



Wellbeing begins in Our MINDS..

**MONTHLY NEWSLETTER ON PSYCHIATRY FOR DOCTORS & MEDICAL STUDENTS**

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Articles on Psychiatry from over 20 specialities!!

Contribution from More than 50 Authors!!

Seven Sections in every Issue

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*"Glimpses of Psychiatry for Doctors & Medical Students" An ISBN coded book was released at KANCIPS 2013, which is a compilation of 2 years of MINDS, with Selected chapters. For our journey ahead in this endeavor to do more, we need your patronage. We are happy to inform that henceforth Dr Kiran Kumar will be the Editor & Dr Shivanand Manohar, Assistant Editor of MINDS. We wish them all the best. - Dr.M Kishor & Dr H R Vinay*

**Guest Column: Down The Memory Lane...**

**Presence of Mind**

I was called to attend an emergency in the ward one evening with regard to a patient affected with Bipolar Disorder in mania. On entering the ward the patient was seen standing on a chair meddling with an electric switchboard. All other patients & staff were and watching him with fear. I did not know what was happening; but realizing that I need to intervene, I went near. The patient, an electrician by occupation, was trying to do something with rapt attention. I asked him what he was doing. He gave me a look and said "Hello doctor, I am repairing this plug point. The patients here don't get hot water for bath and your hospital does not seem bothered about it. It is just five minutes' job and I can fix it in a moment." I with a quick reflex reached for his free hand saying "No, you don't need to do it. I shall see that it is done today itself." With a startle the patient left the job, looked at me with anger and said "Hey, don't you know that one should not touch a person while he is doing electrical work? Do you also want to die along with me if there is a mishap? How stupid are you doctor!" I was stunned at his gesture as it was least expected from him under such circumstances. I held on to his arm and said, "I am not going to leave you to do the job." With a smirk he came down the chair saying "You are smart. At last you have won." Subsequently, I expressed my appreciation of his concern for his fellow patients and convinced him about the need for an injection as he still appeared emotionally volatile. Memory of this incident leaves me with admiration for his presence of mind even in such an emotional state.



**Dr. Shripathy M Bhat is senior a psychiatrist and Professor at KMC, Manipal.**

## Attention deficit hyperactivity disorder

Attention-deficit/hyperactivity disorder (ADHD) is a condition that affects 4-5% of children while some studies show 10-12% and often it persists into adulthood in one third of them. Male to female ratio is about 2:1. ADHD includes a combination of problems, such as difficulty sustaining attention, hyperactivity and impulsive behavior.

### Neurobiology:

The most consistent structural brain imaging findings in children with ADHD have been significantly smaller volumes in the dorsolateral prefrontal cortex, caudate, pallidum, corpus callosum and cerebellum. Delayed myelination, disruptions in white matter microstructure and insufficient astrocyte functioning play a role in ADHD.

### Diagnostic criteria:

ICD-10 and DSM-IV TR have diagnostic criteria for ADHD. Six of the nine inattentive symptoms are required for diagnosis of inattentive type and six of the hyperactive-impulsive for diagnosis of hyperactive/impulsive type, with six of each list for combined type. Comorbidities exist along with ADHD.

**Signs and symptoms:** Difficulty paying attention, Difficulty following instructions, Problems in organizing tasks, Forgetful and loses items, Fails to finish schoolwork, Easily distracted, Frequently fidgets, Difficulty remaining seated, Excessively impulsive, Interrupts on others, Trouble waiting for his or her turn

**Psychopharmacology:** Currently, stimulant drugs are the most commonly prescribed medications for ADHD. These medications help improve the signs and symptoms of inattention and hyperactivity. Examples include methylphenidate, dextroamphetamine, dextroamphetamine-amphetamine and lisdexamfetamine. Other medications used to treat ADHD include atomoxetine and antidepressants such as bupropion and desipramine. Clonidine and guanfacine have also been shown to be effective.

