

MINDS NEWSLETTER

- Published from 2011
- Articles on Psychiatry from over 22 specialities!!
- Contribution from More than 50 Authors!!
- Seven Sections in every Issue
- Free e-copy just by an SMS Request!!!

Editor

Dr. Sunil Kumar G Patil

Assistant Professor
Dept of Psychiatry
MVJ Medical College &
Research Hospital
Bengaluru

Assistant Editor

Dr. Sanjay T Naik
Senior Resident

Dept of Psychiatry
MVJ Medical College &
Research Hospital
Bengaluru

Recent Past Editor

Dr. Gopal Das.C.M

Recent Past Asst. Editor

Dr. Suravi Patra

For free e- copy!!
Just email us or SMS
MINDS <your Email ID>
to Editor/Asst. Editor.

Join us on
www.facebook.com/minids.newsletter



Wellbeing begins in Our MINDS

Monthly Newsletter on Psychiatry for Doctors & Medical Students

Volume 7

Issue 7

July, 2017

From the Desk of Editor

Fidget Spinners – Care and Concern

Fidget spinners are small ball bearing devices that user can rotate between his or her fingers. The pleasing sensory experience provided by momentum of spinner is key to its use. People claim that these devices reduce anxiety and increase concentration for which there is no substantial evidence.

These were marketed both offline and online world wide with a claim that it will increase concentration especially in people with ADHD (attention deficit hyperactivity disorder) even though there is no convincing data for same. Attention-deficit/hyperactivity disorder (ADHD) is a disorder marked by an ongoing pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development.

There is some scientific evidence that some autistic children enjoy momentum related activities which can be used for therapy but no data in normal children. More children are buying these devices and using in all places including school. Many schools in The United States of America have banned usage of fidget spinners who believe that it's more of a distraction. There is difference of opinions in many people about its advantages and disadvantages. It was found around 1993 but gaining more popularity and big market in recent years. There are very few or no clear cut scientific data regarding the usage, safety and its future implications. India is becoming very big market for the fidget spinners now.

There is a strong need to address this issue.

Dr. Sunil Kumar G Patil

Guest Column: Down The Memory Lane...

Psychiatry at primary care

My first posting as a medical officer was at a primary health unit at a very remote area. I was the first full time MBBS doctor posted there. Not many patients were coming to PHU as they had no confidence about government hospitals. Many quacks were practicing in and around that village. One fine day a young lady was found in an old vacant house in front of the Primary Health Unit. She was not well kempt, continuously talking to herself. People were afraid of her. They thought that she was possessed by a devil.

With my training of 15 days in NIMHANS, I could diagnose this as Schizophrenia. With the help of ANMs of Primary Health Unit, I went to that old house and gave injection Flupenazine decanoate 25 mg which was supplied by the government. Within a week she started showing improvement. Her violent behavior reduced, she asked for water and food, washed her face. Within two weeks she was into her senses, straightened up her clothes and told that she was from a village 30 kilometers away from my place. The Village leaders were sensible enough to drop her to her native and got the laurels.

From that day people in the village including our staff started showing more respect (and fear) towards me. They thought I have extra powers and capable of doing black magic. Meanwhile patients also started trickling in to the Primary Health Unit.

Dr. Chandrashekar.H, Professor & Head, Dept. of Psychiatry, Bangalore
Medical College & Research Institute, Bengaluru.

Chronic Fatigue Syndrome

The mind and body have been viewed as two separate entities for millennia in the Eastern medical traditions, and at least for a few centuries in the Western medicine, since Rene Descartes proposed the idea (The Cartesian Dualism). Equally notable is the common sense and experience that both are not independent of the other, and it is a universal experience that when one of these is in imbalance the other too suffers. This is the interface field between Psychiatry and other branches of medicine, variously termed as psychosomatic medicine, consultation-liaison psychiatry and so on.

There are umpteen number of conditions which come under this rubric – many of them are quite common ones, e.g. asthma, diabetes, hypertension. But now let us look at one peculiar condition in this area – chronic fatigue syndrome

It is also known as myalgic encephalomyelitis. In the 19th and early 20th centuries it was known as neurasthenia or neurocirculatory asthenia. A disorder of young adulthood (20-40yrs), its incidence can be as much as 2.8% in the general adult population, and it affects women twice as common as men.

Etiology

Etiology is unknown. It is a disorder of exclusion. Till date, there are no specific signs or diagnostic tests for this condition. A disruption of the hypothalamic-pituitary-adrenal (HPA) axis leading to mildly decreased cortisol level has been found. Elevated levels of cytokines like interferon – α and interleukin – 6 are seen in the brains of some of these patients. Correlation between identical twins for the disorder has been found to be 2.5 times more than that for fraternal twins suggesting a familial predisposition.

