MINDS

Wellbeing begins in Our MINDS

Monthly Newsletter on Psychiatry for Doctors & Medical Students

Volume 10 Issue 2 August 2019

FROM THE EDITOR'S DESK...

"I always like walking in the rain, so no one can see me crying."

-Charlie Chaplin

September 7th 2019 was no ordinary day. The anticipation of becoming the *first* was palpable. Subsequently we were all privy to Mr. K Sivan's emotional breakdown when the Vikram lander carrying the rover of Chandrayaan 2 made a hard surface landing and disengaged with the Earth. There was a delayed uneasiness in a few of us for the ISRO chief's behaviour. 'Men don't cry'. Atleast not the powerful, tough and competitive ones! This notion has long gone unchallenged. But something that's even more vital to question would be the need for him to cry at that juncture.

Why did he cry rather than why did *he cry?*!

Crying predates speech in human evolution. There are 2 underlying concepts that we need to bring to focus. Firstly, humans have the unique ability to assess and predict mental states of others. This is referred to as Theory of Mind or cognitive perspective taking. Mr. Sivan was conscious of the weight of expectations on this project and the sadness that ensued with its failure in the minds of all onlookers. Their sadness meant his sadness(due to the work of *Mirror neurons*) which was reflected in the tears he shed.

Secondly, we may be aspiring to be travelers in space but we are already travelers in time since the time we have understood the concept of "yesterday" and "tomorrow" - Mental time travel! This means to say that each one of us can mentally retrieve past events and also anticipate one's future based on them. Our memory can move back and forth(think ahead) in time. For Mr. Sivan, *Chandrayaan 2* (2019) was the immediate past and *Gaganyaan - India's highly aspirational project of a manned mission in space*, the future (scheduled for 2021). It was almost as if at that point in time Mr. Sivan had a forboding of the times to come. What if Gaganyaan were to meet the same fate as the sister concern??

Both these aspects highlight that crying has little to do with gender and more to do with empathy, episodic memory, emotion-driven systems and the lachrymal duct. For all of us who have had the social conditioning of forbidding men from crying, need to rethink. It is disallowing expression of emotions which is a gross injustice to what makes us human!

Dr. YAMINI. D and Dr. SUHAS CHANDRAN

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HOLISTIC HEALTHCARE

In the early 1980s, my journey in psychiatry started in a multidisciplinary hospital's psychiatry unit in the city of joy, Kolkata. My mentor, who was a professor of medicine, advised me about integrating medicine, neuromedicine and psychiatry. It was a fascinating experience but involved hard work. During this period I also had work experience in a community based psychiatry in-patient care hospital.

My next journey was to the Central Institute of Psychiatry, Ranchi. There I found a harmonious amalgamation of hospital-based psychiatry care and excellent psychiatry teaching. All this was in the midst of imposing Victorian era buildings, mostly based on the lines of the famous Maudsley Hospital psychiatry model in London. I enjoyed talking to the long-term elderly patients and the senior nursing staff. I was impressed with the hospital organized dances, dinners, sports and cultural activities. There the boundaries between the patients, nurses and doctors vanished beyond the white coats and nurses' caps. It was like a rebirth for the stigmatized patients, in a bigger home away from home.

Next I went to the National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru, a place which is now of national importance. There I found a wonderful blend of service and teaching excellence. The excellent bedside ward rounds were enriching to say the least. I learned the principles of the" brain - mindfulness" paradigm along with immense respect for the patients.

In the 1990s, I came back to my home city of Kolkata for mental healthcare services. My experience in the multidisciplinary Ramakrishna Mission Seva Pratisthan Hospital helped develop the spirit of "seva" (service). Together with the patients and their family members I was able to create a "self-help group" called "Srijani" (Creativity) which aimed at bringing out the talents in my patients along with building resilience in them. With age and experience, I have realized that holistic psychiatry is a fascinating journey for me which abolishes myths and misconceptions regarding mental illnesses and helps to bring out the best in everyone, with a paradigm shift from patient hood to personhood and towards human excellence.

Positive Psychology as championed by Martin Seligman, practical Vedanta of Swami Vivekananda and mindfulness-based practices will help all of us towards realizing the goal of holistic health. An understanding of the bio-psycho-socio-spiritual dimension of health and wellbeing will enable us to flourish and reach a "flow state".

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INSOMNIA

"The best bridge between despair and hope is a good night's sleep".

-Matthew Walker

Sleep is fundamentally a physiological drive, just as hunger and thirst are, which is necessary to maintain homeostasis in every human being. Sleep is essential for various physiological functions including energy conservation, hormone secretion, neuronal development, modulation of immune responses, alertness, concentration, memory and performance. Sleep deprivation has been linked to medical conditions including heart disease, diabetes, hypertension, obesity and shorter life expectancy.

