory loss, both short-term and potentially long-term, as a common side effect. And, instances where ECT is offered without prior consideration of alternative treatments, contrary to established guidelines.

### **Understanding Side Effects of ECT**

Side effects of ECT can vary, with memory loss being a prevalent concern. Both immediate and long-term side

effects, including memory impairment, should be carefully considered and monitored.

### **The ECT Procedure Explained**

During an ECT session, individuals are placed under general anesthesia before receiving electrical stimulation to induce a seizure. After the session, patients may experience drowsiness and confusion, necessitating a period of recovery before discharge.

### **Number of ECT Sessions**

A typical course of ECT involves two to three sessions per week over several weeks, with the total number of sessions varying based on individual response and clinical considerations.

### **Informed Consent and ECT**

Decision-making regarding ECT can be challenging, particularly for individuals in distress. Full disclosure of information about ECT, including its benefits, potential risks, and alternatives, is essential for informed consent. For individuals detained under mental health legislation, ECT can only be administered with their consent, following assessment of their capacity to make informed decisions. Emergency situations may warrant ECT without explicit consent, provided specific criteria are met.

### **References**

<https://myhealth.alberta.ca/Health/pages/conditions.aspx?hwid=ty1541>

<https://www.mind.org.uk/information-support/drugs-and-treatments/electroconvulsive-therapy-ect/>

# WHAT'S NEW IN PSYCHIATRY THIS MONTH?



**LATIFA EL KAOUI- [Latifa.xi2020@gmail.com](mailto:Latifa.xi2020@gmail.com)**



## **POSITIVE PHASE 3 RESULTS FOR NOVEL ANTIPSYCHOTIC IN SCHIZOPHRENIA**

Xanomeline-trospium (KarXT), a novel treatment merging a muscarinic receptor agonist with an anticholinergic agent, has demonstrated significant advancements in the management of schizophrenia, according to findings from the phase 3 EMERGENT-2 trial.

The study, published in *The Lancet* on December 14, 2023, showcased that xanomeline-trospium led to substantial improvements in both positive and negative symptoms of schizophrenia compared to a placebo. Led by Dr. Inder Kaul of Karuna Therapeutics in Boston, Massachusetts, the research team noted that the treatment was well-tolerated and did not result in weight gain.

Moreover, incidences of extrapyramidal motor symptoms or akathisia were minimal and comparable between the treatment and placebo groups.

The trial's outcomes suggest that KarXT could usher in a new era of antipsychotic medications by targeting muscarinic receptors instead of the D2 dopamine receptor-blocking mechanism employed by current treatments. The U.S. Food and Drug Administration (FDA) has accepted Karuna Therapeutics' new drug application for KarXT in adults with schizophrenia, with a decision expected by September 26, 2024.

Xanomeline-trospium's development stems from evidence suggesting the involvement of the muscarinic cholinergic system in schizophrenia's pathophysiology. Xanomeline, an oral muscarinic cholinergic receptor agonist, lacks direct effects on dopamine receptors. By combining it with trospium chloride, an oral pan-muscarinic receptor antagonist, the treatment aims to mitigate side effects linked to xanomeline's activation of peripheral muscarinic receptors. The EMERGENT-2 trial, a multicenter, double-blind, placebo-controlled study, enrolled 252 adults with schizophrenia

who recently experienced exacerbated psychotic symptoms necessitating hospitalization. Over a 5-week period, patients received xanomeline-trospium, with dosages titrated from 50 mg/20 mg twice daily to 125 mg/30 mg twice daily. Efficacy assessments showed a significant 9.6-point reduction in Positive and Negative Syndrome Scale (PANSS) total scores with xanomeline-trospium compared to placebo, underscoring its therapeutic potential. Secondary endpoints, including PANSS subscales and Clinical Global Impression-Severity scores, also favored active treatment. Importantly, discontinuation rates due to side effects were comparable between the treatment and placebo arms, indicating a favorable safety profile for xanomeline-trospium. Common adverse effects included constipation, dyspepsia, nausea, vomiting, headache, hypertension, dizziness, and gastroesophageal reflux disease. Experts believe that xanomeline-trospium could revolutionize schizophrenia treatment by offering a unique mechanism of action and demonstrating robust efficacy without causing weight gain or extrapyramidal symptoms. Dr. Ann Shinn, director of clinical research at McLean Hospital and assistant professor at Harvard Medical School, described KarXT as a "potential game-changer" due to its significant symptom reduction and favorable side effect profile. Dr. René Kahn, professor and chair of psychiatry at the Icahn School of Medicine at Mount Sinai, highlighted KarXT's novel

mechanism of action and substantial effect size, suggesting its potential to outperform existing treatments. However, while the EMERGENT-2 trial underscores KarXT's promise, commentators caution that it lacks comparative data against existing treatments. Dr. Andrea Cipriani and coauthors emphasize the need for further research to determine KarXT's comparative efficacy and safety.

