

**MINDS NEWSLETTER**



*Wellbeing begins in Our MINDS*

**Monthly Newsletter on Psychiatry for Doctors & Medical Students**

*Volume 6*

*Issue 7*

*July, 2016*

- ❖ Published from 2011
- ❖ Articles on Psychiatry from over 22 specialties!!
- ❖ Contribution from More than 50 Authors!!
- ❖ Seven Sections in every Issue
- ❖ Free e-copy just by an SMS Request!!!

**Editor**

Dr. Gopal Das. C. M, MD  
Assistant Professor  
BMCH&RC,  
Chitradurga (Karnataka)

**Assistant Editor**

Dr. Suravi Patra, MD  
Assistant Professor  
AIIMS  
Bubaneswar (Odisha)

**Recent Past Editor**

Dr Naresh Nebhinani, MD, DNB  
Associate Professor  
AIIMS Jodhpur (Raj)

**Recent Past Asst. Editor**

Dr Siddharth Sarkar, MD, DNB  
Assistant Professor  
AIIMS. Delhi

**For free E-copy!!**

Just email us or SMS  
MINDS <your Email  
ID> to Editor/Asst.  
Editor.

**Join us on**

[www.facebook.com/minds.newsletter](http://www.facebook.com/minds.newsletter)  
Visit  
[www.mindsnewsletter.com](http://www.mindsnewsletter.com)

**From the Desk of Editor**

**Doctors and Counseling...**

*On behalf of new editorial team, it is an opportunity to thank all the well-wishers of MINDS Newsletter, we hope your support and encouragement will continue as before.*

Warm greetings to you all on the occasion of Doctors' day celebrated in memory of Dr. B. C. Roy. Dr. Roy laid great emphasis on communication skills. Many agree that a doctor should possess good communication skills and not just clinical skills and knowledge. Before talking, listening is in fact a more difficult skill which is now becoming only a mere necessity while history taking. Probably one of the important contributing reasons for increasing law suits and attacks on doctors is poor and untimely communication with the family and newer generation doctors lay relatively less focus in such communication. Counseling is a term that can be referred here which is simply defined as advice and support that is given to people to help them deal with problems, make important decisions etc. But the problem is, this term has become a synonym for psychiatric treatment not just in common parlance but also with non-psychiatric professionals. This in fact means making patients and family 'listened' so that we ensure they understand what we actually do. It is equally important that we listen attentively and reflect upon the issue in comprehensive manner. So let this Doctor's Day remind us about crucial listening skills in doctor-patient communication.

*-Dr. Gopal Das. C. M*


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

It was an unconscious force that attracted me to Psychiatry. I never realized the gravity of this profession till that day in CMC, Vellore.

I was a fresh junior resident then. It was a weekend. The Saturday OPD had ended and we were relaxing in our rooms at PG hostel, after lunch. Around this time I received a call from the ward & was informed regarding an inpatient's violent behavior. I immediately rushed to the ward. I found that the nursing station was totally ransacked. The medicine trays were thrown around. Glass bottles broken, BP apparatus broken and chairs pushed around. I observed that ward staff and other patients were scared & were expecting this PG to take charge of the situation. I felt that as a Psychiatric patient the agitated person was obliged to listen to me, a doctor. So, with all these thoughts, I went to the patient's room, which was in an isolated section.

I found a gigantic person who was thoroughly agitated. I, being a small built man went in front of him as a hero and with threatening posture instructed him strictly to get back to his bed. Contrary to what I expected, I watched him approaching me, with abusive language on his lips. After that moment I don't recall what exactly happened. I found myself about 10 feet away from him with a burning cheek and red eye. I realized that I had been slapped by the patient & the impact of the hit had me standing several feet away from him. I had sub-conjunctival hemorrhage. Watching the patient assaulting me, other staff and patients shed their fear & came to my rescue & the patient was immediately over powered and tied up. Somebody had presence of mind to inform the next senior person who immediately arrived at the scene. He supervised the patient's physical and chemical restraint. He also started clearing up the ransacked nursing station. Within 10-15 minutes, the situation was taken into control.

I started contemplating quitting Psychiatry but good counsel from seniors made me think otherwise. I decided to stay back. Today I am a professor, I learnt a lesson not to try to be a hero with a violent patient. A violent situation needs strategic and realistic management, not a hero.

 **Dr. Prashanth. N. R.**, Professor, Dept. of Psychiatry, Bangalore Medical College & Research Institute, Bengaluru. Email: [nrudraprashanth@yahoo.co.in](mailto:nrudraprashanth@yahoo.co.in)

## Neuro-stimulation in Anxiety Disorders: Scopes and Hopes

Over the last century, neuro-stimulation techniques have emerged as important treatment modalities in the management of various neurological and psychiatric disorders. Neuro-stimulation techniques bring therapeutic benefits by modulating the neuronal tissue. Electroconvulsive therapy (ECT) is the oldest neuro-stimulation technique, which was followed by Deep Brain Stimulation (DBS), Vagus Nerve Stimulation (VNS) and transcranial Direct Current Stimulation (tDCS). All the above modalities of neuro-stimulation used electrical stimuli for stimulation brain. Subsequently, research innovations in neuropsychiatry had given birth to magnetic stimulation techniques such as Transcranial Magnetic Stimulation (TMS) and Magnetic Seizure Therapy (MST).

