



MINDS NEWSLETTER

Published from 2011

Articles on Psychiatry
from over 20
specialities!!

Contribution from
More than 50
Authors!!

Seven Sections in
every Issue

Free e-copy just by
an SMS Request!!!

Editor

*Dr Shubhangi S. Dere,
DNB, DPM*

*Assistant Professor,
MGMIHS, Navi Mumbai.*

Assistant Editor

*Dr. Naresh Nebhinani,
MD, DNB*

*Assistant Professor,
AIIMS, Jodhpur*

Co-ordinator

*Dr. Najla Eiman
JSS, Mysore*

*Dr. Gopal Das
Karnataka*

For free E-copy Just
mail us or SMS
MINDS & your Email
ID to editor

**Past Editor &
Assistant Editor**

Dr M Kishor., MD

Dr H R Vinay., DPM

*Dr. Kiran Kumar K.,
MD*

*Dr. Shivanand
Manohar., DPM, DNB*



Wellbeing begins in our MINDS

Monthly Newsletter on Psychiatry for Doctors & Medical Students

Volume 4

Issue 18

June 2015

From The Desk of the Editor: The future of Psychiatry!!! And the future of MINDS!!!

Undoubtedly the future of Psychiatry is in the training of undergraduates and it is there the diverse strategies, enthusiastic teachers, unified departments, supportive colleagues & institutions play the most important role. Everything else is but an added support in that direction.

‘MINDS’ was initiated and, is just a tiny step towards the above goal, and with your support we are entering 5th year of publication!!! And a new team led by our dear friend **Dr. Naresh Nebhinani** as Editor and **Dr. Siddarth Sarkar** as Asst. Editor will carry on this task from the next issue. We are thankful to all of you for your kind support and encouragement, we are positive that your support and guidance will continue with new team. Happy MINDS reading in future too.

Dr Shubhangi S. Dere

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

Physical Examination!!!

A clinical psychologist was my neighbour. One day he complained to me “My wife is unable to do any work after her third delivery. She goes off to bedroom and lies down without sleeping. My mother is unable to cope up with this attitude of hers. My mother is already stressed out with my 2 and 4 years old daughters. My wife went to her native place for delivery and her mother must have tutored her not to help in house chores. I thought it is better to take your help in this mother-in-law Vs daughter-in-law syndrome.”

I went to his house and spoke to mother-in-law first in the hall as it is a routine to respect the elderly. Later I spoke to the patient in her bedroom. She heard all her mother-in-laws complaints and cried to me. “Doctor, please ask her how much house chores I was doing after the first two deliveries. Now I can not because some lump comes on my stomach up to my throat. It becomes worse if I bend down. I am fine if I lie down. My mother did all the post partum rituals methodically though she had to look after my brother’s son. I should have taken rest for few more months. But my mother-in-law insisted that I come back. I had to send my daughter to school here. I know it is all due to tubectomy. My mother told me not to go for it. Now that I got a son, my in-laws insisted that I get tubectomy done.”

Thank God, I did a physical examination though it was uncomfortable in home visit. She had a huge incisional hernia – still reducible!

Dr. Saranya Devnathan, Banglore. dr.saranya@gmail.com

Neuropsychiatry Interface: Antibodies associated with First episode Psychosis and Schizophrenia

Introduction: The etiopathogenesis of psychosis is complex and multifactorial. Neurodevelopmental cause, dopaminergic hypothesis are widely accepted etiology for psychosis. This article highlights the role of immune hypothesis in psychosis. Antibodies to N-methyl - D - aspartate receptor (**NMDAR**) and the voltage-gated potassium channel complex (**VGKC**) have been described in patients with schizophrenia. Although NMDAR encephalitis and schizophrenia are clinically distinct entities, the link between psychosis and antibody associated disease has been reinforced by the detection of anti-NMDAR antibodies in patients with psychosis only.

