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MONTHLY NEWSLETTER ON PSYCHIATRY FOR DOCTORS & MEDICAL STUDENTS

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From the desk of Editor

Encourage Research Activities among Undergraduates

India in the ancient times was a seat of learning, which was admired by rest of the world. Off late, India's contribution to medical sciences especially in the area of research has been low. Research papers, even from countries like Brazil, Singapore and China have increased in all Journals apart from US & UK, who are well ahead.

India is a country with one of largest number of graduates & postgraduates in world. Karnataka, alone contributes nearly 5000 undergraduate and 2000 postgraduate doctors every year! However our research papers are less in number & quality. This is not because of non availability of resources but primarily because of non exposure and lack of training in this regard during under graduation. They can be trained in simple research work and guided to carry out small study relevant to the curriculum at the early period of their course.

Incentives for best research paper, opportunities to present them at respective speciality conferences & initiating e-Journal groups in every institution can encourage research among students and kindle their interest. Over a period of time India can emerge as leader in research.

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



Guest Column: Down the Memory Lane.....

Series 2: How do I understand this case?

Late Dr. Raghavendra Rao, a consultant cardiologist had published in the year 2000 a book in Kannada ("Vaidya Keliddu, Kandaddu," - 'what the doctor heard and saw,') containing interesting anecdotes from his practice. One is about a past middle aged male patient with advanced stage of CCF brought by his wife, son, and a relative. Admission and intensive treatment was advised. Wife wanted to know the approximate cost and expected outcome. The cost was not easily affordable by them, and the probability of recovery was 50%. The three had a whispered discussion, and the son told the doctor of their decision to take the patient back to the village. He requested prescription for whatever medicines that could be administered at home.

The doctor asked the reason for the above decision. The son explained (English translation): "We have half an acre of dry land. Selling it, we can raise the required money. But, if my father dies, we will lose both my father and the land, our future livelihood. Instead, after we go back, if my father survives with treatment, we will have both my father and the land. If he were to die, we will at least have the land to earn our livelihood."

This is a real life demonstration of how critical circumstances in life demand decisions that seem 'cruel,' and how mentally tough ('hardiness' or 'resilience' is a professional terminology) our rural brethren are. What does this decision reflect: (i) Wisdom or stupidity? (ii) Healthy or unhealthy attitude to life?

Incidentally, a tragic fact: Just like in any other country in the world, urban population in India (constituting only 30% of the country's total) consumes 70% of the nation's revenue (income/resources).

By Dr. C. Shamasundar

Retired Prof. of Psychiatry, NIMHANS, Bengaluru



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INVITED ARTICLE

SUICIDE PREVENTION AMONGST MEDICAL STUDENTS:

Towards A Model for Institutional Approach

Suicide remains the second most common cause of death among medical students in the United States, prevalence of which in India is not known. The question of motive deserves careful attention as "academic and personal stress" and "unsuitability for the profession" may explain why medical students take this extreme step.

Following suicide of a student at our medical college in 2005, a committee was created under the aegis of Dr. A K Handigol, to "look into the psychiatric care of medical students." This team approach in tackling the suicide menace consist inter-linked, communicative, dedicated people like Principal, Student Welfare Officer, Psychiatrist, Psychologist, Teacher guides and hostel wardens. During first year on admission, screening of all students carried out using depression rating scales and personality inventory (EPQ). Those who score moderate to very severe depression scores and/or introvert personality structure are monitored frequently and if necessitated, at times of stress are counseled and treated accordingly. Information so obtained is kept confidential and if demands attention of parents/guardian is disclosed. Currently, we have about 600 students evaluated and actively monitored throughout their course at our medical institution. With these standards, it has been possible to curtail risk of suicide amongst medical students for past several years and also to handle the stress of these students more effectively on an individual basis. Possibly, this approach may be adopted in both undergraduate and post-graduate institutions as a method of dealing with students at risk of self-destructive behaviours, thus making them more reality oriented therapists in our society.

The issues of suicide, death, dying and personal vulnerability, ideally should not be delegated only to departments of psychiatry, but dealt with by physician role models at all levels of the medical college hierarchy on a day-to-day basis.