In summary, xanomeline-trospium represents a groundbreaking advancement in schizophrenia treatment, offering clinicians and patients a promising alternative to traditional antipsychotic medications. As regulatory approval processes unfold, further research will elucidate KarXT's role in optimizing patient outcomes and shaping the future of schizophrenia management.

## References

Kaul I, Sawchak S, Correll CU, Kakar R, Breier A, Zhu H, Miller AC, Paul SM, Brannan SK. Efficacy and safety of the muscarinic receptor agonist KarXT (xanomeline-trospium) in schizophrenia (EMERGENT-2) in the USA: results from a randomised, double-blind, placebo-controlled, flexible-dose phase 3 trial. *Lancet*. 2024 Jan 13;403(10422):160-170. doi: 10.1016/S0140-6736(23)02190-6. Epub 2023 Dec 14. PMID: 38104575. THE LANCET

Submit Article

This journal Journals Publish Clinical Global health Multimedia Events About

ARTICLES | VOLUME 403, ISSUE 10422, P160-170, JANUARY 13, 2024

Download Full Issue

Purchase Subscribe

Efficacy and safety of the muscarinic receptor agonist KarXT (xanomeline-trospium) in schizophrenia (EMERGENT-2) in the USA: results from a randomised, double-blind, placebo-controlled, flexible-dose phase 3 trial

Inder Kaul, MD • Sharon Sawchak, RN • Prof Christoph U Correll, MD • Rishi Kakar, MD • Prof Alan Breier, MD • Haiyan Zhu, PhD • et al. Show all authors

Published: December 14, 2023 • DOI: [https://doi.org/10.1016/S0140-6736\(23\)02190-6](https://doi.org/10.1016/S0140-6736(23)02190-6) • Check for updates



# PSYCHOSIS FOLLOWING TRAUMATIC BRAIN INJURY



**ABDELKOUDOUS LAAIDI- Assistant Professor in Neurosurgery**



## Introduction

Brain injury, whether resulting from trauma or acquired through other means, frequently leads to a variety of neuropsychiatric complications, including psychosis. Psychosis, characterized by hallucinations, delusions, and disorganized thinking, presents a significant challenge for individuals undergoing recovery from brain injury. This paper seeks to explore the intricate relationship between brain injury and psychosis, shedding light on symptoms, diagnosis, complications, risk factors, prognosis, and treatment strategies.

Additionally, a case report of a patient who experienced physical aggression resulting in brain injury and subsequent psychosis symptoms is presented to exemplify the clinical complexities and successes encountered in managing psychosis post-brain injury.

Psychosis following traumatic brain injury (PFTBI) has garnered limited empirical investigation, thus remaining poorly understood, identified, and treated. This article examines consistencies in PFTBI phenomenology as reported in existing peer-reviewed

literature. It discusses potential factors contributing to psychotic symptoms post-TBI, prevalence rates, the significance of onset latency and injury severity, clinical and cognitive neuropsychological presentations, and neuroimaging data related to injury localization. Moreover, the paper highlights substantial methodological limitations present in the majority of publications informing this area of study. Despite controversies in the literature, psychosis following TBI appears to be three times more prevalent than psychotic disorders in the general population. Its presentation is comparable to other idiopathic psychotic spectrum disorders, including schizophrenia.

### **Symptoms:**

Psychosis following brain injury manifests through various symptoms, encompassing hallucinations, delusions, disorganized behavior, and cognitive impairment. Hallucinations, including auditory or visual perceptions in the absence of external stimuli, are prevalent. Delusions, characterized by fixed false beliefs often linked to the injury or its consequences, may also occur. According to a study by Fujii and Fujii in 2012, persecutory delusions and auditory hallucinations are the most reported symptoms in PFTBI, with less negative symptoms.

Following emergence from coma in the majority of TBI cases, individuals often experience post-traumatic amnesia (PTA). This state is characterized by confusion, disorientation, impaired new

learning, and general cognitive disturbance, which may sometimes be accompanied by symptoms resembling psychosis, such as delusions and hallucinations. Although these symptoms typically resolve with the emergence from PTA, in cases of severe TBI where these symptoms persist for weeks or even months, there's a potential for such a condition to be misinterpreted as psychosis, contributing to some reported cases of psychosis following Brain Injury (PFTBI). Cognitive impairments, particularly in attention, information processing speed, working memory, new learning and memory, and executive functions, are prevalent. Concurrently, individuals may exhibit reduced behavioral control, characterized by irritability, aggression, impulsivity, disinhibition, and a lack of initiative.

