



MINDS NEWSLETTER

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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 articles mostly focussing on the therapeutics in psychiatry, biological and psychological. Apart from these, we have the regular sections on 'down the memory lane', Undergraduate section, a 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...

It was a Sunday afternoon, long ago, when I just started my professional career as a Psychiatrist at a taluka headquarters. I received a call from the hospital. The staff narrated me, over phone, about an eight-year-old boy attending the out-patient department of the hospital with history of irritability, agitation and not sitting in one place. The staff also enquired with me whether to sedate the child since it was difficult to manage him. I told them not to sedate the child and immediately, I rushed to the hospital.

On arrival at the hospital, I saw the boy looking agitated and being restrained by his parents. The initial observation gave me an impression of a behavioural disorder of child hood. The parents of the boy insisted for admission. I was about to oblige. In the mean time, the nursing assistant put the fan on since it was very hot. To my surprise, I noticed an unusual behaviour in the boy. He was distressed and was gulping the air, possibly triggered by the wind of the fan and which subsided on switching it off. The next question which came to my mind was whether the child had a dog bite? On confirmation of the history of dog bite, I referred the child to the nearest district hospital for further management. After about three days, I heard that the child was no more. Recently, I learnt about an unfortunate incident of a grievous assault on a doctor after the death of a seriously ill patient in his hospital. The post mortem report revealed that the death was due to one of the rarest causes, rabies encephalitis, where the death is almost inevitable.

The above case reminds me of one of his land mark judgements by Lord Denning, an English judge who said that *"one final word. But we should be doing a disservice to the community at large if we were to impose liability on hospitals for everything that happens to go wrong. Doctors would be led to think more of their own safety than of the good of their patients. Initiative would be stifled, and confidence shaken. A proper sense of proportion requires us to have regard to the conditions in which hospitals and doctors have to work. We must insist on due care for the patient at every point, but we must not condemn as negligence that which is only a misadventure."* He also went on to observe that, *"It would be wrong, and indeed bad law, to say that simply because a misadventure or mishap occurred, the hospital and the doctors are thereby liable."*

However, in all circumstances, we should adhere to the standard teachings followed in taking proper history and medical examinations, failing which; we will be unable to owe a duty of care towards our patients.

Dr. Harisha Delanthabettu, Professor of Psychiatry, K.V.G. Medical College, Sullia & Member, Juvenile Justice Board, Shimoga.

A VALUABLE LESSON FROM ANCIPS 2019

Gala Dinner at ANCIPS 2019 was going on with its full extent. Same time many were leaving the venue after finishing their grand dinner with their family and friends. The venue was little far from the car parking area. The organizers arranged vehicles to and from the venue and parking area. We too sat in an open vehicle to the car parking area after a full stomach. The vehicle filled with doctors and their family waited for the driver to arrive. After few minutes we heard one of the doctors shouting and yelling at one of the organizers of the programme for the absence of the driver, causing others to wait. The organizers apologised with great humility and assured him that this will not be repeated again. We thought the driver might be around the venue enjoying his food!

After some time the driver came running with a tyre and informed that the one of the tyres of the vehicle got punctured and he was away to repair it. We felt sorry for him and got down and went in another one. This incident made me to think: We express our emotions on others without knowing the reality, it looks ugly. We forget that we are doctors. People from outside are looking on our odd behaviours. Hence, I was inspired to note down a few tips on how to manage our emotions.

Emotional health is an important part of overall health. People who are emotionally healthy are in control of their thoughts, feelings, and behaviors. They are able to cope with life's challenges. Being emotionally healthy does not mean you are happy all the time. It means you are aware of your emotions. You can work productively and cope with the stresses of everyday life. It helps you work with other people and contribute to society. Emotionally healthy people still feel stress, anger, and sadness. But they know how to manage their negative feelings.

There are many ways to improve or maintain good emotional health.

