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MONTHLY NEWSLETTER ON PSYCHIATRY FOR DOCTORS & MEDICAL STUDENTS

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Dear Sir/Madam/Friends,

HAPPY NEW YEAR - 2012

We are thankful for your support and encouragement in our new venture for the past 6 months during which our newsletter and its interactions were mainly through internet. Considering all the feedback received, we have come out with limited hardcopies of newsletter.

As many are aware that this is a monthly newsletter in simplest format for doctors and medical students which will carry two articles, one on interface between Psychiatry and other specialities i.e. Consultation Liaison Psychiatry (CLP) authored by consultants from other specialities. Other, will be an Invited article by a Consultant Psychiatrist. Reframe will be a section on common myths and facts about Psychiatry. There will be a exclusive section for Post graduates & Undergraduates with Quiz and Crosswords.

*Every month, one hardcopy will be sent to the department of Psychiatry of each medical college in Karnataka, along with display copy for notice board. **We will be glad to send unlimited e-copy of the Newsletter to all those who are interested.** Kindly send your valuable suggestions and we will continuously strive to do the best* ----Editorial team



From the desk of Editor

In Search of Directions: A Case of Post Internship Dilemma!

As January heralds New Year, bringing in cheers to many, it is also beginning of rollercoaster ride for Interns who are about graduate & also for thousands of aspirants who want to pursue post graduation. Its time when almost all PG entrance exams run one after another for next 3-4 months. The current mad rush for entrance exam applications, hall tickets, travel bookings, googling maps of exam center, just sidelines the main crux "Which speciality should I choose?"

The quest for the best speciality doesn't even end during seat selection! How to choose? What is best for me? Which speciality has future? These are some of the most common, yet unanswered questions pushing one to dilemma constantly for months together. At times its true déjàvu even for some post MD/MS specialities! Making things worse, there is new trend of skipping entire Internship or part of it in preparation of PG Entrance exam thereby missing vital link of actual exposure to some specialities or all of them. It would be fruitful if students are able choose subjects based on judicious & passionate liking for the speciality rather than on market value or glamour of speciality! Ideally decision should be based on interactive exposure to all specialities from the very first year of MBBS, more so in Internship and with inputs from enthusiastic faculty at every stage. This might clear directions in post internship dilemma to great extent and may so herald better future for health care system.

Dr.Kishor.M, Asst. Professor 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 /SMS your email ID to get FREE Colorful e-copy of MIND Newsletter** Or contact Dr. Kiran Kantanavar, Intern (7411569877) our coordinator.

INVITED ARTICLE

Emergence of Psychiatry as valued medical speciality across world An International Perspective

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In 1975, when I was a junior resident in psychiatry, Milton Greenblatt¹ famously wrote in the New England Journal of Medicine about psychiatry as follows; *“For many years psychiatry has been the battered child of medicine. Born in witchcraft and demonical possession, feared by the public, often scorned by the family of medical specialists and dependent for much of its existence upon handouts from agencies, psychiatry has had a very hard life, indeed”*. But now, all that has changed. From its predominant psychoanalytic orientation of those days, psychiatry has steadily become more remedicalized, gaining closer affiliation with and greater respect from other medical specialities. It is well recognized now that mental, emotional and behavioural disorders affect large number of people all over the world. They constitute about 13% of the global burden of diseases. Many disorders affect not only the individuals who suffer but also for their families and communities and have enormous economic costs too. Parallel revolutions in basic neurosciences and genetics and advances in brain imaging techniques are at last helping us to better understand the complexity of disorders such as schizophrenia and depression.

These days, the psychiatrist is a much wanted, sought after and a much valued medical specialist, all over the world. Besides being a skilled clinician capable of diagnosing and managing complex mental disorders, psychiatrist is expected to be a team leader of various mental health professionals, a trainer of primary health care personnel and a clinical practice-based researcher.