### **Risk Factors:**

Several factors contribute to the development of psychosis following brain injury, including injury severity, location, pre-existing psychiatric conditions, genetic predisposition, and psychosocial stressors, pre-injury substance abuse. Specific structural abnormalities, such as damage to the temporal lobe as evidenced in our case report, may heighten the risk of psychosis.

### **Dual Diagnosis**

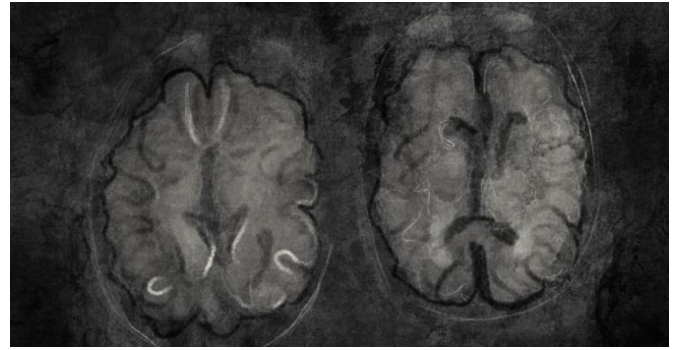
Five Theories have been discussed about psychosis following brain injury in the literature:

-Hereditary susceptibility to Schizophrenia, based on the stress-diathesis model, suggesting that brain injury activates this susceptibility.

-In the second theory, the association remains the same, but it permits the emergence of any symptom or symptoms across the spectrum of psychosis.

-Traumatic brain injury triggers the emergence of a distinct array of psychotic symptoms through a cascade of structural and/or functional alterations in the brain. In this scenario, genetic predisposition plays a lesser role, and cases falling into this category can be diagnosed under "psychotic disorder due to a general medical condition."

-The concept of 'reverse causality' has been introduced, suggesting that the presence of psychosis heightens the chances of experiencing trauma. This recognition of elevated injury rates within the psychotic population extends beyond head trauma and doesn't elucidate neurological injury preceding the onset of psychotic symptoms. Nevertheless, reverse causality has been proposed as an explanation for psychosis following traumatic brain injury with researchers examining rates of injury in schizophrenia to estimate PFTBI prevalence. Potential spurious relationship, wherein a predisposition to psychosis increases the likelihood of both psychosis and trauma. In this scenario, genetic predisposition serves as a mediating factor, explaining the seemingly observed connection between brain injury and psychosis.



## Diagnosis and Complications

Accurate diagnosis of psychosis in the context of brain injury necessitates a comprehensive assessment. This includes clinical evaluation, neuroimaging studies to identify structural abnormalities, and neuropsychological testing to assess cognitive functioning. Distinguishing between primary psychotic disorders and psychosis secondary to brain injury can be challenging yet crucial for tailored management. There is a bimodal distribution of time between TBI and onset of psychosis. Many persons develop psychosis within the first year after sustaining a brain injury, or after 5 years. The mean latency between the TBI and onset of psychotic symptoms is between 4 and 5 years. PFTBI-TBI appears to be less likely to demonstrate negative symptoms than Schizophrenia, besides Seizure disorder is more common in PFTBI-TBI than in TBI. Frontal (PET) and temporal(CT/MRI) abnormalities were among the most common found in schizophrenia. Lesions to these areas are reliably associated with cognitive deficits in executive functioning and memory, two of the Most frequently reported



Neuropsychological deficits in schizophrenia. Executive functioning and memory impairments are most robust findings. Psychosis post-brain injury entails complications extending beyond cognitive and behavioral domains. Individuals may experience social and occupational dysfunction, heightened risk of self-harm or harm to others, and exacerbation of physical health issues. Moreover, comorbidities such as depression and anxiety often coexist, complicating treatment approaches.

### **Prognosis and Treatment**

Prognosis for psychosis post-brain injury varies, contingent upon factors like neurological recovery, treatment response, and available support systems. Timely recognition and intervention play pivotal roles in improving outcomes, although long-term management may be necessary to address persistent symptoms and functional impairment. According to a study published in 2012, most persons with PF-TBI improve in presentation, with antipsychotics the most efficacious medications. Aside from treating underlying disease process, treatment for the associated symptoms of a neurobiological disorder of different etiologies is similar. Similar to schizophrenia, the most efficacious treatment for the positive symptoms of PD-TBI is the use of antipsychotic medications.

