diagnosed in primary care, and can be managed in primary care. Delivering psychiatry training as part of the continuous professional development programmes of GPs would surely make a significant impact.

Secondly more attention needs to be given to the retention of the existing mental health workforce. Educating medical students and engendering an interest in psychiatry among such students is laudable and will likely encourage some to take up psychiatry as a career. However if working conditions and ongoing opportunities are not available to those who do enter the specialty, then these people will leave psychiatry for other specialties or stay in psychiatry and leave the country. Adding more resources into undergraduate education in current circumstances is akin to trying to fill a leaky bucket – you can pour lots of water in but this will not work unless you fix the leak.

Thirdly and lastly giving more attention to medical education on its own will probably not be enough. We will need to consider wider education for healthcare professionals. Psychiatry is a team based endeavour – even the best psychiatrists on their own will have limited impact without the support of a fully functioning multidisciplinary team of nurses, allied healthcare professionals and social workers. These team members will also need to be educated and recruited and retained. Ideally interdisciplinary education would take hold – interdisciplinary team members would thus learn together before they started to practice together. This form of education might turn out to be not only more effective but more efficient as well. Delivering medical education at lower cost would surely be attractive to a range of stakeholders [2].

References

To the Editors:

Platelet recovery in dengue – a reply

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The article on platelet recovery in dengue is interesting [1]. Gooneratne et al. concluded that “the platelet recovery rates of patients from the 2011 outbreak were found to be slower than the platelet recovery rates of patients from the 2010 outbreak” [1]. This finding is interesting and requires further assessment. The difference might be due to several factors such as underlying haematological condition of the patients, age group, severity of dengue infection, strain of virus and it can also be an accidental finding.

For example, it is obviously noted that “platelet recovery was significantly slower with increasing grade” among the patients with bleeding presentation [2]. The cases with dengue shock syndrome usually have longer recovery periods [3]. Also, if the patient has underlying white blood cell malignant problem, the recovery time will be significantly delayed [4].

References

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