

## Preamble

*The Indian Psychiatric Society (IPS) has nurtured the dream of taking the specialty of psychiatry to its peak, yet within the reach of the common man. To convert this dream into a reality, the IPS has been making sincere efforts. For long it was desired to have indigenous treatment guidelines for the common psychiatric problems applicable for our community. One such issue has been attempted, thanks to the efforts of the Task force committee of IPS for Clinical Practicing Guidelines (CPG) for arranging a meeting of all those involved in the formulation of CPG for pre decided (selected) psychiatric disorders viz schizophrenia, bipolar affective disorder, depressive disorders, obsessive compulsive disorders, generalized anxiety disorders and panic disorders.*

*A lot of efforts have gone into preparing the final CPG. IPS has been trying for the last many years to prepare CPG for common psychiatric disorders and we are happy that the same could be achieved this year. To complete this task various eminent psychiatrists and experts from all over the Nation were approached and requested to put in their efforts for this very important area. After the National Workshop held at Jaipur on 23rd - 24th July, 2004 the draft was circulated among all the fellows, life members and members of IPS for useful comments / suggestions to make further necessary modifications. The updated guidelines are more proximal to the needs of all of us, these have taken into account the available knowledge and also the cultural impact and knowledge about the patients in Indian subcontinent. Special care was taken during the formulation of CPG that it blends carefully both the pharmacological treatment as well as the non pharmacological management. Supporting evidence from Indian literature was added in deciding the drug doses. All the treatment guidelines have been suitably depicted in the form of tables and flow charts wherever possible.*

*Finally the guidelines are open to further modification after discussion. Several untouched domains may crop up over a period of time. Further advances in psychopharmacology and neuropsychological testing in the near future may unlock many new treatment secrets. I feel very fortunate to be the part of this challenging and noble task and look forward for update of these guidelines in future.*

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