

MINDS NEWSLETTER

Published from 2011

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MD, DNB

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AIIMS, Delhi

Coordinator

Swapnil Tripathi
Final year, MBBS
AIIMS, Jodhpur (Raj)

E-mail

editormind@gmail.com

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Wellbeing begins in our MINDS

Monthly Newsletter on Psychiatry for Doctors & Medical Students

Volume 5

Issue 9

September 2015

Reaching out to those at risk of suicide

In 2014 National Crime Records Bureau (NCRB) reported 1,31,666 suicides in India with suicide rate of 10.6 per lakh population. We are losing 15 precious lives in every hour, meaning one life in every 4 minutes. It is hard to imagine the extreme psychological pain associated with suicide for the individual, family and significant others. Reaching out to someone who is struggling with suicidal ideas can really make a difference. The act of showing concern to someone who may be vulnerable to suicide can be a game-changer.

‘Preventing Suicide: Reaching Out and Saving Lives’ is the theme of the 2015 World Suicide Prevention Day, an initiative of the International Association for Suicide Prevention and the World Health Organization. On September 10th let us join hands with others around the world who are working towards the common goal of preventing suicide.

Naresh Nebhinani

Guest Column: Down The Memory Lane ‘Happiness comes from helping other’

Malin knocks and enters my office with a box of sweets. I look at him with questions in my eyes but refrain from asking as three other people were sitting in my office. I do not see this boy very often. But sensing my curiosity he extends the box of sweets with a smile, “with your blessings I have cleared my AIPMT.” It was indeed a pleasant surprise. He deserved felicitations. He left the room but the fragrance of his hard work and victory remained there. I could not help feeling proud of him and happy inside.

I met this boy 12-13 years ago when he was just 5 years old and was running around in the ward where his father was admitted following another episode of mania. When asked why he is not attending his school, mother replied sadly that the family could not afford to send three children to school. I do not know what took over me and I offered to take responsibility of his scholastic pursuits. It was a pleasure to get him enrolled into a school and to follow it through. He proved to be a bright and keen learner. With time he continued to grow not only physically but academically also. My meetings with him became far and few. Not that I lost interest in him but the opposite. He had lightened up a beautiful path for me where upon I was to encourage more of such little angels to attend schools. Like-minded people came along and we are able to not only sponsor the school fees but also make ties with the families. This helps us to ensure the holistic growth of the children.

A decade down the timeline I still continue to gather the happiness. A quote sitting on my table makes sense: It is not possible to stay untouched when you spread joy.

Dr. Sujata Sethi, Senior Professor, Dept. of Psychiatry, Postgraduate Institute of Medical Sciences, Rohtak, Haryana. Email: reachsujatasethi@gmail.com

Preventing Suicide: Reaching Out and Saving Lives

Suicide is a major public health problem globally. Its impact on the family, friends and communities is tremendous and devastating. World Health Organization estimates that nearly one million people die by suicide every year, which accounts to about one death every forty seconds. Number of suicide attempts may be up to twenty times the number of deaths by suicide.

No single cause can explain the tragic phenomenon of suicide. It is a multi-determined phenomenon that occurs against a background of complex interacting biological, social, psychological and environmental risk and protective factors. Despite the complexity of the problem, suicides can be prevented.

Efforts are taken by individuals and organizations, to prevent suicides. The International Association for Suicide Prevention, along with World Health Organization earmarks 10th September, as World Suicide Prevention Day. The theme this year is ‘Preventing Suicide: Reaching Out and Saving Lives.’

Reaching out to those at risk of suicide

Road Traffic Accidents can occur to anyone. But the risk is very high if the brakes are not working, if the roads are steep, if the weather is too foggy or if the driver is feeling sleepy. Similarly, suicides can affect anyone but some groups are at a higher risk. Those with a history of previous suicide attempt, past or family history of mental illness or substance use disorder, long standing major physical illness and those who experience stressful life events are found to have a higher suicidal risk. Family members and friends of those who have committed suicide definitely form a vulnerable group.

Studies show that majority seeks medical help before committing suicide. *Being aware of the warning signs will help you identify those in distress...*

<i>What to listen for</i>	<i>What to watch for</i>
Talking about being a burden to others	Displaying extreme mood swings
Talking about unbearable pain	Increased use of alcohol or drugs
Talking about revenge	Sleeping too little or too much
Talking about feeling hopeless/ helpless/purposeless in life	Final acts-like preparing a will/giving away cherished possessions
Talking about wanting to die	Socially withdrawn

Simple measures can help you prevent suicides. You can **ACT** by

- A**-Asking what is bothering them
- C**-Caring in a non-judgmental way
- T**-Taking professional help

Never leave them alone. Your timely intervention can save a life, a family...On the occasion of this World Suicide Prevention Day, let’s commit ourselves to reach out to our fellow beings in distress.

Dr.Anju Mathew
Assistant Professor,
Department of Psychiatry, Govt. Medical College, Trivandrum
Email: anjumathew2222@gmail.com

Depot antipsychotics: A ray of hope in schizophrenia treatment

Schizophrenia affects approximately 1% of the population in their lifetime, and is a chronic devastating illness with major impact on social and occupational functioning and activities of daily living. Therefore, maintenance treatment with antipsychotics is a core feature of its long-term management. The unpleasant adverse effects of antipsychotic drugs combined with patients' disbelief of having an illness, which is common among individuals with schizophrenia, result in high rates of non-adherence to antipsychotics. Such non-adherence is in turn is one of the most important risk factors for relapse and hospitalization in patients receiving treatment for schizophrenia. Hence, improving medication adherence is critical to improving outcomes in patients with schizophrenia.

