



Wellbeing begins in Our MINDS

MONTHLY NEWSLETTER ON PSYCHIATRY FOR DOCTORS & MEDICAL STUDENTS



## EDITORIAL

### *The Bogeyman called Dissent*

In the recent 'Toolkit case', a climate change activist was charged with alleged incitement of violence in the ongoing farmer's protest but was soon freed of the charges on grounds of sketchy and insufficient evidence. In all of the chaos, the key actor was unmistakably Dissent!

*I sit in my chair as quietly as a fuse*

– Margaret Atwood

From a developmental point of view, dissent is an important component of identity formation in adolescent years. Among the 4 stages, identity diffusion, identity foreclosure, moratorium, and identity achievement, individuals in the moratorium status are engaged in exploring who they are but have not reached a point in which they have committed to a particular ego identity. This stage gives rise to opportunities to deliberate and question dogmas of social life. Thus, for an adolescent to say 'No' and to emphasise on his/her own view becomes a crucial point of trying to establish a sense of Self.

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In order for dissent to be displayed, two psychological factors are required: a capacity to form alternate perspectives (openness to experience), and a motivation to express them to others (conscientiousness). For those high on openness to experience, to debate and dissect situations would come in easily. Conscientiousness determines ease of expression of a deviant perspective as well as the ability to organize one's thoughts into a coherent expression, develop a plan regarding how to persuade others, etc.

Though dissent has such thought-provoking stratifications, it is not always welcome in the social world. Yet, dissent may just cause the whole world to come around...not all the time but sometimes most definitely! Think of Mahatma Gandhi, Anna Hazare, Ruth Bader Ginsburg, Aung San Suu Kyi or Greta Thurnberg!

**Dr. Yamini D**

## ANSWERS TO THE CROSSWORD ON PAGE 9

### Across

6. COCAINE WITHDRAWAL
7. AMENORRHOEA
9. SSRI
10. BULIMIA NERVOSA

### Down

1. DELIRIUM
2. PROJECTION
3. MANIA
4. KFRING
5. AVOIDANT PERSONALITY
8. MESOLIMBIC

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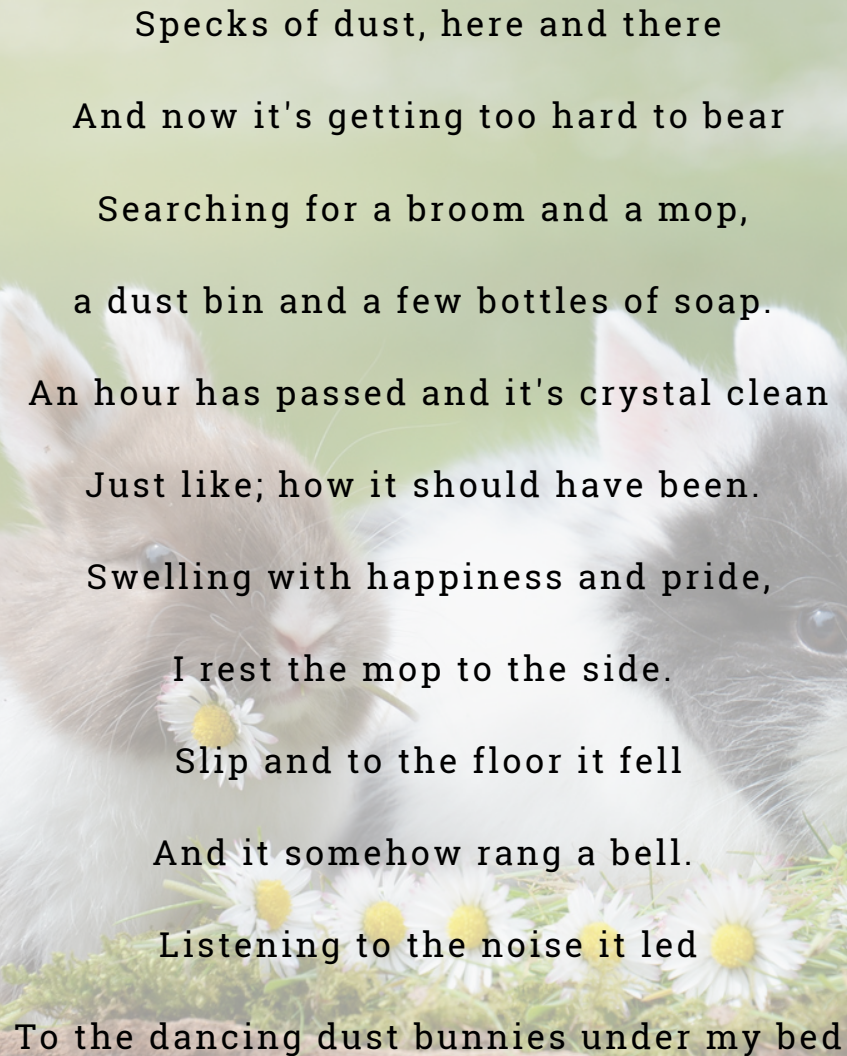
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# Contribution

