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Monthly Newsletter on Psychiatry for Doctors & Medical Students

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From The Desk of Editor.....

Online Gaming, Suicide and Mental Health

Online gaming addictions share similarities with other substance addiction at molecular, neurobiological and behavioral levels. Games are played for pleasure and happiness. Due to technological revolutions cell phone and online gaming have taken a big boost in last few years targeting mainly the younger generation. Online gaming is at its peak in Russia, China, Japan and Korea and India is slowly joining these countries. Now a day's India is becoming more digitalized mainly for public benefits. Due to less cost of internet usage, easy availability and accessibility, the problem associated with it like online gaming addiction is also accompanying. Some studies have shown that there is a significant association with self harm behavior and internet usage. The role of media to reject fake news related to internet gaming than to promote healthy news is very important in current scenario and also the role and responsibility of parents towards children is shown to be scarce which has been seen in "Blue whale game". There is urgent need for the role of health professionals to investigate more to help the public to come out this problem of online gaming addiction. If intervention is not started at this point of time then we have to witness establishment of "digital detoxification" and recovery centers in near future. In view of suicide prevention day on September 10th, it's everyone's responsibility to know the good and bad of internet usage and prevent suicide in relation to online gaming.

Dr. Sunil Kumar G Patil

REFRAME – Let Awareness Reframe Assumptions: Mvths and Facts about Anger

- Anger is not good
- It's not bad to feel angry. Anger is a normal, healthy emotion
- Men are angrier than women
- Research consistently shows that men and women experience the same amount of anger. They just express it differently
- Person with no anger is weak
- No. calm and assertive response is more powerful
- Anger is a disease
- No. Anger is part of psychiatric disorder or is a part of personality trait/disorder
- Anger should be suppressed
- No. It should be expressed in healthy and constructive manner

Dr. Gaurav Uppal Junior resident MVJ MC&RC

When we go down the memory lane many things come to our mind and when asked to write to a journal I had hard time choosing something which will be of interest to all the readers. A non academic subject or the pranks we played with fellow P.Gs will be out of place here.

About more than 40 years back in 1972 to be precise when I had to present the first case conference as a DPM student way back in NIMHANS which was being called then as All India Institute of mental Health and Neuro sciences (AIIMH&NS). I was nervous as that was my first case conference and very senior psychiatrists, teachers, PGs, Psychologists; social workers were present in the audience. DSM 2 was being followed those days particularly those who were reading Kaplan's CTP and ICD were known only to a few. I thought it would be nice to present a case of Manic Psychosis which was also being called manic depressive insanity, manic depressive Psychosis-mania and now being called BPAD-Mania.

The present day cases of BPAD are different, they are more irritable now and hardly have we come across the real grandiose variety, the reason could be co morbid substance use which is more a rule than exception. I thought choosing such a case will entertain all those who attend the case conference and it will be definitely a good learning experience also. There is another reason why I selected such a case was that my Professor of Psychiatry used to say some times, during ward rounds if at all we get mental illness, we should get Mania as we feel we are rich, enjoy so much and entertain people around us. I selected one patient by name Ganapathy (name changed) who was the attraction and centre of attention in the ward (It may be considered unethical mentioning a patient by name while writing a case report, but even if I mention the name, I do not think this patient under mention can be identified now). Mr G was never quarrelsome or irritable had no drug history he used to dress himself in the most grotesque way and had an un interrupted talk, he used to move around the ward shouting "Newspaper is the mirror of the world and "student life is golden life", I particularly remember when it was time to interview the patient as was the custom during case conferences, Mr. G appeared with a white turban round his head and tucked two hibiscus flowers on either side of the turban and he was of all energy and effervescence during his short questioning session. When asked why he donned a turban which he never used to do during his stay in the ward, he said since the chairman was a Sardarji I thought I should appear like him. At the end of the session people did not notice my nervousness as Ganapathy's energy was all pervading and it was nice and I was lucky selecting such case.

The case conference at that time was chaired by our Professor and Head of the department of psychiatry late Prof. Dr. A.S Mahal who was a kind hearted person who was an Ex army doctor was very strict and was also very supportive to his students. Some of my classmates and contemporaries may remember what a nice person was Prof. Mahal, whose interest was psychotherapy (probably because there was not this much invasion of pharmaceuticals and magic bullets into Psychiatry) and he was insisting that all his students should learn and practice psychotherapy. He used to take individual sessions with all his students. That could be the reason why psychiatrists of my times give lots of importance to evaluation of a case than insisting on treatment and outcome which were appreciated by the patients. Always good evaluation forms the strong basis and foundation to successful treatment. Ganapathy was a regular visitor to the mental hospital every year and he remembered my name and asked me whether I cleared my exams or not and what he will do when I finish and go to my place. I do not know where Ganapathy is, whether he is there or not in this world I fondly remember him for his contributions to my learning psychiatry.

