



Your Wellbeing begins here...

MONTHLY NEWSLETTER ON PSYCHIATRY FOR DOCTORS & MEDICAL STUDENTS

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Foreword

From ages we knew that Mind had vital role and it interacted with body in a complex way. It is only recently that we understand the science behind it. Psychiatry has evolved as a speciality among medical sciences and is now branching out as superspecialities like Neuropsychiatry, Child psychiatry etc. It is becoming increasingly relevant in everyday practice as the knowledge of psychological medicine is having far reaching implications in patient wellbeing and doctor's satisfaction. In this regard it is heartening to announce that the young team is bringing out a monthly newsletter by the name 'MIND'. This Newsletter intends to update our knowledge in psychiatry and will be of utmost benefit to budding doctors.

As our Institute 'AIMS' has entered into 25th year (Silver Jubilee) of service catering to the health needs of the rural populace in preventive, therapeutic & rehabilitative domains besides teaching & training UG and PG students. Remarking on this appropriate occasion, I congratulate and wish the young & dynamic team behind this new venture in making it a grand success. I also urge the faculty and the students to make best use of this for the academic and clinical excellence that we foresee. I would also like to assure on behalf of the Management that we will continue to encourage and support all the academic activities. Surely our wellbeing begins here...in our MIND.

Dr SHIVARAMU.M.G
Principal, AIMS



From the Desk of Editor

We are delighted to bring out a Monthly Newsletter "MIND". The Newsletter will focus on the interface between Psychiatry and other specialities i.e. Consultation Liaison Psychiatry (CLP) with a dedicated article from other specialities of the Institution in every issue. It will also be an interactive platform for kindling interest in Psychiatry among Undergraduates and Post-graduates. MIND Newsletter shall continue to 'reframe' itself with the feedbacks from its readers in due course of time. We are very thankful to the Management, Principal, colleagues and beloved students for all the support. We look forward for your active involvement and valuable feedback.

Dr KISHOR.M & Dr VINAY.H.R
Department of Psychiatry, AIMS

NOTE: We will be glad to e- mail the 'MIND' Newsletter to everyone on request made to editormind@gmail.com. One hard copy will be sent to each department of our Institution by 10th of every month. Publishing the articles from undergraduates and postgraduates of other departments as well as other Institutions will be considered with pleasure. All published work will come under the Copyright.

PSYCHIATRY & MEDICINE: *Towards an Effective Liaison*

These are exciting and challenging times for an effective integration between psychiatry and medicine. For a long while, psychiatry was perceived to linger in the fringes of medicine. This was unfortunately a consequence of inadequate inputs in the field of mental health in the undergraduate curriculum. However over the past decade, the landscape has changed dramatically. The discipline has witnessed a burgeoning growth in recent years thanks to the Medical Council of India, recognizing the importance of its presence in medical schools. Now without exception most of the medical colleges in the country have full fledged psychiatric units, often staffed by young dynamic professionals. This is a welcome augury for an effective integration between medicine and psychiatry. As Benjamin Rush wrote with remarkable insight in 1811:

"Man is said to be a compound of soul and body. However proper this language may be in religion, it is not so in medicine. [Man] is, in the eye of a physician, a single and indivisible being"

Impact of this indivisibility can be found in each and every person who is afflicted with a medical problem. Persons afflicted with various illnesses, respond and react to their problems in individually distinctive ways. Unless efforts are made to take cognizance of the emotional reaction of patients with medical problems, the response to treatments instituted, however effective they may be will have little impact in changing the course and outcome of the condition. For, it is well known that the perceptions and emotional reactions of patients play a significant role in altering the course of diseases.

In spite of considerable occurrence of emotional problems among medically ill patients, the referral rates for psychiatric consultations are alarmingly low. Patients admitted to a general hospital with emotional disorders are said to account for 25% of all admissions, yet referrals to consultation-liaison services rarely exceed 5%! There could be many reasons for this phenomenon. Prominent among them are: the sensitivity of medical professionals to mental health issues, their skills in detecting emotional distress, their attitude to psychiatry and the perceived stigma in referring to a mental health professional. Many of these factors can be effectively redressed by sensitization through training programs and an effective personal rapport between the physician and the psychiatrist. Initiating consultation-liaison bedside rounds will go a long way in consolidating this alliance. It is equally important to inculcate this orientation among medical students through structured lecture sessions and individual case discussions.

