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MINDS

Wellbeing begins in our MINDS

Monthly Newsletter on Psychiatry for Doctors & Medical Students

Volume 4 *Issue 16* *Apr 2015*

Editorial — TIME MANAGEMENT

Friends, we often talk about not having enough time. Many of us land up in procrastinating simple tasks rather than doing it in time. Failure to manage time is frustrating and annoying as we fail to delegate time to important things and wind it up in emergency compromising the quality of our outcome. So what can we do to manage our precious time?

Being honest to self and analysing why are we procrastinating helps. Is the task 'too simple & boring' or the 'fear of not being able to do it' is the reason? Accordingly, we can prioritize our work, set an achievable goal rather than an ideal one, breaking off task into steps and takings breaks in between to energize self will help to stay focused in a task at hand. Short term and long term goal setting is very important and one should carry out periodic audit to evaluate and reward self if managing time as desired.

Value your time and other people will do the same.

Dr. Shubhangi S. Dere

Guest Column: Down The Memory Lane…… — BLACK MAGIC ANTIDOTE

"It seems your husband gives tablets to remove black magic. I want to have them for my sister. Her in-laws have spoilt her fully by black magic. Her parents got an exorcist to remove the black magic. He could not do it" a village woman asks my nephew's wife.

My nephew was an agriculturist who knows most of the villagers personally. I used to keep tranquillizers with him to give to the mentally ill of the village. They were the laughing beggar, the naked beggar, the full moon and new moon persons, chasing children beggar, scolding beggar, long breaded beggar, long nailed one, etc. I have identified mental illness in them and wanted to treat them. Since I was afraid to give monthly dose to those homeless persons, I used to keep them with my nephew. He will give either daily or weekly once to them. Many of them improved. Since they were the ones who will work only for beedi and coffee, they were employed by others. Most of them were given shelter at work place.

My nephew started overhearing my interview with people. I was asking whether they believe in any black magic done on them to identify paranoid delusions and to assess insight. He told my mother that after MBBS and post graduation, I have been doing 'manthravadi' job! (the one who removes black magic)

Dr.Saranya Devanathan, Bangalore, dr.saranya@gmail.com

Invited Article

ALCOHOL: OUR SOCIALLY ACCEPTABLE ADDICTIVE POISON!

Cardiovascular deaths account for 34% of the alcohol attributable deaths! And yet alcohol industry's propaganda is that we better drink it to protect our heart! Following facts clarified my doubts.

a) **The evidence for their claim is weak**: A meta-analysis on this issue by Fillmore KM, et.al. (2007) has shown that if studies with methodological flaws are eliminated, **the beneficial hypothesis of alcohol no longer holds true.**

b) **Whereas, the evidence for damage to heart done by alcohol, in the usual pattern that people end up drinking, is unequivocal.** (Source: 'WHO Global Status Report on Alcohol 2004')

Assuming the claim to be true, hypothetically prevented cardio-vascular deaths in males in 2003	88,000
Actual cardio-vascular male deaths due to alcohol	4,66,000
Actual total male deaths due to alcohol	20,39,000

c) **Strong evidence that this is definitely not true for Indians:** A recent multi-centric Indian study, with strength of a large sample size (11898 men), observed that the risk for Coronary Heart Disease (CHD) increased even with light or occasional alcohol intake. This study also found that the impact of locally manufactured and branded alcohol on CHD was similar - Roy A. et.al., Atherosclerosis, 2010

Pattern of alcohol use	Odds of CHD
Life time abstainers	1
Occasional alcohol users	1.2
Regular alcohol users	1.6

d) **No one becomes an addict or kills someone in an accident by choice:** Around 15% of those who touch alcohol with the intention of drinking in moderation, eventually end up becoming dependent on it; and many more end up binging - suffering its negative consequences on health, finances, profession, family, social relations & moral behaviour.

e) **American Heart Association warns "NOT to start":** Its website states, "Drinking more alcohol increases such dangers as alcoholism, high blood pressure, obesity, stroke, breast cancer, suicide and accidents. Also, it's not possible to predict in which people alcoholism will become a problem…AHA cautions people NOT to start drinking, if they do not already drink alcohol"

Misconceptions and aggressive marketing by the alcohol industry using popular film stars & cricketers, has made the use of this addictive poison popular even amongst the well-educated members of our society, including medicos. Countries like France where alcohol use has already become a part of culture are having a tough time decreasing alcohol related harm. Unless we act urgently and spiritedly, the damage done by this epidemic will be difficult to reverse in our country as well. We need to empower youth with adequate knowledge about alcohol and tobacco so that they can resist peer pressure and share this dream of an addiction free, healthy & happy society. Jai Hind!

DR. DHARAV SHAH, Assistant Professor, MGIMS, Sevagram, dharavshah@gmail.com , www.poisonswelove.org , www.facebook.com/truthofalcoholandtobacco. (He has given more than 200 talks on this issue, including at 38 medical colleges. One of his talks in a medical college, 'Alcohol: Our socially acceptable addictive poison!', can be viewed on YouTube.)

ERECTILE DYSFUNCTION: ORGANIC VS. PSYCHOGENIC

"The biggest tragedy of all times is the defeat in the bedroom"- Aristotle

The National Institutes of Health (NIH) Consensus Development Conference on Impotence defined impotence as "male erectile dysfunction, that is, the inability to achieve or maintain an erection sufficient for satisfactory sexual performance."Erectile dysfunction (ED) affects more than half of the men above 40 years. In general, ED is divided into 2 broad categories, organic and psychogenic. However, many men with organic etiologies may also have an associated psychogenic component. Conditions that may be associated with ED include diabetes, hypertension, CAD, neurologic disorders, endocrinopathies, benign prostatic hyperplasia, and depression. In fact, almost any disease may affect erectile function by altering the nervous, vascular, or hormonal systems.