### **Case Report**

A 45-year-old male, presented with physical assault. He lapsed into a month-long coma and subsequently developed psychosis symptoms, including auditory hallucinations and

paranoid delusions, severe traumatic brain injury following with post-traumatic amnesia (PTA). Neuroimaging revealed focal damage to the left temporal lobe, aligning with his symptomatology. Treatment with sertraline and risperidone yielded significant reduction in psychotic symptoms over ensuing months and regular follow-up at the University Hospital Center of Casablanca.

### **Conclusion**

Psychosis following brain injury presents multifaceted clinical challenges, necessitating a comprehensive diagnostic and management approach. While prognosis varies, timely intervention and tailored treatment strategies hold promise in improving outcomes for affected individuals. Continued research into the neurobiological underpinnings of this phenomenon is imperative for refining therapeutic interventions.

### **References:**

- Badcock, J.C., & Dragovic, M. (2006). Schizotypal personality in mature adults. *Personality and Individual Differences, 40*, 77–85.
- Bamrah, J.S., & Johnson, J. (1991). Bipolar affective disorder following head injury. *British Journal of Psychiatry, 158*, 117–119.
- Beauchamp, M., Catroppa, C., Godfrey, C., Morse, S., Rosenfeld, J.V., & Anderson, V. (2011). Selective changes in executive functioning ten years after severe childhood traumatic brain injury. *Developmental Neuropsychology, 36*(5), 578–595.

# A Journey from Darkness to Recovery



## ANONYMOUS

### Overcoming Bipolar Disorder

In the bustling city of Casablanca, a young engineer, aged thirty-six, embarked on a journey of self-discovery that led him through the peaks and valleys of bipolar disorder. His story, shared with humility and courage, illuminates the path to recovery and the transformative power of understanding mental health.

It all began with a manic episode that landed him in the University Psychiatric Center of Casablanca. Bright, ambitious, and dedicated to his work, he had navigated through life with intelligence and vigor. Yet, unbeknownst to him, beneath the surface lay a storm of emotions and thoughts that would eventually erupt into a full-blown manic episode.

For years, he had experienced periods of hypomania and depression, unaware that these fluctuations were symptoms of bipolar disorder. Without the knowledge or understanding of mental health issues, he soldiered on, attributing his mood swings to stress or temporary setbacks. However, his admission to the psychiatric center marked a turning point in his life.

It was here that he confronted the reality of his condition and embarked on a journey of healing and self-awareness. Through therapy, medication, and the support of compassionate healthcare professionals, he gained insights into his mental health and learned valuable coping strategies.

Armed with newfound knowledge and resilience, he emerged from the depths of his illness with a renewed sense of purpose. Determined to break the stigma surrounding mental health, he shared his story with family and friends, sparking conversations and fostering understanding.

Returning to his work as an engineer, he navigated the challenges of daily life with courage and grace. Two years have passed since his hospitalization, and he remains steadfast in his commitment to wellness. Supported by ongoing treatment and a network of loved ones, he has not experienced a relapse. Central to his recovery journey is the importance of ongoing treatment and self-care. He continues to work closely with his healthcare team,

diligently adhering to his medication regimen and prioritizing his mental well-being. Through mindfulness practices, regular exercise, and meaningful connections, he maintains balance and resilience in the face of life's challenges. As his journey unfolds, he serves as a beacon of hope and inspiration for others facing similar struggles. His story reminds us that recovery is possible, and that with compassion, support, and determination, we can overcome even the most daunting of obstacles.

In the heart of Casablanca, amidst the bustling streets and vibrant culture, a young engineer has found his way back to himself. Through the highs and lows of bipolar disorder, he has discovered strength, resilience, and the transformative power of healing. And in sharing his story, he offers a guiding light for others on their own journey towards recovery. In addition to sharing his personal journey with bipolar disorder, the anonymous patient also highlights the importance of mental health awareness and the need for support systems in managing this condition.

He encourages others facing similar challenges to seek professional help and connect with community resources. Moreover, the anonymous patient underscores the crucial role of supportive networks and understanding communities in fostering mental well-being. He emphasizes the significance of open dialogue about mental health and the

Importance of destigmatizing discussions surrounding bipolar disorder and other mental illnesses.

Through his candid reflections, the anonymous patient offers hope and solidarity to others facing similar challenges, encouraging them to prioritize self-care, seek professional guidance, and cultivate resilience. His courageous testimony not only inspires but also serves as a poignant reminder of the strength and resilience inherent in individuals living with mental health conditions.

