



MINDS NEWSLETTER

Editor

Dr. M. Kishor, MD
Consultant Psychiatrist
Mysore

Assistant Editor

Dr. H.R Vinay, DPM
Consultant Psychiatrist
Bangalore

E-mail

editormind@gmail.com

FACEBOOK

You can join our group & Follow us in Facebook

[facebook.com/mindsnewsletter](https://www.facebook.com/mindsnewsletter)

For free E-copy Just mail us or SMS MINDS & your Email ID to 9449347072/ 9886412530



Wellbeing begins in our MINDS

MONTHLY NEWSLETTER ON PSYCHIATRY FOR DOCTORS & MEDICAL STUDENTS



Celebrating One Year of MINDS Newsletter with all our Readers & Well wishers

The Editorial team is thankful to each of you for utilizing this newsletter, supporting and encouraging us in all possible ways as we complete one year. The Journey of this Newsletter began on July 2011. We are happy that newsletter continues to be concise, original in format, each section of newsletter turns out to be useful to different group of readers and moreover it is being issued online before 10th of every month. Celebrating our first anniversary with **you**, makes our task more enjoyable ahead with upcoming issues, in all new outlook as **MINDS** as *Wellbeing Begins in Our MINDS*. We look forward for your active involvement and support.

As a mark of first anniversary, we are glad to inform you that an experimental website exclusive for MINDS Newsletter has been launched, where all archives are available at the click of button. Please visit us at <https://sites.google.com/site/mindsnewsletter> **Dr.K.Kiran Kumar**, Asst Prof of Psychiatry at Vydehi Institute of Medical Sciences will be our web editor.

Guest Column: Down The Memory Lane.....Never Jump to conclusions in a Hurry

It was in the Casualty Department in the CMC Vellore, I was asked to see a young 16 year old girl, who came with discomfort, pain and uneasy sensation in the inner aspect of her left thigh. On examination, I found absolutely nothing and having just finished my posting in Psychiatry, I grandiosely formulated many theories to fit in as to why a young 16 old would have symptoms related to her thigh. I told myself, I need to go into the psychodynamics of this problem and looked for those **non-existent** clues. I told her to come on the next day so that I could spend time talking to her to find out the psychological causes. I was shocked when I saw her the next day with clear cut eruptions of "Herpes – Zoster" lesion. Needless to say I felt foolish and embarrassed and realized the pre eruption presentation what exactly what she came with, the first time. Lesson: Never jump to psychological conclusions in a hurry, however tempting it may be.



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

Consultation Liaison Psychiatry

Focus: Forensic Medicine

Mental illness, Crime and Punishment:

Introduction: The interface between mental health, mental illness and resulting criminal behavior is a complex cascade. The further interaction with police and the Judiciary is extremely challenging and most of the scope of this work lies within the specialist field of 'forensic psychiatry'.

Mental illness: The mental illnesses arising from a structural brain damage are called organic psychoses and those with no neurological basis are called functional psychoses. Both are likely to lead to medico-legal consequences. The forensic aspects of such illnesses depend on the type and severity of the disease.

Mental Health Legislation and the Criminal Justice System: Every country has its own legislation that allows for the detention and treatment of individual offenders with a diagnosed mental disorder. The Mental Health Act, 1987, may be a reference document in this regard as applicable to India. Most legal systems across the globe have provisions for excusing an adult who, by reason of mental defect, commits a criminal act. Nevertheless, the nuance lies in determining the sufficient degree of mental abnormality to qualify for the exclusion from retribution of law.

Mental abnormality as a defence in court: The Latin phrase '*actus non facit reum nisi mens sit rea*', which translates 'the act is not culpable unless the mind is guilty', expresses a fundamental principle in many legal systems. The Law upholds that for every criminal act, there shall be a criminal mind and a mentally ill person may not have a sufficient degree of mental stability to achieve a criminal mind so as to design a criminal act.

Historical background: Daniel McNaughten was a Scotsman, who had a delusion of persecution. He believed that his life was in danger from the then Prime Minister's political party. He decided to kill the Prime Minister of England, Sir Robert Peel. But with a mistaken identity, he shot dead, the Personal Secretary of the Prime Minister, Mr. Edward Drummond. McNaughten was found not guilty by the reason of insanity. A Bench of fourteen Judges gave the criteria for the criminal responsibility of the mentally ill, which was known as McNaughten's Rules. The rule states that 'to establish defence on the grounds of insanity, it must be clearly proved that at the time of commission of the act, the accused was labouring under such a defect of reason due to disease of mind, as not to know the nature and quality of the act he was doing; or if he knew that, he did not know that it was wrong or contrary to the law'. The McNaughten's rules have been the basis for evaluating a crime done by a mentally ill person in Indian Judiciary System, under Section 84 of the Indian Penal Code.

