



MINDS NEWSLETTER



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Editorial

Building Compliance: An Important Skill

Everyone of us, as health care provider, wish our patients to be 'compliant' with us. Any patient showing resistance to therapeutic advice is viewed as a great challenge & is criticized for..

Compliance (also adherence, capacitance) describes the degree to which a patient correctly follows medical advice. Most commonly, it is applied to medication schedule, but it can also be described in other situations such as medical device use, self care, self-directed exercises, or therapy sessions.

Worldwide, non-compliance is a major obstacle to the effective delivery of health care not only in psychiatry but in all specialties. Both the patient and the health-care provider affect compliance.

A positive physician-patient relationship is the most important factor in improving compliance. It can help to improve major barriers including complexity of modern medication regimens, poor "health literacy" and lack of comprehension of treatment benefits, the occurrence of undiscussed side effects, the cost of prescription medicine, and poor communication or lack of trust between the patient and his or her health-care provider. One should always make efforts to improve compliance by simplifying medication packaging, providing effective medication reminders, improving patient education, and limiting the number of medications prescribed simultaneously. Let's acquire these skills to build up the compliance instead expecting it completely from patients.

Dr. Shubhangi S. Dere

Guest Column: Down The Memory Lane.....

The tour operator

"Dr Shah, Dr Shah" Someone called me from behind while I was crossing the road. "Dr Shah, did you recognize me? ... I am your patient Mr A ... Please come to my office ... I saw you from my office and so rushed behind you ..." Before I could say anything he took my bag from my hand and escorted me to his office.

Mr A was brought to our OPD about two years back by a police officer as he had allegedly duped some fifty odd people. During one of his manic episodes, he had advertised an all inclusive tour to Kashmir and Vaishnodevi for Rs 20,000/- in a leading newspaper where he had promised a seven days tour by air with a stay in five star hotels and a helicopter ride to Vaishnodevi. A week before the due date for the tour he went into depression and so the tour never took off.

After the legal proceedings based on our report of his illness, court recommended that he should be treated for his bipolar disorder. We had requested him to continue the treatment in order to prevent a recurrence of such mood episodes and similar problems but after some months of regular treatment he was lost to follow-up.

At his office, he kept his peon busy treating me and before I could say anything, he called his wife cum secretary and asked her to book five seats on Kashmir and Vaishnodevi tour for me and my family members. Looking at his enthusiasm, vigor, and speed of working with elated mood and air of confidence, I couldn't resist enquiring them about continuation of his treatment. Without any hesitation he emphasized that now he was absolutely fine, has stopped treatment long back as he doesn't need it.

After a futile attempt to explain him the need for treatment over half an hour, I left his office in vain, awaiting one more disaster.

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

PSYCHIATRIC REHABILITATION: A NEW DIMENSION IN HOLISTIC CARE!

World Health report (2001) states ‘Rare is the family that will be free from an encounter with mental disorders’. One person in every four will be afflicted with a mental disorder at some stage of life.

Mental illnesses are among the leading contributors to disability. A person with mental illness may become disabled due to a combination of factors including lack of awareness about treatment, medication non-adherence, adverse social circumstances, denial of opportunities due to stigma, disruption in formative years of one’s career and demoralization. As rightly quoted by Hippocrates ‘Healing is a matter of time; at times, it is also a matter of opportunity’, the disability can be prevented in many by facilitating early access to treatment, ensuring medication adherence, presence of supportive family and environment.

Many people report that the experience of mental illness influenced their values, aspirations and meaning in life. Many face the challenge of accepting limitations posed by the illness, medication side-effects and lost opportunities. Helping them lead a meaningful, hopeful and contributing life is the goal of psychiatric rehabilitation. Therapeutic relationship, hope for a better tomorrow and ability to learn from failure are its vital ingredients. Rehabilitation is a slow journey of building upon incremental benefits accrued over a period of time.

Psychiatric rehabilitation is a discipline utilizing set of strategies/ techniques to meet needs of persons disabled due to mental illness. Rehabilitation assessment is aimed at understanding the lived experience of mental illness, the strengths of the person, family and environment. The rehabilitation professional helps the person with psychiatric disability prioritize life goals. Subsequently, the person is assisted in preparing a plan to achieve the life goals. Execution of the plan requires fruitful coordination between different stakeholders like family, friends, neighbors, teachers, employers, NGO’s, colleagues at workplace and mental health professionals.

