

# Academic Dysfunction - reasons and management

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# Academic dysfunction, reasons and management

- Studies show that about 50% students suffer from health problems. 15% Psychological problems
- Psychological problems affect academics, relationships, and personality development of students
- Academic problems  Psychological problems

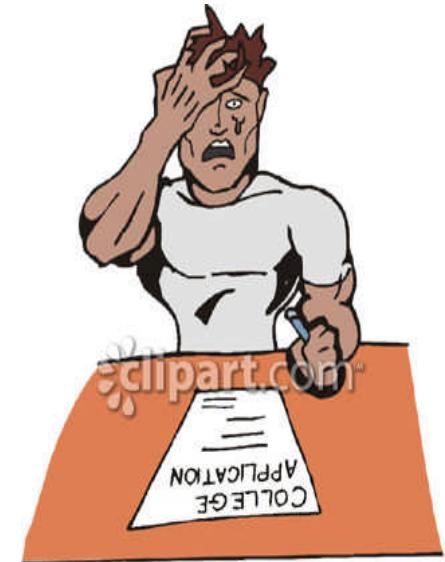
# The Challenge of College: Choices

- Alcohol and other drugs
- Sex-identity, values, practices
- Food
- Sleep
- Balancing Academic and Extracurricular
- Roommates



# The Challenge of College

- Greater academic demands
- Unstructured time
- Decreased adult availability
- Being on their own in a new environment
- Changing relations with family



# Why Now?

- More Diversity- Cultural, Socio-economic, “Family Dreams”
- Availability of Drugs, alcohol, tobacco
- Financial Stress
- Pressure to perform
- Pressure to conform
- Pressure to reform
- M- Money, Mobile, Motor bike, Media.

# Socrates on children (300 B.C)

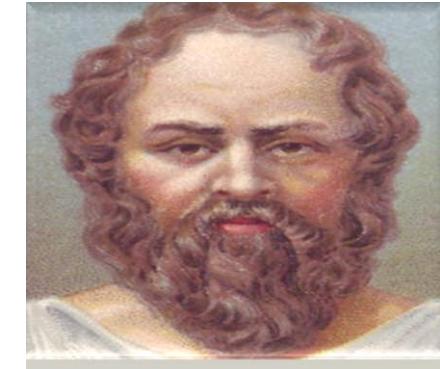
"Our youth love fun and luxury:  
they have bad manners, contempt for  
authority;

they show disrespect for elders and  
like chattering in place of work.

Children are now tyrants, not the  
servants of their households.

They no longer rise to their feet when  
elders enter the room.

They contradict their parents, gobble  
up their food and tyrannize their  
teachers."



# What do you see in this picture?



# Common complaints of students regarding academic dysfunction

- Poor memory
- Poor attention/concentration
- Dry subject
- Boredom
- Feeling Sleepy



# Common complaints of teachers and parents regarding academic dysfunction

- Dull student
- Intelligent student but lazy
- Inferiority complex
- Boy friend/ Girl friend
- Distracted
- Family problems



# Actual causes of poor learning and poor memory

## Student intrinsic factors

- Low IQ, student forced into studies.
- Learning disability (Case Study : Ganesh)
- Lack of interest in subject (Case Study: ISKON)
- Poor motivation (Case Study: RAK)
- Poor self-esteem and lack of self confidence (Case Study: CS)
- Ill-health : physical and mental health, drug abuse.

# Lack of Study Skills

- Wrong study methods
- Continuous reading without understanding or break, memorizing
- No review, no recall, no practice of writing answers in stipulated time
- Selective study
- Irregular eating, sleeping habit
- Reading late into the night



# Family related

- Comparison
- Criticism
- Allowing no time for adequate recreation and relaxation
- Family obligations
- Financial problems
- Alcoholism in parent/s



# Teacher related



- Monotonous lecturing
- No audio-visual aids
- No practical demonstrations
- Negative attitude of teachers
- Irregularities in Examination system
- Discrimination



# Environment related

- Peer/senior' influence.
- Extra curricular activities are not studies.
- Competition
- Media: TV, Mobile, Movies, video games, Internet/images, chatting, social media.

# Back benchers



# How to identify poor performers

- Missing classes (attendance)
- Not submitting assignments
- Poor participation in class activities.
- Lack of academic preparation
- Difficulty answering tests.
- Sitting in last rows .