## ***“DUST BUNNIES”***

A poem on Obsessive Compulsive Disorder



Specks of dust, here and there  
And now it's getting too hard to bear  
Searching for a broom and a mop,  
a dust bin and a few bottles of soap.  
An hour has passed and it's crystal clean  
Just like; how it should have been.  
Swelling with happiness and pride,  
I rest the mop to the side.  
Slip and to the floor it fell  
And it somehow rang a bell.  
Listening to the noise it led  
To the dancing dust bunnies under my bed



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# DOWN THE MEMORY LANE

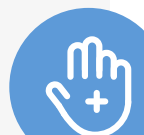
It was a hot summer evening when I attended to this lady. I was pursuing postgraduate training in psychiatry and was about to complete first year of residency. Though it was the month of summer vacations for the institute, the time was rather busy for junior residents like me. My alma mater generally gets more patients in summer months and at the same time, the number of working hands is less. By this time of the year, the final year residents have either completed their residency or are counting last days of the same and if we are not lucky, the new ones are not in sight yet. Even the senior residents are going through a phase of uncertainty about future prospects at this point of time. And the increased workload is shared by the first- and second-year junior residents.

At this point, I attended to this lady who was around 60-years old and was brought by her son to the psychiatric emergency with the complaints of confused behaviour, inability to identify family members, agitation and sleeplessness for two days. The complaints had a fluctuating course and were worse in the night. I was clear that I was dealing with a patient of delirium. However, on detailed assessment, I couldn't find any obvious cause for the same. The only remarkable finding was mild tremors in her hands. I was thinking of medical causes but the patient had already visited medical emergency. Her routine blood investigations including serum electrolytes, ABG, chest x-ray and CT-Head were all normal. The patient was admitted for further assessment and observation. She had a tough time in night as she was confused and agitated and had to be given injections for sedation. In the morning, the case was discussed with the faculty in-charge. After listening to the case, he asked if I had inquired about alcohol intake. I smiled, so did my colleague sitting beside me during the rounds. We emphasized that the patient is a 60-years old LADY. We didn't see any justification for this query. However, our teacher was not amused and so we all went to the ward. I had a serious gut feeling that we were all going to embarrass ourselves today by asking about alcohol intake to a 60-years old lady. At the patient's bedside, we asked the patient and her son about alcohol intake. To my utmost surprise, they came up with a positive history of alcohol intake in the patient. Few more questions and it was clear that the lady was alcohol dependent and we were currently dealing with delirium due to alcohol withdrawal. Appropriate management for the same was started immediately.

My gut feeling turned out to be true, but in a manner different from what I had expected! In this entire affair, it was only me who was embarrassed. Nevertheless, I learnt a very important lesson. Alcohol dependence among females is less common and it is not encountered frequently in clinical practise. But when you see a patient with typical clinical features of the same, you shouldn't hesitate in inquiring about the same. I also learnt that I must not tinker with different aspects of clinical assessment (history and examination) as per my knowledge (or rather lack of knowledge) and convenience. If I maintain sanctity of the same, I am far less likely to miss critical findings and to commit errors.