**Psychological therapies: Behavior therapy:** It is useful for children especially use of rewards, star charts, limit setting, time outs, etc **Psychotherapy:** This allows older children with ADHD to explore negative behavioral patterns and learn ways to deal with their symptoms. **Parenting skills training:** This can help parents develop ways to understand and guide their child's behavior. **Family therapy.** Family therapy can help parents and siblings deal with the stress of living with someone who has ADHD. **Social skills training.** This can help children learn appropriate social behaviors. **School liaison services:** The teachers can be involved in behavioral therapy programs in liaison with school counselor services in the school.

**Conclusion:** The best results occur when a team approach is used with teachers, parents, and Psychiatrist working together for the overall management of ADHD.



**Dr Darpan Kaur, Asst Prof of Psychiatry,**

**M G M Medical College, Navi Mumbai**

**FOOD FOR THOUGHT:** Undergraduates /Interns/Postgraduates can write in their own words on topic "Stimulants in ADHD" in not more than 500 words and mail it to [editormind@gmail.com](mailto:editormind@gmail.com). Best write up will be posted in Facebook group of MINDS Newsletter.

### REFRAME - Let Awareness Reframe Assumption: Myths & Facts about Panic Disorder

- ☒ Panic disorder and Palpitation are one and the same
- ✓ Palpitation is not Panic Disorder. According to WHO Panic Disorder is diagnosed when multiple panic attacks that are characterized by breathlessness, chest pain, sense of impending doom or going crazy, dizziness, tremors, dryness of mouth, urgency in urination & other symptoms appear 'out of blue'. Anticipatory anxiety for further attacks is present in between.
- ☒ Patients with Panic disorders should undergo Angiogram.
- ✓ Patients with Panic disorders most often can be distinguished from cardiac conditions by clinical history, especially history of similar episodes in the past & these patients may not have associated with cardiac risk factors. ECG is almost always normal thus they do not require Angiogram.

## ENDOCRINE EFFECTS OF LITHIUM

Lithium remains an effective and inexpensive medication to treat Bipolar disorders. Though lithium is among of the best drugs Psychiatrist prescribes in Bipolar disorders, one should be aware of endocrine disorders associated with Lithium.

### Hypothyroidism and Goiter

Up to 50% of patients on chronic lithium therapy may develop thyroid enlargement. Generally, it is diffuse, painless, and benign goiter. Up to 30% of patients chronically treated with lithium may develop increased TSH (subclinical hypothyroidism) that may progress to overt hypothyroidism, with or without goiter. Silent thyroiditis and thyrotoxicosis have been less frequently reported. Inhibition of the release of thyroid hormones is the main mechanism involved. It is unclear who may be at risk, generally women, patients with detectable thyroid antibodies prior to initiation of Lithium, longer duration of Lithium use and those living in iodine-deficient areas. The interval between starting lithium and the onset of goiter may vary from a few weeks to several years. Clinical evaluation of Thyroid abnormalities & Thyroid function test are recommended before starting lithium therapy. It is important to note that the presence of abnormalities in thyroid function is not a contraindication to the use of lithium, neither its discontinuation is required if there is eventual onset of thyroid disturbances during treatment. The management of thyroid dysfunction can be done even with the maintenance of lithium therapy, but the risks and benefits of such approach is to be assessed.

### Hyperparathyroidism

Long term use of lithium is generally associated with mild hypercalcemia, which is usually reversible with the withdrawal of the medication. However, in some cases, there may be persistent hypercalcemia, and even the development of hyperparathyroidism, by unknown mechanism. The prevalence of hyperparathyroidism associated with lithium is higher in women (4:1), with the occurrence of both parathyroid adenomas and hyperplasia. A recent review and meta-analysis about lithium toxicity profile recommends that calcium concentrations should be assessed in suspected patients.

### Nephrogenic diabetes insipidus (NDI)

Up to 20% to 40% of patients chronically treated with lithium may develop NDI. Lithium use of is one of the important cause of acquired NDI, which is usually reversible after the withdrawal of the drug. However, in some cases it take long time normalization Thiazide diuretics are a therapeutic option in NDI, but hydrochlorothiazide has the potential to increase lithium toxicity, so it should be used with caution. Amiloride would be a better option because, besides its natriuretic action (causing contraction of extracellular volume, consequent decrease in glomerular filtration, and ultimately leading to decreased urine volume), it also reduces the entry of lithium in distal tubule cells. It is also important to be aware of the possibility of the coexistence of NDI and hypercalcemia related to lithium, since dehydration can exacerbate hypercalcemia.

