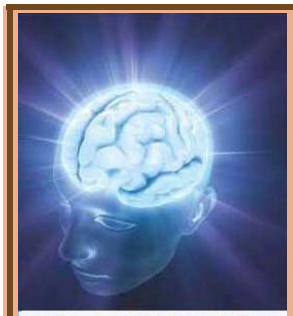

MINDS NEWSLETTER

Editor

Dr. M .Kishor *MD*
Consultant Psychiatrist
Mysore

Assistant Editor

Dr. H.R Vinay *DPM*
Consultant Psychiatrist
Bangalore

E-mail

editormind@gmail.com

MINDS

Wellbeing begins in Our MINDS

MONTHLY NEWSLETTER ON PSYCHIATRY FOR DOCTORS & MEDICAL STUDENTS

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From the desk of Editor — PG, without the right G!!!

The Medical Council of India has recently begun addressing teaching methodologies in medical institutions for undergraduates, as there was growing concern about the way medicine is being taught & evaluated. It is now mandatory for all teaching staff, especially those who have joined teaching institutions in the recent past, to undergo this training. A list of these teaching staff is made available in the MCI website. However, this has not been so with regard to postgraduate medical education. PGs, who were just 10-20 per year per institution a few years ago, have increased to more than a hundred per year. The sudden increase in the number of PGs has unfolded new issues related to guidelines, and guidance for streamlining post graduate medical education; these are the most important Gs, for PGs!!!

Postgraduate teaching cannot be considered an extension of undergraduate teaching in one speciality, considering the clinical expertise they need to develop. Of growing concern is also the rapidly advancing scientific insight into medical illness, the changing technology, increasing demands of knowledgeable patients, and the emerging socio-cultural environment. There is an urgent need to consider these factors, so as to evolve consensus among those who are involved in PG training, about the curriculum in each speciality, and place guidelines for PG teaching within University & also consider the possibility for broader framework for India. This process has to be revised periodically and the faculty needs to be trained in this regard. Without the right Gs, the PGs may not be able to take on the challenges of clinical practice in the days to come.

Dr.Kishor.M, Consultant Psychiatrist, Mysore

Guest Column: Down the Memory Lane…… ……. Patient on Ventilator

During my posting in Neurology Department at CMC, Vellore, I was asked to see a terminally ill young patient who was on a ventilator and other life support systems. During the rounds, my Chief Dr.G.M.Taori, after detailed discussion about the patient and its current state decided it was time to "switch off" the ventilator. I vehemently protested despite the fact I was the junior most in the team. I said, "how can we be inhuman and decide about the fate of this young man and how do you know that he will not recover"? Dr.Taori smiled and said "you be in-charge of patient and come and look after him daily and you manage the secretions in his throat and lungs and make sure that he does not develop bed sores" I took the challenge and was quite sure that soon my point of view would prevail. I went about my duties diligently. It dawned on me gradually, the futility of this exercise. After 18 days, I reluctantly admitted to my chief that the patient has shown no improvement and on the contrary, he was steadily worsening, in spite of the "life-support". This event made a big impact on me for different reasons. a) That the Prof. of Neurology, would allow the Sr. Houseman the freedom to do this and b) he respected my wish instead of ordering me to obey his decision and at the same time allowed learning to take place, at the same time. c) taught me humility, I also learnt the futility of trying "heroic techniques" in medicine.

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

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Dr Vinay Kumar

Chief Coordinator

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Invited Article

Sexual Dysfunctions and its Management in Brief

Sex has remained a matter of both stigma and mystery among many even today. Consequently it is also one of the less investigated topics. Even among medical graduates, emphasis on imparting & evaluation of their knowledge in sexual problems is inadequate. When such is the case, public is preoccupied with myths and misconceptions about sex. This long standing negative attitude is probably the cause of growing incidence of psychogenic sexual disorders. Interpersonal relationship problems, past sexual trauma, stress associated with job, death and divorce, primary psychiatric disorders like depression are the other common causes of sexual dysfunction.