The patient, who preferred to remain anonymous, agreed to share their story and journey in the newsletter.

As the patient bravely shares, 'In the darkest moments of my bipolar journey, I found strength in simply reaching out for help. It's not weakness to ask for support; it's the first step towards healing.'





# PATHOPHYSIOLOGY OF DELIRIUM

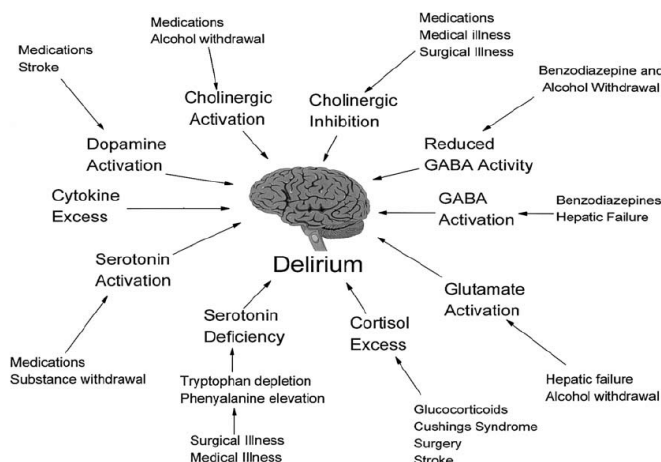


**ASMAA RAYADI**

Delirium, a complex neuropsychiatric syndrome characterized by acute and fluctuating alterations in attention and cognition, poses significant challenges in both clinical practice and research. While its exact pathophysiology remains elusive, hypotheses rooted in neurochemical and inflammatory mechanisms offer insights into its underlying mechanisms.

## Neurotransmitter Dysregulation

One prevailing hypothesis suggests that delirium arises from aberrations in neurotransmitter systems within the brain. Specifically, decreased oxidative metabolism may disrupt the delicate balance of neurotransmitters, leading to cerebral dysfunction.



Among the implicated neurotransmitters, alterations in cholinergic function, excessive release of dopamine, norepinephrine, and glutamate, as well as dysregulation of serotonergic and gamma-aminobutyric acid activity, have been implicated in various symptoms and clinical presentations of delirium.

## Inflammatory Cascade

Another hypothesis proposes that delirium is triggered by an inflammatory cascade, initiated by increased cerebral secretion of cytokines in response to various physical stressors. The intricate interplay between cytokines and neurotransmitter systems further complicates the pathophysiology of delirium, suggesting a multifactorial etiology.

## Fundamental Processes

Beyond neurotransmitter and inflammatory mechanisms, fundamental processes such as intraneuronal signal transduction and second messenger systems may also be disrupted in delirium.

Physiological stressors, including severe illness and alterations in blood-brain barrier permeability, thyroid hormone concentrations, and hypothalamic-pituitary-adrenal axis activity, likely contribute to these disturbances, exacerbating the occurrence of delirium.

### **Age-related Vulnerability**

Elderly patients are particularly susceptible to delirium, attributed to age-related changes in stress-regulating neurotransmitter and intracellular signal transduction systems. These cerebral alterations predispose older individuals to delirium, highlighting the importance of age-specific considerations in its management and prevention.

Age-related changes in stress-regulating neurotransmitter and intracellular signal transduction systems render older individuals more susceptible to delirium. This theory underscores the importance of age-specific considerations in delirium management.

### **Oxidative Stress Mechanism**

Disruption of oxidative metabolism in the brain may lead to cerebral dysfunction, exacerbating the occurrence of delirium. Oxidative stress contributes to neurotransmitter dysregulation and cognitive disturbances observed in delirium.

### **Interplay of Theories**

While each theory offers valuable

insights into delirium pathophysiology, their interrelation underscores the multifactorial nature of this syndrome. Complementary rather than competing, these theories converge on a common outcome: alterations in neurotransmitter synthesis, function, and availability mediate the complex cognitive and behavioral changes observed in delirium.

In conclusion, delirium defies simplistic explanation, necessitating a multifaceted approach to understanding its pathophysiology. By elucidating the interplay between neuroinflammatory, neurochemical, and physiological mechanisms, clinicians can develop targeted interventions tailored to address the specific contributors to delirium in individual patients.

