MINDS

Wellbeing begins in Our MINDS

Monthly Newsletter on Psychiatry for Doctors & Medical Students

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GUEST EDITORIAL

Life is just beautiful! It's only a matter of time when you realize this metaphor in a real sense. We pass through our early adolescence and adulthood with loads of enthusiasm and thrill. The experience of the journey splits into good and not so good. Our approach, coping, and motivation determine how we label our experiences as either of the two.People who approach their life with open arms with a tendency to accept whatever comes their way with positivity will end up having good experiences. Another attribute–"adaptability" adds spark into the existence of the human race and tries to maintain the equilibrium of positivity in our lives. While dealing with the intricacy of relatedness during our interaction with people from different walks of life, we learn to practice patience and emotional regulation. Every such interaction gives a lesson of life, but the important thing is accepting this as opportunity of learning from experience. The very dynamic nature of our lives also has a component of "uncertainty", adding value as well as another dimension to our approach. We come across newer challenges in various walks of our lives because of this factor of uncertainty. The ongoing period of COVID-19 pandemic is going to be one such milestone in our personal growth. We need to learn about social engineering and the role of community participation in dealing with this period of uncertainty. Mental health of population at large is affected to great extent during this time by many direct and indirect ways. As an individual, we need to deal effectively with this unprecedented stress happening in our life. There may be many reasons for our worries, but we need to focus on those things which we can control at present moment. These may be our daily routines, food habits, physical exercise, meditation, limiting use of gadgets, use of appropriate personal protective gears etc. We also need to find newer healthier way of filling the lacunae in our routine arising out of restrictions in pandemic time. Creative thinking and finding new endeavors in this time might well prove to be a boon for our personal growth. The component of creativity will find the practical way of implementing these new endeavors. These may be learning new art form, making /expanding like-minded people groups, trying new technology etc. There will certainly be mind-blocks while adopting to this new normal and may feel at loss at some point of time or the other. We need to embrace that this may be sign of mental exhaustion, and taking a little pause and working again on "basics" can be helpful. If that strategy fails, then seeking a professional help is advisable. Every individual is unique in his/her way, has immense capabilities and has to have a vision to embrace the beauty of life. Because indeed… life is beautiful!

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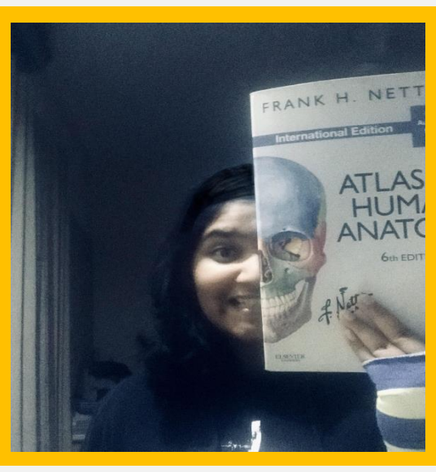
CONTRIBUTION –

Sweet Escape

She looked down
At the scars, that
Defined her very existence.
She hadn't felt that
Pleasure of pain,
In a really long time.
There were times when
Life, gave her all those
Beautiful things, they
Could only imagine.
They ask, "But why?
You have everything!"
She replies, "Oh!
Don't I know that already?"
She carved her way
Into the pulsating artery.
Those lines on her wrists
Smirked, as they bled.
This, was her
Sweet Escape.



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TALES OF A TRAINEE

Early experiences in our medical profession shape our understanding of the medical world and our world at large. In this section, a young trainee bears it all in highlighting learnings of empathy, endless – selfless service and existential questions on death taught by his greatest teachers - *patients*.

1. Title: ***Sanity in Insanity***

In the past few months of my residency, here, in a mental health facility, I developed this habit of observing the patients waiting patiently in lines for their meals. It is a satisfying sight to see the discipline among the patients who were otherwise, apparently a threat to the society, outside the walls of this institute, but here, how calmly they wait for their turns without even breaking lines.

On one such occasion, a patient from the line came to me and said, "Sir, look how the most insane ones are behaving better than the sane world."

I nodded in agreement with a smile and he kept speaking, "Sir, all of us had an illness which the world labelled as insane; we are perfect in the care of each other and as soon as we get to go out of these boundaries, most of us will go 'crazy' again. We might have an illness but the world will always label us, including our closest friends and family."