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CANNABIS- THINGS TO KNOW

Cannabis History:

The history of cannabis use goes back as far as 12,000 years, which makes this plant the oldest cultivated crops. Cannabis is rich in variety of compounds, both psychoactive and non-psychoactive. It has been reported that there are 483 compounds are unique to marijuana, including more than 60 cannabinoids and some 140 terpenes. The phytocannabinoid that produces much of the psychoactive effect is delta-9-tetrahydrocannabinol (THC). The average THC levels rose from less than 1 percent in the mid-1970's to more than 6 percent in 2002 to unknown percent currently through genetic manipulation. Preparations of cannabis in India include bhang, ganja, hashish and charas. The Middle East, North Africa, Pakistan and Afghanistan are the main sources of hashish.

Effects of cannabis:

When marijuana is smoked, THC and other chemicals pass from the lungs into the bloodstream, which rapidly carries them throughout the body to the brain. Many people experience a pleasant euphoria and sense of relaxation. Other common effects, which may vary dramatically among different people, include heightened sensory perception, laughter, altered perception of time, and increased appetite. There are various ways of increasing the effects by altering the way they inhale like Bonging, hot knifing, piping etc to name a few.

People who have taken large doses of marijuana may experience acute psychosis, which includes hallucinations, delusions, and a loss of the sense of personal identity. These unpleasant but temporary reactions are distinct from longer-lasting psychotic disorders. THC activates the brain's reward system, which includes regions that govern the response to healthy pleasurable behaviors such as sex and eating.

Cannabis addiction:

People who begin using marijuana before the age of 18 are four to seven times more likely to develop cannabis use disorder than adults. People who use cannabis frequently often report irritability, mood and sleep difficulties, decreased appetite, cravings, restlessness, and/or various forms of physical discomfort. Some studies suggest that 9 % of people using cannabis will become dependent on it, rising up to about 17 % in those kids who start using in their teens.

Medicinal cannabis

Cannabidiol (CBD) does not have the rewarding properties of THC, reports indicate it may have promise for the treatment of severe childhood epilepsy, Dravet syndrome and Lennox-Gastaut syndrome. In addition, patients use cannabis for the spasticity of multiple sclerosis, agitation in dementia, and specific seizure disorders that are unresponsive to standard therapies. Patients also use cannabis to reduce the nausea and anorexia of cancer chemotherapies and to improve their mood.

Cannabis and pregnancy

Some associations have been found between marijuana use hyperactivity disorders in children. Evidence is mixed as to

whether marijuana use by pregnant women is associated with low birth rate or premature birth, although long-term use may elevate these risks.

Research has shown that pregnant women who use marijuana have a 2.3 times greater risk of stillbirth. Very little is known about marijuana use and breastfeeding. Given all these uncertainties, nursing mothers are discouraged from using marijuana

Cannabis and Psychiatric disorder

A review suggests that the likely to impact public health include high conversion rates from cannabis induced psychosis to schizophrenia; the precipitation of psychotic disorders in genetically vulnerable populations, including individuals with a history of childhood abuse or family history of psychotic disorders; and the increased risk of negative effects of cannabis use in prolonged and early exposure.

People who use marijuana carry a specific variant of the AKT1 gene that carry seven times higher risk compared to those without in developing psychosis.

Basic scientific evidence suggests that cannabinoids may suppress neuronal excitotoxicity and neuroinflammation and is potentially beneficial in targeting plaque formation in Alzheimer disease. However the only clinical application of cannabinoids in dementia is involved in targeting behavioural disturbance including agitation, food refusal and irritability in small open studies.

Greer and colleagues reported on 80 patients with PTSD which was approved by New Mexico Medical Cannabis program that there was a improvement of 75% overall and separately in reliving, hyperarousal and avoidance.

A study reported that decreased opioid withdrawal during detoxification and increase treatment retention with naltrexone in patients who chose to continue smoking cannabis and were more likely to complete treatment.

Another recently published data on 44,000 illicit opioid users found that marijuana use was associated with a 55% reduced risk of past year opioid abuse.

