

MINDS NEWSLETTER

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specialities!!

Contribution from
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Authors!!

Seven Sections in
every Issue

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MINDS

Wellbeing begins in our MINDS

Monthly Newsletter on Psychiatry for Doctors & Medical Students

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From The Desk of the Editor:

STIGMA STINGS!!

Friends...Mental health professional have always faced the obstacle of stigma in catering services to patients with psychiatric problems. Stigma is defined as a sign of disgrace or discredit, which sets a person apart from others. The stigma of mental illness remains a powerful negative attribute for the patient and family which eventually leads to adverse events like embarrassment and shame of having such illness and secrecy to avoid it's disclosure. Even medical health professionals are no immune in this regard, and hide psychiatric illness in themselves or a family member. So, unlike physical illness, wherein social resources are mobilized, people with mental disorders are removed from potential supports. This social isolation results in poorer outcomes in these patients and increased burn- out in the caregivers.

Why does the stigma arise? Historically, patients with 'abnormal' behaviour have been discriminated by getting punished, isolated into 'asylum'/ 'mental hospital'. More or less the same ideology is being carried even today in the era of de-institutionalization. It has been seen that media plays a very important role in portraying the psychiatric patient and psychiatrist mostly either as a 'substance of humour' or on the other end, violent, unmanageable and harmful. Such available sources give perception of psychiatric illness as 'Self-inflicted', 'Incurable', 'chronic' and 'needing drugs and shocks' to stay well!

Overcoming stigma is definitely possible largely through education of not only community but also of various medical health professionals to overcome their prejudices. Media and legal system also should take part in this attitudinal shift. Through collaborative approach of the government, politicians, film personalities and media, our society have seen change in attitudes towards medical illnesses like leprosy, tuberculosis, and HIV/ AIDS to significant extent. Let's join our hands and minds to combat this 'Psychophobia' in us and others...

Dr. Shubhangi S. Dere

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

'A SURPRISE RESCUE'

Ram, a 22-year-old, short and thin built, was admitted in the psychiatry ward with a diagnosis of catatonic schizophrenia. On daily ward rounds, I used to see him and demonstrate various signs to the students and my colleagues with an air of confidence. I would move his hands and put him in odd postures to show waxy flexibility and posturing. I would ask him to go under the bed from one side and come out from the other side, a couple of times, to display automatic obedience and he would just comply with his mask like face. He did not speak a word spontaneously and only on lots of coaxing and after painful stimuli would utter a few inaudible words.

It was a Sunday morning and as usual I went for the ward round unaware of the fact that another patient was admitted in the same room the previous night. No sooner I entered the room, this new patient furiously got up and stood between me and the entrance of the room. I was taken aback looking at this tall gigantic person who was almost ready to attack me. He confronted me about his forceful admission and physical restrains used on him the whole night. Fearing that he would manhandle me, I tried to escape the room and called for the ward-boy and staff on duty for some help. But unfortunately, nobody was around and that's when he pushed me inside the room in a very hostile manner. I was really afraid and started sweating profusely. My heartbeats missed and my mind went blank, I couldn't think of anything in this difficult situation. I thought, soon I would faint and collapse.

But just when I had lost all the hopes of any help, to my pleasant surprise, Ram came to my rescue. Without any fear or hesitation, he walked up to new patient, held him by his arm, reprimanded him for his behaviour in a very stern voice and put him in his place in his bed, clearing the way out of the room for me. Without any second thought, I hurriedly walked out of the room and breathed a sigh of relief.

As I was walking out of the ward, I realized the irony of the situation. I, me, myself, Mr Know-all, a psychiatrist, with all my air of confidence was unable to manage the situation which was so appositely managed by a patient of catatonic schizophrenia. My arrogance gradually melted and vanished into thin air.

Dr. Nilesh Shah. Professor & HOD, Dept of Psychiatry, LTMC & Sion Hospital, Mumbai.

ADOLESCENCE: STORM AND STRESS

“It’s when you have to pay adult prices for movies but you can’t see adult movies....!”

