



MINDS NEWSLETTER



Wellbeing begins in Our MINDS

MONTHLY NEWSLETTER ON PSYCHIATRY FOR DOCTORS & MEDICAL STUDENTS

Volume 3

Issue 7

July, 2013

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2011

Articles on
Psychiatry from
over 20
specialities!!

Contribution from
More than 50
Authors!!

Seven Sections in
every Issue

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From the desk of Editor

We have successfully completed 2 years of MINDS Monthly Newsletter, which was started in July 2011. It is because of wishes, guidance & support of all seniors, colleagues and readers that the task of editorial team has always been joyful & enriching. We are well aware that MINDS Newsletter is a Lilliputian effort to kindle interest and create awareness about psychiatry among doctors and medical students. We hope readers have benefitted from concise presentation of articles & choice of 7 sections in every issue for the past 2 years.

As mark of completion of 2nd year, we plan to come out with ISBN indexed book with compilation of all issues so far. To make book more useful, chapters on selected topics in psychiatry have been added. The limited edition book will be sent as complimentary copy to every medical college in India & any doctor or medical student can access the contents freely from our website www.mindsnewsletter.com. We also plan to build a team of enthusiastic resource persons who can respond to readers' questions on psychiatry in a time bound manner.

For our journey ahead in this endeavor to create awareness about psychiatry among doctors & medical students, we need your patronage

Dr.M Kishor MD, Assistant Professor of Psychiatry, JSS Medical college Hospital

Guest Column: Down The Memory Lane...

Symbol of hope

Few of my contemporaries may remember this long time inmate in the female ward of pavilion 3. She was in her thirties and was always found moving around carrying a bundle wrapped in a cloth. She held it on the left side of her waist hugging it with the left arm carefully as though carrying a child. She was never seen without it and I don't think anyone knew what was there in it. In addition she hardly spoke to others. However I was able to take her help in the ward as a resident. She would take the case files from me to the nurses' room or bring files from them. She would get me the patient I wanted to examine. She would do it without uttering a word and with her emotionless face. Once I requested her to lift a few case files to nurses' room. She was trying to lift the files with her free right hand and was finding it difficult. So I suggested her that she could leave her bundle on my table and carry them. Suddenly she left the files there, moved away a little and stared at me as though I had offended her in some way. After a moment gave me a smile and gestured shaking her head as well as with the thumb of the free right hand like a child to indicate she will not do it. Even today, after almost three decades, I remember with amusement that gesture of hers and the way she walked away from the room. I keep wondering if that bundle gave a special personal meaning without which she could not live or was it symbolic of some hope she still had about life.



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

Forensic Psychiatry

The application of legal knowledge to the psychiatry and of psychiatric knowledge to legal issues is one of the subspecialties of psychiatry known as forensic psychiatry. In India, forensic psychiatry is still an emerging area. The legal issues pertaining to the mental health care in India appeared only after British Rule with minimal changes occurring in post independence. Currently, there is poor training of psychiatry postgraduates to the idea of an interface between law and psychiatry. It is much neglected, ignored, misinterpreted and misunderstood. To meet the standards of the developed world and International covenants there is a pressing need by psychiatric community in the region to understand the existing legislation and initiate change through various agencies and regulatory bodies.

The Mental Health enactments are promulgated with dual objects such as (i) to have a concern for the rights and protection of people with mental disorder (ii) to have a concern for rights and protection of community to which the person with mental disorder belongs.

The Mental Health Act 1987 repeals Indian Lunacy Act 1912 and Lunacy Act, 1977 (Jammu & Kashmir) and extends to whole of India. Under this Act 1987, a "Mentally ill person" means a person who is in need of treatment by reason of any mental disorder other than mental retardation. Psychiatric hospitals and nursing homes can be established or run only on obtaining a license from state or central authority for mental health services, and would be regulated for proper functioning and care of the mentally ill. Psychiatric services provided from a general hospital or nursing home would not be covered by the licensing and regulating rules. Admission to psychiatric hospital under special circumstances can also be made on request of a relative or friend of the patient if the patient is not in a position to express willingness for admission as voluntary patient, provided the medical officer in charge is satisfied that it is in the interest of the patient to do so. This application should be accompanied by two medical certificates (one from a medical officer who is working in governmental service) stating that the person has such mental illness and it requires inpatient observation and treatment. No person admitted on the request of another person can be kept in the mental hospital for more than 90 days unless admitted under a Reception Order.

