□ THE MARVELS OF PSYCHIATRY

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Themarvelsofpsychiatric medicine doenthral usindeed,

The patients' clinical features do appear like puzzle pieces; with which you've got toproceed,

And onlybyputtingthese piecestogethercanyouthen succeed. You certainly doremember that familiar face,

That patient who had multiple physical symptoms was once again

walkingintoyour clinicatafast pace.

They'd had negative test resultsconsistently,

So somatization disorder you'd labelled them withsubsequently.

That young girl who was so obsessed with her weight, Who'd reduced herself to aratherpitiful state, Hadanorexia nervosaas youlater figuredout,

And helping hereventuallyiswhat shewas thankful about.

Therewas ayoung child,who hadbeen admitted multipletimes, You knew hismother hadcrossed the line,

Fortheintentional production of hisinnumerablephysical signs. Sheultimatelyacceptedresponsibility,

Munchausen'sby proxy youlabelled herwithultimately.

The patient with posttraumatic stress disorder had experienced flashbacks,

And dueto emotional numbing reported feeling detached.

The 25 year old male prescribed with olanzapine had reported weight gaincurrently,

Your reason for using it was reduced extrapyramidal side effects apparently.

You were asked how to differentiate mania from hypomania by your seniorregistrar,

As you'd hada patient theday before,luckily you didn't have to think too far.

"Psychoticsymptoms" wasthe answer youhad, They thenasked what you hadmeant bythat.

Delusionsof grandeur and hallucinationsyoudidsay, Thankfully nofurther questions wereasked thatday.

As youwere standing in theER apatient was brought inside, Who hadsniffed heroin earlier and by rules did not oftenabide. Theirchest Xray showed pulmonary edema that day, Respiratory acidosis they haddeveloped along the way.

By giving themintravenousnaloxone;improvement you did see, Andreferred them for psychotherapeuticcounselling subsequently.

Thepatient who was previously takingcitalopram was inneedof it no more,

The guidelinesyou know state that the number of weeksto taper it off isfour.

An increased risk of stroke as well as venous thromboembolism has been seen,

Withelderlypatientsonantipsychoticssuch asquetiapine.

A young lady who was hyperventilating and had frequent panic attacks,

Complained ofpalpitationsand stressors along with that, Withfluoxetine usesomeimprovement shedidsee,

For her rather frequent bouts of anxiety.

A young teenage girl was brought in to yourclinic one fineday, By her mother whodidhappen to say,

Her childhad beeninserting pins, Intoall her fourlimbs.

Uponseeing her Xraysyou were rather surprised, Tofind thecommon pinsshe'dinserted inside. Shehadhadquitea few surgeries aswell,

Toremove theforeign objectswhich had made her arms swell. Selfembedding behaviouriswhat youknew she had had, And onceshefelt better,herfamily was obviouslyglad.

Patients with a number of medical disorders can present with psychosis,

Ranging frommeningoencephalitisto neurosaroidosis. It isimportant therefore to have asharpmind,

To pick thecluesandform a diagnosis intime.

For it isthen that youcanlend yourpatientsahelpinghand, Which isa feeling thatistrulygrand.



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