MINDS

Wellbeing begins in our MINDS

Monthly Newsletter on Psychiatry for Doctors & Medical Students

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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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From The Desk of the Editor: MINDS Team Wish All Readers & Well-wishers a very Happy, Prosperous & Successful New Year 2015!

Ideal Mental Health- An Oasis?!!

Mental health (psychological well-being), is the "*psychological state of someone who is functioning at a satisfactory level of emotional and behavioral adjustment*". Can one conclude oneself to have an ideal mental health?

Ideal mental health is truly a dynamic process which can be defined as a holistic state with optimal functioning of mental apparatus on person's psychological, social, cultural & religious dimensions.

Considering challenges of current lifestyle of increasing stress, breaking family & social ties, increasing media influence along with prevalent substance use, and at the same time proving fittest to survive the obstacles, are we really helping ourselves to achieve optimum mental health? Merely absence of psychiatric illness is not an ideal mental health. We need to identify our emotional, psychological, and social needs, how we handle stress, relate to others, and the difficulties in this process. Further building positive psychological reservoirs, recognizing early warning signs & taking appropriate help can help to achieve the optimal mental health & stop the quench of the an oasis of ideal mental health!

Dr. Shubhangi S. Dere

Guest Column: Down The Memory Lane…… A friendly Prank!

"Sir, there was a phone call for you from the ward; *Ramavtar* is not well; he is vomiting since morning", the OPD sister informed me in a hurried voice. "Oh, is it?" I quickly got up from my chair rushed out of the OPD and started walking towards the ward which was situated in the adjacent building.

I had recently joined the department as a lecturer after passing MD. I felt more responsible and a bit more concerned about patients whom I admitted as lecturer, *Ramavtar* was one of them. Every day I would ask the resident doctors about his condition and on ward rounds would spend some more time with him. I would personally look into his medicines & ward facilities. Resident doctors would often comment that *"Ye to sir ka note-case hai." Ramavtar* gradually improved over a period of few weeks and he and his relatives requested discharge. After confirming his recovery & psychoeducating relatives for compliance, the discharged was planned.

No wonder, I was very much perplexed and intrigued by the message conveyed by the OPD sister about the ill health of *Ramavtar* and that too on the day when he was to be discharged. Within no time I reached the ward and hastily walked down to *Ramavtar's* bed. All ready to go, with a big smile, sitting on his bed, he wished me and thanked me with folded hands.

Before I could gauge the situation and enquire the ward staff about what had happed to *Ramavtar*, my eyes were fixed on the date of discharge mentioned on the discharge summary; the 1st day of the fourth month of the year; all fools day.

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

Invited Article

ATTITUDE MATTERS!!

Homosexuality, even though removed from diagnostic criteria of psychiatry long back, it still remains a topic of curiosity & prejudice in health professionals including mental health professionals. Patients with alternate sexuality face problems of societal, religious and individual attitudes towards them. This column is focused on various attitudes towards homosexuality.

- ATTITUDE TOWARDS OWN SEXUALITY -
  Homophobia (from Greek *homós*: one and the same; *phóbos*: fear, phobia) is defined as an irrational fear of, aversion to, or discrimination against homosexuality or homosexuals, or individuals perceived to be homosexual.
  INTERNALIZED HOMOPHOBIA / EGODYSTONIC HOMOPHOBIA - It refers to homophobia as a prejudice carried by individuals against homosexual manifestations in themselves and others. It causes severe discomfort and disapproval of one's own sexual orientation. Internalized homophobia is thus a form of cognitive dissonance.
- ATTITUDE OF SOCIETY –
  Any behaviour against the mainstream of society (i.e. heterosexuality) is considered as abnormal or disapproved by society. *Heterosexism* is an ideological system that denies, maligns & stigmatizes any non-heterosexual form of behavior, identity, relationship or community.
- ATTITUDES IN EDUCATIONAL SETUP –
  Homophobic bullying is common in educational setup. Boys are stereotyped as sporty and strong decision makers while girls are expected to be emotional and expressive. As a result, boys who show their feelings or who are too intimate with other boys are often called 'girls' or 'poofs'. Girls who are considered to be too boyish or who hold feminist views run the risk of being called 'dykes' or 'lesbians. As per western literature, almost half of sexual minority youth report experiencing harassment or violence in school; 1/3 report missing school out of fear for personal safety.
- ATTITUDES AT EMPLOYMENT—
  Negative attitudes towards homosexuality can result in work place discrimination- which could be formal/informal, perceived/real, potential/encountered.
- RELIGIOUS ATTITUDES –
  Homosexuality is viewed as prohibitions, sin and ‘perversions’ in all the major religions thorough out the world.
- LEGAL ATTITUDE –
  There are examples and reports of a negative attitude by police personnel towards homosexuality. Various legal actions include arbitrary arrest, detention, physical violence, verbal abuse, intimidation, extortions. Problems, ambiguity and lacunae related to legal rights exist and no clear cut guidelines or separate provisions for homosexual’s legal rights.
- ATTITUDES OF HEALTH CARE PROVIDERS -
  Majority have negative, stigmatization attitude leading to malicious gossip by hospital staff. Many consider homosexuality to be associated with mental illness or dysfunction (by health care providers apart from mental health professional) but concept is changing nowadays. Therapist may attempt to change a person’s sexual orientation (also tried doing so under pressure of relatives of homosexual individuals). Disapproval, discrimination, insensitivity, abusive treatment could also be reported.

  As a mental health professional, this is an attempt to increase awareness about our own attitude towards alternate sexuality and to change it to deliver effective mental health care to this section of society who needs it equally.

