INDO-AMERICAN PSYCHIATRIC ASSOCIATION NEWSLETTER
September 2023

INSIDE THIS ISSUE
President’s and BOT Chair’s Message
Introduction to the Governing Body of IAPA
IAPA Research Symposium Winners
PRMS Commits to be IAA platinum Sponsor
Chapter Update
Member in Spotlight and Books Publications
Education Corner
Upcoming Events & IAPA Fall Meeting
Message from PRMS (Platinum Sponsor)
Congratulations to the incoming IAPA Board and Committee Members!

Executive Committee (EC)

Tarak Vasavada, MD, President
Tanuja Gandhi, MD, President-Elect
Sachin Mehta, MD, Secretary
Rohit Chandra, MD, Treasurer
Bhagi Sahasranaman, MD, Immediate Past President

Extended EC (EEC)

Karuna Poddar, MD, Councilor
Tapan Parikh, MD, Councilor

Dhruv Gupta, MD, Early Career Psychiatrist Representative
Zeeshan Mansuri, MD, Early Career Psychiatrist Representative

Rikin Patel, MD, Member-In-Training Representative

Board of Trustees (BOT)

Vani Rao, MD, Board of Trustees Chair
Ashwin Patkar, MD
Dilipkumar Patel, MD
Meena Ramani, MD
Bhagi Sahasranaman, MD

Ethics Committee

Manoj Shah, MD, Ethics Committee Chair

Mentoring Committee

Rohit Chandra, MD, Mentoring Committee Chair

Publication/Media Committee

Sudhakar Shenoy, MD
Pooja Shah, MD (Joining in October)
Vanita Sahasranaman, MD
Dear members of IAPA,

Greetings! I am excited to introduce the executive committee, extended executive committee, and board of trustees of IAPA. Our team comprises a diverse group of experienced and enthusiastic young and seasoned members. This mix of perspectives will enable us to create engaging programs for all members, especially the younger ones. Please review their bios to learn more about their unique backgrounds and passions.

Over the past few months, we have conducted three significant and enlightening Zoom meetings. The Maryland chapter organized one of these meetings, and Dr. Ranna Parekh presented on microaggression. In another session, we partnered with PAPANA to host the first South Asian Mental Health Day event on August 5th. Various speakers were invited, including Dr. Vani Rao, who discussed the facilitators and barriers to mental health treatment among South Asians. Additionally, Dr. Roy Kallivayalil from India highlighted the issues related to access to care in low and middle-income countries.

Young medical professionals, including Drs. Gandhi, Mansuri, and Patel, collaborated with PAPANA to organize a research symposium for IMG residency applicants. The event received 18 poster submissions. We invited the three best to present. Dr. Marwaha also spoke about trends in the psychiatric residency application process, followed by a Q&A session that lasted over an hour. Dr. Sachin Mehta and Rohit Chandra joined in on the discussion.

The committee is planning a fall meeting in Chicago and invites those in the area to attend the evening dinner meeting on October 21st. Our chapters are getting active and planning sessions.

Under the leadership of Dr. Geetika Gogia, we have a new chapter forming in South Carolina!!

We are trying to post more news on our IAPA Facebook and Instagram pages. Forward your information, publications, or concerns to us.

Soon, we will announce the application for the IAPA award for the outstanding academician, public service award, IAPA service award, and outstanding MIT and chapter awards. Look out for the announcement and consider nominating a qualified candidate.

Tarak Vasavada, MD
IAPA President
tarak@vasavada.us
Board of Trustees Chair’s Message

Dear all,
I want to congratulate members of the executive committee and the extended executive committee of the IAPA for the amazing work they have done in the short span of 3 months. Under the brilliant leadership of President Dr. Tarak Vasavada, IAPA has broken many glass ceilings.

For the first time, IAPA collaborated with the Pakistani American Psychiatric Association of North America (PAPANA) and conducted two symposiums. The first one was on South Asian mental health, and the second was a research symposium directed toward the international medical graduates (IMGs) residency application process. Both conferences were a roaring success! For the second time in a row, IAPA has been invited by the American Psychiatric Association (APA) to participate and present in the 2024 annual meeting presidential symposium. This is another feather in the cap of IAPA.

The leadership team is working hard on other initiatives such as increasing presence on social media, establishing CME conferences, securing financial stability for the organization, creating new chapters, conducting a poster symposium for residents in the fall of 2024, revitalizing the mentor-mentee program, forging stronger collaborations with APA, AAPI, IPS and updating the IAPA website and releasing bimonthly newsletters.

