



Let the Minds talk

A biannual newsletter from



DEPARTMENT OF PSYCHIATRY, AIMS

Chief Patron



**Sri Sri Sri
Dr. Nirmalanandanatha
Mahaswamiji**

Advisors



Dr. M.G. Shivaramu
Principal, AIMS



Dr. T.M. Manohar
Medical Superintendent,
AHRC

Editor in chief



Dr. V.A.P. Ghorpade
Prof & HOD
Dept of Psychiatry

Editorial board

Dr. Ravikumar.S

Dr. Vinay.H.R

Dr. Keya Das



E-mail

departmentpsychiatryaims
@gmail.com



Learning Keeps One Healthy and Alive...

Dear Colleagues,

With great pleasure, we, the faculty of the department of psychiatry, welcome you to go through our newsletter.

“Learning keeps one alive and healthy”

Learning is a dynamic process, an inborn trait of all living creatures takes place at conscious level predominantly. Dividing the process of learning into cognitive, trial and error, and vicarious learning is for our understanding, but in reality, all these processes will be concurrently active enabling the smooth intellectual and emotional growth of an individual.

Faculty of the department of psychiatry conducted various learning and educative activities while celebrating World Mental Health Day and No Tobacco Day with painting competition, clay modelling, cartooning, quiz competition and short movie making for the undergraduates. The response was overwhelming and encouraging. In addition to these, we had two guest lectures, namely on Sexual health and Stress Coping which was also appreciated by one and all.

Faculty had ample opportunities to update their knowledge and skills so that they can deliver the latest advances to their students and improve the learning and teaching methods. With these activities, one tends to ponder about our present learning and teaching methods efficacy to make our undergraduates best Doctors.

Virtual reality is now replacing these methods, so that learning will be practical and more efficient. This should make learning a joy rather than a stress full exercise. To name a few, Virtual autopsies started at AIIMS New Delhi, followed by Tele Psychiatry and Counselling reaching the nooks and corner of the country, Tele Pathology etc.

Whether this dream can be made into a reality in our institution is left to the individual. The department wishes all the readers a HAPPY Prosperous 2017!!

Dr. V.A.P. Ghorpade

CASE REPORT-Diagnostic Dilemma

INTRODUCTION-It is habitual to envisage myriad probable diagnosis when we encounter patients as interns. However, it ultimately culminates in a single best diagnosis as quoted in our textbooks. This time the scenario was bit tricky with limited differentials in my mind, but the patient's symptoms and investigations paved the way for a multitude of provisionals

CASE REPORT-Diagnostic Dilemma

CASE REPORT

A 17 year old adolescent girl, resident of Bindiganaville, studying in I PUC with average school performance presented with the complaint of acute onset of involuntary movements for 1 month. Her chief complaint was inability to write legibly and attempting to do so would result in dropping of the pen. She was subjected to considerable amount of stress, as she was derided by her peer group. She failed to materialize for her exams due to her condition. The involuntary movements were rapid, brief, purposeless stereotyped movements, which could be categorized as Tics involving predominantly face, hands, shoulder and legs. On further examination it could be stratified as Simple motor tic comprising of eye blinking, shoulder shrugging, mouth opening, complex motor tic like facial grimacing and vocal tic consisting of sniffing, snorting and frequent throat clearance. The movements ceased at night and also on distraction.

She was able to control her movements voluntarily for 3-5 min when restrained, following which she developed premonitory urge to perform the act. We also noticed significant variation in her penmanship on comparison. On thorough history taking it revealed that she had suffered an episode of 2 day fever with chills, sore throat, and running nose which was not treated by any antibiotics 2 months back. The fever subsided without any medication, which couldn't be strictly categorized as Streptococcal induced illness.

There was no fever, fatiguability, malaise, weight loss, loss of appetite, previous seizure episode, skin lesions or hypersensitivity, joint pain, chest pain, pain abdomen, bowel and bladder habits disturbance, menstrual disturbance, mood and cognitive disorder, itching or watering of eyes. She and her father doesn't give any positive history suggestive of OCD, ADHD, learning disabilities, persistent drug usage, and similar complaints among family members. On subsequent visits her gait became faintly clumsier with supplementary hand and leg swings in addition to the tics present prior to this.

