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HELPING PEOPLE WITH PSYCHIATRIC ILLNESS

1. What is psychiatric illness?

Psychiatric illness is caused by problems in the mind. The person with psychiatric illness may describe strange experiences which others around him do not see or hear. The person does not always understand what has happened to him. Often the person does not even know that he is behaving differently. In all types of psychiatric illness, the person's ability to do daily activities or work, or talk with friends and family changes. Psychiatric illness may begin suddenly, over just a few days, or it may develop more slowly over many months. A person with psychiatric illness may show strange behaviour at certain times and seem normal at other times, acting just like he did before the illness.

2. When are persons psychiatrically ill and not just "strange persons?"

Every community has a few people who are odd or different. Many people dress and act different from their neighbours but they do the usual activities around their house and go to work. These people act a bit strangely, and it is their usual way of doing things. Psychiatric illness however creates a big change from the way the person used to behave in the past.

3. What causes psychiatric illness?

- (1) Stress: Stress comes from different situations, within the family or work.
- (2) Chemical imbalance: The brain has special substances called brain chemicals. Changes in these can cause psychiatric illness.
- (3) Abuse of drugs: Many "illegal" drugs may have ingredients that can cause psychiatric illness. Even if a person takes legal pills often, he can develop psychiatric illness.
- (4) Injury to the Brain: Damage to a person's brain can result in strange behaviour.
- (5) Ageing: Some people develop psychiatric illness because of unusual changes in their brains as they get old. When this happens the person may become very confused and often gets lost, even in his own home. He may become very worried, and sometimes become angry or sad.

4. How are people with psychiatric illness different from others?

People with psychiatric illness do not all act the same way. Family members are usually the first to notice the change. Some ways that a person might act different from the usual are:

- (1) A person may be worried. Sometimes he cannot sleep and cannot stop worrying. No matter what other people say, he keeps worrying.
- (2) He may suddenly feel his heart beating very quickly, his breathing becomes very fast and he is afraid for no reason. He is unable to think clearly and does not know what to do. This feeling lasts a short time but returns at any time.
- (3) People with psychiatric illness can look very different. Sometimes they do not comb their hair or change their clothes for days. Their facial expressions can change. They can lose a great deal of weight in a short period of time.
- (4) Some people complain about their body. They always seem to have pain, which can move around the body, or headaches, or say they "feel sick". Even after the doctor has done tests and says there is nothing wrong, they continue to worry. Even after many expensive tests and visits to specialists who say they are healthy, the person with psychiatric illness still believes there is something wrong.
- (5) Sometimes a person walks around for hours and cannot sit still because he is anxious and worrying about silly things. Other people may be unusually happy (too happy in fact), making all kinds of strange, unrealistic plans.
- (6) Some people lose all interest in their family or job. They may sit at home alone and not visit others. Sometimes, people with psychiatric illness stay in one room and do not want to eat or talk to anyone.
- (7) The person may begin to say strange things and make strange decisions that no one in the family can understand.
- (8) He may become suspicious at home or at work for no reason. He may think that others are talking about him. Sometimes he may believe that others want to hurt him. People with this problem often do not believe what family and friends say and it is hard to convince them that there is no danger.
- (9) A person with psychiatric illness may believe things that everyone knows are not true and may tell other people about these things.
- (10) When the illness is severe, a person may see or hear things that are not there; as a result he may talk to himself.
- (11) Sometimes when he is very disturbed he may speak strangely so that his family cannot understand what he is saying. The words may be mixed up.
- (12) A person with psychiatric illness may not know where he is or what day it is.
- (13) A person who is severely ill will sometimes just stop moving for long periods for no reason and become severely withdrawn.

- (14) Some persons may believe that they are someone else.
- (15) A person with psychiatric illness may seem like he does not know that anyone else is in the room. But often he is watching and listening to what is going on around him even though he is withdrawn.
- (16) He may think that someone else controls his actions, for example a "voice" tells him that his neighbour wants to steal his things.
- (17) Sometimes people with a medical problem also have psychiatric illness. A person with a broken back can become depressed when he realises he will never walk again or a person who has a severe psychiatric illness may also develop medical problems which are not related to the psychiatric illness. A person can have medical and psychiatric illness because of drug or alcohol abuse.
- (18) Some women become very sad and tearful after the birth of their baby. If left alone without help, she may harm herself and the baby.

5. Does psychiatric illness get worse?

There are so many kinds of psychiatric illness that this is a difficult question to answer. Each psychiatric illness has different ways of progressing.

- (1) Some people may be ill only once and never have problems again.
- (2) Some psychiatric illnesses do not get worse and stay the same way for a long time.
- (3) For some people, the strange behaviour will go away for a period of time only to come back again later.
- (4) Other people may become worse over weeks or months. They may become severely disturbed.

