Aims. Thriving on the pressure of "publish or perish" experienced by academicians, the industry of predatory publishers with dubious quality has mushroomed and gained their notoriety. The battle of uncovering predatory publishers, including Beall's list, has proven to be tough given the huge monetary gain generated by the predatory publishers. It may be difficult for an inexperienced junior researcher to identify those predatory publishers' soliciting emails, which may disguise as a reputable journal's article-commissioning process. To date, there is a limited systematic approach to identify such emails. Hence, this research is aimed to describe the common features of soliciting emails from publishers which appeared to be predatory.
Method. This self-study involved reviewing the content of emails in the spam folder of authors, a team of junior researchers in psychiatry, for a month. Emails included in this study were soliciting emails relevant to publications and the following were reviewed: types of solicitation, sentences used, strategies used, and information available in the public domain of their webpages. Informative types of emails were excluded.
Result. The solicitation could include: 1) request for a manuscript to be published a journal article, 2) request for a thesis to be published as a book, 3) request to write for a book chapter, 4) invitation to be an editorial member or a reviewer with the offer of free publishing, 5) invitation to be a speaker for a conference, and 6) proofreading services. The publisher may cite a published article of the author from another journal, which was the source where they identified the author's email. Common strategies used for solicitation included: 1) promising a fast-tracked and guaranteed publication, 2) using compliments that appeared to be inappropriate, 3) repetitive emails, and 4) using argumentum ad passiones to induce guilt. The common features of the webpages of those publishers included: 1) open access publishing as the only option, 2) extensive list of indexing services excluding well-established indexing agencies, and 3) the publisher has a huge collection of journals in different disciplines.
Conclusion. It is hoped that these findings will help junior researchers in psychiatry to stay vigilant to avoid falling into the trap of predatory publishers, which may result in financial loss and loss of work to plagiarism. Total eradication of those predatory soliciting emails is unlikely despite the advancement of spam filtering technology, which necessitates a more united effort from different stakeholders to come out with a probable solution.

Virtual reality exposure therapy in panic disorder: a pilot study

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Aims. To ascertain if virtual reality exposure therapy (VRET) is an effective add-on tool in the treatment of Panic Disorder (PD).
Background. The exposure to virtual stimuli has been studied as a useful treatment for PD. However, the studies with PD are still scarce and use dissimilar protocols, with effectiveness varying according to the protocol applied.
Method. Eight PD patients received VRET as an add-on treatment to pharmacotherapy. The treatment protocol consisted of eight sessions. The first session is for the patient to understand the treatment and to answer the questionnaires. The second and third sessions were to prepare the patients for exposures with breathing training using diaphragmatic breathing and others breathing techniques to manage anxiety. From the fourth to eighth sessions, the patients followed a hierarchy of tasks during virtual reality exposure. Clinicians rated the Clinical Global Impression Scale (CGI) and the Panic Disorder Severity Scale (PDSS). The patients rated the Diagnostic Symptom Questionnaire (DSQ); the Mobility Inventory (MI), the Anxiety Sensibility Index (ASI-R), the Beck Depression Inventory (BDI), the Beck Anxiety Inventory (BAI) and the WHOQOL-BREF before and after the protocol. After all exposures, the Igroup Presence Questionnaire (IPQ) was applied to measure the sense of presence experienced in the virtual environment. The virtual environment simulated the subway of Rio de Janeiro.
Result. There were no statistically significant improvements in the CGI-S, PDSS, BAI, MI or WHOQOL. There was a significant improvement in the BDI scores ($P = 0.033$). There was a trend towards improvement of anxiety measured by the ASI-R ($P = 0.084$) and of panic symptoms measured by the DSQ ($P = 0.081$) scores. There was also a significant improvement of sense of presence (IPQ – general presence) through the exposure sessions.
Conclusion. Our study demonstrated that VRET as an add-on to pharmacological therapy could benefit PD patients. Despite the lack of significant differences in the means, the dispersion of PDSS and BAI scores were smaller after treatment compared to before treatment, suggesting that patients with more severe anxiety, panic and agoraphobia symptoms benefited more of the VRET protocol so, at the end of the treatment, differences were found in important measures of panic. Randomized controlled clinical trials are warranted to confirm the efficacy of VRET.

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ECT practice in England from 2012/13 to 2018/19: a retrospective analysis

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Aims. The purpose of this study was to look longitudinally at ECT practice in England over the past 7 years: namely over the following key time periods; 2012/13, 2014/15, 2016/17, 2017/18, and 2018/19. A previous study by Chaplin et al, published in 2016, found that there had been a striking decline observed in the number of courses of ECT prescribed to patients from 2006 to two time points i.e. 2012/13 and 2014/15.

In this study we investigated whether or not this trend had continued. Hence we looked at the change in frequency of ECT use, the length of ECT courses, patient demographics and clinical outcomes; between 2012/13 and 2018/19.
Background. Electroconvulsive therapy (ECT) is an effective treatment for Major Depression, Treatment-Resistant Depression, Catatonia, and Clozapine-resistant psychosis. There

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