Conclusion: Retrospective analysis of mental illness is a morbid limitation in assessing the criminal responsibility of a mentally ill and it involves multidisciplinary approach. Increasing awareness about psychiatric conditions may benefit the society at large



Dr. M Arun MD is Prof of Forensic Medicine, JSS Medical College, Mysore

FOOD FOR THOUGHT: FOR UGS, INTERNS - YOU CAN WRITE ON "MERITS & DEMERITS OF MENTAL HEALTH ACT 1987" IN NOT MORE THAN 500 WORDS AND BEST WRITE UP WILL BE POSTED IN MINDS NEWSLETTER GROUP OF FACEBOOK.

REFRAME

Let Awareness Reframe Assumption

Myths & Facts about Attention Deficit Hyperactive Disorder (ADHD)

By Dr. Hisham Hakeem, Intern, JSS Medical College

- ADHD can be diagnosed by CT Scan & MRI
- ✓ Clinical features of ADHD are diagnostic. Radiological investigations have fewer roles in ADHD.
- ADHD is seen only in childhood.
- ✓ Childhood ADHD has been shown to persist and manifest even in certain number of Adults.
- Medications can be harmful & so should not be used to treat ADHD
- ✓ Medications such as "Stimulants & Stimulants like drugs" have been recommended across the world as beneficial & can be used safely along with Behavioural Intervention & Attention enhancing tasks.

Invited Article

Phobia

Introduction: A specific (isolated) phobia is a condition characterized by marked irrational fear, leading to avoidance of that specific object or situation with associated marked anxiety & emotional distress. Specific phobias are commonly classified as animal type (e.g. insects, dogs), natural-forces type (e.g. storms, water), blood, injection and injury type, and situational type (e.g. elevators, tunnels). Usually, onset is in mid-childhood or early adolescence and if untreated they tend to persist lifelong. Lifetime prevalence of specific phobias is around 12.5% while among children it is as high as 17.6%. Etiology is multifactorial, genetic (heritability: estimated between 30 to 40% as seen in twin studies), conditioning (fear conditioning), non-associative learning, personality factors (anxiety sensitivity), cognitive factors (attentional biases to threat-related information, perceptual and cognitive distortions), social and environmental factors (traumatic event) and evolutionary model (to facilitate survival, preparedness) have been proposed.

Pathophysiology: As for any anxiety disorder limbic system plays a major role in pathophysiology. The amygdala receives sensory information and sends efferent impulses to elicit flight-fight response which includes autonomic arousal (lateral nucleus of hypothalamus), adrenocorticotrophic hormone release (paraventricular nucleus of hypothalamus), noradrenaline release (locus ceruleus), increased respiration (parabrachial nucleus), defensive behaviors (periaqueductal gray), startle response (nucleus pontine reticularis), and fearful expressions (facial motor nerve)..

Comorbid conditions: Phobic anxiety often results into panic attacks and significantly affects mobility, socio-occupational functioning, quality of life and help seeking behavior (e.g., poor sugar control in needle and blood injury phobia). Common comorbidities include other phobias like social phobia, depression, substance abuse disorder, separation anxiety disorder, attention deficit and hyperactivity disorder, school refusal, obsessive compulsive disorder, agoraphobia, and anankastic and anxious avoidant personality disorder.

Treatment:

Exposure therapy in the form of graduated exposure to the feared stimulus is most useful when combined with Cognitive Behavioural Therapy. Systematic desensitization and relaxation strategies such as breathing or hyperventilation control, relaxation training are also shown to be effective. An emerging e-therapy as virtual reality treatment are also available in which virtual reality (VR) integrates real-time computer graphics, body tracking devices, visual displays and other sensory input devices to immerse patients in a computer generated virtual environment

Pharmacotherapy is usually beneficial in treatment in specific phobias. The treatment of phobia yields best results when selective serotonin reuptake inhibitors fluvoxamine, paroxetine, and sertraline or Tricyclic Antidepressant drugs are used along with CBT It can be used either when encounter to phobic stimuli is very occasional; other interventions have been deferred for some reason or when there is failure of non-pharmacological intervention. Commonly used medications before exposure to phobic stimuli are short acting benzodiazepines (such as alprazolam, lorazepam, etc.). Emerging evidence suggests that cycloserine (NMDA receptor partial agonist) may be useful in enhancing the benefits of exposure therapy.