Increasing awareness among medical students and faculty about suicide risk factors, enhancing coping skills and building support system will go long way in reducing suicide among medical students.

Dr.Ranganath Kulkarni MD,
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SDM College of Medical Sciences, Dharwad



REFRAME:

LET AWARENESS REFRAMES ASSUMPTION

Myths & Facts about Medications Used in Psychiatry

- ☒ Medications used for management of psychiatric disorders cause dependency
- ✓ Most of medications used in management of psychiatric disorders do not cause dependency except Benzodiazepines which are used only for limited period & symptomatic management
- ☒ All medications used for management of psychiatric disorders are 'sleeping drugs'
- ✓ Sleep is one of the side effects of some of the medications used which may in fact be beneficial but they are not 'sleeping drugs'. There is separate class of medications recommended for sleep disorders like Zolpidem.
- ☒ Once patients are started on medications for psychiatric drugs, they have to be continued for rest of life
- ✓ More often medications used for psychiatric disorders are recommended for certain period which involves phase of remission & prevention. Only in some cases of multiple relapses, one needs to be on life-long medication. It is best to seek information from treating psychiatrist and standard books/Journals
- ☒ Medications used for psychiatric disorders can cause mental Imbalance
- ✓ Medications used for psychiatric disorders do not cause mental imbalance, they have proven benefit when used judiciously and tailored to patient's condition.

By Dr. Madhu.R Gowda, Intern AIMS



FOOD FOR THOUGHT: FOR UGS, INTERNS - YOU CAN WRITE ON "SUICIDE PREVENTION AMONG STUDENTS, WHAT NEEDS TO BE DONE? " 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. MARCH. 2012

CONSULTATION LIAISON PSYCHIATRY - FOCUS: NEUROLOGY

A QUICK NEUROPSYCHIATRIC EXAMINATION

The neuropsychiatric examination is one of the most unique exercises in all of clinical medicine, and is performed to localize a lesion in the central or peripheral nervous system, diagnose neurological and psychiatric disorders. The statement has been made, "History tells you what it is, and the examination tells you where it is." Reflex hammer, tuning forks are essential, but don't miss to carry an ophthalmoscope, gloves, tongue depressor and sterile pins. And never forget to observe and listen.

Examination begins as soon as we see patient, an observation is vital for various reasons; a dull face, without arm swing can indicate Depression or Parkinsonism. Listening to patient can be crucial in diagnosing many psychiatric disorders. Where there is no complaint of cognitive problems and the patient appears to behave normally and give a consistent history, detailed cognitive examination is usually not indicated. Features suggestive of cognitive impairment include evidence of abnormal behaviour, inability to give a history, and concern from relatives. Mental status examination which includes assessment of concentration, attention, mood, thoughts, perception, and speech output can help in making diagnosis of psychiatric disorders. Formal assessment of attention is assessed by asking the patient to count backwards from 20 to zero.

If dementia is suspected, MMSE should be done. A score of 28/30 or more effectively rules out Alzheimer's disease. In assessment of speech, don't overlook comprehension deficits and naming problems. Visual field examination is very important and often neglected. In routine practice test both eyes together, in four quadrants. A common abnormality is homonymous hemianopia. Most hemianopias are caused by stroke. Eye movements are important and must not be overlooked. Cranial nerves involvement is common; VI nerve involvement is usually vascular; III nerve affection is urgent, if painful and the pupil is dilated which can be due to aneurysms and tumors compression.

Test facial movement by asking patients to screw up their eyes and grin, eye closure weakness should not be missed as it suggests lower motor type of facial palsy. Impairment of corneal reflex can be very early sign of trigeminal neuropathy and need to be always performed.

Look at the tongue; it should protrude centrally, and not be wasted.

Tendon reflexes are normally absent (or diminished) in cases of neuropathy. Before labelling a reflex is absent, never forget to do Jendrassik maneuver for reinforcement.

There are some neurological signs that mean very little in isolation. Isolated sensory signs are rarely relevant. Sensory examination is really important in excluding possible motor neuron disease. Muscle power is actually more difficult to assess than it might seem. It should be done to demonstrate a pattern of weakness such as pyramidal, radicular, specific peripheral nerve, proximal, distal. Only repetitive practice makes you to do quick and proper neuropsychiatric evaluation.

