



MINDS NEWSLETTER

Published from 2011

Articles on Psychiatry
from over 20
specialities!!

Contribution from
More than 50
Authors!!

Seven Sections in
every Issue

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Wellbeing begins in our MINDS

Monthly Newsletter on Psychiatry for Doctors & Medical Students

Volume 4

Issue 9

Sept 2014

From The Desk of the Editor:

First of all, heartiest congratulations to previous editorial team of MINDS for successfully coming out with the revised edition of “Glimpses of psychiatry for Doctors and medical students”. Indeed a great work!!

EMPATHY HUNT!!

Surprised? Let’s go and hunt what is most important yet often missing in a doctor-patient relationship... Empathy (Greek; *em-into, pathos-feeling*) is an emotional process through which we place ourselves in another person's internal world and thereby experience that world vicariously. In short, empathy is being able 'to walk in another's shoes' in an objective and non-judgmental way. (Note: It is not the same as sympathy, which is allowing the feelings to rule you). Human science emphasize that empathy is a necessary dimension of the work of a medical personnel which can increase their patient’s recovery, trust, coping skills, and compliance with therapy, while also enriching the doctor-patient experience.

Positive communication is a cornerstone in developing empathy. With noteworthy development of evidence based medicine, super specialties and various objective diagnostic tests, doctor patient relationship tends to fade away. Numbing of empathy for clients may cause experience of burnout among therapist and poor satisfaction in patients. Also when medicine as a field is viewed as business, doctors are motivated to quickly discharge patients to maximize hospital profits and to practice defensive medicine to avoid malpractice claims, thus spreading a belief in students that human contact is least important parameter in patient care.

Let’s learn to tickle our mirror neurons to relate cognitively and emotionally with others especially those in distresses to evolve as a ‘humane’ therapist...

Dr. Shubhangi S. Dere

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

Dare to include and not stigmatize!

Seeta was asked to leave her B.Sc. nursing studies by the principal of nursing college as she had attempted ending her life. She was informed that according to some rules, if a student nurse attempts suicide during the course, she is not allowed to continue her studies. Obviously, she and her parent were very upset and sought help from our psychiatry department.

Dr Meeta, a first year psychiatry resident who had recently joined the department was very much dismayed and perturbed by this injustice rendered to this young aspiring nursing student. She failed to understand and accept this archaic rule and decided to raise her voice against it. She was disturbed to see a very passive attitude adopted by the seniors and other staff members in this matter. Proactively she decided to wage a war against this matter single handedly, all by herself.

She met the principal of the nursing college and explained that any person may develop a psychiatric disorder. None of us are immune to psychiatric disorders. Attempting suicide may be a symptom of an underlying psychiatric disorder. It is necessary to empathise and support people who during some weak moments in their life may try to end their life; it is a cry for help and therefore instead of reprimanding or punishing them, they should be encouraged to take treatment and helped to regain their confidence and resume their studies.

When the principal expressed her inability to change the rule and quoted a couple of similar precedents, she decided to take the matter to the Dean of the hospital. Madam Dean could see the point in her assertion and at her behest agreed to appoint a committee of three senior professors to look into the matter and recommend some guidelines for dealing with such situations.

With a strong conviction and stark determination she presented her case and compelled the committee members to recommend the reinstatement of the nursing student in the course.

No wonder the parents of the nursing student couldn’t resist giving her a big hug and ample heartfelt blessing with tears rolling down their face.

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

Women Psyche... What lies within?!!!

“A woman is the full circle. Within her is the power to create, nurture and transform.” (Anonymous)

So much said about women's strength, the question to be answered is 'Are psychological issues of the female less important than males?' The Answer is 'NO'. Various hormonal changes taking place in female's body starting from menarche to menopause, leads to increased susceptibility to certain psychiatric morbidities in them. Additional problems like gender bias, female infanticide or abandonment and sexual abuse adds up to their agony. Low literacy rate, poor consideration of health care for females ultimately can lead to their disturbed mental health.

Apart from common psychiatric problems in both genders, certain specific illnesses related to females are:

Premenstrual dysphoric disorder (PMDD)—75% of the women in reproductive age group experience some or the other PMDD symptoms and 3—8% suffer from severe symptoms. The PMDD symptoms comprise of mild swelling, bloating, irritability, poor concentration, disturbed sleep and appetite, dysphoria etc. Treatment consists of diet, exercise, stress reduction, relaxation etc. Pharmacotherapy with vit. B6, Calcium, Iron supplements, and SSRIs (commonly used is Fluoxetine) etc.

