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Wellbeing begins in Our MINDS

Monthly Newsletter on Psychiatry for Doctors and Medical Students

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From the Desk of Editor — World Bipolar Day and Bipolar Depression

Depression is one of the widely known and common mental illness that not only among doctors but it is being spoken in public platforms also. Depression commonly refers to what is called as Major Depressive episode or Unipolar Depression, the latter name specifically used to differentiate it from bipolar depression. This less common Bipolar Depression has all the core symptoms and criteria similar to unipolar depression but relatively more complicated in its course, progression, co-morbidities as well as therapeutics and outcomes. One just cannot treat both depression in a similar way but it is in fact contrasting. Conventional anti-depressant medications are the last resort medications to be used in bipolar depression while they are the main stay in unipolar depression. It may in fact have a deleterious effect in worsening the course of bipolar disorder by precipitating manic/hypomanic episodes, inducing rapid cycling and more seriously heightening the risk and incidence of suicides. This is an important point to be noted because anti-depressants like Escitalopram, Dosulepin, Amitriptyline etc. are being prescribed in alarming rates in non-specialized settings for various indications without a thorough background check of possibility of bipolarity. Bipolar disorder probably has more co-morbidity in the above conditions for which anti-depressants are prescribed. Many times patients may not always reveal that they were earlier treated for bipolar disorder or any psychiatric disorder. So let's take this opportunity to know a little more on bipolar disorders and spread the awareness through deeds and words. Every year March 30th is observed as World Bipolar Day to commemorate the birthday of Vincent Van Gogh, Dutch artist who is known to have suffered from bipolar disorder and succumbed to suicide in 1890 at the age of 37. - ***Dr. Gopal Das C M***

Guest Column: Down The Memory Lane… — If you want to use your brain…

It was my first day in medical ward as MBBS student. Dr.Bisht, professor of medicine, JIPMER, Pondicherry, asked us about what we want to specialise after MBBS. All the boys wanted to be surgeons. All the girls wanted to be gynecologists except me who wanted to be a physician.

His next question to us, "Which is the most important part of a stethoscope?" Though each one said chest piece, ear piece, etc., he told that it is a distance between the two ear pieces. Meaning our brain, he said only Saranya will use her brain. The surgeons and gynecologist need not use their brain since they open up and see what is wrong and correct it or cut and throw it. Only physicians using their brains, diagnose with what they see, touch, tap and hear. They don't cut open the chest wall to see what is wrong with the lungs or heart.

Years later he came as DGHS to NIMHANS, Bengaluru, for a governing council meeting. When I met him, he remembered me and said, "You are going to use your brain more than a physician since you have joined D.P.M." Even without hearing with stethoscope, tapping with fingers, you are going to diagnose with knowledge kept inside your brain.

Till today I am enjoying using my brain to the maximum. The real art of medicine is psychiatry.

Attaching video link of "Significance of physical examination and talking" by Dr.Abraham Verghese.

Dr. Saranya Devanathan, Senior Consultant Psychiatrist, Bengaluru, dr.saranya@gmail.com

Invited Article

Personality Disorders in Indian Psychiatric Clinics

Couple of decades back, the emphasis on personality disorders assessment and management in the psychiatric clinics across India was not much, compared to the psychotic and mood disorders. Personality disorders are often observed as comorbidities, affecting outcome of associated psychiatric disorders and as such, these disorder have negative impact of various aspects of one's life. However many times these disorders are missed, not diagnosed; or even if identified, there seems to have little effort to manage them; probably because of lack of resources like time, expertise, or even the clinicians' interest. The psychiatrist-to-population ratio is low in India and most psychiatrists are still busy in dealing with severe mental illnesses, on day to day basis; and there is little chance for personality disorders to be picked up as a management target. Other possible reasons for under diagnosis could be inadequate training of clinicians and associated stigma amongst the patients. Besides, as most patients have to pay for their treatment, engagement may be an issue for a prolonged treatment period usually indicated for personality disorders. My experience in many multidisciplinary teams suggested that a considerable proportion of patients attending psychiatric clinics had personality disorder. Many of these patients could be supported through therapeutic interventions.