Dr. Venugopal Krishna

Associate Professor of Neurology

Adichunchanagiri Institute of Medical Sciences



We welcome contributions to Guest Column: Down the memory lane, Invited Article, Consultation Liaison Psychiatry from consultants of medical institutions. Postgraduates & undergraduates can send their work for Reframe, Quiz & Crosswords. All contribution will be scrutinized and should abide by copyright policy of MIND Newsletter -Editor



Next Issue of 'MIND' Features:

Towards Innovative Library!!!

Stress among health professionals by Dr. Anil Kakunje MD

Pseudo seizures by Dr. Suguna MD

Sleep: myths and facts



UG n PG

AN EXCLUSIVE SECTION FOR UNDERGRADUATES AND POSTGRADUATES

UG n PG

MIND QUIZ

by Dr. Chaitra VHM, Intern, AIMS

Answers at the bottom of page

- Which of these is not an Atypical Antipsychotic?
 - Risperidone
 - Olanzapine
 - Clozapine
 - Haloperidol
- Which of these is not an SSRI?
 - Duloxetine
 - Escitalopram
 - Paroxetine
 - Sertraline
- Which of these is not a personality disorder (PD)?
 - Borderline PD
 - Antisocial PD
 - Paranoid PD
 - Multiple PD
- According to WHO ICD 10, to diagnose Obsessive Compulsive Disorder, symptoms should persist for ...?
 - 1 week
 - 2 Week
 - 4 weeks
 - 6 weeks

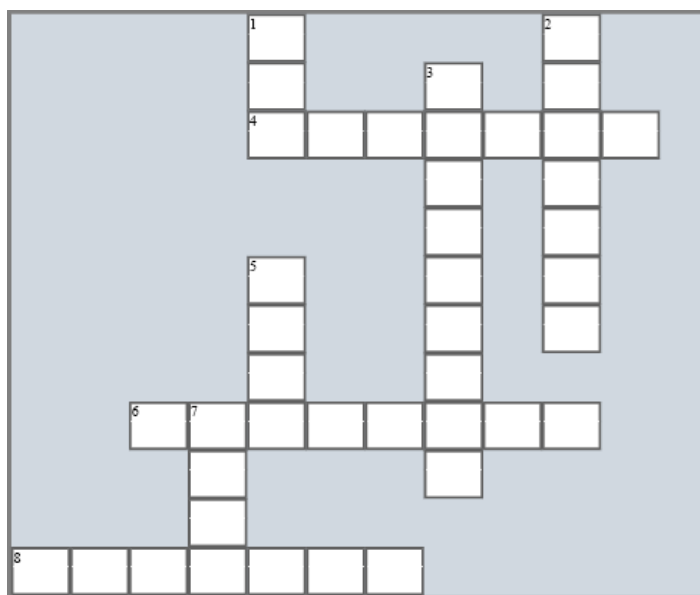
Can you CROSS the CROSSWORD?? !!

Across:

- Shakespeare work & It's morbid jealousy (7)
- Difficulty in sleeping (7)
- 'Magnan symptoms' are caused by (7)

Down:

- Cheese reaction after inhibiting this enzyme (3)
- Binge eating & Vomiting (7)
- 'sarpagandha' derivative was used to treat psychosis (9)
- Sudden repetitive Muscle movements which can be normal (4)
- This is Glutamate receptor (4)



LEVEL: NOT SO EASY

ANSWERS: GIVEN BELOW

Created by

Dr. Aashish S Nayak (Intern), AIMS



Answers

Mind Quiz

1. Haloperidol

2. Duloxetine

3. Multiple PD

4. 2 week

Cross Word:

Across

4. Othello

6. Insomnia

8. Cocaine

Down:

1. MAO

2. Bulimia

3. Reserpine

5. Tics

7. NMDA

Announcement: The Indian Psychiatric Society Karnataka state branch (IPS-KB) is conducting 'State level Inter Medical UG/ Intern Prize examination in psychiatry for the year 2012 which is scheduled to be held on **28th March, 2012**. Contact the Department of psychiatry in respective institutions for more information and registration.

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