6. Can psychiatric illness be cured?

There is still a lot to be understood about psychiatric illness. With the right help, in most persons the problems and strange behaviour can disappear and they can lead a normal life. But some others may have problems for their whole life.

7. How is psychiatric illness different from mental handicap?

- (1) A person with psychiatric illness may have normal or high intelligence. But because of the stress or a brain disease, her behaviour becomes strange and it appears as though she cannot learn. Mental handicap is caused by damage to the brain before or near the time of birth. He is born with low intelligence and will always have difficulty learning.
- (2) People with psychiatric illness are often given medicines when their behaviour becomes strange. Medicine will not help a person with mental handicap to think or learn.
- (3) A mentally handicapped person may also behave in a strange way but that is because he has not learned how to do things correctly. Such people may learn to do certain things with special training.
- (4) A person with a mental handicap can also become mentally ill and may need help for the illness.

8. What is it like to have psychiatric illness?

Psychiatric illness disrupts a person's life and the lives of the families and friends. It can cause problems with almost every activity: eating, sleeping, working, speaking to friends and neighbours and moving around the community. People with psychiatric illness suffer a great deal just as people with physical illnesses do. Their thoughts and feelings can be very frightening to them and to people around them, just as in the case of people with physical illnesses. The family and friends might think that the strange behaviour is causing the problems and forget how badly the person may feel.

9. Warning signs of serious psychiatric illness

Some behaviours that can distress the family are also signs of severe illness:

- Not washing himself or changing clothes for long time;
- Being active all the time (hyperactivity) with little or no sleep;
- Sitting like a statue for hours without moving;
- Moving about quickly without any purpose and waving his arms and shouting;
- Talking to himself all the time or not allowing others to speak;
- Talking without making sense;
- Refusing to be with family members and spending most of the time alone;
- Eating or drinking too little with a great deal of loss of weight;
- Crying for a long time for no reason.

These warning signs tell the family and friends to get help immediately.

WAYS TO HELP

There are a number of ways to help a person with psychiatric illness.

1. **Medical Treatment:** Medication is one of the ways to change strange behaviour quickly. Sometimes people need a short stay in hospital.
2. **Counselling:** Counselling helps the person to talk about his difficulties and to feel that someone else understands and cares for him.
3. **Routine Activities:** Keeping the person involved with the routines can help the person return to her normal behaviour.

MEDICAL TREATMENT

Medicine does not “cure” psychiatric illness like antibiotic drugs cure an infection, but it changes thoughts and behaviour and can make people feel well again. Different medicines are given for different strange behaviours. Some medicines help make the person with psychiatric illness think normally so they no longer have strange thoughts. Other medicines change behaviour, calm down the overactive person or help a person who does not want to do anything, to start doing daily activities again. Medicine can be given as pills, as a liquid or by injection. Some medicines take a long time to start working, 10 days to 2 weeks. Generally, if the medicine is working, persons with psychiatric illness should begin to be easier to talk to, they feel calmer, and their strange behaviour should decrease though it may not go away completely.

COUNSELLING

Counselling is used to find out from the affected persons what they think are their problems, how they are feeling and what change they expect. Counselling can help people with a psychiatric illness to understand why they have a problem and why they need help. It is also a way to encourage and support them while they are ill. Many persons with a severe psychiatric illness cannot answer questions or their answers do not make any sense. In this case counselling IS NOT USEFUL.

ROUTINE ACTIVITIES

Daily activities in the home can be used to help the person with psychiatric illness to get well. These activities help the person to pay attention to real, not “crazy” thoughts. They provide a routine for the person’s day. The person with psychiatric illness should be gently reminded to bathe, comb their hair and to change their clothes. With encouragement a person with a severe psychiatric illness can begin to assist in simple household activities. The person should be encouraged to do as much as possible for him even if it takes longer or is not done well. The person with a psychiatric illness may need to take a break while doing an activity because she cannot pay attention for a long time. The time spent each day doing activities by a person with a psychiatric illness should increase. It is much better for him to be busy than doing nothing.

QUICK REFERENCE TO HELP A VERY UPSET PERSON

The information below gives some ways to help people who are very upset or show very difficult behaviour. The first thing to do is to find a doctor. But often the doctor is far away or not able to come, and the family and community need to take action immediately.

Unfriendly and suspicious, thinks others want to harm him, overly watchful of things going on around him, has ideas which are not real

1. Do not argue with the person about their ideas or thoughts or try to prove them wrong.
2. Change to a concrete topic that is not related to strange thinking.
3. Be friendly and accepting. Do not get angry with the person.
4. Do not whisper or talk secretly when the person is in the same room or near by.
5. Do not talk or do things behind the person’s back.