### Other endocrine effects

Weight gain up to 10 kg can occur in almost 30% of patients using lithium, by means of a mechanism that is still unclear. Lithium has also been shown to have insignificant effects on glucose metabolism and hypothalamo-pituitary adrenal axis. It is in interest of the patient, that physician / endocrinologist and psychiatrist can mutually interact & decide, when above said conditions arise.

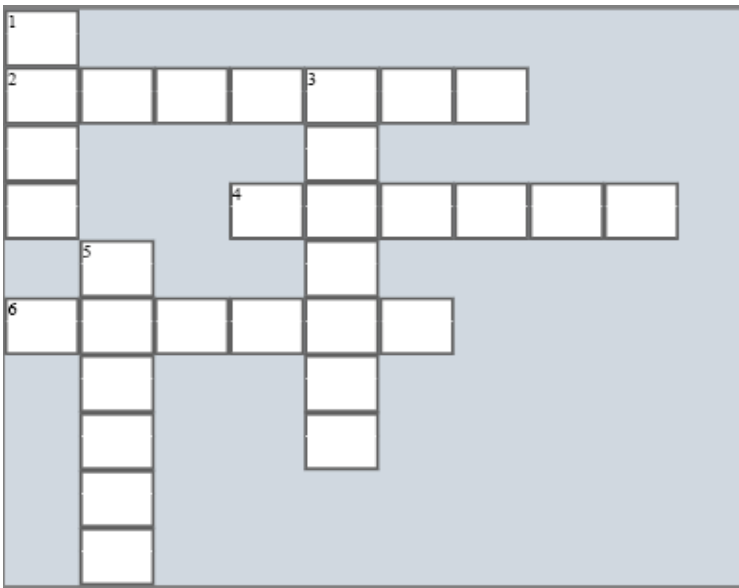
**Dr. Vijaya Sarathi H A. MBBS, MD, DM (Endocrinology),  
Vydehi Institute of Medical Sciences & Research Center**

**MINDS QUIZ**

1. Which among this personality worked on Thanatology?  
 a) Kubler-Ross                      b) Gordon Allport                      c) Michael Balint                      d) AlferdAdler
2. Who proposed self-actualization theory?  
 a) Kurt Lewin                      b) Abhram Maslow                      c) Adolph Meyer                      d) Henry Murray
3. Existential Psychoanalysis was developed by  
 a) Sullivan                      b) Carl Rogers                      c) Jean Paul Sartre                      d) B F Skinner
4. Who described "Collective Unconscious"  
 a) Heinz Kohut                      b) Otto Kernberg                      c) Carl Gustav Jung                      d) Melanie Klein

NOTE : You can now request for any explanations to MINDS QUIZ answers by just an email to [editormind@gmail.com](mailto:editormind@gmail.com)

**Can you cross the crosswords!!!**



**Across**

2. "Childhood & Society" book is written by (7)
4. Stages of cognitive development proposed by (6)
6. Study on Imprinting was carried out by (6)

**Down**

1. Book "coming of age in samoa" was written by (4)
3. Seminal work in operant learning (7)
5. Attachment theory (6)

LEVEL: NOT SO EASY

ANSWERS - BELOW

<b>ANSWERS</b>	<b>MINDS QUIZ</b>
	1. Kubler-Ross
	2. Abhram Maslow
	3. Jean Paul Sartre
	4. Carl Gustav Jung
	5. Bowlby (john)
<b>CROSS WORDS</b>	<b>ACROSS</b>
	4. Erikson (Erik)
	5. Piaget (Jean)l
	6. Lorenz (Konard)
	<b>DOWN</b>
	1. Mead (Margret)
3. Skinner	
5. Bowlby (john)	

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