MINDS

Wellbeing begins in Our MINDS

MONTHLY NEWSLETTER ON PSYCHIATRY FOR DOCTORS & MEDICAL STUDENTS

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From the desk of Editor

Proactive Propaganda of Preventive Strategies in Health Care

India is witnessing a phenomenal growth in the health care sector. Recent acquisition of a chain of 10 hospitals costed more than Rs 900 crores!! Corporate hospitals are competing aggressively at each district headquarters now, as they have exhausted their expansion in capital cities. These developments have played little role in prevention of diseases or ill health among the public. Most important factor in all aspects of health care is prevention. Sadly, there is little emphasis on propagating preventive strategies and methods that enhances health in general (i.e. public at large) and in particular groups at risk (e.g.Family History of Diabetes). Should we wait for epidemics to happen, diseases to appear and then intervene?

There is an abundance of data suggesting that for good physical and mental health, one has to have a healthy lifestyle, nurture human values, build relationships, maintain friends, consume a nutritious and balanced diet, exercise regularly, learn to relax, and indulge in a hobby to rejuvenate. However, We hardly see the government, or those involved in health care propagating any of them aggressively. The government and all those involved in health care should be proactive, and do everything in their capacity to prevent ill health. It is of concern that health care is growing as major area of profit, neglecting preventive strategies that determine health.

Dr.Kishor.M, Consultant Psychiatrist, Mysore

Guest Column: Down The Memory Lane…

Beyond Seniority, accepting difference of opinion

For a brief period I worked in VHS, Madras (Chennai) before joining CMC Vellore for my Senior Housemanship. I worked in the newly started Renal Dialysis Unit and in the Ophthalmology Unit. The Chief in the latter was the very well known Dr.S.S.Badrinath, who is presently running the very popular Shankar Nethralaya at Chennai. One day, there was a referral from the Medical Unit for an opinion on the Fundus for a patient with hypertension. Dr.Badrinath asked me to see the patient and write my opinion in the chart. I mentioned that the patient had Grade II – hypertensive retinopathy. Later when he saw the patient he thought the fundus was normal. I quickly took the case file and tried to scratch out what I had written. He stopped me in my tracks and said "your opinion is as valid as mine. Although we may differ at this point in time and just because I am senior to you it does not mean that your opinion is invalid". I was amazed at this completely different approach to medical practice, because I had grown with the idea, during my undergraduate days that "whatever the senior says must be right". And his humility and complete honesty in a clinical situation by an expert in the field impressed me a lot, especially, when both of us knew that he was probably right and I just only an upstart. This made a deep impression in me and of course we continued to cherish our friendship.

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

Obsessive Compulsive Disorder

Mr.X is a 22yr graduate belonging to middle socioeconomic family was admitted in medical ICU with fatal suicidal attempt. He was evaluated by the psychiatry team. Mr.X had Obsessional thoughts that he can get infected by any source and can transfer it to many, so had compulsions for cleaning repeatedly for hours. For last one year he had depressive symptoms, socio occupational dysfunction and prior suicidal attempt. He was diagnosed as Obsessive compulsive disorder, treated adequately which resulted in improvement of his functional status and wellbeing.

Obsessive compulsive disorders (OCD) have a long history. In the 17th century, obsessions and hand washing rituals were immortalized by Shakespeare in the guilt ridden character of 'Lady Macbeth'. Obsessive-compulsive disorder is the fourth commonest mental disorder leading to disability and poor quality of life. Prevalence of OCD is around 1-3 % *(Rasmussen, 1994)*. It is usually found to be equal in males and females *(Phillips et.al 1998)*. It is seen in children with distinct phenomenology than adults. Phenomenology of OCD consists of obsessional ideas, thoughts, images and impulses which are unwanted, repetitive, intrusive and irrational, also ego alien (Own thought but occurring against wish) resisted unsuccessfully by the suffering person leading to significant anxiety. Compulsions are thoughts or actions (Behavior) preceded by obsessions which will reduce anxiety temporarily. The commonest obsessions are fear of contamination, aggressive thoughts, images & impulses, need for symmetry, sexual, religion and doubts. The common compulsions are cleaning, washing, Checking and Hoarding. Most patients have multiple obsessions and compulsions over time although a particular obsession may dominate the clinical picture at any one time.