Restless, constantly walking back and forth or very excited, moving around without a reason

1. Do not try to hold on to the person.
2. Call him and get his attention.
3. Firmly but without anger, ask him to come to you.
4. Tell him his behaviour is upsetting you and you would like him to stop.

Avoids people and won’t let others come near

1. Approach the person slowly and in a friendly manner. Stop in front of him but at a distance and greet him in the usual way.
2. Talk to him first about things you both can see e.g., Is that chair comfortable?
3. If he answers, continue with small talk.
4. If the person stops talking, try again to get him to answer. If he becomes restless, thank him and leave.
5. Repeat this small talk many times until he allows you to come near and talks to you about how he is feeling.
6. Have the family members continue their activities near the person so that they can watch him.
7. Family members should continue to talk to the person even if he does not answer.

Aggressive behaviour, suddenly strikes out

1. Stay calm and do not show that you are frightened but quickly go for help.
2. Speak in a firm loud voice: "I would like you to stop".
3. Remember that the person does not always know what he is saying or doing.
4. Give the person an activity which requires him to use his energy, like loading a large bag.
5. Do not let him use tools that are sharp or that can be used as a club.
6. Instruct other persons not to argue with the person and to stay away till he calms down.
7. When the person is calm, talk to him about his behaviour. Make suggestions about other activities he can do which will help the anger disappear.

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UNDERSTANDING CLINICAL DEPRESSION

There are several types of clinical depression, which involve disturbances in mood, concentration, self-confidence, sleep, appetite, activity, and behaviour as well as disruptions in friendships, family and/or work. A clinical depression is different from experiences of sadness, disappointment, and grief familiar to everyone. This note is intended to provide you with an understanding of the symptoms, causes, and treatment of clinical depression. A period of depressed mood, which lasts for several days or a few weeks, is a normal part of life and is not necessarily a cause for concern. Although these feelings are often referred to as "depression," they typically do not constitute a clinical depression because the symptoms are relatively mild and of short duration. Moreover, these are often related to stressful life events and improve with positive life changes. A person experiencing clinical depression, however, is likely to be experiencing substantial changes in their mood, thinking, behaviours, activities, and self-perceptions. A depressed person often has difficulty making decisions; for example, the day-to-day tasks may seem overwhelming. A depressed person may also dwell on negative thoughts, focus on unpleasant experiences, describe him/herself as a failure, report that things are hopeless, and feel as though he is a burden to others. The changes in mood brought on by depression frequently result in feelings of sadness, irritability, anger, emptiness, and/or anxiety. There are also some types of depression, in which depressive episodes alternate with episodes of agitation and euphoria. A severe depressive episode can result in thoughts of death and suicide. The following checklist includes many of the symptoms typical of clinical depression. It is important to note however, that only some of these symptoms are necessary for a diagnosis of depression.

Symptoms of Depression

1. A significantly depressed mood or general absence of expressions.
2. Inability to experience pleasure or feel interest in daily life.
3. Inexplicable crying spells, sadness, and/or irritability.
4. Sleeplessness or excessive sleep nearly every day. A substantial change in appetite, eating patterns or weight.
5. Fatigue or energy loss.
6. Diminished ability to concentrate.
7. Feelings of hopelessness or worthlessness.
8. Inappropriate feelings of guilt.
9. Lack of sexual desire.

Causes of Depression: Clinical depression is typically caused by a combination of biological, genetic, and psychological factors. A recent death or loss, family conflict or divorce, financial difficulties, major life transitions, and other stresses can contribute to or exacerbate a depressive episode. It should also be emphasised that some depressive episodes can occur without identifiable causes. Consumption of addictive drugs and alcohol may also play a role in causing some depressive disorders. The consumption of alcohol and addictive drugs may "mask" the symptoms of depression in some persons. It is important to remember that all depressive disorders are treatable conditions. They are not the result of laziness, weakness, personal failure, or a lack of will power.

Things to Do

1. Eliminate the use of alcohol or addictive drugs.
2. Engage in some form of physical activity, such as walking every day.
3. Eat a proper, well-balanced diet.

4. Get adequate amount of sleep.
5. Seek emotional support from friends and family.
6. Modify your schedule, and set realistic goals.
7. Eliminate or reduce unnecessary tasks so that your schedule is more manageable.
8. Consult a physician if you are experiencing any medical problems.
9. Seek early intervention, which may modify the severity of your depression.

Things to Avoid

1. Don't make long-term commitments or important decisions unless necessary.
2. Reduce your involvement in activities that are stressful or overwhelming.
3. Don't assume that things are hopeless.
4. Don't assume responsibility for events that are outside of your control.
5. Don't avoid treatment as a way of coping.

