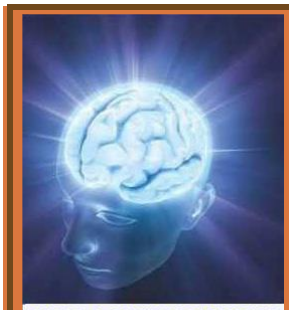

MINDS NEWSLETTER

- Published from 2011
- Articles on Psychiatry from over 22 specialities!!
- Contribution from More than 50 Authors!!
- Seven Sections in every Issue
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MINDS

Wellbeing begins in Our MINDS

Monthly Newsletter on Psychiatry for Doctors & Medical Students

Volume 9 *Issue 10* *April, 2019*

From the desk of Editor

Greetings to everyone from the editorial team of MINDS.

We are back with yet another issue. This issue covers the basics of erectile dysfunction and bipolar mood disorder. Apart from these, we have the regular sections on 'down the memory lane' by a senior psychiatrist, quiz and a crossword.

Hope all of you enjoy reading the latest issue of the MINDS newsletter, find it useful and send us your opinion and suggestions to improve it further.

Dr. Bindu Annigeri

Guest Column: Down The Memory Lane… The Professional Journey of A Psychiatrist

I decided to pursue psychiatry as my career four decades ago. When I look back I think I had accomplished whatever I was expected and feel contented. The write up is my journey through the career and may be of a stimulus to those medical graduates who are ambivalent about a career in Psychiatry.

EARLY CAREER:

When I made up my mind to become a Psychiatrist towards the end of my internship in 1979, I had to face a lot of questions from my family and friends about the decision. The main resistance was from my father who was having high expectations about my future. He was vehemently opposing my decision and called it impulsive and idiotic. He said my future would be doomed and I would end up in mental asylum and live in that different world for the rest of my life. He called itself exile from the main stream of Medicine and did not hesitate to call me as an udder on a bull. (Useless). The friends laughed at me and thought that I was becoming weird. Those days Psychiatry was probably considered as a career option only when you could not get anything else in clinical specialty.

It was a big surprise and shock to me looking at these well educated people having such a perception about this specialty. At least the stigma in other instances would be to the disease concerned and not to the specialist who specializes to alleviate it. Probably this truth made my resolve stronger. The inspiration and momentum to become a Psychiatrist originated from my teacher in S.V.Medical college, Tirupati whose influence on me was and is enormous.

Dr.N.V.Ramana Rao was instrumental in directing so many outgoing graduates to consider Psychiatry as a potential career option. I was impressed by his approach and handling of the disturbed patients and his clinical acumen especially in neurological diagnosis. He made me understand that Psychiatry was an end specialization by itself (not true anymore now)

DOWN THE MEMORY LANE CONTD….

. The other things that tilted my preference to the subject was:

1. The holistic approach.
2. The detective work needed to understand the deviations in one's thinking and behaviour is challenging.
3. The underlying biological, psychological and cultural factors responsible for the exhibited behaviour make it fascinating.
4. The professional satisfaction one achieves while treating a mental illness as opposed to a physical ailment is too good.
5. The whole family is indebted to the doctor as the patient recovers because all of them suffer during the acute phase of the illness and family dynamics is disrupted, unlike in other diseases.

I had to list out all the above reasons to my teachers at the Psychiatry departments in both the national institutes where I worked as a junior resident. I thought for other specialties no such questions were usually asked. My exposure to eminent psychiatrists of the yester years assured me that I made the right choice. Going through various case histories and watching the families suffering to adjust to demanding circumstances, gives the Psychiatrist the advantage of tuning his own life to adjust to the day today demands. It makes him very flexible in his thinking and makes him more adaptable. It is probably one of the biggest incentives for choosing to be a Psychiatrist.

CAREER AS A MEDICAL TEACHER:

As a senior resident, I started taking lecture classes for undergraduates and was involved small group teaching in the clinical set up. As a student I remembered how fast the interest to attend the Psychiatry theory class wanes off as it is one subject which is abstract and with many hypotheses rather than scientific. I started my career in a general hospital and continued in general hospitals throughout my life. I never worked in a mental hospital. That gave me the additional advantage of remaining in touch with my medical colleagues and the opportunity to teach students

I simplified my class which used to last only for about 20- 25 minutes with real case scenarios rather than theory. I used to relate psycho-pharmacological issues with the management during discussions. I made it a point to collect through various quarters about the perception of the students to further improve upon. Within a short time I was identified as one of the good teachers in the college and the full class attendance was a testimony to it. Luckily for me within two years of joining as an assistant professor, the post graduate courses were started in the department.. It made me to prepare, listen and discuss with the young enthusiastic PGs to sharpen my skills further. I started to translate my theoretical knowledge into my practice. The teacher role gave me a chance to update my knowledge. Probably it paved the way for me to become a researcher too.

