



MINDS NEWSLETTER



Wellbeing begins in Our MINDS

MONTHLY NEWSLETTER ON PSYCHIATRY FOR DOCTORS & MEDICAL STUDENTS

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From the desk of Editor

Need for research in effective education strategies for adults

There has been an exponential growth in the number of students joining colleges across India. According to available data, there are 1.42 crore students in 32,000 colleges, affiliated to 600 universities. The Ministry of health is keen to increase medical seats from 42,000 currently to 80,000 per year. Surprisingly, there has been little focus on ways to enhance the interaction of students & faculty, so as to optimize the benefits of learning and bring out the best in the students. Educating adults, especially in medical colleges is indeed a challenge. Though research in the field of child learning and teaching has been extensive, the same cannot be said about adult education. Students are a heterogeneous group at the beginning of their graduate education, but in due course of time become more or less homogenous in terms of aptitude and attitude. The primary goal of the undergraduate students today appears to be aimed at maintaining the required attendance, and receiving the minimum scores necessary to clear the examinations. There may be some exceptions! The post graduates, who are increasing in number in all departments, sadly, follow the same rule. This equilibrium is likely to continue if left alone, but is least likely to contribute to individual or institutional growth. There is thus an urgent need to explore the student teacher interface, and consider the changes that may be required at the various levels such as students, faculty, departments, Institutions and the University. The education system of adults needs such research, if we have to excel.

Dr.Kishor.M, Consultant Psychiatrist, Mysore

Guest Column: Down The Memory Lane...

Experience may reduce our mistakes but does not eliminate it!!

A young college student was brought by her mother for depression with paranoid features. She came from a middle class family and both her parents were employed. She was started on anti-depressants and risperidone for the paranoid features. On enquiry it was also found that there was a boy friend who was her classmate, They met infrequently and part of the depressive features and crying were due to the fact the parents discouraged her from meeting him. She showed improvement over a period of time. The mother complained that the girl had not had her periods. I reassured them that it was only a side effect of the drug and it would soon be all right. However, I also got serum prolactin level done just to reassure them as well as myself. It was elevated and this only confirmed my suspicions.

One day the mother came along with the patient and announced that the girl was taken to a gynecologist, due to the delay in her periods and after a scan and pregnancy tests, the worst was confirmed. She was pregnant. This came as a shock to me as I did not think of this possibility. My clinical judgement was coloured by extraneous factors and I felt like a fool.

Lesson: No matter from what background the patients come from, one should be totally objective and not be carried away by our personal preconceptions and biases. The fact that it happened only 3 years ago, in my clinical practice, after all these years, made me realize, that making a mistake can happen to all of us, no matter, how experienced one is. (Post script: The families got them married and they are a happy family now)



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

EMOTIONAL INTELLIGENCE

In his best-selling 1995 book "Emotional Intelligence" Daniel Goleman reported that, research shows that conventional measures of intelligence – IQ – only account for 20% of a person's success in life. For example, research on IQ and education shows that high IQ predicts 10 to 25% of grades in college. Nonetheless, Goleman's assertion begs the question: What accounts for the other 80%? Goleman and others have asserted that at least some of the missing ingredient lies in emotional intelligence –the capacity to acquire and apply emotional information. But what exactly is emotional intelligence? At the most general level, emotional intelligence (E.I.) refers to the ability to recognize and regulate emotions in ourselves and others (Goleman, 2001).

Peter Salovey and John Mayer, who originally used the term "emotional intelligence", defined it as: The ability to perceive emotion, integrate emotion to facilitate thought, understand emotions, and to regulate emotions to promote personal growth.