Epidemiological studies in India among healthy subjects have reported the prevalence rates of insomnia as 9% to 30%. Among medical students, the prevalence of insomnia is as high as 30% to 40%, and has been associated with higher levels of stress and poorer academic performance.

According to DSM 5, insomnia disorder is diagnosed when there is 'a predominant complaint of dissatisfaction with sleep quantity or quality, associated with one (or more) of the following symptoms:

1. Difficulty initiating sleep
2. Difficulty maintaining sleep, characterized by frequent awakenings
3. Early morning awakening with inability to return to sleep.

These symptoms must be present for at least 3 nights per week for 3 months causing significant impairment in functioning, the symptoms not merely being attributable to the effects of a substance or comorbid health conditions.

According to expert consensus, sleep duration recommended for adults is 7 to 9 hours; for teenagers 8 to 10 hours; and for school aged children 9 to 11 hours. The guidelines mention sleep duration of less than 6 hours and more than 10 hours as 'not recommended' for adults; less than 7 hours and more than 11 hours as 'not recommended' for school-aged children.

INSOMNIA

Insomnia is diagnosed based on subjective report and clinical interview which includes inputs from the partner. Sleep diary, questionnaire assessments including Epworth sleepiness Scale and Insomnia Severity Index, can prove to be valuable tools for evaluation. It is important to investigate for the presence of other sleep- related symptoms (snoring, daytime sleepiness, sleep apnoea, sleepwalking) and to rule out comorbidities including gastroesophageal reflux disease, pain conditions, mood disorders, anxiety disorders and substance misuse. Polysomnography, the gold standard to measure sleep, is indicated when insomnia is suspected to be related to other sleep disorders such as sleep related breathing disorders.

Non-pharmacological measures including universal sleep hygiene techniques are the first line options to help improve sleep. These are as follows:

1. Ensuring a healthy lifestyle:
    a. Regular physical exercise.
    b. Healthy diet- with high fibre content and low fat.
    c. Avoid excess consumption of caffeine, alcohol, tobacco or other drugs of abuse.
2. Environment conducive to sleep
    a. Quiet, cool and dark room- wear eye shades if necessary
    b. Comfortable bed
    c. Hide the clock, which otherwise can serve as a reminder of the passing time without getting sleep proving to be more disturbing.
3. Develop good sleep habits
    a. Maintain a regular sleep wake schedule
    b. If not getting sleep in twenty minutes, get out of the bed
    c. Avoid long daytime naps
    d. Relaxing pre-sleep routine- which helps unwinding such as listening to soothing music, warm shower, reading a book.
    e. Reserve the bed for sleep and intimacy

Cognitive behavioural therapy for insomnia which includes sleep hygiene education, cognitive therapy, relaxation therapy, sleep-restriction therapy and stimulus control therapy has been found to have a good evidence base.

Benzodiazepines (triazolam, estazolam, temazepam) benzodiazepine receptor agonists (zolpidem, zopiclone, zaleplon) are suitable for short-term treatment of insomnia. Patients with sleep onset difficulties may benefit from melatonin receptor agonists like ramelteon. Chronic insomnia (>4 weeks) can be treated with low dose sedating antidepressants (trazodone, mirtazapine, amitriptyline). Low dose atypical antipsychotics (quetiapine, olanzapine) is yet another option, especially for patients with comorbid schizophrenia or bipolar disorders.

Medical health professionals should be cognizant of the importance of adequate sleep in their patients and in themselves to ensure optimal mental and physical health. Insomnia should receive medical attention and interventions in an early stage to prevent the deleterious consequences of sleep deprivation on health and functioning.

