



**MINDS NEWSLETTER**



*Wellbeing begins in our MINDS*

**Monthly Newsletter on Psychiatry for Doctors & Medical Students**

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from over 20  
specialities!!

Contribution from  
More than 50  
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Seven Sections in  
every Issue

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**From The Desk of the Editor: The Same Sex Schism.....What is it?**

The Same Sex Schism is all over the media and more so for all the wrong reasons!! Gay and lesbian persons have been the subject of much research and debate since time immemorial. The United Nations and other human rights bodies have postulated that all laws that discriminate against people on the basis of their sexual orientation violate human rights. At the core of the issue is whether people are born homosexual with homosexual tendencies, or if it is more about the milieu they are raised in or even a choice as many conservative religions frame the issue in terms of sin, based on their interpretation of scriptural verses (Nature V/S Nurture). The shift in the understanding of homosexuality from sin, crime and pathology to a normal variant of human sexuality occurred in the late 20<sup>th</sup> century. The American Psychiatric Association, in 1973, and the World Health Organization, in 1992, officially accepted its normal variant status. Many countries have since decriminalized homosexual behavior and some have recognized same-sex civil unions and marriage. Recently India's Supreme Court reinstated a ban on gay sex in the world's largest democracy, following a four-year period of decriminalization that had helped bring homosexuality into the open in the socially conservative country and thus opening the Pandora's Box again. For homosexuality to be legalized all sectors of the society must participate for rational justification.

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

**Guest Column: Down The Memory Lane.....**

**Blunted Affect**

There was a patient admitted to the ward, may be 3<sup>rd</sup> or 4<sup>th</sup> time by then. He was around 45 years, married and without an offspring. During the rounds on several occasions I had commented about his shallow affect and even told my students that he has that typical blunted affect. Once I happened to see him in our canteen seated with a woman and a girl of about 5 years of age. I was surprised to see him talking to the young girl jokingly and even making faces to amuse her. I had never imagined that he has this ability to express emotions, so appropriately and whole heartedly. It was obvious that he had not noticed my presence there. The event made me wonder about the validity of inferences that we draw based on observing our patients in the ward or in the consultation room, which are not their natural habitat. Even we, the normal persons, have different ways of modulating our emotional expressions based on the context. We often appear to forget this when judging our patients' emotional expressions.

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

### Defense mechanisms

We all know that each country in this world has its own defense forces to protect its people from invaders. Recently our country celebrated its 65<sup>th</sup> republic day showcasing our military might with a grand parade.

The human body too has its own defense mechanisms---at the physical level WBC prevent infections. What does the mind do to protect the individual from psychological distress/anxiety/trauma? How do individuals cope with such situations?

Defense mechanisms are unconscious mental processes that help the ego balance its interest. The idea of defense mechanism was the work of Freud. This was later elaborated by other theorists. The list of defenses also varies from 9 proposed by Freud to more than 24 by Bibring et al.

#### Common defense mechanisms:

**Repression:** Mechanism by which unwanted drives, wishes, memories are kept away from consciousness and are never accessible. Eg. Memories of abuse. This is often seen in dissociative disorders.

**Regression:** Returning to the previous level of maturational development in order to deal with anxieties of the present level.

**Isolation:** Separating the affect and the memory. Both are not accessible at the same time. This defense is often seen in obsessive compulsive disorder.

**Undoing:** indulging in a behavior to atone for a forbidden fantasy. Seen in obsessive compulsive disorder.

**Projection:** Attributing an unacceptable thought or feeling to an external source/person. Seen in paranoia.

**Denial:** Invalidating unpleasant information and living as if it does not exist. Eg. Not accepting the diagnosis of cancer and avoiding treatment.

**Reaction formation:** The individual attempts to transfer unacceptable drives/affect to its opposite.

Defenses have a hierarchy determined by the degree of maturity associated with them. According to Kernberg there are two clusters

- 1) Splitting hierarchy which has primitive defenses.
- 2) Repression hierarchy which is more mature.

Defense mechanisms are used in day to day life by all of us to deal with unpleasant mental content. These mechanisms help an individual cope with his stress. Interpretation of the defense mechanisms used by patients helps doctors to treat them more effectively.

**Dr. Nirupama Nagaraj, MBBS; DPM, Consultant Psychiatrist, Bangalore**

#### REFRAME -Let Awareness Reframe Assumption: Myths & Facts about "Opioids"

- Morphine is the most potent and most commonly abused opioid
- ✓ Heroin is the most potent and also the most commonly abused opioid
- Person develops severe opioid withdrawal even when used once
- ✓ Person does not develop withdrawal unless used for long time
- Opioids when used tolerance develops to all its actions
- ✓ Tolerance does not develop uniformly to all the actions of opioids

**-Compiled by Dr. Raj Kiran D.**

### Psychiatric aspects of Hip fracture in Elderly

Hip is constituted by proximal femur and acetabulum. It's a ball and socket joint. Hip fractures are the most severe type of fall-related injuries among elderly patients and are associated with high morbidity, mortality and impairment in quality of life. Fracture of hip generally means fracture of proximal femur which can be of head, neck (30%) or peritrochanter (70%). The mean age at which hip fractures occur in Indian population is 58 years. It usually occurs due to low velocity injury; fall on ground being more common for reasons like impaired vision, ambulation, decreased reaction time, muscle weakness and various drugs they consume at that age. Incidence is more common among women.