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# INVITED ARTICLE

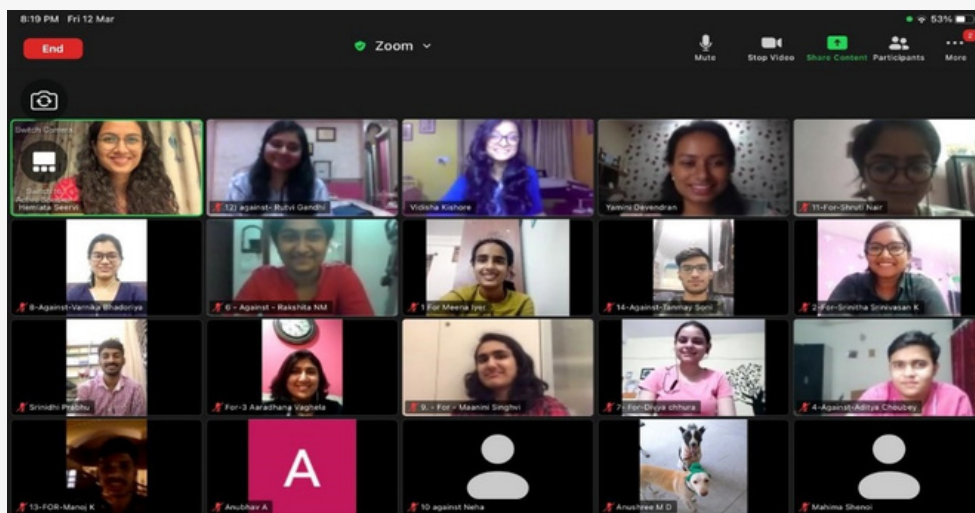
## PSYCHIATRY NEWS TIMES: AGREE TO DISAGREE

The Asian Medical Students Association (AMSA), India is a non-profit organization consisting of medical students' from across the country who undertake social work, conduct quality research, and create interpersonal relationships in an attempt to shape the future of medical fraternity and healthcare provided.

Under AMSA's wings comes the Public Health and Research Department (PHRD) which provides opportunities for medical students to work on various public health related projects in accordance with the Sustainable Development. Project Muskurahat, under the PHRD, AMSA India comprises of members who coordinate all the mental health related activities initiated by students. Mental health is a crucial topic and must be prioritized among medical students, as they play a key role in raising awareness about the same in the community at present, and for the foreseeable future too. Constructive discourse, can have a very positive outcome here.

One of the events undertaken by student members of Project Muskurahat was "Tact Impact", an online debate competition, open to all medical students from colleges in Karnataka and Gujarat. Keeping in mind the heterogeneity in the current status of public outlook, and practices towards mental health among different sectors of society, especially aggravated by the pandemic, the topic for debate was finalized as, "Management of mental health is best dealt at the institutional level, than in community settings."

Come day of the event, the online meet included the Judge (Dr. Yamini. D), the organisers, the participants, and spectators.



The speeches delivered involved an articulate dissection of the topic statement, and successfully distinguished between general and regular management of mental health, versus specifically tending to certain psychiatric diagnoses, both of which can potentially have an institutional and a community driven tackling approach. Pertinent points were made about both the role of primordial prevention and primary care involving community level participation, and the requirement of a systematic and prudent approach by a tertiary care centre. Arguments regarding the disparity in available healthcare facilities were brought up. Marginalised communities at present, experience various external oppressive factors. This unfortunately causes victims to relegate any resemblance of a mentally uneasy state, thus making mental health a current priority to the relatively privileged. In a developing country like India, making information conveniently available to the community in need, enables people to recognise their need for help, and make informed decisions about the choice of personalized management. Hurdles faced in doing so involve monetary constraints, white coat anxiety, and reluctance to open up about one's mental health due to the broadly prevalent stigma about the same. Arguments in favour of institutional level management included the necessity for trained personal and a rehabilitation friendly environment.

A rebuttal round followed the speeches, where participants questioned their opponents, regarding their stand and reasoning. Among the many relevant points made were long term goals such as the need for quality research within healthcare institutions, and an improved outreach and affordability of psychological and psychiatric services. This ensures that institutionalisation when necessary doesn't cause victims to spectate society, but be a part of it, and feel the sense of belonging in a safe space. Participants included anecdotes and case discussions, thus making the key points tangible to many.

In the end, the Judge stressed on the requirement for a holistic approach and a porous boundary where evidence based specialised healthcare is provided complementary to community upliftment and participation. Trans-institutionalisation can be a well-balanced way forward henceforth.

In conclusion, it is safe to suggest that online extracurricular events complementary to students' hectic exam schedules can potentially go a long way in inculcating a healthy balance in students' lives. Sharing various perspectives during the debate with the intention to broaden and open minds and stress on the difference between sympathy and empathy, helps creating less dismissive and safe spaces in the near future.



