

MINDS NEWSLETTER

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Articles on Psychiatry
from over 20
specialties!!

Contribution from
More than 80
Authors!!

Seven Sections in
every Issue

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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: Adventure and mental health

Since time immemorial, humans have been indulging in activities that can be construed as ‘adventure’. These activities include going into wilderness, expeditions into mountains and river courses, and even polar explorations. Adventure is defined as a bold, usually risky undertaking, hazardous action of uncertain outcome. Such forays of adventure have not only implications for physical health, but also have important connotations for mental health. There are both risks and benefits of adventure therapy. The risks include boredom and loneliness, fatigue, reduced motivation, intellectual ‘inertia’ and increased substance use. Sleep disturbances, impaired cognitive performance, negative emotions and interpersonal conflicts may occur when the adventure travels are for long duration. On the other hand, adventure can result in improvement in coping skills, development of resilience, bolstering self-esteem and self-confidence, better inter-personal skills, changes in perspective and values and increased self-awareness. These positive aspects of adventure can be utilized for therapeutic purposes. ‘Adventure therapy’ has been shown to be effective in scientific studies and has been utilized for a variety of conditions including conduct disorders. There is a need for better awareness of adventure therapy in the mental health community, and rational utilization of this option in selected cases. ***

Siddharth Sarkar

Guest Column: Down The Memory Lane

Cultural sensitivity in case management

Socio-cultural and religious aspects dominate our day to day behavior and their role in causation, maintenance and management of psychopathological states is well documented. My very early practice made me realize how sensitive and important it is in our daily practice.

I remember a case of puerperal psychosis in a young woman, brought by relatives and taken care by her grandmother in the hospital. I had the habit of getting removed all the amulets, religious insignia, pooja items as neck chains, arm bands etc. patients have on their body. This patient had two lemons with ‘sacred thread’ on both the arms and two tied to the waist. I got it removed by the nurse during rounds. Very next day there were totally 4 lemons, 2 in each arms and 4 tied around waist. The explanation by the lady was a real eye opener: ‘Sir, we respect you and your wife (incidentally, she was her obstetrician). Yesterday you removed it and we don’t want anything bad to happen either to you or your wife. Hence, I got the special pooja done for both of you to remove any evil from happening!’

It is not an exaggeration that her concern for grand daughter and her doctors made me realize socio-cultural sensitivity each one of us carry and made me avoid no more adventurism in clinical practice!

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Medical professionals' attitude towards Psychiatry

More than 200 years have passed since psychiatry came into being. Conceptualized as one of the three main branches of medicine, psychiatry was to be practiced by the very best of physicians as mental illnesses deserved no less!

The use of straightjackets, locked doors and custodial asylums marks the tainted phase in the history of psychiatry. Unfortunately, despite the progress in diagnostics and therapeutics psychiatry continues to be stigmatized. People still hold prejudicial beliefs and harbor negative stereotypes resulting in discrimination of psychiatrists as well psychiatric patients.

The negative view of the general public is often evident in the form of media portrayal of patients with psychiatric illness, psychiatric treatment and even of psychiatrists. Newspapers and movies often convey psychiatric hospitals as places of forced confinement where punitive treatments are administered.

The medical profession also holds psychiatry in low esteem and views it too remote from the rest of medicine and not being scientific enough. Patients with mental illness also face a lot of discrimination and difficulties in receiving health, social, and employment services. Medical students find psychiatry intellectually challenging and patients interesting, but they feel patients with psychiatric illness are unsatisfying to treat and generate less sympathy.

Despite being considered low in status, medical students find psychiatry interesting and valuable. The favorable working hours and working conditions with job satisfaction and earning potential are the main reasons for choosing psychiatry as a career. Psychiatry as a discipline is perceived to be intellectually stimulating and associated with attractive lifestyle. While these mixed views persist, the negative views of peers and medical teachers often dissuade medical students from to choosing psychiatry.

These negative images of psychiatry have prompted active anti stigma efforts by professional bodies to integrate psychiatry with the rest of medicine and to improve undergraduate recruitment rates. Enriching clinical and research exposure with enthusiastic teachers, able mentorship and positive role models can generate interest in the specialty and reduce stigma.

The continuing efforts of professional psychiatry bodies at improving the image of psychiatry and improving the teaching and clinical exposure during medical graduation may take a long time to show its effect; similar to the task of Sisyphus when he was entrusted with the responsibility of rolling up a rock uphill. But then no great task was ever easy!

We really appreciate MINDS initiative, all the contributors, readers, practitioners and dear students, for using this common platform to improve mental health literacy and subsequently to change people's attitudes towards psychiatry, psychiatrist, and patients with psychiatric disorders. Let's join hands for positive mental health.