Infertility- Even though, infertility can have aetiology in both the partners, woman receives maximum criticism for either not conceiving or not having a male child. Psychological stress can be cause as well as consequences of infertility. Infertile woman can develop depression, anxiety, anger, hostility and frustration. Some studies have found suicidal ideation in 50%, dysthymia in 18%, depression in 15% and anxiety in 6-7% of infertile women. Management consists of antidepressants, counselling to improve coping mechanisms.

During **ante-partum period**, there is increased risk of depression and anxiety resulting from many factors like wanted or unwanted pregnancy, marital discord, poor psychosocial support and family history of depression.

In post partum period, post-partum blues occurs in 50-80% of women and major depression in 10-15% of them. Symptoms include depressed mood, irritability, loss of interest, insomnia, poor appetite, fatigue, suicidal ideas etc. Management is with anti-depressants, anti-anxiety drugs and counselling or CBT.

Post-partum psychosis occurs in 1-2/1000 cases. Symptoms include restlessness, irritability, mood fluctuation, sleep disturbances, hallucinations, delusions etc. Management consists of anti-psychotic drugs and/or ECT and isolation of mother and baby or supervised contact to prevent harm to the baby.

Perimenopausal syndrome is because of disturbances in FSH, LH and Oestrogen and can occur 2-8 years before or 1 year after menopause. Depression is seen in 33 to 48% of cases. Symptoms like hot flushes, sleep disturbances, somatic symptoms, depressed mood, persecutory delusions etc are commonly observed. Management is in the form of anti-depressant drugs, hormone replacement therapy and counselling.

Considering other common psychiatric illnesses, women carry different prevalence, course and prognosis as follows: Schizophrenia—Females have late onset illness, more positive symptoms, less changes in the brain, good prognosis (due to protective effect of female hormones) and requires low doses of anti-psychotics as well as less chances of anti psychotic related extra pyramidal symptoms. Prevalence of depression is more in females. Prevalence of bipolar disorders is equal in both gender however, females have more episodes of depression, mixed states and rapid cycling. All anxiety disorders have higher prevalence in females except OCD which is equally found in both the gender. Substance abuse is less in women but if present has higher co-morbidity of other psychiatric disorders. Eating disorders are more common in females. Problems related to sexual, physical abuse in females are on rise and can have detrimental effects on their psychological health.

Considering this background, a psychiatrist or any other health professional shall be aware of various psychological problems in females so as to address them timely and help them to maintain their strength!

Dr. Hemangee S. Dhavale,
Hon. Professor, Former HOD, Department of Psychiatry,
K.J. Somaiya Medical College & Hospital, Mumbai.

Exploring Law and Psychiatry interface: The need of time!

Since antiquity the interaction between Law and Psychiatry has been a subject of scrutiny and debates. This can be attributed to the dynamic relationship between the two. The concept of mental illness has changed drastically over the past few decades and there has been an exponential increase in the awareness regarding the civil rights of the mentally ill people. Along with this, there has been an increase in use of insanity as a defense in the criminal cases. Therefore, it is imperative for the mental health professionals to have a better understanding of the medico-legal aspects related to mental health problems. With the emergence of the awareness towards the rights of the mentally ill people the Mental Health Act was enacted in 1987 and since then it has been amended from time to time.

In India, the functions of a psychiatrist are variable in nature. He has to certify mental capacity and soundness of mind in civil and criminal cases. The changing socio-cultural values, westernization and stressful life styles have put the institution of marriage under great stress with resultant increase in divorce rate. A psychiatrist may be dragged into court to offer evidence in such matters by the spouse of mentally ill person.

With increased awareness of rights in our democracy, civil rights movements and consumer council are gaining more importance in our day-to-day life. With the introduction of new terms and technologies like brain mapping and legalization of euthanasia, a psychiatrist has to be more aware of the legal implications of his acts. In our country, in matters of legal disputes, psychiatrist is often summoned to provide expert opinion about mental condition of a person. Also in case of making will and where heirship is to be decided, psychiatrist's role becomes vital to check the testamentary capacity (ability to make valid will) or the competency of a person being selected as heir. So far, in such cases, psychiatrists and other experts including Forensic medicine experts are not well conversed with the interface of law and psychiatry. For bridging this gap, either a Forensic specialist should have additional training in Psychiatry or a specialist in Psychiatry should in addition have a minimally required training in Forensic medicine. Such a timely intervention will help the Law enforcing agencies to administer justice more impartially and efficaciously.