Treatment of cannabis dependence

Medications and behavioral therapies may help reduce marijuana use particularly heavy users and those with more chronic mental disorders.

Cognitive-behavioral therapy: A form of psychotherapy that teaches people strategies to identify and correct problematic behaviors in order to enhance self-control, stop drug use, and address a range of other problems that often co-occur with them.

Contingency management: A therapeutic management approach based on frequent monitoring of the target behavior and the provision (or removal) of tangible, positive rewards when the target behavior occurs (or does not).

Motivational enhancement therapy: Produces rapid, internally motivated change; the therapy does not attempt to treat the person, but rather mobilize his or her own internal resources for change and engagement in treatment.

Let's talk sex: SexEd



Adolescence is a phase when the body is on an over drive in terms of hormonal changes. In the growing years, people are particularly vulnerable to attitudes and beliefs. Early sex education helps a child form strong values on the topic well before they have a sexual experience. Eventhough parents still are shy to discuss sex with their children, here is why it is important.

Sexuality is one of the important facets of human life

Everyone, adults as well as children, should know as much as on the subject of sex education, also sometimes referred as sexuality education. It can be defined as set of instructions in various psychological, physiological and sociological aspects of sex and reproduction. It enlightens one about sexual orientation, intimacy, values, decision making, dating, relationships, sexually transmitted infections (STIs), birth control and more. Sex education is important on the part of children and adults, to protect them and society as a whole. Sex education can help keep away exploitation, abuse, unplanned pregnancy and STIs.

As per the World Health Organization, sex education in schools must be given to children aged 12 years and above because about 34% of HIV infected persons fall in the age group of 12-19 years.

There is scarce support to help them develop their understanding, skills and values around healthy sex and relationships. Instead, they are regularly exposed to societal messages and norms that promote bad sex, reduce their chances of happiness in relationships and increase the risk that they will experience, witness harassment and abuse.

Let's take pornography. By the age of 15, 2/3rds of young people would have viewed it online. A recent study on free online porn found that 41% of sex scenes feature violence towards women and girls and 56% involve one person dominating another. Women and girls are typically neutral or positive in response to violence. Through subtle and not-so-subtle methods, the porn industry invites its viewers to indulge in sexual arousal around themes of dominance, control and crossing boundaries. It also asks its users to priorities their arousal in sexual situations above and beyond their interest in other people's (usually women's) pleasure and wellbeing.

Young people are acutely aware that their education is not preparing them to navigate relationships and sex in a digital world. Guiding the child adequately will help him or her take the right precaution from getting their partner or themselves pregnant. It is your responsibility to educate male child enough so he can prevent the liability of unwanted teenage pregnancy.

As we educate our child about sex, we should make sure that he or she learns to garner the wisdom to control the impulses.

Sex education helps a child know when it is right to have sex and what should be used to avoid pregnancy.

Sex education is transferred to generations and is likely to differ from one culture to another. While some families discuss sex education with their kids for the sake of the kid's health, others discuss because of social stigma that may spark by way of teenage pregnancy. Excruciating banter from peers and others can impact one's personal immensely.

Sex education is quintessential for the fact that children are unaware of the possible consequences of unsafe sex, which include transmission of STIs, unwanted pregnancy etc. Start your lessons with what sex is and how indulging in it without adequate awareness can hamper the health of the child. Educating a child about sex entails the parents to the responsibility of educating in the appropriate manner. As long as you educate your child appropriately, he or she should perform as taught.

Whether teachers or parents talk to children about sex, they will pick things or seek information. There will be preconceived notions when they pick up things about sex from TV, movies, videogames, peers and online browsing. Sex education reduces the risk that a child will get inaccurate information. Sex education teaches the emotions that adults encounter, and explain how sex can be the experience of fulfillment. Parents and teachers can also discuss the pros and cons of abstinence until marriage.

Cons of Sex-Education in Schools

Ill-informed teachers may impart wrong information to the children, thereby destabilizing their mental make-up when it comes to sex. If not taught properly, sex education in schools may pose as a matter of ridicule for students making them uninterested and ignorant. Sex-education in some schools is introduced as an extracurricular activity, which does not quantify the importance of sex education, but diminishes it. Most teachers given the task of taking sex education classes are themselves not experts in the subject and may therefore, give out wrong information. It is important that authorities appoint experts in the subject to give classes. Sex education must not be taught with any adherence to religious ideologies as that will baffle the children than teach.

