



Monthly Newsletter on Psychiatry for Doctors & Medical Students  
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## FROM THE EDITOR'S DESK...

The month of November saw the much-awaited American Presidential elections. A record number of votes were cast through mail due to the ongoing pandemic situation. Even before the announcement of the winner, reactions have begun pouring in from both sides.

What must actually catch the attention of behavioural scientists is not so much as to who won the elections but to how the anticipated winner and loser took to presumed winning and losing respectively. Submission to a higher and dominant entity within a social structure is necessary to maintain social hierarchy. The presence of social hierarchy and the acknowledgement of ranks by its members will curb aggressive behaviours and conserve energy in the system according to the Social rank theory. Societies function on agonistic and hedonistic interactional patterns. Agonistic behaviours are built on aggression and inhibition of aggression whereas hedonistic behaviours are built on reconciliation. The positive mood, low hostility, and low anxiety associated with victory, promotes magnanimity and reconciliation. The dejection associated with loss promotes submission. Thus, the reactions of the winner and the loser have complimentary functions preventing conflicts and promoting reconciliation. Interestingly, from a psychiatry perspective, experimental research suggests that depression leads to activation of the Involuntary Defeat Strategy (IDS), which has evolved to forestall defeated individuals from engaging in potentially dangerous contests with superior rivals.

In the current political scenario, the agonistic behavioural pattern seems to be functioning. The reactions of the presumed loser have been that of aggression manifested as accusations, claims, insinuations, name-calling and gibes at the opponent leader. This holds the risk of de-stabilising the harmony within a hierarchical system. For the larger good, we can only hope that hedonistic behavioural patterns emerge sooner rather than later.

**Dr. Yamini. D**

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# CONTRIBUTION

## Poem - *Cry for Attention*



The pandemic left her alone  
In an apartment far from home,  
Her life seemed as empty as the streets  
With no one to meet, greet or speak.  
With only online classes to attend  
She became socially distant.

With no happiness, purpose, motivation or interests left in her life  
She called her friends at night  
However, they were too busy or sleepy to spare her some time.  
She wept for affection

But people told her that she was just a baby, crying for attention  
Little did they know, that she was fighting with depression.  
Despite her whining from time to time  
Her welfare was the last thing that crossed people's mind  
Until, she committed suicide.

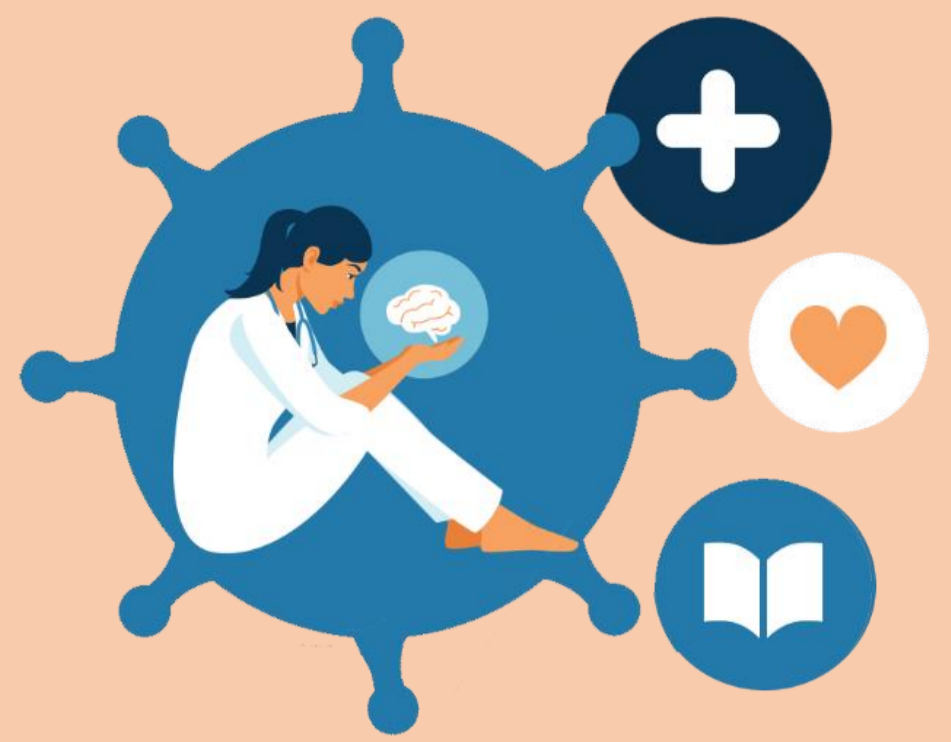


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# STUDENT DIARIES



March 2020, the nation finally started to realize the threat that the Coronavirus posed to public health, and the entire country entered into a state of lockdown. When the lockdown was first announced, I was ecstatic. I was confident I would be okay.