The leadership team clearly thinks outside the box, breaks barriers, and establishes bridges to keep the IAPA flag soaring.

On behalf of all my fellow board members of the trustees, I congratulate the leadership team and wish them all success in their endeavors.

To you, my IAPA family, I wish you all safe, happy, healthy days ahead and look forward to seeing you at the 2024 annual meeting.
Best Regards,

Vani Rao, MD
Board of Trustees Chair
IAPA Governing Body Biographies and Pictures

**President**

*Tarak Vasavada, MD,* is a Distinguished Life Fellow of the American Psychiatric Association. He is the Medical Director of Huntsville Hospital Behavior Health Services and clinical professor of psychiatry at UAB School of Medicine in Huntsville. He is the current president of IAPA. He served as BOT for AAPI from 2020-22. He graduated from Baroda Medical School, Gujarat, India. He did his first residency in psychiatry there and his second one at SUNY Upstate Medical School. He writes on Wellbeing, has a website, and publishes a newsletter at [HappyMindMD.com](http://HappyMindMD.com).

**President-Elect**

*Tanuja Gandhi, MD,* is an Adult, Child, and Forensic Psychiatrist practicing in Rhode Island. She completed her residency training from the Einstein Healthcare Network in Philadelphia, Forensic Psychiatry fellowship from the Yale Department of Psychiatry and the Law, and Child and Adolescent Psychiatry fellowship from the Yale Child Study Center. She is an Assistant Professor of Psychiatry at Brown University. She was recently appointed as one of the vice-chairs of the Scientific Program Committee for the APA Annual Meeting 2024 and president of the Rhode Island Psychiatric Society. She was the Resident-Fellow Member Trustee, APA Board of Trustees in 2018-19.

**Secretary**

*Sachin Mehta, MD* is a Board-Certified Adult Psychiatrist and Medical Director at Springfield Psychological Associates/Refresh Mental Health PA/Optum Behavioral Health PA. Dr. Mehta attended medical school at the Dr. D.Y. Patil Medical College in Mumbai, India, and residency at the Carilion- University of Virginia Department of Psychiatry.

**Treasurer**

*Rohit Chandra, MD* is a child and adult psychiatrist at MGH Chelsea and faculty at Harvard Medical School, where he teaches 2nd-year medical students. He is treasurer and the mentorship
chair of IAPA, board chair of a local arts non-profit, actor in an Indian acting troupe, and judge for an Indian international film festival. Rohit aspires to be on the Jeopardy game show one day.

**Councilors**

**Karuna Poddar, MD** is a graduate of Grant Medical College, Maharashtra University of Health Sciences. She finished her psychiatry residency at Cooper University Hospital, Camden, NJ, and her Child and Adolescent Psychiatry fellowship at Thomas Jefferson University Hospital, PA. Her clinical interests include Women’s mental health, perinatal psychiatry, and child and adolescent psychodynamic psychotherapy.

**Tapan Parikh, MD, MPH** is the Medical Director of acute care services at Lurie Children’s Hospital, Chicago. He completed general psychiatry training at Cooper Medical School of Rowan University in New Jersey and a Child & Adolescent psychiatry fellowship at Ann & Robert H. Lurie Children’s Hospital of Chicago, Northwestern University Feinberg School of Medicine. Before his residency, he completed his Master of Public Health with a focus in Epidemiology and Biostatistics from New York City. He also worked in clinical research for several years. He completed a three-year intensive program in psychodynamic psychotherapy at the Psychoanalytic Center of Philadelphia.

**Early Career Psychiatrist Representatives**

**Dhruv Gupta, MD** completed his undergraduate and graduate education at Tulane University in New Orleans, after which he began medical school at St. George’s University in Newcastle, England. He completed his psychiatry residency training at the Icahn School of Medicine at Mount Sinai/Elmhurst Hospital in New York City. He did his forensic psychiatry fellowship at the University of Pennsylvania. He is a former APA Diversity Leadership Fellow. Currently, he serves as the Representative to the Caucus of International Medical Graduates, a Corresponding Member on the Scientific Program Committee, a M/UR Representative on the Assembly Executive Committee Workgroup on Social Determinants of Mental Health, a Resident Fellow Member of the Council on Psychiatry and Law and the Indo-American Psychiatric Association. He is employed at the NY State Office of Mental Health at the Mid-Hudson Forensic Psychiatric Center.
Zeeshan Mansuri, MD, MPH is an assistant professor of psychiatry at Yale. He graduated from Sardar Patel University, India. He did his psychiatry residency at Texas Tech University. He did his Child and Adolescent Psychiatry fellowship at Boston Children’s Hospital/Harvard Medical School. He was a chief fellow there and is now settling down as an assistant professor of psychiatry at Yale University. He is the YPS president of AAPI. He is the Founder @humansofu.s.m.l.e. and mentors thousands of IMG applicants.