The term ‘adolescence’ comes from the Latin verb ‘*adolescere*’, which means “to go into adulthood”. The adolescence (age of 12 to 19 years) is a period of rapid physical, cognitive, sexual, social and emotional changes. India has the largest national population of adolescents (about 20% of total population), followed by China, United States, Indonesia and Pakistan. The concept of adolescence, as it is commonly understood, as a period of ‘*storm and stress*’ was initiated by G. Stanley Hall. Sigmund Freud believed that adolescence is fraught with an internal struggle between id and superego resulting in tremendous stress and turmoil. Erik Erickson characterised the normative task of adolescence as identity crisis versus role confusion. Drawing a parallel between an adolescent and trapeze artist, he conceptualized the young person as being in vigorous motion between two landings - one representing childhood and the other adulthood, ‘who must let go his safe hold on childhood and reach out for a firm grasp on adulthood’. The 3 stages of adolescence include:

1. Early adolescence (12-14 years): In this stage, most striking changes are noticed – physically, attitudinally and behaviourally. Adolescents need to make use of their newly acquired skills of logical thinking and ability to make judgments rationally.
2. Middle adolescence (14-16 years): Adolescents strive to loosen their ties to their parents and their emotions and intellectual capacities increase. The adolescent becomes adventuresome, and experiments with different ideas. During this time, the adolescent battles over his own set of values versus the set established by his parents and other adult figures.
3. Late adolescence (17-19 years): Adolescents have a more stable sense of their identity and place in society. They should, by this time, have established a balance between their aspirations, fantasies, and reality. At the conclusion of late adolescence, they should have had designed or discovered their role in society, and have set a realistic goal in life.

Most adolescents go through this transition with optimism, develop self esteem and maintain good relations with family and peers. Failure to make this transition smoothly results in considerable psychiatric morbidity in adolescents. Most mental health problems diagnosed in adulthood begin in adolescence. One in five adolescents experience significant symptoms of emotional distress and nearly one in ten are emotionally impaired. Various studies from developing countries including India show that 7-35% of child and adolescent population suffers from mental illness. Most common psychiatric illnesses seen in this population include depression, anxiety disorders, adjustment problems, suicide, psychosis, substance use disorders, eating disorders and body image disturbances. Psychopathology and maladjustment in adolescents pose a significant financial and social burden on families and society in terms of distress, cost of treatment, and disability. Enhancing social skills, problem-solving skills and self confidence can help prevent mental health problems in youths.

Dr. Bindoo S. Jadhav

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MOUTH: A MIRROR REFLECTION TO YOUR BODY AND MIND!

Stress is a state when demands exceed the resources and disturb homeostasis. It is an adaptation process in which human beings react both physically and mentally to changes, events, and situations in their lives. Psychosocial stress affects the oral cavity as much as they do to our body and minds. The mechanism of action appears to be a combination of complex interactions between the nervous, endocrine and immune systems.

Following are the direct effects of stress on the oral cavity:

- Bruxism (Clenching of teeth): Stress induces bruxism during sleep leading to wearing away of teeth, a condition called attrition.
- Aphthous ulcers and canker sores: can occur due to stressful situations and are often painful.
- Xerostomia: is the dryness of oral cavity which can be induced by stress.
- Premalignant lesions like Lichen Planus are reported to occur due to stress as a main etiological agent.
- Stress can also initiate or aggravate a pre-existing temporomandibular joint disorder.
- Psychological disorders have been linked to exaggeration of connective tissue and alveolar bone seen in the multifactorial periodontal disease (gum disease).

Indirect effects of stress can also affect the oral cavity. Stress related habits like smoking, alcoholism and drug use adversely affect oral health. An overall negative approach to life can also impair effective oral hygiene practices and balanced diet intake which in turn has undesirable impacts on the oral cavity.

Stress is very common in day to day life. Hence everyone should learn how to prevent as well as manage stress effectively. Lead a stress free life and keep smiling always!

