



Your Wellbeing begins here...

MONTHLY NEWSLETTER ON PSYCHIATRY FOR DOCTORS & MEDICAL STUDENTS
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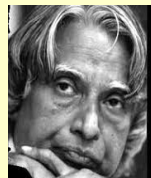
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From the desk of editor

September is a memorable month in Indian calendar wherein we celebrate Teachers Day. As we know Doctor means "to teach". As doctors, we are not sure where a hand of healer ends and role of teacher begins. A Teacher may not be the one who just taught us "What to learn?" But also "How to live?". Over a period of time we may join teaching hospitals and then some of us may reflect upon, what does it mean *to be a teacher?* What is the "*Responsibility of Teacher?*". In search of the answers, we wrote to Dr. APJ Abdul Kalam, former President of India who inspired millions, and he obliged with an **exclusive article to MIND Newsletter** which is reproduced here unedited. – **Dr. Kishor.M**



From: **Abdulkalam APJ** apj@abdulkalam.com Date: Wed, Sep 21, 2011 at 1:18 PM
To: editor mind <editormind@gmail.com>

Dear Doctor,

Thank you for your mail. I have met many teachers who have become a role model to their students. I asked them, what was the secret of their success? They told me the following:

- a) They have been able to adopt themselves to the age of the student.
- b) As a teacher, they make sure that they take two to three classes per day.
- c) They practice everything they expect the students to do. Their real life itself is a message to the students.
- d) They ensure transparency in all their transactions and treat all students alike, irrespective of their religion, caste, language and economic status.
- e) They have a foresight and they visualize the student's growth in long term perspective.

Based on my association with teachers, I have designed an eleven point oath which brings out the responsibilities of a great teacher.

Eleven Point Oath for Teachers

1. First and foremost, I will love teaching. Teaching will be my soul.
2. I realize that I am responsible for shaping not just students but ignited youths who are the most powerful resource under the earth, on the earth and above the earth. I will be fully committed for the great mission of teaching.
3. I will consider myself to be a great teacher for I can lift the average to the best performance by way of my special teaching.
4. All my actions with my students will be with kindness and affection like a mother, sister, father or brother.
5. I will organize and conduct my life, in such a way that my life itself is a message for my students.
6. I will encourage my students to ask questions and develop the spirit of enquiry, so that they blossom into creative enlightened citizens.
7. I will treat all the students equally and will not support any differentiation on account of religion, community or language.
8. I will continuously build the capacities in teaching so that I can impart quality education to my students.
9. I will celebrate the success of my students, with great élan.
10. I realize by being a teacher, I am making an important contribution to all the national development initiatives.
11. I will constantly Endeavour to fill my mind, with great thoughts and spread the nobility in thinking and action.

Greetings and best wishes

Kalam

INVITED ARTICLE

DEVELOPMENTAL REGRESSION IN CHILDREN

Two cases seen in our hospital recently are briefly described. These lead to increased discussions within us on the approach to such cases. *The focus in this brief write up is to encourage the readers to inform themselves about autism when faced with such clinical scenarios.* Recognizing that information is easily done in today's age, we have instead touched upon various thought processes in such instances.

Case-1 5 year 3month old boy, with normal development till 2 year 5 months of age presented with regression of language and complete cessation of speech by 3 years along with few repetitive motor behaviours, poor non verbal communication and impaired social interaction. He shows some inclination to social imitative play and ill sustained eye contact. He also has increased activity levels needing constant supervision and is restless and fidgety since the age of 3 years.

Case-2 5 year old boy, born of second degree consanguineous marriage, had delay in language milestones since birth. He presented with poor social interaction, poor imitative play and repetitive motor behaviours since three months with gradual decline and complete cessation of speech since 20 days associated with significant loss of motor skills.

The two large streams of neurodegenerative disorders one considers in such a situation include: Grey matter diseases and white matter diseases. A good summary of each of these diseases may be obtained from the following sources: http://www.pediatriconcall.com/for doctor/Conference_abstracts/NEUROGENETICSDEL/Greymat.asp and also at <http://www.vumc.com/afdeling/Children-White-Matter-Disorders>. On the other hand, the number of children with gradual onset of socio-communication difficulties after an apparent period of 'normal' development leading to a diagnosis of Autism and other pervasive developmental disorders has been very common in our hospital. Also, the children with autism are more likely to improve with intensive early interventions. We were faced with different possible courses of action as getting clear diagnosis was going to involve a lot of expense and time. Often awaiting diagnostic clarifications leads to reduced energy towards possible interventions.

A majority of children may not fall into the category of neurodegenerative disorders. Autism Spectrum Disorders (ASD) are an increasingly recognized group of childhood disorders where regression may be seen in nearly a third to half of cases before 3 years of age. Many other children with ASD may show delayed development from the beginning. *All regressive disorders may not be ASD, but ASD is more likely to improve substantially with intensive early intervention.* Recent studies following up siblings of children with Autism has suggested that regression may be in much higher proportion and may involve subtle losses in motor functions too (John Constantino, The Genetics of Autism, April 2010, UC Davis, MIND lectures available free on iTunes).

