

MINDS NEWSLETTER

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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: Happy new year to all readers

Embracing changes in medical education

Recent decades have observed a greater attention to what is being taught to medical students, how are they being taught, and how (and for what) should they be assessed. The emphasis is being shifted from 'teaching' the students to 'teaching-learning' denoting how students best grasp the material that is presented to them. Innovations are being encouraged to implement and assess various forms of teaching methods in improving learning outcomes. Departure from old assessment techniques are being made, keeping in view the balance that needs to be achieved for subjective and objective assessments of students.

Psychiatry as a specialty is gaining importance in the undergraduate curriculum. There is a view to introduce psychiatry as a separate subject in the undergraduate medical curriculum. This will require teachers to get more involved in the teaching learning process, and imparting skills of psychiatry to medical students. Change will need to be embraced for optimized use current means of teaching and assessment of the students. Developing interest in the field of psychiatry among students would stem from the world teachers from the field of psychiatry show to their students.

Siddharth Sarkar

Guest Column: Down The Memory Lane

Never discount case history!

PLISSIT Model of Anon in the management of common sexual problems has proved simple, useful and practical in clinical practice. It implies that some cases need only permission (P) and limited information (LI), some more specific suggestion (SS) while only a limited no. of cases Intensive Therapy (IT).

I vividly remember a couple referred from a distant place with the complaints of inability to perform. Details revealed nil significant physically except being anxious and sexually performance anxiety. He was only son, brought up with all the love and care. Wife reported his hesitation to bolt the door while in the bedroom. On enquiry his anxiety being closing the door and bolting it would do injustice to parents who had showered so much love all his life! The whole treatment involved making him 'bolt the door' which took care of his performance anxiety and the problem.

The lesson I learnt is never to discount history and even a small issue could be most relevant in some cases!

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Psychotherapy in Substance Use Disorders

Psychotherapies are effective treatment methods for substance use disorders (SUD). Psychotherapy not only keeps the persons with SUD in treatment but works on to enhance motivation and prevent relapses. There are different psychotherapies used in the area of de-addiction. Among them, motivational interviewing and relapse prevention are most commonly used.

Motivational Interviewing (MI) is the therapeutic method which deals with different factors (including belief systems) related to poor motivation for behaviour change. Due to several misconceptions and myths related to substance use, people continue to use substances, despite knowing harms caused by substances. Motivational Enhancement Therapy and Brief Intervention are commonly used MI methods to improve motivation and maintain it. Some of the techniques used in such therapies are- giving personalized feedback, weighing cost and benefit of use and quitting substances, managing resistance for change, supporting self-efficacy etc. Therapists try to establish rapport with the patient, show concern and conduct the interview/therapy in an empathic manner. The therapist remains non-judgmental throughout the therapeutic relationship and never preaches or does moralistic counselling. Coercion and pressure techniques are never to be used by the therapist.

Relapse Prevention Therapy is generally used during maintenance stage (i.e. abstinent period) with the aim of preventing relapse by improving coping and problem solving skills. The focus of discussion between therapist and patient is to identify and manage different high risk situations (factors which cause relapse) and develop mastery on it by using healthy coping strategies. For example, managing negative mood state by spending time with family members or indulging in a hobby rather than improving mood by taking alcohol or any substances. The difference between lapse and relapse is explained to the patient and the role of its interpretation in relapse. Therapist has to find out different beliefs associated with substance use (e.g. its effect, reasons of relapse perceived by patients etc.) and correct or modify such beliefs using various cognitive-behavioural techniques.

Motivational interviewing and Relapse prevention therapy are usually tailor made to deal with individual case with different psychosocial milieu. Most of psychiatrists, psychologists, psychiatric social workers and other practitioners do find both the techniques quite effective in day to day clinical practice.

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Skin deep, or deeper? – Dealing with itch

Itchy skin is a problem that most of us have to deal with at some point in our lives. Apart from being socially embarrassing and troublesome, at times it can be a clue to the discovery of certain underlying medical problems. Of course, every itch is not something to scratch the brain about; most itches are harmless and tend to go away on their own. A lot of skin diseases tend to be itchy – fungal infections, infestations by certain mites, allergic disorders, and various types of dermatitis and so on.

However, if one feels itchy all over and can't see anything on it that looks particularly abnormal, then the first step is to look more closely. If one finds that the skin is dull and flaky, then the patient might be suffering from dry skin or 'xerosis' which is the most common cause of generalized itching. If the skin is not dry, there is no particular skin disease and the patient is still scratching away, then other conditions have to be looked into. A variety of medical conditions can cause itching including liver disease, kidney disease, thyroid problems, diabetes, anemia, certain neurological and psychiatric diseases and very rarely, certain kinds of cancers. Interestingly, one non-'medical' condition exclusive to women that can cause itching is pregnancy.