Treatment of Depression: If symptoms related to a depressive condition are interfering with your ability to do routine, day-to-day activities, then you should consider seeking professional help. There are currently a variety of highly effective interventions available for treatment of depression, depending on what is necessary for each person. If you seek treatment, the recommendations you receive will likely depend on the specific symptoms you have experienced, their duration and severity, and any previous history of depression. There are some side effects associated with antidepressant medication, but the medication is often an effective and low risk form of treatment. Frequently, counselling can be useful to resolve interpersonal problems associated with depression, but it does require a commitment from the affected person.

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SUICIDE PREVENTION

Danger Signals: At least 70 percent of all people committing suicide give some clue to their intentions before they make an attempt. Becoming aware of these clues and the severity of the person's problems can help prevent a tragedy. If a person you know is going through a particularly stressful situation, watch for other signs of crisis. Many persons convey their intentions directly with statements such as "I feel like killing myself," or "I don't know how much longer I can take this". Others in crisis may hint at a detailed suicide plan with statements such as "I've been saving up my pills in case things get really bad" or "Lately I've been driving my car like I really don't care what happens". In general, statements describing feelings of depression, helplessness, extreme loneliness, and/or hopelessness may suggest suicidal thoughts. It is important to listen to these "cries for help" because they are usually desperate attempts to communicate to others the need to be understood and be helped. Often persons thinking about suicide show outward changes in their behaviour. They may prepare for death by giving away prized possessions, making a will, or putting other affairs in order. They may withdraw from those around them, change eating or sleeping patterns, or lose interest in prior activities or relationships.

Myths about Suicide

MYTH: "You have to be crazy even to think about suicide".

FACT: Most people have thought of suicide from time to time. Most suicides and suicide attempts are made by intelligent, temporarily confused individuals who are expecting too much of themselves, especially in the midst of a crisis.

MYTH: "Once a person has made a serious suicide attempt, that person is unlikely to make another".

FACT: The opposite is often true. Persons who have made prior suicide attempts may be at greater risk of actually committing suicide; for some, suicide attempts may seem easier a second or third time.

MYTH: "If a person is seriously considering suicide, there is nothing you can do".

FACT: Most suicidal crises are time-limited and based on unclear thinking. Persons attempting suicide want to escape from their problems. Instead, they need to confront their problems directly in order to find other solutions - solutions which can be found with the help of concerned individuals who support them through the crisis period, until they are able to think more clearly.

MYTH: "Talking about suicide may give a person the idea".

FACT: The crisis and resulting emotional distress will already have triggered the thought in a vulnerable person. Your openness and concern in asking about suicide will allow the person experiencing pain to talk about the problem, which may help reduce his or her anxiety. This may also allow the person with suicidal thoughts to feel less lonely or isolated, and perhaps a bit relieved.

How You Can Help: Most suicides can be prevented by sensitive responses to the person in crisis. If you think someone you know may be suicidal, you should remain calm. In most instances, there is no rush. Sit and listen to what the person is saying. Give understanding and active emotional support for his or her feelings. Most individuals have mixed feelings about death and dying and are open to help. Don't be afraid to ask or talk directly about suicide. Encourage problem solving and positive actions. Remember that the person involved in emotional crisis is not thinking clearly; encourage him or her to refrain from making any serious, irreversible decisions while in a crisis. Talk about positive alternatives that may establish hope for the future. Although you want to help, do not take full responsibility by trying to be the sole counsel. Seek out resources that can lend qualified help, even if it means breaking a confidence. Let the troubled person know you are concerned, so concerned that you are willing to arrange help beyond that which you can offer.

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OBSESSIVE-COMPULSIVE DISORDER

When a habit isn't just a HABIT: All of us have patterns in our lives. We follow routines during most days, taking the same route to work or spending our free time in much the same ways. We all have patterns of behaviour, and most of us have reasons for doing things the way we do. In some people however, the patterns are not just patterns. They are patterns that have run wild, patterns with a mind of their own. Such people have strange rituals. They wash their hands too many times a day. They check to see that the lights are turned off so many times that they are late for work or cannot leave the house at all. To make matters worse, they are filled with unbearable anxiety or dread that something terrible will happen if things do not work their way. These people have obsessive-compulsive disorder. This disorder causes people to become haunted by repetitive thoughts (obsessions) or compelled to perform senseless, time-consuming rituals, or both. Many people who have this disorder feel ashamed of their thoughts and behaviours and hide their condition. In recent years, awareness of obsessive-compulsive disorder (OCD) has increased, and effective treatments have been developed.