**Dr. Raghendra Singh Shekhawat, Senior Redident,
Dr. Puneet Setia, Assistant Profrrsor,
Department of Forensic Medicine, AIIMS, Jodhpur, Rajasthan.**

REFRAME - Myths & Facts about "Schizophrenia"

- × Schizophrenia is hopeless; people who have it never recover.
- √ While there is no cure for schizophrenia, there are effective treatments. Medications, psychosocial treatments & rehabilitation practices are increasingly helping people with schizophrenia to lead productive, successful and independent lives.

- × Hallucinations and paranoia are the only symptoms of schizophrenia.
- √ Schizophrenia is brain-based disease, so in addition to hallucinations, it affects multiple brain functions, such as the ability to think clearly, manage emotions, make decisions and relate to others.

- × People with schizophrenia are dangerous.
- √ Studies indicate that people receiving treatment for schizophrenia are no more dangerous than the rest of the population. More typically, individuals with schizophrenia are withdrawn and prefer to be left alone.

- × People with schizophrenia have split or multiple personalities.
- √ Schizophrenia is not a split personality disorder. The myth of people with schizophrenia may have come about because the word schizophrenia comes from Greek words that mean "split mind." The split is referring to a split from reality – not a split or multiple personality.

- × Schizophrenia patients improve with marriage .and it is not important to inform the partner about the illness.
- √ Marriage itself is stressfull event which can additionally makes the patient vulnerable and can increase relapse rates. Also it is always advisable to inform the other party before the marriage as spouse accepting the illness and helping patient to continue the treatment forms a good suppoet system and aids in recovery of patients.

UG n PG

**AN EXCLUSIVE SECTION FOR
UNDERGRADUATES AND
POSTGRADUATES**

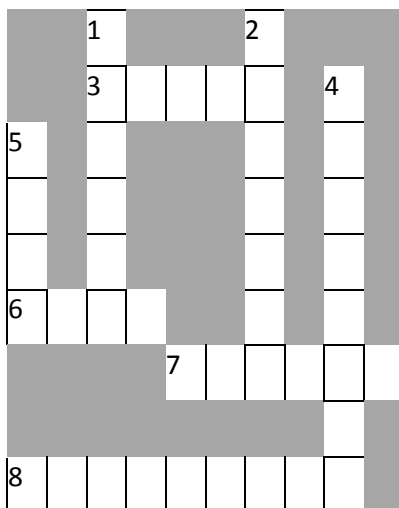
UG n PG

MINDS QUIZ

- 75 yrs old male was operated for fracture neck of femur and since next day develops irritability, disorientation & has been talking to imaginary people. Diagnosis is
 a. Senile dementia b. Late onset psychosis c. Delirium d. Post operative stress
- A 20 yrs old female is nervous of being focus of attention in public or being caught in an embarrassing behaviour so she avoids parties & canteens. Diagnosis is
 a. Panic disorder b. Social phobia c. Generalised anxiety disorder d. Depression
- Which of the following is a potential side effect of quetiapine (Seroquel)?
 a. Agranulocytosis b. Cataract formation c. Hepatotoxicity d. QTc prolongation
- Tardive dyskinesia is associated with
 a. Use of lithium b. Chronic use of antipsychotic medication c. Use of Parkinson's medication d. Short term use of antipsychotic medication
- Which of the following is a immature defense mechanism:
 a. Isolation b. Denial c. Supression d. Reaction formation

Reframe & MCQs compiled by Dr Anisha Landage, Resident, Dept of Psychiatry, MGM Medical College & Hospital, Navi Mumbai.

Can you cross the crosswords!!!



Across:

- 'Restless Legs' syndrome (5)
- a culture bound syndrome (4)
- gait disturbance (6)
- anti psychotic used for treatment resistant schizophrenia (9)

Down:

- WHO Headquarters (6)
- memory loss (7)
- a water soluble vitamin (8)
- pervasive feeling tone which is sustained and colors the total experience of the person (4)

Crossword compiled by Dr Smitha Tarachandra, Senior Resident, Department of Psychiatry KSHEMA, Mangalore.

ANSWERS:

MINDS QUIZ

- c
- b
- d
- b
- b

CROSS WORDS

ACROSS

- Ekbom
- Dhat
- Ataxia
- Clozapin

DOWN

- Geneva
- Amnesia
- Tiamine
- Mood

Quick Response Code for the Website



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