AS RESEARCHER:

When I insisted on documenting the history written in outpatient slips, I could not garner support either from the government or the local administration for executing it . Luckily with the help of generous contributions in kind from some of the rich patients I could get case records printed even for outpatients. This resulted in accumulation of data over a period of time, though it was not perfect and helped me to become a member in WHO sponsored research. This achievement made the department obtain all the new gadgets and access to all the newly published literature. That also made many of us in the department computer literate by 2002-2003. I could see all my PGs were extremely happy with these developments as they did not have to go to other centres for collecting journals for their research work..

The research activities made the department a resource centre which had even undergone USFDA and got their appreciation about documentation. Along with that the initiatives to organize national, zonal and state level academic events of the psychiatric society attracted many national and international personalities. Because of the ongoing clinical global research, the department became well versed with ethical issues involved in research and good clinical practice (GCP) guidelines.

To be contd. in the next issue (May 2019)…….

Dr. Padma Sudhakar Thatikonda,
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INVITED ARTICLE

MANIA BOON OR BANE

Mania a state of raving madness with exalted mood was noted by ancient Greeks especially Soranus who noticed its association with melancholic features. Sanguine is related to current hyperthymic temperament. Bipolar disorder was earlier called circular insanity by Jean Pierre Falret later called manic depressive psychosis (MDP) by Emil Kraeplin. Various genetic, neurochemical, immunological, psychosocial, psychodynamic factors, stress, hormonal, emotional processing factors, 2^{nd} messengers, maltreatment and early adversity, cognitive, structural and functional neuroanatomical factors are involved in the genesis of mood disorders. Hypomania is a distinct period of at least 4 days of inflated self-esteem and grandiosity, increased talk, increased goal directed activities, decreased need for sleep, flight of ideas, distractibility, involve in risky activities (3-4 of these) in presence of elevated or irritable mood. Bipolarity is defined by alteration of mood states between mania or hypomania and depression. Cyclothymic and hyperthymic temperament are associated with bipolar disorder.

There is high prevalence of alcohol and substance use in mood disorder especially in teens where they use it as self medication for mood instability, alleviate insomnia and nervousness. BPD affects approximately 1.5% of the population and remains a leading worldwide cause of disability, morbidity and mortality from suicide. The disorder usually occurs in both men and women between 18 and 24 years of age, but it can affect all age groups. However, early onset of BPD is possible and is a major health problem. Pregnancy and especially the post-partum period are stressful periods for women, and increase the risk of relapse for women with bipolar disorder. Patients suffering from BPD have reported difficulties with their jobs, and around 20% of them have permanent disability. In addition, they report fewer social interactions with their friends and family, lower interest or pleasure in their leisure activities, less autonomy to maintain duties and worse cognitive functioning. People with BPD have also been found to experience more frustration after goals are thwarted compared to other people. Eating disorders particularly binge eating or weight gain, other than those associated with medicinal effects; are common in BPD.

Persons with hyperthymic temperament and soft bipolar assume leadership roles in business, the profession, civic life and politics. Increased energy, sharp thinking, self confidence help them. Creative achievement is less in the manic as episodes are highly disruptive. Artistic achievement is found among those with soft bipolar especially the cyclothymic disorders. Beethoven, Winston Churchill, Newton are historical figures with bipolar disorder. Florence Nightingale was a formidable but incredible British Victorian nurse, credited with saving hundreds of lives in the Crimea, and many thousands after that due to her revolutionary ideas about hospital cleanliness. She is considered the founder of modern nursing. We also know from her diaries that she suffered from extreme mood swings, and heard voices (among other symptoms). Experts are now reasonably sure that she suffered from bipolar disorder. Marilyn Monroe the greatest screen icon ever to grace Hollywood, certainly suffered from mental illness. What that illness was, has been speculated upon for decades, but bipolar disorder seems reasonably likely. Van Gough is another artist speculated to have bipolar disorder. Demi Lovato, Catherine Zeta Jones, Mel Gibson are some of the celebrities with bipolar disorder. So mild forms of illness though aids creativity, if not properly treated may snowball into a major episode which is highly disruptive to the patients daily life. Hence even if a boon, bipolar disorder must be properly treated with antipsychotics/mood stabilisers/benzodiazepines as per the requirement of the patient. Each patient is unique and treatment must be tailored according to the needs of the individual patient.

