



Monthly Newsletter on Psychiatry for Doctors & Medical Students
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Guest Editorial

The charm of psychiatry

The pandemic has been a boon for psychiatry – about its awareness, importance and need to learn more about it and practice it. Psychological and emotional effects of the pandemic or the consequent lockdown were felt by almost all people, and were very bothersome for many. Fear, anxiety including health anxiety, depression, loneliness, boredom, sleep disturbances were some of the more common conditions affecting people with or without the covid-19 infections. The stigma towards mental health became less, as the importance of caring for mental health and mind during the pandemic gained significance. This is but one example of the significance of psychiatry in almost every medical disease and/or its treatment. Psychiatry is not a specialisation for specific psychiatric disorders only, but for the numerous other medical conditions.

- Publishing from 2011
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- Contribution from More than 50 Authors!!
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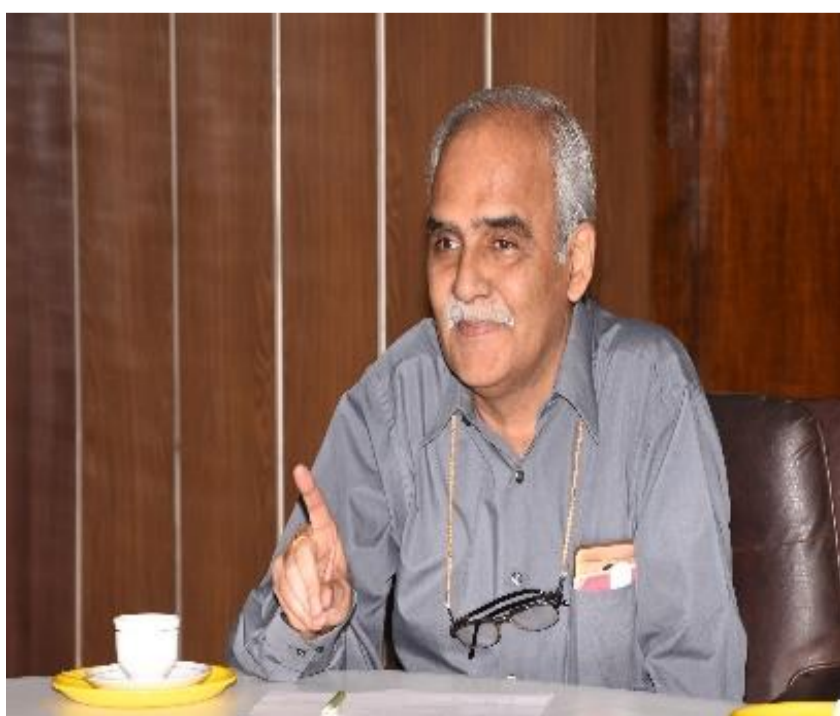
AN INITIATIVE SUPPORTED BY THE MINDS UNITED FOR HEALTH SCIENCES AND HUMANITY TRUST



Knowledge of psychiatry is important in the general, overall, multi-disciplinary and holistic care of the patient. These are also days of multi morbidity and co-morbidity – people have multiple inter related and unrelated disorders or diseases. People with hypertension also are at a risk to have diabetes, ischemic heart disease and depression. Those with diabetes mellitus are at a risk to develop depression, cardiovascular diseases and stroke. Hypothyroidism is associated with depressive disorders and is also an important differential diagnosis, to distinguish between hypothyroidism and depression since the features are so similar. When both hypothyroidism and depression co-exist, it is a bigger challenge.



Mental health problems are a common co-morbid condition co-existing with the non-communicable diseases. Not all medical students will be lucky enough to become psychiatrists due to shortage of seats or them having more interest in other specialities. But they would need to have a good knowledge about psychiatry, psychology, counselling and communication skills in order to care for their patients, irrespective of the disease their patients may suffer from. Knowledge and interest in psychiatry makes medical practice even more charming. The pandemic also forced people to think about alternatives and innovations, especially in teaching, learning and educating. A lot depends on how teachers teach, which can motivate and inspire students, and make them skilful and competent. The same applies to teaching and learning about psychiatry. If the significance of psychiatry is conveyed in an interesting way which improves clinical practice, definitely all medical students will develop interest and get attracted to learn about psychiatry. Thus, online teaching of psychiatry needs to explore innovative methods of teaching using a variety of novel teaching methods. Problem based learning is one, in which psychiatry (including aspects of behaviour, emotions and psychology) gets discussed and taught, quite naturally. and automatically. The teaching of psychiatry should be made simple, understandable and the complex jargon should be avoided, while retaining its uniqueness and charm. That would go a long way to make medical practice complete, and the physicians competent in all aspects, including mental health.



