



MINDS NEWSLETTER

Editor

Dr. M .Kishor MD
Consultant Psychiatrist
Mysore

Assistant Editor

Dr. H.R Vinay DPM
Consultant Psychiatrist
Bangalore

E-mail

editormind@gmail.com

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Dr Vinay Kumar
Chief Coordinator
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Wellbeing begins in Our MINDS

MONTHLY NEWSLETTER ON PSYCHIATRY FOR DOCTORS & MEDICAL STUDENTS

From the desk of Editor

Addressing the Missing Link!!!

In a recent interview for the All India Radio, the chief of programs raised some interesting questions. He said it was becoming increasingly difficult to identify doctors specialized in various fields to participate in health education programs and yet there appeared to be a flood of information in the media by so called experts who seem to have qualifications that have never been heard of before. He further said that there was a great vacuum with regard to medical literature available for the common man written by specialists who have recognized qualifications. His observations were true about the missing link. Even though there has been a dramatic raise in scientific literature for professionals, this has not translated to simple literature for the common man, which is indeed the necessary link in creating awareness. Paradoxically, this need has been exploited by pseudo professionals.

One of the best examples of translating complex scientific literature into its simplest form for the understanding of common man is being done by our own Rama!!! V S Ramachandran, a leading professor of neurosciences & psychology, who is fondly addressed as Rama, was born & educated in India, and currently settled in US. He is transforming the way we think about the mind & the Brain!!! He has written extensively and explicitly in a simple language about complex issues. There is a great need in India for such literature, especially by specialist in vernacular languages for the benefit of the common man. Medical institutions preparing scientific literature for the common man would be a positive step in this direction. We, at JSS Medical College, are launching a public awareness newsletter in Kannada, named as 'MANASU', on topics related to psychiatry, an effort to address the issue of this missing link. We look forward to share this experience. **Dr.Kishor.M, Consultant Psychiatrist, Mysore**

Guest Column: Down The Memory Lane..... Don't take anything for granted!!!

The practice in the Neurology ward at CMC, Vellore was for a senior Houseman to do Lumbar puncture whenever cases are sent from the OPD by a colleague after performing a thorough physical examination. It is assumed that the cases that come for LP to the ward do not have contraindication for this procedure. I was on duty one morning and I did the LP in a young 15 year old girl and to my surprise I found the spinal fluid sprain out like a jet. The manometer showed more than 600 mm of Hg. and rising! The patient felt dizzy and I was in a panic and I quickly pulled out the needle. I checked the Fundus and to my great horror discovered bilateral papilledema. I cursed myself for taking my colleague's word for granted and not checking the Fundus before doing the procedure. Never again did I make a similar mistake and subsequently I have taught the students, not to take any one's words for granted. Always check things for oneself.



Dr.S.Kalyanasundaram, Senior Consultant Psychiatrist, Bengaluru. He is the chairperson of Organizing committee of upcoming, Annual National Conference of Indian Psychiatry Society (ANCIPS) 2013

Invited Article

Delusions & Delusional Disorder

Delusion is a false firm unshakable belief not keeping with the socio cultural background. They are among the most interesting of psychiatric symptoms because of the great variety. It has to be distinguished from superstition and overvalued ideas. In superstition the false belief is keeping with the sociocultural background whereas overvalued idea is a thought which is associated with feeling tone, takes precedence over all other ideas and maintains this precedence permanently or for a long period of time.

Usually the delusions are described depending on the following: 1) According to fixity: Complete, partial. 2) According to onset: Primary and Secondary 3) According to theme (Content): Persecutory delusion, Delusion of reference, Delusions of grandiosity, Delusions of guilt or worthlessness, Nihilistic delusions, Hypochondrical, Somatic, Delusion of Jealousy, Delusion of control 4) According To The Plausibility-Bizarre, Non Bizarre 5) other delusional experiences: Delusional mood, Delusional perception, Delusional memory 5) Depending On Systematization: Systematized Or Non Systematized depending upon patients elaborate account about the single event or theme.

Delusional Disorder is best understood with an example

Mrs A aged 34 yrs hailing from rural background from eastern part of India belonging to middle socioeconomic status, working in BPO company, was brought to the hospital with complaint of being infested with a worm in head which was leading to tiredness & loss of weight. Non in her family believed it. For the above complaints patient was seen by many physicians, dermatologist and multiple investigations were done. All were within normal limit. Many tried educating her that complaints were irrational but yielded to pressure & prescribed multivitamins, antifungals, antibiotics, steroids etc but no improvement was seen in her symptoms, patient was then referred to the psychiatrist for the above complaints. After assessment, patient was started on low dose antipsychotics & the consequence of delusion-related behaviour was addressed. She started showing response after 2 weeks.

