



MINDS NEWSLETTER

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- Contribution from More than 50 Authors!!
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Wellbeing begins in Our MINDS

Monthly Newsletter on Psychiatry for Doctors & Medical Students

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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 issue of stigma among the public and professionals regarding psychiatry. Apart from this, we have the regular sections on 'down the memory lane', 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...

Psychiatric practice from 1980s to 2019 in North Karnataka

I was the first psychiatrist to start practicing privately in May-1983. My colleagues, who passed the exams, were hesitant to practice the specialty of psychiatry because of the fear that they may be consultant psychiatrists and may not receive general patients. But Somehow I made up my mind to start. I had a very tough time in the beginning as I didn't get patients. I used to see 2 or 3 patients in a month. The private doctors too were hesitant to refer the patients and the ones that were referred were hesitant to come because of the taboo and stigma attached to psychiatry. Then I went around collecting the reasons for not referring. The main reason was that doctors themselves didn't know which case to be referred and the stigma attached to psychiatry was another factor.

Then I decided to create awareness of psychiatry among the doctors first. At that time specialists were very few in Dharwar. There were only 2 physicians (MD), 2 Surgeons (MS), 2 Pediatricians (DCH) and Gynaecologists (DGO) and all others were MBBS graduates. I feel that, at that time very few were interested in pursuing post graduation. I started giving lectures on different topics of psychiatry in IMA Dharwar and extended the same to other IMA branches like Halyal, Dandeli and Gadag. I also started giving radio talks on different topics of mental health. Slowly awareness started and referrals increased.

The DIMHANS at that time was called Mental Hospital, Dharwar and had closed wards only. Dr. Suvarnamma was the Superintendent in the beginning and later Dr. V. Venkataramiah MD (Medicine) DPM, transferred from NIMHANS, Dr. A. Badrinarayan (DPM), Psychiatrist and Dr. Sudershan was the Clinical Psychologist.

DOWN THE MEMORY LANE CONTD....

At that time, DPM and DCCP course were run by Karnataka University and KMC, Hubli. Ten batches completed with DPM and DCCP. During only one year it was under the KUD and later taken over by the Director of Medical Education department. There were no EEG and CT scan during those days. There were only two admissions for DPM. The available drugs were also very few. We used only chlorpromazine trifluparizine, haloperidol, imipramine and amitriptyline. ECT was given without anesthesia. Within a span of 3 to 4 years we started giving modified ECT under Pentothal Sodium under anesthetics. Long acting drugs were Anatsenol depot and siquill injections. Private Nursing Homes were also very less. Dr. S. R. Ramanagouder started his First 10-bedded Nursing Home in 1982 to which I was visiting for some time. Late in 1984 Dr. Anand Pandurangi began his practice and also started creating awareness about psychiatry in and around Dharwar, which helped develop private psychiatry in North Karnataka. All of us started spreading awareness through radio and newspaper articles on psychiatry themes.

Meanwhile, Late Dr. H. R. Vivekananda who was my contemporary during DPM, joined NIMHANS, completed MD, and was subsequently posted to Dharwar as the Superintendent of Mental Hospital. In 1994 we conducted IPS South Zone Psychiatry conference at Dharwar- Hubli. At that time Dr. K.P. Mangalwedhe was the treasurer and I was the joint secretary and we succeeded in bringing in most of the doctors in Hubli-Dharwar as delegates. It was a pleasure to work with Dr. Mangalwedhe. The conference was a grand success and most of the psychiatrists and IMA doctors participated and this was a boost to the awareness of psychiatry in this area.

Meanwhile, I had joined SDM Dental College and started the Department of Behavioural Sciences in Dentistry which was inaugurated by Dr.Veerendra Heggade, President of the SDM Society and Dharmadhikari of Dharmasthala. This was a unique Department where application of psychology and psychiatry in the field of Dentistry helped many Dental students and Postgraduates. Many Postgraduates wrote research papers and Dissertations in collaboration with the department of Behavioural Sciences and was appreciated by the NAAC Committee which visited in 2002 for accreditation of SDM Dental College, which got a 5-star accreditation. In 2004 January, I was transferred from SDM Dental College to SDM Medical College to establish the department of Psychiatry. I joined SDM Medical College on 12-January 2004. The department gradually developed and in 2005 we started the 10 bedded ward in the hospital. That is how psychiatry in-patient started in a general hospital set up. Till 2009, I was the only psychiatrist in the department and later Dr. Ranganath Kulkarni joined and subsequently we had 4-5 psychiatrists in our department. Meanwhile, Dr. Abhay Matkar who was on part time duty joined as a full-time faculty. Thus, we had full time professor, asst. professor, clinical psychologists and a well-equipped department with all facilities like EEG, ECT and all psychological tests and was one of the best departments in Karnataka. Subsequently, post-graduation course was introduced. Now there are 2 MD and 2 DPM seats in the department of psychiatry, SDM.