What is obsessive-compulsive disorder?: Obsessive-compulsive disorder (OCD) is an illness that traps people in seemingly endless cycles of repetitive thoughts that will not leave their minds (*obsessions*) and in feelings that they must repeat certain actions over and over (*compulsions*). The *obsessions* that intrude unwanted into the person's every day thinking may be frightening, disgusting, painful, or trivial. Most people with OCD realise that their obsessions do not make sense, but they are not able to ignore or suppress them. They may be able to explain in great detail *what* their obsessions are, but not *why* they have them. In most cases, the obsessions cause extreme anxiety. Feelings of discomfort or dread can build up to an unbearable level. To relieve their anxiety, some individuals with OCD feel they have to *do* something. These feelings that they must repeat certain actions or rituals are their *compulsions* - the things they feel they have to do to avoid some dreaded event or to prevent or undo some harm to themselves or others, as suggested by their obsessions. Often the rituals have to be performed according to some rules. The rituals may be very simple and hardly noticeable, or they may be very elaborate. Rituals may be time-consuming, sometimes taking hours to finish so that they interfere with the person's daily routine. Rituals *do* lessen anxiety, discomfort, or feelings of disgust, but only briefly. The fears and tensions soon return, causing the individuals to start their rituals all over again. People with OCD do not want to have obsessive thoughts, nor do they want to engage in time-consuming rituals. They do not get any pleasure from being the way they are when OCD takes hold of them. Most people with this disorder realise how senseless it all is. Recognising the bizarre nature of their obsessions and compulsions, many conceal their condition from others. Eventually people with OCD may be discovered, or their obsessions and compulsions become so time-consuming that they can no longer function at home, on the job, or without developing conflicts with others.

TREATMENT: About 60% of the people with OCD can be helped with medication. It allows many people to lead normal lives. People can also be taught to reduce their anxiety from their obsessions. The affected persons are first exposed to the objects or situations that cause them problems. They are then asked to delay performing the rituals they usually use to deal with them, or they are asked to perform the rituals less extensively. OCD is not only distressing to the persons affected, it is also hard on the people who live with them. Family members react to living with a person with OCD in a number of ways. They may demand that the person stop ritualising. They may give continual reassurance. They may even participate in the rituals themselves, to pacify the individual and to avoid arguments. These may seem like the best tactics, but they do not improve OCD. If possible, families should *not* participate in the person's rituals.

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WHAT HAPPENS WHEN YOU DRINK

It all depends on what you mean by 'a drink'. A small amount of alcohol does you no harm and can be enjoyable. But if it is more than a small amount and if it is a regular thing, may be it is not quite as harmless as you think it is. Drinking too much alcohol or even drinking a little at the wrong time can cause serious damage to your health, to your family and to your self-esteem, not to mention your pocket. Whenever you drink you are affected by alcohol. But if you only drink a little and if you don't drink very frequently, the risks are very small. However, the more you drink and the more frequently you drink, the higher the risks. That is why it is important to look carefully at your drinking habits.

If you have to know the amount of alcohol that you consume in a day or a week, you have to have some idea about the amount of alcohol in your drink. The beers that are usually available in India contain about 3 to 6 percent alcohol content by volume, which can be about 3 - 6 units of alcohol per bottle. The wines that are available contain 11 - 16 percent alcohol content by volume, having about 11 - 16 units of alcohol per bottle. The spirits that are available commonly contain about 40 percent alcohol content by volume, and the approximate availability of alcohol is 40 units per bottle. Women who consume more than 14 units and men who take more than 21 units of alcohol in a week are likely to enter the zone of risk for ill-health. If the consumption goes beyond 35 units for a woman and 50 units for a man it is definitely considered harmful. If you have to know how much you drink quite accurately, you have to fill in a 'drinking diary' for a week, every day.

Day of the week	What drink	Where/When/With whom	How many units	Total units for the day
Monday				
Tuesday				

On an average, it takes one hour for the body to get rid of the alcohol in one unit. Some of the early signs of problem drinking are 'tolerance' (increasing level of alcohol is needed to achieve the same effect or same amount of alcohol gives decreasing effect), drinking more alcohol for longer periods, presence of withdrawal symptoms, spending a great deal of time and effort to obtain alcohol, persistent desire and unsuccessful attempts to curb abuse, avoiding important social, occupational, or recreational events because of alcohol use, and continued use of alcohol despite exacerbation of health problems. People who abuse alcohol tend to develop chronic fatigue, poor nutritional status, poor appetite, sleep disturbance, fits, and failure to fulfil major obligations at work and home. They may also have interpersonal problems, recurrent legal problems, accidents and suicide attempts. They may use alcohol during work.

