



MINDS NEWSLETTER



Wellbeing begins in Our MINDS

MONTHLY NEWSLETTER ON PSYCHIATRY FOR DOCTORS & MEDICAL STUDENTS

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Articles on
Psychiatry from
over 20
specialities!!

Contribution from
More than 50
Authors!!

Seven Sections in
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From the desk of Editor

Are Humanities Missing in the Field of Science & Technology?

Recently, the University Grants Commission which oversees nearly 600 universities in India sent a letter to all Vice Chancellors, recommending that students should be sensitized about human values. It further noted that as per UGC decision, science and technology students should be asked to take courses under humanities and social sciences as part of their curriculum!! This was based on National Integration Commission recommendation to UGC in order to stop radicalization of youth!!

This indeed appears very welcome step, but the million dollar question is, can human values be taught through books and evaluated by answers?? However, the decision made by the UGC raises many questions: are human values higher in those specialized in humanities than in those from a science background; does the role of the university encompass ensuring that the students develop human values, given that the individual is already an adult when he first enrolls; what then is the role of parents, schools, neighbourhood, community leaders and the society, in guiding the young. Can we claim that the young will learn what the adults in a community do not practice?

Dr.M Kishor MD, Consultant Psychiatrist, Mysore

Guest Column: Down The Memory Lane... Remember, patients do need a break!!!

One of the important aspects in the assessment of higher mental function & mental status examination is to know about abstract thinking of an individual by asking him meaning of a proverb. Once we were discussing a case in the unit. The consultant after listening to the presentation by the resident got the patient for interview. We residents were free to ask questions to the patient directly to elicit psychopathology. As I remember today, almost every resident bombarded him with questions, relevant and irrelevant. During the process one could see that the patient was getting restless. Then one resident, wanting to test his ability for abstraction, asked him to interpret the proverb "Too many cooks spoil the broth." No sooner the question was put the patient retorted: "That is what all of you are doing here now." No need to say all went silent and the interview was over.

Lesson: Even though it is very important process in learning to constantly interact with patient, we should remember they may need a break!!



Dr. Shripathy M Bhat is senior a psychiatrist and professor at KMC Manipal. He is well known for his wit and sense of humour.

Substance abuse in the Elderly- It's never too late...

An Invisible Epidemic: As the proportion of older people in the population is increasing rapidly even in India, Substance abuse in elderly is a hidden epidemic both in India and in the west. A recent Indian study reveals that 5-8% of elderly abuses substances. Prevalence studies from Western literature quote 17-24% for drug abuse and 10-17% for drug dependence. The problem is alarming in West as the Baby- Boomer's cohort is aging, the number of elderly who abuse drugs may increase as this cohort has high rates of drug abuse. Other than Alcohol and benzodiazepines, prescription drug use poses greater problem in elderly.

Despite the rise in numbers this is often under-diagnosed and under-treated. Common reasons include

1. Ageism- tendency to explain problems as a function of being old rather than looking for specific medical, social, or psychological causes.
2. Family's attitude- "Granny's cocktails make her happy", "He won't be around much longer anyway"
3. Substance abuse problems may be overshadowed by the other medical problems
4. Stigma, shame, or denial associated with elderly substance use
5. May be fewer social problems like losing a job or legal difficulties when compared with young

Physiology of ageing relevant to drug abuse: Ageing causes increased fat stores, decreased muscle mass & body water content. Long acting drugs act for longer duration than expected and short acting drugs tend to attain higher peak levels more quickly. Blood flow through the liver decreases and the metabolic capacity decreases. Alcohol use increases liver enzyme induction and increases the metabolism of some drugs. These changes cause serious physical effects even when drugs are taken at lower doses.

Elderly who are at risk for substance abuse: Separated or divorced, who are bereaving, experiencing boredom, have a family history of substance abuse, suffering from mental illness and socially isolated.

Dangers of Geriatric Substance Abuse: Increased rate of hospitalizations, drug related delirium, adverse reactions when combined with other prescriptions, early cognitive decline, high incidence of falls and fractures, **highest rate of completed suicide.** Elderly who use benzodiazepines are more likely to need help for activities of daily living much earlier than non-BZD users.