Nature of rehabilitation inputs vary widely according to strengths and priorities of the person with disability. For e.g., a person who could not complete college education may need help in joining a course according to interest, ability and availability. A homeless mentally ill person will need safe shelter, treatment, tracing family address and reuniting with them. A person unemployed due to stigma of mental illness will require job placements & training in livelihood options according to abilities and qualifications.

‘Perceived need for change’ on part of the person with disability is a vital pre-requisite. Unless the person is ‘rehabilitation ready’, the interventions are unlikely to be successful. Also, the therapist needs to be non-egoistic, persistent, innovative, flexible and optimistic in the recovery journey. An experienced therapist understands that one can only assist in the process of rehabilitation and cannot forcefully rehabilitate a person against their wishes.

A community based rehabilitation approach facilitates community reintegration of the concerned individual. When community sees a person with mental illness regain valued social roles and contribute to society, it shatters many myths and misconceptions about mental illness. To conclude, rehabilitation is definitely a help in holistic care of patients with psychiatric illness.

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PSYCHOGENIC PAIN DISORDER: CHALLENGES & OPPORTUNITIES

“Attending that session is a real headache”, “I am not calling him, he is such a pain!”

All of us use such phrases in our day to day language. Can a session give rise to headache or a person bring pain? If I ask this question to everyone reading this write up, I am certain to get “of course YES!” from majority of readers. Our subjective perception of bad/unpleasant/uncomfortable experiences can sometimes manifest in form of somatic complaints. Furthermore, the absence of any underlying organic disorder to explain the symptoms is essential for the label of ‘psychogenic’, which is hence, a diagnosis of exclusion, although not in all the cases.

Having established the existence of psychogenic pain in day to day situations, here we are not talking about the relatively ‘black and white’ type of entities commonly encountered among people with recognizable psychotic illness. Rather these are the complaints brought by people belonging to ‘apparently healthy’ population. There is a wide spectrum of presenting complaints from headaches to abdominal pain; it may be subtle or overt, acute or chronic, mild or disabling. The current therapeutic options, including symptomatic treatment agents like analgesics/antacids, psychological counseling and uncommonly, antidepressants are often not sufficient to bring the desired relief in a shorter period.

On one hand, missing a diagnosis may pose the patient to unnecessary expense and stress of investigations and treatment. On the other hand, over-diagnosis may sometimes lead to unlimited progression of undiagnosed illness like chronic infections or malignancies. It has to be a careful yet balanced approach with constant monitoring, re-evaluation and reconsideration to the diagnosis along follow up of such patients for their recovery.

As evident from published literature, there are countless loose ends about the evaluation, diagnosis and management of these conditions. Possible silent organic diseases, predictors of vulnerable personality traits and deflections in the threshold of perception of different stresses are some of the several areas open to exploration. I am sure that the curiosity among the upcoming clinical and research brigade will be able to find out reasonable answers to several of these questions.

Dr Bhanu Kiran Bhakhri

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REFRAME - Myths & Facts about “Mental Illness and Disability”

× People with psychiatric disabilities are dangerous

√ People with psychiatric disabilities are more apt to be anxious, timid and passive. They rarely present a danger to the public. Violent behavior is the result of many different factors and may not necessarily be indicative of a psychiatric diagnosis.

× People with psychiatric disabilities are unpredictable.

√ Most people with psychiatric disabilities are more likely to be depressed, withdrawn and anxious than wild and aggressive. Also, according to experts, most relapses develop gradually, and if physicians, friends, family or persons themselves are alert and knowledgeable enough to recognize early symptoms, recurrences can usually be detected and dealt with before they become too severe.

× People with psychiatric disabilities can only work at low-level jobs. They are not suited to be in the college setting and may never hold important or responsible positions.

√ Career options depend on their particular talents, abilities, experience and motivation, as well as their current state of physical and mental health. Given a opportunity depending upon their skills along with training, they can sustain a long term job.

× Psychiatric disability is the same as mental retardation.

√ The two are distinct disorders. A diagnosis of mental retardation is chiefly characterized by limitations in intellectual function, as well as difficulties with certain skills of daily life. By definition, mental retardation begins before age 18. In contrast, the intellectual functioning of persons with psychiatric disabilities varies as it does with the general population.

