



MINDS NEWSLETTER

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Wellbeing begins in Our MINDS

MONTHLY NEWSLETTER ON PSYCHIATRY FOR DOCTORS & MEDICAL STUDENTS

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From the desk of the Editor

In search of Preventive Science to appreciate what we have, before losing it!!!

Some of the greatest works in prose and poetry in almost all languages is based on those experiences involving personal loss. Majority of these great works in literature reflect the void after the loss, with an emphasis on their regret in not recognizing the importance of what they had. The personal loss could be of any kind; for example, those of near and dear ones, good health, beautiful habitat, pleasant work conditions, positions, wealth and so on. It is difficult to say if a personal loss imparts an important understanding to an Individual which would not have been otherwise possible. The million dollar question is, what can be done to awaken people to value what they have, and do all that is possible to retain them? We probably have to work at a coordinated multidisciplinary level, to explore if we can develop some preventive strategies to stop this from occurring. Increasing such awareness among the masses can have a positive impact on their physical and mental health.

Dr.M Kishor.MD, Consultant Psychiatrist, Mysore

Guest Column: Down The Memory Lane...

Do not underestimate physical examination

I was called to see a patient, aged around 50 yrs. He appeared unkempt, apathetic and had no emotional expressions. The person accompanying him, his brother, said that he has been complaining of headache for last 2 days. Patient was ill with schizophrenia for more than 20 yrs, not received proper treatment and partially dysfunctional. He was a carpenter by occupation. When asked to show where exactly the ache is, he appointed to his vortex. It appeared as though he was giving a complaint just because he has to report something to justify being brought to hospital. However, I just passed my hand over his vortex and I did feel a circular patch over the area that appeared hard. I thought it to be a scar of an old injury. I took a torch and saw. I could see a circular metallic thing, buried in the hair which appeared like head of a nail. I could not believe that there is nail stuck there over the vortex. On asking the patient said that it induced is a nail which he himself had driven in 2 days ago as ordered by a voice. On asking he said that he himself had done it with a hammer. Surprisingly he had no neurological deficits. There was no bleeding at the site. The relatives did not believe me when I told them about it. He was referred to Neurosurgeon who with a CT-head confirmed that there was a 3 inch nail passing through the sutures of skull right into the sagittal sinus and lodged between the 2 hemispheres. It was removed subsequently and patient was discharged. He has been reported to be on antipsychotics and doing better. The incident highlights the need for physical examination and not to dismiss any physical complaints in a chronic mentally ill.

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

What to do & what not to do for publication? --An Editor's advice to practitioners & Medical students.

In a lighter vein, often I am asked to write on sex and its problems. Things are changing to some extent and recently requests are on issues related to publishing! However, I see both have something in common!! It is like 'use or lose' concerning both brain and sex. Likewise 'publish or perish' for every clinician and applies equally to a student or a consultant or a medical practitioner and I would like to call it "P-P-P (Prepare-practice- publish)".

This brief account is to help one, to translate his practical observations and ideas into a written form and which can lead to publication. This can be achieved if you follow some of the basic principles:

1. Art of medical writing, which also includes motivation, conceptualization, mechanics of writing and frustration tolerance. Hence the medical knowledge alone is not sufficient. Mastering 'body of information and technical skills of writing' is important. In addition to writing 'just for publication and citation' it is necessary to make it self-readable and understandable.
2. Different models of writing: Decide before hand whether it is review, research paper, case report, letter to editor, book chapter, etc.
3. Learn how to get Publishing: See whether it is for public or for general use or for a specialty journal. Reading published articles is crucial to learn the pattern and presentation style. It is necessary to have the data, original research being very demanding. Choose an area of writing which helps you being recognized as a writer. Starting from letters, commentaries, reviews and progressively to higher order is a best option. Some of the major mistakes done by writers in the begins are:
 - a. Trying to do it alone.
 - b. Starting to write without preparation is like trying to run without walking.

Basic Steps for an author to strengthen are:

1. Mastering basic writing skills idea, allowing idea to incubate, focusing the topic, building article structure, constructing words, sentences, paragraphs, attending to language rules.
2. Article concepts and structure, collecting and organizing data – notes, outlines books, electronic, internet and references, reviewing for substance, style clarity and finally the final draft.
3. Technical issues in preparing tables, figures, graphs, algorithms, copy right citations.
4. Nature of publication: Journal which our broad based, peer reviews, specialty oriented journal, controlled circulation journals, online journals, open access or otherwise, indexed with or without impact factor.
5. Be attentive to comment from reviewers, editors. Attend to queries.

I would personally advise a writer to a) be smart enough to have a mentor – head of department, professor or an academician to help you. b) be organized c) be a reader d) be a good time manager e) be an effective in network building f) be humble to accept rejection and bold to attempt again after reworking with zeal g) be persistent which assures success

**Dr T S Sathyanarayana Rao, Editor of Indian Journal of Psychiatry
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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/mindsnewsletter](https://www.facebook.com/mindsnewsletter).

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FOOD FOR THOUGHT: Undergraduates /Interns/Postgraduates can write in their own words on topic "How to do a Journal review?" 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.

The need for psychiatrist support in cardiac unit

Being a cardiac surgeon, we come across the colleagues in psychiatry less frequently. For us the important aspect what we would be looking would be the cardiac state and whether patient is fit for surgery or not and also in the follow up whether there is any post operative complication.

It would be necessary to take the opinion of the psychiatrist during the following phases of management. Pre operative phase, postoperative phase and during the follow ups.