- **Be aware of your emotions and reactions.:** Notice what in your life makes you sad, frustrated, or angry. Try to address or change those things.
- **Express your feelings in appropriate ways:** Let people close to you know when something is bothering you. Keeping feelings of sadness or anger inside adds to stress. It can cause problems in your relationships and at work or school.
- **Think before you act:** Emotions can be powerful. Give yourself time to think and be calm before you say or do something you might regret.
- **Manage stress:** Try to change situations causing you stress. Learn relaxation methods to cope with stress. These could include deep breathing, meditation, and exercise.
- **Strive for balance:** Find a healthy balance between work and play and between activity and rest. Make time for things you enjoy. Focus on positive things in your life.
- **Take care of your physical health:** Your physical health can affect your emotional health. Exercise regularly, eat healthy meals, and get enough sleep. Don't abuse drugs or alcohol.
- **Connect with others:** We are social creatures. We need positive connections with other people. Make a lunch date, join a group, and say hi to strangers.
- **Find purpose and meaning:** Figure out what it is important to you in life and focus on that. This could be your work, your family, volunteering, caregiving, or something else. Spend your time doing what feels meaningful to you.
- **Stay positive:** Focus on the good things in your life. Forgive yourself for making mistakes and forgive others. Spend time with healthy, positive people.

People who have good emotional health can still have emotional problems or mental illness. Counseling, support groups, and medicines can help people who have emotional problems or mental illness. If you have an ongoing emotional problem, talk to your family doctor. He or she can help you find the right type of treatment.

Dr. Valsala , Consultant Psychiatrist

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USING ANTI-MUSCARINIC DRUGS IN CLINICAL PRACTICE, SHOULD WE BE CAREFUL ?

What are the Anti-muscarinic drugs?

Antipsychotic medications, especially the older or typical ones are known to cause extrapyramidal side effects (EPSE). Anti-muscarinic drugs exert their anti-parkinsonian action by reducing the effects of central cholinergic excess that occurs as a result of dopamine deficiency. Although they are used extensively to counter EPSE of antipsychotics, they remain a neglected lot when it comes to clinical research and guidelines on their use. They are often recognized as ‘side-effect reducing medications’ by both patients & clinicians. The commonly used medications in this category are Procyclidine, Trihexyphenidyl, Benzatropine and Orphenadrine.

Why worry about this miniscule group of drugs?

Their long-term use can predispose to and worsen Tardive Dyskinesia. They also have Autonomic side effects which can at times cause serious problems such as urinary retention and paralytic ileus especially in the elderly. They can predispose to cognitive impairment on long term use. They are also found to cause a sense of euphoria among patients who may develop a pattern of abusing them. In overdoses they can cause acute toxicity with agitation, disorientation, delusions and hallucinations. According to the British National Formulary (BNF) they are contraindicated in gastro-intestinal obstruction, myasthenia gravis, narrow-angle glaucoma, tachycardia and prostatism. They should be with caution in hepatic impairment, renal impairment, pregnancy and breast-feeding, cardiovascular diseases, hypertension, prostatic hypertrophy, pyrexia and the elderly.

Some clinical suggestions about the use of Anti-muscarinic drugs

1. Clinicians should preferably not start these drugs prophylactically
2. The patient should be educated about EPSE’s and asked to take the tablets if they notice them or to consult the clinician in the event of occurrence of EPSE.
3. Only one Anti-muscarinic medication should be prescribed for each patient
4. The doses of Anti-muscarinics should be under the accepted upper limits per day are as follows:
Procyclidine: 30mg/day, Trihexyphenidyl: 20mg/day, Benzatropine: 6mg/day, Orphenadrine: 400mg/day
5. Regular Anti-muscarinic use should be reviewed at least once in 3 months and a dose reduction should be attempted in the absence of EPSE

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**Dr. Sandip Deshpande, Consultant Psychiatrist & Sexologist,
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Undergraduate section

A Perspective on Electroconvulsive Therapy

“Bring him to the shock room immediately” this is the dialogue which props up first when someone says psychiatry. So have movies pictured it and so have we. For a layman and even for health professionals who call themselves “far from psychiatry”, a psychiatrist’s advice for ECT is the worst possible violence that can happen to a patient, the punishment for having a faltered mind, a form of electrocution, and above all, a sign of being defeated by illness. The very idea of passing electric current through the brain, doesn’t that sound like an act of madness by its own virtue? But amidst all this fog of wrong perception lies the light of the effectiveness and speed of the so-called shock treatment, to a very deserving patient.

