



### **Dr Niruj Agarwal**

Consultant Neuropsychiatrist at South West London and St George's Mental Health NHS Trust

**SWASTHYA E-INTERVIEW**  
By DR SANTOSH MUDHOLKAR

#### **1. Can you tell us something about yourself? (How did you develop interest in Psychiatry? Where did you train as Psychiatrist and where do you work)?**

My journey into psychiatric training and subsequently to neuropsychiatry is intriguing and full of co-incidences. I look back into my training and career choice and realise that I am an "accidental psychiatrist". During my medical undergraduate training in India, like many medical students then, I wanted to be a surgeon as it looked glamorous. After completing my undergraduate training, I got a prestigious surgical training place at my medical school (King George's Medical College, Lucknow). However, it was about to start six months later. In the meantime, I had a postgraduate training place in Psychiatry at All India Institute of Medical sciences (AIIMS) which was starting straight away. Given that my family was in Delhi I decided to start training there with the view that I will leave in six months in time for start of my surgical training. However, a good six months exposure to psychiatry ignited my fascination into complexities of brain and mind helped by very high intellectual rigours of training at AIIMS. I decided to turn down my surgical training place and never regretted that decision.

My training in the UK was equally accidental in that I was offered to come to the UK for training after someone heard my MD thesis presentation. In the UK, I initially came to South Wales but moved to St George's training scheme over a year later. I did my higher specialist training in the UK at Imperial College and Charing Cross training scheme. I realised I was interested in neuropsychiatry but the hurdle was lack of clear training pathway into neuropsychiatry. Hence, I decided to create my own "DIY" training including training in neuroradiology, neuropsychology, neurophysiology, and in neuropsychiatry at the National hospital, St Thomas's and did some research at the Institute of Psychiatry.

I started my consultant job in neuropsychiatry at St George's in London and have been running the regional neuropsychiatry service for South West London and Surrey since 2003. My department has grown in this time to become truly multidisciplinary and one of the largest in the country.

#### **2. How do you compare Psychiatry training in India and U.K?**

I have been blessed to have psychiatric training in India and UK in best of the institutes in both the countries. These complemented each other and allowed me to do a number of additional things including a master's degree and additional research and teaching which may not have been possible had I not had my initial training in India.

My training in India at AIIMS had a very high academic focus with wide ranging reading expected on psychopathology, basic neurosciences, organic psychiatry, and neurology while studying general psychiatry in-depth. Books like Fish, Lishman and Oxford textbook of Psychiatry were studied in the first six months of training and rest of the training was based on Comprehensive Textbook of Psychiatry. Training in India included clinical exposure to neuropsychological assessments, psychology and neurology and had high academic content.

Training in the UK provided exposure to multidisciplinary working, a high level of focus on psychosocial aspects and communication skills and exposure to wide-ranging psychiatric subspecialties. I was able to pursue an interest in teaching and research. In some ways the academic foundations that my Indian training provided allowed me to truly benefit from and utilise the experiences of the basic and higher specialist training in psychiatry and neuropsychiatry in the UK in the best way possible.

#### **3. What is Neuropsychiatry? How would you describe it to non-Psychiatrists? How do you train to be a neuropsychiatrist?**

Neuropsychiatry can be seen as a bridge between neurology and psychiatry, mind and brain, or organic and psychogenic disorders of brain. Neuropsychiatrists see a wide range of conditions including psychological and behavioural aspects of neurological conditions, neurological symptoms caused by psychiatric conditions and conditions that fall in the grey zone between neurology and psychiatry.

Brain is the only organ of body where we have two separate medical disciplines (neurology and psychiatry) dealing with illnesses using very different approach and often having very little or no exposure to training into each other's clinical knowledge and experience. There is growing interest in narrowing the gap between these disciplines and neuropsychiatrists working closely with neurosciences clinicians help achieve that.

Neuropsychiatry training pathways in the UK remains still unclear and ill defined. Anyone wishing to become a neuropsychiatrist would be following a basic psychiatric training ideally with some exposure to liaison and neuropsychiatry if possible. It would be important to choose a higher specialist training in general adult psychiatry at a centre where you can get one-year placement in neuropsychiatry as a higher psychiatric trainee. In addition, I would suggest using as much time out of special interest and research time as possible to gain exposure in neurosciences related fields such as neurology, neuropsychology, neuroradiology, neurophysiology etc. It is desirable to get involved in research in a related field during the training. Unfortunately, despite all this there is no separate completion of training certificate (CCT) in the UK but this would fulfil essential and desirable eligibility criteria for neuropsychiatry consultant jobs.

#### **4. What is your typical day like as a neuropsychiatrist?**

Working at a busy regional neurosciences centre, there is really no such thing as a typical day. Every day is full of exciting and fascinating stories of patients who have wide ranging conditions from brain injuries, epilepsy, stroke, Parkinson's disease, stroke to functional neurological disorders presenting with a range of emotional, behavioural and cognitive symptoms. I see my outpatients in the regional neurosciences clinic. I provide assessment and advice to various neurosciences wards including running a weekly ward round in various neurosciences wards. I join some of the multidisciplinary meetings such as epilepsy surgery meetings. Part of the week involves academic contents such as neuropsychiatry team academic programme, neuroradiology meetings and neurosciences grand round. I have in addition, on-going research, teaching and royal college commitments including examination sub-committee and work for the Faculty of Neuropsychiatry executive and International Neuropsychiatry Association executive committee.

#### **5. Can you tell us something about the recent Oxford Textbook of Neuropsychiatry which is due to be published shortly?**

There is growing recognition that the cartesian mind-brain dualism is not only outdated, it is contradicted by the scientific research. The overlap between neurological and psychiatric disorders have implications on our patients' functioning and quality of life. Effective and timely management of these conditions requires specific neuropsychiatric knowledge and experience brought together from a number of neurosciences related fields including neurology and psychiatry. Hence, neurology and psychiatry trainees commonly express desire to have greater knowledge and experience in neuropsychiatry. Commonly available psychiatric or neurological textbooks do not provide adequate neuropsychiatric information and existing neuropsychiatric books are old and are large reference texts.

The Oxford Textbook of Neuropsychiatry aims to fill the current gap in the market and complements the current training. It is written in simple language, is easy to follow and is clinically focused. It is very comprehensive in its scope of topics, and covers a global perspective. Up to date chapters are written by international experts from wide ranging neurosciences disciplines and from several continents. These cover basic science knowledge, necessary clinical skills, core neuropsychiatric conditions, principles of management and service models and provides legal perspectives relevant in criminal and civil cases. The book is pitched at the level of trainees and clinicians and should become an essential training textbook for all psychiatric and neurology trainees worldwide. It is due to be available in bookshops in late August. □