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# Transcultural Psychiatry

## Art of dentistry under the shadow of COVID-19 pandemic



unprecedented COVID19 pandemic has affected almost all aspect of life including trivial dental issues. In general dental problems are ignored as not considered life-threatening but severe pain and difficulty in eating can affect the quality of life to a great extent healthy teeth reflect a healthy lifestyle. The virus that causes COVID-19, SARS-CoV-2, is profusely present in nasopharyngeal and salivary secretions of patients infected with SARS-CoV-2 and is believed to be spread primarily through respiratory droplets, as well as aerosols and fomites.

Dental practice affected the most during COVID-19 Pandemic as most of the dental procedures as aerosol-generating and a dentist has to work closely to the oral cavity, saliva, blood and respiratory tract secretions which subjected to high risk of cross-infection of COVID-19 for both patient and doctor. Some of the patients who are infected with COVID-19 but asymptomatic and undergoing dental treatment may spread the infection to their counterpart dental practitioners. As per the National Health Profile 2019, total numbers of Dental Surgeons Registered with Central/State Dental Councils of India till December 2018 are 254283. However, the Number of Government Dental Surgeons (Provisional) is 7337 which account for only 2.88% and most of the dental surgeons are private practitioners and their source of income is through only private clinical practice.

High risk of cross-infection of COVID-19 to dental practitioners, their family member and financial hardship due to shutting down of the dental clinic during lockdown due to COVID-19 pandemic leads to considerable psychological distress among dental practitioner. The growing data suggests a high level of psychological stress and avoidance to perform risky dental procedures have been seen among dental practitioners. Most of the privet practitioners closed their practices and even government hospital also conducted limited numbers of procedures. Moreover, the use of PPE and other safety measures increased to the cost of the procedures and renders procedure unaffordable for most of the financially deprived population. All these factors resulted in piling up of the case with oral health problems further worsened the situation.

Efforts have been made to deal with the situation, several safety guidelines issued such as safety guideline by the government of India in which regions are divided into zones according to numbers of active cases of COVID-19 i.e. dental clinics as closed in containment zone however they could continue to provide tele-triage. In the red zone, emergency dental procedures can be performed. Dental clinics are functional in the orange and green zone for emergency and restricted procedures. Moreover, the focus has been given on innovative approaches to minimize aerosol generation during oral procedures. A validated teledentistry model has been developed. Research has been directed to find the cost and benefit of expanded PPE use.

In the last, dentistry has to have several issues to unfold during the covid-19 pandemic. The dentist has to be more equipped with the art of self-care physically and well as mentally to deal with anxiety, stress and avoidance related to oral procedures. Secondary, an alternative and adaptive strategies to be developed minimise the risk of cross-infection with COVID-19 during oral procedures.

