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Contribution from More than 50 Authors!!

Seven Sections in every Issue

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MINDS

Wellbeing begins in our MINDS

Monthly Newsletter on Psychiatry for Doctors & Medical Students

Volume 4 *Issue 15* *Mar 2015*

Editorial — Neurology & Psychiatry: Is East is East and West is West?

Friends, neurology & psychiatry have evolved as two different specialties over a period of time with neurology dealing with the structural aspect & psychiatry dealing with functions of the mind. However, in clinical practice, a significant overlap of symptoms in various neuro-developmental & neuro- degenerative conditions is seen which leads to diagnostic dilemma. Because of this interphase, many times patient keeps revolving to the clinician without getting a diagnosis or remission and we wonder 'whose patient is it anyways??'..

In an attempt of comprehensive clinical management of a patient, clinician needs to be aware of such interphase so as to carry out detailed history & clinical examinations to highlight neurological signs in a patient with psychiatric presentation & vice-a-versa. Early detection of such subtle signs & prompt referral to respective specialties may help in holistic recovery of patients. Ultimately, eyes only sees what mind knows!

Dr. Shubhangi S. Dere

Guest Column: Down The Memory Lane…… — Paranoid Auto Driver

I was late to close my clinic on that day. I wanted to take an auto rickshaw at 9 P.M. to reach home quickly since the rest of my family was out of station.

Luckily or unluckily, I got one auto just in front of my clinic. The driver asked me whether I am the doctor from that clinic. I told him proudly 'Yes'. He continued the conversation with me. It seems he came along with his wife few months back. Instead of counselling his wife not to have extramarital life, I have prescribed a tablet for him. How one elderly woman doctor can do that, he asked.

(I could recollect that I have given Risperidone to him after diagnosing Paranoid Schizophrenia. His wife came and reported that he is refusing treatment and torturing her daily. She was giving him the tablets without his knowledge with lots of doubts on side effects and dose. However he was pushing her to go and get counselled by me.)

I started praying that somebody in my neighbourhood should be around to save me from this paranoid person.

As soon as I reached home, I told him to stop, keeping Rs.2 more than the fare in my hand ready. I also spotted one my neighbour who came out to smoke after his dinner. When I was about to take a sigh of relief, the driver did not stop there.

He went fast and took a U turn to stop in front of my house gate. Instead of collecting the fare, he got out of auto and fell on my feet to thank me profusely for making his wife 'sane'. She is no more going to other men for sex and treats him well after my repeated counselling!

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Invited Article

PROBLEM KIDS

Children do suffer from various behavioural problems. These behavioural problems interfere in their academics and result in frequent punishments from parents and teachers. This article aims to create awareness regarding childhood behavioural problems in brief.

ADHD (Attention Deficit Hyperactivity Disorder): The clinical features include:

1) Attention problems: Not able to focus for more than few minutes in studies, gets easily distracted, does not remember what oral instructions are given in school, loses things more frequently compared to other children, "*day dreaming*" or "*lost on his world*".
2) Hyperactivity: Not able to sit at one place, constant fidgeting, talking excessively, moving around the class even if teacher is present, at home keep on moving around, climbing on windows, jumping all around.
3) Impulsivity: Difficulty in waiting for his turn to come, blurting out answers without listening to questions, jumping out from running bus, crossing roads without looking for vehicles.

Treatment includes stimulant medicines like Methylphenidate and Atomoxetine along with behaviour modifications including positive reinforcement and time out.

CONDUCT DISORDER: Here the behaviour of child is such that the basic rights of others are violated or rules of society are not followed.

1) Child is very manipulative; tell lies to obtain goods or to avoid obligations.
2) Stealing, Running away from school (truancy) or staying away from home over night without informing his whereabouts.
3) Cruelty towards animals, Use of sharp instruments to threaten or harm others or self with knife or other sharps.
4) Indulging in risky behaviour like setting fires, breaking glasses of others, assaulting elder children, use of bad words to them, use of drugs, risky sexual behaviour or assault.

Treatment consists of medicines (Low dose of Antipsychotics) to control anger outbursts, impulsivity, drug abuse, etc, even though the benefits are limited. Behaviour therapy along with social skills training is also helpful.

OPPOSTIONAL DEFIANT DISORDER: Clinical features include:

1) Child frequently lies about simple things eg. not admitting to his mistakes, blaming others for wrong deeds, etc.
2) Loses temper easily, gets annoyed easily.
3) Gets into arguments with elders, Refuses to comply with the rules or requests of elders.
4) Deliberately annoys others.

Treatment is mainly directed towards discouraging child's oppositional behaviour along with positive reinforcement and praising of appropriate behaviour.

INTERNET ADDICTION/ GAMING ADDICTION: Problem of child spending time on games and internet is gaining much attention nowdays. Symptoms may include:

1) Neglecting studies, other social activities and avoiding physical activity like play.
2) Irritability when resisted to play such games or to use internet.

Treatment involves encouraging the child to spend time in other activities like outdoor games. Time management with regards to studies and time in games may help. Medicines may be helpful to control aggression, sleep disturbances and depression which are common with internet addiction.