**Member-In-Training (MIT) Representative**

Rikin Patel, MD is a Child and Adolescent fellow at Duke University. He is an experienced physician fellow skilled in adult, child, and adolescent psychiatry. He is a strong healthcare services professional with a Master of Public Health. Dr. Patel's primary area of research is neurodevelopmental and mood disorders and interventional psychiatry, with significant contributions to key journals and national conferences. Dr. Patel received the IAPA Outstanding Resident Award in 2022.

**Newsletter/Media Committee Members**

Vanita Sahasranaman, MD, is an adult psychiatrist who currently works with individuals diagnosed with serious mental illnesses at one of the largest community mental health centers in South Florida. She is currently a Corresponding Member on the APA Scientific Program Committee. She is also involved in developing Florida’s Best Practice guidelines for psychotherapeutic medication prescribing as a consultant with the Florida Center for Behavioral Health Improvements and Solutions, formerly known as the Florida Medicaid Drug Therapy Management Program for Behavioral Health. She completed her residency training in adult psychiatry at Rosalind Franklin University/Chicago Medical School.

Sudhakar Shenoy, MD did his medical school at the Bangalore Medical College. He completed his psychiatry residency training and Child and Adolescent Psychiatry Fellowship at Southern Illinois University School of Medicine. Dr. Shenoy is very active with APA and AACAP locally and nationally. He is also a Corresponding Member on the APA Scientific Program Committee. He has been elected to the Leadership Council for the Illinois Psychiatric Society and the Illinois Council of Child and Adolescent Psychiatry. He is the President-Elect of the Indo-American Psychiatric Association Illinois chapter. Clinically, he is a Child and Adult Psychiatrist in downtown Chicago at Clarity Clinic, with an interest in autism and intellectual disabilities. He enjoys travel, photography, and tennis. More recently, he has been trying out pickleball.
IAPA Board of Trustees (BOT)

BOT Chair

**Vani Rao, MD**, completed her residency in adult psychiatry at The Johns Hopkins University School of Medicine (JHUSOM). She served as Chief Resident during her fourth year of residency. She then completed a fellowship in Neuropsychiatry at JHUSOM. She served as a full-time faculty from 2000-2013, the Medical Director of the Brain Injury Program, and the Director of the Neuropsychiatry fellowship program from 2005-2017 in the Department of Psychiatry and Behavioral Sciences, JHUSOM. She is currently a part-time staff at JHUSOM and has a private practice in Washington, DC. She was the President of the IAPA from 2013-2015. She is currently the Chair of the Board of Trustees of IAPA. She is the President of the Maryland Chapter of the IAPA.

BOT Members

**Ashwin Patkar, MD, DFAPA, DFASAM**, is Chief of Avance Psychiatry, Raleigh, NC, and Adjunct Professor of Psychiatry at Rush University Medical Center, Chicago, IL. He was formerly a Professor of Psychiatry and Community and Family Medicine and Medical Director of addiction programs at Duke University Medical Center, Durham, NC, USA. Dr. Patkar is a Past President and current member of the Board of Trustees of IAPA.

**Dilip Patel, MD** was the founding President of IAPA’s Georgia chapter in 2005, and along with other Georgia chapter leaders, he has made it an active and vibrant chapter. Dr. Patel has been in various leadership positions at the national level and served as President of IAPA from 2017 to 2019 and continues to serve IAPA as a board member. Besides his outstanding service to IAPA, Dr. Patel has been a fierce leader as past president of the Georgia Association of Physicians of Indian Heritage (GAPI). Currently, he is the first psychiatrist of Indian heritage to be President of the Georgia Psychiatric Physicians Association (GPPA).
BOT Members

Meena Ramani, MD is a Board-Certified Child, Adolescent, and Adult Psychiatrist and pediatrician. She received her medical degree from Madras Medical College. She is the Director of child psychiatry at Nassau University Medical Center. She is a past president of IAPA in 2019-21.