Another point to note is that anxiety and depression can worsen itching due to any other cause, it is important to elicit whether the patient has been worrying a lot or experiencing mood changes. If anxiety and depression are contributing to the itch, then it needs to be addressed appropriately which may result in decrement of the itch. Itch may increase during periods of stress and may result in scratching. Scratching offers temporary relief, but reinforces the cycle of itch and scratch, which leads to lower threshold of scratching in periods of stress.

Comprehensive evaluation with thorough history and examination is important to address these cases. There is some role of psychotropics like tricyclic antidepressants (eg. amitriptyline), and anxiolytics (eg. clonazepam, etizolam etc.) along with psychotherapeutic and behavioral techniques to address chronic itch.

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REFRAME -Let Awareness Reframe Assumption:

Myths & Facts about "Insomnia"

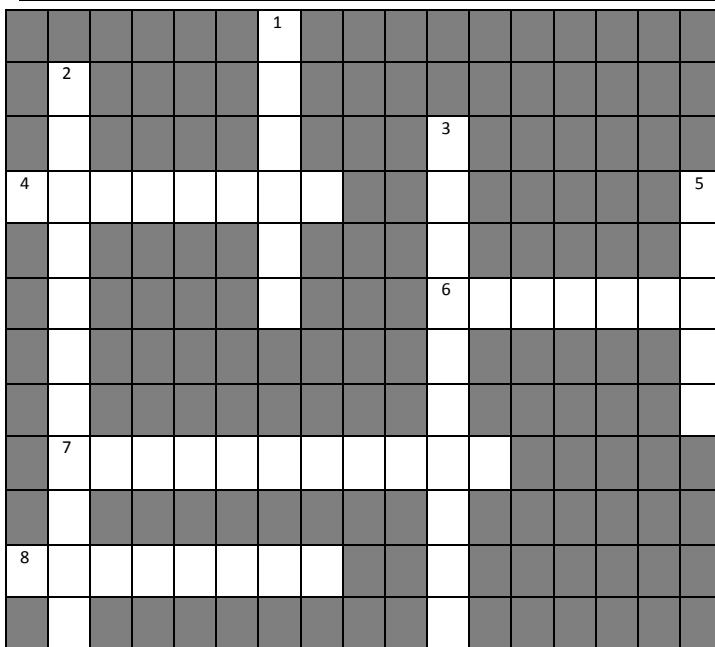
- ☒ You only have insomnia if you can't fall asleep.
- ✓ Not able to fall asleep is only one symptom of insomnia. Other symptoms include waking up early, frequent night awakenings are some of other symptoms.
- ☒ Insomnia is unrelated to other medical conditions.
- ✓ Insomnia can be caused by anxiety, depression etc. and can be associated with chronic medical disorders. Sleep is tied very closely to the health of our body and mind.
- ☒ Medicines used in management of insomnia always lead to dependence.
- ✓ Dependence is least when medications are tailored based on clinical assessment of the patient and his comorbid conditions.

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

MINDS QUIZ

1. Alcohol paranoia is most likely to be associated with:
 - a) Fixed Delusions. B) Drowsiness c) Hallucinations d) Impulse agitation
2. Autistic disorder is characterized by all of the following, except
 - a) Visual impairment. b) Lack of social interaction c) Problem in speech d) Stereotypic movements
3. Which of the following is not a cognitive distortion
 - a) Catastrophic thinking. b) Arbitrary inference c) Overgeneralization d) Thought block
4. All of the following are stages of motivational change except
 - a) Pre contemplation. b) Consolidation c) Action d) Contemplation
5. All of the following are behavior therapy types to increase a behavior except
 - a) Punishment. b) Operant conditioning c) Negative reinforcement d) Rewards

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



Across

4. Pervasive distrust and suspiciousness
6. Hallucinations common in cocaine abusers
7. Patient's ability to know about time, place & person
8. Attachments to people or things in general persisting from childhood into adult life

Down

1. Avoiding the awareness of some painful reality.
2. Exaggerated fear of open places where escape is difficult.
3. Excessive emotionality and excitability, Attention seeking (personality cluster)
5. Father of psychoanalysis

**Compiled by Swapnil Tripathi, final year,
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ANSWERS

MINDS QUIZ

1. A
2. A
3. D
4. B
5. A

CROSS WORDS

ACROSS

4. Paranoid

6. Tactile

7. Orientation

8. Fixation

DOWN

1. Denial

2. Agoraphobia

3. Histrionic

5. Freud

Quick Response Code
for the Website



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