Dr. Namita Nazeer, Assistant Surgeon, Kerala Health Service (PHC Chirakkara, Kollam).

BASIC OF ERECTILE DYSFUNCTION FOR DOCTORS

As practitioners all of us would have come across a patient who complaints of reduced erection or difficulty in having intercourse.

Well, how much do we actually know about sexual functioning? How do we diagnose it? How do we go about taking history? What are the lab investigation options that we have? Do we have treatment options apart from our well know PDE5 inhibitors ?. This article is aimed at answering all the above questions.

Definition: there are various definitions available but to make it simple we can call it as erectile dysfunction if there is consistent inability of a male to achieve and maintain an erection sufficient enough for a satisfactory sexual performance. It could be primary or secondary

Our sexual response cycle has 4 phases namely desire, arousal, orgasm and resolution. Erection is nothing but the arousal phase. Normally erection occurs after a central stimulation from the brain (the biggest sex organ) following which, there release of nitric oxide from the endothelial cells which cause vasodilation in the corpora which ultimately leads to a hard erection provided the veno- occlusive mechanism in intact.

Causes for ED might be vasculogenic, neurogenic, psychogenic, penile injury, drugs etc., but most of the times it is multifactorial.

We now know that prevalence of erectile dysfunction is way more than what it was thought to be. Studies indicate that at least 60% of men would have suffered from erection problems at one particular point in life.

Why is diagnosing ED important?

The emphasis of aetiology which was more on psychogenic causes has gradually shifted now and the current emphasis in more on endothelial dysfunction. Now why is this important?. Well, that's because it's the same endothelial dysfunction that is also responsible for major vascular events like myocardial infraction, stroke etc. In fact, a study showed that ED could be the first sign of poor vascular health and hence it can act as an indicator of MI or stroke 3 years prior to their occurrence. Moreover, ED could be a sign of underlying anxiety or depression. Sometimes it is the first presenting symptom of diabetes, dyslipidaemia etc.

Not only that, in people with ED it was found that 68% had hypertension, 60% had dyslipidaemia, 40% had coronary occlusions, 56% had positive stress test & 20% had clinical depression.

As we all know that sedentary life style, smoking, alcohol, stressful lifestyle, interpersonal issues, certain antihypertensives, antipsychotics etc. increase the risk of ED.

A sudden onset ED with intact early morning tumescence or erection which is normal during masturbation, or ED only with a specific partner almost always indicate a psychogenic cause.

What investigations can be done apart from a comprehensive history?

Well, we have come a long way from Rigiscan (nocturnal penile tumescence test) which is considered almost obsolete now.

Naturally we can get a penile Doppler done which tells us about the blood circulation and venous system (Peak systolic velocity should be more than 30 and end diastolic velocity less than 3, vessel wall thickness less than

0.2, 75% increase in vessel diameter is all normal). Sex hormonal profiling can be done when necessary. Apart from that, the sugar levels, lipid levels, thyroid status etc. might be useful in some cases.

What's new is that there are tests like VENDYS which actually works on the principle of penile brachial index and give us an indirect indication of the patients vascular health. Test is easy to interpret as ultimately the result is in the form of a number which is called vascular reactivity index.

Penile plethysmography aka sphygmocor is another new test which gives us the vascular age of a person by using the principle of flow mediated vasodilation. However, the above tests are non-reproducible but they act as major tools in diagnosing poor vascular health which is our major concern.

Laser directed O2 level assessment in the penile corpora etc. is another test which are on its way in the market.

Treatment options?

The age old idea of giving PDE5i on demand is not practiced anymore as recommended by experts. The concept of penile rehabilitation is now practiced where a patient is prescribed low dose PDE5i along with a nitric oxide donor on a long term so that his natural NO stores are not depleted. Options available in India are sildenafil, tadalafil and Udenafil (expensive but has the least side effects).

Transdermal and transurethral meds like MUSE are rarely used now. Hormone replacement, when necessary should be done.

Self-injection (papaverine + phentolamine +/- alprostadil) can be used in elderly patients with infrequent sexual activity, but with absolute caution of priapism.

Vacuum erection devices are another option that can be thought of in treatment resistant patients. But here, the sexual satisfaction in both partners is reportedly less.