### **References**

- van der Mast RC. Pathophysiology of delirium. *J Geriatr Psychiatry Neurol*. 1998 Fall;11(3):138-45; discussion 157-8. doi: 10.1177/089198879801100304. PMID: 9894732.
- Flacker and colleagues. *J Gerontol Biol Sci*. 1999;54A:B239-B246.
- Maldonado, J. R. (2013). Neuropathogenesis of delirium: review of current etiologic theories and common pathways. *The American Journal of Geriatric Psychiatry*, 21(12), 1190-1222.

# SWIFTIE PSYCHE IN MOROCCO: NOTES FROM A PSYCHIATRY JOURNEY



## IMANE SALIHI



### Introduction

As I walked through the sterile corridors of the psychiatric ward at The University Hospital Center of Casablanca, the weight of responsibility as a resident doctor settled on my shoulders. Little did I know that the healing power of music, particularly Taylor Swift's, would soon become an unexpected ally in the realm of psychiatry. My journey as a psychiatry resident has been a tapestry of unique patient encounters, each contributing to my growth as a healthcare provider. One such encounter, etched vividly in my memory, involved a young woman battling the shadows of depression.

As I delved into her medical history, a surprising revelation unfolded: she was not just any patient; she was a fellow Swiftie. In that moment, the sterile environment transformed into a space where the notes of Taylor Swift's music played softly, creating a bridge between patient and doctor. Our shared love for Swift's lyrics became a source of solace, transcending the traditional boundaries of a therapeutic relationship. The melodic embrace of Taylor Swift's songs had been a constant companion in my own life, serving as a source of resilience during the challenging moments of my residency. Now, within the confines of our therapy sessions, I witnessed the transformative effect this shared musical language had on my patient. Taylor's lyrics, like a balm, soothed the wounds of her depression and provided a roadmap for self-discovery.

This unexpected connection not only deepened our understanding of each other but also reinforced the profound impact that music, especially that of Taylor Swift, can have within the context of psychiatric care. It was a testament to the idea that, sometimes, healing lies not just in clinical interventions but in the empathetic bonds forged through shared passions.

bonds forged through shared passions.

As I reflect on this particular chapter of my residency, I am reminded that the therapeutic potential of music extends far beyond its auditory pleasures. Taylor Swift's music, with its ability to resonate with the depths of human emotions, is a force that can bridge gaps, kindle hope, and fortify the bonds that form the essence of compassionate psychiatric care.

### **Swiftie Identity in Psychiatry**



As I navigated the intricacies of psychiatry, the essence of being a Swiftie began to weave itself into the fabric of my identity as a psychiatric resident. Beyond the stethoscope and medical textbooks, my journey was accompanied by the rhythmic beats and poetic narratives of Taylor Swift. The unique amalgamation of my passion for Swift's music and my feline companion named after her created what I affectionately term the 'double dose of Taylor therapy.'

In my earlier years as a medical student, depression cast its shadow over my path. It was in those moments that Taylor's music served as a lifeline, an anthem of strength amid the storm. Her lyrics, especially from songs like "All Too Well" and "Mean," echoed the challenges I faced, resonating with the emotions I grappled with. The Swiftie psyche, as I came to understand it, is not just an affinity for catchy tunes and relatable lyrics; it's a source of empowerment. Taylor Swift, with her unwavering resilience and unapologetic authenticity, became a guiding force. As I transitioned into psychiatry, her influence echoed in my choice to delve into the complexities of mental health despite familial reservations. The integration of music, particularly Taylor Swift's discography, in the field of psychiatry is not a mere coincidence but a deliberate and therapeutic choice. In the realm of psychiatric care, where the weight of others' emotions can be overwhelming, music becomes a vessel for connection and healing. Swift's music, with its raw portrayal of human emotions,



serves as a universal language in the realm of mental health. The 'double dose of Taylor therapy' is not just a personal coping mechanism; it has become an integral part of my approach to patient care. In the midst of absorbing the negative energy from patients, my feline companion named Taylor becomes a visual anchor, a reminder of strength and resilience. The lyrics, often quoted during therapy sessions, act as a bridge, fostering understanding and connection. In essence, the Swiftie psyche shapes my identity as a psychiatric resident, influencing not only my personal journey but also enhancing the therapeutic landscape of my practice. The relevance of music, particularly Taylor Swift's, is not just in its auditory allure; it is in its ability to serve as a conduit for healing, connection, and resilience in the complex world of psychiatry.

### **Taylor, The Swifite cat**

Amidst the clinical complexities of psychiatric residency, there exists a feline confidante named Taylor, a four-legged companion who not only graces my home but also plays a pivotal role in the delicate dance of mental health. Taylor the Swiftie Cat, with her gentle purrs and discerning gaze, embodies the therapeutic embrace of animal therapy within the realm of psychiatry.