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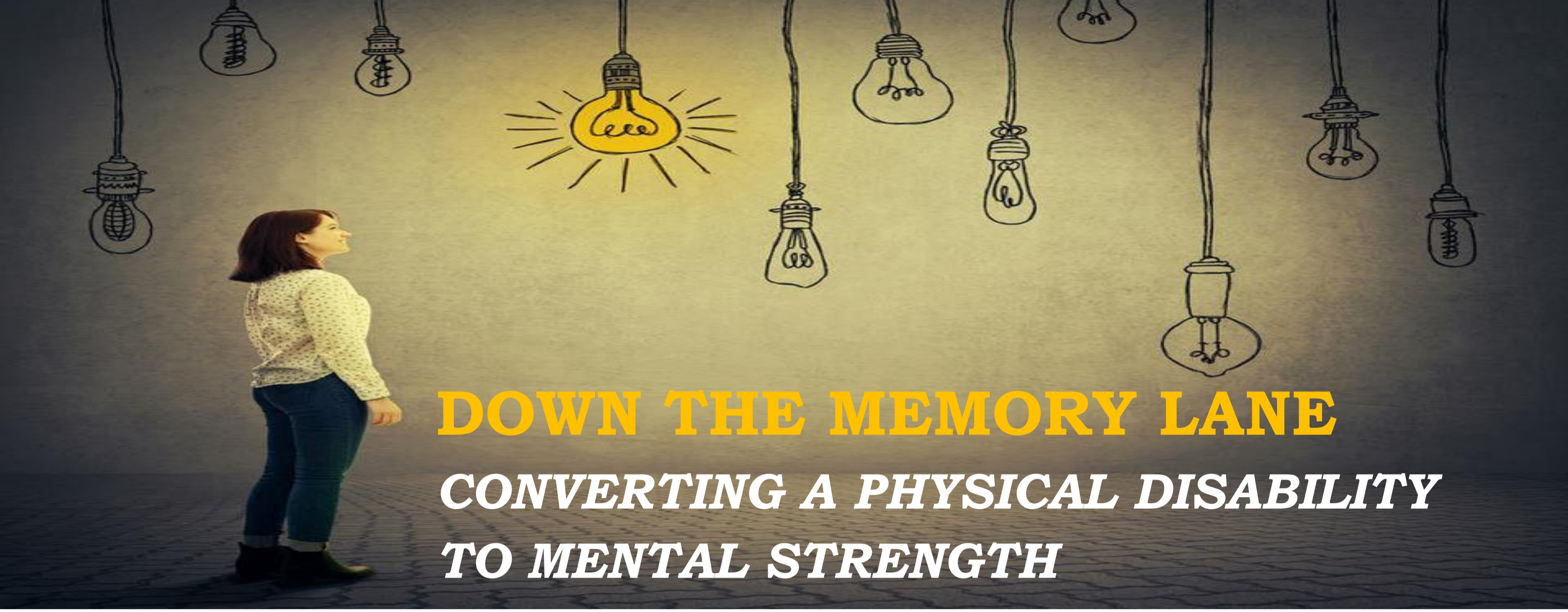
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“The idea of capturing and showing the beautiful world that we witness is awe-inspiring. That moved me to photography”