Families may end up spending a lot of money ruling out a long list of storage disorders. They may also be losing valuable time when early intervention must be getting started. Secondly, there is also a strong urge to provide reassurance to families amongst the medical profession. Some of the delay in availing intervention can be traced to the family doing nothing because the doctors were reassuring.

A lot of information on autism is available today easily. (www.autismspeaks.org and www.autism-india.org, www.autismsocietyofindia.org). A global autism convention was held at Bangalore recently. A whole lot of interventions as is practiced in India (and overseas) were presented and discussed. Anyone wishing to have a copy of the book of abstracts may write to autismseminar2011@gmail.com. A book with full text articles from this meeting will be published soon. The scope for establishing specialized training programmes at every taluk level is very high. We urge the readers to develop special education units locally with help of technical inputs available with several organisations within the state. The results will be gratifying indeed.



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*Professor Ashok M V has keen interest in child psychiatry and he can be contacted at mysoreashok@gmail.com

St.John's Medical College is organizing the 11th Biennial National Conference of the Indian Association for Child and Adolescent Mental Health being held at Hospital Auditorium from 17th to 19th November 2011. **Conference Theme: 'Parents: Parenting and Partnering'**. Pre-conference workshops on the 16th November 2011. Look forward to your presence at St.John's from 16th to 19th November. Write to iacamstjohns@gmail.com or Visit www.iacamcon2011.com

FOOD FOR THOUGHT: FOR UGS, INTERNS, AND PGs OF AIMS - YOU CAN WRITE YOUR OPINION ON "AUTISM; CLINICAL FEATURES & ROLE OF PARENTS IN MANAGEMENT" IN NOT MORE THAN 250 WORDS AND WIN SURPRISE GIFT FOR THE BEST WRITE UP! LAST DATE FOR SUBMISSION AT DEPT. OF PSYCHIATRY IS 25TH OCT, 2011

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Consultation Liaison Psychiatry Focus: NEUROANATOMY

BRAIN OF SCHIZOPHRENIA! WHAT'S INSIDE?

Schizophrenia is a fascinating disorder for clinicians & researchers in various field of medicine as it is a complex psychiatric disorder characterized by delusions, hallucinations and or negative symptoms, with high personal and societal costs. Even the patients and their relatives are curious to know the reason behind altered behavior, they may insist upon clinician to investigate the Brain!

The illness has prevalence rate of less than 1% in the general population. Efforts to understand its etiology is not new. Over hundred years ago, Emil Kraepelin & Bleuler described schizophrenia. They were convinced that it was an organic brain disease, and Alzheimer who worked with Kraepelin, began the neuropathological investigation, before moving to a more fruitful research area. Subsequently the subject has continued to exasperate researchers in equal measure, generating more heat than light and being notable for memorable quotes rather than durable data. Of all the methods used to investigate biologic abnormalities in psychiatric illnesses, neuroanatomical studies have provided some of the most consistent evidence for brain abnormalities in schizophrenia.

Lateral ventricular & sulcal enlargement particularly in the anterior and temporal horns is the best replicated anatomic abnormality detected in the brains of patients with schizophrenia, both in earlier CT studies and in many MRI investigations. With volumetric analysis, reductions found more often for the hippocampus than for any other brain region. Grey matter appears to be reduced more than white matter. Volumes in specific frontal, temporal, & parietal cortical sub regions appear to be disproportionately smaller. However, like widespread abnormalities, the significance of focal cortical volume deficits in schizophrenia remains unknown. There are some gender differences among patients with Schizophrenia, ventricular size larger in men; however brain volume reduction more marked in women. Planum temporal volume & other asymmetry reversals marked in men but corpus callosum thickness is in women.

Heteromodal association cortex (HASC) is a highly organized and interconnected neocortical system comprised of the planum temporale (PT), the dorsolateral prefrontal cortex (DLPFC), Broca's area, and the inferior parietal lobule (IPL). Several neurodevelopmental features of HASC may be especially vulnerable to disruptions in neuronal function or connectivity during brain development, which are also implicated in schizophrenia.

Many structures are normally lateralized in the human brain, with surface areas or volumes being consistently larger in one or the other hemisphere, on occasion in conjunction with lateralized functions such as language. Studies have demonstrated the absence or reversal of such normal cerebral structural asymmetries in schizophrenia. Recent discussions have focused on disturbed connectivity between different brain regions in schizophrenia. Across hemispheres, the disruption was most pronounced in medial and lateral temporal lobes structures, including entorhinal cortex and anterior and posterior superior temporal gyri.



All the data available currently kindles our interest to understand this illness with more sophisticated investigations like fMRI, SPECT & PET scans. Hope we will know more about, "Brain of Schizophrenia! What's inside?"