Alcohol affects many organs in the body. The brunt of the damage is however borne by the brain, liver, heart and gastrointestinal system. It causes an array of illnesses related to these organs, often requiring help from different specialists simultaneously. When alcohol is withdrawn, it results in a period of hyper-excitability, the severity and duration of which varies from person to person.

During the initial stages of treatment for alcoholism, your doctors are generally controlling your withdrawal symptoms and taking care of the medical damages to your body. This stage is difficult and has high risk. Hence, most alcoholics are admitted for a brief period in the hospital during this stage. The long-term treatment for alcoholism starts after the initial stage is successfully completed. This stage is prolonged and lasts about a year. Most alcoholics are treated as outpatients during this phase. Many strategies of treatment have to be evaluated before the most suitable strategy is identified for the individual's requirements. During this stage, success of treatment often depends on the extent of support from your family to assist your doctor in maintaining your abstinence. A vast majority of alcoholics who relapse after detoxification, start drinking again before six months are over. A lesser number of people relapse during the second six months. Very few, who have been abstinent during the entire year, relapse after the year is over.

Disulfuram is a medicine, which is sometimes used to help stop your drinking. This medicine is used in the treatment of some people, whom your doctor finds fit for the purpose. However, there are certain precautions to be taken when you are taking Disulfuram.

1. Avoid taking syrups or tonics that contain alcohol.
2. If you get a reaction with after-shave lotions or colognes do not use them.
3. Before taking any food or drink, check whether it contains alcohol.

If you take alcohol while on Disulfuram, you will develop distressing symptoms such as flushing, sweating, breathlessness, headache, nausea and vomiting. These reactions will make the idea of drinking aversive to you, but also produce a drop in your blood pressure. Therefore you are strongly advised to:

1. Totally abstain from drinking.
2. Do not stop Disulfuram and drink, since the reaction occurs even 5 days after you stop Disulfuram.
3. Report to the nearest hospital immediately, if you develop any reaction.

If a person gets Disulfuram induced alcohol reaction, in most instances he can be managed with intravenous fluids to maintain his blood pressure. In a few cases, if the systolic pressure falls below 80 mm Hg, intravenous injection of 2 ml Decadron and 30 to 60 mg (1-2 ml) Mepentine may be needed to maintain the blood pressure. Usually the reaction subsides within 24 hours. He may then be restarted on Disulfuram and advised to contact his doctor at the earliest.

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HOW TO RECOGNISE DEMENTIA

Dementia can manifest in various forms

1. A person might forget what he has been doing a few minutes ago and repeat the same activities several times.
2. May find it difficult to get the right word during conversation or find it difficult to name common objects.
3. May find it difficult to do daily activities, such as dressing, cooking, washing and so on.
4. May find it difficult to carry out fine movements despite good muscular power, such as tying the shoelace, putting on buttons, turning the tap on and others.
5. May not recognise known people.
6. May talk or write in un-understandable language.
7. May develop frequent mood changes or personality changes.
8. May find it difficult to recognise familiar places and identify the time of the day.

Many persons with dementia are unaware of their problems and are uninterested to know about them. At times they know their handicaps and become depressed about them. Dementia (except treatable dementia) is progressive and hence has no cure. Despite this fact, memory loss in dementia can be delayed during the early stages using medicines and the person can carry out activities of daily life for a longer time than without medication. Since the disease is progressive, round-the-clock care of the person finally rests on the caregivers. Some changes around the home can help people who look after a patient with dementia, to care for him more comfortably.

1. Keep the corridors bright and devoid of barriers, such as flower pots and so on.
2. Keep the garage locked to prevent the person from driving away in the car.
3. Use unbreakable plastics rather than breakable crockery.
4. Switch off the gas after use, keep the matches securely and hot vessels away from reach.
5. Lower the temperature of the geyser so that the person does not get scalded.
6. Keep insecticides, mosquito repellents and so on locked.
7. Keep sharp instruments out of reach of the person.
8. Install locks for the doors so that the person does not wander away.
9. Keep the refrigerator locked so that the person does not leave it open after use.
10. Change the lock of the bathroom to avoid the person locking himself in.
11. Discourage the person from smoking.
12. Keep the nails cut and clean to avoid infection.
13. Encourage regular walking to give better sleep, reduce gloomy feelings, and avoid constipation.

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STRESS

What Is Stress? Stress is the “wear and tear” that the body experiences during a change in the environment. It produces physical and emotional experiences that create positive or negative feelings. *It is defined as a psychological and physical condition that we experience during a threatening situation.* Stress is also a cause for psychiatric illnesses and can contribute to considerable mental anguish.