Etiology of OCD is biological with genetic predisposition lead by abnormalities at specific genes *(Andrew, 1990)*, altered levels of various neurotransmitters like Serotonin, noradrenaline, dopamine, glutamate and their receptor abnormalities. Others are Behavioral and cognitive models on the basis of which CBT (cognitive behavioral therapy) techniques have been developed. There are many brain structures implicated in relation to OCD which is the basis of psychosurgeries, like Basal ganglia *(Cummings, 1993)*. Some infectious causes implicated like the production of certain antibodies, when directed to parts of the brain might be linked in some way to Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infection (PANDAS)*(Swedo1998).*

Course of OCD Varies from person to person, but it has waxing and waning course with depressive episode as common comorbid illness. Underlying Obsessive compulsive personality can also worsen the course of OCD *(Samuels's et.al 2000).* There are various modalities of treatments ranging from Pharmacological to psychosurgeries. More useful is combination is CBT and Pharmacological *(Chamberlein 2007)*. SSRI (selective serotonin reuptake inhibitors) are most commonly used drugs but tricyclic antidepressants especially Clomipramine can be beneficial. CBT includes ERP (Exposure and Response Prevention), thought stoppage *(Foa, 2005) etc*. Psychosurgeries like stereotactic cingulotomy are indicated rarely in treatment resistant cases.

Its needs to be emphasized that OCD is severely disabling condition and doctors should make an effort to identify OCD early to help individuals to improve their quality of life by early interventions.

Dr Sunilkumar G Patil *DPM, DNB*
Consultant Psychiatrist,
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FOOD FOR THOUGHT: Undergraduates /Interns/Postgraduates can write in their own words on topic "Eitiology of Dissociative Disorders " in not more than 500 words and mail it to editormind@gmail.com. Best write up will be posted in Facebook group of MINDS Newsletter.

Consultation Liaison Psychiatry

Focus: Ophthalmology **NON ORGANIC VISUAL DISORDERS**

Symptoms of visual disturbances for which there is no identifiable organic basis are Non Organic Visual Disorders. They are not uncommon and constitute 5% of general ophthalmic practice. It's a diagnosis after a thorough clinical examination and investigations to ensure that a treatable disease is not missed. Physicians tend to get angry as they feel they are being manipulated, this should be avoided. Patients are more likely to co-operate in providing history and response to tests if they perceive the physician as interested in their wellbeing. Information regarding litigation or disability gain should be enquired. It's useful to differentiate the malingerer from the patient with a functional disorder i.e, a manifestation of a psychiatric disorder so that such patients may have a psychiatric referral. In psychiatry, it could be a complaint in schizophrenia or more commonly dissociative disorder, the essential feature of the dissociative disorders is a disruption in the usually integrated functions of consciousness, memory, identity, or perception of the environment. A malingerer is aware that their symptoms do not exist. While a Dissociative (older term 'hysterical') patient believes that their symptoms are real. Malingerers are often anxious, hostile and uncooperative while dissociative patients tend to be cooperative and unconcerned about their symptoms. It is often impossible to distinguish between the two. Sometimes a functional visual loss may co-exist with an organic cause (functional overlay) and so they must be followed up. The main symptom may be unilateral or bilateral loss of acuity or visual field loss. Non organic visual loss can occur in children as well. Patients with non organic visual loss tend to attribute the symptoms to an injury or illness. A complete examination should include best corrected visual acuity, pupil size and reaction, colour vision, visual fields, ocular motility, slit lamp biomicroscopy , tonometry and dilated fundoscopy. No shortcuts are allowed for this category of patients and the findings should be meticulously recorded. Common organic disorders that may be mislabelled as non-organic visual loss are early keratoconus, early posterior sub-capsular cataract, Cone Rod dystrophy, early Stargadts disease, retinitis pigmentosa sine pigmento, paraneoplastic retionopathy, optic neuropathy without disc changes and bilateral occipital infarcts. It is rare for organic disorders to produce large disparity in visual acuity between the two eyes without detectable evidence. Tests for monocular functional visual loss include fogging (either with plus spherical or cylinder technique), Magic drops (by reinforcing that the improvement is temporary), Duochrome test, Polaroid glasses , Prism tests, Stereoacuity testing, Optokinetic nystagmus, near distance disparity, afferent pupillary defect, Visual evoked potential (poor responses do not prove organic lesion as the response may be suppressed by inattention or defocusing). Tests for binocular loss are patients Navigating ability, Bottom up acuity, Finger touch test, Signature test, Mirror test, Shock test, Optokinetic nystagmus, Visual evoked potential. Patients presenting with field loss can be tested with tangent screen at 1 and 3 meters and Goldmann perimetry for spiralling of isopter. In medicolegal cases, clinician has to give accurate report. In other cases referral to psychiatry & assurance that the problem will improve, will suffice.