We conducted 13 CME programmes as a department i.e. KANCIPS-2010 wherein, I was president IPSKB, South zone Conference and many CMEs, which created a lot of awareness in the field of psychiatry in North Karnataka. I retired from SDM in 2017 and was relaxing. Meanwhile JSW Sanjeevani Hospital requested me to establish a department of psychiatry. As I wanted to spend my retired life doing constructive work, I have joined the hospital recently to spread psychiatry in this part of Karnataka. Looking back, I feel satisfied that Hubli-Dharwar psychiatrists have achieved positions at state, south zone and national levels of IPS. Many have been honoured by state and national bodies and universities. These psychiatrists have seen that psychiatry has reached every nook and corner of the state and the common man.

**Dr. Anand Handigol, Senior Psychiatrist, JSW Sanjeevani Hospital, Toranagallu
District, Bellary.**

INVITED ARTICLE

PSYCHIATRY AND STIGMA IN THE 21ST CENTURY

From demonic possessions to humoral imbalance to neurotransmitter imbalance, psychiatry has come a long way. It was born as a mystic pseudoscience and has blossomed into a science-driven field. Yet stigma against mental illness and mental health professionals still exists. Derogatory words are usually used to refer to people with mental illness- psycho, screw loose, nuts, mad etc. People with mental illnesses continue to face stigma on a daily basis and in every conceivable form. Stigma causes adverse financial, health and societal effects on psychiatric patients, their families and caregivers. Fear of being stigmatized is what prevents millions of people from seeking help, leading to further deterioration of their mental health. As Oscar-winning actress Jennifer Lawrence had rightly pointed out- “People have diabetes or asthma and they have to take medication for it. But as soon as you have to take medication for your mind there’s this instant stigma.”

More than 56% of the general population has misconceptions and biases against psychiatry. But the disturbing reality is that 20-30% of medical professionals, too, feel the same. They consider psychiatry as the dumping ground of “worthless”, “violent”, “hopeless” cases and psychiatrists are looked down upon for not being “real doctors”. This probably stems from the fact that psychiatry has always been treated as a step-child of medicine. The structure of the medical training course ingrains in us the concept of mind and body as separate entities. Erroneously, this establishes the belief that thinking, emotions and feeling are disconnected from our physical bodies. Even during their compulsory rotating posting, interns consider psychiatry posting as something to be endured instead of looking at it as a learning field of serious medical science.

Jeffrey Lieberman, the former president of the American Psychiatric Association, wrote: “The profession, to which I have dedicated my life remains the most distrusted, feared and denigrated of all medical specialties. There is no anti-cardiology movement calling for the elimination of heart doctors. There is no anti-oncology movement protesting cancer treatment. But there is a large and vocal anti-psychiatry movement demanding that psychiatrists be downsized, reined in, or extirpated.”

Adequate steps have to be taken up at the earliest to ensure that stigma against mental illness is eradicated. Mental health literacy will play a major role in it. People have to be encouraged to stand up against mental health discrimination whenever it is encountered e.g. challenging people who use disrespectful language or telling “psycho” jokes. People should be educated about the cause and treatments available for mental illnesses. Physicians also need to alter their attitudes towards psychiatry. The artificial separation between “mind” and “body” should be demolished. Physicians should play a major role in identifying mental problems and referring such patients to psychiatrists. Media should also be held responsible and accountable for inaccurate portrayal of psychiatrists and psychiatric patients in films etc. People who have experienced mental illness suffer as much from other’s responses and expectations as from the symptoms of their illness. Change is required and change can be achieved.

Dr. Meesha Haorongbam

Consultant Psychiatrist, Manipur Health Services

Undergraduate section

Geriatric psychiatry – A roadmap to the future

It is a well-documented fact that the world is moving towards an ageing population. According to some studies, India is ageing much faster than previously thought and may have nearly 20 per cent population of 60 years and above, by 2050. The Economic Times goes so far as calling this phenomenon, a “Demographic time bomb”. The rapid rate of science and health care advancement coupled with awareness to diseases, has significantly increased the life expectancy of human beings in the 21st century. It is therefore not surprising to hear that the number of 100-year-olds in India has steadily increased over the last few decades. According to the International Journal of Community Medicine and Public Health, the Indian population census reported that the number of centenarians in 2011 is 605778. This number is only going to increase, moving forward.

