



MINDS NEWSLETTER



Wellbeing begins in our MINDS

Monthly Newsletter on Psychiatry for Doctors & Medical Students

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from over 20
specialities!!

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Authors!!

Seven Sections in
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From The Desk of the Editor:

"Hasta la Vista"

Dear Teachers, Friends and Patrons,

It's been a wonderful journey in the past year with loads of memories to carry through by the editorial team of MINDS Newsletter. This small endeavor which we started three years back has started bearing fruits and this would not have been possible without constant encouragement by our esteemed readers and critics. MINDS Newsletter is stepping into its fourth year with new zeal and fervor. To carry it forward we have our new editorial team led under the able guidance of **Dr. Shubhangi Dere** (Editor) and **Dr. Naresh Nebhinani** (Assistant Editor) from Navi Mumbai and Jodhpur respectively. We wish them success in all there future activities.

Dr. Kiran Kumar K., MD, Consultant Psychiatrist, Bangalore.

Dr. Shivanand Manohar., DPM, DNB, Consultant Psychiatrist, Mysore.

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

The Secret not shared

A young man, an old patient of mine treated for an acute psychotic episode, visited my clinic to give me his marriage invitation. He insisted that I attend his marriage. On asking him whether he has told the girl and her family about having had psychiatric treatment he said that he has not, as he felt had he revealed it no one would agree to marry him. I wondered how he would manage to take his medicines without her knowledge after marriage. After about a week a young female patient of mine came to give me invitation for her marriage. She also was on maintenance medication for an acute psychotic episode she had suffered. She too said that she had kept this fact a secret from her bridegroom and his family for the same reason which the boy had offered. After she left I glanced over the details of the wedding and I was surprised to note that she was getting married to the same boy who had given me invitation of his marriage the previous week. I could only wish that both would lead a happy life despite keeping this secret from each other and without any relapse or recurrence.

Dr. Shripathy M Bhat is a Senior Psychiatrist and Professor at KMC, Manipal.

ETHICAL PRINCIPLES AND PSYCHIATRY

Psychiatric ethics is concerned with the application of moral rules to situations and relationships specific to the field of mental health practice. A myriad of ethical problems pervade clinical practice and research in psychiatry.

How a practitioner responds to an ethical issue affects a patient's welfare as much as making the right diagnosis and selecting the optimal medication. Thus having clear ethical principles makes it easier to know what behavior is appropriate and what behavior is inappropriate. It also helps the patient know what to expect. When a psychiatrist engages in a social or business interaction, problems are bound to occur in the doctor-patient therapeutic relationship as transference can give a psychiatrist unusual influence over a patient, while motivated bias clouds the psychiatrist's judgment concerning what is in the patient's interest. Psychiatrists also face ethical dilemmas in which they must balance the rights and interests of the society (safety) with those of their patients (confidentiality, freedom).

The basic ethical principles include: Respect for autonomy, Beneficence, Nonmaleficence and Justice.

Autonomy means respecting the decisions of an individual. In the pursuit to ensure that patients obtain the best treatment possible a psychiatrist can easily slip into paternalism without realizing the harm that may be done in overriding a patient's autonomy. Providing patients with a rational understanding of their disorder and options for treatment ensures that the patient is making an educated decision relating to his or her treatment. In case a patient is not in a state of mind to make decisions for himself, mechanisms for alternative decision making, such as via guardianship to be considered.

Beneficence refers to the obligation to 'act for the benefit' of others. The requirement for psychiatrists to act with beneficence derives from their fiduciary relationships to patients and the profession's belief that it has an obligation to the society.

Nonmaleficence (primum non nocere) means 'above all, do no harm'; states that physicians must be careful in their decisions and actions and ensure they have adequate training for what they are doing. They also need to be open to seeking second opinions or consultations, avoid creating risks for patients either by action or inaction, for eg. Failing to ask about suicidal feelings etc.

Justice refers to fairness in the distribution of benefits and risks. It addresses the questions of distribution of scarce health resources, respect for people's rights and respect for the morally acceptable laws.

At times when the basic ethical principles are in conflict, decisions must be made concerning how to balance them. Knowledge of ethical guidelines and their underlying principles helps in dealing with the ethical challenges presented by each of these situations. Understanding the bases of these ethical guidelines is also necessary to adjust to changes in societal beliefs and values and respond to new issues.

Dr Smitha Tarachandra, Senior Resident, Department of Psychiatry, K S Hegde Medical Academy, Mangalore.

REFRAME -Let Awareness Reframe Assumption:

Myths & Facts about "Premature Ejaculation (PE)"

- Excessive Masturbation leads to PE
- ✓ Masturbation habits have nothing to do with PE
- There is no cure for premature ejaculation
- ✓ There are various Therapies both Pharmacological & Psychological for treatment of PE
- Using Alcohol is a good way to control PE
- ✓ Alcohol abuse can worsen PE and can even cause Erectile dysfunction

PANDAS – Role of Microbes?

PANDAS, is an abbreviation for Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections.

The children usually have dramatic, "overnight" onset of symptoms, including motor or vocal tics, obsessions, and/or compulsions. In addition to these symptoms, children may also become moody, irritable or show concerns about separating from parents or loved ones. This abrupt onset is generally preceded by a Streptococcus throat infection.