Substance use in elderly is both a current problem and a future concern. Physicians, general practitioners and psychiatrists dealing with elderly should be aware of this and screening for drug abuse should be part of routine work up. Treatment focusing on coping and rebuilding social support network has shown benefits and

All of us should ensure that, It's never too late.....



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FOOD FOR THOUGHT: Undergraduates /Interns/Postgraduates can write in their own words on topic "Medical Care of Elderly" 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 Management of Insomnia

- ☒ Medications used in Management of Insomnia always leads to dependence
- ✓ Dependence is least when Medications are tailored based on clinical assessment of the patient & his co-morbid conditions. Sleep hygiene should be integral part of management.
- ☒ Insomnia should be addressed only by a sleep specialist
- ✓ Insomnia can be addressed by all doctors provided they assess for commonly associated co-morbid physical and psychiatric disorders. It may be important to check if any prescribed drugs are contributing to Insomnia.
- ☒ Management of Insomnia ends with prescription of medications.
- ✓ Management of Insomnia needs periodic evaluation, education and recommendation until remission.

MR Imaging Approach for Dementia

Many guidelines recommend neuroimaging in patients with dementia. The indication has progressed from exclusion of a rare finding of treatable pathology to making a probable antemortem diagnosis, with the rationale that patients are better managed when the diagnosis is known. It is important that treatable diseases like subdural hematomas, tumors and hydrocephalus needs to be excluded. The diagnosis of a specific cause for dementia can still only be confirmed by brain biopsy or at postmortem, and imaging is not specific.

Alzheimer Disease Atrophy beginning in the entorhinal cortex and hippocampi is recognized as a structural imaging biomarker of AD. The rate of hippocampal atrophy is more accurate than cross-sectional measurement. Methods of assessing hippocampal volume loss on structural MR imaging have progressed from visual assessment to manual hippocampal volumetry, to automated voxel-based methods

Vascular dementia. This is regarded as the second most common cause of dementia and is ubiquitous in the elderly, with most people older than of 60 years having some evidence of Cerebro Vascular Disease (CVD) on brain imaging. CVD can have differing appearances, depending on the site and size of the vessel involved, ranging from large cortical infarcts, lacunar infarcts, and macro- and microhemorrhage to white matter ischemia. White matter ischemia can be measured by using semiquantitative visual rating scales or quantitative voxel-based methods. White matter hyperintensities (WMH) are associated with vascular risk factors, particularly hypertension and diabetes. They are most common in the frontal white matter, increase linearly with age. WMH are accepted as an imaging biomarker of vascular disease. Lacunar infarcts (or lacunes) occur in the subcortical white matter and basal ganglia and are also an imaging correlate of CVD. Enlarged perivascular spaces (VR spaces) have been associated with vascular risk factors, such as hypertension, and are regarded as likely markers of cerebral small vessel disease. Cerebral hemorrhage is also evidence of CVD, with lobar macro hemorrhages having been traditionally associated with cerebral amyloid angiopathy.

Frontotemporal Dementia (FTD) FTD is a heterogeneous group of diseases that result in degeneration of the frontal and/or anterior temporal lobes and insula. Routine structural imaging with MR will show characteristic atrophy in the frontal lobes involving the ventromedial, orbitofrontal, anterior cingulate, anterior insula, and amygdala. The most useful role of imaging is to suggest the diagnosis when the clinical picture is not clear, and quantitative analysis of 3D T1 MR imaging have good specificity in distinguishing FTD from AD based on identification of predominantly anterior-versus-posterior patterns of atrophy

Dementia with Lewy Bodies (DLB) Structural MR imaging studies by using voxel based morphometry have shown differences between DLB and AD, with greater atrophy in DLB in the striatum, midbrain, and hypothalamus, but the common finding is of relative preservation of the hippocampus in DLB compared with prominent atrophy in AD. MR imaging is also useful in Parkinson Plus syndromes, some of which cause dementia and are associated with specific structural MR imaging findings; for example, progressive supranuclear palsy results in characteristic atrophy of the midbrain giving rise to the “hummingbird” sign on sagittal images and the “Mickey Mouse” sign on axial images.