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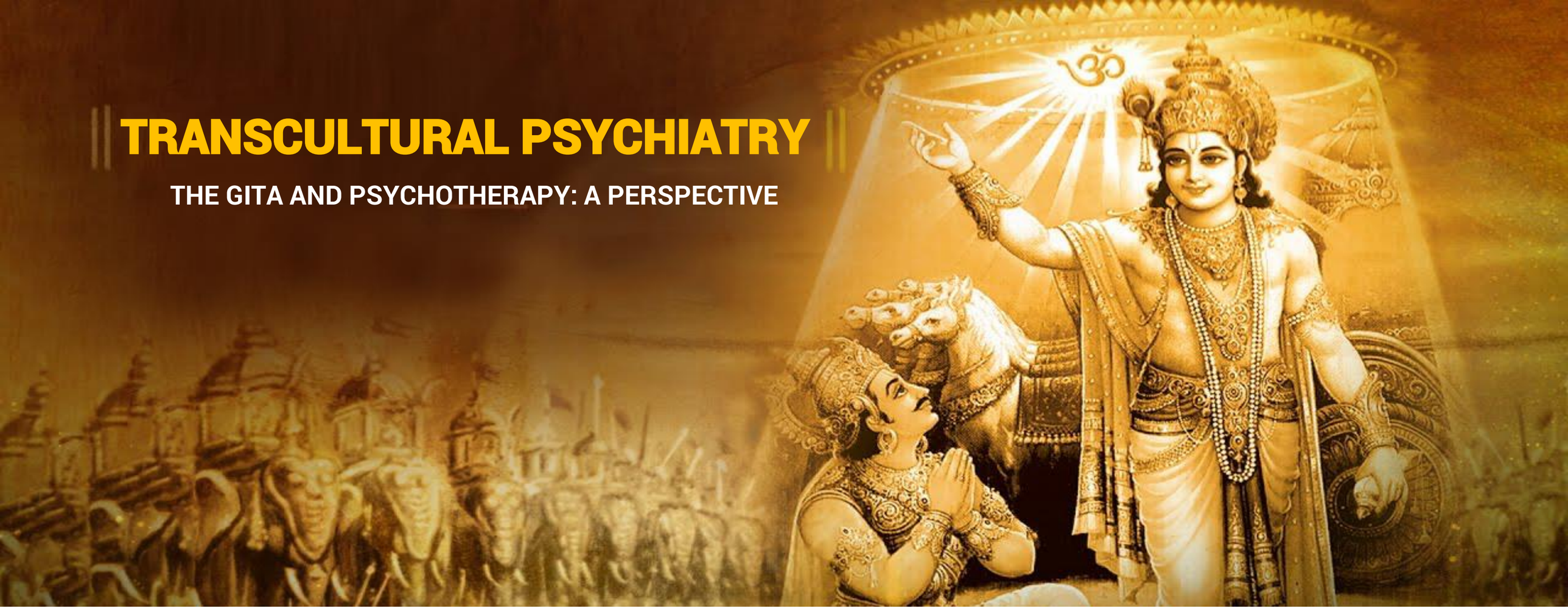
TRANSCULTURAL PSYCHIATRY

THE GITA AND PSYCHOTHERAPY: A PERSPECTIVE



The practice of psychiatry in India is widely influenced by the collective cultural psyche of its citizens. Innumerable stories with robust moralistic conclusions have been handed down across generations, serving as guides for improvement of self and society. Eastern philosophy has recently gained wide recognition by the scientific community. Excellent psychotherapy models have been elucidated and therapeutic implications explored. One such model is briefly described here. The Bhagavad Gita describes the predicament of Arjuna, and the timely intervention by Krishna who can be viewed as the counsellor. Overcome by anxiety, Arjuna questions whether the destruction, ravages and devastation of war are necessary. Reflecting on the consequences of battling his relatives, he is engulfed by a strong sense of guilt. He expresses his despair, saying "my limbs are failing and my mouth is parched. My body trembles, my hair stands on end. The bow slips away from my grip. My mind is rambling and I cannot remain standing upright." It has been hypothesized that these symptoms could correspond to that of an acute, transient situational adjustment disorder with anxiety.

The inaccurate and negative view of reality held by Arjuna correspond to the 'cognitive distortions' described in Beck's cognitive model. Krishna then proceeds to curb Arjuna's false beliefs regarding the world and the nature of his actions. Urging Arjuna to stop holding himself responsible for the destruction, Krishna introduces the concept of the soul, saying "he who knows the soul to be indestructible, unborn, unchanging and immutable; how can such a person slay anyone, O Arjuna or cause anyone to slay?". In this way, Krishna addresses and resolves Arjuna's conflicts, analogous to modern day cognitive behaviour therapy. Throughout his discourse, Krishna emphasizes the importance of action, encouraging Arjuna to perform his duties regardless of the results it brings. This is perhaps the most important concept in The Gita, as obsession with results (future telling) is a prime forerunner of cognitive distortions. Ultimately, Krishna's intervention is successful, as confirmed by Arjuna's final words before the battle "O Krishna, my delusion has vanished and with your grace I have regained good judgment. I stand here with all my doubts cleared and shall act according to Thy word." The western methods of psychotherapy may fall short of complete therapeutic success owing to the Indian socio-cultural background. To circumvent this problem, J.S. Neki proposed the Guru-Chela relationship concept in psychotherapy. The rapport between Krishna and Arjuna can be viewed as effective evidence of this concept of doctor-patient relationship. Given the appeal of the Bhagavad Gita, and its vastly secular content, a detailed and unbiased study on its potential therapeutic implications is warranted.