NMDAR antibody encephalopathy: It is rapidly progressive neurological illness in young women characterised by prolonged psychosis or altered behaviour, followed by a life-threatening state of autonomic instability, coma and dystonic movement disorder and an underlying ovarian teratoma. The antibodies are highly specific, demonstrably absent in large numbers of healthy and disease controls.

VGKC antibody encephalopathy: Patients having antibodies against components of the voltage-gated potassium channel complex presents, usually present to psychiatric services with symptoms of agitation, hallucinations or behaviour change associated with amnesia and seizures. In few cases antibodies are only discovered following the development of hyponatraemia or seizures.

Antibodies in Schizophrenia & Psychoses: Steiner & Colleagues compared 121 patients with acute presentations of schizophrenia vs. 70 patients with major depression, 38 patients with borderline personality disorder, and 230 healthy matched controls. 12 of 121 (9.9%) schizophrenic patients were found to be antibody positive in serum, but two were retrospectively deemed to have been misdiagnosed cases of NMDAR encephalitis against fewer antibody-positive samples in the borderline personality disorder (0/38), major depression (2/70), and healthy control (1/230) groups.

Clinical implications: If paraneoplastic causes are excluded, are aggressive treatment with intravenous methylprednisolone and early reduction in the antibodies with plasma exchange, intravenous immunoglobulin or both, and/or combined with longer-term high-dose steroids or another immunosuppressive drug is advisable

Now is the high time for young generation to understand the disaster these drugs cause in total rather than using them to escape hard realities of life. The management aims at each level including family, society, health care providers to help these patients in their rehabilitation.

Suspect for NMDA OR VGKC Antibody mediated encephalopathy
a) All individuals with first presentation of psychosis,
b) Or people with psychosis and features of autonomic disturbance
c) Associated with movement disorder
d) Disorientation
e) Seizures & hyponatraemia
f) Or rapid deterioration

Conclusion: Psychiatrists need to be vigilant in patients presenting with first episode psychosis and rule out the NMDAR and VGKC mediated encephalitis as early diagnosis and treatment can save mortality in patient by investigating the NMDAR & VGKC antibody levels in serum and/or CSF. Further studies are needed to assess the prevalence and role of antibodies in disease pathogenesis and the extent of clinical improvement upon immunotherapy in schizophrenia and psychoses.

Dr Chetan Vispute, MBBS, MD, DNB (Psy).
Lecturer, Dept Of Psychiatry. MGM Medical College & Hospital, Navi Mumbai.

Role of Nutrition in Certain Mental Disorders

One of the most obvious, so far under-recognized factors in the development of key trends in mental health is the role of nutrition. Research has overwhelmingly confirmed the vital role of nutrition in development, management and prevention of common mental health problems like, Schizophrenia, Depression, Alzheimer's disease, Attention Deficit Hyperactivity Disorder etc.

A predominant feature of dietary patterns of mentally ill patients is the severity of deficiency of nutrients like vitamins, minerals and Omega-3 fatty acids. Consumption of low carbohydrate diet precipitates depression, since the production of tryptophan and serotonin that promote the feeling of well-being, is triggered by carbohydrate rich foods.

Several epidemiological studies have found bi-directional association in vitamin D deficiency with occurrence and severity of depression. As vitamin D deficiency may lead to depression due to its role in antioxidant pathways, nerve conduction, neurotransmitter targets, and neuronal calcium regulation. On other hand depression may also be a risk factor for development of vitamin D deficiency as depressed people may consume a less nutritious diet, stay indoors, and exercise less; all activities that contribute to lower serum vitamin D levels. Studies have reported better efficacy of antidepressants along with vitamin D supplementation.

According to studies Amino acids like tryptophan, tyrosine, phenylalanine, and methionine may be useful in treating many mood disorders including depression. Dietary supplementation with tyrosine and phenylalanine lead to alertness and arousal. Omega -3 fatty acids by consumption of fish and fish oils are found to be effective in treatment of depression and bipolar disorders. It also reduces the risk of developing cognitive impairment and dementia. Diet rich in folate, vitamin B12 and D is found to be useful in treatment as well as prevention of depression.