Most importantly, the publication of this newsletter is a step in the right direction to forge a mutually enriching professional linkage between psychiatry and rest of the medical Sciences.



Dr. RAGURAM.R . MBBS, MD, MRCPsych

Professor & HOD of Psychiatry, Kempegowda Institute of Medical Sciences (KIMS), Bengaluru

Announcements and Departmental News



Congratulations

The Winners of State Level Indian Psychiatric Society- Karnataka Branch (IPS-KB) Medical UG Quiz in Psychiatry conducted on 10th April, 2011 at SDM College of medical sciences, Dharwad.

A total of 29 teams from all over Karnataka participated in the quiz. **Four** of the top 6 teams that got selected for final round were from AIMS. **Sherin Joseph, Thejus kumar, Nischith.B.K and Debarshi Saha** of 8th Term won the **Top two places** in final round & have been selected to represent Karnataka at South-zone IPS conference, to be held at Visakhapatnam in Oct, 2011 under the sponsorship of IPS-KB.

CONSULTATION LIAISON PSYCHIATRY: FOCUS > OBSTETRICS & GYNECOLOGY

POSTPARTUM DEPRESSION

Postpartum Depression (PPD) is a form of clinical depression which can affect women after childbirth. Though the incidence of PPD is 15-20% in our country, it is not considered seriously in the rural population & it may not be noticed till it becomes serious. Instead, the parturient mother is blamed for not properly taking care of future heir of the family.

The cause of PPD could be due to hormonal fluctuation especially thyroid hormones, estrogen, and progesterone. The other major factors of aetiological importance are largely of psychosocial nature. The affected person may manifest with mood swings, loss of interest, fatigue, eating disorders, lack of joy of the motherhood and persistent sadness. They may become irritable and prefer loneliness. Some women may feel guilty and blame themselves for all the misery. Their food intake reduces & there may be sleep disturbances. Severely depressed women may even think of ending their life.

These symptoms are seen within 4 weeks post partum or as late as after 3-6 months. The associated risk factors at the level of family are unplanned pregnancy, illegitimate child, family discord, single parentage, young child at home, etc. Obstetric factors responsible are operative intervention, PIH & other pregnancy complications. At a personal level, substance abuse, smoking and contributory factors from the baby like temperament of the baby, sleep, feeding problems & abrupt weaning of the baby play a role. If PPD is not recognized, it may lead to dysfunction in the family & the mother may harm or kill the newborn. On the other side, there may be delay in cognitive, emotional and social development of the baby. However PPD needs to be differentiated from 'Postpartum blues', a self remitting milder condition considered as normal part of motherhood; and 'Postpartum Psychosis', a severe form of illness wherein the person loses touch with the reality and develops symptoms like hallucinations, paranoid or grandiose beliefs, poor self hygiene & aggressiveness.

There are few scales used in the screening of PPD like the Edinburgh Postnatal Depression Scale (EPDS) and the NIMHANS scale which can be used by obstetricians or the primary health care givers to recognize the cases early. Post Partum Depression can be managed by judicious use of antidepressants like SSRIs (Selective Serotonin Reuptake Inhibitors) and supportive psychotherapy. The latter includes support from the family & community; teaching skills to cope up with the new responsibility and psychoeducation in the prenatal period. Early recognition & prompt treatment brings happiness in the family, increases the joy of motherhood and ensures good health of the newborn.



Dr SUNANDA KULKARNI

Professor in Obstetrics & Gynecology, Adichunchanagiri Institute of Medical Sciences (AIMS)

REFRAME

Let Awareness reframe Assumptions - ELECTROCONVULSIVE THERAPY (ECT): MYTHS & FACTS