His work had recently featured in the photography exhibition at NIMHANS, 2020



DOWN THE MEMORY LANE

CONVERTING A PHYSICAL DISABILITY TO MENTAL STRENGTH

In my 2nd PUC, an idea was registered in my hippocampus when I read about Dr David Hartman, the first blind psychiatrist, in my English textbook. This idea inspired me to take MBBS in Ramaiah Medical College. A Psychiatry professor conducted the orientation and explained about how to manage stress, specifically in the medical setting. It was interesting. My first clinical exposure was in 2nd year of MBBS during the Psychiatry posting. The HOD, seeing my curiosity gave me interesting books to read which were relevant to the subject. The same year, my classmate and I took part in the Psychiatry quiz in KMC Manipal. Even though we couldn't clear the prelims, we watched the entire quiz, which revealed the wonders of this subject. Few months later, I presented a case of Alcoholic Liver Disease and was surprised to know that examination was an important part in Psychiatry. Towards the beginning of 3rd year, my DLPFC was giving me reasons to ditch this idea and take Radiology instead (Eg- "It is a more generalized subject", "It is better paid") During internship, I attended both postings. The radiological scans were enthralling. In psychiatry postings, there were some interesting cases. My first patient was an elderly Konkani man with anomia and I understood the distress when you can't remember the name of your own family members. Also, I counselled a patient who attempted on life and improved his self-confidence, which was very fulfilling. My cognitive and emotional mind began a war which would take some time to end. For the entrance examinations, my first choice was Radiology.

A Psychiatry seat was allotted to me in KIMS, Bangalore. I was disappointed, but still decided to meet the faculty. My interaction with Raguram Sir left me
Due to unfortunate circumstances, I didn't get a seat. In the second round, I applied for Psychiatry colleges in Bangalore as my 2nd option.

speechless and from that moment on, I never looked back on my decision. The other consultants and the postgraduates were helpful. Only after a few days did I know that this was the best choice for postgraduation both in terms of my interest, feasibility and future career. The subject was and still is versatile and interesting.

Neurology and Endocrinology were my strong subjects in MBBS which really helped. While taking cases, I was able to empathize better with the patients and it was easy for me to move on from one patient to the next as I wasn't too attached to them emotionally. The best part was that unlike other specialties, every patient was unique and I would look forward to listen to their stories.

However, there were hurdles like-



However, there were hurdles like-

1. Initially, doing detailed case workups was difficult because I wasn't used to taking cases for long periods of time. After this, I had to painstakingly write the case sheet. This led to severe myalgia and fatigue.
2. The theory at times would be exhausting to read both mentally and physically.
3. Due to my physical condition, I had to sometimes depend on other PGs for duties. I would feel guilty but wouldn't show it to them.
4. I developed an influenza infection which culminated in pneumonia as I was given inhaled steroids due to difficulty in coughing out the secretions. With fever, tiredness and excessive coughing, I went to the KANCIPS 2019 conference in BMC and presented my paper. Body pain, severe weakness and weight loss persisted for weeks after the illness was cured.
5. I started working on my thesis really early but submitted it last due to the pneumonia. It was disheartening.
6. For my theory exams, I had to practice beforehand with the scribe (During MBBS, I wrote them myself). Syncing my thoughts with another person's writing was poor during the first few times but then I got adjusted. Studying for long hours every day was absolutely required.

These 3 years have taught me patience, improved my empathy and anger management, made me more resilient and helped me appreciate the more positive things in life.

Always remember that life sometimes takes an unexpected turn to get you to your destiny.



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Dr. Sarthak is the first person in the world with Duchenne Muscular Dystrophy to receive a post-graduate degree in medicine. He secured the 8th rank in the RGUHS MD Psychiatry exams, Karnataka (2020).

ANSWERS TO CROSSWORD ON LAST PAGE:

Across

4. PCP
5. SEROTONIN SYNDROME
6. ECT
8. FACTITIOUS
9. HEROIN

Down

1. HYPOKALEMIA
2. WBC COUNT
3. KIDNEY FUNCTION
4. PANIC DISORDER
7. CBT

TRANSCULTURAL PSYCHIATRY

HOW HAS COVID-19 IMPACTED THE GENDER GAP IN MENTAL HEALTH?

The coronavirus pandemic has had a devastating effect on the physical and mental health of people. Research shows that the pandemic has undoubtedly caused a crisis in women's mental health when compared to men and broadened the already existing gender gap. Most women tend to put their health, especially mental health, to the back burner and keep pushing through. They are disproportionately responsible for the bulk of domestic tasks, including child care and eldercare. Work from home along with taking care of the family has increased the burden due to closure of schools and lack of domestic help causing mental and physical exhaustion. It has been reported that women and girls spend 3.26 billion hours of unpaid care work every day, contributing 19 lakh crore rupees per year to the Indian economy, which is equivalent to 20 times the entire education budget of India. In some families, usually of low socioeconomic status, if a woman asks for rest or helps with domestic chores, they either face disapproval or abuse at worst. Women with a history of mental illness, pregnant or postpartum are at higher risk of being affected. The period of lockdown has also seen a rise in domestic violence, both physical and psychological. This has resulted in an increase in depression, anxiety and stress among women during the period of lockdown. A particularly vulnerable group of women are frontline healthcare workers.