**Dr. Rahul Bogam, Assistant Professor, Department of Community Medicine,
Bharati Vidyapeeth Deemed University Medical College, Pune, Maharashtra**

REFRAME - Myths & Facts about

"Child Mental Health"

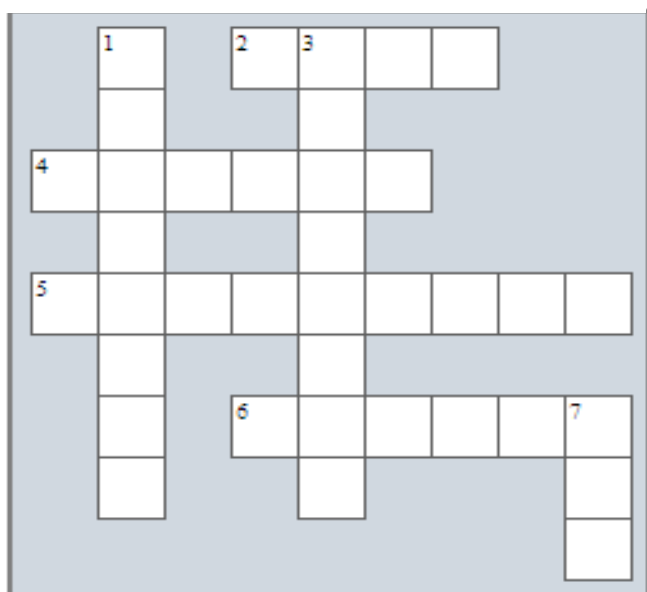
- Psychiatric disorders in childhood result from bad parenting.
- ✓ Bad parenting can influence, but most disorders have biological basis.
- Therapy is a waste of time in children.
- ✓ There is best evidence for therapies in childhood disorder.
- Children with dyslexia cannot learn to read.
- ✓ Dyslexic children can learn to read, but with extra help from parents/therapist.

-Compiled by Dr. Raj Kiran D.

MINDS QUIZ

1. Which among the following is a neurotic defense mechanism
 a. Regression b. Humour c. Denial d. Repression
2. All are first generation antipsychotics except
 a. Pimozide b. Haloperidol c. Risperidone d. Thoridazine
3. The onset of autism is usually before the age of
 a. 3 years b. 4 years c. 5 years d. 6 years
4. The person who established new ,humane treatment for inmates of asylum and called morale treatment of insanity is
 a. Johann Reil b. Philippe Pinel c. Benjamin Rush d. Thomas Sutton

Can you cross the crosswords!!!



Across:

2. Disorder characterized by poor attention span with distractibility and hyperactivity
4. A pervasive developmental disorder
5. Described 'infantile autism for the first time
6. Has done extensive studies on the nature of children's intellectual development

Down:

1. Repetitive voiding of urine either during day or night at inappropriate places
3. Phonological disorder
7. Sudden, repetitive, abnormal involuntary movement which is purposeless in nature

Compiled by Dr. Smitha Tarachandra.

ANSWERS:

MINDS QUIZ

1. d
2. c
3. a
4. b

CROSS WORDS

ACROSS

2. ADHD
4. AUTISM
5. LEOKANNER
6. PLAGET

DOWN

1. ENURESIS
3. DYSLALIA
7. TIC

Quick Response Code
for the Website



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: +919821534270/ Asst. Editor: +918003996882, or join us

www.facebook.com/minds.newsletter.

All archives are available in our exclusive website www.mindsnewsletter.com or www.psychiatry4u.com

Enjoy a new way of learning!!!!

Your suggestions are important to us, kindly mail them to editormind@gmail.com & Please pass on the newsletter