Dr Premanath Raman,
Consultant & Professor of Ophthalmology,
JSS Medical College & Hospital, Mysore

REFRAME - Let Awareness Reframe Assumption: **Myths & Facts about Nocturnal Enuresis**

- ☒ Nocturnal Enuresis is seen only children
- ✓ Nocturnal Enuresis is seen in all ages, it is prevalent in 1% of adults
- ☒ In Nocturnal Enuresis, the child affected acts deliberately
- ✓ Majority of the affected children do their best to prevent, they need to be skillfully evaluated for low self esteem, depression & other stressors.
- ☒ Nocturnal Enuresis is a chronic disorder
- ✓ Nocturnal Enuresis can be primary or secondary, depending upon the bladder control & abstinence for at least 6 months. Behavioural techniques should be the first method to be employed & should always be continued even when medications are considered
- ☒ Punishment makes the child bedwetting free
- ✓ Parent child education, rewards for dry nights, voiding before bed time, night awakening 2-4 hrs after bed time helps in this regard and parents should not punish the child.

Compiled by **Dr Sandeep Patil, PG Resident, Dept of Paediatrics, JSS Medical college Hospital**

UG n PG

AN EXCLUSIVE SECTION FOR UNDERGRADUATES AND POSTGRADUATES

UG n PG

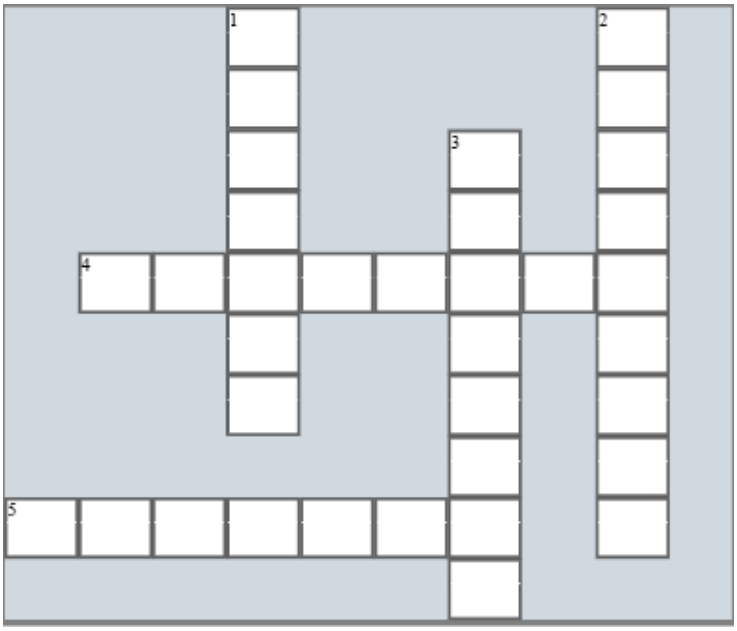
MINDS QUIZ

1. Rating scale to measure negative symptoms in schizophrenia was developed by
   a) Kraeplin b) Bleuler c) Schneider d) Nancy Andreasen
2. Melatonergic antidepressant is
   a) Mirtazapine b) Agomelatine c) Imipramine d)Blonanserin
3. Sudden involuntary twitching of small groups of muscles is
   a) Chorea b) Athetosis c)Tics d) Torticollis
4. Degree of personal awareness and understanding of illness is
   a) Insight b) Attention c) Knowledge d)Mood

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

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

Can you cross the crosswords!!!



LEVEL: EASY ANSWERS - BELOW

Across

4. Learned helplessness theory of depression (8)
5. Delusion of disguise (7)

Down

1. Delusional jealousy (7)
2. postulated cognitive triad of depression (9)
3. Progressive deterioration of cognition, behavior, and functional independence (8)

Created by **Dr Vinay Kumar,**

PG Resident, JSS Medical College, Mysore

ANSWERS

MIND QUIZ

1.Nancy Andreasen
2.Agomelatine
3.Tics
4.Insight

CROSS WORDS

ACROSS

4.Seligman
5.Fregoli

DOWN

1.Othello
2.Aaronbeck
3.Dementia

Your suggestions are important to us, kindly mail them to editormind@gmail.com & Please pass on the newsletter