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Articles on Psychiatry from over 20 specialities!!

Contribution from More than 50 Authors!!

Seven Sections in every Issue

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Dr Shubhangi S. Dere, DNB, DPM
Assistant Professor, MGMIHS, Navi Mumbai.

Assistant Editor
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Assistant Professor, AIIMS, Jodhpur

Co- Ordinator
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Resident, JSS, Mysore

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MINDS

Wellbeing begins in our MINDS

Monthly Newsletter on Psychiatry for Doctors & Medical Students

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From The Desk of the Editor: NETIZENS!!

A combination of the words "Internet" and "citizen", which may be used to describe an individual who spends a lot of time on the net. Over many years, society have observed a transformation of citizens to Netizens for obvious reasons like, easy accessibility, easy socialization (even though pseudo-socialization), easy rewards, feedback & no face-to-face rejection!

One might argue here that the internet is so useful, how does it become harmful? It has been observed that, internet use like any other addictive substance use modulates reward pathway, resulting in compulsive use and associated withdrawal symptoms! The behaviour passes through stages of normal use, followed by, excessive use/ overuse in creative hours, minimizing offline life through less time and attention to sports, reading, community, and family, where Internet is used to fill (almost) all emotional, social, and/or sexual needs, along with denial of consequences for one's behaviour, and eventually restlessness & recurring compulsion by an individual to engage in same activity, despite "harmful or undesirable consequences" developing internet addiction!..

Considering vital role of internet in modern life, it is difficult to define the severity of its addiction. So one need to be aware when the use is becoming overuse & heading to abuse!

Dr. Shubhangi S. Dere

Guest Column: Down The Memory Lane…… BEFREINDING!

"You bloody bast@#$%, what do you think of yourself? I know you give more attention and time to people of your Gujarati community and to other patients like us you cut short….. @#$% …. I won't leave you …. I am waiting outside the hospital gate for you to come out…. @#$% ….You don't know what a patient of paranoid schizophrenia can do …." He disconnected the call before I could explain or defend myself.

Govindum was under my treatment for paranoid schizophrenia since about 15 years. He was very compliant, responded well to the treatment and started working. After the death of his parents and marriage of his sister he was staying all alone by himself. He would come to our department almost every day to talk to me about his life events. Occasionally the staff members and residents would wonder and ask me about him; why does he come to the department every day, how does he straight walk into my cabin without any formalities, at any time of the day and talk to me without any restrictions. I would explain that this is a kind of befriending. He is suffering from paranoid schizophrenia, he is all alone, there is no one to look after him; in this kind of situation he is dependent on me. If I try to put any limits on his visits, he may turn hostile and non-compliant and so I am entertaining him almost every day without any restrictions.

On the day of the above mentioned incident, as usual he came to my cabin and found me busy with some other patients and felt that I did not give him enough attention and so he left in anger, called me on my mobile, abused me and threatened to assault me.

I was taken aback; I did not know what to do; would he be really waiting outside the hospital gate for me as he has threatened? Should I report to hospital security and seek their help or should I straight go to police and register a complaint against him. I was baffled.
As I was leaving the department to go home, I received another call from Govindum. I was afraid, I did not pick up the call. He persisted and called again; I gathered some courage and apprehensively picked up the call.
" …. Sorry, sorry …. Please forgive me …. I won't do it again …. Please …. Please ….. Please …. "
I breathe a sigh of relief…. Befriending continued.

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

Invited Article

This is the age of Selfie!!

This is the age of selfies, Facebook, Instagram!, the age of 'self- centeredness'. 'Looks' now plays a larger part in establishing one's social identity which can be spread across to many, across continents! Approval is instant, visible and the number of 'likes' quantify it! Thus vanity is galloping ahead, and Appearance is riding on it. The need to look better is pressing.

In such an environment the growth of cosmetic industry is staggering. In India this year it's worth $ 950 million! Simultaneously there is a boom in cosmetic surgery and procedures. As a psychiatrist there is an immediate question. Are some of these consumers suffering from a psychiatric disturbance? Persons with body image and identity disturbances will be engulfed in this social change and yet their troubled psyche will continue to isolate them.

