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- Seven Sections in every Issue

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MINDS

Wellbeing begins in Our MINDS

Monthly Newsletter on Psychiatry for Doctors and Medical Students

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From the Desk of Editor — Resilience

Resilience is defined as the process of effectively negotiating, adapting to or managing significant sources of stress or trauma. It is not immunity or unreceptiveness to trauma but rather the ability to recover from adverse experiences. The capacity for adaptation in times of difficulty depends on the resources within the individual, their environment and life. Resilience has a major role in people's lives. People who exhibit resilience are healthier, happier in their relationships, more successful in school and work and less likely to get depressed. Reaching out for help is part of building resilience.

Resources outside the individual include:

- CaringRelationships
- positive role models in families and communities

Resources within the individual include:

- self-control
- thinking skills
- confidence
- positive outlook
- responsibility and participation

In building resilience, families and schools play a key protective role. These are the two institutions that exhibit characteristics of caring, cohesion, openness, commitment, support, positive role models and an absence of risk factors. In the future, impetus should be on promotion of mental health, early detection and interventions in clinical settings, schools and community. Research could head with more multi-disciplinary studies that examine the dynamics of resilience across the life span, its role in healthy ageing and in managing loss.

Guest Column: Down The Memory Lane...

It was when I discovered that Anatomy was a major problem to go through the MBBS course that I decided to choose a subject as far removed from Anatomy as possible. Psychiatry, at that time looked as far from Anatomy as possible. Today I know that a thorough working knowledge of Neuro Anatomy, Neuro Physiology and Neuro Chemistry is essential to practice Psychiatry. I was first introduced to Psychiatry in a lecture by Dr. H.S. Subrahmanyam on reactive depression. It was a fascinating account of the psychopathology of depression, and I was hooked! So, I joined as as SHO shortly after graduation. The working of the department was hampered by the lack of space, both in the OPD and in the wards. The campus hospital improved this situation and we got ourselves some elbow room and more!

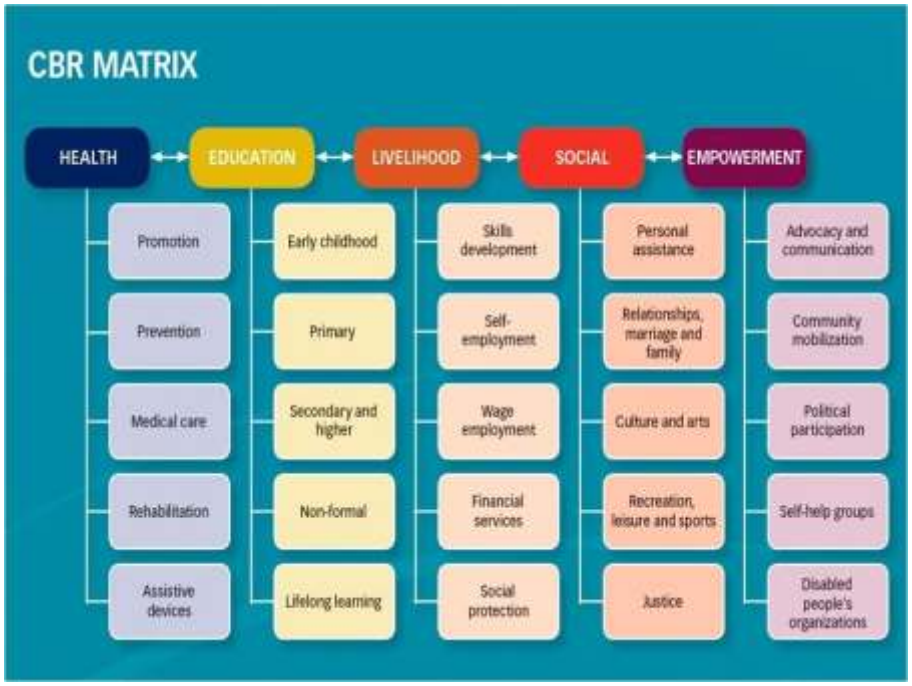
In the early days, and I am speaking about forty years ago, we had highly limited medication: Chlorpromazine, haloperidol and Amitripyline. EPS was common and limited our use of drugs. We often had to recourse to ECT to overcome this problem. People even felt that we were overusing this form of treatment, and today it has become bad word! Once we moved into the campus hospital, things were much better. We had more beds and the newer antipsychotics and antidepressants began to make their appearance.

