

MINDS NEWSLETTER

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specialities!!

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Wellbeing begins in our MINDS

Monthly Newsletter on Psychiatry for Doctors & Medical Students

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From The Desk of the Editor:

MEMORY: USE IT OR LOSE IT!!

Memory is an important cognitive function in all the stages of life, although we feel its ultimate need only in studentship.

The popular image of memory is a neural super-computer of huge capacity and speed. However, there are high chances to lose the memory if not properly created/ stored or rehearsed. So what can possibly be done to improve the memory?.. A strong memory depends on the health and vitality of our brain. Balanced diet, physical exercise and healthy lifestyle certainly add up to the sharp memory. Stress has a significant effect on memory formation and learning. So dealing with the stress & emotional issues in time, keeping healthy relationship and support system helps one to do better with thinking & memory.

Adult learning follow no different protocol than child learning. Everyone can certainly learn and memorize new information at all ages (in absence of cognitive disorders). While learning & remembering a new information, certain tricks can help, like, using mnemonic, acronyms, visualization, abstract thinking & correlating the new information with the one already known. Try to break the task in simple steps, organize, use multiple senses like, audio-visual information, move from simple to complex concepts and most importantly rehearse, as the old saying, 'practice makes man perfect!'.
Dr. Shubhangi S. Dere

Guest Column: Down The Memory Lane.....

LOST AND FOUND!!

"What is your name?" I enquired. "Sharukh Khan", he promptly replied with a smile on his face. "No, tell me your real name?" I asked him again to this young adolescent who was brought to our hospital by a police officer who found him wandering on the road as he failed to provide any information about his whereabouts. On further evaluation it became apparent that he had a low intellectual capacity and as a result he was unable to provide much detail about himself and his family.

At the request of the officer he was admitted in the hospital without having any clue about how we will be able to help him. Interestingly he was not worried at all about him being lost. Every day the resident doctors will try to talk to him in order to get some information about his parents, residence, school but this Sharukh Khan would only naively smile.

Once, while strolling in the corridor he entered the kitchen of the hospital and picked up some wheat flour in his hand and muttered "Baba Girmi" (Father, Flourmill); he was promptly reprimanded by the kitchen staff and sent back to the ward where he was admitted. For next few days he kept of saying "Baba, Girmi". Once a staff took him to a small temple under the Banyan tree situated in the hospital campus, where he saw an idol of lord Ganesh and identified it as a 'Chintamani' (one of the names of lord Ganesh).

A brilliant resident from Yavatmal district put these two facts together and deduced that he must be from a place near Yavatmal where there is a famous chintamani temple and his father must be either having a flourmill or he must be working in a flourmill. Without any delay, he called up his relative who happened to stay near chintamani temple and told them about this boy who called himself Sharukh Khan and asked them to visit all the flourmills near chintamani temple.

To our utter disbelief and delight, the very next day Sharukh Khan's father landed in the hospital and identified him as his son. Obviously our Sharukh Khan (whose real name was Sameer) was also pleased to see his father and greeted him with a hug and a big smile.

Dr. Nilesh Shah. Professor & HOD, Dept of Psychiatry, LTMC & Sion Hospital, Mumbai.

COMMUNICATE TO CARE & CURE!

Communication Skills is a vital component of a Doctor- patient relationship, not only in a field of psychiatry but in all fields related to patient care. However, there is no process whereby communication skills are taught to the teachers, the clinicians as a formal teaching, creating a communication gap in the doctor – patient relationship. No doubt, there is a rise in patients pressing litigations on the treating doctor's in today's scenario.

It is observed in clinical practice that during formal history taking only half of the complaints and concerns of patients are likely to be elicited. Often doctors obtain little information about patients' perceptions of their problems or about the physical, emotional, and social impact of the problems through the structured case record sheet. Also, when doctors provide information to patients they do so in an inflexible way and tend to ignore what individual patients wish to know. They pay little attention to check how well patients have understood what they have been told.