Other Diseases Causing Dementia

Limbic encephalitis, may present with cognitive impairment, delirium, seizures; and most important, approximately 50% are responsive to steroids. MR imaging may show high signal intensity on T2-weighted images in involved brain areas. Rapidly progressive dementia is the typical clinical presentation of both sporadic Creutzfeldt-Jacob disease (sCJD) and variant Creutzfeldt-Jacob disease (vCJD), and earlier age of onset is typical in vCJD. MR imaging in CJD shows typical high signal intensity on T2 and FLAIR in the pulvinar of the thalami in vCJD and in the caudate heads and cortex in sCJD, which can be asymmetric. Pulvinar sign is virtually pathognomonic of vCJD. These abnormalities are best demonstrated with diffusion weighted imaging (DWI).

HIV-associated dementia is the most severe HIV-associated neurocognitive disorder, and the most common imaging manifestation of this is diffuse cerebral atrophy. MR spectroscopy is effective in distinguishing those with HIV infection, characterized by an increased choline factor (consistent with glial proliferation), from those with HIV-associated dementia, characterized by a reduced *N*-acetylaspartate factor (consistent with neuronal cell dysfunction and death), and demonstrates the importance of white matter involvement in HIV. However it needs to be cautioned that often diagnosis of dementia is clinical and it is commonly associated with physical and psychiatric disorders. This calls for multidisciplinary team approach.



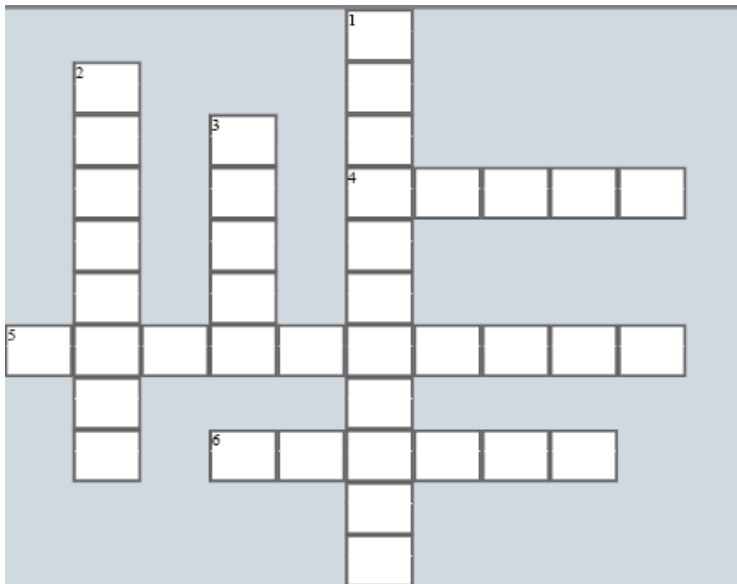
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MINDS QUIZ

1. Which of these is not first generation antipsychotic?
a) Paliperidone b) Sertindole c) Ziprasidone d) Zuclopenthixol
2. Which of these antipsychotics are preferred in case of Tardive Dyskinesia
a) Haloperidol b) Clozapine c) Amisulpride d) Asenapine
3. Which of these is known to have high affinity to nicotinic acetylcholine receptor
a) Varenicline b) Bupropion c) Acamprosate d) Naltrexone
4. Which of these is not an Acetylcholinesterase Inhibitors
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!!!



Across

4. Restless Leg Syndrome is also called _____ syndrome (5)
5. Personality disorder characterized by dramatic, emotional & impulsive (10)
6. Syndrome of Giving Approximate Answers to questions (6)

Down

1. Disorganized Schizophrenia was formerly known as (11)
2. Personality disorder characterized by Suspicion (8)
3. Well known Pharmacological Protocol for treating Depression (5)



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

ANSWERS

MINDS QUIZ

1. Zuclopenthixol
2. Clozapine
3. Varenicline
4. Memantine

CROSS WORDS

ACROSS

4. Ekdom
5. Borderline

DOWN

1. Hebephrenia
2. Paranoid
3. STAR D

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