We also began training post graduates as well and this was a new inspiration to us. The role of the clinical psychologists and psychiatric social workers cannot be over emphasized. Having a good team made all the difference in our treatment. With a full complement the department grew into being what it is today: one of the best in the country. I must, in all reverence pay homage to Dr. Subrahmanyam who was the binding force until his premature retirement.

Dr. Prakash Appaya, Former Professor & Head, Department of Pyschiatry
St. John's Medical College Hospital, Bengaluru.

"Re Habitare" -Making one fit again

The negative impact of chronic and severe mental illness on the lives of the people affected is well known. It affects various areas of the patients's life. Educational, family, social, occupational and economical domains suffer losses due to illness. Thus, focusing only on symptom alleviation wouldn't suffice in restoring quality to the person's life. Rehabilitation interventions are designed to reduce the impact of psychiatric disabilities and preventing the disabilities from progressing to a handicap. Rehabilitation involves integrating the persons with mental illness (PWMI) to the community, enhancing their abilities to maximum possible levels and empowering them to carry out the desired social roles. The interventions are delivered by a multi disciplinary team which includes psychiatrists, clinical psychologists, psychiatric social workers, psychiatric nurses, occupational therapists and volunteers. The process involves assessment of needs, deficits, strengths and weaknesses of the individual and the milieu he lives in. The community-based rehabilitation(CBR) matrix provided by the WHO can be used a guide.



Following this, a plan is made by the team after discussion with the PWMI and their family. The intervention strategies are multi pronged and need based. It may be day structuring, enhancing daily activities, family focused interventions, pharmacological and psychological interventions, cognitive remediation, social skill therapy, supported education and supported employment. Educating the PWMI and the family about the disability assessment, certification and availing of the disability benefits which are applicable is also an important aspect. Rehabilitation also involves modification in the environment so that it becomes more conducive for the recovery of the PWMI. These interventions can be delivered at various places. It may be hospital-based-outpatient setting or an inpatient setting. Community based interventions are gaining momentum with establishment of day care centres, half way homes, long term residential centres.

As a part of DMHP program, day care centres have been initiated in a few districts and the coverage is gradually increasing. A National Mental Health Rehabilitation Centre, will soon be established in Bhopal by the Government of India, which shows the growing understanding of the valence of rehabilitation in Psychiatry. Due to lack of resources, there is also a need for a partnership between the public and private sectors in delivering rehabilitation interventions viz. day care centres run by the government can collaborate with NGOs in planning a day care activity which brings some structure to the day as well generate some income to the patients. Thus, a holistic approach to the care of PWMI is essential.

Dr. Rashmi A, Senior Resident, Department of Psychiatry, Kasturba Medical College, Manipal.

Psychodermatology

Psychodermatology is an emerging field in dermatology which deals with interactions between the skin and mind. Psychological issues are highly prevalent among patients with dermatological disorders. The prevalence of psychiatric diseases in the patients presenting to dermatology clinics has been reported to be 25-43%. Stress may aggravate the cutaneous disease in 40-100% of patients.

The relationship between dermatological diseases and psychiatric morbidity can be established as follows: 1) The appearance of skin lesions and the chronic progression of the disease may affect the quality of life of patients, thus, psychiatric morbidity may arise as a complication, 2) less frequently, skin diseases may result from primary psychological diseases such as obsessive compulsive and delusional disorders, 3) both skin changes and psychiatric complaints may develop secondary to a disease such as systemic lupus erythematosus, 4) some drugs, such as corticosteroids, used in dermatological treatment may trigger psychiatric symptoms or lithium and some anti psychotic drugs may cause dermatological diseases.

