



Your Wellbeing begins here...

MONTHLY NEWSLETTER ON PSYCHIATRY FOR DOCTORS & MEDICAL STUDENTS

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Guest Editorial:

One year of the MIND.....

At one year, baby steps are replacing supported-cruising in a good number and the young ones can and do show intent..... They are becoming aware of things to look at and learn from! As it completes its first year, this being 12th issue, the four-page newsletter, MIND has done this and more. Launched from the premises of an Institution, it has gathered autonomy along the way. Guidance and logistics support are still needed, but it has made its intentions clear. It targets a sparsely occupied space – straddling Consultation Liaison Psychiatry / Medicine / training UGs and PGs in other specialties. My heartfelt Congratulations to editorial team of Dr.Kishor and Dr.Vinay for all their successes! A word of appreciation to the principal & faculty of Adichunchunagiri Institute for Medical Sciences is in order too. And to Kiran, Chaitra & Aashish Nayak for their active involvement & efforts to improve learning through crosswords and quiz! Last but not least to the entire faculty in medical colleges who supported this venture.

When I put all the issues of the newsletter together, I was amazed at the range of topics covered: Importance of psychiatry / medicine interface and related achievements, written by two senior stalwart teachers, stress and suicide amongst students and professionals, ethics in medicine, ECT and substance use - an intelligently put-together list that builds on potentially common areas of focus / curiosity. There are matters of interest to pediatricians, adolescence specialists and geriatricians too! Physicians (hypothyroidism), Pediatricians (pseudoseizures) Obstetricians (post-partal depression) Neurologists (neuropsychiatric examination) and surgeons too (orthopedics /fibromyalgia – ENT/ headache) all come into the net as the editors peg away. And it was so 'itchy' that the team members covered the dermatology / psychiatry interface themselves! The editors have gotten anatomists (schizophrenia brain), physiologists (cortisol and stress) and biochemists (GGT) involved along with the pathologist (ALD). This reflects a mature understanding of the task they have set for themselves. Impressed with their work, a great teacher shares his reflections as he goes 'Down the Memory Lane'!

The editorials are at times novel, viz., raising issues of breach of trust when health care is delegated and at times topical, as with health insurance. Discussing aspects related to training of medical students in such a way that a focus on mental health emerges, is a welcome method. The successful effort to rope in views of a former President of India indexes enviable networking skills! The section called REFRAME – wherein the editors have motivated students, interns and residents to clarify myths and realities with regard to a whole list of topics (Psychotropics – general and specific, and myths regarding Schizophrenia, ECT, OCD, Anorexia and Suicide and even the MHA!) is an example of smart pedagogy. The tidbits to keep the students interested, including an answer to a recent MBBS examination question, bespeaks of the team's creativity. The layout and the fidelity to content organization are laudable, though some lighter shades of color may be more pleasing....!

It is gratifying to note the recent build up of young enthusiastic psychiatrists in several medical colleges of the state. This newsletter is an excellent example of what this new brigade of psychiatrists can offer. From their new environs, the originators of MIND can build on their success in many ways. They need to remain committed to their primary goal – liaison between psychiatry and the wider medical fraternity. They can reach out to medical colleges at zonal level and then go country wide. They can involve clinical psychologists, social workers, nurses and general practitioners. They can annotate mental health research findings for the benefit of health professionals....As they are now publishing in a private capacity, they will need to assume responsibility for facts / contents, disclaimers notwithstanding...I am confident that the team can measure up to the challenges!

Here's wishing a great journey ahead for this promising young team!



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Consultation Liaison Psychiatry

Focus :Community Medicine, Nutrition & Psychiatric Disorders

Depression, Anxiety & Substance abuse are among the most common mental disorders that are important in community medicine. Bipolar disorder, schizophrenia, and obsessive compulsive disorder (OCD) are severe mental disorders causing significant disability. Many psychiatric disorders have been associated with deficiency of dietary nutrients like, essential vitamins, minerals, and omega-3 fatty acids, which are important in management at community level through education of public.

Studies have shown that daily supplements of certain vital nutrients often have additive effect on bringing down patients' symptoms. Supplements that contain amino acids also reduce symptoms, because they are converted to neurotransmitters that alleviate certain psychiatric disorders.

The most common nutritional deficiencies seen in mental disorder patients are of omega-3 fatty acids, B vitamins, minerals, and amino acids that are precursors to neurotransmitters.

