Your Wellbeing begins here…

MONTHLY NEWSLETTER ON PSYCHIATRY FOR DOCTORS & MEDICAL STUDENTS

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Inauguration of PG orientation workshop - 5th Aug, 2011, AIMS

A Glimpse of events at KANCIPS – 21st Aug, 2011, Mysore

From the desk of Editor

Is delegating patient care a breach of trust?

We graduate from Medical colleges as doctors & specialist and soon we are assisted by team of paramedical staff, junior doctors which increases over a period of time. As this process continues, we become privileged members of medical fraternity wherein, even when we are ill or our close ones are unwell, most of the nuisance associated with seeking medical help like that of waiting to meet a doctor, investigation protocol, care at hospital are bypassed or minimized. Hence as doctors we may never see things through patient's eye and their unmet needs. Since the unmet needs of patient are vast, everything cannot be mentioned here for the sake of brevity.

There is emerging trend of delegating patient care without their knowledge or consent (a part of it or completely), to subordinates / junior doctors & paramedical staff (no matter how competent they are), just because want of time or sophistication. Doesn't it lead to breach of trust? When actually patient seeks your care!

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

Congratulations!! Gowthami.R of 8th term, AIMS has won the prize for best write up on the topic **"Should ethics be taught in medical colleges?"** The copy of her write up is posted in facebook.

NOTE: You can also connect us in Facebook! Just login into your facebook account and give a search for 'Mind Aims' & send a request to join the group for getting more of MIND Newsletter. The faculty and students of AIMS can contact Dr. Kiran Kantanavar, Intern (+917411569877) for hard copies of newsletter.

DID YOU KNOW?

By **Mamtha Shree.C & Manu.R** - 5th Term Students, AIMS

→ Rapid onset of OCD in children may be caused by Group-A streptococcal infection, a condition hypothesized by its acronym PANDAS (Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal infections).

→ Stereotactic surgeries on subcaudate & anterior cingulate region are done for resistant cases of OCD while surgery on pallidum & thalamus results in reduction of tremors in Parkinson's disease.

Invited Article

Disulfiram: Old! Yet a Beautiful drug of use?

Alcohol dependence or alcoholism is often a progressive chronic disorder which has significant adverse implications on patients, their families, and the society. Treating alcoholism involves several stages. In the initial stage, acute withdrawal is treated by detoxification with benzodiazepines especially Chlordiazepoxide. Later stages attempt to maintain patients in abstinence or controlled drinking. This latter aspect of patient management traditionally involves pharmacological modalities like Disulfiram for complete abstinence or psycho-social interventions including Motivational Interviewing, option of Alcoholics Anonymous and various counseling approaches or combinations of both. Drugs used to manage alcohol dependence includes Disulfiram, the opioid antagonists like Naltrexone & Nalmefene, Acamprosate, various serotonergic agents (including SSRIs), Topiramate, Baclofen etc. Though many drugs are being marketed, Disulfiram is still a better option considering its efficacy & cost effectiveness.

Disulfiram (Tetraethylthiuram disulfide) is an aldehyde dehydrogenase inhibitor that interferes with the metabolism of alcohol by producing a marked increase in blood acetaldehyde levels leading to unpleasant symptom referred to as the disulfiram-ethanol reaction. Thus Disulfiram is used as an aversive conditioning agent. Either the fear of having a Disulfiram-Ethanol Reaction or the memory of having had one is meant to condition the patient not to use alcohol. Disulfiram has a half-life estimated at 60 to 120 hours because of which it may produce symptoms even 1 or 2 weeks after the last dose! Disulfiram-Ethanol Reaction can occur within 10 mins of taking alcohol & features can be sweating, palpitation, facial flushing, throbbing headache, nausea, vomiting, chest pain, dyspnea, hyperventilation, tachycardia, hypertension, syncope, marked uneasiness, vertigo, blurred vision, & confusion. In severe cases, there may be respiratory depression, cardiovascular collapse, arrhythmias, myocardial infarction, acute congestive heart failure, unconsciousness, convulsions, and even death. The intensity of the reaction may vary with each individual but is generally proportional to the amount of Disulfiram and alcohol ingested. In severe reactions, supportive measures to restore blood pressure & to treat shock should be instituted. Other measures such as the administration of oxygen, massive intravenous doses of vitamin C (1 g), ephedrine sulfate or antihistamines might be helpful.