Bhagi Sahasranaman, MD, is Board Certified in General and Child and Adolescent Psychiatry. Dr. Sahasranaman is the immediate past president of IAPA (2021-2023). Dr. Sahasranaman is a Distinguished Life Fellow of the American Psychiatric Association and a Distinguished Fellow of the American Academy of Child and Adolescent Psychiatry. In Florida, Dr. Sahasranaman has served as medical director of a large behavioral health organization, has been a consultant child psychiatrist for several agencies serving children in the foster care system, and has served on various committees and panels at the district and state levels. In 2023, she received the Special Presidential Commendation award from the president of the American Psychiatric Association.

IAPA-PAPANA INTERNATIONAL MEDICAL GRADUATE (IMG) APPLICANT RESEARCH SYMPOSIUM

Above: Panelists field questions from participants during the inaugural IAPA-PAPANA Research Symposium.

The Indo-American Psychiatric Association and Pakistani American Psychiatric Association of North America (PAPANA) collaborated to present the inaugural International Medical Graduate Applicant Research Symposium, held via Zoom on September 7, 2023. Applicants submitted posters, and authors of the top posters were invited to present their findings during the virtual symposium.
From the IAPA side, Dr. Raman Marwaha talked about the current state of the psychiatry residency application process, which was followed by over an hour question and answer session, where panel members Drs. Raman Marwaha, Tanuja Gandhi, Sachin Mehta, Rohit Chandra, and Rikin Patel answered questions from participants. Dr. Mansuri moderated the discussion and gave his valuable input. Let us congratulate the IAPA-PAPANA Research Symposium poster competition participants and winners on their hard work and scholarship!

**Winners of the IAPA-PAPANA IMG Applicant Research Symposium**

1) Suicidal Behaviors in Childhood-onset Schizophrenia: Perceptions from 71,555 Children hospitalized in the United States: **Dr. Sanober Jaka**

2) Predictive Risk Factors and Impact of Psychosis in Pediatric Encephalitis: A Cross-national Hospital Study: **Dr. Sreshatha Vashist**

3) Suicide in Gender Minority Teens, “They” Need “Our” Help: **Dr. Kanuja Sood**

**IAPA Platinum Sponsor:**

**Professional Risk Management Services**

Professional Risk Management Services (PRMS) has continued to be our Platinum Sponsor. IAPA President Dr. Vasavada is pleased to announce that Professional Risk Management Services (PRMS) is continuing to be the Platinum Sponsor of the Indo-American Psychiatric Association through June 30, 2024.

PRMS manages The Psychiatrists’ Program, a medical professional liability insurance program for psychiatrists and behavioral healthcare groups, and has been a committed supporter of our organization throughout the years. Through this relationship, PRMS will continue to offer IAPA members risk management resources and presentations.

We encourage our members to consider their services when comparing liability insurance options. Please take a moment to complete this short [survey](https://www.PRMS.com). For more information about PRMS and its offerings, visit [PRMS.com](https://www.PRMS.com).
IAPA Chapter Updates:

Do you have any updates on your IAPA state or local chapter activities? If you want your state or local IAPA chapter activities featured in the IAPA newsletter, contact IAPA at IAPAnewsletter@gmail.com.

- **New Chapter:** On September 16th, our new chapter is active in **South Carolina**. If you are in that area, contact **Dr. Geetika Gogia via us at IAPAnewsletter@gmail.com**.

- **Illinois Chapter** is hosting the IAPA Fall Meeting on October 21, 2023. There will be a dinner meeting—details to follow.

- **Maryland Chapter** organized an educational webinar on *Microaggressions and Strategies to Address Prejudice in the Workplace and Life*, presented by Dr. Rana Parekh.

- **Pittsburgh Chapter** had its annual in-person meeting at Spice Affair restaurant on August 18, 2023. Dr. Amit Chopra from Massachusetts General Hospital/Harvard Medical School presented on *Managing Insomnia in Major Depressive Disorder*.