Dr Anup S Bharati

Assistant Professor, Dept of Psychiatry, LTMMC And LTMGH, Mumbai

DERMATITIS ARTEFACTA – A CLINICIAN'S PARADIGM

Dermatitis artefacta belongs to the category of factitious disorders in which the patient manifests a self-harming behaviour without being directly linked to suicidal ideation or intent. More specifically, it is a dermatosis caused by the deliberate action of a fully aware patient on skin or appendages. It includes intentional simulation of signs or symptoms in order to assume the sick role in the absence of any external incentives. Dermatitis artefacta by proxy is a form of abuse in which the patient creates lesions on a child for secondary gains or to satisfy a deep psychological need.

Dermatitis artefacta is more commonly seen in adolescents or young adults with a female preponderance but can be seen in children too. Adult patients may have associated neurosis, depression, or paranoid personality disorder. Affected children may have associated anxiety disorder, history of dysfunctional parental relationship, bullying, sexual, and substance abuse.

The most common sites of involvement are the areas that are easily accessible such as face, back of hands and forearms. The lesions are bizarre, clearly demarcated from the surrounding normal skin, angulated, and with a tendency for linear arrangement. Self-inflicted chemical burn may show a "drip sign" and punched-out necrotic areas or uniform circular blisters or erosions suggest cigarette burns. Firm swellings with bumpy appearance occur secondary to injection of foreign bodies like milk, oil, or grease into breasts, thighs, abdomen and penis. Another common presentation is chronic, non-healing infected wounds.

The features that should raise the dermatologist's index of suspicion include the repeated hospital visits with ineffective treatments, negative findings on investigation, in addition to bizarre skin lesions, shallow history, and the affect of patient and family. The treating dermatologist should avoid immediate confrontation regarding the suspicion that the lesions are self-inflicted. Instead symptomatic treatment of skin lesions followed by gradual identification of nature and extent of psychological problem and adopting non-confrontational 'narrow escape', 'quasi-confession', 'recovery', 'face-saving' or 'escape with honour' strategies form the ideal management.

Dr Rahul Mahajan

Assistant Professor, Department of Dermatology, AIIMS Delhi

REFRAME - Myths & Facts about "Bipolar Disorders"

× Bipolar Disorder is a figment of one's imagination.
√ Bipolar disorder is a treatable brain disorder that is real and can cause a lot of suffering, especially if it is not well managed.

× Bipolar disorder is a single identifiable disorder.
√ Bipolar disorder is a diagnostic category describing a class of mood disorders where a person experiences episodes of mania (elevated mood), and depression (state of sadness) or mixed states (when symptoms of mania and depression occur simultaneously). In between these episodes, a person will be free of symptoms.

× People who have bipolar disorder cannot work.
√ Proper medical treatment and good support enables most people (more than 75%) with bipolar to work and be successful.

× Children do not get bipolar disorder.
√ Bipolar disorder can occur in children as young as age six. It is more likely to affect children of parents who have bipolar disorder. Children tend to have very fast mood swings between depression and mania many times during the day whereas adults tend to experience intense moods for weeks or months at a time.

× Bipolar disorder is under control, people can stop their medications once.
√ Medication used, i.e. mood stabilizers act in a preventative way, helping people to avoid relapses. One should always consult doctor before stopping any medications.

UG n PG

AN EXCLUSIVE SECTION FOR UNDERGRADUATES AND POSTGRADUATES

UG n PG

MINDS QUIZ

1 Which of the following is seen associated with alcoholic paranoia?
a. Drowsiness b. Delusions c. Hallucinations d. Impulsiveness

2. All are features of autistic disorders except?
a. Stereotypic movements b. Impairment of social interaction c. Visual impairment d. Delay in speech development

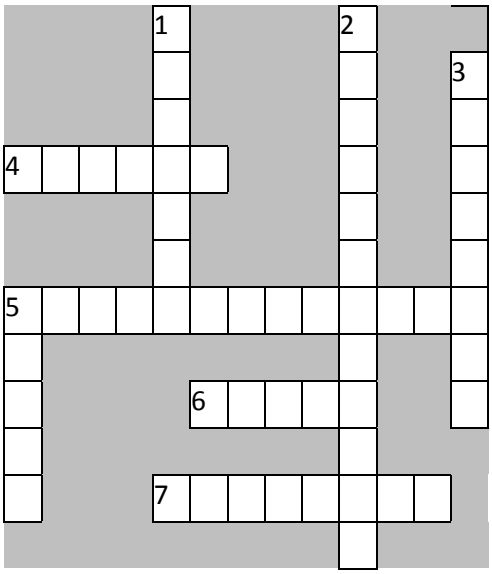
3. Conscious forgetting unpleasant feelings is called as
a. Isolation b. Repression c. Dissociation d. Suppression

4. Which of the following is an easily reversible cause of dementia?
a. Myxoedema b. Alzheimers c. Korsakoffs d. Huntington's

5. Olanzapine acts at which of the following receptors?
a. 5HT2 b. D2 c. M1 d. All of above

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

Can you cross the crosswords!!!



Across:

4. expressed refusal to acknowledge a threatening reality (6)
5. falsification of memory occuring in clear consciousness in association with organic pathology (13)
6. an inclination to satisfy certain primary,i.e innate needs (5)
7. mechanism of satisfying one's own needs through the life of others (8)

Down:

1. disorder of speech resulting from interference with the functioning of certain areas of the brain (7)
2. experience of stimulus in one sense modality producing a sensory experience in another (12)
3. an innate pattern of behaviour which leads to drive satisfaction (8)
5. .....amnesia is the experience of not remembering that one is remembering (5)

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. c
3. d
4. a
5. d

CROSS WORDS

ACROSS
4. Denial
5.Confabulation
6. Drive
7. Altruism

DOWN
1. Aphasia
2.Synaesthesia
3. Instinct
5. Crypt

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