Delusional disorder is a disorder of thought in which a person exhibits nonbizarre delusions that cannot be attributed to other psychiatric disorders, persisting for more than a month. It affects less than 0.5% of population and thought to be due to erroneous dysfunction of neurotransmitters in brain A careful history taking will lead to early detection and referral of such cases, may avoid unnecessary investigations, invasive procedures and financial burden.



Dr B Swapna MD,
Assistant Professor of Psychiatry,
Vydehi Institute of Medical Sciences. Bengaluru

REFRAME

Let Awareness Reframe Assumption

Myths & Facts about Sexual Disorders associated with Medical Conditions

By Dr.Hisham Hakeem, Intern, JSS Medical College

- Sexual Disorders are associated only with psychiatric disorders
- ✓ Sexual Disorders are equally associated with medical conditions, more so with chronic medical conditions.
- Patients do not wish to disclose or discuss about sexual disorders with their doctors.
- ✓ Numerous surveys in India & abroad have revealed that patients are eager to discuss & disclose sexual disorder whenever their doctor tries to explore the matter with sensitivity.
- Management of Sexual Disorders needs specialist Intervention
- ✓ Most of the Sexual disorders can be addressed adequately by treating doctor, patients can be referred in case they are associated with co morbid conditions and (or) when simple intervention of education has failed.

One of the simple intervention strategy that can be used is where in patient is permitted to talk about his concerns without being judgmental , providing limited information about normal anatomical & physiological aspects of concerns raised and addressing the disorder with specific strategies either with non pharmacological or pharmacological methods. Being sensitive, providing privacy, maintaining confidentiality is very important in entire process apart from considering adverse drug effects & medical conditions.

FOOD FOR THOUGHT: FOR UGS, INTERNS - YOU CAN WRITE ON "AETIOLOGY OF DELUSIONAL DISORDERS" IN NOT MORE THAN 500 WORDS AND BEST WRITE UP WILL BE POSTED IN MINDS NEWSLETTER GROUP OF FACEBOOK. LAST DATE FOR SUBMISSION IS 25TH, AUGUST 2012

Consultation Liaison Psychiatry

Focus: Pharmacology

Selective Serotonin Reuptake Inhibitor (SSRI) - An Overview

In search of better tolerability for treatment of Depression, which is a disorder of mood, SSRIs were first introduced in 1987-88. Some of commonly used SSRIs are- Fluoxetine, Fluvoxamine, Sertraline, Paroxetine, Citalopram, Escitalopram. Currently these are the most commonly prescribed antidepressant drugs.

Understanding Mechanism of action: - Brain works through numerous transmitters like Norepinephrine which acts as neurotransmitter at Hypothalamus (eating, drinking, sexual behavior, sleep, circadian rhythm), Limbic system (emotional status), RAS (wakefulness), 5HT acts as neurotransmitter at Cerebral cortex (judgment, memory etc.,) hippocampal areas (learning, emotional status) & raphe nucleus. Depression, which is thought to be of varied etiology, leads to functional deficit of number of neurotransmitters, predominantly Norepinephrine and/or 5-HT in CNS. SSRIs exert their therapeutic effects through 5-HT reuptake inhibition. They selectively increase the levels of serotonin in the synaptic cleft by blocking reuptake by 5HT neurons. Patients have to be educated that 2-3 weeks is required to produce desirable effect.

Advantages :- Unlike TCAs (Tricyclic antidepressants) the SSRIs have less sedation, less interference with cognitive & psychomotor functions, least anticholinergic actions, No postural hypotension (α), No seizure precipitation, No effect on cardiac conduction, less nausea (tolerance develop over a period of time)

Therapeutic uses: In Depression- goal is to resolve symptoms, to prevent relapse & prevent recurrences. In general SSRIs are better in comparison to TCAs (tolerability and safety in overdose) especially in patients with suicidal ideations. If a drug has to be changed- up titration of new drug & down titration of earlier drug is practiced. While stopping the dose should be tapered over a period of at least 6 weeks to avoid discontinuation symptoms (anxiety, agitation, nausea) They are also used in treatment of Panic disorders, Obsessive Compulsive disorder (OCD) :- Social phobia, Post Traumatic stress disorder, Eating disorder, Premenstrual disorder, Compulsive buying and impulse control disorders.. Like gambling and kleptomania (uncontrollable desire to steal things of less significance)

Naturally available serotonin in some fruits is thought to be beneficial for feel good factor even in non depressed patients

Important side effects are:-

1. On initiation: Gastritis, GI bleed, loose stools, agitation, anxiety and insomnia.(dose titrated upward more slowly), Sexual dysfunction (decreased libido , delayed ejaculation and anorgasmia). The delayed ejaculation has been utilized for treatment of patients with premature ejaculation!!! Higher doses provide weight loss, Paroxetine can cause - weight gain.
2. Sudden withdrawal (paroxetine and sertraline) leads “discontinuation syndrome”- dizziness, paresthesias and head ache.