2. Title: ***God's Worker***

It was around 2'o clock in the night. They brought a young woman into the labour room, crying in pain. She gave birth to a baby boy with no signs of life. I gathered all my knowledge, experience and strength and gave my best to resuscitate him. After 2 or 3 minutes of vigorous efforts, he showed some signs of life. I monitored him till he became stable enough to be handed over to his family.

"Doc, you did a great job tonight" my assistant nurse said appreciating my efforts. "Every moment that he will live, will be a gift by you to him. They may not realise it but it doesn't mean your efforts are not worthy."

"Life is god's gift to us, as this is to this baby boy" I replied, "I just assisted in what god had planned for this boy."

"Then you must be a god's worker." Nurse said.

We all are god's worker, Aren't we?

3. Title: Little ***Lives***

It was around 2 years back when I was doing fellowship in palliative care unit in a cancer hospital. It was very common to hear prayers of inmates wishing death for themselves in that ward. I joined around 7 days back and I had witnessed around 20 deaths and to be honest, I felt happy for them. Death, end of suffering, end of burden, end of life....

But then something unusual happened. A five- or six-year-old boy got admitted with stage four neuroblastoma with no hope for recovery by treatment. He was too young for death. For the first time in that ward, there was wish for life in a patient's eyes. He was crying in pain, crying for help as he didn't want to give up on life.

That day, for the first time, a death in that ward broke my heart. I wish I could have saved that one life, one little life. I cursed god that "either you don't exist or you are unimaginably cruel.

I came home very late that night. I drank after a long time, don't exactly remember how much. I kissed goodnight to my four-year-old boy and fell asleep, half tired, half drunk.

Dr. Gulesh Kumar

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SOMATIZATION: THE BODY-MIND RELATIONSHIP

"I am more sick than my doctors think" – Alfred Nobel

Everyone is very aware of the diseases of the body; the whole of under-graduation is spent in learning about the various pathologies, etiologies, symptoms, signs, diagnosis and management. But have we been taught that there are symptoms without a cause, and how to treat them? Here is why this group of disorders have gained much importance in the field. It is noted that 1/3rd of cases in outpatient clinics are those with no evident physical pathology. These cases increase the burden of health care, inability to understand the psychopathological processes and no positive findings lead to undue tests and imaging studies. Occasionally leading to the diagnoses of the rarest of the rare syndromes. The preoccupation of symptoms and no improvement with treatments leads to burn out and frustration in both the clinician and patient. The field of psychosomatic medicine deals with how the mind affects the body. The whole concept has undergone tremendous changes in conceptualization and understanding since the Freudian times. But we have not been able to decipher the exact mechanism. Though their presence in the classificatory systems and validity are debatable, they form a large chunk of our practice and hence require attention.

Freud	Conversion of emotional distress into physical symptoms
Wilhem Stekl	Gave the term somatization
Perly and Guze	Chronic multiple somatic symptoms without organic cause

Somatic symptoms disorder is also known as Briquet's syndrome. In the current classificatory system of ICD-10, they are grouped under Somatization disorder(F45); in DSM V they are under somatic symptoms and related disorders.

Various theories have been suggested from repression to cognitive theories. These theories have also shown various extents of integration of the body and mind. The older theories focused on lower education, low socio-economic states, more in women and non-psychologisers (i.e. people who cannot attribute to psychological symptoms). None of these have been found to have significant positive correlations in studies. However, cultural models of "idioms of distress" have definite impact on the "how" and "what" of somatic symptoms. It is seen that people with depression, anxiety, alexithymia can have higher rates of somatization. In some people, the symptoms might be transient and stress related but in others, chronic stress or psycho-social issues could lead to more persistent and difficult symptoms. The somatization is found to be higher in the eastern part of the world as compared to the West. Thus, the role of cultural factors, learning models have been implicated in the psychological models of development of the illness.

The current theory of somatosensory amplification and attribution styles focuses on the fact that the pain and suffering is real. The absence of pathological process or a diagnosis does not imply a "fake" symptom. Somatosensory symptoms can be understood as a hyperalgesic state where even a mild touch is perceived as a noxious stimulus. The increased self-scrutiny, hypervigilance, focus on vague sensations and appraisal of the sensations are seen to be pathological. The somatosensory amplification then leads to somatosensory catastrophization."

Then comes the attributional styles, i.e. what the patient attributes the pain to be a result of. Also, whether they normalize the pain, and if they correlate it to psychological processes. It is seen in clinical experience that the patients have multiple psychosocial stressors that they have no control over like financial issues, interpersonal issues, victims of abuse or violence and the symptoms help them dissociate from the problem at hand. This also is a result of inability to be assertive, poor coping skills, dependent characteristics and other personality traits and environmental factors that can interact to amplify the symptoms.

