MINDS

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 every Issue

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From The Desk of the Editor:
Mental Health Care in Primary Care Setting: Moving Towards Integration.

Mental health care in primary care has been defined as "the provision of basic preventive and curative mental health care at the first point of contact of entry into the health care system." Mental disorders are prevalent in all societies. They create a substantial personal burden for affected individuals and their families, and they produce significant economic and social hardships that affect society as a whole. Despite the potential to successfully treat mental disorders, only a small minority of those in need receive even the most basic treatment at the level of first contact viz the primary health care services. A key recommendation of the World Health Organization is that treatment should be based in primary care.

The rationale for integration of mental health care into other health care platforms includes improving access to mental health care; providing patient-centered care; avoiding fragmentation of health services; reducing stigma; optimizing both mental health and physical health outcomes; and overall health system strengthening. Integration is most successful when mental health is incorporated into health policy and legislative frameworks and supported by senior leadership, adequate resources, and ongoing governance. To be fully effective and efficient, primary care for mental health must be coordinated with a network of services at different levels of care and complemented by broader health system development.

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

Guest Column: Down The Memory Lane…… The Accompanying Person

A woman in her 50s was regularly visiting me for follow-up, accompanied by a man of around same age, for nearly a year while I was doing my postgraduation. She was handed over to me by my senior for the purpose. She was diagnosed as having neurotic depression. I had not bothered to look into any details of the case when it was handed over to m. Once, the man came alone for proxy follow-up. I asked him why his wife could not come for review personally. He appeared quite appalled by my question and said: "Doctor she is my sister." With a smile he added "I am a bachelor for that matter". I was embarrassed and did not know how to react. Then I apologized for my mistake and asked him: "How come her husband has never turned up with her so far?" For this question he burst into laughter and said: "Doctor she is a spinster." I felt like hiding my face under the table with utter shame. Obviously I had not gone through her case file in detail. However, he had eased the situation by laughing at it. He then blamed himself for not having revealed this to me so far. But following this incident I made it a point to go into all relevant details of every case handed over to me by others and also not to presume the relationship of the accompanying persons. Such situations come up usually when a person of opposite gender accompanies the patient. You are dumbfound when you get to know that the old man accompanying a young woman is not her father, but her the husband. Thus I always make it a point to ask them to reveal their relationship before starting the interview.

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

Invited Article

Borderline Personality Disorder

Personality Disorders are identified as being "pervasive, persistent, inflexible, maladaptive patterns of behavior that deviate from expected cultural norms". Borderline personality disorder (BPD) is a serious mental illness marked by unstable moods, behavior, and relationships. In 1980, the *Diagnostic and Statistical Manual for Mental Disorders, Third Edition* (DSM-III) listed BPD as a diagnosable illness for the first time. Most people who have BPD suffer from: Problems with regulating emotions and thoughts, impulsive and reckless behavior and unstable relationships with other people. People with this disorder also have high rates of co-occurring disorders, such as depression, anxiety disorders, substance abuse, and eating disorders, along with self-harm, suicidal behaviors, and completed suicides.

Who Is At Risk?
According to data from a subsample of participants in a national survey on mental disorders, about 1.6 percent of adults in the United States have BPD in a given year. BPD usually begins during adolescence or early adulthood.

Causes:
A substantial body of research points to several variables relevant to the etiology of BPD, notably childhood physical and sexual abuse, childhood family environment, and familial aggregation of both internalizing and externalizing disorders.

Diagnosis:
According to the DSM-IV-TR, to be diagnosed with borderline personality disorder, a person must show an enduring pattern of behavior that includes at least five of the following symptoms: "Intense and unstable personal relationships, Frantic efforts to avoid real or imagined abandonment, Identity disturbance or problems with sense of self, Impulsivity that is potentially self-damaging, Recurrent suicidal or parasuicidal behaviour, Affective instability, Chronic feelings of emptiness, Inappropriate intense or uncontrollable anger, and Transient stress-related paranoid ideation or severe dissociative symptoms"

Suicide and Self-harm:
As many as 80 percent of people with BPD have suicidal behaviors, and about 4 to 9 percent commit suicide. Self-harming behaviors linked with BPD include cutting, burning, hitting, head banging, hair pulling, and other harmful acts. People with BPD may self-harm to help regulate their emotions, to punish themselves, or to express their pain. They do not always see these behaviors as harmful.

Management:
BPD is often viewed as difficult to treat. However, recent research shows that BPD can be treated effectively, and that many people with this illness improve over time. Psychotherapy is usually the first choice for people with BPD. It is important that people in therapy get along with and trust their therapist. The very nature of BPD can make it difficult for people with this disorder to maintain this type of bond with their therapist. Types of psychotherapy used to treat BPD include the following: Cognitive behavioral therapy (CBT), Dialectical behavior therapy (DBT) and Schema-focused therapy. Therapy can be provided one-on-one between the therapist and the patient or in a group setting. While medications do not cure BPD, pharmacotherapy may be helpful in managing specific symptoms such as anxiety, depression, or aggression. Families of people with BPD may also benefit from therapy. The support of family and friends is of critical importance in the treatment of BPD as many people with this illness may isolate themselves from these relationships in times of greatest need.

Dr. Keshav Pai, MD Psychiatry, Associate Professor, KMC, Mangalore.

REFRAME -Let Awareness Reframe Assumption: **Myths & Facts about Social Anxiety**

- ☒ Social anxiety is just like Shyness.
- ✓ Social anxiety is more pervasive than and more distressing than shyness.
- ☒ Social anxiety is a very rare disorder
- ✓ Social anxiety is experienced by most at some point of time.
- ☒ There is nothing like social anxiety, people are faking...
- ✓ Research shows there is imbalance of neurotransmitters leading to social anxiety

-Compiled by Dr. Raj Kiran D.