# **Common Psychological Causes of Academic dysfunction**

- 1. Procrastination (delaying work).**
- 2. Examination Anxiety (fear).**
- 3. Attention Deficit disorder (ADD, restlessness)**
- 4. Depression (sadness).**

# Procrastination (until tomorrow)

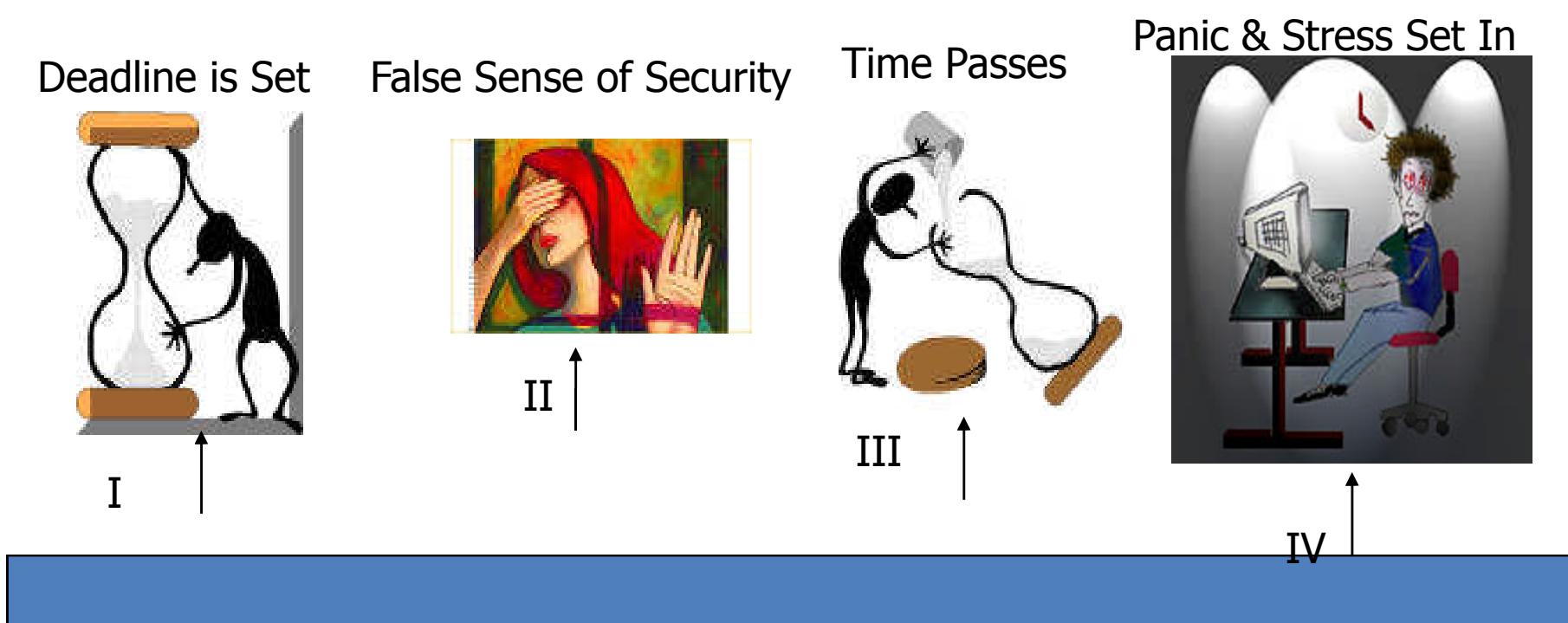
- Procrastination is the grave in which ‘opportunity’ is buried.
- 90% of students procrastinate (William Knaus)
- Two types : Tensed & Relaxed.
- ‘Mood’ is the main culprit
- Laziness & postponement



# Procrastination...What is it?

- Psychological behavior that allows a person to postpone /delay a certain activity or task
- Source of great stress and anxiety for many people
- Time management is not directly related to procrastination

# Cycle Timeline (delayed work).



"There are 2 weeks until the assignment is due."

"I have plenty of time."

"I will get started soon, I only work well under pressure."