The treatment of somatoform disorders includes both pharmacological and psychological models. Pharmacologically the use of tricyclic anti-depressants and serotonin norepinephrine reuptake inhibitors have good evidence base. The psychological modes of treatments can be as simple as giving reassurance and explaining the body-mind relationship to an intensive cognitive behavioral therapy. There has also been evidence for biofeedback and simple relaxation techniques, exercise regimens. The use of one or more modalities might be necessary and are advocated as well.

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Understanding family functioning in Cancer

There is no doubt that it is around the family and the home that all the greatest virtues, the most dominating virtues of human, are created, strengthened, and maintained
-Winston S. Churchill

A cancer diagnosis affects an individual in many spheres of their life, but this news also has a profound effect on the family. The process of sharing the information about cancer, planning and deciding about treatment options, coping through the roller-coaster of emotions happens in discussion with the family or those identified as family by the individual. The U.S. Census Bureau defines a family as a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together. The role of each family member, who could be parents, children, spouse, or siblings change during this time and requires adjustments that are usually outside their individual comfort zones.

The roles played by each family member are part of the overall functioning of the family. Typically, in cancer we see 5 classes of functioning based on the levels of Communication, Conflict Resolution and Cohesion.

Well-functioning families are characterized as being **(a)** ***Supportive*** - high levels of cohesiveness ("we-feeling") and **(b)** ***Conflict resolvers***, who communicate effectively which provides the foundation to tolerate differences in opinion and aim to resolve conflict positively.

Dysfunctional families on the other hand are described as **(a)** ***Hostile*** in nature and exhibit lower levels of cohesiveness, expressiveness, and much conflict and **(b)** ***Sullen*** families show muted levels of anger and carry the highest rates of clinical depression among family members.

Finally, **Intermediate families** lie somewhere between the well-functioning and dysfunctional families, yet considerable morbidity still occurs for them as they tend to become dysfunctional when faced with stress (eg: bereavement) (Kissane. DW,1999). Screening to identify families based on their functioning is imperative to get a sense of how they are coping and the possible responses they could have when transitioning through different stages of the disease trajectory.

There are several ways in which families cope with cancer. One method of coping relates to the meaning of cancer and the impact of adverse events on their loved one. Acceptance of the traumatic event and appreciating new relationships with others was also found to lead to better adaptation and increased adjustment (Downe-Wamboldt B,et.al, 2006;Youngmee Kim,et.al, 2007). Coping adaptively promoted an increase in intimacy and affection, improved relationships, overall satisfaction, personal development and self-esteem (Kasuya RT, et.al,2000; Toseland RW,et.al, 2001). On the other hand, using an avoidance or ineffective coping attitude rendered alienation from the problem that resulted in worse caregiving experiences for family members (Redinbaugh EM, et.al,2003).

The role of religion is also enhanced coping among family members along with improving overall life satisfaction as it paved the way for better acceptance of the disease by reducing anxiety, depression and enhancing mental peace, faith, and a much firmer grounding to accept the distress. The availability of social support or external sources of emotional support provided by healthcare settings that increased knowledge, awareness and understanding of the situation, wherein the family engaged in learning skills to increase overall well-being (Karabulutlu E. Y., 2014).

Therefore, it is imperative for healthcare professionals to understand families based on their levels of functioning both pre and post diagnosis. This would help in supporting them to succeed at coping rather than succumbing to the distress of a cancer diagnosis. Healthcare professionals must be aware that each family is unique just as patients, and that those families who are dysfunctional in nature must be given support irrespective of willingness to make changes as a unit. Hence, the need to identify and intervene with professional psychological services at an earlier stage cannot be stressed enough to improve the quality of life of both the patient and family.