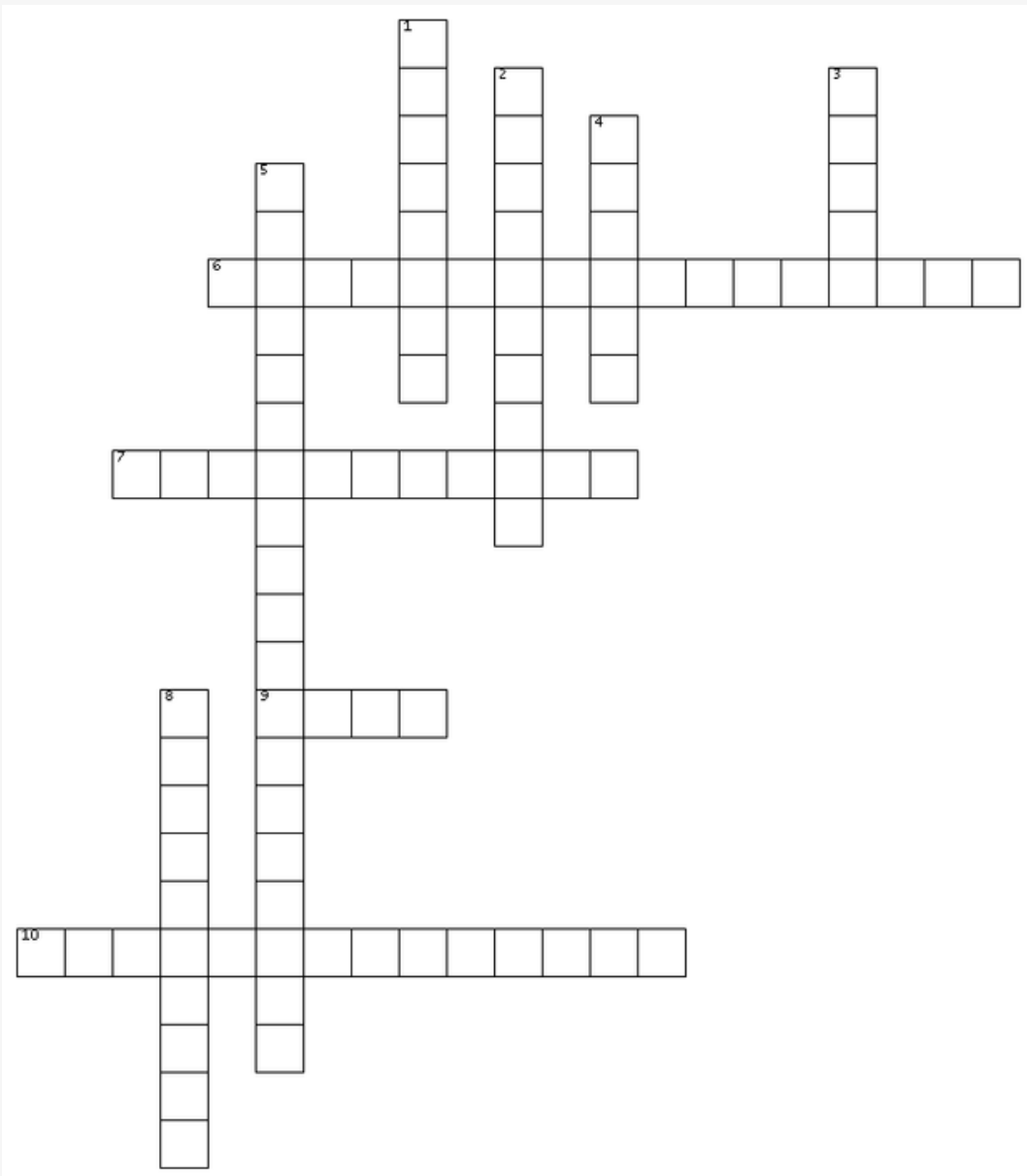


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# THE UNDERGRADUATE SECTION

## CROSSWORD



**CREATED BY**

Dr.Ramaswamy Sundararajan





## Across

6. 39 year old man, with known history of substance abuse is admitted to the hospital with depression with suicide ideation. On admission he was withdrawn, hypersomnolent, hyperphagic and dysphoric. What substance withdrawal is he likely suffering from?
7. 36 year old woman, on risperdone for schizophrenia presents with breast tenderness. What classical side effect will this patient also be experiencing due to the medication she is taking?
9. 25 year old male, presents with long standing anxiety. He often worries about day-to-day activities and constantly feels tense. He is diagnosed with a type of anxiety disorder for which this is the class of first line medication.
10. 26 year old woman presents with weight gain, complaining of eating large amounts of junk food. She fasts to make up for it but is unable to lose weight despite exercising 2 hours per day. BMI is normal. Diagnosis

## Down

1. 72 year old man, known case of ESRD, who was in the hospital for dialysis suddenly becomes agitated and attempts to remove his dialysis catheter. He is eventually restrained. Shortly after, the patient begins to fall asleep. Wife gives history of some memory disturbances over the last year. Patient appears confused but cooperative with no focal findings. Diagnosis?
2. 13 year old girl, brought by the parents to a child and adolescent psychiatrist due to poor reaction to their divorce. She is sullen and reports saying she is okay but she feels her parents are angry with him. What defense mechanism is the child likely using?
3. Antidepressant monotherapy should be avoided in patients with underlying bipolar disorder as it has the risk of inducing this
4. 11 year old boy, is brought to the OPD, after getting into a fight with another student. He is irritable and moody, and claims that the fight was started when people warned him that his food was being poisoned. There is postural tremor on extension of arms, MMSE - slurred speech, and sad mood. Elevated transaminases are present. What likely finding will be seen in his eyes that will help clinch diagnosis?
5. 40 year old software engineer, denies promotion since she feels she is incapable of leading a team at work. Does not socialize much, lives alone but is very close to her mother. Also fantasizes about getting married. What personality disorder does she suffer from?
8. 30 year old female, brought to the hospital with her complaining that the government was releasing poisonous gas through air vents in the store. She also gives history of hearing voices of two men criticize her actions continuously over a period of time. Increased dopamine activity in this pathway, leads to the disease that the patient suffers from.