DR. ANUPAMA.M.P, ASST. PROF IN ANATOMY, AIMS

REFRAME: AWARENESS REFRAMES ASSUMPTION - SCHIZOPHRENIA

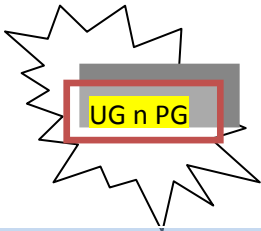
- Individuals affected with Schizophrenia are dangerous & violent
- Violence is uncommon among patients with Schizophrenia in comparison to general population. They tend to be more distressed, frightened, confused & lack insight about their condition.
- Patients with Schizophrenia are mad
- Patients with Schizophrenia are neither mad nor mentally retarded. In fact Prof John Nash who suffered from Schizophrenia won Nobel Prize! Beautiful Mind is a movie made on true story of his life
- Schizophrenia has no treatment
- It can be treated with combination of antipsychotic medications, social support and evidence based therapy.
- Schizophrenia affected patients suffer lifelong without remission
- Nearly one third have remission after an episode with treatment, another one third can carry out daily activities with partial remission and only remaining one third need continuous comprehensive management.
- Schizophrenia can be managed with just counseling.
- Most disorders are best understood by Bio-Psycho-Social model & counseling or therapies are integral part of all management protocol, which needs to be continued with necessary medication.

Compiled by Harish.H.S, Intern, AIMS





AN EXCLUSIVE SECTION FOR UNDERGRADUATES AND POSTGRADUATES



MIND QUIZ

Answers at the bottom of page

1. Approximate percentage of alcohol in spirits like whisky, gin, brandy, vodka is _____
2. Hallucination is a disorder of _____
3. According to WHO ICD-10 classification Diagnostic Duration Criteria for Schizophrenia is _____
4. Most common type of Delusion is _____
5. Biological marker of a recent seizure episode is _____

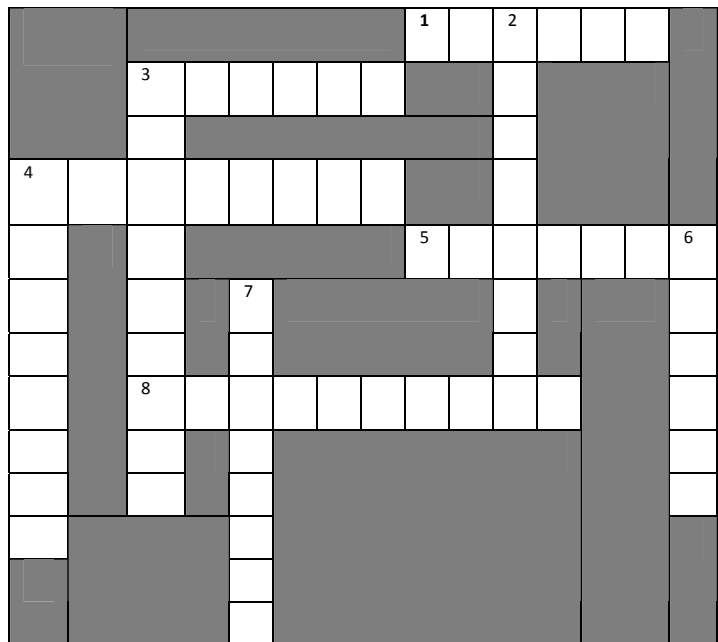
Can you CROSS the CROSSWORD?? !!

Across: 1. The Scientist who showed that ringing bell can lead to salivation in Dog, a conditioning experiment!

3. A pervasive developmental disorder
4. Delusion of Negation Ex: A persons claims that he is dead!
5. Teeth grinding in sleep
8. Disorder of sleep with sudden bout of daytime sleepiness with loss of muscle tone

Down: 2. A form of intestinal obstruction

3. Inability to experience pleasure
4. An Opioid antagonist
6. A patient may present with no speech at all, which is of recent onset
7. A drug named after Greek god of dreams



LEVEL: NOT SO EASY

ANSWERS: GIVEN BELOW

Created by
Dr.Aashish Nayak (Intern), AIMS



Answers

Mind Quiz

1. 30 - 40 %

2. Perception

3. 4 weeks

4. Persecutory or paranoid

5. Raised serum prolactin

Cross Words:

ACROSS

1. Pavlov

3. Autism

4. Nihilism

5. Bruxism

8. Narcolepsy.

Down:

2. Volvulus

3. Anhedonia

4. Naloxone

6. Mutism

7. Morphine

Congratulations!! Gowthami.R of 8th term, AIMS has won the prize for best write up in **FOOD FOR THOUGHT** on the topic "WHAT IS CONTROLLED OR SAFE DRINKING OF ALCOHOL? HOW TO IDENTIFY PROBLEM DRINKING?"

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