



MINDS NEWSLETTER

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Monthly Newsletter on Psychiatry for Doctors & Medical Students

Volume 12

Issue 12

December, 2017

From The Desk of Editor.....

"Biomarkers"

Biomarker is characteristic that is objectively measured and evaluated as indicator of normal biological, pathological process or biological response to therapeutic intervention

It may involve genes, set of genes, proteins or other bimolecular and morphological characters.

Biomarkers are used for diagnosis, prognosis, better understanding of pathophysiological mechanisms, to predict disease progression and monitoring the therapy. It can also help in drug target mechanisms

Research on biomarkers is done extensively in other medical fields compared to psychiatry. In psychiatry approach to illness is based on biopsychosocial model rather than only biological.

In schizophrenia research 3 genetic components mediating neurophysiological changes are measured by event related potential subcomponent abnormalities in schizophrenia. In autism gene ontology enrichment analysis have derived a set of genes involved in pyruvate metabolism, transcrption factor activation, cell signalling and cell regulation.

Future studies currently are now concentrating on how treatment modalities can be optimized, how we can reduce side effects of medications and other treatments at the same time maintaining efficacy

Dr. Sunil Kumar G Patil

"I" is our only world and life which we nurture and safeguard

"as if" it is our friend, guide and philosopher" till an event or a situation open's one's eye door to "Reality" giving rise to a doubt, whether "I" is real or false?

Throughout life, one is conditioned to a belief that "I" means Mss., is the one who is experiencing pain and pleasure believing it to be a temporary or likely to become a permanent issue. Repeated experiences of such type fail or succeed in teaching the truth of life. When one ponders over the failure cases, questions such as "Is "I" preventing him to accept the truth?" In cases where one is ready to introspect his mind and analyze, truth dawns. What is the truth? Whatever they were considering as real "I" which is responsible for all their actions, is not the true.

The real "I" is the real operator and all actions seen outside are results of this. This is a very important "Turning point" which is documented in the life of enlightened person's. These persons have created road maps to be followed by interested persons who would like to explore the "inner world" to get convinced about the concept. Road maps furnished the psychoanalytical and existential schools seem to be inadequate in achieving the goal. Supporting this concept with evidence is difficult due to its abstract nature. Experiential narration evidence is vast. Much more than this, kind of relief one gets from these transformations, and better quality of life, and immunological profile changes with no stress makes this concept strong.

Clinical cases of neurosis and some neurotic personality disorders when analyzed, reveal the self-centeredness or poor ego function which can be correlated with the clinical symptoms. "KNOW THYSELF BEFORE KNOWING OTHERS"

Dr. V.A.P. Ghorpade, Professor and Head, Department of Psychiatry, AIMS, Bellur, Karnataka

REFRAME – Let Awareness Reframe Assumptions: Myths and Facts about Concentration

- Lack of concentration is psychiatric disease
 - ✓ No, It is one of the symptom of many underlying medical conditions
- Lack of concentration is due to low IQ
 - ✓ It's not always due to low IQ as it can occur in many underlying psychiatric and medical conditions
- Lack of concentration is seen only in psychiatric conditions
 - ✓ It can be seen in many medical conditions like thyroid disorders, severe anemia and some neurological conditions
- There are medications to increase concentration
 - ✓ No. Only causative conditions can be treated and supported by relaxation technique and meditation
- Lack of concentration is part of life
 - ✓ Never its always advisable to consult doctor if lack of concentration is persisting and affecting day today activities

Dr. Namrata Srinivasan, MVJMC & RH, Hoskote, Bengaluru

Revisiting the 1970s Rosenhan's Experiment on Psychiatric Diagnosis

Psychiatry remains a unique specialty with hardly any definitive objective diagnostic tests, so relying on Clinician's assessment using standardized criteria. The assessments of same person, done at two different time period or by two different Psychiatrists may vary.

In the early 1970s, David Rosenhan, Professor of Psychology and Law at Stanford University in California conducted simple experiment that aimed to explore the reliability of psychiatric diagnosis in the "lunatic hospitals". While anti-psychiatry movement was going on, this study was considered landmark that helped the "lunatic hospitals" learn about possibility of mis-diagnosing in hospital setting. As per the study report which was published in 1973, the experiment had two parts.

