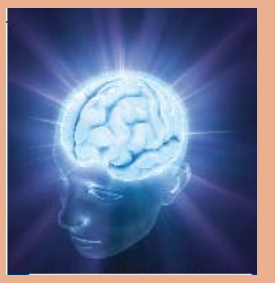

MIND

Your Wellbeing begins here…

MONTHLY NEWSLETTER ON PSYCHIATRY FOR DOCTORS & MEDICAL STUDENTS

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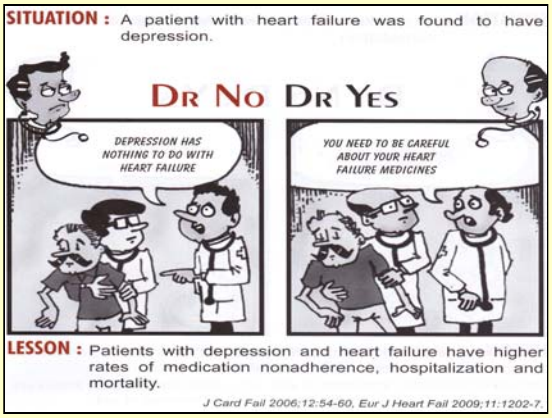
PICTURE SPEAKS MORE THAN WORDS!



KANNADA RAJYOTSAVA AT AIMS

Chief guests were Rajyotsava awardee, writer & folklore scholar, Shri P.K.Rajashekar and popular film director Yogaraj Bhat

From the desk of Editor

Internal(s) External(s) & Exam(s)! What might ease the exit for students?

Examination is around the corner in few days for undergraduates, they are already neck deep in preparation & just few more weeks later, its post graduates turn. Student's life looks so exciting, except when it comes to internal tests, exams, external examiners and external examination centers! It would be time of equal distress for faculty. But are there internal & external factors for all these uneasy phase of student's life? What could make this phase more ease than the current trend?

As most faculty are aware that students by far get easily carried away in activities or interest which is immediately at their disposal ,overlooking long term goals. And faculty, who are managing multiple task of clinical & research work along with teaching different batches at different phase of curriculum might lose track of how particular batch progress. Students & faculty are aware, that overall performance at exams may not reflect the actual skill of student but by far it may the best way to assess, considering all internal & external shortcomings.

Proposed Objectively Structured Clinical Examination (OSCE) pattern may not undo all short coming. In current pattern, Internals appear out of blue, main exam are first & last actual experience for that year! Students can do better if they are exposed to exam pattern frequently like short version once 3 months & actual exam pattern once in 4 months, both theory & practical's. Faculty can simply streamline the process at the beginning of batch by division of task within the department & utilize the PGs or senior student representatives to do the job when need arise. Considering all internal & external factors affecting exam process, mere multiple exposure to students & guiding students to work on the results may make the process an ease.

Dr.Kishor.M, Asst. Prof of Psychiatry,AIMS

NOTE: You can also connect us in Facebook! Just login into your facebook account & give a search for 'Mind Aims' & join the group Or Just email for getting Colorful e-copy of MIND Newsletter. Those from AIMS can contact Dr. Kiran Kantanavar, Intern (7411569877) Or Gowthami (9739467469) for hard copies.

INVITED ARTICLE

DEMYSTIFYING ELECTRO CONVULSIVE THERAPY!

ECT: How is it given? What happens during ECT administration? Is ECT painful?

In the contemporary practice of ECT it is administered under general anaesthesia, which is called modified ECT and is the standard recommended by many International Guidelines. The central point is to induce a seizure. As convulsions of a seizure can be violent and may cause fractures, particularly of the vertebrae and rarely other bones, generally a muscle relaxant (e.g. succinylcholine) is used. In order to mask the unpleasant sensation of muscle relaxant, a short-acting general anaesthetic agent (e.g. thiopentone) is administered just before succinylcholine. When the patient is fully under sedation & when complete muscle relaxation is achieved, ventilation support is provided with oxygen and electrical stimulus is applied. So it is not a traumatic or painful procedure. The amount of electricity used is just enough to light a 100 W bulb for about 1 second. Specifically, most devices deliver about 60-500 millicoloumbs of electrical charge in one session. Electricity is delivered for 0.4 to about 5 seconds. It should be noted that because of the resistance of the skull, only a small part of the electricity passes through the brain, without any burn marks on skin.