Body Dysmorphic Disorder(BDD) is one such disturbance. It is relatively common, but under recognized and underreported. The prevalence of BDD in general population is 2 to3%. However, it is found to vary from 3.2 to 53.6% in patients attending cosmetic surgery clinics (Review articles). BDD is characterized by preoccupation with minor or imaginary physical flaws. These preoccupations most often involve skin, nose, face, hair, muscularity or features related to sexuality. The individual may perform repetitive behaviors (eg, mirror checking, excessive grooming) in response to the appearance concerns. It usually starts in adolescence. BDD is highly distressing, causes great suffering and is associated with poor quality of life, impaired social or occupational functioning and suicidal attempts. The person may have insight into his problem or may be delusional and convinced that his/her BDD beliefs are true. BDD needs to be differentiated from normal concerns about appearance, narcissistic personality, Anorexia Nervosa, Social phobia, OCD, and Delusional Disorder.

Besides social pressure and expectations of beauty, a positive family history, a traumatic childhood history and poor self esteem are the other risk factors.

Patients can develop complications such as unnecessary dermatological and surgical procedures, difficulty in attending college or work, social isolation, depression, and substance abuse to avoid distress.

Almost all persons with BDD seek cosmetic treatment for their perceived physical flaws. However they are never satisfied with the treatment outcome and the continuing distress can easily be transformed to anger and even legal action against the cosmetologists or surgeons. Most of the treating doctors are not aware of this risk. Some patients, who do seem to have a satisfying outcome, will soon start having symptoms of similar kind but involving other parts of the body!

The psychiatric treatment of BDD involves vigorous psycho education, help in preventing unnecessary cosmetic treatment costs and complications, and treating the primary psychopathology through Cognitive Behavior Therapy. Pharmacological treatment involves mainly use of serotonergic drugs such as SSRIs. SSRIs are beneficial to many but are required to be continued for a long period. Impaired social functioning and a high suicide risk are part of BDD and have to part of any treatment plan.

Dr Bharat Shah

Professor & Head, Department of Psychiatry, K. J. Somaiya Medical College, Sion, Mumbai

Cardio-metabolic Risk with Opioid dependence

Opioid is commonly abused substance in India. As compared to tobacco, opioid is available in various forms and abused in many ways, its use is greatly influence by various socio-cultural factors. It is difficult to assess the extent and the type of opioid most abused. Opioid abuse penetrates through various socio-economic strata and regions in India. Opioid abuse is found in high prevalence in certain states like Punjab, Rajasthan, Odisha, Tamil Nadu, Uttarakhand and Maharashtra. Opioid abuse is subjected to great cultural diversity of India. Cultural acceptance of its use in certain communities during various social activities like marriage, spiritual processes, and condolence obscure the margins of use, abuse and dependence. People are unaware of harmful consequences contrary to it they belief that opioid ameliorates grief and prevent heart disease.

Studies suggest that Opioid abusers have high morbidity and mortality due to elevated risk of hypertension and diabetes mellitus. Chronic opioid use subjected to raised cardio-metabolic risk parameters like insulin resistance, pro-coagulant state in blood, inflammation, reduced antioxidant capacity and thus indicating a proatherogenic state. Ischemic heart disease is the major cause of premature death in opioid abusers.
It is worth to mention that a large fraction of these patients still beyond the reach of medical care and just one percent of these gets psychiatric attention. This is because of lack of awareness, stigma, legal issues and poor coordination in medical facilities.

In view of complex bio-psychosocial factors and need for early intervention it is pertinent to highlight the role of psychiatric intervention early in the process. A collaborative model mental health professionals working with primary health care physicians required for holistic care for these patients. There is need of early detection and intervention through various psychological and pharmacological measures to prevent lifetime health morbidity & mortality.