The most important quote we’ve been told time and time again is “*Where there is a will, there is a way*”. Now, step back and take a moment to think about this in terms of the geriatric population (Age>65years). Having seen their best years go past them, some of them enter the twilight of their lives with little or no will to live. It is not self-inflicted. Circumstances play a role in making them feel this way. Death of their significant other leads to loneliness, which in turn increases their likelihood of developing depression. It is well documented that chronic illnesses like chronic kidney disease, diabetes and malignancy cause significant mental illness. A meta-analysis of 74 studies indicated a comparatively higher prevalence of geriatric depression in India (21.9%) Other psychiatric disorders like dementia and schizophrenia are also prevalent in this population.

What does all this mean for psychiatry? Bearing all the reasons stated above, it is my opinion that geriatric psychiatry is going to be an all-important field in the years to come. Considering the competitive and cut throat world that we live in today, the incidence and prevalence of mental illnesses will only increase. This makes geriatric psychiatry a vital cog in the healthcare system. While we may be well equipped to treat physical illnesses, we must train ourselves to be well-rounded physicians to be able to treat the patient holistically. In the immortal sentiment of *Dr. William Osler*, “*The good physician treats the disease; the great physician treats the patient who has the disease.*” If we are driven by this passion to treat the patient and not the disease, we may very well be able to improve the lives of these patients, enhance the standard of healthcare and maybe, just maybe, put a dent in the universe.

Dr. Ramaswamy Sundararajan

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UG n PG

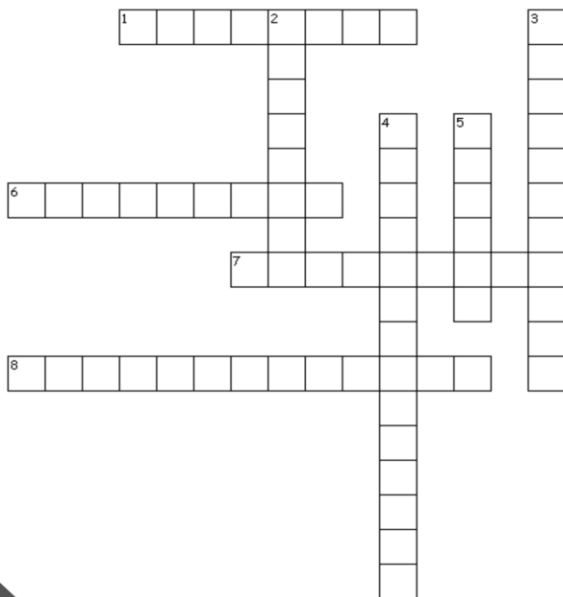
AN EXCLUSIVE SECTION FOR UNDERGRADUATES AND POSTGRADUATES

UG n PG

MINDS QUIZ

- False about blackouts
 - anterograde amnesia
 - person is unconscious during a blackout
 - happens during heavy drinking
 - all are correct
- Most mature defense mechanism
 - Sublimation
 - Altruism
 - Humour
 - Anticipation
- Neurotransmitter which decreases in delirium
 - Acetylcholine
 - Norepinephrine
 - Glutamate
 - All of the above
- Not part of cluster A personality disorders
 - Schizoid
 - Antisocial
 - Schizotypal
 - Paranoid
- Not part of opioid withdrawal
 - Sweating
 - Yawning
 - Piloerection
 - Constipation

Can you cross the crosswords!!!



Across

- psychotherapy with sudden exposure to phobic cause
- ordered flight of ideas
- Most teratogenic mood stabiliser
- Senseless repetition of goal directed acts

Down

- Catastrophic reaction is seen in
- Indecisiveness between opposing thoughts
- loss of abstract thinking
- most common hallucinations in organic disorders

Courtesy: Rishikesh, Resident, JSS Medical College & Hospital, Mysore

ANSWERS

MINDS QUIZ

- b
- a
- a
- b
- d

CROSS WORDS

ACROSS

- Flooding
- Prolixity
- Valproate
- Perseveration

DOWN

- Demnetia
- Ambivalence
- Concretisation
- Visual



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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