



MINDS NEWSLETTER

Published from 2011

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Wellbeing begins in our MINDS

Monthly Newsletter on Psychiatry for Doctors & Medical Students

Volume 4

Issue 4

April, 2014

From The Desk of the Editor:

General Hospital Psychiatry-The emerging 'supra-specialty'

General hospital psychiatric divisions are an important part of the mental health care delivery system. General hospitals have had an illustrious role in the evolution of psychiatry. They have provided a rich soil for the growth of inpatient psychiatric units, consultation-liaison psychiatry, psychosomatic medicine, med-psych units, outpatient psychiatric clinics, emergency services and a whole spectrum of resources for the communities in which they dwell. In the setting of the general hospital, psychiatry has had opportunities to become remedicalized and integrated into the mainstream of medicine. McKegey et al point out that consultation-liaison psychiatry should be considered a 'supra-specialty', because it is significantly involved in many of the 'subspecialty' areas throughout psychiatry. Technical advantages of general hospital psychiatry are well known: laboratory facilities, personnel recruitment, referral and follow-up opportunities. Increasing social acceptance leads to earlier case detection and referral. Psychotherapeutic advantages of the community's proximity include minimizing the patient's social isolation by involving and focusing on transactions of family, community and group. Hospitalization is seen, not as curative, but as a therapeutic intervention permitting the patient's return to the community prepared for follow-up treatment. The GHPU caters for the needs of diverse group of patients across all ages and special population. From minor psychiatric illness to psychotic disorders to neuropsychiatric manifestations and psychosocial problems all comes under the purview of the General hospital Psychiatrist. The general hospital psychiatrist of the 21st century must be a physician, a scientist, a psychotherapist, a leader, a teacher, a capable and skilful team worker.

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

Guest Column: Down The Memory Lane..... Stereotypical MSEs

Going back again to my PG days, I was in charge of ward-10, then an open ward which housed non-psychotic patients, few psychotic patients who were manageable or with whom a relative would be staying. In addition few chronic psychotic patients were also there who either had no place to go in the community or those who were attending occupation therapy. The inmates of the ward were made into a group for interactions that were held twice a week. One patient having chronic psychosis who had been staying in that ward since very long time was made the leader of the group whose duty was to ensure that all the inmates attended to their personal chores like washing face, bathing, changing and washing clothes, attending the occupation therapy etc. The leader was managing his assignments very well.

Once after I finished interviewing a newly admitted patient I told him to go to his bed, he appeared hesitant to leave the room. When I asked him whether he wanted to say something more he said "Doctor you did not ask me the similarities and differences between bicycle and car. You did not ask me about the 'child near the well' story; you did not give me the address test. I know to answer all of them correctly." Quite surprised, I asked him "How do you know about all these things?" He replied "Our ward leader has told me about all the questions you would ask me and has taught me the correct answers also." Then I understood how most of the patients were coming out with appropriate answers in the interview. I just burst out with laughter at the whole farcical thing that was taking place in the ward. On asking the leader he sheepishly said that he had assumed it to be his duty to train them to face the interview. However, the incident made me think about the stereo-typical way we conducted the interviews then and I see it even now with my trainees despite my telling them repeatedly to evolve their own way of doing it.

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

Attitude towards media portrayal of suicide and self-harm behavior

Suicide rates in South Asia are one of the highest in the world, and it is known that media guidelines for suicide reporting are not followed adequately. Several countries have prescribed standard guidelines for media professionals on suicide reporting. However, the implementation of these guidelines has been varied. News papers, television news reports and magazines focus on the story with morbid fascinations breaking all available media guidelines on the reporting of suicide. Evidence suggests that imitation might indeed play a significant role in the frequency of suicide.