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Supplant the smoke on your face with a smile: Quit tobacco

Tobacco use in any form has the potential to profoundly alter the systemic and oral health of the individual. The use of tobacco is associated with a wide spectrum of disease affecting the general health and oral health in particular. Apart from causing oral cancers, it has also been recognized to be a significant risk factor for periodontal disease which is a common bacterial infection that affects the gingiva and bone supporting the teeth. The relationship between smoking and periodontitis has been studied extensively and it has been proved to be strongly associated with destruction of supporting tissues of the teeth, with ensuing clinical symptoms like attachment loss, pocket formation, severe alveolar bone loss which results in loosening of the teeth. Smokeless forms of tobacco lead to white lesions in the oral cavity which further ends in oral carcinoma. Nicotine, a major component and the most pharmacologically active agent in tobacco is likely to be a significant contributing factor for the exacerbation of periodontal diseases. Available literature suggests that nicotine causes vascular alterations in the gingiva, decreased IgG production, decreased lymphocyte proliferation, and altered fibroblast attachment which can be the possible mechanisms responsible for overall effects of tobacco on periodontal tissues.

The ability to control the ill effects of tobacco will depend on two cornerstones: prevention and early diagnosis. Educational campaigns to educate the public about the risk factors and early signs/symptoms associated with this disease. Individuals also need to be encouraged to seek regular professional oral examinations by a dentist and/or physician. Multidisciplinary approach, integrated clinics, training of health professionals and medical students for comprehensive assessment and holistic management of patients with tobacco and other substance dependence are vital steps to curb drug menace and promoting healthy life style.

Dr. Monica M, MD

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REFRAME -Let Awareness Reframe Assumption:

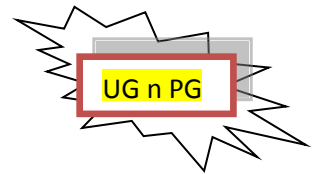
Myths & Facts about "Depression"

- Talking it out is enough to treat depression
- ✓ Talking helps but proper psychotherapy, medications, and relaxation exercises are important in treatment of depression
- Depression is just a result of going through a tough time
- ✓ Though stress has important role in causation of depression, but most of cases have role of biological, psychological and social factors
- Depressive disorder do not present with symptom of pain
- ✓ Depression usually present with emotional symptoms as well as physical symptoms like pain, exhaustion, muscle ache, and loss of weight and appetite
- Only women can develop depression
- ✓ Depression can also effect men as well as women though it is more common in women

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



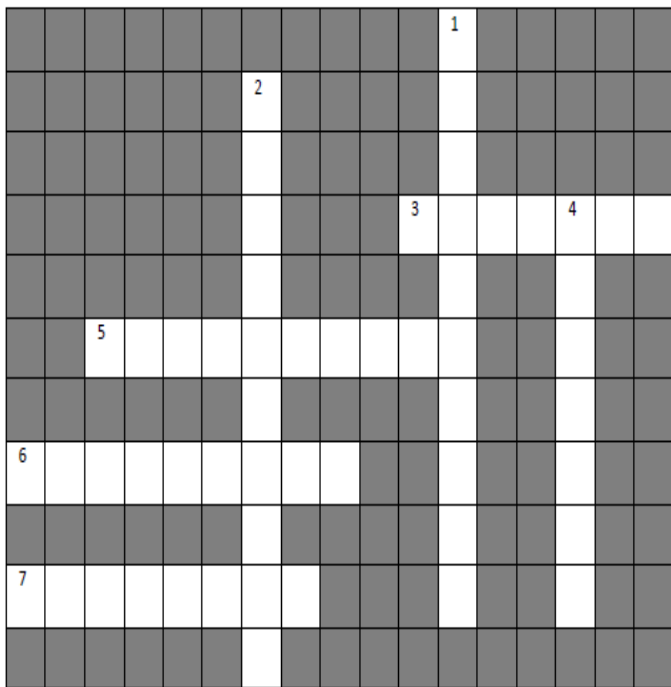
**AN EXCLUSIVE SECTION FOR
UNDERGRADUATES AND
POSTGRADUATES**



MINDS Quiz

1. The hallucination which is outside the limit of sensory field is called
a) Functional b) Reflex c) Extracampine d) Experiential hallucinations
2. Fluctuating level of consciousness is seen in
a) Dementia b) Delirium c) Hysteria d) Mania
3. One of the most common cause of delirium in elderly is
a) Substance abuse b) Accidental poisoning c) Acute hypoxia d) Polypharmacy
4. Alcohol hallucination occur within
a) 24 hours b) 48 hours c) 72 hours d) 96 hours
5. Synesthesia occur in which addiction
a) LSD b) Cigarettes c) Alcohol d) Cocaine

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



Crosswords

Across

3. Defence mechanism used in OCD
5. Fear of disease
6. Brief episodes of muscle weakness in narcolepsy
7. Normal range of mood.

Down

1. Perfection interferes with task, preoccupation with details, rules and schedule.
2. Involuntary defecation, especially associated with emotional disturbances or psychiatric disorders
4. Patients degree of awareness and understanding about being ill

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

ANSWERS

MINDS QUIZ

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

CROSS WORDS

- ACROSS**
3. Undoing
 5. Nosophobia
 6. Cataplexy
 7. Euthymia

DOWN

1. Anankastic
2. Encopresis
4. Insight

Quick Response Code for the Website



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Enjoy a new way of learning!!!!

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