For reasons explained above every patient is educated about Disulfiram & written consent taken. Disulfiram like reaction can occur in patients who are taking metronidazole, cephalosporins, sulphonylureas or griseofulvin when alcohol is ingested. The patients on Disulfiram also need to be aware that alcohol-containing preparations i.e., in sauces, vinegars, cough & cold mixtures, and even aftershave lotions or liniments can also trigger off such reactions! Since Disulfiram-alcohol reactions could aggravate some medical conditions such as diabetes mellitus, hypothyroidism, epilepsy, cerebral damage, chronic & acute nephritis, hepatic cirrhosis or hepatic insufficiency, they need to be warned. Extreme care should be taken in such patients or avoid Disulfiram altogether. Disulfiram inhibits enzyme induction, thus interfere with the metabolism of drugs & enhances the effects of Coumarin anticoagulants, diazepam, paraldehyde, caffeine, tetrahydrocannabinol, barbiturates, isoniazid, tricyclic drugs & phenytoin. In a small number of patients, a transient mild drowsiness, fatigue, impotence, headache, acneiform eruptions, allergic dermatitis, or a metallic or garlic-like aftertaste may be experienced during the first 2 weeks of therapy. Disulfiram is supplied in tablets of 250 mg and 500 mg. Average maintenance dose is 125 to 250 mg / day but should not exceed 500 mg daily. Disulfiram does not produce tolerance. Daily uninterrupted administration continued until the patient has self-control. Although implants of disulfiram appear to be an attractive method to ensure compliance in future but has its own drawbacks.

Disulfiram is certainly an old drug in use and data available on it for more than 50 years now. Although many individuals do achieve long-term sobriety, few others continue to relapse and deteriorate despite multiple courses of treatment. However, with proper motivation and supportive therapy, Disulfiram is an old (in terms of years of use & data available) and beautiful Drug (in terms efficacy & cost effectiveness) which wins hands down.

Dr.HARISHA DELANTHABETTU

HOD, Department of Psychiatry, K V G Medical College, Sullia

Food for Thought: For UGs, Interns, and PGs of AIMS - You can write your opinion on "What is Controlled or Safe Drinking? How to identify problem drinking of alcohol?" in not more than 250 words and win surprise gift for the best write up! Last date for submission at Department of Psychiatry is 25th September, 2011

CONSULTATION LIAISON PSYCHIATRY FOCUS: OTORHINOLARYNGOLOGY

Headache - When to seek opinion from psychiatrist

Headache is not new to anybody, in fact I had one yesterday, which subsided with a small nap! Well most of the people suffer from headache one day or the other, so it won't be surprising that this symptom is taken very lightly by the people. Only when the symptom is unbearable or does not subside with analgesics, the patients would approach a doctor. Available literature says that most of the patients with unexplained headache do have a cause which is not properly evaluated.

Headache can be due to recognizable causes like tension headache, cluster headache, sinusitis, migraine, thunderclap headache, temporal arteritis, ophthalmic causes like glaucoma. Headache due to sinus disease usually follows a rhinitis or secondary to toothache and usually localised and easily diagnosed by radiological investigations. Cluster headache usually occurs in early morning, will be unilateral, dull aching and responds spontaneously to analgesics. Migraine usually presents as a unilateral pulsating headache aggravated by movement and associated with nausea and photophobia, triggers being sleep deprivation or caffeine usage or fasting. Thunderclap headache occurs following exertion or sexual activity and presents as a sharp agonising pain, but subsides spontaneously without medication. Temporal arteritis usually manifests as a localised temporal headache, occasionally associated with visual symptoms and has good response to steroids. Ophthalmic causes of headache like glaucoma present as throbbing pain around the eyes which can be confirmed by tonometry. It should also be noted that most of these conditions have high rates of co-morbid Psychiatric diagnosis especially those associated with Migraine.

When the doctor feels that the patient's symptoms are not corroborating with the associated signs known to him or the symptoms do not subside with well planned management, the suspicion of a non-organic cause should be explored. This is where awareness of common psychiatric disorders comes into picture. Many psychiatric disorders like depression with typical early morning headache, somatisation disorder with multiple complaints & numerous consultations, anxiety disorders, interpersonal problems, do present with headache or heaviness of head.

The diagnosis of a psychiatric disorder cannot be made only on the basis of non-organic headache, but should be considered with other symptoms. So cross consultation with the psychiatrist should be a smooth affair, because the word psychiatrist rings many bells in Indian society, particularly with respect to stigma. The patient should be educated that opinion from psychiatrist may ease his headache without the use of unnecessary medications and investigations. Hence it should also be wise to address co-morbid psychiatric conditions while taking a detailed history and in management of organic causes of headache.

