MINDS

Wellbeing begins in our MINDS

Monthly Newsletter on Psychiatry for Doctors & Medical Students

Volume 3 ***Issue 10*** ***October, 2013***

Published from 2011

Articles on Psychiatry from over 20 specialities!!

Contribution from More than 50 Authors!!

Seven Sections in every Issue

Free e-copy just by an SMS Request!!!

Editor
Dr. Kiran Kumar K., *MD*
Consultant Psychiatrist
Bangalore

Assistant Editor
Dr. Shivanand Manohar.,
DPM, DNB
Consultant Psychiatrist
Mysore

E-mail
editormind@gmail.com

You can Follow us www.facebook.com /minds.newsletter

For free E-copy Just mail us or SMS MINDS & your Email ID to editor

Immediate Past Editor & Assistant Editor

Dr M Kishor., *MD*

Dr H R Vinay. *DPM*

From The Desk of the Editor: World Mental Health Day: 10th October 2013

"MENTAL HEALTH AND OLDER ADULTS"

Every year on 10th of October, The World Health Organization joins in celebrating the World Mental Health Day. The day is celebrated with the initiative of the World Federation of Mental Health for which WHO supports through raising awareness on mental health issues using its strong relationships with the Ministries of health and civil society organizations across the globe. The theme for World Mental Health Day 2013 is ***"Mental health and older adults"***.

The world population has never been as mature as now. Currently, the number of people aged 60 and over is more than 800 million. Projections indicate that this figure will increase to over two billion in 2050. One of the possible negative consequences of the rapid ageing of the global population is the increase in the number of people with mental disorders which will soon overwhelm the mental health system in many countries. Older people will have several health related problems both psychological and physical and diseases like Dementia, Depression, Anxiety and Substance use disorders along with co-morbid chronic physical illnesses will drastically affect the quality of life of this vulnerable population. The promotion of healthy ageing in all its aspects is an important role for all societies. Early recognition, diagnosis, and treatment of mental disorders that are common in old age are important to prevent suffering and disabilities.

Dr. Kiran Kumar K., *MD,* **Consultant Psychiatrist, Bangalore.**

Guest Column: Down The Memory Lane…… Wisdom to crosscheck the medications!!

I think it is a common experience of most of us that our patients take lesser dose than prescribed. Most of them appear to believe that we prescribe higher dose than required. Once a patient of mine wanted me to suggest a substitute brand for Imipramine, as the one written was unavailable. I wrote tablet Depsonil in the prescribed 1-1-2 dosage. When he turned up for review after couple of days, earlier than scheduled, he reported that the substitute I wrote is stronger. When he took the advised dose he felt very weak, had reeling of head and sweating. He apologetically reported that he has been taking the tablet in the dose 1-0-1 and he is fine with it. As usual I was not happy about it. However, good sense prevailed on me and I asked him to show me the tablets. When I saw the tablets I was shocked and thanked stars for helping him use his common sense. He was issued erroneously Daonil tablets, (an oral hypoglycemic agent), instead of Depsonil, by the pharmacy. Following this incident I have made it a point to have a look at the tablets on such occasions rather than get angry. I shudder to think of the consequences had he taken the tablets in the prescribed dosage instead of using his folk wisdom.

Dr. Shripathy M Bhat is a Senior Psychiatrist and Professor at KMC, Manipal.

Invited Article

SUICIDE IN ELDERLY

There is a global trend towards increased suicide in late life. Developed countries show a second peak of increased suicide rate in the elderly (above 60 years). In 2011, around 8% of suicide victims in India were of age 60 years or more. The suicide rates in elderly in India are less compared to west but the trend in increasing in India too. Till now, the low prevalence of suicide among the elderly in India could be because the aged are well-integrated and respected in the family; children take responsibility for their care; and life expectancy in the elderly is lower in India than elsewhere. With rapid urbanization, disintegrating family structures and increasing life expectancy, these trends are likely to change and elderly shall become more vulnerable to isolation.

Major reason behind suicide in elderly in India is physical illness (37.8%) followed by family problems. The ratio of completed suicide to attempted suicide in India is about 1:7 in the elderly, which is double the ratio of 1:15 in lower age groups. This could be due to poorer ability of the elderly to recover from the bodily insult of a suicide attempt.