Drug interaction

1. Elevate plasma levels and toxicity of TCAs, haloperidol, clozapine, warfarin, dextromethorphan (retarding metabolism)
2. with MAOIs- elevated levels of 5-HT in synaptic cleft leading to “Serotonin syndrome” (hyperthermia, muscle rigidity, tremors, rapid changes in mental status and cardiovascular collapse- reduced metabolism, inhibited uptake and pronounced release of 5 HT)

SSRIs may have seen more acceptances based on tolerability & safety profile but Tricyclic Antidepressants are still considered gold standard against which all antidepressants have to be compared in terms of efficacy.



Dr. R.N.SURESHA

**Prof .& HOD, Dept. Of Pharmacology,
JSS Medical College, Mysore**

MINDS Newsletter was launched in July 2011 as Monthly Newsletter on Psychiatry for doctors & medical students for creating awareness and continued medical education. You can receive free e-copy of MINDS by a request e-mail to editormind@gmail.com or by just SMS MINDS to Editor: +91 9449347072/ Asst Editor: +91 9886412530 or Join our Facebook group. @facebook/mindsnewsletter. All archives are available in our exclusive website <https://sites.google.com/site/mindsnewsletter> Enjoy a new way of learning!!!!

UG n PG

AN EXCLUSIVE SECTION FOR UNDERGRADUATES AND POSTGRADUATES

UG n PG

Answers at the bottom of page

- Most common complication of Electroconvulsive therapy is
a) Anterograde amnesia b) Retrograde amnesia c) Psychosis d) Depression
- All are Dissociative Disorders except
a) Multiple Personality b) Somatization c) Fugue d) Amnesia
- Psychotic symptoms can be caused by
a) Melatonin b) Caffeine c) Amphetamine d) Nicotine
- Drug that can be used in Nocturnal Enuresis
a) Imipramine b) Chlorpromazine c) Alprazolam d) Haloperidol

Compiled by **Dr Vinay Kumar , PG Resident, JSS Medical College**

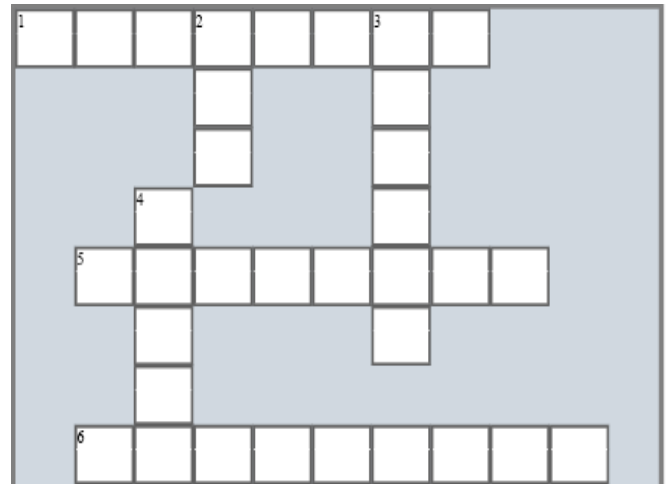
Can you CROSS the CROSSWORD?? !!

Across

- Psychiatrist who developed progressive relaxation (8)
- Haloperidol acts on this neurotransmitter (8)
- Paroxetine acts on this neurotransmitter (9)

Down

- Exposure & Response Prevention benefits (3)
- Naltrexone acts on (6)
- He developed Systematic desensitization (5)



LEVEL: NOT SO EASY

ANSWERS: GIVEN BELOW

Created by
Dr. Aashish S Nayak MBBS



Answers

MIND S QUIZ

- Anterograde Amnesia

2. Somatization

3. Amphetamine

4. Imipramine

CROSS WORDS

ACROSS

2. Jacobson

5. Dopamine

6. Serotonin

DOWN

2. OCD (Obsessive Compulsive Disorder)

3. Opioid

4. Wolpe

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