Dr Dushad Ram, Assistant Professor of Psychiatry, JSS Medical College & Hospital, Mysore

We the editorial team of MINDS Newsletter, welcome articles from consultant doctors in different speciality to send us article which has relevance to psychiatry for consultation Liaison Psychiatry section. Also psychiatrist can send us articles for Invited article section about topics which are of interest to them. We are keen to have medical students, interns and postgraduate students for section on Myths & Facts, MINDS Quiz and Crosswords. We will do our best to make this newsletter useful and interesting. An experimental website exclusive for MINDS Newsletter has been launched where all archives will be available at click of button. Please visit us at <https://sites.google.com/site/mindsnewsletter> Dr.K.Kiran Kumar, Asst Prof of Psychiatry at Vydehi Institute of Medical Sciences will be our web editor

UG n PG

AN EXCLUSIVE SECTION FOR UNDERGRADUATES AND POSTGRADUATES

UG n PG

MINDS QUIZ

by Dr. Chaitra VHM

1. De Clerambault syndrome has also been referred to as 'delusion of.....
 (a) Love (b) Infidelity (c) Reference (d) Persecution
2. A type of Schizophrenia with marked disturbance in motor function is....
 (a) Paranoid (b) Residual (c) Catatonic (d) Disorganized
3. All of the following are good prognostic factors in Schizophrenia except:
 (a) Acute onset (b) With Mood symptoms (c) Presence of Hallucinations & delusions
 (d) Family History of Schizophrenia
4. Prevalence of Schizophrenia in Monozygotic twin of a Schizophrenia patient
 a) 47% (b) 40% (c) 12% (d) 8%

Answers at the bottom of page

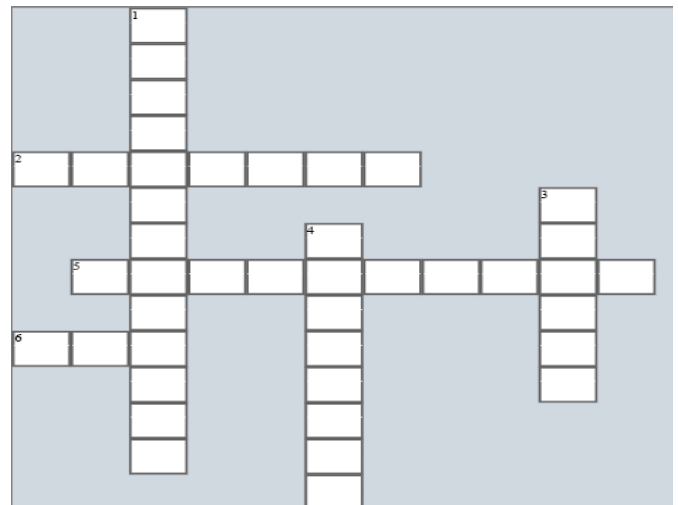
Can you CROSS the CROSSWORD?? !!

Across

2. One of the potent free base of this substance is called Crack(7)
5. Used in Benzodiazepines Overdose(10)
6. Hoffman who synthesized this and accidentally experienced hallucinations!(3)

Down

1. First Developed as novel anesthetic , also called as 'angel dust'(13)
3. Cold Turkey is term used for Abstinence syndrome of this Substance(6)
4. One of the common substance abused is also called as Mary Jan(8)



LEVEL: NOT SO EASY

ANSWERS: GIVEN BELOW

Created by
Dr. Aashish S Nayak MBBS



Answers

MIND QUIZ

1. Love

2. Catatonic Schizophrenia

3. Family History of Schizophrenia

4. 47%

CROSS WORDS

ACROSS

2. Cocaine

5. Flumazenil

6. LSD

DOWN

1. Phencyclidine

3. Opioid

4. Cannabis

Announcement: You are cordially invited to participate in 22nd Karnataka Annual Conference of Indian Psychiatric Society (KANCIPS) to be held at Mangaluru on 22-23 September, 2012.

Venue: TMA Pai International convention center, Mangaluru.

Theme: "Challenges in Psychiatry"

Register early !!! ---- Organizing Team, KANCIPS, Mangaluru

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