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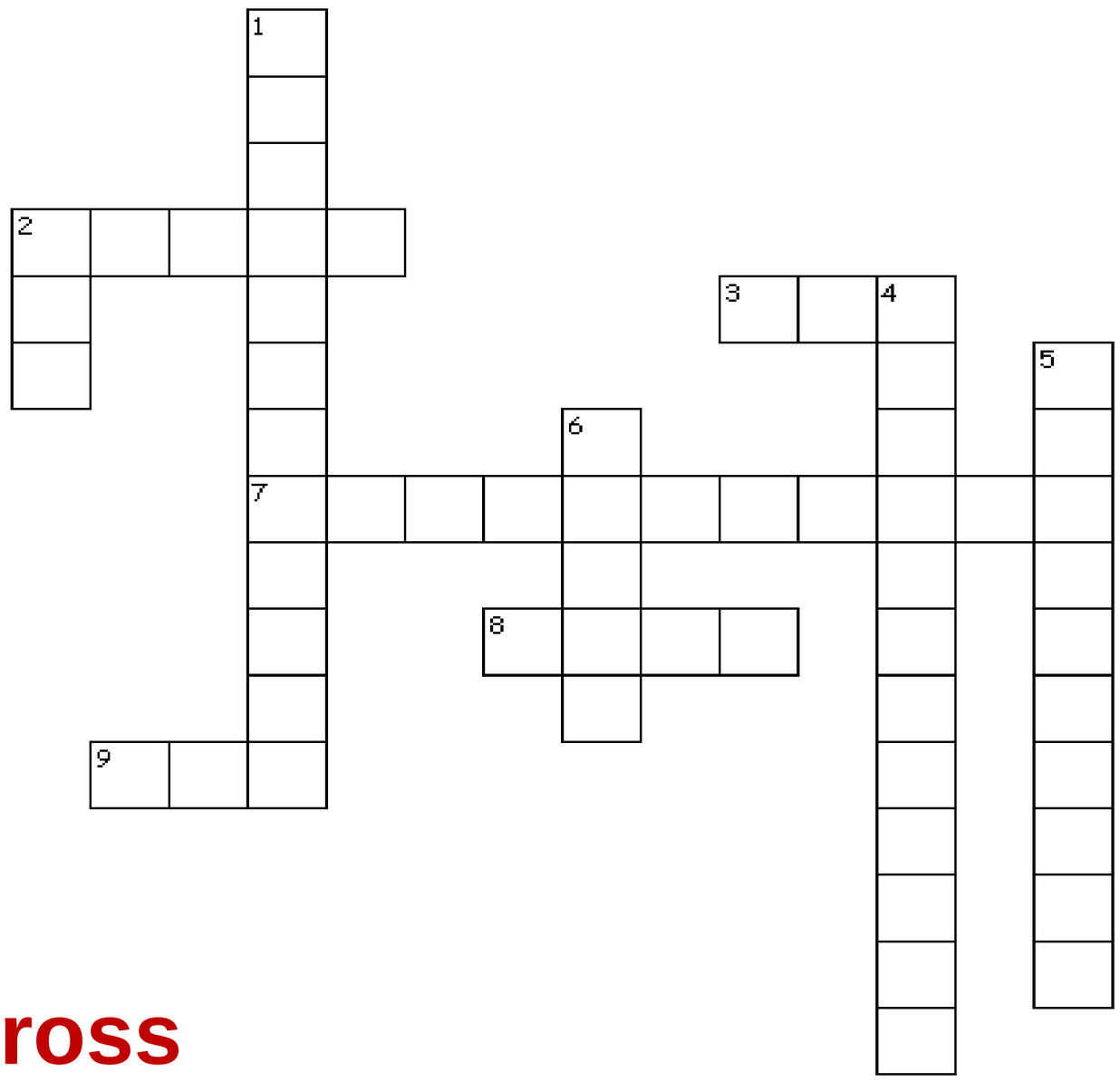
CROSSWORD



Across

2. SSRIs
3. TMS
7.. Brexanolone
8. BDNF
9. NMS

Down

1. Holidayblues
2. SPQ
4. StJohn'swort
5. Prefrontal
6. CANDI

Across

2. Least toxic antidepressant that can be used in pregnant women
3. A noninvasive application of pulsed electromagnetic fields to brain used to treat patients with major depressive disorder who have an inadequate response to initial psychotherapy and pharmacotherapy
7. Only medication currently FDA-approved for the treatment of postpartum depression.
8. Polymorphism of this gene is seen in cases of postpartum depression
9. Syndrome causes hyperthermia, rigidity, altered consciousness, and autonomic dysfunction, and is mainly associated with the use of antipsychotic drugs

Down

1. One of the DD's for seasonal affective disorder characterised by transient result of psychosocial stress occurring around holidays
2. Questionnaire used in the assessment and diagnosis of Seasonal Affective disorder
4. Extract derived from a Europe-native herbaceous perennial plant used in the treatment of depression
5. Part of the brain cortex that is commonly stimulated by TMS
6. Most common assessment used for Nonsuicidal Self-injury Disorder

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Your suggestions are important to us, kindly send them to:
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