After all, how hard could it be to stay at home. However, soon the reality started to sink in. It was my final semester and I had to take my final exams. Over the period of the lockdown, there was a sense of uncertainty with regards to the reopening of colleges, more so for students such as myself to carry on with their regular semester and final exams. Even though the college had arranged for online classes to help facilitate learning, I missed being at the hospital, attending clinical postings and learning from patients. I realized the importance of physical presence, the opportunity it provides to sharpen our clinical skills, and the ability to practice empathy first hand from my professors. I slowly realised learning like this would be a challenge and I wasn't prepared...Eventually, the dates of the exams were declared and we could finally go back to college. However, travel during this pandemic proved to be quite an obstacle. Added to that, the stress of having to isolate myself or the possibility of contracting the infection was sky high. If I tested positive, I would have had to lose my semester and the thought of that simply made it worse. This, added to the pre-existing pressure of final exams, posed a serious challenge. Despite all of this, understanding what was at stake.

I couldn't allow myself to slack off and continued to push myself through these times. Lockdown did provide me with more time for theoretical learning compared to the usual circumstance, alongside the regularly scheduled online classes that enabled us to clarify doubts directly with the professors. However, the lack of hands-on clinical experience was a concerning factor. Finally, on the day of the examination, we had to follow strict protocol and maintain social distancing, as we could not risk falling ill. The faculty conducted the clinical exams with utmost diligence. Their adaptability to the pandemic was brought to the fore when they decided to switch a part of the exam to virtual which was an advantage to a certain extent. The minor cases displayed via the PowerPoint presentation did seem simple but required us to demonstrate significant knowledge of the subject. Many of us fail to see opportunities that lie right before us until it is too late, and this pandemic did the perfect job of driving this point down. The sudden unexpected shift in the mode of learning and lack of hands-on practical experience demanded unusual adaptability and creativity from the students to overcome the knowledge gaps. The lesson I take away from this entire situation is the importance of preparedness and the ability we all have to push ourselves further than we knew we could.

It has made me grateful for the opportunities I have had all along. In the end, it has made me wiser and more responsible.



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## INVITED ARTICLE



# Epidemiology and Psychiatry

When we say *epidemiology*, all that comes to mind is numbers, statistics or p value and not to forget the big book - Park & Park. As we know, epidemiology is the study of associations between exposure to disease-causing agents, individuals, and the environment around these two. *Environment, agent* and *host* together are famously called a "Epidemiological triad". Epidemiology helps us to understand how often diseases occur in different groups of people and why. This information is used to plan and evaluate strategies to prevent illness and as a guide to the management of patients in whom disease has already developed.

Of all the sub field of epidemiology, psychiatric epidemiology lags behind significantly because of the difficulties encountered in understanding the complexity of the epidemiological triad involved especially when conceptualizing and measuring mental disorders. As a result, the term psychiatric epidemiology, especially in India continues to mainly focus on the estimation of prevalence of the disease at a time when other branches of epidemiology are making progress in documenting risk factors and developing preventive interventions. In recent years, though we have started taking baby steps towards preventive intervention, a lot has to be focused on.

A simple example for this is, methodology section in majority of research papers from India in psychiatry is limited short descriptions whereas results and discussion run into pages. We should understand that methodology of a paper is the real backbone of the research and a weak method will not be useful even if results are exciting. For this, understanding Psychiatric Epidemiology is very important. One of the main hurdles that Psychiatric Epidemiology faces is that it is not ethically possible to experimentally expose study participants to stressors suspected to cause psychiatric disorders to understand the outcome. Thus, we require specialised epidemiological techniques to study the etiology.