After India ratified the [UN Convention on the Rights of Persons with Disabilities \(UNCRPD\)](#) which came into force in 2008, there was a clear need to overhaul the existing disability laws in India to bring them in compliance with the UNCRPD. It is in pursuance of this that the Mental Health Act (MHA) 1987 is sought to be replaced the new [Mental Health Care Bill 2012](#) (still not enacted). The Mental Health Care Bill 2012 is supposed to make significant strides over the MHA bringing about protection and empowerment of persons with mental illness.

An interface of law and psychiatry through teaching, training and research can lead to positive developments in the future of forensic psychiatry.

**Dr Raveesh B N, Prof & Head, Dept of Psychiatry,
Mysore Medical College & Research Institute, Mysore**

FOOD FOR THOUGHT: Undergraduates /Interns/Postgraduates can write in their own words on topic "Rights of mentally ill" 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.

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

- Bipolar disorders and schizoaffective disorder are one and same
- ✓ As the word Manic Depressive Psychosis created confusion because it conveyed the possibility of both, it is less commonly used. Bipolar disorders usually do not meet the criteria for schizophrenia. Whereas schizoaffective disorder meets the criteria for mood disorder (Mania, Hypomania or Depression) along with criteria for schizophrenia
- Patients with Bipolar disorders do not need treatment in symptom free period.
- ✓ Patients with Bipolar disorders most often require mood stabilizers (lithium, sodium valproate, carbamazepine etc) during symptom free period for prevention of relapse.
- Bipolar is not associated with Suicide
- ✓ Risk of Suicide is high in patients with bipolar disorders, all patients should be evaluated for risk factors

Overview of surgical intervention in erectile dysfunction

Erectile dysfunction (ED) is a sexual dysfunction characterized by the inability to develop or maintain an erection of the penis. Treatment consists of education, therapies, medications, penile pump and surgery. Surgical interventions are indicated in cases of penile injuries, Peyronie's disease, ischaemic priapism or infection. They are also considered when medical treatment for erectile dysfunction is contraindicated, unsuccessful or when such treatment cause undesirable effects. Liaison of psychiatry & Urology is necessary in this scenario. Before surgical intervention it is may be beneficial to refer patient for opinion from psychiatrist. Surgical interventions are in the form of penile prosthesis surgery or penile revascularization therapy (arterial revascularization or venous reconstruction).

Penile prosthesis surgery:

Penile prosthesis surgery is a mechanism for creating penile rigidity that differs from a physiologic or pharmacologically induced erection. Many malleable (semi-rigid) and inflatable (hydraulic) devices are currently available for this purpose.

There are two different types of inflatable prostheses ie 3 piece and 2 piece. The non inflatable prosthesis is a semi-rigid device that is bendable. Penile prosthesis are available from American Medical Systems (AMS) and from Coloplast. The AMS 700 series is a 3 piece inflatable penile implant which allows expansion in both length and girth (LGX). The AMS 700 series is also available with inhibizone, an antibiotic impregnation of rifampicin and minocycline.

Patients must be extensively counseled regarding the risks and benefits of prosthesis placement and they must be informed that alternative therapies may not be successful following removal of prosthesis in ED. Some may notice a loss of penile length in the erect state because most prostheses do not provide expansion of length. The decision regarding the type of prosthesis to be placed depends on the patient's wants and needs, surgeon's preference and the patient's anatomy and history. For example patient with ED and history of Peyronie's disease are best treated with AMS 700 CX whereas patient with extensive intracorporeal fibrosis, a narrow cylinder (AMS 700 CXR) may be best. 3 piece prosthesis achieves better results than 2 piece prosthesis in men with larger phallus. Precautions may be taken up to help minimize the risk of infection like administering pre and post-op antibiotics, ensuring that the urine is sterile, scrubbing and shaving at the time of surgery and providing copious intra-op irrigation with the antibiotic solution. Patients should be counseled regarding long term complications including infection, malfunction, erosion, corporal perforation, pump migration and cylinder cross-over. They should be instructed to follow-up if pain, swelling, redness, discharge, visible tip through glans and malfunction of pump or tubing.