Patients prefer the treatment of their dermatological diseases rather than psychiatric disorders and seek dermatologic consultation. Consequently, dermatologists often see patients who also have psychiatric conditions. The most efficient treatment of dermatological diseases is achieved by combining an evaluation of emotional factors. The recognition of psychiatric disorders by a dermatologist is not adequate in itself. The collaboration of the dermatologist and a psychiatrist in order to improve the quality of life of the patients is of utmost importance. The only hindrance to referring a patient to the department of psychiatry would be the stigma associated with it, which of course can be dealt with by adequately educating the patient.

This highlights the importance of a psychodermatology clinic. A clinic where consultation with both specialists is available to the patient easily would probably improve the compliance of the patient in attending the hospital, ensuring regular follow up. Psychodermatology liaison clinics are common in the western countries, but, it is just an emerging concept in India. The combined clinic, although monetarily not lucrative, would be very satisfying as it offers integrative patient care. Improving the quality of life of patients with chronic skin disorders with a psychological morbidity would be the ultimate purpose of a psychodermatology liaison clinic.

Dr. Ashwini P. K., Asst. Professor, Department of Dermotology, JSS Medical College & Hospital, Mysuru.

Cognition And Cerebellum - Psychophysiological Perspective

Introduction

The traditional teaching that the cerebellum is purely a motor control device no longer appears valid. There is increasing recognition that the cerebellum contributes to cognitive processing and emotional control in addition to its role in motor coordination. The majority of the human cerebellum is associated with cerebral networks involved in cognition (Strick et al., 2009; Schmahmann,2010; Leiner, 2010).Cerebellum has extensive polysynaptic connections with the contralateral cerebral cortex. Feedforward loops via the nuclei of the basis pontis (Pons), and in feedback loops from deep cerebellar nuclei via the thalamus (Dentothalamic and thalamocorticals tracts).Recent understanding of functions between cerebellum and cerebral cortex In the beginning of 1980, research shifted from cerebellar- cerebral motor co-ordination to cognitive functions. The dentothalamic and thalamocortical fibres have projections to the prefrontal lobe of the cerebral cortex, suggesting cerebellar influence on higher cognitive functions of the prefrontal lobe. This has also been seen in the observations of cognitive and psychiatric manifestations of cerebellar lesions and in the description of the cerebellar cognitive affective syndrome (CCAS) in patients with lesions confined to the cerebellum (Schmahmann and Sherman, 1998). A high-resolution fMRI study revealed that the dentate, the output nucleus of the cerebellum, could be activated by cognitive processing (Kim et al., 1994).

The cerebellar cognitive affective syndrome (CCAS)

Cerebellar lesions do not always manifest with ataxic motor syndromes. There may be impairments in executive, visual-spatial and linguistic abilities with affective disturbances ranging from emotional blunting and depression to disinhibition and psychotic features. The CCAS has subsequently been observed in adults and children with stroke, tumour, cerebellar degeneration, superficial siderosis, cerebellar hypoplasia and agenesis and children born preterm who have disproportionately small cerebella. The language difficulties include impaired verbal fluency, word finding difficulties and deficits in sequencing and planning and the behavioural disorders include disinhibition, impulsivity and poor attention. Impaired language tasks are commoner after right cerebellar hemisphere lesions and non-verbal tasks and prosody after left-sided ones.

Cerebellar regions and circuits involved in higher cognitive functions

Functional brain imaging, including magnetoencephalography, has confirmed two regions in the right cerebellum, activated during verbal working memory performance; cortico-pontine and ponto-cerebellar projections the superior region may well contribute to articulatory control systems of working memory and the inferior region may be linked to the phonological store.

Other functions

Other functions of cerebello-cerebral connections include spatial navigation, learning abilities (cerebello- cerebral connections affected in autism), learning music etc.