‘Stress’ has three different components: the events that start a chain of stressful reactions are called ‘**stressors**’, the physical and emotional experiences that follow are ‘**stress experiences**’ and the behaviour resulting from these experiences are ‘**stress responses**’. Stressors originate from an ‘**internal disturbance**’ such as poorly adjusted ‘**personality**’, ‘**psychological illness**’ or ‘**physical illness**’, or an ‘**external disturbance**’ such as problems in the ‘**family, society or work place**’. Different types of stressors in a human being result in a common psychological and physiological experience (stress experience). Behaviours resulting from these experiences are called stress responses. If stress persists and the person does not cope, he develops maladjusted stress responses.

Hans Selye observed that **different types of stressors in a human being resulted in a common response (stress experience)** that represented the person’s efforts to deal with the stressors. Stress experiences result in heightened activity of certain organs in the body and if the stressors are unremitting, it leads to more permanent changes in these organs. Early views held that stress damaged all those who experienced it regardless of their previous experiences. Subsequently it has been understood that people’s ability to cope with stress depends on their problem-solving capacity and how they guard themselves against painful emotional situations.

What are the common personal and family factors that cause stress?

- Divorce
- Marital separation
- Death of a close relative
- Marriage
- Pregnancy
- Child-birth
- Trouble with in-laws
- Wife begins or stops working
- Change in living conditions
- Change in sleeping habits
- Violation of law
- Death of a close friend
- Taking a large loan
- Illness

What is work stress? Recent changes in expectations from work force due to rapid developments in communication technology and other similar new technologies have increased the pace of the work, increased work loads; and increased demands for high organizational performance, resulting in employment becoming more precarious as more employees are taken on contracts and those in ‘permanent’ jobs become more insecure.

How do people experience work stress? “Work stress” is a harmful physical and emotional experience when the requirements of the job and the person’s capabilities do not match each other.

What are the common stressors at work?

- Lack of amenities and faulty infrastructure
- Confined space, inadequate recreation and other facilities
- Inability to complete work before deadlines
- Fixing of deadlines without consultation
- Rapid shifts from one domain to another without adequate planning, coordination and training
- Inability to balance between meeting deadlines and demands for personal time
- Inadequate knowledge of new techniques before change in domains
- Mismatch between stakeholders’ expectations from work
- Work during weekends and holidays
- Long working hours
- Problems related to commuting between home and office
- Lack of team cohesiveness
- Inadequate positive reinforcement to improve motivation
- De-motivators such as discouragement from colleagues
- Lack of open communication

Does stress affect business? Rising rates of work related stress have been costing business dearly in the form of lost industrial productivity, lost sales, opportunity costs, customer service costs, staff replacement costs, and other additional costs as well as costs due to short term absenteeism.

How does a person respond to long-term stress?

Mind

Chronic anxiety
Depression
Suicide

Behaviour

Alcohol/substance misuse
Social isolation
Marital difficulties

Body

Digestion problems
Diarrhoea
Vomiting
Stomach ulcers

Immune system

Lowered resistance to infections
Chronic asthma
Chronic dermatitis
Possible increased risk of cancer

Heart

Heart disease
Heart attack
Stroke
Hypertension

MANAGING STRESS

Can We Eliminate Stress?

Some degree of stress adds to anticipation and excitement in life. Hence, **the goal is not to eliminate stress altogether, but to cope with it and to use it to one's advantage.** Absence of stress may leave one feeling bored; on the other hand, excessive stress may make one feel 'tied up in knots'. One needs to find the optimal level of stress that will motivate but not overwhelm one.

How Can We Tell What Is Optimal Stress?

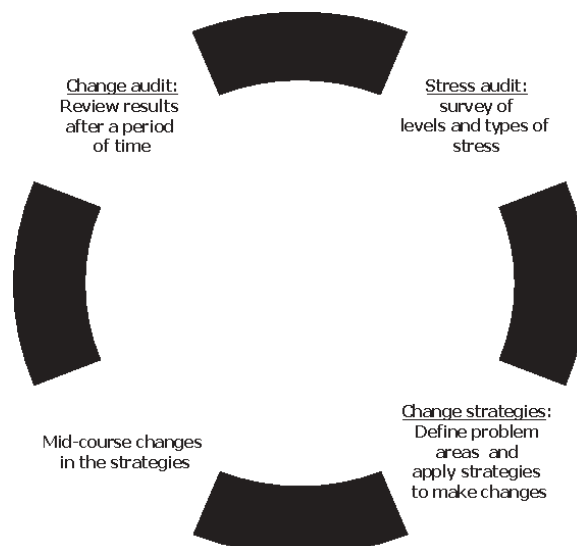
There is no single level of stress that is optimal for all people. What is distressing to one may be a joy to another. **If you are experiencing stress symptoms continuously, you have gone beyond your optimal stress level; you need to reduce the stress in your life and/or improve your ability to manage it.**

How Can We Manage Stress Better?