Dr. Nettem Sowmya MDS
Assistant Professor, Dept. of Periodontics
Melaka - Manipal Medical College, Malaysia

REFRAME - Myths & Facts about "Anxiety Disorder"

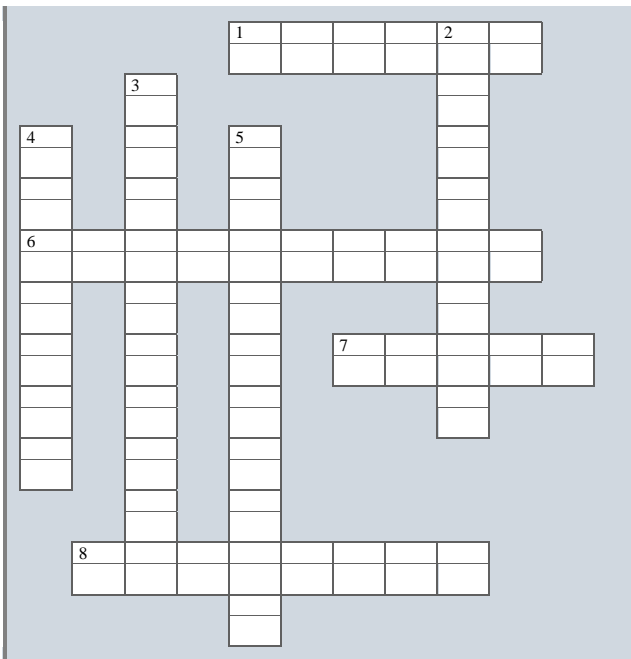
- ✗ Some people are just worrywarts or neurotic, and there is nothing like anxiety disorder.
- ✓ If anxiety is impairing and causing socio- occupational deterioration, it is no longer normal and needs treatment.
- ✗ If I take it lightly, it will be fine and no need for treatment
- ✓ One cannot just overcome pathological anxiety by 'will-power'. It needs professional help. Anxiety if untreated can be disabling and can lead to other morbidity like depression, substance use disorder etc.
- ✗ Take a 'drink' to release your anxiety..!
- ✓ Consuming alcohol might just relieve the anxiety momentarily but eventually worsens the condition.
- ✗ If you have an anxiety disorder, it is important to avoid stress and situations that make you feel "stressed."
- ✓ Avoiding anxiety tends to reinforce it. You can still do whatever you have to do with help of proper medication and psychotherapy

MINDS QUIZ

- Which of the following has been shown to be beneficial in smoking cessation?
 - Fluoxetine
 - Sertraline
 - Bupropion
 - Venlafaxine
- Which of the following electrolyte abnormalities is associated with bulimic patients?
 - Metabolic acidosis
 - Metabolic alkalosis
 - Respiratory acidosis
 - Respiratory alkalosis
- Systems on which antipsychotic agents exhibit pharmacologic action include all of the following EXCEPT:
 - Central nervous system
 - Cardiovascular system
 - Respiratory system
 - Endocrine system
- High fever, tachycardia, tachypnea, diaphoresis, hypertension, and seizures develop in a psychiatric patient who is receiving haloperidol. The most likely diagnosis is:
 - Malignant hyperthermia
 - Serotonin syndrome
 - Neuroleptic malignant syndrome
 - Rhabdomyolysis

MCQs compiled by Dr. Anisha Landge, Resident, Dept of Psychiatry, MGM Medical college, Navi Mumbai.

Can you cross the crosswords!!!



Across

- Rhythmical alteration in movement that usually exceeds one beat per second
- emotional release or discharge after recalling a painful experience
- emotion secondary to doing what is perceived as wrong
- artificially induced modification of consciousness characterized by heightened suggestibility

Down

- hormone which promotes bonding
- repetitive fixed pattern of physical action or speech
- pharmacologically inactive substances known to sometimes produce significant clinical benefits
- dopamine agonist used in the treatment of extrapyramidal disorders

MCQ compiled by Dr Smita Tarachandra

ANSWERS:

MINDS QUIZ

- c
- b
- c
- c

CROSS WORDS

ACROSS

- Tremor
- Abreaction
- Guilt
- Hypnosis

DOWN

- Oxytocin
- Stereotype
- Placebo
- Amantadine

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