Essentially, the skills in building Emotional Intelligence are

STEP 1: Self-Awareness

Self-awareness is the first skill set in building Emotional Intelligence. High self-awareness is "tuning in" to the sensations you feel and being able to name which emotion is happening at any given time. People experience an average of 27 emotions every waking hour! The skill sets associated with Self-Awareness include: Emotional Awareness: Recognizing one's emotions and their effects, Accurate Self-Assessment: Knowing one's strengths and limits

STEP 2: Self-Management

Self-management is your ability to use the awareness of your emotions to stay flexible and direct behavior positively. This second step is to regulate feelings and manage them so they do more good, both to yourself and others. Our passions can be contagious and energize others, but our ranting and raving can damage work relations beyond repair. Here are the components of Self-Management: Self-Control: Managing disruptive emotions and impulses, Trustworthiness: Maintaining standards of honesty and integrity
Conscientiousness: Taking responsibility for personal performance, Adaptability: Flexibility in handling change

STEP 3: Social Awareness

Emotional intelligence is both tuning into your own feelings and tuning into the feelings of those around us. Empathy is being able to see from another's perspective. Empathy begins with listening. Research has proven that, we determine whether we like someone and trust within 3–5 seconds. It's that fast for our emotional brain to form a first impression. The rational brain has no time to get involved and deliver intellectual proof until later. Here are the components of Social Awareness: Empathy: Sensing others' feelings and perspective and taking an active interest in their concerns. Political Awareness: Reading a group's emotional current and power relationships

STEP 4: Relationship Management

Mastering the abilities of self-awareness, self- management, and social awareness pave the way for more effective relationships. This fourth component, relationship management, is about interacting with people and being adept at managing emotions in others. Here are the components:

Influence: Using effective tactics of persuasion, Communication: Sending clear and convincing messages, Conflict Management: Negotiating and resolving disagreements"

Collaboration and Cooperation: Working well with others toward shared goals.

Maybe it is time to educate and encourage the medical fraternity about inculcating Emotional Intelligence.



Dr Saraswathi,

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FOOD FOR THOUGHT: Undergraduates /Interns/Postgraduates can write in their own words on topic "Intelligence Quotient (IQ)" 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.

Focus: Dentistry

Bruxism: Etiology, diagnosis and Management

Bruxism has been a much-discussed and debated topic for dentists, psychiatrists and neurologists alike. Even today, after decades of research, bruxism still remains a subject in need of more concrete representation. It is a tedious task to study and document facts relating to bruxism because most patients are unaware that they brux unless the problem has reached a point of serious consequences. But it is considered as common, affecting 8% of the population, in children it is more common affecting 14%-20% of them.

Bruxism is a diurnal or nocturnal para-functional activity that includes grinding, gnashing, or clenching of the teeth. Sleep bruxism has been classified under parasomnia. It takes place in the absence of subjective consciousness. Various theories regarding the etiology of bruxism have been reported and they fall into the following categories: dental occlusion-related, psychological and originating within the central nervous system. Certain medical conditions can also trigger bruxism like digestive ailments, allergic reactions and sleep disorders. People whose lifestyle includes use of tobacco and amphetamine-like stimulants are at a higher risk. The dentist is usually the one to diagnose bruxism when the patient presents for a routine dental check-up. Patients may present with a variety of symptoms like headache, mobile teeth, insomnia, stress and depression. The presence of tooth wear, gingival recession, fractures of posterior teeth cusps and dental restorations are indicative of bruxism. Abnormal muscle activity can be monitored by electromyography and at-home bite-strips.

The first line of treatment is to address the possible causes also includes lifestyle and behavior modifications. The patient can be referred to a psychiatrist for opinion, where he can be evaluated, appropriate therapy can be considered and/or medications. Placing a resin or an occlusal splint intra-orally after occlusion adjustments is the most predictable and effective method to prevent tooth wear and bruxism. It is custom-fabricated by the dentist and should be worn, monitored and replaced on a timely basis. Some patients with severe bruxism require complete oral rehabilitation with porcelain, ceramic or fibre-reinforced polymer crowns and fixed prosthesis followed by post-operative occlusal splints. A recent innovation is the professionally administered Botulinum Toxin injections which reduce the nocturnal bruxing events by decreasing muscle activity. Failure to diagnose and treat bruxism in its early stages might lead to an increase in the severity of the problem eventually resulting in myofascial pain dysfunction syndrome (MPDS) and temporomandibular joint disorder (TMD). So, it is a need of the hour for an interdisciplinary approach in combating bruxism which would benefit the patient in avoiding its distressing sequelae.