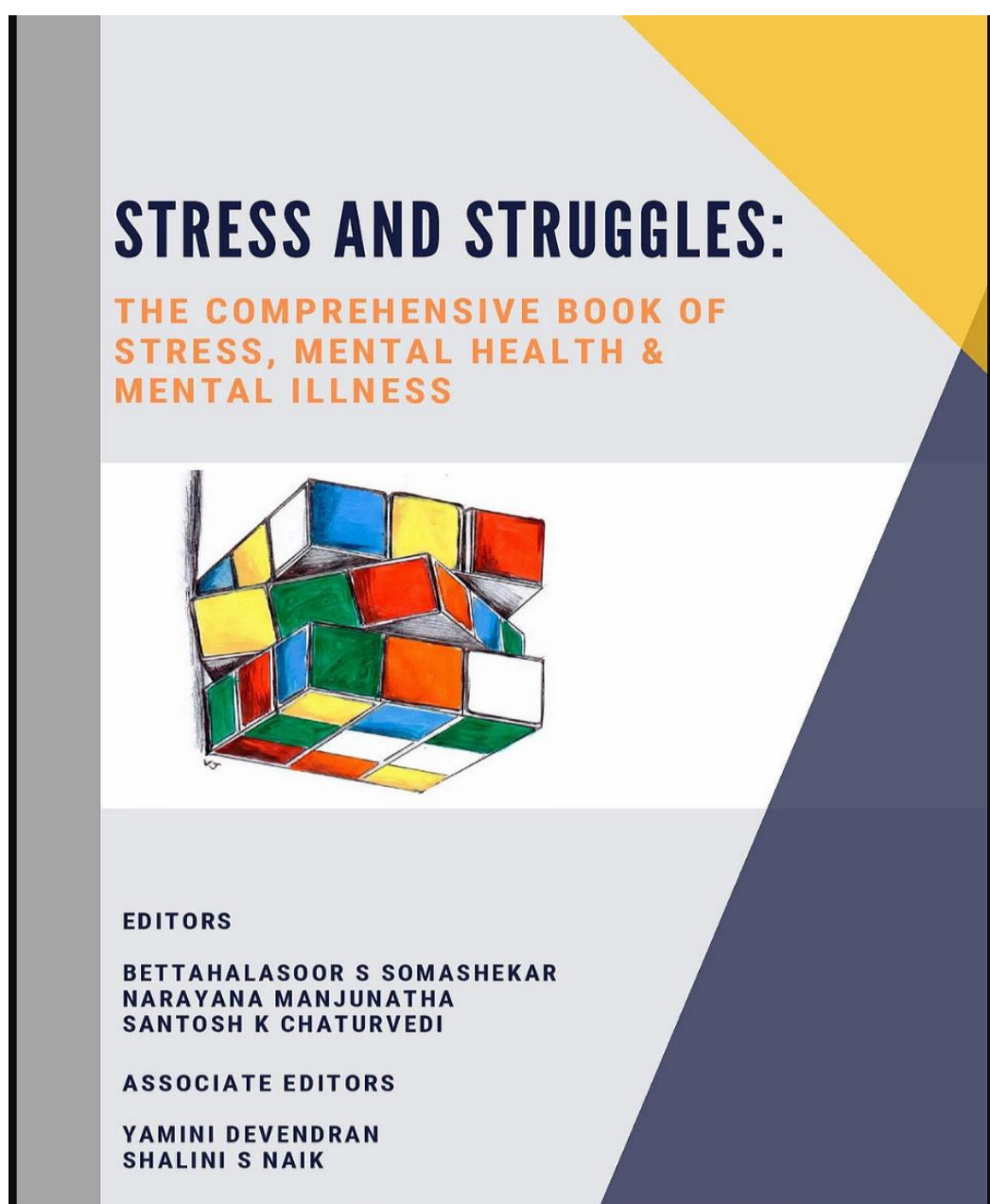


Since the start of the pandemic, female healthcare workers have struggled with their dual roles. Societal stigma and fear of bringing the disease home have forced many to stay at their workplace, away from families and children. A concept introduced by Jessica DeGroot, “shared care”, is of particular significance during COVID times. These concepts talk about removing gender as a determinant of who does more work encourages sharing of domestic work and emotional labour among couples helping both to thrive at home and work. COVID 19 has taught us that work from home is not only possible but productive, which prompts us to think that if more men and women could choose this option, wouldn't it be easy to have a more balanced lifestyle for both genders, where they could contribute equally to the office and home? There is a dire need for enhancement of social support system for women. They need to know their limits and set boundaries. It is important to have a support circle of friends or colleagues who are facing similar challenges. Women need to prioritize themselves by taking out time for hobbies, exercise and adequate sleep. The pandemic may come to an end but the imprints it may leave on the mental health of women will last long. Proactive outreach to the vulnerable groups of women and encouraging them to reach out to mental health professionals is the need of the hour!



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BOOK REVIEW



Stress and struggles, is written by experienced mental health professionals from reputed institutions like NIMHANS Bengaluru, AIIMS Delhi, CIP Ranchi and Indo-UK stress and mental health group. The authors provide concise and up-to-date information about various aspects of stress including history, conceptual evolution, physiological basis of stress, effects of stress on ageing, stress and various physical and mental illnesses, and management of stress.