In suicide prevention one of the recognized public health approaches is responsible media reporting on suicidal behaviors. Notions about suicidal contagion after reporting cases of suicide in newspapers go back to 19th century medical literature. In the literature, suicide contagion is also referred to as imitative, copycat or mass cluster suicide. Mass media imitation theory presumes that if modeling works in one way (copycat suicides), it can work also on the other way (positive model). For indicating negative, provoking effect of media portrayal, the expression 'Werther effect' was introduced already decades ago and for the opposite, preventive effect the expression 'Papageno effect' was proposed by Niederkrotenhaler and colleagues. The 'Werther effect' refers to Goethe's novel "*The sorrows of Young Werther*" (1774), where a young man takes his life for love by shooting himself. The 'Papageno effect' refers to Mozart's opera "*The Magic Flute*" (1791), where a young man in love becomes suicidal, but copes well.

Media is a significant agent in social construction of reality; especially for vulnerable persons. Strong modeling effect of media coverage on suicide is based on age and gender. Individuals with demographic background similar to the person who committed highly publicized suicidal act (in most of the cases celebrities) are more vulnerable and receptive for identification.

Several studies have measured the style of media reporting about suicide before and after recommendations for media, and show that modification of reporting on suicidal behavior is feasible and can be effective.

The conclusion appears inescapable that reports about celebrities which are multi-modal, repeated, explicit, front page, glorify the suicide, and describe the method lead to an increase in deaths from suicide, particularly in the region in which reports are published. But the stark contrast in approach demonstrates the gulf which exists between professional opinions about the impact of such reports and the media's insistence on the public's right to know.

Dr. Rohini T, MBBS, MD; Assistant Professor, Vydehi Institute of Medical Sciences, Bangalore.

REFRAME -Let Awareness Reframe Assumption:

Myths & Facts about "Memory"

- There is a SECRET to a Good Memory
- ✓ There are memory skills you can use to memorize different types of information. But there is no single "secret" method.
- You are Too OLD or Too YOUNG to Improve Your Memory
- ✓ People find remembering a more difficult as they age, but No matter what your age, you still have the ability to learn.
- Mnemonics is a panacea to poor Memory.
- ✓ Mnemonic techniques dramatically reduce the difficulty of retaining things in memory.

Carbohydrate Deficient Transferrin (CDT) in relation to Alcoholic Liver Disease

It is well known that alcohol negatively affects the physical, mental & social health of mankind. It is associated with increased morbidity and about 2.5 million die each year due to it. Diseases involving liver, heart, kidney and even many malignancies are directly or indirectly found associated with its excessive use.

So, early diagnosis of & intervention in alcohol use disorder is very important. Alcohol abuse & dependence can be diagnosed based on clinical background & questionnaire (WHO ICD10 or DSM 5 criteria). On the other hand laboratory investigations provide objective information on the extent of problem with estimation of Glutamyl Transferase (GGT), MCV, SGPT, CDT etc. Carbohydrate Deficient Transferrin (CDT) is considered most specific marker of chronic alcohol abuse to date. CDT estimation was first reported in 1976 by Stibler and Kjellin in cerebro spinal fluid and later in serum. Elevation of both GGT & CDT is considered as marker for chronic alcoholism while only CDT elevation is inconclusive. Sensitivity of CDT is almost similar to that of GGT but is more sensitive than other biomarkers, like - MCV, Aspartate transaminase, and Alanine transaminase. However specificity is more in CDT than in GGT (92% vs. 75%). A reference value for CDT has been advised as follows:

Reference value of CDT in percentage

<i>Negative</i>	<i>In conclusive</i>	<i>Positive</i>
<1.3	> 1.3 - <1.7	> 1.7

Transferrin is the most important iron transporter in blood. It is synthesized mainly in hepatocytes and consists of three sub structural domains: a single polypeptide chain, two independent metal ion-binding sites. Normally transferrin molecule possesses 3 to 5 sialic acid residues as side chains. On the basis of the degree of sialylation there are various isoforms of transferrin. In persons abusing alcohol there is significant increase in transferrins with fewer or no sialic acid residues. CDT are the least sialylated isoforms of Transferrin – with 0 (asialo), 1 (monosialo), and 2 (disialo) sialic acids.

The pathomechanisms for increase of CDT isoforms in chronic alcoholism are not completely understood at present. It is most likely that ethanol and/or its metabolite acetaldehyde affect N-glycan chain synthesis in the Golgi apparatus. Diminished activities of galactosyltransferase and N-acetylglucosaminyltransferase results in less sialylation of transferrin.