The last option available is a penile implant. Various types like Shah's prosthesis, a silver cored malleable prosthesis to a 3 piece inflatable prosthesis are used in India. They are done very commonly, but should always be remembered that it is an irreversible procedure where we are damaging the corpora permanently and hence the patient has to live with it. Cost varies for each type. However, the risk of infection, extrusion etc. are the same. It should be noted that all these prostheses in India are supplied with a lifetime warranty.

But what new? If a patient is having side effects with PDE5i or not willing for oral medications, cannot afford any procedures, then what can be done?

Here comes the role of penile shockwave therapy. Low intensity shockwaves delivered to the penile shaft and the crura stimulate endothelial Nitric Oxide Synthase (eNOS) due to sheer stress and also releases VEGF Causing neovascularisation. Mild to moderate ED respond very well to this treatment.

Currently stem cell therapies to replenish the endothelial cells are also being tried.

Dr. Karthik K.N,

Consultant Psychiatrist, Infinity Sexual Health Centre, Bangalore

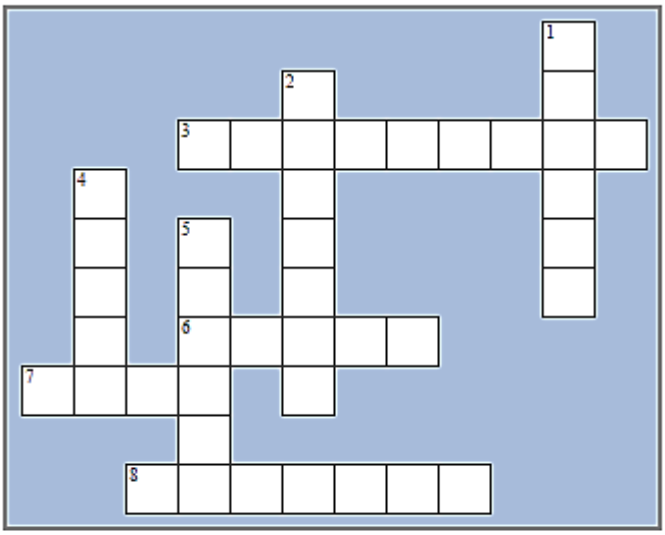
UG n PG

AN EXCLUSIVE SECTION FOR UNDERGRADUATES AND POSTGRADUATES

UG n PG

MINDS QUIZ

1. **A middle aged woman is presented with a history of being repeatedly injured by husband during his sleep where he has been shouting violently moving his limbs as though enacting a dream, lasting for few minutes. He is unable to be easily woken up during such episodes. What is the likely diagnosis in husband?**
   a. Sleep terror b. Sleep apnea Syndrome c. REM Behavioral Disorder d. Nocturnal Seizures
2. **Which one of these does not belong to Obsessive-compulsive Spectrum Disorder?**
   a. OCD b. Trichotillomania c. Body Dysmorphic Disorder d. Panic Disorder
3. **All of these are characteristic symptoms of substance dependence syndrome except**
   a. Craving b. Withdrawal Symptoms c. Tolerance d. Depression
4. **What is the pathophysiology of Dopamine type-2 receptors in causation of Tardive dyskinesia?**
   a. Supersensitivity b. Immune mediated c. Desensitization d. Hyperplacia
5. **Hallucination occurring outside the limits of sensory field is called as?**
   a. Reflex hallucination b. Extracampine hallucination c. Pseudo-hallucination d. Functional Hallucination



ACROSS:

3. Compulsive buying disorder is also called as (9)
6. Infective agent causing Creutzfeldt Jacob Disease is (5)
7. This syndrome is a triad of infantile spasms, hypsarrythmia and developmental regression (4)
8. Degree of personal awareness and understanding of illness (7)

DOWN:

1. Lack of the ability to make gestures or to comprehend those made by others (6)
2. Unusually vivid or exact mental image of objects previously seen or imagined (7)
4. Rare dissociative disorders characterized by a loss of awareness of one's identity (5)
5. This is called as satiety hormone (6)

Your suggestions are important to us, kindly mail them to editormind@gmail.com & Please pass on the newsletter

ANSWERS

MINDS QUIZ

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

CROSS WORDS

ACROSS

3. Oniomania
6. Prion
7. West
8. Insight

DOWN

1. Amimia
2. Eidetic
4. Fugue
5. Leptin

MINDS Newsletter was launched in July 2011 as a Monthly Newsletter on Psychiatry for doctors & medical students for creating awareness and continued medical education. You can receive a free e-copy of MINDS by an e-mail request to editormind@gmail.com

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