In the preoperative phase: When the patient is suggested for the surgery there are lot queries for the patient and the family members are apprehensive about the procedure and their recovery. This is usual phenomenon observed and during the process and it needs to be explained to them. If we tend to see the depressive symptoms and anxiety symptoms which are beyond the usual concern, then an opinion of the psychiatrist is taken. In certain cases they have history of psychiatric illness or currently are on treatment for the same, and then the opinion of psychiatrist is of paramount importance. Studies have consistently shown that when patients are recognized early, intervention will have positive impact on recovery. It is also true that comprehensive cardiac care should ideally involve evaluation and management of nicotine abuse, alcohol dependence, adverse life style and stress management, which is rarely carried out even in advanced centers.

In the post operative phase: Compared to other surgery cardiac surgery is the one that has delirium as a common complication in the post operative period. Many freely use the term ICU psychosis!! In those patients especially with history of alcohol abuse and metabolic disorder, the probability of patients having the delirium postoperatively is quiet high. It becomes very difficult to manage the delirious cases in the post operative ward as they can try to injure themselves and lot of nursing care is required. Hence emphasis should be on seeking psychiatrist opinion. It is noticed that those patients who had delirium take longer duration of stay and recovery phase is slow.

In the follow up phase: When the patient comes for follow up, often reports of lack of energy, decreased interest, excessive pain or other symptoms which cannot be explained and they are not able to carry out the normal daily activities. Since recovery is slow, one should have high suspicion about depression before a battery of investigations are carried out. When those reports are within normal limits, then patient should be encouraged to seek psychiatrist opinion.

In these modern days every patient is loaded with lot of information and convincing the patients is very difficult. With the availability of consultant psychiatrist in the tertiary care the management of cardiac patients having the co-morbid illness will benefit and there may be more meaning in comprehensive cardiac care.

Dr Sunil P.K, M.B.B.S, M.S, M.Ch (CTVS), Consultant Cardiothoracic surgeon and Associate Professor, Sri Jayadeva Institute of Cardiovascular Sciences and Research Center. Bangalore.

REFRAME - Let Awareness Reframe Assumption: Myths & Facts about Crime & Mental Illness

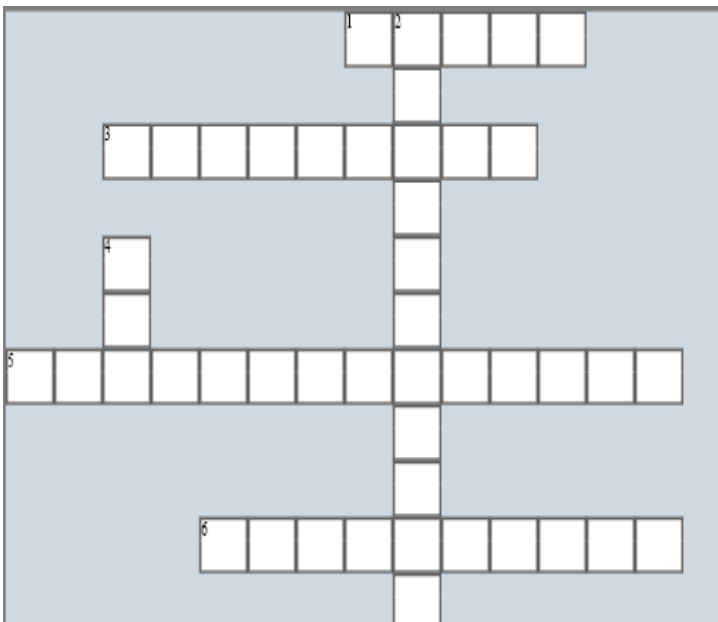
- ☒ People who commit crime are mentally ill
- ✓ Majority of those who commit crime are not mentally ill. In fact people with mental illness implicated in crime neither have 'intention' nor 'understand the consequence' of the act, which is essential for culpable crime.
- ☒ Patients with mental illness who have been implicated in crime do not have separate law
- ✓ Patients with mental illness have separate law in almost all countries so that they are not prosecuted when they commit crime during the phase of illness.
- ☒ Patients with mental illness commit crime under disguise of illness.
- ✓ Extensive and large population studies have shown, people with mental illness are least implicated in crime when compared to general population. However anybody who tries to disguise as being mentally ill in a crime will be thoroughly evaluated for mental illness. The crime should not have been premeditated nor should individual have knowledge of the consequences of the act.

MINDS QUIZ

1. Which of these antipsychotic cause maximum QTc Prolongation?
a) Paliperidone b) Quetiapine c) Ziprasidone d) Risperidone
2. Which of these has anti suicidal properties?
a) Sodium Valproate b) Lithium c) Carbamazepine d) Topiramate
3. Which of these has Antidepressant property?
a) Varenicline b) Bupropion c) Acamprosate d) Naltrexone
4. Which of these Acetylcholinesterase Inhibitors is recommended in advanced stages of Dementia
a) Donepezil b) Rivastigmine c) Galantamine d) Memantine

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

1. Restless leg syndrome is also called as.....syndrome (5)
3. Brief episodes of muscle weakness in narcolepsy (9)
5. Dementia like syndrome in Depression (14)
6. sleep talking (10)

Down

2. Impulse control disorder of stealing (11)
4. Pure form of methamphetamine is also locally called as (3)

ANSWERS

MINDS QUIZ

1. Quetiapine
2. Lithium
3. Bupropion
4. Memantine

CROSS WORDS

- #### ACROSS
1. Ekbon
 3. Cataplexy
 5. Pseudodementia
 6. Somniloquy

DOWN

2. Kleptomania
4. Ice

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