METHOD: Initially isoelectric focusing separation and immunoassay assay were the methods for CDT estimation. But now better assay methods are available. It includes microcolumn chromatography separation assays that measure CDT. In normal subjects CDT comprises less than 1.7 % of total transferrin concentration. CDT level is related to prolonged consumption of large quantities of alcohol. More than 60 g of alcohol / day over at least a week raises the level of CDT. A single episode of heavy drinking does not elevate CDT. 95 % of the individuals with no or normal drinking habit shows < 1.7 % CDT. CDT has a long half-life of 15 days. Therefore even after complete alcohol abstinence it takes 1 to 2 months for CDT to revert to normal levels.

Dr. J R Prasad DCP, MD.

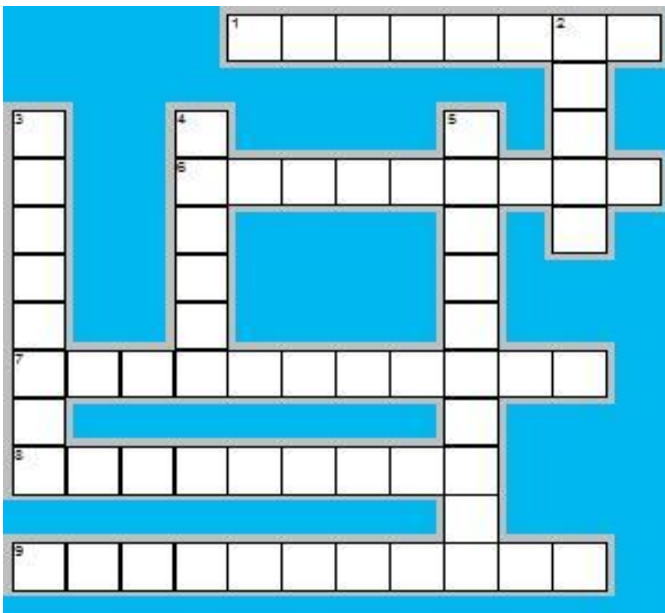
Dept. of Pathology, Patliputra Medical College (PMC), Dhanbad.

MINDS QUIZ

1. Features of Fetal Alcohol Syndrome include all of the following EXCEPT.
 - a. Absent philtrum
 - b. Syndactyly
 - c. Atrial septal defect
 - d. Macrocephaly
2. The antidepressant which is most likely to lower the seizure threshold is
 - a. Fluoxetine
 - b. Bupropion
 - c. Mianserine
 - d. Trazodone
3. The association of D2DR gene is confirmed in
 - a. Alcoholism
 - b. Alzheimer's
 - c. Schizophrenia
 - d. Depression
4. Reversible cause of dementia is
 - a. Multiinfarct
 - b. Pick's disease
 - c. Hydrocephalus
 - d. All of the above

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. Founder of the school of analytical psychology
6. Won a Nobel prize for psychosurgery- Prefrontal leucotomy
7. 1st formal scale of Intelligence given by
8. The book 'Games people play' was written by
9. Coined the term 'Inferiority complex'

Down:

2. Coined the term 'Dhat syndrome'
3. The paper 'Lithium salts in the treatment of psychotic excitement' in Medical Journal of Australia was by
4. Anton.....coined the term animal magnetism
5. Coined the term 'Psychiatry'

Compiled by Dr. Smitha Tarachandra.

Quick Response Code
for the Website



DOWN

2. NNW/IG
3. JOHNCARDE
4. MESMER
5. JOHANNREIL

ACROSS

1. CARL LUNG
6. EGAS MONIZ
7. ALFRED BINET
8. ERIC BERNE
9. ALFRED ADLER

CROSS WORDS

ANSWERS:

- 1.d. Macrocephaly
2. b. Bupropion
3. a. Alcoholism
- 4.c. Hydrocephalus

MINDS QUIZ

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

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Enjoy a new way of learning!!!!

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