MINDS

Wellbeing begins in Our MINDS

Monthly Newsletter on Psychiatry for Doctors & Medical Students

Volume 6 *Issue 12* *December, 2016*

- Published from 2011
- Articles on Psychiatry from over 22 specialties!!
- Contribution from More than 50 Authors!!
- Seven Sections in every Issue
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From the Desk of Editor
Mental, neurological and substance use disorders: a ticking time bomb!

As per the Global Burden of Disease survey 2010, the DALYs due to mental neurological and substance use disorders (MNS) have increased by about 40%. These disorders now constitute the leading cause of YLD (Years Lived with Disability). The adverse social and economic consequences on families and communities result in propagation of poverty, behavioral disorders, and reduction of productivity in the long term. Suicides caused by MNS further contribute towards the global disease burden. Globally there is a call to scale up mental healthcare. India being one of the pioneering nations to implement the National Mental Health Program (NMHP) is at a crucial juncture to enhance its mental healthcare. The need of the hour is to overcome the barriers to mental health delivery by improving mental health literacy, reducing stigma and discrimination associated with MNS. It's time to follow the roadmap of WHO Mental Health Action Plan and design strategy to scale up mental health services. A public health approach which imbibes contributions from government, reorientation and scaling up of mental health services, adopting principles of prevention and promotion and research needs to be incorporated for an effective mental healthcare delivery. India needs a structure for implementation of existing NMHP to include mental health care within the package of basic healthcare delivery. There is a need to strengthen family and community through self-help interventions, integrating life skills education and parenting which can prevent risk factors for mental disorders. It's time the stakeholders, service providers and policy makers join hands to strengthen mental healthcare.

- ***Dr. SuraviPatra***

Guest Column: Down The Memory Lane... Being odd is being mad?!

When I asked for Mr.N's house, a small girl showed the house of Gomateshwara (famous statue at Sravanabelagola, Karnataka). A fully naked man cordially welcomes me into his house with a smile.

His wife came into the hall and signed me not to recognize her. She already appraised me about her husband not wearing any cloths at home. She has two daughters studying X and XII standard. She was worried that no groom's parents will accept her daughter after seeing him naked. I should somehow make him wear cloths, she requested.

Their house is located in a gated community of 12 families of 4-6 persons in each one room tenement. A row of bathroom and toilets are at the end of the compound. Mr.N. does not believe in wearing cloths. He was walking freely in the common path to toilet without any cloths. He tells his daughters also that cloths are not something with which we are born. Why wear them?

He works for a nearby factory. The social counselor of his factory told me that he wears full uniform in the factory. He works well. He is a very friendly and helpful person.

Everyone in that community had accepted his wish to remain naked. I did a detailed MSE. Hair well combed. Clean shaven including pubic hair. Good rapport..... Nothing abnormal detected except no cloths.

I ask myself - Being odd is being mad?!

Dr. Saranya Devanathan , Senior Consultant Psychiatrist, Bengaluru, dr.saranya@gmail.com

Psychosis and pregnancy

Pregnancy is generally considered to be a positive phase of life with happiness and well-being. However, expected changes in the life style, social behavior and apprehension regarding motherhood would pose as a psychological stressor. Adaptations of maternal mind and body to the new role through hormonal fluctuations and increasing metabolic demand could act as a physiological stressor. These stressors during pregnancy increase the risk of psychiatric problems in vulnerable individuals.

Studies have shown that nearly 25% of the pregnant women suffer from a psychiatric condition and 0.4-0.6% have psychotic symptoms during pregnancy. Psychosis represents the serious forms of mental disorder characterized by hallucinations, delusions, gross disturbances in thought and psychomotor activity. Though it is rare to see first onset psychosis during the pregnancy, most women who were previously diagnosed with psychosis can have exacerbation/relapse of the problems. Young, unmarried women, substance use, complicated pregnancies, recent stressful life events, prior history of psychiatric disorder, discontinuation of antipsychotic medication(s), lifetime exposure to traumatic events and poor overall health increase the risk of mental disorders.

Despite awareness of mental health problems, many patients and physicians during pregnancy do not seek mental health care. Even for severe psychotic symptoms treatment is not sought due to the fear of potential harmful effects of medicines on the developing fetus. The fact that is always missed is the adverse impact of psychiatric conditions on the pregnancy and its outcomes.