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HUMAN INTELLECT - A BOON/CURSE

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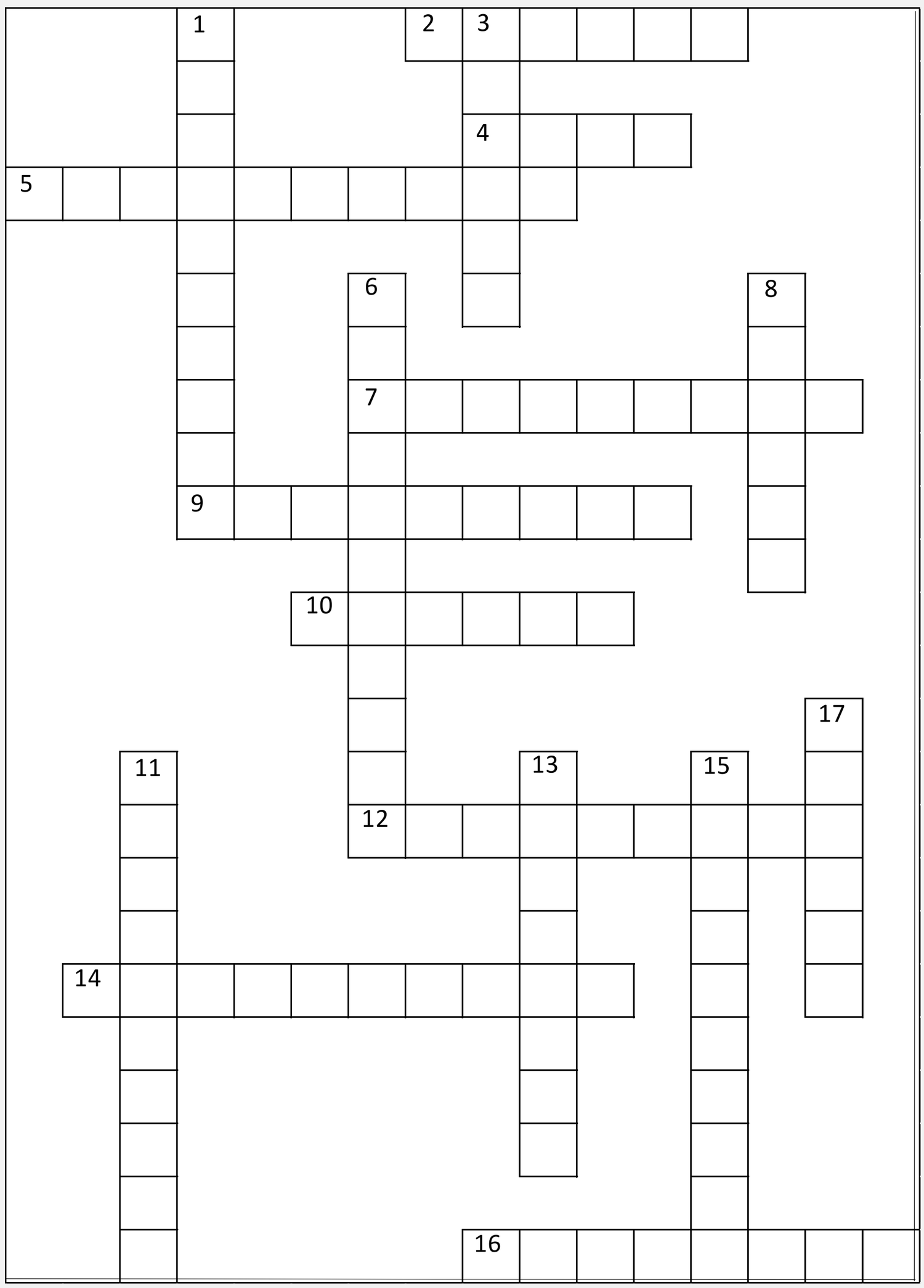
ANSWERS TO THE CROSSWORD APPEARING ON PAGE 7

1. NOMOPHOBIA
2. SAFETY
3. ACTION
4. TICS
5. ECHOPRAXIA
6. PERSECUTION
7. RORSCHACH
8. RECALL
9. ANHEDONIA
10. FUTURE
11. FOLIE A DEUX
12. NEOLOGISM
13. ILLUSION
14. NEGATIVISM
15. DISULFIRAM
16. DOPAMINE
17. REMOTE



Can you cross the crosswords!!!

DOWN:

1. Fear of losing phones (10)
3. Stage of motivation (6)
6. Delusion (11)
8. MMSE (6)
11. Shared delusional D/O (5-1-4)
13. Perceptual misinterpretation (8)
15. Alcohol deaddiction (10)
17. Type of memory (6)

ACROSS:

2. Maslow's hierarchy (6)
4. Tourette's syndrome (4)
5. Imitate actions (10)
7. Ink blot test (9)
9. Lack of pleasure (9)
10. Cognitive triad (beck's)(6)
12. Coining new words (9)
14. Sign of catatonia (10)
15. Neurotransmitter (8)

ANSWERS TO THE CROSSWORD ARE ON PAGE 6

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