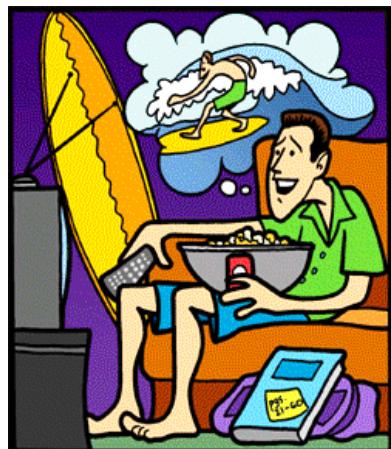
"Oh no! The assignment is due tomorrow!"

# Negative Effects of Procrastination

- Stress/Anxiety
- Neglecting health
- Irritability/Bad Mood
- Not achieving one's full potential

# Four Simple Reasons For Procrastination

- Difficult → Task seems too hard
- Time-consuming → No Free time until the weekend
- Lack of knowledge/skills →
- Don't want to make a mistake
- Fears → Everyone will know that a mistake is made



**Procrastination ...**  
something we can do right now.

# Four Complex Reasons For Procrastination

## **1. Perfectionism:**

- A. "If you can't do it right, don't do it at all"
- B. May delay starting a project
- C. Creates dissatisfaction & frustration

## **2. Anger/Hostility**

- A. Withhold best efforts out of spite.
- B. Getting Even

## **3. Low Frustration Tolerance**

- A. Feeling overwhelmed
- B. Unfairness

## **4. Self-Downing**

- A. Minimizes skills/abilities
- B. Success attributed to luck
- C. Cannot accept praise for work accomplished

# Steps to Cure Procrastination

- **What you can tell a student**
- Acknowledge that you are postponing a task
- List the reasons of postponement
- Discuss the reasons & list ways to overcome them
- Begin the task immedi



# Helpful Techniques

- Write down your tasks in a visible place with their due dates
- Make the tasks look easy in your mind
- Have a 5 minute plan: start a task for 5 minutes, eventually you will want to complete it
- Break the task into components
- Tackle each component separately
- Modify your environment to encourage accomplishing the task
- Tell your family/friends about your goal; they will motivate you along the way
- REWARD yourself for a job well done!

# Other tips: Do's

- Change your thoughts
- Exercise: Engage in physical activity
- Give yourself some alone time (15 – 30 min. without distractions, music, tv) – take a walk and think.
- Increase alertness by changing your position or stretching for a few minutes (body important thing is movement!)

# Other tips: Don'ts

- Criticize yourself!
- Anticipate catastrophe
- Focus on faults, inadequacies, things left undone

# Pearl S. Buck on Procrastination

- “I don’t wait for moods. I know that I accomplish nothing if I do that. Mind must know that it has got to get down to work”

# What is exam stress/anxiety?

- Exam anxiety can manifest in several ways:
- **Pre-exam stress/anxiety** (intense worry, tension, disturbed sleep, uneasiness and agitation in the lead up to exams)  
or
- **Within-exam stress/anxiety** (feeling anxious in the exam, going blank or being unable to recall information that they know, having difficulty breathing or panicking when they don't know the answer to a question)  
» Or both!

# Reasons for examination anxiety

- Lack of preparation
- Past experiences of blanking out or performing badly in exams
- Focusing too much on outcome
- Focusing too much on how other classmates and friends are doing
- Issues outside of school distracting him from studying for or concentrating on exam

# Reasons for examination anxiety

...

- Lack of confidence or low self-esteem
- Pressure from family or teachers in the past or now
- Having perfectionist expectations of themselves
- General fear of failure
- Fear of getting anxious, in other words, they have developed a ‘fear of fear’.
- Worry that they won’t remember under pressure

# Symptoms of examination anxiety

- Physical
- Behavioural
- Emotional
- Cognitive

# Not all stress/anxiety is bad!

- Good stress/anxiety: Motivates to stay focused on study
- Bad stress/anxiety: Interferes with preparation for exams and presenting what they know
- REMEMBER: Anxiety is unpleasant... but it can't hurt. Accepting it helps them to cope better with it.
- Focus on relaxing recedes anxiety.