Few of the Major advances in recent years include the development of reliable, fully structured diagnostic interviews for various disorders which can be easily validated in local settings. Along with this, implementation of national and cross-national surveys of the prevalence and correlates of mental disorders and including mental health questions in general surveys is a big step towards the initiation of research in clinical epidemiology. National Mental Health Survey 2015-16 is a good example of this. Including few psychiatric correlates in DHS surveys by WHO done in 160+ countries give us a base for comparison between the countries.

Another major challenge is evaluation of systematic underreporting bias in surveys of mental disorders. Creation and use of accurate assessment tools for studying disorders in special populations like children, adolescents and geriatric population is another challenge.

Adding more fuel to the fire, without proper training, undergraduate and postgraduate students find research to be a fancy term and usually forget that research and patient care are two different sides of the same coin. They start to consider each patient as a data point. This is leading to publications of huge quantity work but lacking in quality. Research in India is usually limited to a single centre, with a sample size for a small population, restricted to particular geographical location which increases the bulk of the search results on PubMed or google scholar but have very limited outcomes which cannot be generalised to the whole country. In such papers, the focus is more on showing a positive outcome with limited words on methods in the study.

It is high time that we realise that psychiatric epidemiology is the spine of the research work. Including proper training regarding Psychiatric Epidemiology with focus on methods will help us to have better quality research which can be used to plan and evaluate strategies to prevent mental illnesses and also as a guide the management of patients in whom disease has already developed.

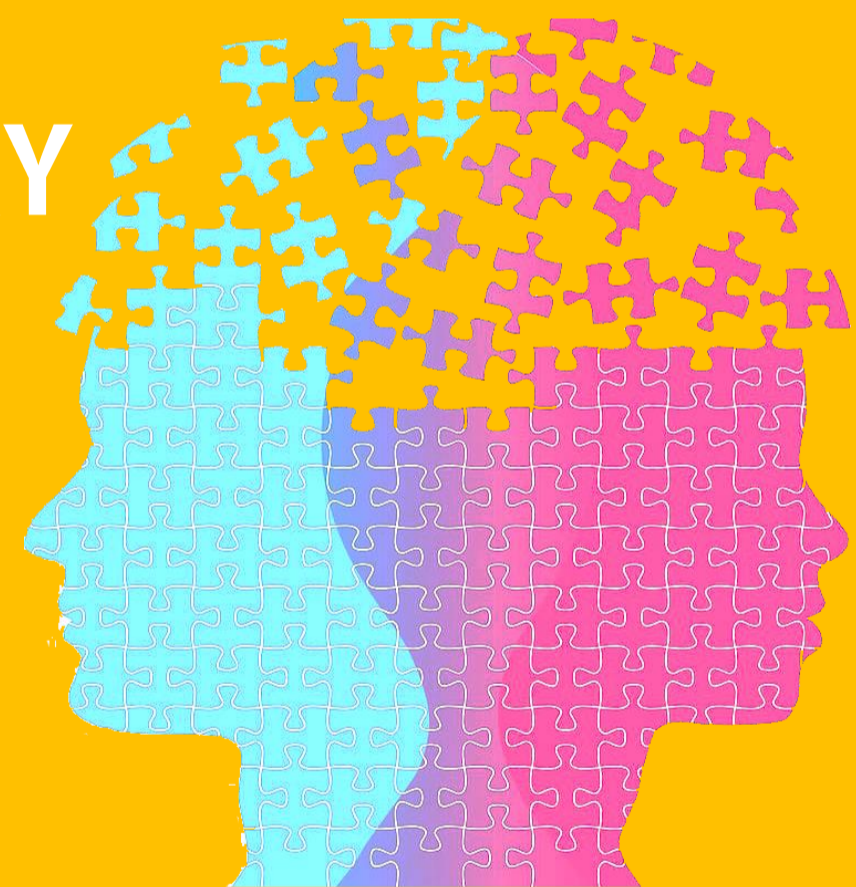


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## TRANSCULTURAL PSYCHIATRY

### CRICKET AND MIND GAMES



The relevance of psychology permeates all spheres of our day-to-day life starting from personal relationships to professional work. Even the field of sports is highly influenced by the complexity of human psyche. The presence of psychologists in a team's coaching staff is a testimony to the role of psychology in the world of sports. Hence, sports psychology is an emerging field.