It is important to explore whether the scenario has changed over the years. Obviously these patients should be appropriately identified and treated. There are a variety of intervention approaches for the personality disorders; psychotherapeutic interventions being the mainstay. Although no drugs are licensed for the treatment of personality disorder, there is scope for short term use of some medications to manage associated symptomatic presentations. And there is a definite role for medications for any comorbid mood or other disorders.

There is a need for greater resource, clinicians, and importantly, public education. The literature and clinical experience suggest that many people with personality disorder improve to a great extent in the long term and enjoy a productive life. Clinicians should get over any therapeutic nihilism they might have, which is precluding them even looking at it. It is true that lack of personnel and expertise are major stumbling blocks which need to be addressed as well; and that's a task for training centers. Clinicians and media should work together imparting public education about these disorders and emphasize the availability of support.

Dr. Nilamadhab Kar, Consultant Psychiatrist, Black Country Partnership NHS Foundation Trust, Wolverhampton, UK

Psychotropic Drugs: How to monitor them

Drugs used in Psychiatric practice frequently have narrow therapeutic indices and their serum levels need to be monitored for patients' safety and desired drug action.

The tricyclic anti-depressants have almost complete GI absorption but they have a significant first pass metabolism at the liver. The drugs reach a peak plasma concentration within 2 to 12 hours following an oral dose and show a good correlation between the serum levels with therapeutic response. The drugs are metabolized majorly by the CyP2C19 and 2D6 systems. Chromatography of serum (Gas Chromatography and Mass spectrometric analysis) for the serum levels of the drugs or their metabolites is considered the gold standard for monitoring them.

Lithium, administered as Lithium Carbonate is postulated to enhance the reuptake of catecholamines, thereby reducing their availability at the neuronal junctions. This has a sedative effect on the central nervous system. Lithium absorption is complete and reaches a peak plasma concentration within 2 to 4 hours after an oral intake. Lithium does not bind to plasma proteins and its excretion from the body is bi-phasic. During the first phase, 20-30% of the Lithium is cleared with an apparent half-life of 24 hours. During the second phase, the remainder of the Lithium incorporated in the cellular ion pool is cleared, with a half-life of 48 to 72 Hrs. Clearance is a function of the kidneys, where active re-absorption of the ion also occur. Thus reduced renal clearance may prolong clearance of the ion. Toxicity is directly related to the serum levels and therefore serum concentrations are monitored to monitor drug compliance and to avoid intoxication. The venous blood sample is sent to the lab in a plain glass or plastic vial. Since even a clot activator vial is found to interfere with estimation of this ion, they are best avoided. The sample is allowed to clot at room temperature following which it is centrifuged to settle all formed elements of the blood and get a clear serum. Lithium is estimated in the serum using an Ion Selective Electrode. This method is found to be much better than the colorimetric or emission spectrophotometric methods. If the Lithium estimation is planned for later, the serum may be separately stored in small, labelled, air-tight plastic micro centrifuge tubes and stored at minus twenty freezers. Some workers have shown a very high correlation between the lithium levels in serum and saliva, pointing to the possibility that saliva may be used as a non-invasive substitute for serum for lithium monitoring.

Dr. Debapriya Bandopadhyay, Assistant Professor, Department of Biochemistry, AIIMS, Bhubaneswar

REFRAME -Let Awareness Reframe Assumptions: Myths & Facts about 'Personality Disorders'

- ✓ *Personality disorders are very rare.*
- ☒ *Personality disorders with strict criteria applied as per classificatory systems are difficult to diagnose but in routine clinical practice, personality disorders are much more common than it is estimated and mixed traits are most common than pure forms of named disorders.*
- ☒ *Personality disorders are found only in mentally ill*
- ✓ This is a myth as most of the personality disorders never come into clinical recognition and prevails in community and even among doctors as well! They are frequently found in non-psychiatric health care setting but prevalence is definitely higher in mentally ill. They are reported less because of poor recognition and diagnosis.
- ☒ *Personality Disorders start only after adulthood*
- ✓ Other than a few organic personality changes in chronic epilepsy and neurodegenerative diseases, most of the personalities have their origins traced to childhood but are diagnosed only in adulthood as they are subject to change until late teenage and young adulthood.
- ☒ *Personality disorders cannot be treated*
- ✓ This therapeutic nihilism commonly exist because of the resistance to treatment and poor response to short term therapies. Rather than the whole personality, the maladaptive traits like poor temper control, affective instability etc. are better treated using fairly established evidence based pharmacotherapy and psychotherapies which improves the overall functioning and adjustment of the person