# Managing pre-exam anxiety...

- Relaxation
- Healthy lifestyle
- Time management
- Practical preparation
- Getting a good night's sleep the night before
- Getting there in good time
- Visualising success
- Making positive self-statements

# Managing ‘within-exam’ anxiety...

- Relaxation/deep breathing
- Use a mantra
- Focusing
- Thought stopping
- Positive self-statements

# The role of the Cognitive-Affective Behavioural Cycle

- This means that the way we
  - » **THINK**
- Affects the way we
  - » **FEEL**
- And this influences how we
  - » **BEHAVE**

# Unhelpful ways of thinking...

## Self critical thoughts:

- ‘I know I’ve messed up’
- ‘I am not ready’
- ‘I must be stupid’
- ‘I can’t do this’
- ‘It’s not going well’

## Helpless & hopeless thoughts:

- ‘What’s the use?’
- ‘Why am I doing this?’
- ‘I have no future in this’
- ‘I don’t have enough time’
- ‘There’s too much to cover’

# Role of Medicines

Medicines relieve Anxiety. Medicines are used when:

1. Anxiety is very severe
  2. Past history of absence from exams because of extreme anxiety
  3. Suicidal attempts due to anxiety +
- ❖ Medicine use is temporary. It is reduced & stopped after exams
  - ❖ Meds work best if started at least a month before exams
  - ❖ In a case of exam anxiety, relaxation exercises are taught, to be practiced regularly.
  - ❖ Thinking errors are identified and rectified.
  - ❖ Mock exams are conducted to improve confidence
  - ❖ Advice regarding regular sleep and eating habits are given and monitored.

# Poor study skills contribute to

- Poor college performance
- Examination anxiety

**Study skills are never taught in any course!**

# Students and teachers need systematic orientation towards:

- How to tackle a textbook
- Effective study habits
- How to deal with Exams?
- Reasons for failure in exams.

# How to tackle a Text book?

- Survey
- Question
- Read
- Recall
- Review

# Reading a textbook

- Get a general outline of the book, by looking at the table of contents and syllabus.
- Ask yourself, what questions can you answer after reading the textbook.

# Reading a Chapter

- Read the introduction to a chapter.
- Can you relate the chapter or is it completely new?
- Read the text and diagrams to understand it.  
Look up words that you don't know.
- Recall the main points, write the points in your notebook.
- Go back to the text, and quickly look points you missed.
- Look at the questions at the end of the chapter, and see if you can answer them.

# Effective study habits

- Make a timetable and follow it strictly.
- Study in the same place every time.
- Keep out distractions like TV, magazines, facebook, cell phone, visitors.
- Get written work on time.
- Try to contribute to class discussions.
- Analyse your work, and see what are the weak points.
- Glance at a chapter, to see what is coming in next class.
- Use dictionary or google/wikipedia if you don't understand a point.
- Read a para loudly if it is very important, write it on a sheet of paper and stick it to your wall.
- Write notes in point form (short summary).
- Use ideas from one course in another course.

# Don'ts

- Don't skip tables and graphs while reading.
- Don't try to memorize too much in one sitting.
- Don't do Continuous reading without a break.
- Don't Play music while studying or resting.
- Don't Study late when you are sleepy.
- Don't have irregular food and sleep timinas

# How to deal with exams?

- Examination success depends on planned preparation:
- Apply effective study techniques over time.
- Start now, don't wait till exam time.
- Make time table for revision and rehearse the timetable with mock exams.
- Make a revision group, 3 classmates meet 3 times a week to discuss studies.
- Practice doing what the exams requires.

# How to deal with exams?

Emphasis on recall

Reorganize your ideas

- Discuss with others
- Revise all notes on a topic at one time.
- Revise related topics at one time.
- Criticize your notes, make corrections if needed.
- Rewrite important notes for recall.

# Exam papers

- Tackle old exam papers
- Before writing the answer, note the points you want to answer then elaborate on each point.
- Take mock exams, ask friends/teachers to conduct mock exams.
- No out-guessing the examiner (no tricky questions), just answer the obvious.

# On Exam day

- Don't learn new techniques on exam day.
- Revise as much as possible or relax completely.
- Gather exam equipment, spare pens, eraser, pencil, calculator, batteries, water bottle, hanky, medicine.
- Go to bed early, don't chat to discuss/worry with friends about exam, it is too late to worry now.
- Eat well, don't over-eat, avoid non-veg/fast food, stick to simple foods.
- Get good sleep.

# Technique on the day of exams

- Do a **dry run**: pack your bags, watch with correct time, pens, medicine, travel to the exam room, see your seat, toilet, water, canteen.
- Don't discuss prospects with other students.
- Avoid speculation/gossip about exam paper
- Budget your time.
- Plan your answers before writing.
- Keep priorities clear.
- Write clearly.
- Use extra time to check answers, underline important points, so examiner may not miss them.
- Don't panic if some questions are difficult, answer them till the end, don't leave early.