Animal therapy, recognized for its ability to enhance emotional well-being, has found its place as a silent yet powerful ally in the field of mental health. The calming presence of a furry friend has and connection.

Her purring symphony serves as a counterpoint to the cacophony of daily challenges, a reminder that healing can often be found in the simplicity of shared moments. Whether curled up on my lap during late-night study sessions or offering a comforting nuzzle after a challenging day at the hospital, Taylor embodies the essence of companionship in its purest form.

"There are two ways you can get through pain. You can let it destroy you, or you can use it as fuel to drive you. To DREAM BIGGER, WORK HARDER."

-Taylor Swift

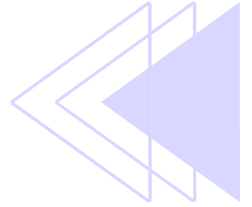
Long Live the walls we crash through...

**To read the whole article, please contact us: [drsalihi.imane@gmail.com](mailto:drsalihi.imane@gmail.com)**

**Don't forget to share your own residency experience, for more informations, contact us in the mail address mentioned above.**



# STAR OF THE MONTH



## SARA BAOUCHOUC

### **Selena Gomez's Journey of Mental Health Advocacy and Recovery**

In the inaugural issue of our newsletter, we shine a spotlight on Selena Gomez, a prominent figure who has courageously shared her struggles with mental health issues while advocating for awareness and destigmatization. As our Star of the Month, Gomez's journey serves as a beacon of hope and inspiration for millions around the world.

From her early days as a Disney Channel star to her successful music career, Gomez has captivated audiences with her talent and charm. However, behind the glamour and fame, she has grappled with anxiety, depression, and other mental health challenges.

Gomez's openness about her mental health struggles has been instrumental in challenging societal norms and fostering conversations about mental wellness. By sharing her own experiences, she has shattered the stigma surrounding mental illness and encouraged others to seek help without shame or fear. Despite facing setbacks and obstacles, Gomez has remained resilient in her pursuit of recovery. She has emphasized the importance of self-care, therapy, and surrounding oneself with a supportive network of friends and family. Through her advocacy work, she





has tirelessly campaigned for improved access to mental health resources and services for all individuals. Gomez's journey serves as a reminder that mental health is a journey, not a destination. It requires patience, perseverance, and compassion, both for oneself and for others. By speaking out and seeking help when needed, Gomez has demonstrated that it is possible to overcome even the darkest of moments and emerge stronger than before.

As we honor Selena Gomez as our Star of the Month, let us take inspiration from her courage and resilience. Let us continue to break down barriers and build a world where mental health is treated with the same importance as physical health.

In 2016, Gomez took a hiatus from her career to focus on her mental health, citing anxiety, panic attacks, and depression as contributing factors. She later revealed that she had been diagnosed with lupus, an autoimmune disease that can have significant mental health implications. Throughout her hiatus, Gomez underwent treatment, including therapy and dialectical behavior therapy (DBT), a type of cognitive-behavioral therapy.

Selena Gomez's journey with mental health challenges has been marked by remarkable resilience and courage, further amplified by her recent revelation about her diagnosis of bipolar disorder, in addition to her ongoing battle with lupus. In April 2020, Gomez disclosed her diagnosis during an interview with Miley Cyrus on her Instagram Live show, "Bright Minded."

The acknowledgment of her bipolar disorder added another layer of depth to Gomez's advocacy for mental health awareness. Not only did she shed light on her personal struggles, but she also highlighted the importance of seeking help and breaking down the stigma surrounding mental health conditions. Gomez's openness about her own experiences with bipolar disorder has undoubtedly empowered others facing similar challenges to seek support and embrace their journey towards healing.

Moreover, Gomez's advocacy efforts extend beyond mere disclosure. She has actively used her platform to raise awareness and funds for mental health initiatives. In 2020, she launched her own mental health platform called "Rare Impact" as part of her makeup brand, Rare Beauty. Through this initiative, Gomez aims to destigmatize mental health, provide resources and support, and increase access to mental health services for underserved communities.