Cricket, which happens to be the most popular sport of India, is even more demanding from a psychological point of view. Long hours spent on the field require unwavering focus, and the dynamics of the team game coming into the picture makes it even more complicated for the players. Here comes the role of playing psychological tricks, known as 'mind games', to get an edge over the opponent. It might not sound very believable, but psychology has indeed played a pivotal role in many instances in the history of cricket.

The history of using these 'mind games' can be traced back to almost a century ago. In the infamous 'bodyline' series of 1932 of the Ashes, which is one of the most fiercely contested cricket tournaments, the English resorted to the strategy of bowling extremely fast at the body of the batsmen, especially the great Sir Don Bradman

# INVITED ARTICLE

The idea behind this was to intimidate and unsettle the batsmen, who would respond by defending the ball. Multiple fielders were stationed around the batsman to catch the ball, which was very likely to fly to them taking the edge from the nervous batsman's willow. Unsurprisingly, England neutralised the threat of the great Sir Bradman, and went on to win the Ashes series 4-1.

Speaking of fiercely fought tournaments, India-Pakistan encounters cannot be left out. The iconic battle between Aamir Sohail and Venkatesh Prasad in 1996 World cup is still fresh in the minds of cricket fans. In the high voltage knock out game, Prasad was bowling beautifully. Sohail hit him for a boundary and subsequently tried to break his focus by gesturing that the next ball would be dispatched to the same side of the field. However, Prasad didn't lose his cool. He cleaned him up with a length delivery in the very next ball, when Sohail had already gone on the back foot playing for a bouncer. This two-sided 'mind game' was indeed a treat to the eyes of the fanatics.

This kind of sledging is a very famous tactic that has been in use in cricket since a very long time. It is basically a practice where the opponents insult or verbally intimidate the players to weaken their confidence and concentration, thereby making them vulnerable to err on the field. Sledging was cited to be one of the reasons behind the dominance of the mighty Aussies in the 2000's (this doesn't undermine the levels of the skills they possessed in any way). On the flip side, there have been instances where the player who was sledged got the better of the opponent. One of the most breathtaking achievements in international cricket was immediately preceded by sledging of the player involved. Everybody remembers the iconic six sixes of Yuvraj Singh, but not many associate it with the altercation with Andrew Flintoff, which spurred him on to do the impossible.

'Mind games' don't just happen on the field, but they happen off the 22 yards as well. Personal comments, along with socio-political remarks on players have become a commonality in press conferences, which mark the beginning of 'mind games.' Modern day media does its bit by giving undue importance to these statements, and all of this adds to the pressure of the players, even before the actual match starts.

The history of cricket is filled with innumerable such incidents, both on and off the field. Sometimes, these are said to be the primary driving force behind the success of the proponent, while at other times, they are considered to be inconsequential. But the fact remains that cricket is a game which is played in the minds, as much as on the fields. The greatest of players don't only have the cricketing skill set, but also possess a sound mind to tackle such 'mind games.' Their ability to be at their best even in times of immense psychological pressure from the opponents is what separates them from the rest!