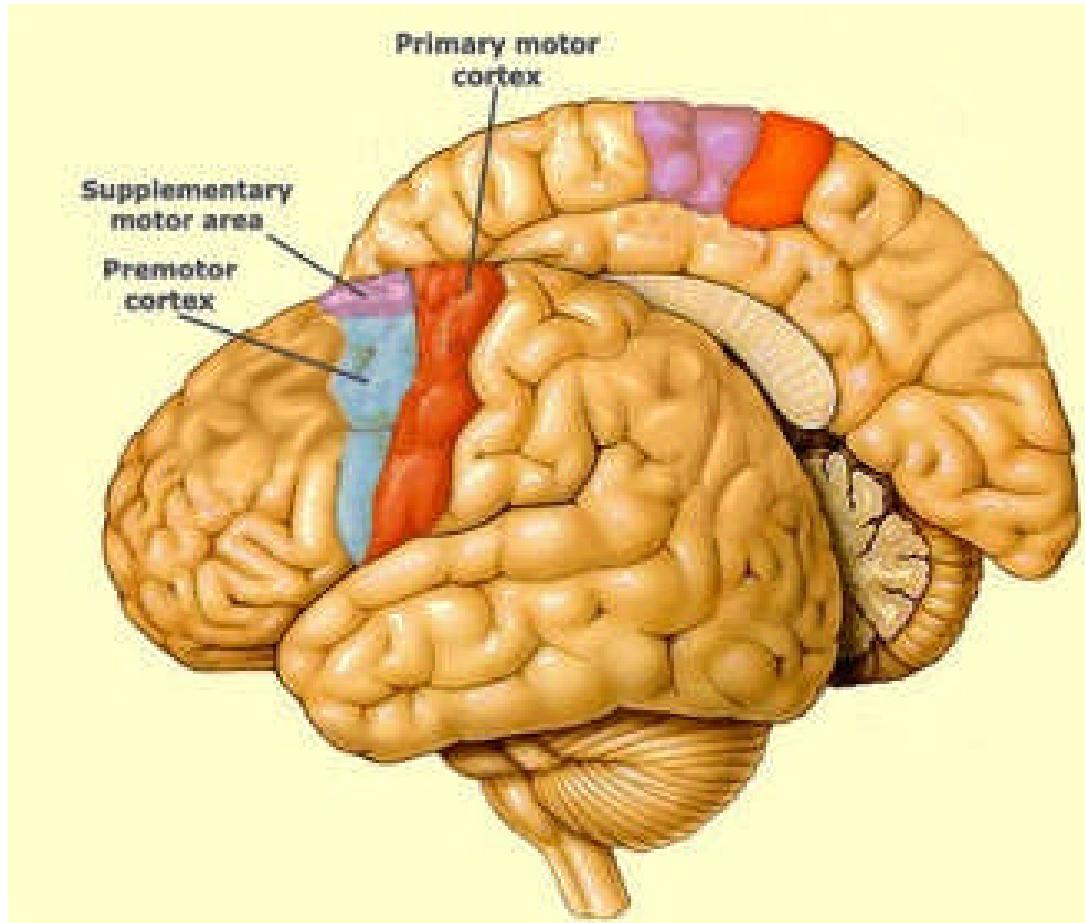
# Reasons for failure in exams

- Irregular attendance
- Thinking extra-curricular activities is part of study for exams.
- Not attentive in class
- No having a clear stable study pattern
- Not having a proper plan for preparing for exams.
- Giving up and blaming the "system" for bad exams.
- Excess exam free and worrying about results.
- Health and emotional problems.
- Bad handwriting
- Low self confidence by comparing with good students.

# ADD: What is Attention Deficit Disorder?

- ADD is a brain-based disorder.
- Characterized by inattention and/or hyperactivity.
- It interferes with one's academic achievement, self-esteem, and professional and personal relationships
- Approximately 1% to 3% of college students are affected
- More common in boys.

Neuro-chemical disconnection between two parts of the frontal lobes inside the brain.  
Causes impairment in the ability to concentrate.