Dr. Kiran Naik, Assistant Professor of ENT, AIMS

REFRAME: Awareness Reframes Assumption - Mental Health Act 1987 - Myths & Facts

- ✘ Mental Retardation is covered under this Act
- ☑ Mental Retardation does not come under this Act as Mental Retardation is not a mental illness.
- ✘ Mental Health Act deals with regulation of admission & discharge of mentally ill and nothing else
- ☑ MHA 1987 covers wide areas & includes definition of various authority, rights of mentally ill, their property management, regulations of their care, rules & regulations governing their admission, discharge, treatment etc
- ✘ Legal definition of mental illness is as defined in medical textbooks
- ☑ Legal definition of mental illness is interpreted by law and includes 'unsound mind' which is again interpreted by court of law with particular case in hand.
- ✘ Mentally ill cannot claim their property
- ☑ Rights of mentally ill are protected by law and are governed by defined authority.
- ✘ Admission and discharge of mentally ill is considered only when patient himself or his relatives request so.
- ☑ Even a friend or well wisher or NGO can request the same under MHA 1987.
- ✘ Anybody can admit the mentally ill and treat them, anywhere.
- ☑ The definitions of treating doctor, his qualification and place of care/ treatment has to be according to MHA 1987

For more information: http://nhrc.nic.in/Publications/Disability/annexure3.html

Compiled by – Mahesh Rathod, Junior Resident, AIMS

UG n PG

An exclusive Section for Undergraduates and Postgraduates

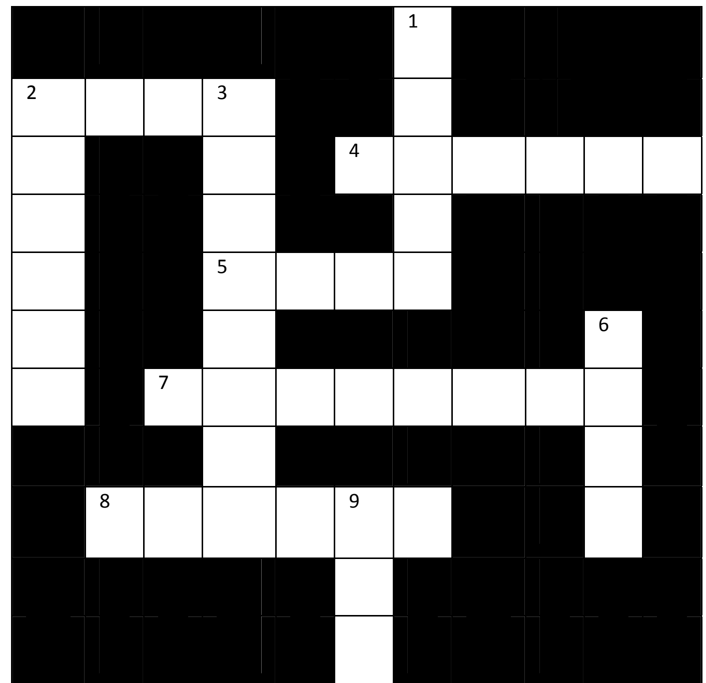
UG n PG

MIND QUIZ

1. Most Common Psychiatric Disorder is _______
2. Delusion is a disorder of________
3. According to WHO ICD-10 classification diagnostic duration criteria for depressive disorder is ________
4. Mitral Valve Prolapse is a differential diagnosis for which psychiatric disorder?
5. Drug of choice for treatment resistant Schizophrenia?

Answers at the bottom of page

Can you CROSS the CROSSWORD?? !!



LEVEL: EASY ANSWERS: GIVEN BELOW

Across:

2. Disorder that can occur after major disasters like Tsunami
4. Feeling of having experienced a situation before
5. Methylphenidate is drug of choice in ______
7. Addictive substance found in cigarettes
8. Most common feature of alcohol withdrawal

Down:

1. Father of psychoanalysis
2. Infectious protein particles
3. Predominant neurotransmitter increased in psychotic disorders
6. ______ neuronal bodies are found in Parkinson's disease
9. Irresistible urge to hoard things of no significance causing distress!

Created by

Dr. Aashish S Nayak (Intern), AIMS

Answers

Mind Quiz

1.Depressive Disorder
2. Thought
3. Two weeks
4. Panic Disorder
5. Clozapine

Cross Word:

Across

2. PTSD (Post Traumatic Stress Disorder)
4. DEJAVU
5. ADHD (Attention Deficit Hyperactive Disorder)
7. Nicotine
8. Tremor

Down:

1. Freud
2. Prions
3. Dopamine
6. LEWY
9. OCD (Obsessive Compulsive Disorder)

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