In assessing a patient with ED, the first step is to gather the relevant history namely sexual history, medical and surgical history, medication and nonprescription drug history and psychological history.Various formal questionnaires have been developed to gather objective data regarding ED and to assist clinicians in the evaluation of their patients including the International Index of Erectile Function (IIEF). The diagnostic workup and evaluation has to be tailored to each patient. Laboratory testing is necessary for most patients, though not for all. On the basis of these study results, the physician should be able to determine the medical status of the patient, to identify and characterize the type of dysfunction, and to determine the need for additional testing (eg, penile or pelvic blood flow studies, nocturnal penile tumescence testing, or other blood tests). Imaging studies are rarely performed, except in situations involving pelvic trauma or surgery.

Treatment options include Sex therapy which includes sexual counselling. Medical treatment includes oral medications, local injection, topical and intra-urethral medication.Principal oral medication include Phosphodiesterase type 5 (PDE5) inhibitors like Sildenafil. Mechanical treatments include external vacuum devices. Surgical implants like intra corporeal prosthesis are also available but useful only in irreversible organic damage refractory to other treatments. Most of the ED has psychological part in it and hence it is best to include the patient's partner in treatment after consent of patient.

DR.MRINAL PAHWA, MBBS, MS, DNB (Urology), Consultant Urology and Kidney Transplant.

Sir Ganga Ram Hospital New Delhi,

REFRAME - Myths & Facts about "Erectile Dysfunction (ED)"

× Erectile dysfunction doesn't hit younger men. It's only a problem for older guys.
√ Although erectile dysfunction is more common in elderly, men of any age can develop erectile problems

× Men with ED have no sexual desire.
√ Sexual desire is hormonal and this is not normally impacted by ED. Some may fear sex or avoid having sexual intercourse because they are afraid they will not be able to have an erection, however, ED does not directly impact sexual desire.

× The impact of ED is only felt by men.
√ ED can create feelings of inadequacy, low self-esteem and lead to depression in patient. If the situation is not addressed; the partner can feel unloved or feel it is somehow her fault, creating relationships problems.

× One can treat ED by self without seeing a doctor by using herbal remedies and supplements for erectile dysfunction available over the counter.
√ Management of ED is multi-factorial & needs detailed assessment by an expert. Medications available over the counter have several risks.

× One has to take pills for the rest of his life for ED.
√ Because ED can also be the result of an underlying health condition like atherosclerosis or high blood pressure, treating the condition may help alleviate your erection problems. If a prescription medication causes ED as a side effect, it can be switched to another medication.

UG n PG

An exclusive Section for Undergraduates and Postgraduates

UG n PG

MINDS QUIZ

1. Sexual aversion disorder is associated with which of the following?
a. Anxiety b. Disgust c. Depression d. All of the above

2.Which of the following has been shown to be beneficial in smoking cessation?
a. Sertraline b. Imipramine c. Bupropion d. Desvenlafaxine

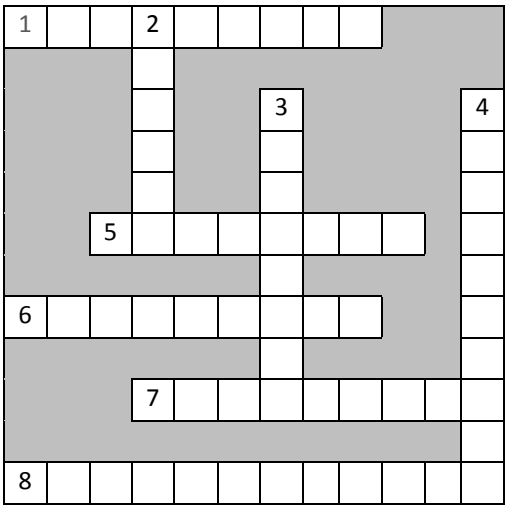
3. A tic that involves gesturing obscenities.
a. Coprolalia b. Encopresis c. Guilles-de-la Tourettes syndrome d. Copropraxia

4. Also known as Voyeurism
a. Coprophillia b. Scopophillia c. Klismaphillia d. Scatologia

5. Tardive dyskinesia is associated with: a. Use of lithium b Chronic blockade of dopaminergic receptors c. Anti-Parkinson's medications d. Short use of neuroleptics

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

Can you cross the crosswords!!!



Across:

1. hormone produced by pineal gland (9)
5. amotivational syndrome seen in the use of (8)
6. an expressed emotion (9)
7. melatonin receptor agonist (9)
8. a personality disorder with a pervasive pattern of grandiosity, fantasies of unlimited success and power,need for admiration (12)

Down:

2. 1. one of the triad in wernicke's encephalopathy (6)
3. an anaesthetic agent recently being studied for use in the treatment of depression (8)
4. a personality disorder with a pervasive pattern of excessive emotionality ,attention seeking, self dramatization ,theatricality (10)

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. d
2. c
3. d
4. b
5. b

CROSS WORDS
ACROSS
1. Melatonin
5. Cannabis
6. Hostility
7. Ramelteon
8. Narcissistic

DOWN
2. Ataxia
3. Ketamine
4. Histrionic

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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