People cope with stress in a variety of ways. Some fight it, others run away from it and some use a combination of both. **Just as there are many sources of stress, there are many ways to manage it.**

How do companies reduce stress at organisational level?

COPING WITH STRESS AT ORGANISATIONAL LEVEL



HOW CAN INDIVIDUALS REDUCE STRESS?

- **Become aware of stress**
- **Determine what events distress you**

Personality - anxiety, compulsiveness, suspiciousness

Psychological illness - depression

Physical illness

Family problems

Social problems

Work problems

- **Change problems that are within your power to change**
- **Avoid exposure to stressors that you cannot change**
- **Accept those you cannot avoid or change**
- **Increase control over emotional and physiological stress experience**

How can we control stress experience?

Learn to moderate your physical and psychological reactions to stress. When people learn to relax, their overall muscle tension is reduced, as is their overall level of autonomic arousal. People who are able to relax are also more likely to think rationally and be able to restructure their negative response to stressors.

Physical steps to control emotional and physiological stress experience

- Exercise
- Well-balanced diet and weight
- Enough sleep
- Avoiding stimulants
- Annual health checks

Psychological steps

- Relaxation techniques
- Meditation
- Yoga
- Hypnosis
- Deep breathing exercises etc.

Lifestyle changes

- Have interests outside of work
- Balance between work and family life
- Aspire for realistic and meaningful goals
- Mix leisure with work

HOW CAN WE CHANGE MALADJUSTED REACTIONS TO STRESS?

Counselling

Counselling is used to help manage responses to stressors based on the notion that clear understanding of stressful events and coping, play a major role in determining the responses to stress. Counselling aims to help people become more aware of their experiences to stressors, educate them on how stressors negatively influence emotional and behavioural responses, and teach them a variety of effective cognitive and behavioural skills.

How are maladjusted responses corrected during counselling?

- By assessing stress producing events and their threat perception
- By reducing stress experiences through relaxation exercises and changing automatic negative thoughts through cognitive restructuring
- By learning coping skills and avoiding maladjusted responses through behaviour changes

Who should seek counselling?

- Those who experience prolonged stress symptoms
- Those who have undergone sudden, severe stress recently
- Those who are experiencing depression or suicidal thoughts
- Those who have severe anxiety or stage fright to face groups
- Those who are compulsively perfectionist and angry when things do not work their way, so that others find it difficult to adjust to them
- Those who experience severe negative thoughts about themselves and are unable to concentrate on work
- Those who develop severe conflicts with colleagues or superiors continuously
- Those who find their performance deteriorating consistently

How can you make counselling more effective?

- Identify events that cause stress
- Assess if you can change them or avoid them yourself
- Check if they have any associations with past threatening experiences
- Check if they produce any negative thoughts or feelings in you on a consistent basis
- Check if they produce any physical discomfort in you on a consistent basis
- Check if these experiences make you consistently behave in any unacceptable manner
- Check if you really want to change your behaviour to more acceptable coping behaviour

What does the counsellor do during counselling?

- Focuses on the current problem and its future progression; defines the problem in relation to stressors; relates the problem with past threatening experiences, current stress experience and maladjusted responses
- Engages the client to develop well adjusted coping skills
- Changes the client's pessimistic negative thoughts to optimistic positive thoughts by restructuring people's patterns of thoughts
- Creates well adjusted coping skills through behaviour training or exposure to stressful events

Cognitive restructuring

- Helps the person to become aware of stress experiences and how stressors influence emotional and behavioural responses negatively
- Helps to restructure maladjusted cognitive and behavioural reactions

How does one enhance positive thoughts?

- *Notice how negative thoughts affect you*
- *Notice how positive thoughts affect you quite differently*
- *Notice that your body reacts to every thought of yours*
- *Think of bad thoughts as undesirable*
- *Realise that your automatic negative thoughts do not always tell the truth*
- *Talk to yourself to terminate your undesirable thoughts*

Medication

Medication is of help for people who struggle with stress related to an illness or a personality problem. In association with counselling medication can be extremely effective. When a major psychiatric condition like depression is present, clearly the most appropriate management strategy is antidepressant medication. Even in milder forms of stress, medication can be of help. However, unsupervised long-term use of medication is not recommended.

Depression and suicide

The end product of untreated stress is depression and even suicide. In almost any workplace, the number of employees suffering an undiagnosed mental health problem, probably depression, is about 10 per cent of the total workforce. Therefore it is necessary to improve early detection of mental distress in people.

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