In the first part, 8 pseudopatients (5 Men & 3 Women), few of them psychology students gained entry into different Psychiatric hospitals by falsely complaining of hearing voices and after entering the hospital, they stopped complaining of voices. Their length of stay varied from 7 to 52 days. All but one was diagnosed with Schizophrenia as per DSM-II. In the only private hospital, the other person was diagnosed Manic Depressive illness. The Pseudopatients noted that 35 out of 118 other inpatients believed they were sane, which none of staff members had suspected. Inpatients could not get discharge, until they agreed with psychiatrists that they were mentally ill and accepted antipsychotics. Failing to detect the normality from abnormality, the difference when it existed, is statistical type 2 error.

In the second part, after results of part one were learnt, certain university hospitals keen to participate, were informed that pseudopatients could gain entry in the following 3 months. When documentation on 193 patients were examined, 23 patients were suspected as being "simulators" by at least one psychiatrist, 19 were suspect patients were by both psychiatrist and a staff member.

In fact Rosenhan did not send any pseudopatients during this period. This demonstrated differentiating sanity from insanity in inpatient setting was not error free.

This highlights the concept of Validity and Reliability of Psychiatric Diagnosis. Many Movies had the theme, where Psychiatrists fail to distinguish between sane and insane. General Public may have developed a fear of being inappropriately diagnosed and given injections or ECTs. Falsifying either way has implications on stigma, delay in treatment, legal or social problems.

This study had created doubts regarding diagnosis in psychiatry. But now in modern psychiatry with modern and more reformed psychiatric interview techniques with support of various investigation modalities like lab investigation, CT scan and MRI, diagnoses have become more accurate and scientific. There is a great deal of research is going on in biological and molecular psychiatry to find out more specific biological underpinning of psychiatric disorders for better diagnostic accuracy.

PSYCHOPHARMACOLOGY AND LABORATORY EXAMINATION

Kumuda, a high school student, studying in Class 8 at St.Xavier's in Mangalore was found to be very quiet in the classroom nowadays. A cheerful girl, who studied in the same school from her kindergarten years, was found to be disinterested in most of the indoor and outdoor classroom activities. Her class teacher Mrs. Shanta was the first one to notice this. When she tried to speak to Kumuda, there was no response from the child. The teacher was worried as it was so unlike Kumuda. The teacher called her mother and asked her to meet in person. That is when the teacher came to know about Kumuda's father's death.

Kumuda's mother told the teacher that she and her father both shared equal responsibilities to bring up Kumuda as theirs was a close knit nuclear family. Despite the sharing of equal responsibilities, Kumuda always felt closer to her father and she would always open up to him about any of her new found secrets. After his death, though her mother took extra care of her, Kumuda was slowly losing herself and becoming more of a quiet girl and rarely one could see a silent rage in her that she could not control. At such times she would either hurt herself or hurt anyone in her vicinity. Earlier she was a bubbly girl and loved all animals near her house. But once after her father's death, she had stoned at a dog continuously until it started bleeding and cried in pain. Her mother saw this and had gotten her home all the way scolding her for hurting the poor dog. Kumuda was not bothered. She was apathetic.

After listening to this Mrs. Shanta suggested Mrs Rao to take Kumuda to a good counsellor, so that she could move on and get to be her usual self. Mrs. Rao took her to Dr. Ballal who was a well known psychiatrist. He said that Kumuda is having bipolar disorder and started her on drug valproate as well as few counselling sessions in between. After starting the drug Kumuda slowly improved and got back to her usual self. After about 3 months or so Kumuda started having mild lower abdominal pain usually on the right side, nausea and vomiting. After a few days she noticed that she was passing high coloured urine and her mother noticed that she had yellowish discoloration of her eyes. Immediately they went to the physician where on doing an LFT, Kumuda's liver enzymes AST and ALT were seen to be elevated.

ALT and AST are transaminases, secreted by the hepatic parenchyma, are liver specific enzymes. The normal levels vary between 5-35 IU/L. Both get elevated by about 4 to 5 times the normal. The drug Valproic acid is known to induce hepatitis.

Though we study biochemistry as a subject in the first year of MBBS, we may not realize its significance until we start clinical postings. As you saw in the above case, LFT is an important test done to detect the drug induced hepatitis. All the organ function tests are similarly very important to confirm the diagnosis made by a physician. These analytes are important in all the medical and surgical departments to diagnose variety of cases across all specialities. Biochemistry helps us to study about various analytes, their metabolism and functions both in health and disease.