- **Tristate Chapter:** On September 23, 2023, the Tristate Indo-American Psychiatric Association (IAPA) and South Asian American Forum (SAAF) celebrated at Belmont Behavioral Health in Philadelphia to honor Salman Akhtar’s *Selected Papers of Salman Akhtar*. Dr. Sachin Mehta, the president of Tristate IAPA, gave the opening remarks, and many of Dr. Akhtar’s close friends and colleagues gave speeches to acknowledge his life achievements and contributions. Attendees included Dr. Akhtar’s family, friends, colleagues, mentees, students, and fans. Dr. Gogineni was instrumental in planning and organizing the meeting,
Upcoming Events

- **IAPA Fall Meeting: The Illinois IAPA Chapter** is hosting the IAPA Governing Body Fall Meeting, followed by an evening banquet on **October 21, 2023**, at Oakbrook Marriott Hotel in Chicago, IL. Dr. Tapan Parikh and his committee are working hard to organize this program. Please join us for the evening banquet if you are in Chicago or nearby. [Click here for registration](#). Bring guests and potential future IAPA members.

- **The Georgia Chapter** is planning its annual meeting in Atlanta on **October 28, 2023**
Member in Spotlight

In this section, we will highlight the recent achievements of our members. Do send us information on members in the current limelight.

Dr. Ravi Kolli is a Board-Certified Psychiatrist with added Addiction, Forensic, and Geriatric Psychiatry qualifications. He serves as Psychiatric Medical Director at SPHS and Medical Director at two treatment programs. He has served as a Clinical Assistant professor and Washington County Commissioner’s Mental Health Advisory Board member. He was the Past President of TAPI, ATM USA, and RMCANA and is a patron member of the AAPI Charitable Foundation.

He is the Immediate Past President (2022-23) of the AAPI (American Association of Physicians of Indian Origin). During his term, he has organized many programs addressing physician wellness, physician burnout, and suicide and addressing the stigma of mental illness. He has made over 100 presentations and webinars for professional and community organizations. He participated in many panel discussions addressing diaspora mental health, transition-age mental health challenges, wellness practices, and the power of gratitude to improve resilience. He has published numerous journal articles on the benefits of social connections, staying connected to nature, meditative practices, etc. He has volunteered at the local temple and soup kitchen for the past two decades in Pittsburgh.

Overall, his extensive experience and contributions to psychiatry and his involvement in organized medicine, charitable and community work make him a highly respected member of his community and make IAPA proud to call him our member.

Member’s Book Publications

We are starting to include information about recent books published by our members. If you have authored a book in 2023, please send us the information.

Textbook of Hospital Psychiatry, Second Edition

Edited by Harsh K. Trivedi, M.D., M.B.A., and Steven S. Sharfstein, M.D., M.P.A.: This updated textbook contains valuable knowledge and new insights for clinicians regarding treatment, staffing, and care, and features new chapters on family involvement and safety, federal and local financing, and information on collaborative care and Lean. Together, and with expert guidance, readers of this must-have resource will find a roadmap for clinical, administrative, and financial steps to help providers take advantage of these unprecedented times to develop services and advance hospital psychiatry in the United States.
Loneliness: Science and Practice

Edited by Dilip V. Jeste, M.D., Tanya T. Nguyen, Ph.D., and Nancy J. Donovan, M.D.: In his latest book, Dr. Jeste and colleagues explore the incidence and presentation of loneliness over the lifecycle, the neurobiological basis of this growing behavioral pandemic, and propose a translational framework to recognize and address loneliness in the clinical context. Loneliness: Science and Practice has been described as “a wise and truly state-of-the-art-and-science account of a malignant behavioral pandemic” by Charles F. Reynolds II, M.D., Distinguished Professor of Psychiatry; Endowed Professor in Geriatric Psychiatry, emeritus, University of Pittsburgh School of Medicine; and Graduate School of Public Health Editor-in-Chief, American Journal of Geriatric Psychiatry.

Education Corner

From Horses to Humans: The Alarming Misuse of Xylazine in the Opioid Epidemic

By Anil Bachu, MD

Core Faculty, Inpatient Medical Director for Resident physicians Allegheny Health Network & Baptist Health

Introduction

Xylazine, also known as Tranq on the streets, is primarily used in veterinary medicine as an analgesic, sedative, and muscle relaxant due to its alpha-2 adrenergic receptor agonist properties. It was initially developed as a hypertension drug with a structure similar to clonidine. However, because of its significant hypotensive and central nervous system (CNS) depressive effects, clinical human trials were discontinued. Xylazine is not meant for human use but is still a non-opioid drug of abuse in the opioid epidemic. It is inexpensive and readily available, often added to illicit drugs like fentanyl, heroin, and cocaine. Xylazine's CNS depressant effects can be combined with opioids, allowing dealers to increase their profit margins by using less of the more expensive drugs. The White House Office of National Drug Control Policy (ONDCP) released a National Response Plan in July 2023 to address the surge in fentanyl-related deaths associated with xylazine.