In the elderly, common risk factors for suicide include: the recent death of a loved one, physical illness, uncontrollable pain or the fear of a prolonged illness, perceived poor health, social isolation and loneliness and major changes in social roles (e.g. retirement). Warning signs of suicidal intent in elderly include statements about death and suicide, reading material about death and suicide, stockpiling medications, rush to complete or revise a will, increased alcohol or prescription drug use, sudden interest in firearms (in western population) and overt suicide threats.

Important steps need to be taken in direction of prevention of suicide in elderly. It is believed that 40-70% of victims contact their general physicians in 30 days preceding suicide. Therefore, sensitization of general physicians in recognizing suicidal risk and treatment of depression in elderly could be of significant help. The psychiatrists also need to increase their sensitivity towards this issue and must handle every such case reaching their doors with utmost care. Community based outreach services (currently non-existent in India) can go a long way in decreasing the risk.

Although suicide and its prevention remain a significant public health concern, suicide in the elderly still receives little focus in terms of specific preventive strategies or research. The situation is compounded by the failed recognition and failed treatment of even those elderly who come into contact with services. Fundamental to this process is the need to educate health professionals and society in general that the act of suicide in late life is rarely a rational act.

Dr AdarshTripathi*, Dr Aditya Somani#
***Assistant Professor, #Junior Resident, Department of Psychiatry, King George's Medical University, Lucknow.**

FOOD FOR THOUGHT: Undergraduates /Interns/Postgraduates can write in their own words on topic "Biology of Suicide" 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 " Dissociative Possession Attack"**

- ☒ Persons who are possessed are aware of the things happening in the surroundings.
- ✓ Persons have partial or complete unawareness of the things in surroundings when possessed.
- ☒ Persons who are possessed do not have any impairment in social, cultural or other areas of functioning.
- ✓ They may have significant impairment in social, cultural or other areas of functioning.
- ☒ Possession is considered to be a punishment insulting a sacred site or angering a deity.
- ✓ Most Studies implicate that possession is commonly due to a personal crisis.

SYPHILIS AN ENIGMA

The Austrian psychiatrist Julius Wagner Ritter von Jauregg tried inoculation of malaria parasites in the case of dementia paralytica caused by neurosyphilis, which successfully cured not only associated severe mental illness but also syphilis. In 1927, this discovery earned him the Nobel Prize in Physiology and Medicine. Syphilis is a sexually transmitted infection caused by a spirochete *Treponema pallidum.* The first case of syphilis occurred in Europe around the year 1493. The term "syphilis" was first described by the Italian physician and poet Giralomo Fracastoro in his epic noted poem titled "Syphilis sive morbus gallicus". In 1905, Schaudinn and Hoffmann discovered Treponema pallidum in tissue of patients with syphilis. In scientific reports around the 19th century specific forms of neurosyphilis were grouped under the multicausal term "Paralytic Dementia". The rising incidence of neurosyphilis the potentially devastating infection of the central nervous system by the spirochete Treponema pallidum, despite widely available curative treatment is a concern.

Syphilis has several clinical manifestations, making laboratory testing a very important aspect of diagnosis. Syphilis progresses through distinct primary, secondary, latent and tertiary stages. The ulcers that appear in primary and secondary syphilis are rich in treponemes; venereal transmission occurs through direct contact with these lesions. The stage of the disease at which the patient presents has implications for diagnosis and treatment. In primary syphilis, after sexual activity, in 1 to 3 weeks time a single painless indurated ulcer appears on the genitalia. This ulcer heals in 3 to 6 weeks time spontaneously. After 2 to 24 weeks, in 50% patients secondary syphilis manifests with fever, malaise, loss of appetite and widespread skin rashes. This is the time when patient seeks treatment. After this, disease becomes subclinical if not treated and after 10-25 years, manifests as tertiary syphilis with the involvement of CNS, CVS, bones, eyes, many organs with gummas. In some stages, the disease may be asymptomatic, and there are problems in diagnosing very early syphilis, neurosyphilis, asymptomatic congenital syphilis and syphilis in intravenous drug users and persons coinfected with serologically cross-reacting agents and HIV.