Stress is a complex and dynamic human experience affecting various biological systems such as neuronal, hormonal and immune systems. Chronic stress leads to altered cognitive functions, disruption in sleep patterns and can even hasten ageing via numerous changes at cellular levels. In recent times stress has been attributed as a cause or contributor to almost all chronic non-communicable disease including mental illnesses. The sources of stress are multi-factorial including changes in the family structure, values, roles and increasing desires, expectations political systems, war, geographical conflicts, environmental calamities and several social and economic factors. Stress is believed to cause or influence the course of plethora of medical conditions such as Irritable bowel syndrome, hypertension, heart disease, diabetes and many other conditions through various mechanisms including altered immune response, endocrine responses, healing process and changes in lifestyle to name a few.

Stress research has shed light on the impact of psychological, social and environmental factors on a person's mental health, onset of mental illness and role of preventative measures. Stressful events can lead to mental disorders like acute stress disorder, post-traumatic stress disorder, adjustment disorder and reactive psychosis. In other mental disorders stress may not be obvious but it is essential to make a diagnosis. The experience of mental illness itself can be a source of stress not only for the sufferer, but also to the family members. Concepts of resilience, coping and stress management are also described including psychotherapy and pharmacological treatments for stress and related disorders.

The book is organized into five parts, comprising 36 chapters which makes it easy to pick and read any topic of interest. Illustrations, charts and tables help in understanding the topics easier. The book is primarily intended for healthcare trainees and medical professionals across specialties who are interested in understanding various aspects of stress, but it would also be a good read for anyone who wants to know how stress affects health.



