

MINDS NEWSLETTER

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Wellbeing begins in our MINDS

Monthly Newsletter on Psychiatry for Doctors & Medical Students

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Neuropsychiatric disorders with Lead exposure

Lead is a ubiquitous neurotoxicant, and adverse cognitive, emotional and behavioral effects are well documented in exposed children and adults. Prenatal and neonatal lead exposure have been associated with widespread neurological and psychological disturbances including intellectual disability, pervasive developmental disorders, depression, anxiety, mood disorders, schizophrenia, etc.

Lead, a potent neurotoxin, may affect numerous cell functions, including the release of neurotransmitters such as dopamine and serotonin. In the brain, lead causes lesions including decrease in total cortical volume and white matter, and enlargement of cerebroventricular system. Other reported mechanisms for neuropsychiatric disorders with lead exposure are reactive oxidative stress, mitochondrial dysfunction, neurochemical dysfunction and alteration in HPA axis. Researchers have recommended to assess the role of lead as biomarkers of psychiatric disorders.

Naresh Nebhinani

Guest Column: Down The Memory Lane

Food as therapy... An eye opener

I recollect vividly a 72 year old male patient, admitted and treated for advanced stage of Alzheimer’s disease. Main problem was his episodic bursts of extreme anger and agitation which was reported on and off in the hospital and earlier at home. Otherwise he was reasonably manageable. Investigations revealed including EEG no major findings apart from related to Alzheimer’s disease.

While in the hospital one day afternoon he was again unmanageable and I personally attended the call which was an eye opener. Relatives had mutton curry, the smell of which made him to demand the same while relatives were refusing him fearing ‘increased lipids’. Even at home often his anger and agitation were related to ‘non-veg’ preparations at home but not being served to him. The suggestion that let him have the same made him happy, docile and manageable then and there and even after discharge and follow up.

Patient taught me a lesson that managing chronic degenerative disorders like Alzheimer’s involves much more than what is learnt in text books and journals. The Quality of Life demands that basic needs cannot be over looked and ‘increased lipids’ should not prevent eating what he likes. Best is to yield to his reasonable demands and make relatives understand the same. What is needed is flexibility on our part as therapists and concern for his needs!

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Mental retardation: Role of early intervention

“If you are slow, you simply have to start earlier”- Robert Lafon

Going with this statement, the right development of the child must be ensured during the early years (0-6) of their lives. It could be because the early years are a unique window of opportunity to alter child's developmental trajectories, prevent secondary complications from occurrence and maintain the long-lasting changes. Thus, preventing children with mental retardation from becoming permanently disabled and reducing or minimizing the degree of their permanent disability are important public health issues. The associated disability can be reduced or modified by Early Intervention (EI). EI is based on the cerebral plasticity concept to develop and promote child's developmental and cognitive skills in early years. It may be provided within a center based program (such as Early Head Start in the United States), a home-based program (such as Portage in Britain) and a mixed program (such as Life start in Australia). In addition, some programs are funded entirely by the government, while others are charitable or fee paying or a combination of these.

In context to child's developmental skills, EI designs to meet the developmental needs of children with mental retardation. The main focus is to enhance the child's development in one or more areas i.e. physical development (including vision and hearing), cognitive development, communication development, social or emotional development, and adaptive development. Child's skills build upon the natural learning opportunities that occur within the daily routines of children and their families.

In the context to family support, EI provides families' independence, competencies and supports such as access to emotional supports (including counselling and parent groups), information about their child's disability, the available services and support to access and help them to make informed and logical decisions, support with home care, travel and community access and weighing up funding options.

When we focus the effectiveness of EI, researches has proven the effects of early intervention program that successfully minimize and also prevent much of the declines in intellectual development during the intervention period itself or immediately thereafter. Moreover, it promotes longer-term effects.

In brief, early intervention is a system of services which play an increasingly prominent role in the field of intellectual disabilities in context to enhance the developmental and cognitive skills of child, provide daily opportunities for learning to reduce the future risks as well as promote the independence and competencies of the family.

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Postpartum psychiatric disorders

Motherhood is a blessing to a woman. Rarely, it can become a curse when it is complicated by psychiatric illness, which could take out the joy of motherhood and in extreme cases endanger the lives of both mother and the newborn. With an incidence of 1-2 in every 1000 pregnancies, postpartum psychiatric illnesses are classified based on severity: postpartum blues being the mildest form, postpartum depression, and postpartum psychosis the severest form.

Factors which put the mother at risk of developing this illness are: previous history of depression, unwanted pregnancy, low socio-economic status, and stressful life events around delivery. Mothers may present with common symptoms like anxiety, irritability, and loss of interest to usual activities, to more severe symptoms like thought disturbances, delusional beliefs, suicidal ideations, and homicidal thoughts which may put the baby at risk.