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REFRAME: Let Awareness Reframe Assumption

Myths & Facts about Dementia

- Memory disturbances are part of normal aging
- ✓ Gross memory disturbances are not part of normal aging especially those related to immediate and recent memory disturbances.
- Dementia is seen in all elderly individuals
- ✓ Dementia is seen approximately 3-5% of individuals aged 65-74 yrs and 18-20% in 75-84 yrs age group.
- Dementia is characterized by disturbance only in memory
- ✓ According to WHO, Dementia is a progressive irreversible disturbance in multiple cortical functions like memory, thinking, orientation, comprehension, calculation, learning capacity, language and judgment.

Compiled By **Dr Neha Kulkarni**, Intern, Raichur Institute of Medical Sciences

MINDS QUIZ

Answers at the bottom of page

- Mitral valve prolapse is a differential diagnosis for which of the following psychiatric disorder?
a) OCD b) Panic Disorder c) GAD d) Depressive Disorder
- Which of the following is selective serotonin reuptake enhancer?
a) Tiagabine b) Tianeptine c) Mirtazapine d) Fluoxetine
- Who is often called as the "First Psychiatrist".
a) Sigmund Freud b) Hippocrates c) John Weyer d) Hans Berger
- Hebephrenic Schizophrenia is also called as
a) Residual b) Catatonic c) Disorganized d) Paranoid

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

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?!!

Across

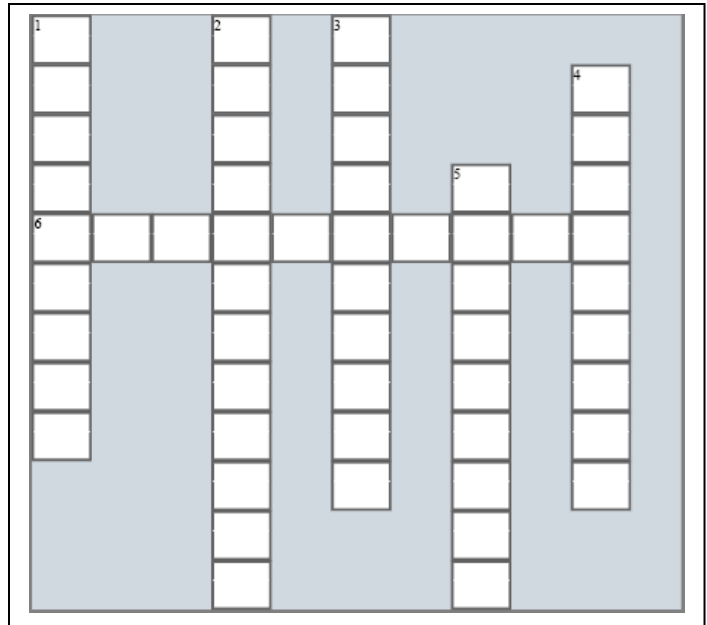
6. Introduced EEG (10)

Down

- Persistent Low Mood for more than 2 years (9)
- Most Common Delusion in Schizophrenia (12)
- WHO Theme for World Mental Health Day 2012 is on this illness (10)
- Antidepressant approved in Smoking Cessation (9)
- Nobel Prize for Surgery in Psychiatric Conditions (9)



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



ANSWERS

MINDS QUIZ

- Panic Disorder
- Tianeptine
- John Weyer
- Disorganized

CROSS WORDS

ACROSS

- 6.Hans Berger

DOWN

- Dysthymia
- Persecutory
- Depression
- Bupropion
- Egas Moniz

Your opinion is important to us, so feel free & write about the MINDS Newsletter to editormind@gmail.com