Although many population studies have linked high fish consumption to a low incidence of certain mental disorders, more systematic research needs to be undertaken. It has been postulated that this may be due to a direct result of omega-3 fatty acid intake. Diets lacking in fruits and vegetables further contributes to vitamin and mineral deficiencies.

Role of Amino acids

Depression has been known to be associated with deficiencies in neurotransmitters such as serotonin, dopamine, noradrenaline, and GABA. As reported in several studies, the amino acids tryptophan, tyrosine, phenylalanine, and methionine are often helpful in treating many mood disorders, including depression.

Tryptophan, a precursor to serotonin has been found to induce sleep and tranquility and in cases of serotonin deficiencies, restore serotonin levels leading to diminished depression. Foods rich in tryptophan are red meat, nuts, soybeans etc.

Tyrosine an amino acid, is converted into dopamine and nor epinephrine. Dietary supplements that contain tyrosine like almonds, avocados and banana lead to alertness and arousal.

Fats and fatty acids

Since the consumption of omega-3 fatty acids from fish and other sources has declined in most populations, the incidence of major depression has increased. The antidepressant effects may be due to Eicosa Pentanoic Acid (EPA) being converted into prostaglandins, leukotrienes, and other chemicals the brain needs. Diets containing omega-3 fatty acid having 1.5 to 2 g of EPA per day have been shown to stimulate mood elevation in depressed patients. The other sources of omega-3 fatty acids are plant and nut oils.

Vitamins and minerals

Vitamin B (e.g., folate), and magnesium deficiencies have been linked to depression. Studies done worldwide suggest that patients treated with folic acid and vitamin B12 will exhibit decreased depression symptoms. Tetrafolate is already in market for adjuvant therapy in depression. Apart from these, vitamin B₁ deficiency is implicated in neuropsychiatric disorders like Wernicke's encephalopathy, Korsakoff's psychosis, pyridoxine in depression and B₁₂ deficiency in peripheral neuropathy. Chronic Iron deficiency leads to poor overall performance with decreased cognitive function in school going children.

In addition, magnesium has been found to be beneficial in recovery from major depression.

In conclusion, studies have highlighted that many psychiatric disorders can be managed better by additional healthy diet with nutrients. So old saying, 'Eat healthy to stay healthy' also includes mentally healthy, this holds valuable & cost effective way in community health care .



Dr Asif Khan is Associate Professor of Community Medicine in AIMS, Bellur.

He is also author of a book in community Medicine

REFRAME:

AWARENESS REFRAMES ASSUMPTION

MYTHS & FACTS ABOUT PSYCHIATRIC DISORDERS IN MENTAL RETARDATION

- ✗ Only neurological disorders are present in Mental Retardation & Psychiatric disorders are absent
- ☑ Psychiatric disorders are common in Mental retardation along with neurological disorders.
- ☒ Medications Patients with Mental retardation do not have depression and they cannot express it.
- ✓ Patients with Mental retardation can have depression as co-morbid condition and they can express it.
- ☒ Medications can be harmful & so should not be used to treat psychiatric disorders in Mental retardation
- ☑ Medications can be used safely at lower dosage and by monitoring for adverse effects in patients with mental retardation with co-morbid psychiatric disorders.
- ☒ It is dangerous to use ECT in patients with Mental retardation for psychiatric disorders
- ✓ When indications for ECT are met and necessary evaluation are done, Mental retardation is not an contraindication for ECT

By Naveen, 6th Term, AIMS

Invited Article

Depression In Childhood & Adolescence

Depression in Childhood and adolescents is under diagnosed and undertreated. This is mainly because the presentations significantly differ from that of adults and complications in diagnosis due to high rates of comorbidity. Research has shown that depression is occurring earlier than in past decades in this population. The prevalence is about 2% in children and 4.8% in adolescents, with male to female ratio 1:1 in children and 1:2 in adolescents.

The unique features of depression in children and adolescents are the course persists, recurs and continues into adulthood. It predicts a more severe illness in adulthood. The comorbidity rates are as high as 40-50% in anxiety disorder, conduct Disorder, Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder in Children, whereas Substance related and Eating disorders in Adolescents. Suicidal Ideation is common; attempts are rare; both increase with age. Younger children present with more behavioural problems such as social withdrawal, irritability, sleep deprivation, apathy, whereas adolescents present with somatic complaints, self esteem problems, rebelliousness, poor academic performance and aggressive behaviour.