Studies indicate about 30% of men and 40% of women are suffering from it. Low sexual desire, sexual aversion, impaired sexual arousal, orgasmic dysfunction, vaginismus and dyspareunia are the types of sexual dysfunction recognized in women. In men it includes low sexual desire, sexual aversion, erectile dysfunction, premature ejaculation and retarded ejaculation.

The treatment of sexual dysfunction was revolutionized in 1970s with the contribution of Masters and Johnson. The 'Dual Sex Therapy', essentially cognitive and behavioural, recognizes that the dysfunction is in the couple as a unit and not in the individual. It is done in three stages of 'non-genital stimulation', 'genital stimulation' and 'penile-vaginal intercourse' where the couple actively participates. Several interpersonal issues are rectified at each stage as the therapy progresses. It involves 12-15 sessions. Now, modified versions of sex therapy to address individually and in group formats are available.

The drug therapy is not curative but significantly reduces the magnitude of the problem. Apo-morphine, a centrally acting D1/D2 agonist is the only drug useful in desire disorders in both males and females. Trazodone, alprostadil, phentolamine, nitric oxide enhancers are all useful in male erectile disorders. The most popular ones are the nitric oxide enhancers like sildenafil, vardenafil and tadalafil. However they cannot be used daily and are contraindicated in Ischemic heart disease. Penile prosthesis and vaccum pump are the other options for erectile dysfunction. Premature ejaculation is treated by using adverse effect of delaying the ejaculation by SSRIs like fluoxetine and paroxetine. 'Depoxetine' is the newer drug currently popular for this. Antianxiety drugs like buspirone and benzodiazepines are also useful for premature ejaculation. Preliminary studies indicate that amantadine, bupropion and buspirone are useful in delayed ejaculation. The treatment options by use of medications for female arousal disorder are discouraging .Hormone therapy (testosterone, estrogen) has been found to be useful to an extent in disorders of arousal and orgasmic phases.

Clinician should make it a point to raise this sexual issue during examination, as the patient may not disclose because of the stigma. A tactful psychoeducation & learning the necessary skills may reduce much of the burden of sexual dysfunction.

Dr. Anil Kumar M N, Asst Prof of Psychiatry, Mysore Medical College, Mysore.

REFRAME - Let Awareness Reframe Assumption

Myths & Facts about Depressive Disorder

☒ Management of Depressive disorder always requires a specialist

✓ Depression is the most common psychiatric condition which can be managed by minimal skill of a Doctor. This involves assessment of severity, co-morbid conditions and previous treatment history. Mild to Moderate depression can be managed by therapies like supportive psychotherapy /CBT. Moderate to Severe depression requires additional antidepressants for at least few months after remission. Psychiatrist opinion is necessary when there are co-morbid psychiatry conditions, suicidal intentions or in case of non responders.

☒ Depressive disorders do not present with symptoms of pain

✓ Depression usually causes emotional symptoms such as low mood, irritability, & loss of interest. But it can also present with physical symptoms such as pain, exhaustion, muscle aches and changes in weight and appetite. It can also worsen back and joint pain.

☒ Only women can develop depression

✓ Depression also affects men and children, even though it is more common in women

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

FOOD FOR THOUGHT: Undergraduates /Interns/Postgraduates can write in their own words on topic "Sexual Dysfunctions secondary to medical conditions " 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.

Consultation Liaison Psychiatry

Focus: Surgery

Trichobezoars & Trichotillomania

Referrals to psychiatry, from surgery department are not uncommon. The patients with somatisation or those with pain, that could not be localized or those with inconsistent clinical findings or those who are too anxious before surgery, do benefit from referral . Not many have explored the interface between psychiatry & surgery, which may require considerable attention, in the interest of patients.

Among patients presenting to surgery one such area of interface is in cases that are diagnosed as Trichobezoars. Bezoars are concretions in the gastrointestinal tract that increase in size by continuous accumulation of non-absorbable food or fibers. Most bezoars in children are trichobezoars from swallowed hair. Trichobezoars typically cause abdominal pain and nausea, but can also present as an asymptomatic abdominal mass, progressing to abdominal obstruction and perforation. An unusual form of bezoar extending from the stomach to the small intestine or beyond has been described as Rapunzel syndrome.