The etiological agent, *Treponema pallidum*, cannot be cultured, and there is no single optimal alternative test. Serological testing is the most frequently used approach in the laboratory diagnosis of syphilis. Direct diagnostic methods include the detection of *T pallidum* by microscopic examination of fluid or smears from lesions (Dark ground microscopy or Fluorescence staining), histological examination of tissues or nucleic acid amplification methods such as polymerase chain reaction (PCR). Indirect diagnosis is based on serological tests for the detection of antibodies. Serological tests fall into two categories: nontreponemal tests for screening (VDRL or RPR) and treponemal tests (TPHA/TPA or FTA-Abs) for confirmation. A confirmed serological test result is indicative of the presence of treponemal antibodies but does not indicate the stage of disease and, depending on the test, may not differentiate between past and current infection. Despite their shortcomings and the complexity of interpretation, serological tests are the mainstay in the diagnosis and follow-up of syphilis. The discovery of penicillin was a caesura, ending malariotherapy and leading many to regard syphilis as a night-extinct illness, but this turned out to be an illusion. Syphilis is returning in new forms in tandem with the AIDS epidemic. Written-off endlessly by its obituarists, syphilis abides.

Dr. Anuradha Sharma,
Associate Professor, Department of Microbiology, AIIMS, Jodhpur.

UG n PG

AN EXCLUSIVE SECTION FOR UNDERGRADUATES AND POSTGRADUATES

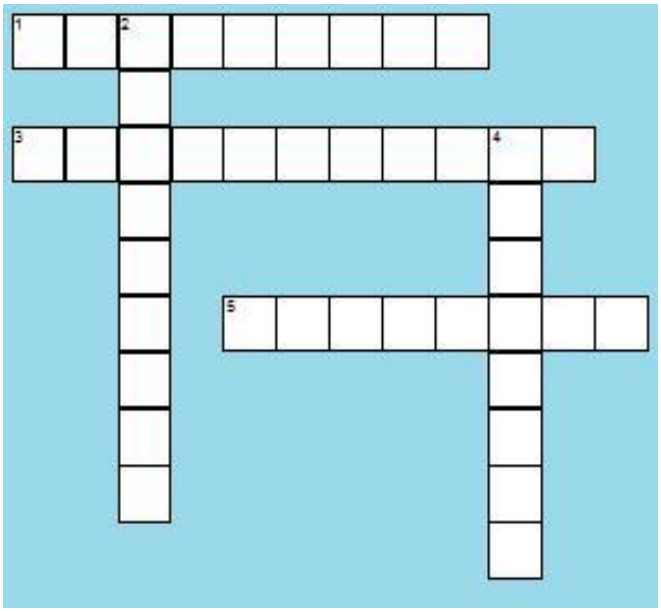
UG n PG

MINDS QUIZ

1. Side effect of lithium includes
   a. Tremors b. Polyuria c. Hypothyroidism d. All of the above
2. Bleulers primary symptoms of Schizophrenia include all except
   a. Abnormal association b. Autistic Thinking c. Abnormal Affect d. Akinesia
3. Percentage of people with alchohol intoxication or withdrawal going into delirium tremens is
   a. <5% b. 5%-10% c. 10%-15% d. 15%-20%
4. Aggression turned inward is a model for
   a. Schizophrenia b. Mania c. Depression d. Anxiety

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

1. Purposeful fire-setting
3. Approximate Answers
5. Venus's curse

Down

2. Projective Test
4. 'To be seized'

Quick Response Code for the Website

ANSWERS:

MINDS QUIZ
1. All of the above
2. Akinesia
3. <5%
4. Depression

CROSS WORDS
ACROSS
1. Pyromania
3. Vorbeireden
5. Syphilis

DOWN
2. Rorschach
4. Epilepsy

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 9886496528/ Asst. Editor: +91 9481819637, or join us www.facebook.com/minds.newsletter.
All archives are available in our exclusive website www.mindsnewsletter.com or www.psychiatry4u.com
Enjoy a new way of learning!!!!

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