Xylazine Statistics

The Drug Enforcement Administration (DEA) has reported a significant increase in the use of xylazine in forensic laboratories in the South (193%) and West (112%) between 2020 and 2021. Additionally, overdose deaths related to xylazine have risen by 1,127% in the South and 100% in other regions (5). The DEA findings indicate that the highest number of forensic laboratory and xylazine-associated overdose deaths occurred in the Northeastern and Southern regions. This article discusses xylazine's
growing public health concerns in the opioid epidemic. The article examines its misuse, adverse effects, and prevention and treatment strategies.

**Mechanism of Action and Side Effect Profile**

Xylazine is often used with other drugs, such as opioids, to either enhance its effects or counteract the adverse effects of other substances. The primary action of xylazine is centered on the locus coeruleus region of the brainstem. By activating the alpha-2-adrenergic receptors in the dorsal horn of the spinal cord, xylazine inhibits the release of norepinephrine and dopamine, leading to a chain of events such as sedation, analgesia, and muscle relaxation. The sedative effect is achieved by decreasing the sympathetic outflow and increasing the parasympathetic drive, reducing the heart rate, blood pressure, and respiration. Xylazine's analgesic results are achieved by decreasing the release of neurotransmitters such as glutamate and substance P, reducing the secondary neuron excitation, and reducing pain signaling.

The profound effects of xylazine can cause changes in various physiological systems, such as the cardiovascular, pulmonary, gastrointestinal, and integumentary systems. Upon entering the body, there is an increase in norepinephrine release, which causes peripheral vasoconstriction and a brief rise in blood pressure and myocardial contractility. Prolonged alpha-2-adrenergic receptor activation leads to parasympathetic activity, resulting in peripheral vasodilation, decreased myocardial contractility, bradycardia, respiratory depression, nausea, vomiting, and tissue necrosis. Injecting xylazine intravenously results in peripheral vasoconstriction, compromising blood flow, especially at the injection site, which could lead to necrotic skin ulcers. The hypotensive effects of xylazine and reduced tissue oxygenation play a role in delayed wound healing. The pathophysiology of xylazine explains the symptoms and health risks associated with its misuse. Central nervous system depression can cause loss of consciousness, respiratory failure, apnea, bradycardia, hypotension, necrotic skin ulcerations, and even death.

**Health Outcomes**

Researchers have demonstrated complications associated with the use of xylazine. Cardiac complications can occur, such as biventricular heart failure, valvular disease, nonspecific ST changes on ECG, and myocardial infarction and fibrosis (1,2). Other clinical manifestations include urinary incontinence, hypotonia, and dry mouth.

The media and literature have reported necrotic skin ulcerations with localized vasoconstriction at the injection site and/or reduced blood flow. Xylazine's increase in parasympathetic activity results in poor skin oxygenation, which increases the risk for infections and severe soft tissue malformations such as abscesses, cellulitis, and ulceration (2). Individuals with impaired wound healing, such as those with diabetes, should be extra cautious and avoid using xylazine. Anesthetic xylazine in animals has been linked to hyperglycemia in dogs, cats, fed rats, and both normoglycemic and insulin-dependent monkeys (2, 3).

Xylazine is typically administered through intravenous or intramuscular injection, inhaling, snorting, or swallowing. Cases of xylazine overdose can be challenging to handle. Since xylazine is mainly intended for veterinary use, extensive research on its effects in humans is limited; instead, studies are more prevalent in animal subjects. Xylazine's half-life is typically around 23-50 minutes (1). Rapid breakdown and drug clearance by Cytochrome P450 enzymes mean its harmful effects can occur rapidly, often before timely medical help can be accessed or effectively implicated. Xylazine's
effects vary greatly depending on dosage, method of administration, and whether it was co-administered with opioids. Symptomatic effects can last up to 72 hours after an overdose (2). Due to xylazine not being an opioid, naloxone does not reverse its effects. Experts recommend administering naloxone to reverse any possible co-administered opioids. Rescue breaths can be beneficial due to xylazine's central nervous system depression.

Physiologically, individuals withdrawing from xylazine may encounter symptoms such as tachycardia, hypertension, anxiety, depressed mood, cravings, and body aches (3). The optimal approach to managing xylazine withdrawal remains uncertain (3).