Hence, appropriate management is required for the mother when emotional and thought disturbances are experienced during and after pregnancy. Prevailing superstitious beliefs like postpartum psychiatric illness is due to unsatisfied spirits and social taboo attached to seeking psychiatric care prevent the mother from getting effective psychiatric care. Timely psychiatric intervention can address the role changes, social support, marital relationship and life stressors which may help to reduce the suffering. Compassionate and quality care, proper family education and support may help woman experiencing psychiatric disturbances to come out from their dark shell and blossom again.

A happy mother, happy family makes up a healthy society and a wealthy nation...

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REFRAME -Let Awareness Reframe Assumption:

Myths & Facts about "Substance abuse"

- Many people relapse so treatment obviously does not work.
- ✓ Relapse is often a part of recovery process; it is always possible but treatable.
- Quitting a substance is just a matter of willpower.
- ✓ Quitting substance is a difficult process along with strong willpower various pharmacological and non-pharmacological methods are helpful.
- Very few women become alcoholic.
- ✓ The proportion of females with alcohol use disorder is increasing steadily in India.
- Alcohol promotes good sleep.
- ✓ Dependence on alcohol disrupts normal sleep pattern.

Compiled by Swapnil Tripathi, final year, MBBS student, AIIMS, Jodhpur, Rajasthan

UG n PG

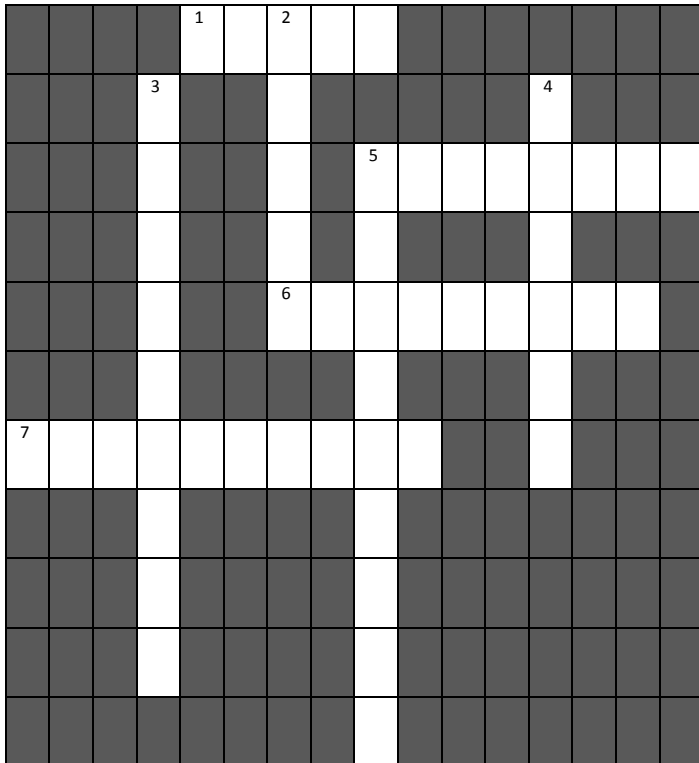
**AN EXCLUSIVE SECTION FOR
UNDERGRADUATES AND
POSTGRADUATES**

UG n PG

MINDS QUIZ

1. Cognitive disorder includes
 - a) Intellectualization b) Delirium c) Hallucinations d) Depersonalization
2. Active substance in hashish is
 - a) Morphine b) Mescaline c) LSD d) Tetrahydrocannabinol
3. Wernicke's encephalopathy involves which part of brain
 - a) Mammillary body b) Thalamus c) Frontal lobe d) Arcuate fasciculus
4. Yawning is commonly with withdrawal of
 - a) Alcohol b) Opioid c) Cocaine d) Cannabis
5. Folie a duex is seen in
 - a) Hysteria b) Psychosis c) OCD d) Neurasthenia

Compiled by Swapnil Tripathi, final year, MBBS student, AIIMS, Jodhpur, Rajasthan



Across

1. Physical and psychological flight from one's usual place
5. Disorder characterized by multiple motor and vocal tics
6. Withdrawal symptom of LSD
7. Unconsciously excluding anxiety provoking ideas and feelings from conscious awareness

Down

2. Normal response of an individual to the loss of loved object
3. Tendency to observe persons (usually opposite sex) naked, disrobing, or engaged in sexual activity
4. A false sense of familiarity with unfamiliar scenes
5. Priapism most commonly seen with

Compiled by Swapnil Tripathi, final year, MBBS student, AIIMS, Jodhpur, Rajasthan

ANSWERS

MINDS QUIZ

1. b
2. d
3. a
4. b
5. b

CROSS WORDS

- ACROSS**
1. Fugue
 5. Tourette
 6. Flashback
 7. Repression

- DOWN**
2. Grief
 3. Voyeurism
 4. Dejavu
 5. Trazodone

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