Empathy, self-reflection, media literacy and even moral philosophy can help young people work out their desires and their values and to develop positive identities. Complementing this work would be skills in communication, regulation of emotion and developing self-confidence.

In short, a wealth of evidence shows that good, properly resourced sex and relationship education delivered by well-trained people is highly effective. It is also most effective when part of a broader life-skills programme dedicated to preparing the young for the world of work and beyond. This holistic approach also avoids children being bombarded with numerous separate topics, as if they existed in silos – “mental health”, “drugs and alcohol”, “online safety”, “cyber bullying”. Instead, the goal is values-based decision-making that helps build resilience. It can help spark conversations between parents and children that both parties want to have but are not sure how to, and one young person's good-quality sex education affects the wellbeing of the others around them.

Education > Stigma

UG n PG

**AN EXCLUSIVE SECTION FOR
UNDERGRADUATES AND
POSTGRADUATES**

UG n PG

MINDS QUIZ

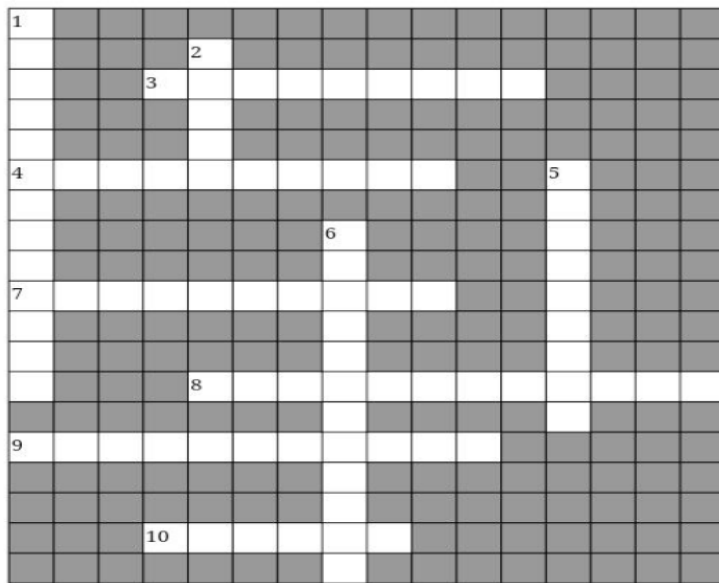
- Persons whose integration into society is disturbed so that they cannot follow customary norms of behaviour
A. altruistic suicide B. Anomic suicide C. Egoistic suicide D. confusion suicide
- High suicidal risk includes
A. Male gender B. Female gender C. Equal D. <45 years
- The behavioral characteristic that seems to be the best predictor of suicide is:
A. Impulsivity B. Hopelessness C. Morbidity D. Altruism
- The incidence rate of suicide in India is ____/100000 people:
A. 10 B. 12 C. 11.5 D. 12.5
- The Beck's cognitive triad of depression includes - helplessness, hopelessness and:
A. Loss of togetherness B. Conscientiousness C. Worthlessness D. Nothingness

ACROSS

DOWN

- Seen in catatonia, pt, despite instructions allows an extremity to be placed in any position without resistance (9)
- Agraphia, acalculia, finger nose agnosia, R/L dissociation seen in ___ syndrome (9)
- psychological phenomenon responsible for seeing shapes/faces in the clouds (10)
- Patient claiming he can hear voices in London when he is in Bangalore- ___ hallucination (12)
- Talking past the point, eg- what is the colour of grass? purple (11)
- Severe myoclonic epilepsy of infancy (SMEI) (6)

- Lilliputian hallucinations are a type of ___ (13)
- In chronic progressive brain disease, memories of recent events are lost before remote events, according to ___ law (5)
- Phenomenon of seeing oneself and knowing it is oneself; aka phantom mirror image (9)
- Familial lissencephaly with micrognathia, high forehead, thin upper lip and low set ears ___ syndrome (6,6)



*Can
You
DO
SS
THE
DO
SSW
O&D!
!!*

Dr. Namratha, Intern, MVJ Medical College, Hoskote, Begaluru



QR Code for MINDS website

- DOWN**
- Dysmegalopsia
 - Ribot
 - Autoscopy
 - Millerdeiker
 - Mitmachen
 - Gerstman
 - Pareidolia
 - Extracampine
 - Vorbetreden
 - Dravet

ACROSS

Dr. Gaurav
Uppal
MVJMC
&RC

- ANSWERS**
- MINDS QUIZ**
- Anomic
 - Male
 - Impulsivity
 - 12
 - Worthlessness

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