**Xylazine Prevention and Treatment Strategies (Clinical Management)**

It takes a comprehensive strategy to prevent the misuse of xylazine. Educating the public about xylazine is crucial. Many people who buy illegal opioids may not know they could contain other substances, including xylazine. It is also essential to support government and law enforcement efforts to combat the illicit use and distribution of xylazine.

Efforts to promote consumer awareness and safety include advocating for testing supplies so consumers can be aware of the substances they consume. However, although xylazine test strips have recently become available, they have yet to be widely distributed (source: Rehrase). It is pivotal to establish accessible and secure avenues to dispose of or destroy these substances without fear of repercussion. Finally, ensuring that healthcare resources are accessible, such as substance abuse treatment centers, naloxone distribution programs, syringe service programs, and low-barrier wound care clinics, is crucial. Establishing trustworthy doctor-patient relationships, regardless of insurance status, fosters healthcare access.

**Treatment**

When managing xylazine, it is essential to base the approach on observed clinical manifestations. Patients often respond well to intravenous fluids without any additional interventions needed. Nifedipine treatment can effectively manage cardiac complications. Research indicates that xylazine can induce diuresis in animals, but this can be reversed using atipamezole and yohimbine (3). Additionally, patients may benefit from accessing mental health support services, such as cognitive-behavioral therapy, motivational interviewing, and support groups.

**Conclusion**

Xylazine misuse remains a significant public health concern, and its long-term effects are not yet fully understood. More research is necessary to shed light on its potential risks and benefits. It is vital to balance maintaining accessibility for veterinary purposes and limiting public access to the drug. In cases where drug abuse is suspected, physicians should consider xylazine abuse as a possible cause, particularly if naloxone does not provide a complete response and the patient has necrotic skin ulcers. Collaborative, multidisciplinary efforts involving the medical community, legislative bodies, and active public engagement are necessary to mitigate the harmful effects of Xylazine misuse.
References:


Access the Indian Psychiatric Society Journal

Click the link below to read the latest articles from the Indian Journal of Psychiatry. Content is free to explore and download.

https://journals.lww.com/indianjpsychiatry/pages/currenttoc.aspx

Interested in Contributing to the IAPA Newsletter? We need you!

We want to highlight the work of our IAPA members in the newsletter. If you would like to contribute, we invite you to send any article you have written, such as a clinical topic, poem, humor piece, or synopsis of your work. Please send it to us at iapanewsletter@gmail.com.
Chapter Support:

IAPA leadership would be delighted to support chapter activities, reviving existing chapters and creating new chapters. Please contact the IAPA president or any EC/EEC members if interested.

Live!!!! Now, IAPA is on Instagram and Facebook. See the link below.

Thank you to our IAPA family for your support!

We encourage our readers to join IAPA. Please spread the word among your colleagues to be part of this growing organization!

Please get involved!

Contact us:

Indo-American Psychiatric Association
president@myiapa.org
www.myiapa.org

Facebook:
https://www.facebook.com/myiapa

Instagram:
https://www.instagram.com/indoamericanpsychiatricassoc/?next=%2F

IAPA thanks our Platinum sponsor, Professional Risk Management Services (PRMS), for their current support and years of partnership.
We want to forge partnerships with other sponsors. If you have any contacts, please pass them on to us.
PRMS SUPPORTS SUICIDE PREVENTION

CONSIDER THE PROGRAM THAT PUTS PSYCHIATRISTS FIRST

PRMS® is proud to support the American Foundation for Suicide Prevention, an organization that works to save lives and provide a support network through research, education, and advocacy.

According to AFSP, ninety percent of people who die by suicide have an underlying - and potentially treatable - mental health condition. As a psychiatry-specific professional liability insurance program, we are dedicated to supporting our clients, as well as the greater mental healthcare community.

Thank you, doctors, for all you do to prevent suicide and support your patients.

Our team of expert risk managers has compiled suicide assessment tools to help protect practices and patients. Visit www.PRMS.com/Prevention to access your free resources today.

To learn more about PRMS’ psychiatry-specific insurance program and how you can earn a $50 donation to AFSP through our Refer a Colleague Program, visit www.PRMS.com/Refer.

JUSTIN POPE, JD
RISK MANAGER

More than an insurance policy

PRMS® 1-800-245-3333 | PRMS.com/Prevention | TheProgram@prms.com