Dr. Akshay Pathak

Assistant Professor

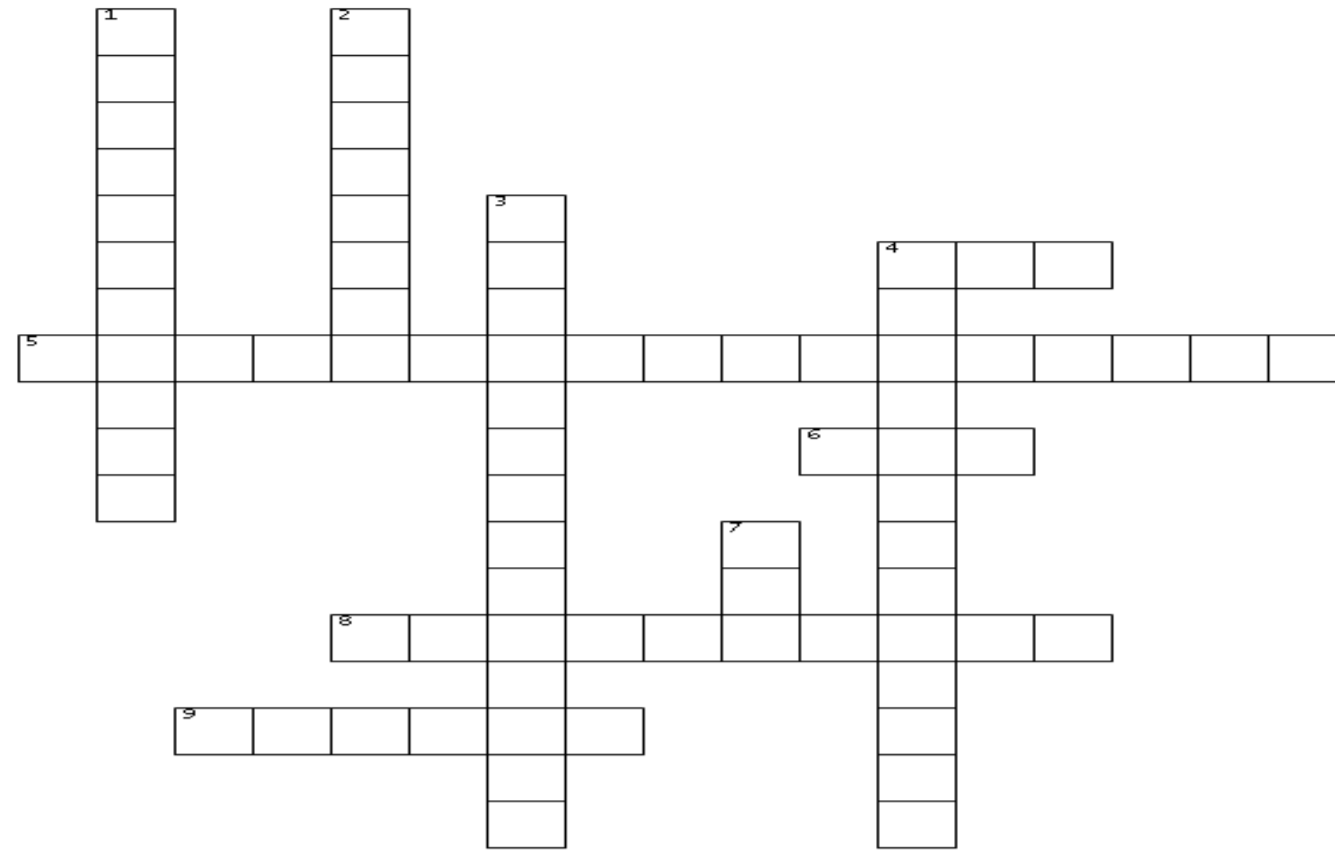
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CROSSWORD

- Dr. Ramaswamy S



ACROSS

4. 24-year-old male, with no history of mental illness presents with tachycardia, nystagmus and hallucination. These were likely caused by intoxication of which drug?
5. 42-year-old patient diagnosed with MRSA is treated with Linezolid and develops delirium, diaphoresis, tremor and myoclonus. Doctors later find out the patient was being treated for major depressive disorder. What is the syndrome causing this patient's manifestations?
6. 30-year-old male patient who was diagnosed with Major depressive disorder has failed to respond to any pharmacological therapy. What is the next step in treatment?
8. 50-year-old healthcare worker presents with vague abdominal pain to the ER. Review of health records show multiple admissions in the past. H/o colonoscopy and upper GI endoscopy seen which were both normal and done on insistence by patient. What disorder is the patient likely suffering from?
9. 17-year-old male patient presents with nausea, vomiting, muscle aches with dilated pupils, lacrimation and hyperactive bowel sounds on examination. Patient is suffering from withdrawal to what substance?

DOWN

1. 16-year-old female presents with muscle aches, fatigue and palpitations. It is noted on history that patient tends to binge eat. On examination, patient is noted to have parotid gland hypertrophy with enamel erosions. What electrolyte disturbance has occurred because of the disorder that the patient is presenting with?
2. 60-year-old male patient who was diagnosed with schizophrenia is brought to the hospital with increasing symptoms despite effective treatment. Patient is started on Clozapine. What cell count is important to monitor after starting this new medication?
3. 40-year-old female patient who was diagnosed with bipolar disorder 10 years ago, presents with polyuria and polydipsia. Patient is noted to be under treatment with lithium. What organ function should be constantly monitored for patients on long term lithium therapy?
4. 30-year-old female patient complains of chest pain, trembling, sweating, paresthesia repeatedly which has occurred more than 4 times for more than a month with the patient avoiding public spaces for fear of these symptoms again. What disorder is this?
7. 25-year-old female patient, para 1 living 1 recently delivered a full term male baby 3 days ago. She gives h/o feeling depressed and sad. She is often tearful and thinks it is because she thinks she won't be a good mother. Best treatment for this condition?

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Your suggestions are important to us, kindly send them to:
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