Dr Purvi Purohit, Phd (Medicine) Biochemistry
Assistant Professor, Department of Biochemistry, All India Institute of Medical Sciences (AIIMS), Jodhpur, Rajasthan, India

REFRAME - Myths & Facts about "Personality Disorders"

× Personality Disorders aren't real mental illnesses
√ Personality Disorders have been scientifically linked to observable neurological differences and considered to be a common and significant psychiatric illness.

× Studying antisocial personality disorder coddles criminals and gives them an excuse.
√ Many people think that criminals can go away with crime applying defence of anti social personality. However, this is not an excuse in the court of law.

× Personality disorders are untreatable.
√ Research shows that people with personality disorders like antisocial personality & borderline personality can benefit with effective treatment. Recent reports state that people with the disorder experience significant improvement with pharmacotherapy, psychotherapy & family therapy.

× People with BPD have a flawed personality.
√ Personality disorders are caused by a combination of environmental, genetic and neuro-biological factors, not a personality flaw.

× Personality disorders are not preventable.
√ Considering above aetiological factors, positive parenting and healthy social & emotional environment can decrease the emergence of personality deviations.

UG n PG

AN EXCLUSIVE SECTION FOR UNDERGRADUATES AND POSTGRADUATES

UG n PG

MINDS QUIZ

1 …….causes agranulocytosis in about 1% of patients.
a Amisulpride b. Clozapine c. Quetiapine d. Olanzapine

2. Which of the following is NOT one of Bleuler's primary symptoms of schizophrenia?
a. Abnormal affect b. Abnormal association c. Autistic behaviour d. Auditory hallucinations

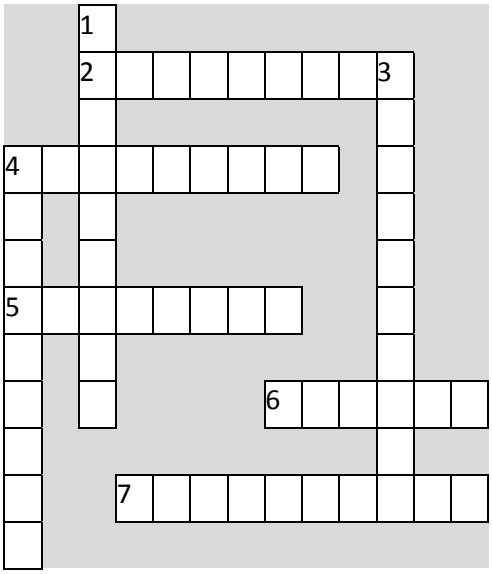
3. Which of the following is NOT an extrapyramidal side effect of antipsychotics?
a. Tardive dyskinesia b. Dystonia c. Porphyria d. Akathisia

4. Which of the following maybe used in case of benzodiazepine overdose?
a. Pethidine b. Naltrexone c. Naloxone d. Flumazenil

5. Which of the following enhances GABA neurotransmission & mimics the CNS depressant effects of alcohol?
a. Chlordiazepoxide b. Disulfram c. Alkaline phosphatase d. Acamprosate

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

Can you cross the crosswords!!!



Across:

2. active or passive focusing of consciousness upon an experience (9)
4. inability to use mathematical symbols (9)
5. dream like state (8)
6. who described 'vorbeigehen' or approximate answers (6)
7. production of inappropriate sound in place of word or phrase (10)

Down:

1. seen in narcolepsy (9)
3. new words with an idiosyncratic, personal meaning (10)
4. phantom mirror image (9)

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

Quick Response Code for the Website

ANSWERS:

MINDS QUIZ
1. b
2. d
3. c
4. d
5. d

CROSS WORDS

ACROSS
2. Attention
4. Acalculia
5. Oneroid
6. Ganser
7. Paraphasia

DOWN
1. Cataplexy
3. Neologism
4. Autoscopy

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 to Editor: +91 9821534270/ Asst. Editor: +91 8003996882, or join us **www.facebook.com/minds.newsletter.**
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