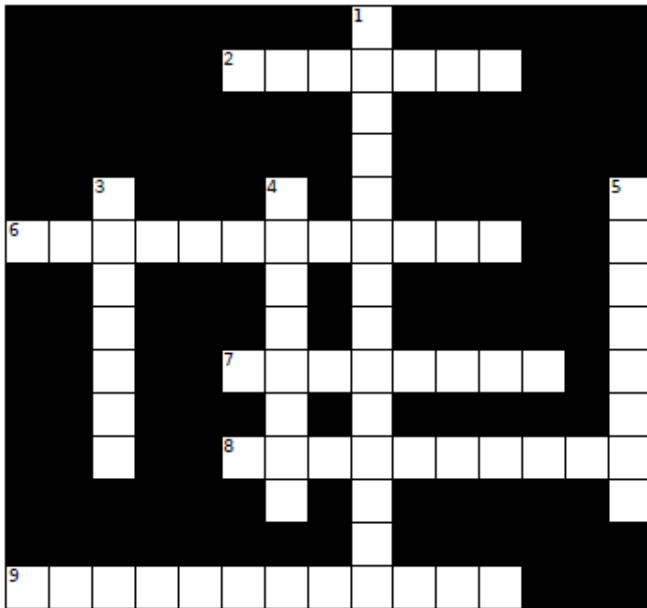
In the above case as the psychiatrist had an idea about the drug as well as the necessary biochemical investigations, Kumuda could get the treatment at the earliest and she could recover sooner.

As Louis Pasteur said that "Without laboratories, men of science are soldiers without arms". If medical students fail to learn biochemistry, then their state will be the same as soldiers without arms.

AN EXCLUSIVE SECTION FOR UNDERGRADUATES AND POSTGRADUATES

MINDS QUIZ

1. Confabulation is seen commonly in addiction of
A. Alcohol B. Cannabis C. Opioid D. Cocaine
2. Pathological intoxication means
A. Intoxication by drinking more B. Intoxication by drinking less C. Psychosis due to alcohol D. Unconsciousness after alcohol
3. Wernicke's encephalopathy includes all except
A. Global confusion B. Oculogyric crisis C. Ophthalmoplegia D. Gait disturbances
4. Wernicke's encephalopathy can be prevented by supplementation of
A. Protein B. Micronutrients C. Vit b12 D. Thiamine
5. All are anticraving agents except
A. Acamprostate B. Carbamazepine C. Topiramate D. Levitaretam



ACROSS

- 2 Demyelinating Disorder begins in infancy shows diffuse white matter involvement on MRI and NAA peak on M R-spectroscopy(7)
- 6 Absent swallow tail sign on MRI brain seen in_(12)
- 7 Common among glass and hat industry workers, presents with personality change, irritability, shyness, dementia, and insomnia(8)
- 8 Otto veraguth sign is found in
- 9 Personality disorder in which patients are grandiose and require admiration from others(12)

DOWN

- 1 Patient suddenly gets up screaming with autonomic arousal and rarely remember in the morning(14)
- 3 Syndrome in which patients falsely identifies stranger as familiar person (7)
- 4 Only pervasive disorder in which intelligence is normal(8)
- 5 This therapy based on the assumption that fear dissipates when the subject is not allowed to escape from the scene(8)

**Can
You
CROSS
THE
CROSS
WORD**

Dr. Priyanka Mantagi, Intern, MVJMC & RH, Hoskote, Bengaluru



QR Code for MINDS website

DOWN

2. Pavonocoturnus
3. Fregoli
4. Asperger
5. Flooding

ACROSS

2. Canavan
6. Parkinsonism
7. Erethism
8. Depression
9. Narcissistic

CROSS WORDS

**Dr. Gaurav
Uppal (PG)
MVJMC &
RH**

MINDS QUIZ

1. Alcohol
2. Intoxication by drinking less
3. Oculogyric crisis
4. Thiamine
5. Drowsiness
6. Levitraceta m

ANSWERS

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 9845219324/ Asst. Editor: Join us at www.facebook.com/minds.newsletter.

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