Neuro-stimulation produced by ECT and MST is convulsive in nature, whereas others produce non-convulsive neuro-stimulation. TMS and tDCS can only stimulate the superficial cortical regions, however the stimulation produced by other neuro-stimulation modalities can reach deep seated brain structures (e.g., thalamus and basal ganglia). ECT produces diffuse brain stimulation, whereas others produce focal stimulation of brain areas. Various neuronal circuits connecting cortico-subcortical structures (circuits connecting frontal cortex with limbic system, thalamus and basal ganglia) are involved in processing of emotions, accompanying cognitive elements and the behavioral manifestations. Dysfunction of above circuits are implicated in Anxiety disorders as well as many other psychiatric disorders. Hence, it is essential to identify and target the brain area involved with specific disorders.

In OCD, various neuro-stimulation techniques like DBS, TMS, ECT and tDCS have been studied. DBS of the deep brain structures like – anterior limb of internal capsule, ventral striatum, nucleus accumbens, subthalamic nucleus, inferior thalamic peduncle as well as globus pallidus interna is helpful in ameliorating symptoms of OCD refractory to conventional treatments. In post-traumatic stress disorder (PTSD), hyper-function in amygdala plays a pivotal role in excessive processing of the traumatic memories. DBS targeting amygdala reduces the symptoms of PTSD. tDCS is also found to be effective in PTSD. Low frequency TMS has been found to be effective in reducing anxiety in patients with PTSD by reducing the hyperactivity of right DLPFC. In panic disorder, low frequency TMS over right DLPFC may be helpful in reducing anxiety TMS and tDCS may have some role in reducing anxiety symptoms in patients with generalized anxiety disorder. The therapeutic effects of VNS in reducing the anxiety symptoms is through modulation of specific brain regions like – locus ceruleus, amygdala, hippocampus and orbitofrontal cortex.

Neuro-stimulation techniques in anxiety disorders are emerging trends of therapy. They are in different stages of research. Most of the related studies have small sample sizes, which limit their generalizability. There is a need to keep oneself updated with the evidences and current understandings about neuro-stimulation techniques, otherwise it may lead to under-use or over-use (misuse) of these novel therapeutic modalities.

 **Dr. Sujit Kumar Kar, MD**  
Assistant Professor, Department of Psychiatry, King George's Medical University, Lucknow-226003, U.P, India.  
Email: [drsujita@gmail.com](mailto:drsujita@gmail.com)

### Sleep Apnea Syndrome: The snore unheard!

Day time drowsiness, difficulty in concentration, lack of good sleep, hypertension, unable to lose weight! Typical set of symptoms which are quite common in a physician's OPD. One small question would open up a new angle in assessment which is often missed despite the best efforts in treating the above. That is – "do you snore"?

Sleep is a period of bodily rest characterized by reduced awareness of the environment. Sleep plays a vital role in good health and well-being. Getting enough quality sleep at the right times can help protect the physical health, mental health and quality of life.

#### SLEEP APNEA DISORDERS

Sleep-disordered breathing (SDB) is present when there are repetitive episodes of cessation of respiration (apnea : >10 or more seconds of cessation of breathing) or decrements in airflow (hypopnea) during sleep, associated with sleep fragmentation, arousals, and reductions in oxygen saturation. An apnea can be of 3 types: obstructive, central, or mixed.

It is more common in men (2-4%) than women (1-2%) often diagnosed in middle age. Evidences suggest that 90% of these people are yet undiagnosed during surveys.


#### EFFECTS OF SLEEP APNEA DISORDERS

Sleep and oxygen deprivation can lead to number of

1. Medical problems like Increase the risk of high blood pressure, heart failure, arrhythmias, stroke, obesity, diabetes, metabolic syndrome (Syndrome X), Syndrome Z (with COPD).
2. Psychological problems like: irritability, concentration problems, fatigue, depression and anxiety
3. Problems to society: loss of productivity and catastrophes related to human errors ranging from road accidents to nuclear disasters!

**Diagnosis:** Variety of scales like Berlin's questionnaire, Epworth sleepiness scale, STOP questionnaires would help in assessment. Polysomnography (PSG) is a diagnostic procedure for sleep apnea. Apnea-Hypopnea Index (AHI) is used to grade severity and AHI>5 suggests SDB.

**Treatment:** Sleep apnea is a chronic condition that requires long-term management. Lifestyle changes, Continuous Positive Airway Pressure (CPAP) devices and other breathing devices, surgeries like uvulopalatopharyngeoplasty can successfully treat sleep apnea in many people. Sedatives like benzodiazepines should be better avoided for insomnia as they tend to worsen obstruction as well as apnea. If they need sedatives, sedating antidepressants may be used after considering other contra-indications. Treatment often results in dramatic improvement in symptoms and quality of life and hence the need to recognize the entity especially in patients with disturbed sleep like mentally-ill, those with chronic pain and cardio-respiratory disorders.