Typically the patient convulses for about a minute following stimulus administration. Ventilation support is continued till the patient resumes spontaneous breathing, which may take about 5-10 minutes time. Overall, the procedure lasts for about 20-30 minutes per patient. The patient then recovers in a recovery room supervised by the nursing staff. After about 1 hour, he/she would recover completely from the effect of anesthesia and is shifted back to the ward or sent home. In order to avoid aspiration under anesthesia, patients are advised to arrive in on empty stomach.

How does ECT act?

Despite being used for several decades and intense research, little is known about the mechanism of how ECT acts. At the risk of being too simplistic, suffice to say that ECT appears to 'normalize' the abnormal neurotransmitter systems of the diseased state of different psychiatric disorders.

Which conditions respond to ECT?

Depression, (especially severe ones with psychotic symptoms such as delusions & hallucinations and with high suicidality) and catatonic schizophrenia are 2 conditions, in which ECT scores over other treatments. In addition, ECT is useful in severe forms of mania and other types of schizophrenia especially, when pharmacological treatment is not possible or cannot wait: e.g., refusal of treatment by a psychotically disturbed patient; compromised oral intake; high suicidality; etc. Many clinicians use ECT in these conditions if they do not respond to pharmacological methods of treatment. It is not prudent to use ECT in situations other than these. In fact, indiscriminate use of ECT in situations where it is not warranted has brought bad reputation for the treatment method and for psychiatrists in general.

What are the most important adverse effects?

ECT, as practiced according to the standards, does not produce any brain damage. On the contrary, a number of neuroprotective changes can be expected with ECT. The most important concerns are about (1) adverse effects of ECT on memory and other cognitive functions and (2) risk of medical adverse effects during an ECT session. Since the advent of ECT a lot has been done to reduce the cognitive side effects. However, it has temporary adverse effects on cognitive functions, especially memory but almost all patients achieve nearly complete recovery of memory within a few days. ECT causes increase in heart rate and blood pressure during the session. These effects last for about a few minutes and cause extra load on the heart. ECT may hence cause cardiac adverse effects in those who have ischemic heart disease, uncontrolled hypertension, etc. Pre-anesthetic evaluation including cardiologist referral is important in this background. There are no absolute contraindications for ECT, even raised intracranial pressure being an important relative contraindication.

For how long is ECT administered?

ECT is typically a temporary treatment – usually administered about 3 times a week for about 2-3 weeks to cause improvement in clinical condition. Following ECT, almost invariably the patients will require pharmacological & psychological treatments to sustain the improvement. Rarely some patients may not respond to any other treatment other than ECT. Such patients may require 'maintenance' ECT i.e., about once in 2-4 weeks for several months. It should also be noted that once a patient receives ECT, he need not receive ECT each time he becomes ill. Indiscriminate use of ECT should be avoided.

Dr. JAGADISHA is an Additional Professor of Psychiatry at National Institute of Mental Health & Neurosciences (NIMHANS). His areas of research interest are - Schizophrenia, ECT, rTMS (repetitive Transcranial Magnetic Stimulation) in psychiatric disorders. He has number of published research papers in National and International Journals. He is also a recipient of the very first 'Dr.Raguram -Distinguished Teacher Award' for his outstanding qualities as a teacher given by Indian Psychiatry Society, Karnataka Branch. The award was instituted by Psychiatry Postgraduates Alumni of KIMS, Bengaluru.