Penile revascularization:

Arterial revascularization: It is designed to create arterial inflow to the corpora cavernosa. The following inclusion criteria should be met to select patient for arterial surgery: age younger than 55 years, non smoker, non diabetic, absence of venous leakage and radiographic confirmation of stenosis of internal pudendal artery. Complications of this procedure are glans hyperemia, shunt thrombosis and inguinal hernia.

Venous reconstruction: It was proposed to prevent blood egress from the penis. Success with these surgeries has not been affirmed owing primarily to inaccurate or deficient methods for diagnosing or correcting the relevant anatomic defect.

Comprehensive care for erectile dysfunction in some cases may require close liaison of many specialities for the benefit of patients and specialities should come together to know from each other's expertise.

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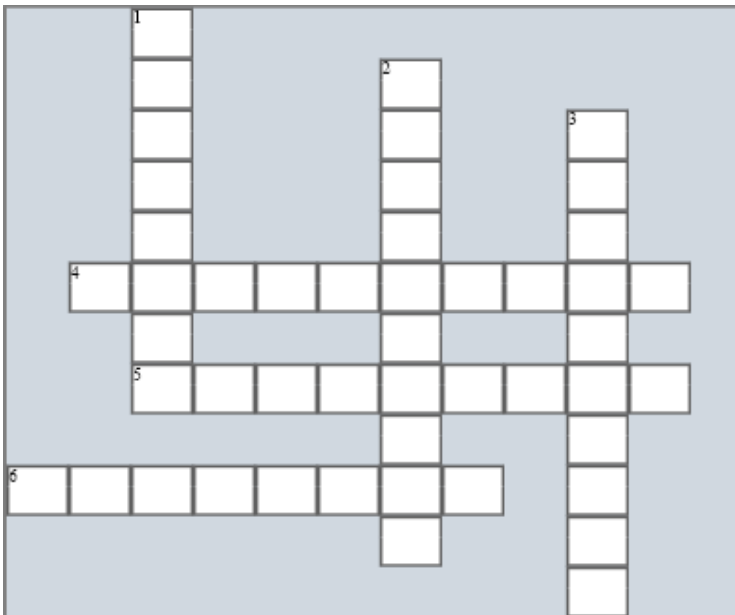
MINDS QUIZ

1. Which of these is recommended for depression in terminally ill, with lack of appetite & disturbed sleep?
a) Bupropion b) Sertindole c) Mirtazepine d) Zolpidem
2. Which of these antipsychotics is known to cause Obsessions?
a) Haloperidol b) Clozapine c) Amisulpride d) Asenapine
3. Which of these is known to have high affinity to induce psychotic symptoms
a) Nicotine b) Opioids c) Cannabis d) phencyclidine
4. Who among these scientist has contributed immensely to phantom phenomenon of brain
a) G Adikeshavan b) Matcheri Keshavan c) Ramachandran d) B C Roy

June 2013 correction Studies reveal Ziprasidone more than Quetiapine causes QTc Prolongation

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

4. emotional instability, chronic feeling of emptiness, repeated acts of self-harm (10)
5. callous unconcern for feelings of others, gross & persistent attitude of irresponsibility & disregard for social norms (9)
6. suspiciousness & preoccupation with Unsubstantiated conspirations (8)

Down

1. emotional coldness, preference for solitary activities are features of (8)
2. self-dramatization, seek center of Attention (10)
3. perfection interferes with task, preoccupation with details, rules & schedule (10)

ANSWERS

MINDS QUIZ

1. Mirtazepine
2. Clozapine
3. Cannabis
4. Ramachandran

CROSS WORDS

ACROSS

4. Borderline
5. Dissocial
6. Paranoid

DOWN

1. Schizoid
2. Histrionic
3. Anakastic

MINDS Newsletter was launched in July 2011 as a Monthly Newsletter on Psychiatry for doctors & medical students for creating awareness and continued medical education. You can receive a free e-copy of MINDS by an e-mail request to editormind@gmail.com, or by just SMS MINDS to Editor: +91 9449347072/ Asst. Editor: +91 9886412530, or join our Facebook group @ facebook.com/mindsnewsletter.

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Enjoy a new way of learning!!!!

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