MINDS

Wellbeing begins in Our MINDS

MONTHLY NEWSLETTER ON PSYCHIATRY FOR DOCTORS & MEDICAL STUDENTS

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MINDS so far...

- ⇒ Published since 2011
- ⇒ Articles covered on 18 specialities!!
- ⇒ Contributions from Authors numbering more than 50!!
- ⇒ Seven Sections in every Issue
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From the desk of Editor

Things not so cool about younger generation!!!

Recently one of the survey highlighted that the current younger generation (? 15-25 years) are less humble, less polite, display less of courtesy and kindness for fellow human beings. There could be many drawbacks in the survey and its interpretation. May be those experts in anthropology, sociology and psychology can provide more scientific data on such issues. However it may be visible for the common man in his everyday experience that many young individuals consider being polite, humble, paying due respect, display of kindness & concern as not being so 'cool'!

Being cool is all about "I, me & myself", currently considered the motto of a 'tech savvy life'! It is sad to note that these 'not *so cool things* 'do not end in their adolescence and young adulthood. They are likely to be carried forward for the rest of their lives, primarily because there is a dearth of role models, virtually in all places, be it at home, institute, workplace, media and even the society at large. May be it is high time that all of us rediscover these virtues, use them in everyday life and propagate them consciously.

Dr.M. Kishor.*MD*, Consultant Psychiatrist, Mysore

Guest Column: Down The Memory Lane… Don't Try To Be a Hero

I was in Faculty at NIMHANS many years ago and one morning in the OPD one of the residents came to inform me that an un-cooperative patient had come and he refused to get out of the car. I confidently walked out of the room and said I would handle it. I saw this young man in his late 20s, at the left corner of an Ambassador car. I tried speaking to him. He made no eye contact and certainly did not respond to any of my attempts. I confidently entered the back of the car and shut the door to persuade him and there was no one else in the vehicle. After few minutes of silence, he slowly pulled out a sharp knife from his pocket without even glancing at me. You can imagine my state of affairs; I was scared, but did not dare show it to him. I was afraid but, gently asked him to hand over the knife to me. He kept staring at me & after few minutes handed over the knife, to my great relief, as I opened the car door. I put my arm around him and walked with him to the canteen. We both had a cup of tea and I slowly walked him to the closed ward and admitted him. Until it was done, I was pretty anxious as to what might have happened.

Lesson: Don't try to be a hero before you get to know the ground realities and facts of the problem.

Dr. S.Kalyanasundaram, Senior Consultant Psychiatrist, Bengaluru.

He was the chairperson, organizing committee of ANCIPS 2013

Invited Article

Cannabis Abuse & Psychosis

Cannabis is the most widely used illicit drug in the world. Chinese Emperor *Shen Nung* first described medicinal use of cannabis in 2700 BC. Cannabis was used in China, India and the Middle East for approximately 8,000 years for medical purposes. It was introduced to Europe in the early 19th century by Napoleon's army returning from Egypt and later to Britain for medical use by a surgeon who served in India.

Cannabis preparations are obtained from the plant *Cannabis sativa* which contains the active ingredient Delta-9-tetrahydrocannabinol (THC). *Marijuana* also known as ganja, grass, pot, weed, etc, consists of dried leaves and flowers of the plant with THC concentration of 1 – 5%. The resin scraped off the plant is known as *Hashish (charas)* which has THC of 10%. Powder of dried leaves is *Bhang* which has THC 1-2%. Marijuana & Hashish are smoked and *Bhang* is taken orally. *Bhang* is very popular in greater parts of India as it is culturally sanctioned. THC produces its effects by acting on cannabinoid receptor CB1 & CB2.

People who use cannabis experience a *"high"* characterized by feelings of euphoria, relaxation and perceptual alterations which include time distortion and the intensification of experiences such as eating, watching films, listening to music, engaging in sex, etc. The *"high"* may be accompanied by infectious laughter, talkativeness, and increased sociability. Cognitive changes include impaired short-term memory. Motor skills, reaction time, motor coordination and many forms of skilled psychomotor activity are impaired.