FOOD FOR THOUGHT: FOR UGS, INTERNS, AND PGS OF AIMS - YOU CAN WRITE ON "CURRENT THEORIES ABOUT MECHANISM OF ACTION OF ECT" IN NOT MORE THAN 500 WORDS AND WIN SURPRISE GIFT FOR THE BEST WRITE UP! LAST DATE FOR SUBMISSION AT DEPARTMENT OF PSYCHIATRY IS 25TH DEC, 2011

CONSULTATION LIAISON PSYCHIATRY FOCUS: PATHOLOGY

ALCOHOLIC LIVER DISEASE

Problems due to alcohol have been a worldwide phenomenon for generations. The consumption of alcohol is on the rise with the economic developments, more so in countries like India. Intake of alcohol beyond certain limits has serious health hazard, the liver being the most common organ involved. It has been suggested that 'sensible drinking' would be 28 units by men and 21 by women in a week. One unit is considered to be 8g of alcohol. Often units are quoted as being one small glass of wine or half a pint of beer or one pub measure of spirits. It is also recommended that at least one day a week should remain alcohol free and in a given day the amount should not exceed 4 units for men and 3 for women. However alcohol is not recommended for any health benefits.

Alcoholic liver disease is associated with consumption of alcohol. But, whether duration or quantity directly correlates with liver pathology is not certain. Subsets of individuals develop liver disease suggesting the role of genetic factors contributing the disease. Research has shown that individuals who have genes favouring a strong immune response are those at most risk of alcoholic liver disease. On the contrary the gene variant named CYP2E1 may protect against alcohol! Pathologic changes seen in alcohol induced liver diseases can be divided into 3 stages; alcoholic steatosis, steatohepatitis and alcoholic cirrhosis. Alcoholic steatosis is early and reversible, where lipid droplets accumulate within the hepatocytes. With abstinence these changes can return to normal in 3- 4 weeks. At this stage there will be elevated aspartate amino transferases (AST) and alanine aminotransferases (ALT).

Alcoholic hepatitis is an inflammatory liver disorder due to progressive intake of alcohol where there is neutrophilic infiltration in the liver accompanied by ballooning degeneration and Mallory hyaline inclusions in the hepatocytes. With abstinence these changes can resolve in months. At this stage there is elevation of aspartate aminotransferase. Studies have shown that C reactive marker protein is an accurate marker of alcoholic hepatitis. Liver biopsy may be needed if the diagnosis is in doubt or other concomitant pathology is suspected such as hepatitis C infection.

Alcoholic hepatitis progresses to cirrhosis which is irreversible. The cirrhosis is often micronodular type, where there is destruction of normal architecture of liver by fibrous septa which encompass the regenerative nodules of hepatocytes. If the patient stops alcohol intake at this stage, the parenchymal regeneration improves, nodules increase in size and become macronodular and all features of alcoholic aetiology disappear. It is found that a high AST/ALT ratio is suggestive of advanced alcoholic liver disease. Liver biopsy is indicated to characterize the extent of damage, providing prognosis and helping in therapeutic decision making.

To conclude there is no single physical examination finding or a laboratory test that can be specific for alcoholic liver disease. Liver pathology reports serves as important feedback to patient & his family in educating & motivating him to control Alcohol.

DR. VIJAYSHANKAR. S
ASSOCIATE PROFESSOR, DEPARTMENT OF PATHOLOGY, AIMS
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REFRAME: AWARENESS REFRAMES ASSUMPTION OBSESSIVE COMPULSIVE DISORDER (OCD) - MYTHS & FACTS

- ✘ OCD is classified under psychotic group of disorders
- ☑ OCD is classified under anxiety group of disorders
- ✘ OCD is seen only in adults
- ☑ OCD is seen across all age groups including children.
- ✘ Patient suffering from OCD do not have treatment option.
- ☑ Patient with OCD can be treated with medication like SSRI like Sertraline /fluvoxamine or TCA like Clomipramine and therapy like Exposure & Response Prevention. Best results are with combination.
- ✘ Patient can be diagnosed with OCD only if they have features for many years
- ☑ According to WHO, patients can be diagnosed if they have Obsessions or Compulsions or Both for most of time, at least for 2 weeks.
- ☑ Obsessions can be Image/Idea/Impulse which reoccurs in stereotyped manner against one's wish causing distress, even though person is aware they are his/her own and does not make much sense, at least most of time.
- ☑ Compulsions can be physical or mental activity wherein person feels compelled to carry out, causing heightened anxiety when resisted and brief period of relief when acted upon it.