As the field has steadily grown wider, various subspecialties in psychiatry have emerged. These include, besides the traditional subspecialties of child and adolescent psychiatry and addiction psychiatry, numerous others such as geriatric psychiatry, consultation-liaison psychiatry, forensic psychiatry, clinical psychopharmacology and psychiatric research. For a young psychiatry researcher, the field offers some of the most difficult challenges. The revolution in basic neuroscience will now have to be translated into a revolution in clinical psychiatry. Breakthroughs in our understanding of serious mental disorders are urgently needed - biomarkers for early detection of serious mental disorders, pre-emptive interventions for those detected to be at risk and better treatments aimed at recovery for those with symptoms². The prestigious science journal, Nature has designated the current decade, “A decade for psychiatric disorders”³

Reference:

1. Greenblatt M. Psychiatry: the battered child of medicine. N Engl J Med. 1975;292(5):246-50
2. Insel TR. A bridge to somewhere Guest Editorial. *Translational Psychiatry* (2011) 1, e2; doi:10.1038/tp.2011.4
3. Nature, Editorial. A decade for psychiatric disorders. *Nature* 463, 9 (2010) | doi:10.1038/463009a



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FOOD FOR THOUGHT: FOR UGS, INTERNS - YOU CAN WRITE YOUR OPINION ON “THE SPECIALTY OF MY CHOICE AND WHY IT IS SO?” IN NOT MORE THAN 500 WORDS AND BEST WRITE UP WILL BE POSTED IN MIND NEWSLETTER GROUP OF FACEBOOK. LAST DATE FOR SUBMISSION IS 25TH, JANUARY 2012

CONSULTATION LIAISON PSYCHIATRY FOCUS: PHYSIOLOGY

CORTISOL ASSAY, STRESS & EXAMS!

One wonders what exactly drives students to perform better during exams more so during graduation especially in medical schools where exam pattern are considered tough compared to all other course. Though we know too many factor play role during stress & it's equally difficult to assess all of them. We (I and Chandrashekara.S of Chanre Rheumatology & Immunology Clinic, Bengaluru) carried out an important study on one aspect of stress during exam. Our objective: The perception of stress among medical students due to academics is variable. This perception of stress may depend to some extent on the individual's adjustment pattern as well as the nature of the situation. The study was conducted to determine the influence of adjustment patterns and state anxiety on the stress perception (by serum cortisol assay) & cognitive performance during a mental task related to academics.

Our Method: 58 M.B.B.S First year students of Bangalore Medical College were recruited for this study. Venous blood samples were collected from these students on the day of their regular academic exam (written) between 8 - 9 a.m. Two questionnaires a) The Bell's Adjustment Inventory & b) State Trait Anxiety Inventory, State Form, were administered to these students before collecting the blood samples. A third questionnaire, 'Performance rating questionnaire' was administered after completing the exam. Serum cortisol assay from the blood samples thus collected was done by ELISA technique, following the standard protocol. Results showed: Cortisol levels were significantly higher ($p=0.000$) in the poor adjustment group & high anxiety group ($p=0.009$). Regression analysis indicated that, adjustment had more significant influence ($p=0.105$) compared to anxiety ($p=0.204$) in changing the cortisol levels. Performance in the academic exam showed a better match between results expected and obtained among good adjustment compared to poor adjustment group of students.

Our conclusion: Adjustment abilities & not state anxiety can be considered as marker of Cortisol response to academic stress (psychological stress) in medical students. Cortisol levels before facing a mental task determines the performance outcome of the task .It might be more important to educate students in all medical colleges and with active co-operation of respective departments about how best can students plan and handle curriculum so that they can develop better coping skills for stress during exam.