Doctors may be reluctant to depart from a strictly medical model, and adopt a more negotiating and partnership style to deal with psychosocial issues due to certain reasons: Enquiring about the social and emotional impact of patients' problems on the patient and family can unleash distress that they feel being inadequately trained, cannot handle. They fear, it will increase patients' distress, take up too much time, and threaten their own emotional survival. Consequently, they respond to emotional cues with strategies that block further disclosure.

The Various blocking behaviors used by a clinician are, offering advice & reassurance before the main problem have been identified, explaining away distress as normal, attending to physical aspects only, switching the topic and “Jollyng” patients along. Lack of appropriate communication skills leads to poor patient compliance, inappropriate diagnosis, and importantly, increased litigations & violence towards doctors.

On the other hand, when doctors use communication skills effectively, both they and their patients benefit. Firstly by enabling the doctor identify their patients' problems more accurately. Secondly, their patients are more satisfied with their care and can better understand their advices, investigations, and treatment options. Thirdly, patients are more likely to adhere to treatment and to follow advice on behaviour change, helping holistic recovery of them. Fourthly, patients' distress and their vulnerability to anxiety and depression are lessened. Finally and importantly, doctors' own wellbeing is improved.

How to improve communication skills?.. Current evidence suggests that a doctor, who attends the workshops or courses to improve his or her skills and then has an opportunity to receive feedback about how he or she communicates in real consultations, will learn most and be able to implement the communication skills in routine clinical practice. They will feel more confident about how they are communicating and obtain more validation from patients. A good clinician will wish to continue their learning over time by self - assessment (recording their own interviews and reflecting on them) or attending further training in such skills and benefit self and their patients.

It is the need of the hour to take up workshops on Communication Skills for clinicians as a part of the continuing medical education.

Dr Niraj Ravani,

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ANTIPSYCHOTICS AND MENSTRUAL DISORDERS

Typical and atypical antipsychotic drugs are mainstay of treatment for schizophrenia, and also used in bipolar disorder, and depression. Most of the antipsychotics (except few atypical ones) produce menstrual disturbances. To understand its mechanism a clear understanding of the functioning of hypothalamic ovarian axis is a must. In humans, GnRH neurons in the hypothalamus releases gonadotropin releasing hormone (GnRH) in a pulsatile manner. GnRH travels via hypothalamic-hypophyseal portal circulation to reach anterior pituitary, where it leads to synthesis and secretion of FSH and LH. FSH and LH in turn travel through systemic circulation to the ovaries, where they lead to steroid hormone production as well as ovulation. Regular ovulation is a pre requisite for normal cyclical menstruation. Severe suppression of H-P-O axis would ultimately lead to amenorrhea with low estrogen state.

How do antipsychotic drugs cause menstrual disorders?

The implicated antipsychotic drugs disrupt the H-P-O axis indirectly by elevating serum prolactin levels which directly suppress the pulsatile release of GnRH and hence the reproductive axis. Prolactin is the only hormone produced by anterior pituitary which is under inhibitory control of hypothalamus exerted via dopamine. Conventional antipsychotics (prolactin elevating) and some atypical antipsychotics inhibit the action of dopamine on the prolactin secreting cells of pituitary. A multitude of menstrual disturbances can be seen e.g, frequent menstruation, heavy menstruation or more commonly, infrequent and scanty menstruation. This reflects increasing suppression of GnRH pulsatile release. Further restraining of pulsatile GnRH secretion leads to deficiency of FSH and LH in amounts, which is not adequate to induce a sufficient steroid hormone production by the ovaries. So not just ovulation is disrupted, but estrogen and possibly testosterone production becomes extremely low.

How to manage hyperprolactinemia and menstrual disorder?

Switching the treatment to prolactin sparing drugs if feasible or adding estrogen replacement therapy (add back) such as oral contraceptive pills would certainly help. Dopamine agonists can be used with caution as they may aggravate acute psychotic episodes.