It could be described as early forms of Chorea. It progressed to typical chorea in a span of 1 week. She also had disturbed sleep. On neurological examination- No neurocutaneous markers or signs of meningeal irritation were present. Speech was normal except for occasional speech block. Subjective and objective mood assessment were good except she felt unhappy when people scorn her condition and felt anxious when constrained from performing the movements until she performs the act. Perception, Cognition, and Judgment were good. Insight was present. Slit lamp did not reveal any Kayser Fleischer rings

CASE REPORT-DIAGNOSTIC DILEMMA

Cranial nerve examination, Sensory, motor system, and reflexes were normal. Cerebellar function was normal as witnessed by finger nose test, absence of tremors, nystagmus, ataxic gait, pendular knee jerk and dysdiadokokinesia. The lab investigation turned out as Hb%-13.5gm%, TC-8800cells/mm³, Platelet count-2.20lakhs/mm³, ESR-19mm/hr, CRP-negative, Serum Na⁺-134mEq/L, K⁺-3.9mEq/L, Cl⁻ 100mEq/L, Ca²⁺-9mg/dl, RBS-99mg/dl, LFT, RFT, Thyroid profile, and ECG were within normal limit. ASLO was < 200IU, no raise in titre was observed. Rheumatic factor was negative. CK-MB was 8.00U/L, and CK-NAC was 36.00U/L. ECHO was normal with normal chamber volumes, good LV function, EF-62%, no regional wall motion abnormality, normal valves, no clots or pericardial effusion. No abnormality was detected by MRI. ANA was 0.3 and Serum Ceruloplasmin was 26.80mg/dl. Ophthalmic examination by a slit lamp.

DIAGNOSIS:

In the beginning we had provisionally diagnosed it as Transient Tic Disorder, even though both motor and vocal tics are seldom present together, one can progressively develop both as time elapses. At the time of presentation, it was only 2wks old, which made it difficult to fit in. As she developed Chorea like movements at a later stage it demanded to rule out all causes of acute onset Chorea. Sydenham's chorea was worked up, but the findings satisfied only 1 major criterion of Jones i.e Chorea without any minor criteria. Metabolic causes like electrolyte and endocrine disturbances were ruled out by the normal values. Post infectious causes like PANDAS were out of the picture as TC, DC, ESR, CRP, ASLO were negative and no association could be traced with reference to a probable bacterial infection and the symptoms.

Auto immune diseases like SLE, and APA syndrome were eliminated by negative ANA, nil thrombotic abnormalities and doesn't satisfy any criteria for SLE. Huntington's Disease is of least possibility because it typically occurs between the age group of 25-45yrs and the prevalence is 0.002 to 0.008 in western countries and is much more less in Asian race. The occurrence is negligible among younger age group. Negative family history and absence of associated features like dysarthria, oculomotor abnormalities and tone abnormalities including dystonia, bradykinesia, rigidity or spasticity spurns the diagnosis. Wilson's disease was ruled out as there were no Kayser Fleischer rings on slit lamp examination and clinically tremors and other Parkinsonism like features were absent.

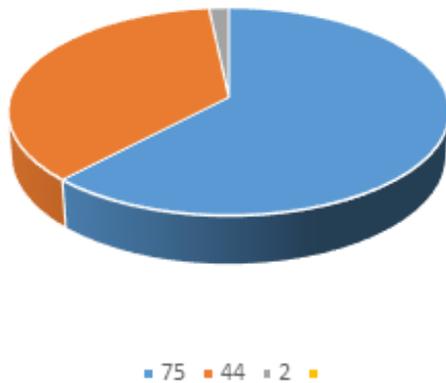
In the present scenario we are left with Psychogenic disorder as the movement abnormality abolished on distraction and during sleep, but no secondary agenda could be elicited. Despite the diagnosis the treatment follows a fairly similar course for various etiologies, nevertheless correcting the organic cause is of pivotal importance when diagnosed. For mild cases no treatment is needed because in many cases the movements cease by themselves as the day progresses or Cognitive Behavioral Therapy is employed if the disease is affecting the person's social life. In moderate cases dopaminergic blocking agents, valproic acid, carbamazepine can be used. Neuroleptics are not advised in this age group because of side effects.

At the end of the day as rightly stated by **William Osler**, "**Medicine is a science of uncertainty and an art of probability**" is proved beyond doubt.

Dr.Chaitra M-Intern

FEEDBACK ON DUAL GUEST LECTURE-“SEXUAL HEALTH-MALE & FEMALE PERSPECTIVES”

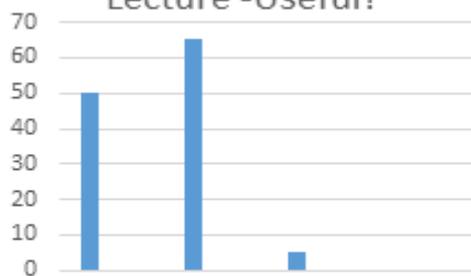
Organisation of Lecture?



Relevance of Lecture?