Psychotic symptoms such as delusions and hallucinations are very rare but usually occur either with high doses of THC or in individuals with a pre-existing vulnerability to psychosis. In cannabis-using cultures, such as India, a *"cannabis psychosis"* has been reported among heavy users of cannabis. There is consistent evidence that schizophrenia and cannabis use are associated. There is also increasing evidence from longitudinal studies that cannabis use can precipitate schizophrenia in vulnerable individuals or exacerbate its symptoms in those who have already developed the disorder.

Treatment of Cannabis use disorders is mainly symptomatic as there will be psychological dependence more than physical dependence. Irritability, agitation & insomnia in withdrawal period can be treated with benzodiazepines like diazepam or lorazepam. Delusional and hallucinatory experiences will usually disappear within a week's time after stopping the use of cannabis. But in individuals with cannabis use and schizophrenia, treatment may be prolonged with the use of antipsychotics and rehabilitation care.

Prevention is always better than cure. The ill effects of cannabis should be communicated to the vulnerable population especially the youth. Cannabis use among vulnerable group should be discouraged as the younger age of initiation of cannabis use may increase the risk of developing schizophrenia substantially.

Dr. Sameer Chate *MBBS,MD,*
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FOOD FOR THOUGHT: Undergraduates /Interns/Postgraduates can write in their own words on topic "Bio-psycho-social cause of ADDICTION " 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: Plastic Surgery

Body Dysmorphic Disorders

Cosmetic surgery is becoming increasingly popular across all sections of the population. Surgeons are required to recognize the potentially complex psychological milieu of various conditions and the procedures. Aesthetic surgeon is often challenged with conditions where he has to judge the appropriateness of patient requests. Body dysmorphic disorder (BDD): "imagined ugliness" in lay man language is a psychiatric disorder which a cosmetic surgeon is challenged with. The illness is related to body image, in which an individual has a preoccupation with one or more perceived or slight defects in his or her appearance. Affected individuals perceive themselves to be ugly despite having normal appearance and often present to plastic surgeons for aesthetic reasons. The older term for BDD is 'dysmorphophobia', which was first used by Italian psychiatrist Enrique Morselli hundred years ago.

DSM-IV diagnostic criteria for BDD: A) Preoccupation with an imagined defect in appearance. B) The preoccupation causes clinically significant distress or impairment in social, occupational, or other important areas of functioning. C) The preoccupation is not better accounted for by other mental disorder.

BDD is most likely to develop in adolescence, especially in female. Patients have no or little insight into their illness. The type and severity of symptoms may vary from person to person. They often feel compelled to frequently repeat time-consuming behaviours such as: checking their appearance in a mirror, seeking reassurance about their appearance, comparing themselves with models in magazines or people in the street and many more. Identifying the disorder is most important for plastic surgeon as there is strong evidence that they do not benefit from aesthetic surgery. Many studies have shown exacerbation or no change in symptoms after surgery leading to dissatisfaction of post operative result. They may develop grotesque surgically altered appearance compelling them to seek for more cosmetic surgeries leading to vicious cycle.

The patients seek consultations with multiple specialists like dermatologists, plastic surgeons until they find the one whom they feel to provide treatment they requested for. Patients may even shift to other body parts or aspect of their appearance seeking further consultations. Dissatisfaction from the post operative result may make them violent towards surgeon and sometimes even towards self. They may self mutilate to alter their appearance. The plastic surgeon evaluating the patient if suspects Body Dysmorphic Disorder, should strongly recommend him or her to the psychiatrist. Preparedness from plastic surgeon to confront resistance in seeking psychiatrist consultation is important for wellbeing of the patient.