Long-acting depot antipsychotics were developed specifically to promote treatment adherence (compliance) and they are a valuable option for patients requiring maintenance medication for schizophrenia. Various antipsychotics available as depot preparations include fluphenazine, haloperidol, paliperidone and risperidone. The long acting injectable (LAI) preparations facilitate the lowest effective dose administration due to avoidance of hepatic first pass metabolism. Also there is consistent bioavailability and a more predictable correlation between dosage and plasma levels with these preparations. Other advantages include ensured administration and transparency of adherence, less probability for rebound symptoms and relapses, reduced risk of unintentional or deliberate overdoses, no need for daily administration, improved patients outcomes, and improved patient and physician satisfaction. However, these preparations are not devoid of disadvantages which include longer time to achieve steady state levels, slow dose titration, less flexibility of dose adjustment, pain at the injection site, and irritation and lesions due to leakage into subcutaneous tissue especially with oily injectables. Data regarding differences between LAI of typical and atypical antipsychotics are much sparse. Few studies reported that switching from haloperidol to risperidone LAI was associated with significant improvement in cognitive function including memory, executive function, motor processing function, and attention disorder symptoms; better patient satisfaction, and improved sleep and health quality; which was however at the cost of more weight gain and hyperprolactinemia.

LAIs should be considered a useful and possibly effective treatment that patients may consider choosing as an option to help them in their recovery. Indeed, LAIs may be a positive choice to enable patients to manage their psychosis and achieve their personal goals. Although some LAIs are expensive, they potentially reduce the financial burden of schizophrenia and improve quality of life.

Dr Rakesh Mittal, Assistant Professor, Dr Niti Mittal, Senior Resident
Department of Pharmacology, PGIMS, Rohtak, Haryana
Email: rakesh7878@yahoo.co.in

REFRAME -Let Awareness Reframe Assumption:

Myths & Facts about "Suicide"

- Talking about suicide might cause a person to act
- ✓ It is helpful to show the person you take them seriously and you care. Most feel relieved at the chance to talk
- They're just trying to get attention
- ✓ They are trying to get help. We should recognize their need and respond to it
- A person who threatens suicide won't really follow through
- ✓ 80% of suicide completers talk about it before they actually act on their suicidal ideas & plans
- Once a person decides to die nothing can stop them
- ✓ Suicide can be prevented with proper care, support, counseling and comprehensive treatment.

Compiled by Swapnil Tripathi, final year, MBBS student, AIIMS, Jodhpur, Rajasthan

UG n PG

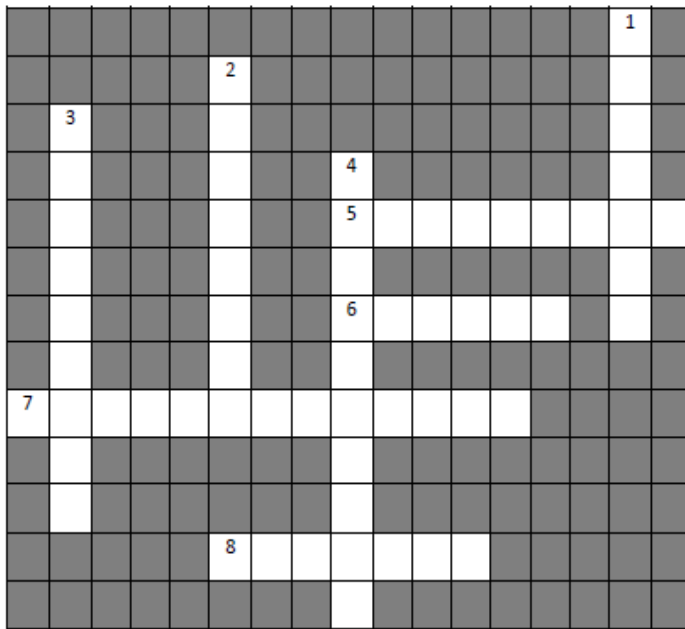
**AN EXCLUSIVE SECTION FOR
UNDERGRADUATES AND
POSTGRADUATES**

UG n PG

MINDS QUIZ

1. Impaired insight is evident in
 - a) Post-traumatic stress disorder
 - b) Anxiety disorder
 - c) Depression
 - d) Schizophrenia
2. Loosening of association is an example of
 - a) Formal thought disorder
 - b) Schneider's first rank symptoms
 - c) Perseveration
 - d) Concrete thinking
3. Apraxia is a disorder of
 - a) Cerebellum
 - b) Sensory system
 - c) Motor system
 - d) Initiating & planning movement
4. Pavlov's experiment is an example of
 - a) Operant conditioning
 - b) Classical conditioning
 - c) Learned helplessness
 - d) Modeling
5. Which of the following is a mature defense mechanism
 - a) Projection
 - b) Denial
 - c) Reaction formation
 - d) Humor

Compiled by Rajat, final year, MBBS student, AIIMS, Jodhpur, Rajasthan



Across

5. Repetition, echo or mimicking of phrases or words heard
6. A sleep like state of reduced consciousness or suggestibility.
7. Incomprehensive speech
8. Moderate elevation of mood

Down

1. Grinding of teeth during sleep
2. Method in which patient is directly exposed to phobic stimuli, but escape is made impossible.
3. Loss of muscle tone precipitated by sudden emotion.
4. Involvement in sexual activity with animals.

**Compiled by Rajat, final year, MBBS student,
AIIMS, Jodhpur, Rajasthan**

ANSWERS

MINDS QUIZ

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

CROSS WORDS

ACROSS

5. Echolalia
6. Trance
7. Verbergeration
8. Elation

DOWN

1. Bruxism
2. Flooding
3. Cataplexy
4. Bestiality

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: +91 8003996882/ Asst. Editor: +91 9786022145, or join us

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