 **Dr. Basavaraj Sangolli**, Assistant Professor, Dept. of Pulmonology, Basaveshwara Medical College & Research Centre, Chitradurga, KA. Email: [drbssangolli@gmail.com](mailto:drbssangolli@gmail.com)

### REFRAME -Let Awareness Reframe Assumptions: Myths & Facts about medication used in mental illnesses

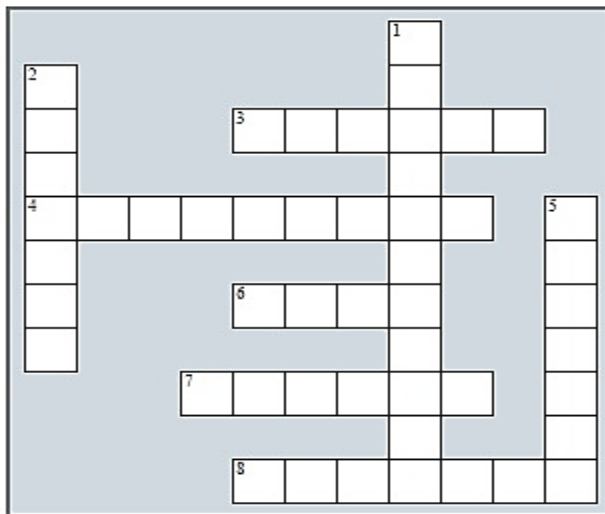
- All the medicines used in treatment of mental illnesses are *addictive*
- ✓ Most of the medicines used in treatment of mental illnesses are non-addictive except a few like Benzodiazepines and stimulants which have potential for addiction.
- Once started, psychiatric medications cannot be *stopped for lifetime*
- ✓ Many psychiatric disorders, except few severe, recurrent and those diagnosed at late stages, do not need lifelong medication for symptom control and gaining back decent functioning levels.
- Psychiatric Medications always produce *serious and disabling* side effects
- ✓ Excluding few like potent conventional anti-psychotics, many other medications have milder side-effects. Many medications when judiciously used especially for long term, benefits often outweigh side-effects.
- Psychiatric medications result in *weight gain* and disfigurement
- ✓ There are very few medications which have serious weight gain as a long term side effect but many times weight gain is more often due to reduced physical activity, which may be a part of illness by itself

## MINDS QUIZ

1. Which is not present in the triad of *Wernicke's encephalopathy*
  - a) Ataxia
  - b) Ophthalmoplegia
  - c) Global Confusion
  - d) Anosmia
2. Which drug is *least* likely to be used in bipolar depression
  - a) Amitryptiline
  - b) Lithium
  - c) Fluoxetine
  - d) Olanzapine
3. Which neurotransmitter is called *reward hormone*
  - a) Serotonin
  - b) Dopamine
  - c) Enkephalin
  - d) Dihydroepiandrosterone
4. Who proposed *learned helplessness theory* of depression
  - a) Sigmund Freud
  - b) Mary Ainsworth
  - c) Martin Seligman
  - d) Erik Erikson
5. A valid consent has all *except*
  - a) Disclosure
  - b) Persuasion
  - c) Voluntariness
  - d) Capacity

Note: You can now request for any explanations to MINDS QUIZ answers by just an email to [editormind@gmail.com](mailto:editormind@gmail.com)

### Can you cross the crosswords!!!



#### Across

3. Random and involuntary quick, jerky, purposeless movements
4. Loss of interest in, and withdrawal from, all regular and pleasurable activities
6. Disorder of persistent eating of non-nutritive substances such as dirt, often found in childhood
7. Neuropeptide that regulates arousal, wakefulness, and appetite and is implicated in narcolepsy
8. Person who Developed theory of Operant conditioning

#### Down

1. Tactile hallucination involving the sensation that tiny insects are crawling over the skin
2. Inability to perform a voluntary purposeful motor activity
5. Person who coined the term Schizophrenia

#### ANSWERS

#### MINDS QUIZ

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

#### CROSS WORDS

#### ACROSS

3. Chorea
4. Anhedonia

6. Pica

7. Orexin

8. Skinner

#### DOWN

1. Formication

2. Apraxia

5. Bleuler



QR Code for MINDS 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](mailto:editormind@gmail.com), or by just SMS MINDS <email ID> to Editor: +91 9535383539/ Asst Editor: +91 9438884222 or join our Facebook group @ [facebook.com/mindsnewsletter](https://www.facebook.com/mindsnewsletter).

All archives are available in our exclusive website <http://www.mindsnewsletter.com/>

Enjoy a new way of learning!!!!

Your suggestions are important to us, kindly mail them to [editormind@gmail.com](mailto:editormind@gmail.com) & Please pass on the newsletter