DR. SAGAR KARIA. MD (PSYCHIATRY)

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CORONARY ARTERY DISORDER & DEPRESSION

Depression affects about 20% of people with coronary artery disease & is linked to poor medical outcome. Depression is three times more common in cardiac-patients than in the general population. The prevalence of depression is higher in women than in men. Depression in healthy people increases their risk of subsequently developing coronary artery disease (CAD) by 60%.

Depression may be a contributing factor to the development or progression of CAD, or may be secondary to the presence of CAD, or common mechanisms may result in the development of both depression & CAD.Several pathophysiologic mechanisms have been proposed for the association of CAD & Depression:

- Overactivity of the hypothalamic-pituitary-adrenal axis & the sympathorenal system;
- Reduced parasympathetic flow and decreased heart rate variability;
- Endothelial dysfunctions
- Enhanced platelet activity
- Increased inflammations

Common symptoms of depression are depressed mood, lack of pleasure, functional impairment, feelings of hopelessness, worthlessness, wish to die, suicidal ideas (in some cases with severe depression), decreased appetite and sleep, etc.

Management of depression in CAD patients is multipronged. Psychological interventions such as individual or group-counselling, stress-management, mindfulness based stress reduction, cognitive-behavioral-therapy, support for self-care, & pharmacotherapy are likely to benefit. Antidepressants useful in cardiac patients include SSRIs (sertraline, escitalopram, fluoxetine, fluvoxamine), mirtazapine, & bupropion. Venlafaxine is generally avoided as it needs careful monitoring of blood pressure. Tricyclic-antidepressants should be avoided as first-line therapy due to their cardiotoxic-potential.

A healthy lifestyle especially physical activity tailored to patients' functional-capabilities is always recommended to decrease depression and to improve well-being.

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REFRAME - Myths & Facts about "Nocturnal Enuresis (Bedwetting)"

× A child who wets the bed is too lazy to go to the bathroom
√ Any child with unresolved bed wetting or newly started bed wetting should not be neglected and evaluated for underlying medical / neurological or psychological problems.

× Punishment helps a child with nocturnal enuresis.
√ Punishment may make things much worse by lowering self esteem of child. Punishment only works where a child is making a conscious choice to do such act.

× Prescribed drugs only will end Nocturnal enuresis.
√ Use of medication alone rarely helps children permanently overcome the problem as when the medication is stopped, wetting returns in 80 to 90 percent of those treated. Concurrent use of behavioural therapy and medication helps for maximum response.

× The only thing parents should do is wait for their child to outgrow bewetting.
√ Only 15 percent of bedwetting children stop wetting on their own within a year. All children suffering from bedwetting will not simply "outgrow" it. In fact untreated Nocturnal enuresis can have adverse psychological impact on the child.

× Bed wetting is brought on by poor training
√ Perhaps toilet training has not been successful, but this simply points to the need for a different approach. In many cases, however, there are other issues at play such biological, emotional or neurological reasons.

UG n PG

AN EXCLUSIVE SECTION FOR UNDERGRADUATES AND POSTGRADUATES

UG n PG

MINDS QUIZ

1 Which is not a cognitive errors?
a. Overgeneralization b. Thought block c. Catastrophic thinking d. Arbitrary inference

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

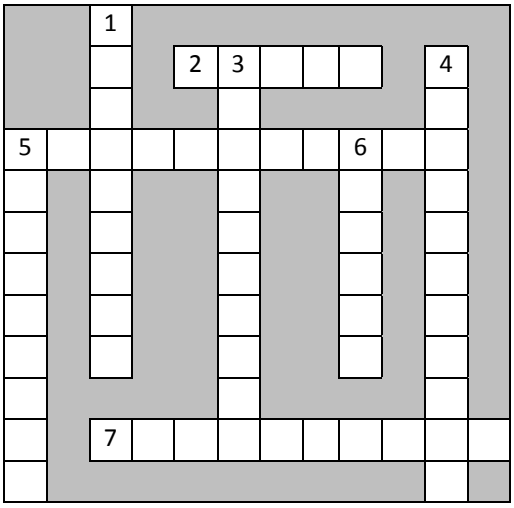
3. Drug used for treatment of nocturnal enuresis is?
a. Trazodone b. Imipramine c. Chlorpromazine d. Sertraline

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

5. Somatic passivity is seen in?
a. Depression b. Hypomania c. Schizophrenia d. Body dysmorphic disorder

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

Can you cross the crosswords!!!



Across:
2. a rating scale for schizophrenia (5)
5. an anti craving drug for alcohol (11)
7. type of hallucination in narcolepsy (10)

Down:
1. NMDA receptor antagonist (9)
3. a process by which a person recalls and relives a repressed painful experience or conflict (10)
4. dopamine pathway (11)
5. disorder of language in which patient combins unconnected ideas and images (9)
6. lack of ability to make gestures or comprehend those made by others (6)

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. b
4. b
5. c

CROSS WORDS
ACROSS
2. PANSS
5.Acamprosate
7. Hypnogogic

DOWN
1. Mementine
3. Abreaction
4. Mesolimbic
5. Asyndesis
6. Amimia

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