The risk factors for depression in young age are presence of depression in one parent, environmental stressors, stressful life events, low academic performance and perception of lack of parental support by the child. The first episode lasts for 5-9 months. 74% recover significantly in the 1st year. The unique features are-(a) inspite of complete recovery , some degree of psycho social damage is always present (b)Earlier the onset of pathology, greater the harm. The risk of recurrence is greater in the first few months after 1st episode(60-75%). Factors which predict recurrence are non-adherence, early onset, numerous episodes, severity of episode, presence of psychotic features, stressors and comorbidity.

Early detection and effective treatment may reduce the impact of depression on family, social functioning, academic functioning and also reduces suicidal risk. While evaluating depression in this age group, it is important to try to get information from as many sources as possible. Fluoxetine is the only drug approved by the FDA for treatment of child and adolescent depression which has to be given for a period of 6-12 months. Cognitive Behavioural Therapy is found to be effective in altering the negative cognition, which can have a long lasting impact. Last, but not the least, it is very difficult to treat the child without the involvement of the family, where the family needs to be educated about it being an illness and not the weakness of the child ,or difficulty in coping rather than it being a manipulative behaviour. Hence, there is a need to sensitize the family, teachers and fellow medical professionals to ensure early recognition and adequate treatment for this population and prevent victimization



**Dr. Manju Aswath is Associate Professor of Psychiatry at
Kempegowda Institute of Medical Sciences, Bengaluru.**

We the editorial team of MIND Newsletter welcome articles from consultant doctors in different speciality to send us article which has relevance to psychiatry for consultation Liaison Psychiatry section. Also psychiatrist can send us articles for Invited article section about topics which are of interest to them. We are keen to have medical students, interns and postgraduate students for section on Myths & Facts, MIND Quiz and Crosswords. We will do our best to make this newsletter useful and interesting.

**AN EXCLUSIVE SECTION FOR
UNDERGRADUATES AND
POSTGRADUATES**

UG n PG

UG n PG

MIND QUIZ

by Dr.Chaitra VHM, Intern, AIMS

Answers at the bottom of page

1. Most common condition associated with BPAD:
(a) Schizophrenia (b) OCD (c) Dissociative Disorder (d) Anxiety disorders
2. Autonomic features are prominently seen in
a) Seizures associated with alcohol (b) Psychosis associated with alcohol (c) Delirium Tremors
d) Wernicke's neuropathy
3. Most common type of Dementia in world: (a) Lewy body (b) Parkinson's (c) Vascular (d) Alzheimer's
4. Aura in epilepsy can provide information about :
a) Personality of person (b) Type of medications needed (c) Region of brain involved (d) Prognosis of epilepsy

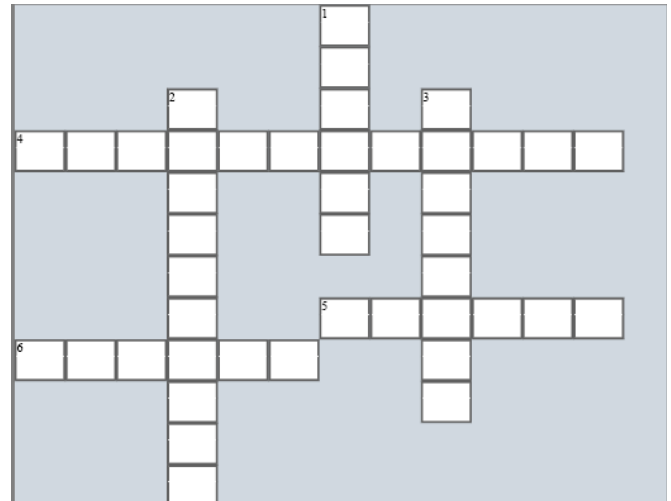
Can you CROSS the CROSSWORD?? !!

Across

4. Nobel prize for study on animal behavior which has implication on Behaviour (12)
5. Self actualization theory (6)
6. Cognitive development in Children (6)

Down

1. Importance of mother & child attachment (6)
2. Client centered psychotherapy (11)
3. Eight stages of Life cycle (8)



LEVEL: NOT SO EASY

ANSWERS: GIVEN BELOW

Created by
Dr. Aashish S Nayak , MBBS



Answers

MIND QUIZ

1. Anxiety disorders
2. Delirium Tremors
3. Alzheimer's

4. Region of brain involved

CROSS WORDS

ACROSS

4. Konard Lorenz
5. Maslow
6. Piaget

DOWN

1. Bowlby
2. Carl Rogers
3. Erickson

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