When hip fracture happens in elderly they are subjected not only to physical trauma, also they are psychologically traumatized as they become physically, economically dependent on care givers. Various psychiatric illnesses starts or pre existing illness precipitates. Not only the bone is broken, but also the heart and mind!! These aspects have long been neglected.

Unspecified cognitive impairment, delirium and depression are some of the common psychiatric illness reported. Added to this, drugs used in anesthesia, pain management, electrolyte imbalance and nutritional deficiency worsens the pre existing illness or the illness that sets in. People with co-morbid substance abuse particularly Alcoholics may develop delirium tremens.

Psychiatric illness in patients with hip fracture increases burden, financially and emotionally on the patients, care givers, doctors and hospital staffs. Duration of hospital stay is increased. Such patients are more prone for complications of fracture like, infection. Even at later stage they suffer impaired quality of life and persistent physical morbidity.

Therefore psychiatric intervention is required in such patients with adequate follow up. Psychiatric screening of elderly patients with hip fracture at admission is necessary. This enables early detection of psychiatric morbidity, better psychiatric care, early discharge and substantial cost savings.

Doctors, hospital staff, family members, care givers should be involved in rehabilitation of such patients. Adequate physical environment, financial support should be provided. Such patients should be counseled. They should feel that they are no burden to the family and care givers. They should be motivated to become physically and psychologically independent at the earliest.

Therefore psychiatric liaison in the management of patients with hip fracture is necessary. More efforts need to be put in this direction. Awareness should be created among doctors, hospital staff, family, and care givers and they must be trained for early detection and management to prevent psychiatric morbidity, for better care, early independence physically and psychologically.

**Dr. Raghu H R., MBBS, MS (Ortho), Asst.Prof, Dept. of Orthopaedics  
BGS Global Institute of Medical Scinces, Bangalore.**

UG n PG

**AN EXCLUSIVE SECTION FOR  
UNDERGRADUATES AND  
POSTGRADUATES**

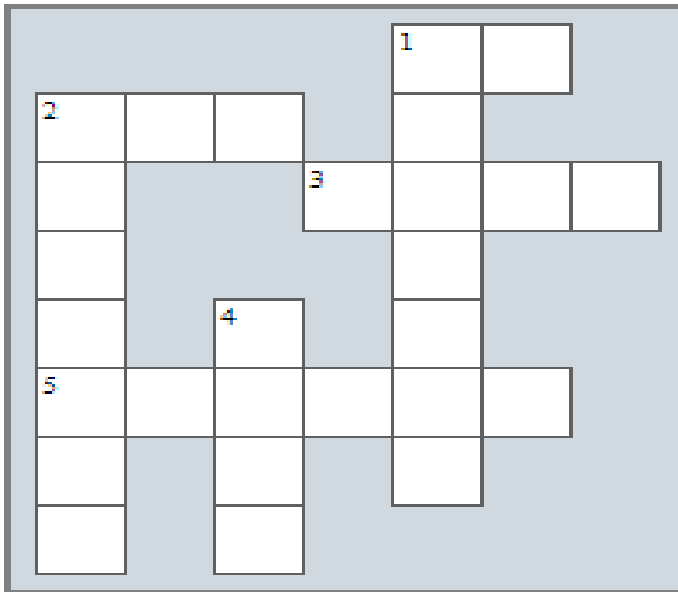
UG n PG

**MINDS QUIZ**

1. Smoking reduces the concentration of some antipsychotics due to induction of
  - a. CYP4501A2
  - b. CYP4502D6
  - c. CYP4503A4
  - d. None
2. All of the following is available as liquid formulation except
  - a. Citalopram
  - b. Fluoxetine
  - c. Paroxetine
  - d. Bupropion
3. All of the following are available in long acting depot preparation except
  - a. Zuclopenthixol
  - b. Zotepine
  - c. Risperidone
  - d. Haloperidol
4. FDA approved antidepressant for children is
  - a. Sertraline
  - b. Fluoxetine
  - c. Fluvoxamine
  - d. Paroxetine

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

**Can you cross the crosswords!!!**



**Across:**

1. (mental age/chronological age) X 100
2. Side effect of dopamine antagonist
3. Fluvoxamine
5. Dulled emotional tone associated with detachment or indifference

**Down:**

1. Patient's degree of awareness and understanding of their illness
2. Feeling of intense rapture
4. ....metabolizes dopamine

**Compiled by Dr. Smitha Tarachandra.**

**ANSWERS:**

**MINDS QUIZ**

1. CYP4501A2

2. Bupropion

3. Zotepine

4. Fluoxetine

**CROSS WORDS**

**ACROSS**

1. IQ

2. EPS

3. SSRI

4. Apathy

**DOWN**

1. Insight

2. Ecstasy

4. MAOAB

Quick Response Code for the Website



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](mailto:editormind@gmail.com), or by just SMS MINDS to Editor: +91 9886496528/ Asst. Editor: +91 9481819637, or join us

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