Dr Shashank Shekhar

Assistant Professor, Department of Obstetrics & Gynecology, AIIMS Jodhpur

REFRAME - Myths & Facts about “Obsessive Compulsive Disorder (OCD)”

- × OCD is all about cleanliness.
- √ A fixation on cleanliness may be a common symptom of OCD, but it’s not the only one. Other common compulsions include rearranging, hoarding items, checking and ritualistic behavior.
- × Stress causes OCD.
- √ OCD incites uncontrollable fears and anxiety — and while stressful situations can exacerbate symptoms in people with obsessive compulsive disorder, stress alone does not cause it.
- × OCD is rare in kids.
- √ As per western data, at least 1 in every 200 kids and teens has OCD, and it can strike as young as 4 years old. This is about the same number of children who have other medical condition like juvenile diabetes.
- × OCD isn’t treatable.
- √ OCD is definitely treatable. Many psycho-pharmacological and psychotherapeutic interventions are proved to be useful in treatment of OCD.
- × OCD treatment is mainly drugs.
- √ Treatment of OCD involves combination of psychopharmacology and many non-pharmacological measures. It has been found that combination therapy has better prognosis than individual therapy alone.

UG n PG

AN EXCLUSIVE SECTION FOR UNDERGRADUATES AND POSTGRADUATES

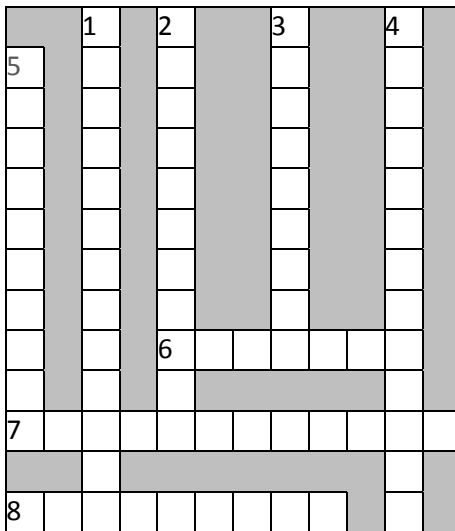
UG n PG

MINDS QUIZ

- All are features of autistic disorders except ?
a. Stereotypic movements b. Impairment of social interaction c. Visual impairment d. Delay in speech development
- Which of the following is seen associated with alcoholic paranoia ?
a. Drowsiness b. Delusions c. Hallucinations d. Impulsivity
- Drug used for treatment of nocturnal enuresis is?
a. Trazodone b. Imipramine c. Chlorpromazine d. Sertraline
- Perseveration is:
a. Persistent and inappropriate repetition of the same thoughts
b. When a patient feels very distressed about it
c. Characteristic of schizophrenia
d. Characteristic of obsessive compulsive disorder (OCD)

Reframe & MCQs by **Dr Anisha Landage**, Resident, Dept of Psychiatry, MGM Medical College & Hospital, Navi Mumbai.

Can you cross the crosswords!!!



Across:

- disorder of speech resulting from interference with the functioning of certain areas of the brain (7)
- experience of a stimulus in one sense modality producing a sensory experience in another (12)
- the experience of seeing oneself and knowing that it is oneself (9)

Down:

- a syndrome in which complex visual hallucination occur in the absence of any psychopathology and in clear conscience (13)
- the inability to learn new information is amnesia (11)
- visual disorder (perceptual) in which the patient sees objects as smaller than they really are (9)
- falsification of memory occurring in clear consciousness in association with organic pathology (13)
- new word formations produced by individuals with schizophrenia (10)

Crossword compiled by Dr Smitha Ramchandra, Resident, Department of Psychiatry K S Hegde Medical College.

ANSWERS:

MINDS QUIZ

- c
- b
- b
- a

CROSS WORDS

ACROSS

- Aphasia
- Synaesthesia
- Autoscopy

DOWN

- Charlesbonnet
- Anterograde
- Micropsia
- Confabulation
- Neologisms

Quick Response Code for the Website



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