Electro-convulsive therapy was first introduced 85 years ago by an Italian neuropsychiatrist Ugo Cerletti and his student Lucio Bini (April 1934). Those were the times of formative attempts of pharmacotherapy for psychological disorders and the other alternative being lobotomy (prefrontal leucotomy, as was called then); it was during then that Cerletti came up with ECT, specifically as therapy for schizophrenia. An eyewitness account by one of the many students who observed the trial relates that a patient with schizophrenia who could only communicate through self-made slang and presented no signs of any emotional feeling, after being administered the ‘deadly shake’ (as the patient called it!), began being interested in his surroundings, became clear-headed and in good health. This is the exact same picture even today.

ECT which involves administering an electric shock to bring about seizures in an individual is in other words a reset button to all the complicated neuronal activity, where the patient wakes up new and refreshed. ECT has its maximum effect when carried out adhering to correct guidelines. And to mention, cognitive effects are minimum. The modified ECT is safer as it involves administration of anaesthetic agent along with muscle relaxant with electrical stimulus. There has also been a shift from sine wave to pulse wave which produces required effect at lesser energy of 800-900 mA of current (older ECT having 1.2A requirement. And unlike pharmacotherapy abrupt stoppage does not lead to adverse effects. The potential risk of thoracic spinal compression fractures with traditional ECT too does not arise in the modified ECT. With pre-ictal and post-ictal period being meticulously monitored and frequency of therapy being twice or thrice a week, 6-12 episodes of ECT have been known to give good results in patients with major depressive disorder and schizophrenia. The exact mode of action of therapeutic Seizure is yet not well understood but the release of neurotransmitters is known to have a role to play. Interestingly ECT when done on normal individuals is not known to cause any effects.

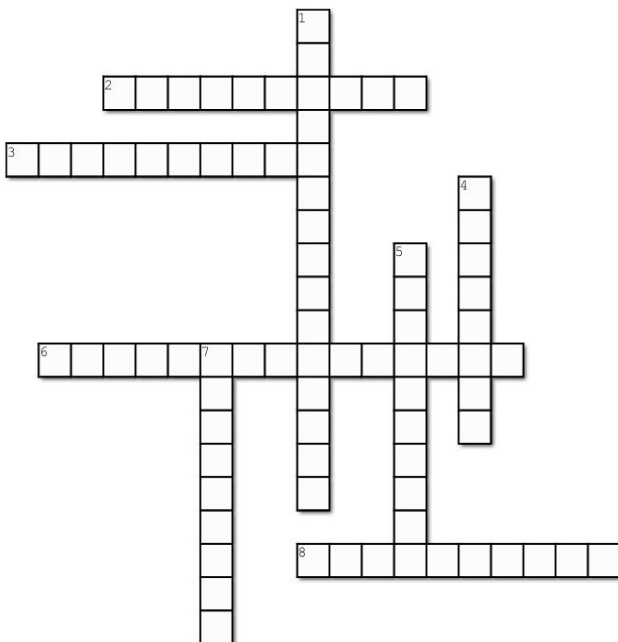
Dr. Fathima Hyfa Saleem, Intern,

SDM College of Medical Sciences, Dharwad

MINDS QUIZ

1. Lithium attains steady state plasma concentration after _____ days of starting it
a) 1-3 b) 4-6 c) 5-7 d) 6-8
2. Atypical antipsychotic documented to maximally decrease libido is
a) Risperidone b) Clozapine c) Quetiapine d) Aripiprazole
3. All of the following are endogenous opioids, except
a) Endorphins b) Oripavine c) Enkephalin d) Dynorphin
4. Which of the following condition is seen only in females
a) Asperger's Syndrome b) Heller's Syndrome c) Rett's Syndrome d) Tourette's Disorder

Can you cross the crosswords!!!



Across

2. The term 'Anaclitic Depression' was given by
3. This dopaminergic pathway is associated with addiction
6. Lithium is used in this Respiratory illness
8. Sudden illusion

Down

1. ICD-11 adds this disorder under OC related disorders
4. Most common side effect of antipsychotics
5. FDA approved antidepressant for childhood depression
7. The concept of 'Collective Unconscious' was given by

By Dr Abhimanyu, Junior Resident, JSS Medical College & Hospital, Mysuru.

ANSWERS

MINDS QUIZ

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

CROSS WORDS

ACROSS

2. Rene Spitz
3. Mesolimbic
6. Cystic Fibrosis
8. Pareidolia

DOWN

1. Hypochondriasis
2. Sedation
5. Fluoxetine
7. Carl Jung



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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