UG n PG

AN EXCLUSIVE SECTION FOR UNDERGRADUATES AND POSTGRADUATES

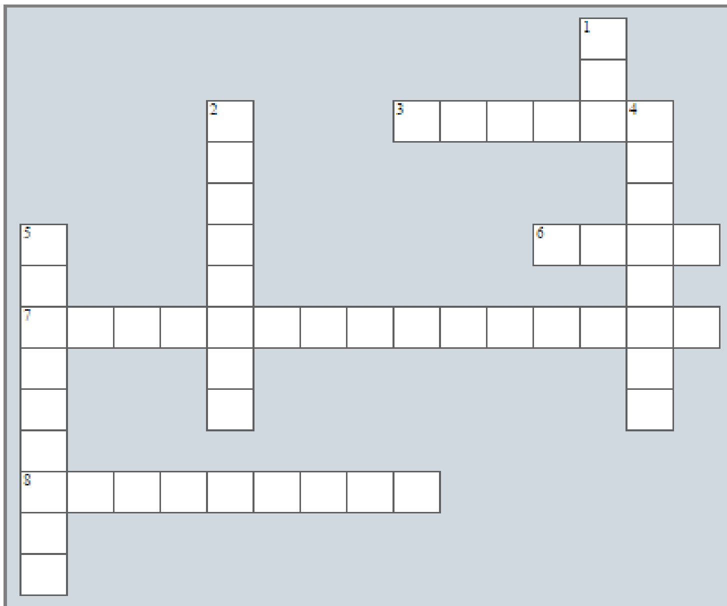
UG n PG

MINDS QUIZ

1. **Gestalt Therapy was developed by**
   a. Kurt Schneider b. Fritz Perls c. John Bowlby d. Sigmund Freud
2. **A severely depressed patient started on antidepressant medications presents after 1 week with history of excessive speech, overfamiliarity, euphoric affect, grandiose ideas, irritability and reduced need for sleep. What is the phenomenon called as?**
   a. Rapid Cycling b. Manic Switch c. Manic Relapse d. Affect destabilization
3. **Which of these is not a Selective Serotonin Reuptake Inhibitor (SSRI)**
   a. Fluoxetine b. Escitalopram c. Atomoxetine d. Paroxetine
4. **Which is not a feature of Dementia with Lewy Bodies?**
   a. Fluctuating cognition b. visual hallucinations. c. Parkinsonism d. Hyperorality
5. **A document made by a person which tells the way the person wishes to be managed in case of future mental illness and if he becomes incapable of making decisions and valid consent?**
   a. Will b. Reception order c. Advanced Directive d. Testamentary Capacity

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

3. Reaction caused by tyramine in this food content when MAO inhibiters are given
6. Emergent side effect of stimulants characterized by involuntary, spasmodic, stereotyped movement of small groups of muscles
7. Serious haematological adverse effect of clozapine
8. Syndrome caused by toxicity of this neurotransmitter characterized by hyperpyrexia, diaphoresis, diarrhoea and hyperreflexia

Down

1. Acronym for the serious adverse effect of potent antipsychotics characterized by hyperpyrexia, muscle rigidity, delirium and autonomic instability
2. Extrapyramidal side effect of potent antipsychotics consisting of slow, sustained contractions leading to relatively sustained postural deviations
4. Side effect of SSRIs affect this sexual phenomenon in men
5. Subjective feeling of motor restlessness manifested by a compelling need to be in constant movement

ANSWERS

MINDS QUIZ

1. b
2. b
3. c
4. d
5. c

CROSS WORDS

ACROSS

3. Cheese
6. Tic
7. Agranulocytosis
8. Serotonin

DOWN

1. NMS [Neurolept Malignant Syndrome]
2. Dystonia
4. Erection
5. Akathesia

QR Code for MINDS website

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