Dr. L. Vijay, *MS, MCh*, **Consultant Plastic Surgeon,**

JSS Medical College Hospital, Mysore

REFRAME - Let Awareness Reframe Assumption: Myths & Facts about Masturbation

- ☒ Masturbation is seen only in Men and it needs medical attention.
- ✓ Masturbation is a normal phenomenon and does not need any medical attention. Many girls and women also masturbate.
- ☒ Masturbation causes mental Illness
- ✓ This is one of the commonest myths. Numerous studies have found no association.
- ☒ Masturbation is associated with Impotence/Infertility
- ✓ Masturbation does not have an impact on future sexual activity, potency or fertility.

Compiled by **Dr Vinay Kumar, PG Resident, Dept of Psychiatry, JSS Medical college Hospital**

UG n PG

AN EXCLUSIVE SECTION FOR UNDERGRADUATES AND POSTGRADUATES

UG n PG

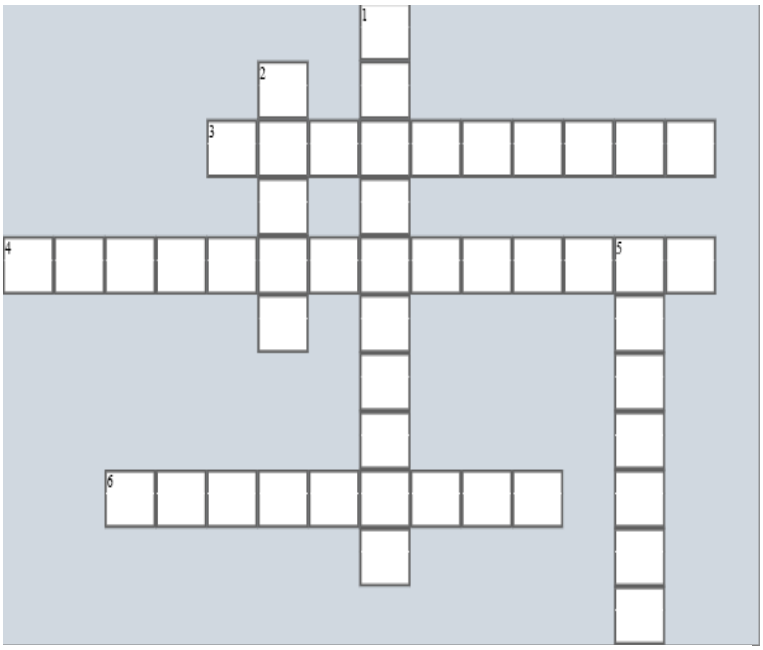
MINDS QUIZ

1. Which of these is correct about Agoraphobia
   a) Fear of animals b) fear of heights c) fear of open spaces d) fear of closed
2. 'Schizoaffective Disorder' was coined by
   a) Jacob Kasanin b) August Hoch c) George Kirby d) John Cooper
3. Which of these is not mature defenses
   a) Suppression b) Humor c) Anticipation d) Repression
4. Psychosocial crises of Trust or Mistrust according to Freud is related to _____ Phase of Development
   a) Oral b) Anal c) Phallic d) None

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: NOT SO EASY ANSWERS - BELOW

Across

3. First to describe dementia as a disease of cerebral arteries (10)
4. Personality changes are presenting features of this dementia (14)
6. Most common type of Dementia (9)

Down

1. Gene implicated in early onset Familial Alzheimer's (10)
2. Creutzfeldt-Jakob Dementia is due to (5)
5. Inability to perform motor tasks, when there is no neurological damage (7)

Created by **Dr Vinay Kumar,**
PG Resident, JSS Medical College, Mysore

ANSWERS

MINDS QUIZ
1.Fear of Open spaces
2.Jacob Kasanin
3.Repression
4.Oral

CROSS WORDS
ACROSS
3. Griesinger
4. Frontotemporal
6. Alzheimer

DOWN
1. Presenilin
2. Prion
5. Apraxia

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