It may be interesting to note that, Trichobezoars has close association with Tricotillomania. One in three patients with Trichotillomania swallow pulled out hairs and 40% of them develop Trichobezoars. The term Trichotillomania was coined by a French dermatologist, Francois Hallopeau, in 1889. WHO has classified Trichotillomania under habit and impulse disorders, as a condition “characterized by noticeable hair loss due to a recurrent failure to resist impulses to pull out hairs, preceded by mounting tension and followed by a sense of relief or gratification.” The diagnosis should not be made if “pre-existing inflammation of the skin” exists or if hair pulling occurs “in response to a delusion or hallucination.” “Stereotyped movement disorder with hair-plucking” is also specifically excluded.

The incidence of Tricotillomania has been underestimated because of secretiveness and is said to be ranging from 0.5 to 4%, more common in female gender. Causes are varied from mental retardation to co-morbid anxiety disorders. Management involves education, addressing dermatological & surgical complications, referral to psychiatry for evaluation. At psychiatry department, after assessment, patients can be considered for Habit Reversal Training (HRT) or Cognitive Behavioural Therapy(CBT) and medications such as (SSRI) Selective Serotonin Reuptake Inhibitors or TCA (Tricyclic Anti Depressants) like clomipramine can be recommend by consultant psychiatrist.

It may be interesting to discuss individual cases with colleagues in other departments whenever there are issues which requires consultation liaison for the benefit of patients and also enhancing mutual insight about medical conditions.

Dr Thulasi Vasudevaiah MS,

Assistant Professor of Surgery, JSS Medical College, Mysore

UG n PG

AN EXCLUSIVE SECTION FOR UNDERGRADUATES AND POSTGRADUATES

UG n PG

Answers at the bottom of page

1. Mr G, aged 34 yrs being treated for severe depression, insists that he is dead!!! This is …….
a. Delusion of Reference b. Delusion of Persecution c. Delusion of Nihilism d.None

2. Oniomania is a disorder of compulsive
a. Buying b. Cellular Phone Use c. Internet use d. Self mutation

3. Neurotransmitters predominantly involved in Obsessive compulsive disorder is
a. GABA b. Acetylcholine c. Serotonin d. Dopamine

4. Not a feature of Wernicke's Korsakoff Syndrome
a. Ataxia b. Confusion c. Bell's palsy d. Ophthalmoplegia

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

NOTE : You can now request for any explanations to MINDS QUIZ answers by just an email to editormind@gmail.com

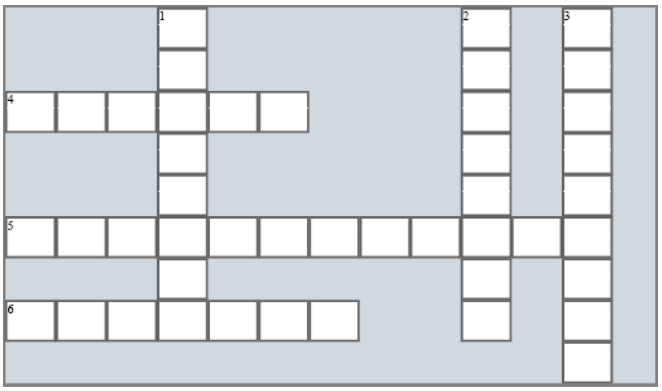
Can you CROSS the CROSSWORD?? !!

Across

4. Nobel Laureate in physiology for classical Conditioning (6)
5.Wrote " Mourning and Melancholia" (12)
6.known for " operant conditioning" (7)

Down

1. Wrote " Learned Optimism & Authentic Happiness"(8)
2. He divided suicides into egoistic, anomic, and altruistic types (8)
3. He showed the influence of Consequences (rewarding and Punishing) events on Behaviour (9)



LEVEL: NOT SO EASY ANSWERS: GIVEN BELOW

Created by
Dr. Aashish S Nayak MBBS

ANSWERS

MIND QUIZ
1. Delusion of Nihilism
2. Buying
3. Serotonin
4. Bell's palsy

CROSS WORDS
ACROSS
4. Pavlov
5. Sigmund Freud
6. Skinner

DOWN
1. Seligman
2. Durkhiem
3. Thorndike

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