Compiled by –Dr.Chaitra.V.H.M , Intern, AIMS

Announcement: API Mysore Chapter is conducting Internal Medicine Quiz exclusively for **INTERNS** on 17th December,2011 at J.S.S auditorium, Mysore. For registration, please contact Dr. Mahesh – 9845114166.

UG n PG

AN EXCLUSIVE SECTION FOR UNDERGRADUATES AND POSTGRADUATES

UG n PG

MIND QUIZ

Answers at the bottom of page

1. Which of these is not approved for Nicotine De-addiction?
   1. Naltrexone 2.Bupropion 3.Buspiron 4.Nicotine
2. International Pilot Study on Schizophrenia {IPSS} was conducted in India at?
   1. Bengaluru 2.Chennai 3. Agra 4.Chandigarh
3. Persistent low mood for at least 2yrs is named as
   1. Cyclothymia 2.Euthymia 3.Dysthymia 4.Hyperthymia
4. Which of these is not a Selective Serotonin Reuptake Inhibitor (SSRI)?
   1. Escitalopram 2.Sertraline 3.Duloxetine 4.Fluoxetine

Can you CROSS the CROSSWORD?? !!

Across:

5. Filling up of Gaps in Memory! Seen in Korsakoff's (13)

6. Exaggerated feeling of well being (8)

7. Penchant desire to eat nonfood substance (4)

Down:

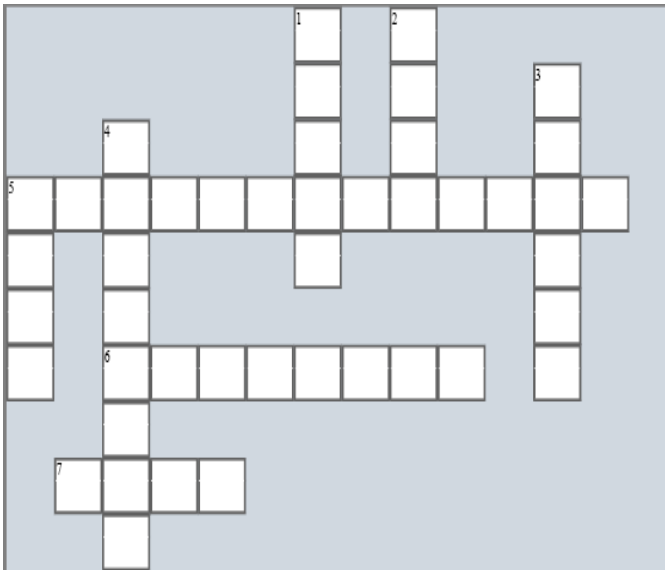
1. A dissociative state wherein a person begins a new life altogether (5)

2. A prodrome before seizure (4)

3. An intense irrational fear leading to avoidance (6)

4. Desmopressin Nasal spray can be used for Children with this condition (8)

5. A state of profound unarousable & unconscious state (4)



LEVEL: EASY ANSWERS: GIVEN BELOW

Created by
Dr. Aashish S Nayak (Intern), AIMS

Answers

Mind Quiz
1. Buspiron
2. Agra
3. Dysthymia
4. Duloxetine

Cross Word:

Across
5. Confabulation
6. Euphoria
7. PICA

Down:
1. Fugue
2. Aura
3. Phobia
4. Enuresis
5. Coma

Congratulations!! Gowthami Ravuri of 8th term, AIMS has won the prize for best write up on the topic
"Management of Bipolar Affective Disorder (BPAD)"

Dear Students, the Editorial Board of Newsletter will do everything to make this Newsletter more interactive and inclusive to your Ideas and needs. We have changed the MIND QUIZ to MCQ pattern to suite your needs for Entrance exam preparation.

Your opinion is important to us, so feel free & write about the MIND Newsletter to editormind@gmail.com