The PANDAS hypothesis was based on observations in clinical case studies at the US National Institute of Health and in subsequent clinical trials where children appeared to have dramatic and sudden OCD exacerbations and tic disorders following infections. There is supportive evidence for the link between *streptococcus* infection and onset in some cases of OCD and tics, but proof of causality has remained elusive. The PANDAS hypothesis is controversial; whether it is a distinct entity differing from other cases of Tourette syndrome (TS)/OCD is debated.

The causative organism Group A β Hemolytic Streptococcus is a spherical, Gram-positive, non-motile organism and the most common bacterial cause of acute pharyngitis ("strep throat") in children and young adults. The diseases caused by Streptococcus can be (1) Suppurative or (2) Non-suppurative – which includes the sequelae to post-streptococcal infections. Numerous serotypes of Group A β Hemolytic Streptococcus have varying degrees of disease activity with classification based on antigenic surface proteins M and T. Its armament of antigenic surface proteins and pyrogenic exotoxins, as well as its ability to lyse its way systemically and evade the immune system effectively, have been well characterized. M protein, for example, is the major virulence factor preventing phagocytosis, multiplying rapidly in human tissue and initiating the disease process.

What is the mechanism behind this phenomenon?

At present, it is unknown but researchers are pursuing a theory that the mechanism is similar to that of Rheumatic Fever, an autoimmune disorder triggered by strep throat infections. The phenomenon is called "**molecular mimicry**". In PANDAS Basal Ganglia gets affected, which is believed to be responsible for disorders of movement and behavior.

The anti-streptococcal antibody titer determines whether there is immunologic evidence of a previous strep infection. Two different strep tests are commercially available: the antistreptolysin O (ASO) titer, which rises 3-6 weeks after a strep infection, and the antistreptococcal DNAase B (AntiDNase-B) titer, which rises 6-8 weeks after a strep infection. An elevated anti-strep titer (such as ASO or AntiDNase-B) means the child has had a strep infection sometime within the past few months, and his body created antibodies to fight the strep bacteria. However throat culture may be considered as gold standard for diagnosis. Since it is a post suppurative infection the presence of causative factor in the throat for culture and sensitivity is questionable.

Treatment: Role of Antibiotics for treatment is still questionable. Drugs such as penicillin group can be used. But with present scenario of Drug resistance, many Streptococcal groups may not respond to long term use of Penicillin group of drugs.

Dr. Bhavana J., MD, Consultant Microbiologist, Bangalore.

UG n PG

**AN EXCLUSIVE SECTION FOR
UNDERGRADUATES AND
POSTGRADUATES**

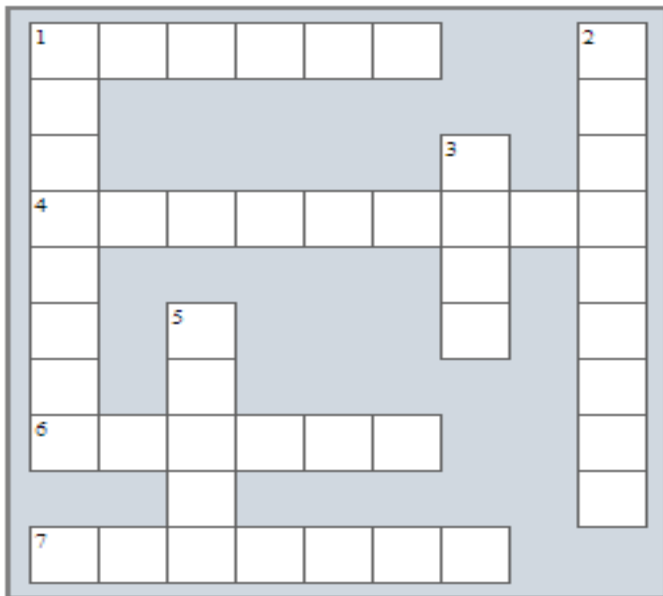
UG n PG

MINDS QUIZ

1. The commonest form of Puerperal psychosis is,
 - a. Organic
 - b. Schizophreniform
 - c. Anxiety
 - d. Affective
2. Which of the following sedato-hypnotic drug is contraindicated in acute intermittent porphyria,
 - a. Chloral hydrate
 - b. Alprazolam
 - c. Hydroxyzine
 - d. Buspirone
3. Which of the following stage of NREM sleep has the longest duration,
 - a. Stage 1
 - b. Stage 2
 - c. Stage 3
 - d. Stage 4
4. An EEG pattern of a slow wave followed by a quick sharp spike of 3 per second intervals is found in,
 - a. Meningioma
 - b. Subdural haematoma
 - c. Petitmal Epilepsy
 - d. Psychomotor Epilepsy

NOTE : You can now request for any explanations to MINDS QUIZ answers by just an email to editormind@gmail.com

Can you cross the crosswords!!!



Across:

1. Difficulty finding correct name for an object
4. Anaclitic depression was first described by
6. Inability to make gestures or to comprehend those made by others
7. Mood stabiliser which may cause hypothyroidism

Down:

1. Loss of, or decrease in, appetite
2. Agranulocytosis is the side effect of this antipsychotic
3. Craving and eating non food substances
5. Emotion secondary to doing what is perceived as wrong

Compiled by Dr. Smitha Tarachandra.

Quick Response Code
for the Website



- DOWN**
1. Anorexia
 2. Clozapine
 3. Pica
 5. Guilt

DOWN

1. Anomia
4. Renspitz
6. Amimia
7. Lithium

ACROSS

CROSS WORDS

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

MINDS QUIZ

ANSWERS:

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 9886496528/ Asst. Editor: +91 9481819637, or join us

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