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REFRAME:

AWARENESS REFRAMES ASSUMPTION

NICOTINE DE ADDICTION - MYTHS & FACTS

- X** To Quit smoking is dangerous adventure as saying goes once a smoker, always a smoker
- ✓** Smoking can be discontinued safely at anytime and it is never harmful to give up smoking
- X** Smoking has health benefits as it reduces tension and gives relief, filtered cigarette or cigars/ Hooka are better
- ✓** Any form of nicotine is harmful to health and leads to addiction. Smoking has NO health benefits & it is this 'sense of relief' from smoking which makes one dependent
- X** There is drug or injection which can make you quit smoking at one go.
- ✓** There is no magic drug or Injection that can stop a person from smoking. Through motivational interview patient decides to quit which can be sudden or planned. Withdrawal features & craving can be managed by available medications such Bupropion, Naltexone, Varnicline or replacement agents like nicotine gums/patch. Same principle are used for Nicotine addiction in any form like snuff, Gutka etc
- X** To quit smoking one has to go to specialized de-addiction centers and the process is costly
- ✓** To quit smoking one can seek guidance at any medical center, it is very affordable at all medical college hospitals and Psychiatrist or Physician can guide to those who wish to quit.

QUITTING NICOTINE IS POSSIBLE & IT IS SAFE

Compiled by – Dr. Lohit kumar V R, Intern, AIMS

UG n PG

AN EXCLUSIVE SECTION FOR UNDERGRADUATES AND POSTGRADUATES

UG n PG

MIND QUIZ

Answers at the bottom of page

- Differential diagnosis for Generalized Anxiety Disorder?
 - Hypothyroidism
 - Hyperthyroidism
 - Hypercalcemia
 - Hypocalcemia
- Modern ECT is a contribution of?
 - Igas Moniz
 - Jauregg
 - Delay & Deniker
 - Cerletti & Bini
- According to WHO criteria AUTISM can be diagnosed by age of?
 - 12months
 - 16 months
 - 24 months
 - 36 months
- Which of these is not a Tricyclic Antidepressant (TCA)?
 - Dothipin
 - Amitriptyline
 - Desvenlafaxine
 - Clomipramine

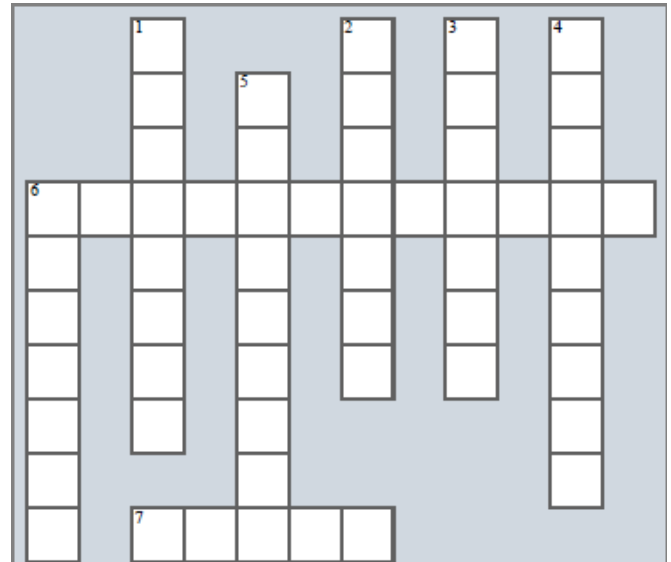
Can you CROSS the CROSSWORD?? !!

Across:

- The father of American psychiatry (12)
- Who propagated moral treatment of insanity? (5)

Down:

- Showed that *a metal* had antimanic properties(8)
- One of the first to discover chlorpromazine (7)
- First psychiatrist to receive the Nobel Prize for using malaria fever! (7)
- He got noble prize for psychosurgery(9)
- He classified the psychoses for First time (9)
- He named schizophrenia (7)



LEVEL: NOT SO EASY

ANSWERS: GIVEN BELOW

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



Answers

Mind Quiz

1.Hyperthyroidism

2. Cerletti & Bini

3. 36months

4.Desvenlafaxine

Cross Word:

Across

6.Benjamin Rush

7.Pinel

Down:

1.John Cade

2.Deniker

3.Jauregg

4.Igas Moniz

5.Kraepelin

6.Bleuler

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