Conclusion

It must now be recognized that the cerebellum not only controls motor coordination but is also an essential component of the higher cognitive functions. The recognition of the cerebellum's importance to cognition is clinically significant. Further studies of the cerebellar role in cognition and emotion that are carefully designed and performed will have clinical relevance for cerebellar patients with impairments in mental flexibility multitasking visual-spatial organization linguistic processing and mood.

Dr. SampathV., Assoc. Professor, Department of Physiology, Shridevi Institute of Medical Sciences & Research Hospital, Tumkuru.

UG n PG

AN EXCLUSIVE SECTION FOR UNDERGRADUATES AND POSTGRADUATES

UG n PG

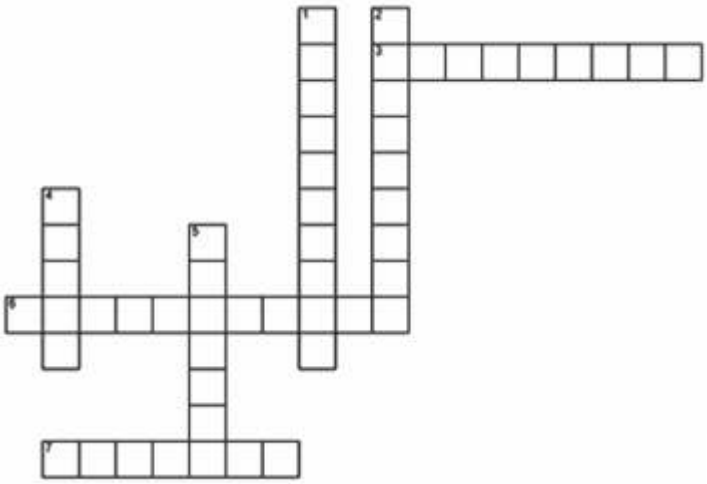
MINDS QUIZ

1. **Which of the following statements refers to the principle of beneficence?**
   a) Prevent harm and promote well being , b) Do no harm, c) Provide universal healthcare , d) Build patient-doctor relationship on trust
2. **"Body-Mind dualism", a concept, which segregated mental and physical illness, was introduced by:**
   a) Pierre Janet, b) Sullivan, c) Anna Freud, d) Rene Descartes
3. **Charles Irving Smith in 1838 opened the ward for Psychiatric patients in which famous hospital?**
   a) CMC, Vellore, b) NIMHANS, Bangalore, c) Central Institute of Psychiatry, Ranchi, d)Institute of mental health, Agra
4. **Which famous Indian author in his autobiography confessed to having long conversations with his long deceased spouse? He never did have any psychiatric consultation.**
   a) Chetan Bhagat, b) R K Narayan, c) Roald Dahl, d) Ruskin Bond
5. **Dyscrastic automatisms indicate?**
   a) Bursts of crying, b) Bursts of laughter or giggling, c) Bursts of itching,
   d) Fumbling or exploratory movements with hand towards self or environment
6. **District Mental health programme was first initiated in which district of Karnataka**
   a) Bangalore, b) Bellary, c) Mangalore, d) Mysore
7. **A controversial condition involving skin lesions and the belief that the skin is infected by bugs and other objects like string.**
   a) Morgellons disease, b) Acral peeling skin syndrome, c) Steven Johnsons syndrome, d) Dermatitis Artefacta

Note: You can now request for any explanations to MINDS QUIZ answers by just an email to editormind@gmail.com

Answers
1.A
2.D
3.B
4.B
5.A
6.B
7.A

Crossword



Across

3. Congenital anomaly due to lithium intake in gestational period
6. Tactile hallucinaion involving the sensation that insects are crawling over the skin
7. Person who coined the term schizophrenia.

Down

1. Fear of pain
2. 5HIAA is a metabolite of
4. Yawning is a common symptom of withdrawal from this substance
5. Morbid jealousy is seen with which substance of abuse

CROSSWORDS

ACROSS 3.Ebsteins 6.Formication 7.Blueler

DOWN 1.Algophobia 2.Serotonin 4.Opiod 5.Alcohol

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