Clinical features

As the name itself suggests, fatigue is the central feature. This fatigue is chronic (at least of 6 months duration), is not secondary to exertion, not relieved by rest and renders the individual unable to carry out their daily functions. This is usually accompanied by other symptoms like inability to concentrate, sore throat, tender lymph nodes, multiple muscular and joint pains, headache, unrefreshing sleep and the like.

Differential diagnosis

Some of the most common differentials are endocrine disorders like hypothyroidism, neurological disorders like multiple sclerosis, infectious disorders like HIV-AIDS, infectious mononucleosis and psychiatric disorders like major depression. The major points differentiating it from depression are absence of feelings of guilt, suicidal ideation, anhedonia (lacking interest and pleasure in activities which the individual previously found pleasurable) and weight loss.

Treatment - Treatment is mainly supportive. It is important for the treating physician to acknowledge that the patient's complaints are not imaginary and hence they shouldn't dismiss their symptoms as without basis. Establishing rapport and a good therapeutic alliance helps. Amantadine has found to reduce the fatigue to some extent. Encouraging patients to continue their daily activities, a reduced workload and graded exercise therapy (GET) have been useful. Cognitive behavioral therapy helps by addressing faulty thinking the patient might have, like "any activity causing fatigue worsens the disorder". The antidepressant Bupropion has shown some results. Methylphenidate may reduce the fatigue. Finally, the role of self-help groups cannot be overemphasized- they help in sharing their experiences, instilling hope and encouraging each other towards recovery.

Dr Tejus Murthy.A.G MD Assistant Professor of Psychiatry Pondicherry Institute of Medical Sciences, Pondicherry

REFRAME – Let Awareness Reframe Assumptions : Myths and Facts about 'Nocturnal Enuresis'

- × Child will outgrow Bedwetting (Nocturnal Enuresis)
- ✓ Child needs counselling, safe and effective treatment to overcome
- × Bed wetting is due to strict parenting
- ✓ It is due to lack of in time toilet training
- × Child with bed wetting will have physical problems
- ✓ Only few percent of children will have physical or urological causes
- × If left untreated it will subside by puberty
- ✓ It may remain even after puberty if left untreated and the child may develop low self esteem and depression
- × Pills are the only treatment for bed wetting
- ✓ Child requires behavioural management and family support and only in some cases requires medications

Munchausen by Proxy Syndrome

Case scenario: A 4-year-old female child was brought by her parents to the OPD with the sudden onset of painful skin lesions since 3 days. On enquiring the parents gave history of similar lesions occurring suddenly in the child since almost a year. However, neither of her parents or her grandparents had seen the development of the lesions. Her mother would identify the lesions first during all the episodes. Also, they gave history of some mysterious power coming and inflicting the injury.

On examination, there was large circular erosion over the thigh with the base of the erosion being red. The skin remaining over the erosion appeared burnt. Multiple healed scars in geometrical pattern were seen over the back, gluteal region and lower abdomen.

As the nature of the lesions wouldn't match with any common dermatological conditions and the parents denied any injury or trauma, routine investigations like complete blood count and a Tzanck smear were advised. The mother agreed for the investigations without any hesitation and got the tests done. During the subsequent visit, the child was brought by her mother and paternal grandfather. Once again on enquiring into the history, the grand father gave history of occurrence of such lesions suddenly and none of them had noticed how it occurred. Most of the episodes occurred at the paternal grand parent's house when the father was not there, usually during vacations or functions. With the findings and the above history we could assess that probably the mother was inflicting the injury. On further enquiring to find out the possible inflicting agent, the grand father mentioned about a chemical agent used in their farm as an insecticide which is very corrosive. We could conclude that it could have been the probable inflicting agent used as every time the child suffered severe burns. The child was referred to a child psychiatrist along with her mother and explained about the probable cause to their family members. With the history and clinical findings, a diagnosis of Munchausen by proxy syndrome was made.

Discussion: Munchausen by Proxy Syndrome, also called Factitious Disorder by Proxy, is a psychological disorder in which someone, usually a mother, inflicts physical ailments upon another person, usually her child. She usually tries to gain attention and recognition for herself by showing her concern as a dedicated and caring mother. However, when alone with her child she will subject them to abuse, both physical and emotional, as she tries to deliberately make them sick.