Psychiatric conditions when present during pregnancy leads to poorer health of mother and consequent inadequate postnatal care to the child. Untreated psychiatric ailments by itself is found to be an independent risk factor for increased abortions, requiring caesarean section, perinatal mortality, low birth weight and low Apgar scores. Maladaptive fetal growth and development, poor cognitive development, poor nutrition and behavioral problems during childhood and adolescence are often noted in off-springs of mothers having had psychiatric conditions during pregnancy and postpartum period.

Undue concerns are raised regarding the safety of antipsychotics. Antipsychotic use over years has shown them not to be having significant teratogenicity. Typical antipsychotics like haloperidol can minimally increase the risk of small for gestation baby and preterm deliveries. Experience and literature suggests atypical antipsychotics like Risperidone, Quetiapine and olanzapine are safer. Some atypical antipsychotics can derange the metabolic profile and thus increase the risk of gestational diabetes and increased birth weight. This could be managed by close monitoring of blood glucose levels. Overall the risks of untreated mental illness on pregnancy and its outcomes seem higher than the antipsychotic therapy. When an antipsychotic has been found to be effective in an individual woman, it's always prudent to continue the same.

A good clinical practice should provide access to all women vulnerable to psychosis to pre-pregnancy counselling including planning pregnancies; folate supplementation, discussion with patient and family regarding options, and an active liaised care by team of obstetricians, psychiatrists, Ultrasonologists and Pediatricians.

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Psychiatry & Internal Medicine – an inseparable link

Internal medicine and Psychiatry are sisters in the real sense. Patients having medical problems often have co-existing psychiatric disorders, appropriate diagnosis and management often improves patient outcomes. The origin of Psychiatry as a new specialty was based on the principle of inseparability of psychiatry from medicine. Johann Christian Reil, the German physician credited to be the creator of Psychiatry was of the opinion that Psychiatry was on the three main branches of medicine, others being medicine and surgery.

The interaction between mind and body is often the determinant of diseases and their response to treatment. Reil was very right in postulating that diseases cannot have sole chemical, mechanical or physical causes, often the three interact in causing and manifesting the disease.

We as physicians often encounter these mind-body interactions in our routine practice. For instance, many a times a patient having poorly controlled diabetes mellitus when evaluated for mental health is often diagnosed to be suffering from depression. Adequate management of depression usually culminates in better treatment compliance and adherence to diet and life style recommendations resulting in better glycemic control.

Another instance is that of ICU psychosis, patients who are severely ill often on ventilators and admitted in the ICU for a long time often land up into ICU psychosis. This further complicated the clinical picture and delays recovery. At times we physicians need help from psychiatrists in identifying and managing ICU psychosis which often results in reduction in time spent in the ICU and prompt and favorable treatment outcome.

We physicians often come across functional disorders of which there is no physical basis like Irritable bowel syndrome, low backache, chronic gastritis, chest pain and palpitations. Identification of the underlying psychiatric disorder like depression, anxiety, somatoform disorders helps in improving patient recovery. Abnormal illness behavior often needs help from a psychiatrist for appropriate management.

Appropriate psychiatric assessment often translated in huge monetary benefits in terms of avoiding unnecessary medical investigations, multiple medical visits and doctor shopping. The improvement in clinical outcome improves functionality hence improving quality of life.

The contribution of a psychiatrist is essential in delivery of medical care. As a sound body needs presence of a sound mind, psychiatrist helps in diagnosis and management of unsound mind which helps in improving the physical health of the patient.

✍ **Dr. S. Madhu, Assistant Professor, Department of Medicine, Basaveshwara Medical College & Research Center, Chitradurga. madhushresti@gmail.com**

REFRAME -Let Awareness Reframe Assumptions: Myths & Facts about 'Conversion Disorder'

☒ *Patients fake their symptoms in conversion disorder*

✓ *Symptoms are genuine in conversion disorder and occur through unconscious mechanisms. Patients cannot voluntarily control it or fake symptoms like in malingering which is done with a conscious motive.*

☒ *Conversion disorder occurs only in females*

✓ Though it is much more common in females, it is also reported to occur in males and symptoms occurring in male need not exclude the diagnosis.