Interactive mode of Lecture -Useful?



The questions framed in the feedback forms were to assess the Organisation of the Guest lecture, How relevant was the topic for the audience and did the audience find the Interactive Model of presentation useful. The options in the answer were A-Very much ,B-moderately,C-Not at all.

The Department of Psychiatry , on the occasion of World Mental Health Day 2016, conducted a Dual Guest Lecture at the end of the Celebrations of World Mental Health Week, 18th Oct, 2016. The Lecture was on “ **Sexual Health-Male & Female Perspectives**” by the well known Sexologist and Professor and former Head, Department Of Psychiatry, JSS Medical College, Mysore, Current Editor in Chief, Indian Journal Of Psychiatry, **Dr.T.S.Sathayanarayana Rao** and Consultant Obsterician & Gynecologist, **Dr.Vasumathy.S.Rao**. Sexual Health being an oft neglected dimension of healthcare, with this year’s World mental Health Week Celebrations we wished to focus on Health and Wellbeing with specification on Sexual Health, from the perspective of both genders. We present to you our findings on the feedback received by the audience which consisted of Faculty, Postgraduate Students and MBBS undergraduates.

Photo Gallery – Departmental events in 2016



The Department of Psychiatry celebrated the 'World Mental Health Week' to mark the occasion of 'World Mental Health day' on 10th Oct, 2016. Many events including Quiz Competition, Painting competition, Cartooning Competition, Short Movies, and Clay modelling was conducted for Undergraduates and Postgraduates of the Institute. Professor and Former HOD, Department of Psychiatry, JSS Medical College and renowned Sexologist, Editor Of Indian Journal Of Psychiatry, **Dr. T.S.S Rao and Dr.Vasumathy.S.Rao**, well known Consultant Obstetrician graced the Occasion with dual guest lecture on 'Sexual Health-Male & Female Perspectives' which was held on 18th oct, 2016 at AIMS, B.G.Nagar.



The occasion also included exhibit of the Paintings, Cartoons, Clay Models of the enthusiastic students and Prize distribution for the same.



The Prize Winners Of the Quiz, Painting ,Clay Modelling are presented below.



The Department initiated consequent visits to offer Deaddiction services to Cheenya Village, Nagamangala. Camps with focus On Alcohol & Nicotine Deaddiction was held, in collaboration with Sri Dharmastala Gramabereedi Yojane Trust. Free evaluation was carried out and given free samples of Nicotine Replacements Medications.

Photo Gallery – Departmental events in 2016



The Calendar year 2016-17 has been a memorable one for the remarkable achievements of our Undergraduate Students . It was a commendable achievement by the students to grab all three prizes in the state level written prize examination conducted by Indian Psychiatric Society- Karnataka Chapter (IPS-KC) in August, 2016. **Dr. Karthik.N.K, Dr. Chethan.G & Dr. Abhilash.N** were the interns who bagged the top 3 prizes. **Dr.Abhilash.N and Dr. Arunkumar.M** won the **first place** at Annual **National Conference of IPS Quiz (ANCIPS)** held at Bhopal in January, 2016. All the above students were congratulated for their feat in the **KANCIPS(State Level Conference)** on 23rd September,2016 on behalf of IPS-Karnataka Chapter. The Department of psychiatry & the Institute congratulated and acknowledged the rare feat achieved by the students.

CMEs, Conferences attended by faculty

Dr. VAP Ghorpade

- 1.CME & Workshop On teaching Undergraduate Psychiatry at Bangalore(26th Nov,2016)-Poster Presentation

Dr. Ravikumar.S

1. KANCIPS – Annual State Conference at Mysore (23-24 Sept,2016)- Presented Poster
2. Indo European Symposium On Coercion at Mysore (22-23rd Sept, 2016)

Dr. Vinay.H.R

- 1.KANCIPS – Annual State Conference at Mysore (23-24 Sept,2016)-Presented Poster
- 2.Indo European symposium On Coercion at Mysore(22-23rd sept,2016)
3. CME & Workshop on Teaching Undergraduate Psychiatry at Bangalore(26th Nov,2016)- Conducted Session on Teaching Undergraduate Psychiatry with Dr.Kishor.M, with Poster Presentation.

Dr. Keya Das

- 1.KANCIPS – Annual State Conference at Mysore (23-24 Sept,2016)-Presented Poster
- 2.Indo European symposium On Coercion at Mysore(22-23rd sept,2016)
3. CME & Workshop on Teaching Undergraduate Psychiatry at Bangalore(26th Nov,2016)-Poster Presentation

Now it's time you people let your Minds talk; Feedback/Communication be sent to departmentpsychiatryaims@gmail.com