The child is a victim of maltreatment in which an adult falsifies physical and/or physiological signs and/or symptoms in the child causing this child to be regarded as ill or impaired. The perpetrator intentionally gives false history and symptoms in the child to meet their own self-serving psychological needs. Most of the times, the examination findings and history will not correlate with any proper diagnosis. Other member in the family may support and participate in the deception. Children who fall victim to a parent suffering from Munchausen by Proxy Syndrome quite often require extensive emergency medical care, and undergo several unnecessary procedures such as painful surgeries and physical testing. MINI KID assessment tool can be applied to screen for psychiatric syndromes in child. Parents with Munchausen by Proxy Syndrome do not typically appear psychotic and, based on incidents caught on film, are calm and collected when inflicting harm on their children. Victims of Munchausen by Proxy Syndrome range greatly in age. With such a wide array of possibilities it is often too late for the victim before the disorder can be diagnosed.

We would like to conclude that, when there are unusual symptoms and signs in young children or even elderly patients which cannot be categorized under any of the dermatological conditions, Munchausen syndrome by proxy can be considered as a differential diagnosis and must be ruled out.

Dr., T.S.Nagesh. MD

Professor & HOD, Department of Dermatology,

Sapthagiri Institute of Medical Sciences & Research Hospital, Bangalore

UG n PG

**AN EXCLUSIVE SECTION FOR
UNDERGRADUATES AND
POSTGRADUATES**

UG n PG

MINDS QUIZ

1. Chronic fatigue syndrome affects

- a) Children b) Middle age people c) Old age people d) All

2. Symptoms of CFS include

- a) Fatigue b) Muscle & joint pain c) Decreased concentration d) All

3. CFS can be triggered by stress

- a) True b) False

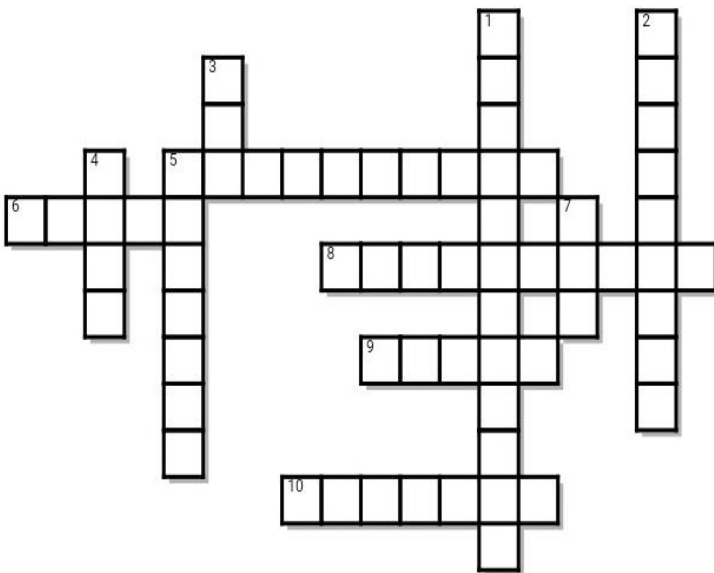
4. CFS can mimic like

- a) Hypocalcemia b) Vit D deficiency c) Hypothyroidism d) Vit C deficiency

5. CFS can be caused by lack of sleep

- a) True b) False

Can you cross the crosswords!!!



Across

5. Feature of schizophrenia where patient considers two things identical because they share a common property
6. According to Jellinek, Malignant alcoholism is considered ____ species
8. De Clerambault syndrome is also known as
9. Division of mental apparatus into Id, Ego & Superego was done by..
10. Damage to Guillian Mollaraet triangle results in ____ Myoclonus

Down

1. Emotional instability is seen in ____ Palsy
2. Disruption of predominantly anterior cingulate frontal subcortical circuit is seen in ____
3. Personality disorders and Mental retardation comprise AXIS _ of DSM IV
4. Culture bound syndrome where a person has a fit of rage & runs about indiscriminately injuring people that come his way.
5. Dramatic self mutilation is seen in ____
7. PSP, fronto temporal dementia & Alzheimer occur due to aggregation of ____ proteins, due to which they are also called ____ opathies

Courtesy: **Dr. Namratha, Intern**
MVJ Medical College, Bangalore

ANSWERS

MINDS QUIZ

1. b) Middle age people
2. d) All
3. a) True
4. c)
5. b) False

ACROSS

5. Von damarus law
6. Gamma
8. Erotomania
9. Freud
10. Palatal

DOWN

1. Pseudo bulbar
2. Alzheimer
3. Two
4. Amok
5. van Gogh
7. Tau



QR Code for MINDS 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, or by just SMS MINDS to Editor: +91 9845219324/ Asst. Editor:;

Join us at www.facebook.com/minds.newsletter.

All archives are available in our exclusive website www.mindsnewsletter.com

Enjoy a new way of learning!!!!

Your suggestions are important to us, kindly mail them to editormind@gmail.com & Please pass on the newsletter