☒ *Presence of a temporal relationship with Stressor is a must for the diagnosis of conversion disorder.*

✓ Though argued so for a long time, often a clearly identifiable stressor may not be evident. Recently in DSM-5, this criteria is removed and conversion disorders are regrouped as functional neurological symptom disorders.

☒ *Medicines are of no use in this disorder*

✓ Though not indicated as first line, often these patients end up treated with medicines and show considerable improvement in underlying anxiety, depressive and emotional regulation symptoms which are thought to be contributors for the causation of conversion episodes

☒ *Conversion disorders and neurological disorders are mutually exclusive, i.e., when conversion episode is diagnosed, neurological disorders are not likely and vice versa.*

✓ This is not always true. Both can co-exist and caution to be exercised before ruling out neurological disorders or rather always considered as differential diagnosis as missing a diagnosis can lead to grave outcomes

UG n PG

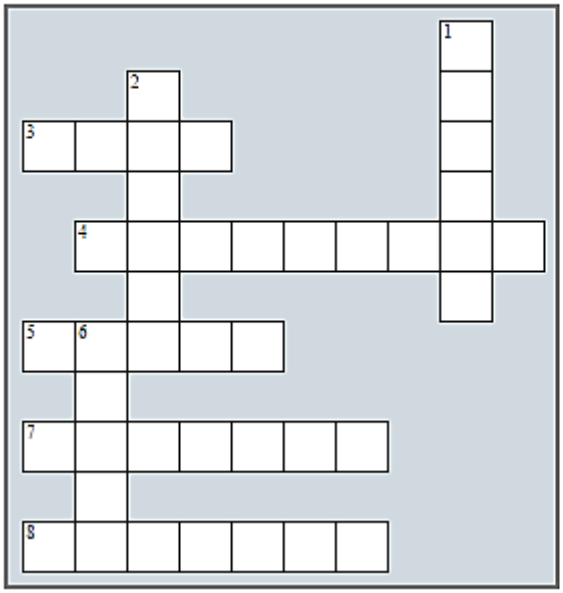
AN EXCLUSIVE SECTION FOR UNDERGRADUATES AND POSTGRADUATES

UG n PG

1. **Which of these antipsychotic drugs cause least or no prolactin elevation**
   a. Haloperidol b. Aripiprazole c. Risperidone d. Sulpiride
2. **Which of these does not belong to Autism Spectrum Disorder?**
   a. Childhood Autism b. Asperger's Disorder
   c. Rett's Syndrome d. Separation Anxiety Disorder
3. **Theory of motivation through hierarchy of needs was proposed by which of these?**
   a. Niccolo Machiavelli b. James Lange
   c. Abraham Maslow d.Erik Erikson
4. **Which of these receptor systems are primarily involved in memory processing in hippocampus**
   a. NMDA b. GABA c. Mu Opioid d. 5HT-7
5. **When a stimulus in one sensory field produces hallucination in another, what is it called as?**
   a. Illusion b. Reflex hallucination c. Pseudo-hallucination d. Functional Hallucination

Note: You can now request for any explanations to MINDS QUIZ answers by just an email to editormind@gmail.com

Can You Cross the Crosswords!!!



Across

3. Chinese culture bound syndrome of morbid fear of death caused by retraction of genitals into abdomen (4)
4. Incontinence of urine during sleep (9)
5. Sign named after resemblance to Greek letter, sometimes found in forehead of depressed patients (5)
7. Named delusion of misidentification of familiar people occurs in strangers (7)
8. Type of speech characterized by reduction in the quantity of spontaneous speech (7)

Down

1. Inability to recall the names of objects (6)
2. Sleep-like state of reduced consciousness and activity (6)
6. Condition of euphoric behavior, indifference, lack of foresight, often found in frontal lobe lesions (5)

QR Code for MINDS website

ANSWERS

MINDS QUIZ

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

CROSS WORDS

ACROSS
3. Koro
4. Eneuresis
5. Sigma
7. Fregoli
8. Laconic

DOWN
1. Anomia
2. Trance
6. Moria

MINDS Newsletter was launched in July 2011 as a Monthly Newsletter on Psychiatry for doctors & medical students for creating awareness and continued medical education. You can receive a free e-copy of MINDS by an e-mail request to editormind@gmail.com, or by just SMS MINDS<email ID> to Editor: +91 9535383539/ Asst Editor: +91 9438884222 or join our Facebook group @ facebook/mindsnewsletter.
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