Physiatry and Psychiatry: comrades in neuro-rehabilitation

Physical Medicine and Rehabilitation (PMR), also known as Physiatry or rehabilitation medicine, is a branch of medicine that aims to enhance and restore functional ability and quality of life to those with physical impairments or disabilities. A physician having completed training in this field is referred to as a Physiatrist. Physiatry and Psychiatry are specialties that are relatively new and both treat those conditions affecting humans which have been historically affected by charlatanry, with the result that suspicions still linger in minds of general public.

Historically from the time of Hippocrates, hydrotherapy and other physical modalities were used in the treatment of certain mental conditions. Conversion disorders such as astasia abasia need a physiatric approach with occupational therapy, exercises, prescription of appropriate aids and orthosis along with effective psychiatric management.

Physiatry deals with patients with chronic pain and diseases associated with physical impairment and disability such as amputation, spinal cord injury, traumatic brain injury, cerebral palsy, etc. All the diseases unfortunately come with the burden of severe mental distress to the patient and in some cases to their caregivers also. A basic knowledge of psychiatry to recognize conditions like post traumatic stress disorder, adjustment disorder, depression, organic / functional mental disorders, suicidal ideation is very essential in preventing unwarranted complications and ensuring compliance with rehabilitative measures. New discoveries in neurobiology have created an opportunity for use of older drugs for novel causes. A example being use of Fluoxetine for motor recovery following ischaemic stroke (FLAME Trial, Lancet Neurol. 2011 Feb; 10(2):123-30).

Restorative or compensatory strategies that help in functional recovery and community reintegration of a person affected by cognitive, emotional and psychological impairments as a result of brain injury are collectively summed as neuropsychiatric rehabilitation. Recovery from an acquired brain injury is often complicated by psychiatric disorders. Psychosis, depression, post traumatic stress disorder, mania, and aggression being some of them. The challenge lies in diagnosing a psychological disorder in a patient with profound physical disability, with inability to effectively communicate. Early diagnosis and effective management with appropriate medication and behavioral therapy helps in accelerating the cognitive and physical recovery. Many literature reviews suggest lack of literature regarding conditions like post traumatic psychosis and depression due to lack of operational criteria and non compliance to use of DSM criteria. Post Traumatic Aggression is a common feature in patients after Traumatic Brain Injury (TBI) and yet is very poorly documented and researched topic. Further research is warranted in establishing operational definitions for post traumatic aggression. Hence the requirement of a multidisciplinary rehabilitation by a team consisting of psychiatrists and physiatrists is the need of the day.

Dr. Prashanth H Chalageri, MD, DPMR, Assistant Professor, Department of Physical Medicine & Rehabilitation, CMC Vellore.

UG n PG

AN EXCLUSIVE SECTION FOR UNDERGRADUATES AND POSTGRADUATES

UG n PG

MINDS QUIZ

1. Which of the following drug can be used for ADHD?
   a. Nalaxone b. Trazadone c. Guanafacine d. Buspirone

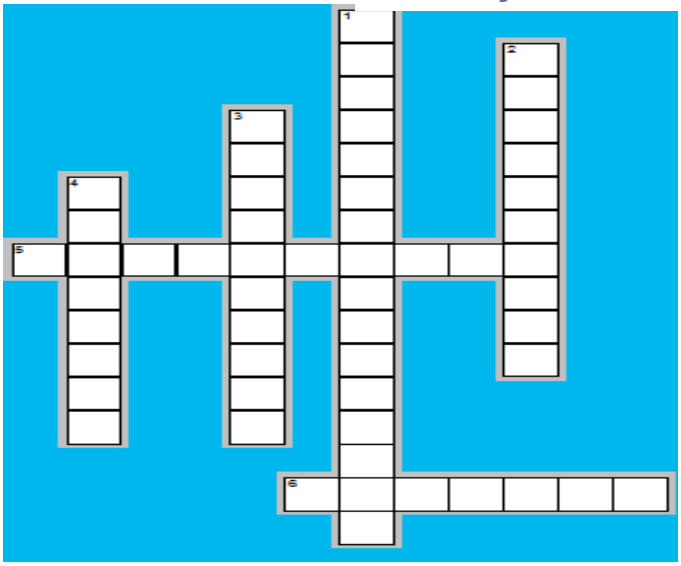
2. Which of the following is serious adverse event of Trazodone?
   a. Cheese reaction b. Priapism c. Atrial Fibrillation d. Bone marrow suppression

3. All the following causes of dementia are due to tau protein except
   a. Fronto temporal Dementia b. Progressive supranuclear palsy c. Cortico basilar degeneration
   d. Huntington's disease

4. Smoking reduces the concentration of some antipsychotics due to induction of
   a. CYP4501A2 b. CYP4502D6 c. CYP4503A4 d. None 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:

5. Deviations from normal sexual behaviors

6. Bear Lithia Water

Down:

1. Repetitive hair pulling

2. Viagra

3. Paradoxical diarrhea

4. Death Instinct

Quick Response Code for the Website

ANSWERS:

MINDS QUIZ
1. c. Guanafacine
2. b. Priapism
3. d. Huntington's disease
4. a. CYP4501A2

CROSS WORD

ACROSS
5. Paraphilia
6. Lithium

DOWN
1. Trichotillomania
2. Sildenafil
3. Encopresis
4. Thanatos

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