- ECT is an old and outdated mode of treatment -- Compiled by **Kiran Kantanavar** (Intern), AIMS
- ECT is a cost effective, Evidence based treatment option even today and is also one of the life saving option in patients with high suicidal ideations
- ECT works by instilling fear in patients
- ECT works by its action on number of neurotransmitters and has no placebo effect.
- ECT is Painful procedure which can damage Brain
- Modified ECT is carried out under General Anesthesia (Short Acting) without any pain/evidence of brain damage
- ECT has many contraindications and is a not a safe procedure
- ECT has only one contraindication, which is raised intracranial tension
- ECT is used only in patients with psychiatric disorders
- ECT has been used in other neurological disorders as well like Parkinson's disease and Status Epilepticus.
- ECT is costly inpatient procedure and carried out only in specialty hospital
- ECT can be carried out as outpatient procedure and costs as less as Rs.600-900/- in Medical college Hospitals.
- ECT is not carried out in developed nations and not recommended in any of International Guidelines.
- ECT is recommended in almost all International Guidelines and carried out even in UK, US.
- ECT causes irreversible memory loss.
- ECT causes minimal memory loss, especially immediate memory but that recovers within few weeks.

UG n PG

AN EXCLUSIVE SECTION FOR UNDERGRADUATES AND POSTGRADUATES

UG n PG

MIND QUIZ

1. Drug of choice in management of alcohol withdrawal features _____
2. Which is the biological marker for true seizures?
3. Only recommended drug in Alzheimer Dementia, moderate to severe stages _____
4. Which is the Drug of choice in Attention Deficit Hyperactive Disorder (ADHD)?
5. Most important risk factor for Cardiac restenosis, when all confounding factors are controlled _____

Answers at the bottom of page

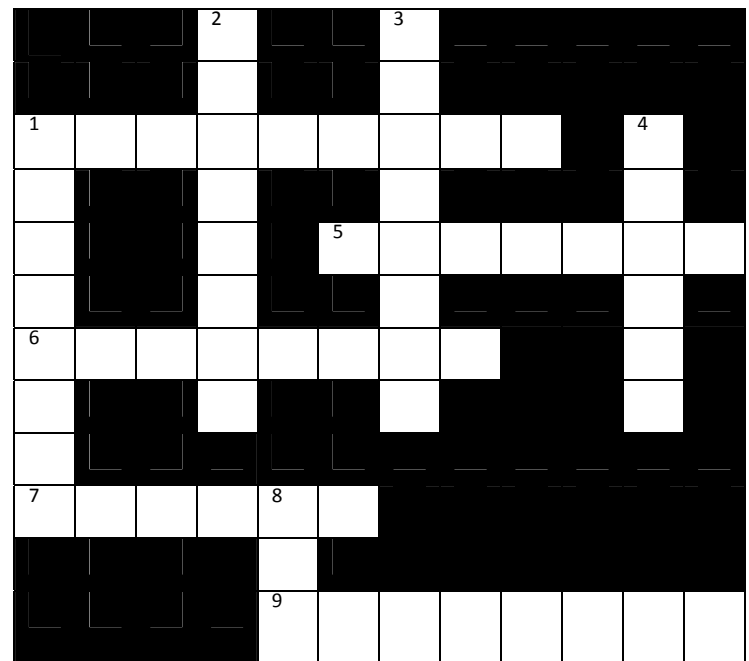
Can you CROSS the CROSSWORD?? !!

Across:

1. An unpleasant or disturbed state of Mood
5. Apprehension or Fear without reason.
6. One who does not socialize & is emotionally cold.
7. Functional Unit of CNS
9. Irreversible deterioration of mental functions

Down:

1. A firm belief which is not true
2. Exaggerated feeling of wellbeing
3. One who is very suspicious
4. A solitary playful child doesn't make eye to eye contact even with mother and does not relate to others
8. Can't stop washing hands even though they are reasonably clean!



Level: Easy

Answers at bottom

Created by **Malavika, Pradeep & Ranjitha** (Interns), AIMS

Dear Readers: Your Questions and our Answers form a special segment in Facebook, where in one can discuss topics related to Psychiatry, including case discussions. We also encourage e-mail queries especially from Undergraduates and Postgraduates, which shall be promptly replied within 2 weeks. You are welcome to define the way you want to learn...!!

Answers

Mind Quiz

1. Chloridiazepoxide

2. Raised Serum Prolactin Levels

3. Memantine

4. Methyl Phenidate

5. Depressive disorder

Cross Words:

Across

1. Dysphoria

5. Anxiety

6. Schizoid

7. Neuron

9. Dementia

Down:

1. Delusion

2. Euphoria

3. Paranoid

4. Autism

8. OCD (Obsessive compulsive disorder)