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## Crossword Answers

### Across

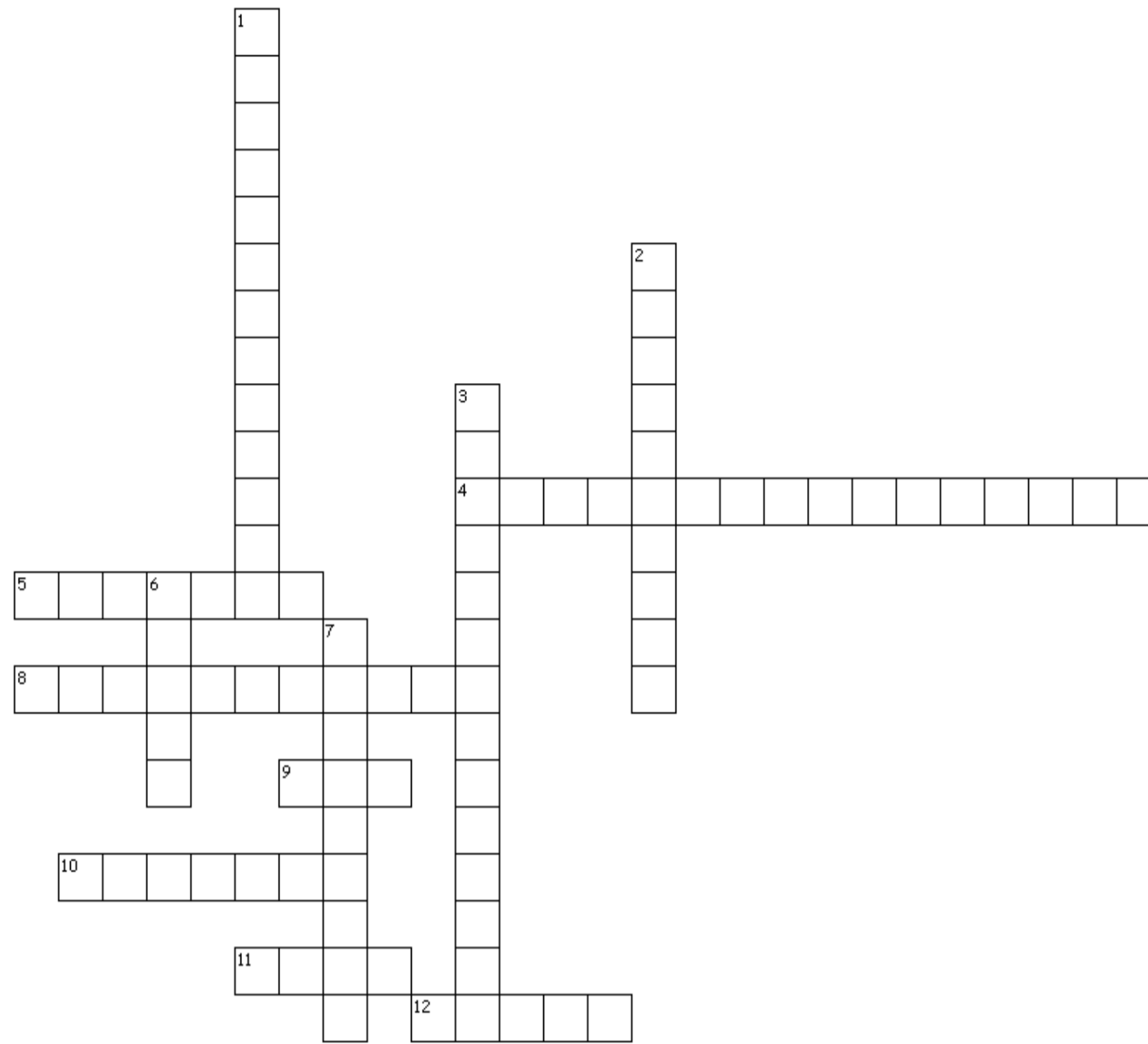
4. Lisdexamphetamine 5. Russell 8. Hypokalemia 9. BES  
10. Parotid 11. PANS 12. Taq1A

### DOWN

1. Morgan Russell 2. Fluoxetine 3. Bulimianervosa  
6. SCOFF 7. Refeeding



# CROSSWORD



## Across

4. FDA-approved drug for treating binge eating disorder in adults (but not for weight loss)
5. Clinical Sign most commonly associated with Bulimia where there are calluses at the back of the hands
8. Most common electrolyte disturbance seen in Bulimia
9. Most common scale used in the assessment of Binge Eating disorder
10. Gland that is mostly enlarged in a case of Bulimia
11. Syndrome in children where there is abrupt onset of obsessive-compulsive disorder (OCD) or severe food/fluid intake restriction, as well as at least 2 additional neuropsychiatric symptoms.
12. Genetic variation associated with enhanced reward processing, associated with increased likelihood of BED.

## Down

1. Name of the outcomes assessment used to aid in diagnosis of Anorexia Nervosa
2. SSRI used as First line treatment in Bulimia
3. Psychiatric condition associated with Binge Eating disorder, and having a reciprocal relationship with it
6. Questionnaire commonly used to diagnose eating disorders
7. Syndrome which is a potentially serious or even fatal complication that can occur in anorexia nervosa as result of food intake.

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