## References

<https://www.turnbridge.com/news-events/latest-articles/selena-gomez-mental-health/>



# RESIDENTS SUGGESTIONS

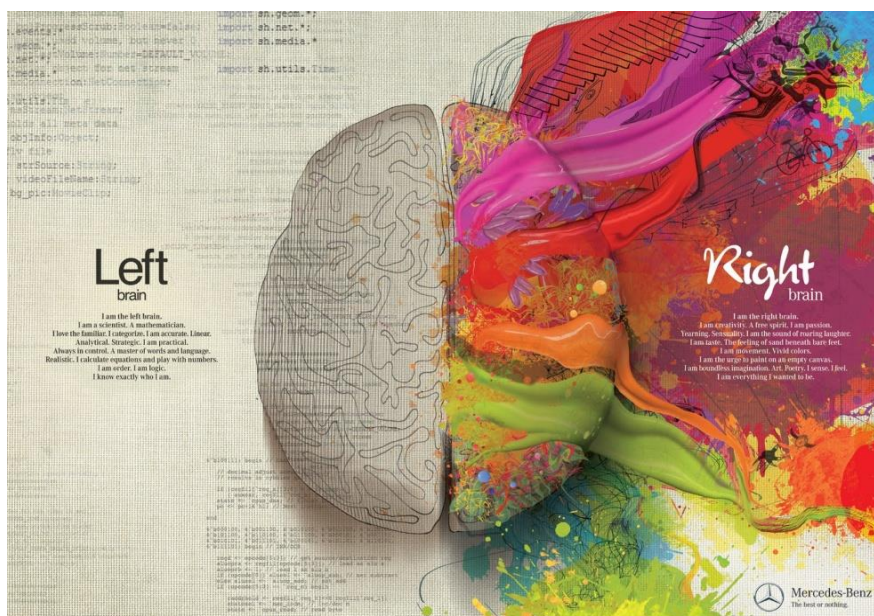


## ASMAA MATRANE- Medmani1990@gmail.com

In this section of the newsletter, our resident doctors provide valuable recommendations of movies and songs that explore and shed light on various mental health issues. Through the medium of film and music, these artistic expressions offer insightful perspectives, provoke thought, and evoke emotions, contributing to a deeper understanding of mental health challenges. Whether you're seeking inspiration, solace, or simply a way to connect with others' experiences, our curated selection of movies and songs aims to provide a source of comfort and resonance.

Our resident doctors carefully curate this collection, drawing from a diverse range of genres and themes to cater to different tastes and interests. Each recommendation is accompanied by a brief overview highlighting the key themes and messages portrayed, allowing readers to make informed choices based on their preferences and personal experiences.

Through this section, we aim to foster a sense of community and support among our readers, encouraging open dialogue and reflection on mental health topics. Whether you're looking for a thought-provoking film to watch or a soul-stirring song to listen to, our resident doctors' suggestions provide a curated selection of impactful media that explores the complexities of the human mind and the journey towards mental wellness.



<https://kaylatselmft.com/2014/10/18/articles/>



### It's okay not to be okay

A 2020 Korean series. A road to emotional healing opens up for an antisocial children's book author and an employee in a psychiatric hospital.

### A beautiful Mind

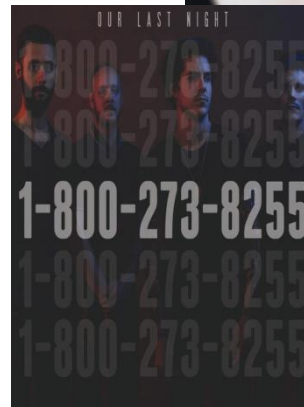
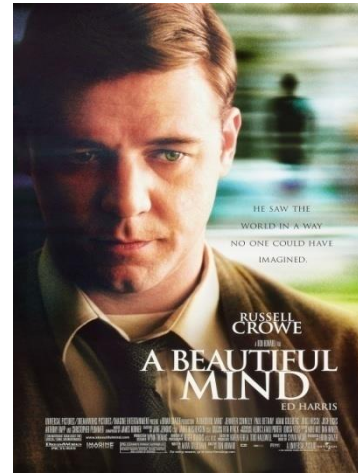
American movie, released in 2001 and Inspired by the life of mathematician John Nash, this biographical drama delves into the complexities of schizophrenia and the impact it has on Nash's career and personal life.

### Girl, Interrupted

Based on the memoir of Susanna Kaysen, this film depicts her experiences in a psychiatric hospital in the 1960s and addresses themes of borderline personality disorder and institutionalization.

### 1-800-273-8255

by Logic ft. Alessia Cara & Khalid. This song's title is the phone number for the National Suicide Prevention Lifeline. It addresses themes of depression, suicide, and the importance of seeking help.



**UPCOMING  
EVENTS**

### Upcoming Events

The Moroccan Association of Cognitive Behavioral Therapy will hold its Annual Congress on May 10th and 11th, 2024. Additionally, the 5th Day of the Moroccan Association of Psycho-Addictology is scheduled for February 17th, 2024.

**Please send us any reviews of courses or conferences that we can feature in the next edition!**