# Inattention

- Difficulty organizing tasks
- Problems with misplacing things needed for tasks
- Becoming easily distracted by external stimuli
- Difficulty remembering daily activities

# Hyperactivity

- Experiences restlessness
- Difficulty to remain in one place
- Difficulty to listen to others
- Becomes easily distracted while reading

# Impulsiveness

- Speaks or acts without considering the consequence
- Talks excessively
- Has difficulty taking turns
- Has need for high stimulus activity

# Problems of ADD students in College

- ADD student requires three times as much study time as the average student
- Performance usually does not match knowledge/ability in ADD students
- Have problems in paper- pencil examination
- Have disruptive behaviour in class

# Treatment

- See counselor at Baliga hospital, Udupi.
- Stimulants are considered

# Non-medication options

- Coaching
  - Organizational & study skills
- Psychotherapy
  - Especially helpful for self-esteem
- Diet
  - Less junk food; more omega 3.
- Exercise

# Modification in tests

- If possible don't have 'timed' tests
- Should not write more than one exam per day
- Oral exams and practical demonstration

# Commonly abused substances and impact on health and role performance



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# **The marathon runner who finds walking difficult**



# **The whiz-kid who ends up as a college dropout**



# The keyboard king who no longer cares



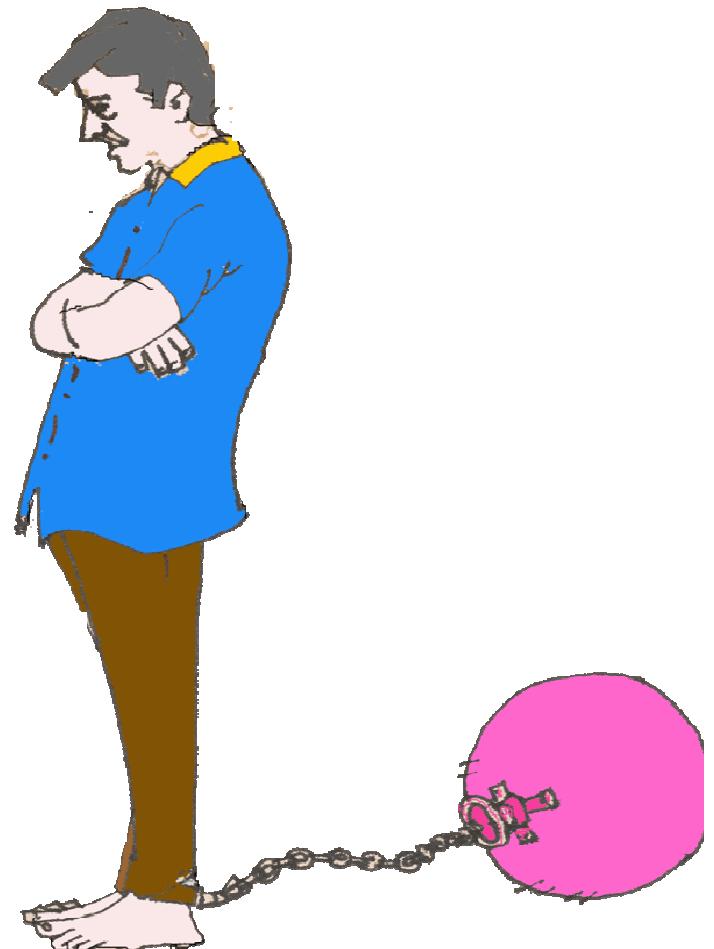
All of them started off casually and ended up addicted

Addiction can happen to anybody!

Will power, intelligence or personality traits have nothing to do with it!

# Drug addiction

- ➔ Tolerance
- ➔ Psychological dependence
  
- ➔ Physical dependence
- ➔ Withdrawal symptoms



# Why do they start

- relief from boredom
- weight control
- coping with stress
- avoiding negative emotional states
- conformity
- social reasons
- to avoid withdrawal

# Reasons for Drug and Alcohol use

- It makes them feel good
- Thrill of doing the illegal/illicit
- Available models
- “Self-medication”

# Special Concerns for college students

- Suicide
- Drowning
- Auto accidents
- Crime and violence
- Unplanned sex
- Poor school performance
- Trauma, injury, and falls

## **What are the drugs which are commonly abused?**

- Tobacco - cigarettes and ‘zarda’
- Alcohol - beer, wine and hard liquors
- Cannabis - ganja
- Brown sugar - heroin
- Medically used prescription drugs

# Smoking



# Tobacco

- A mix of 3000 dangerous chemicals
  - ❖ There is no safe level of tobacco use



# **Tobacco and Its Effects**

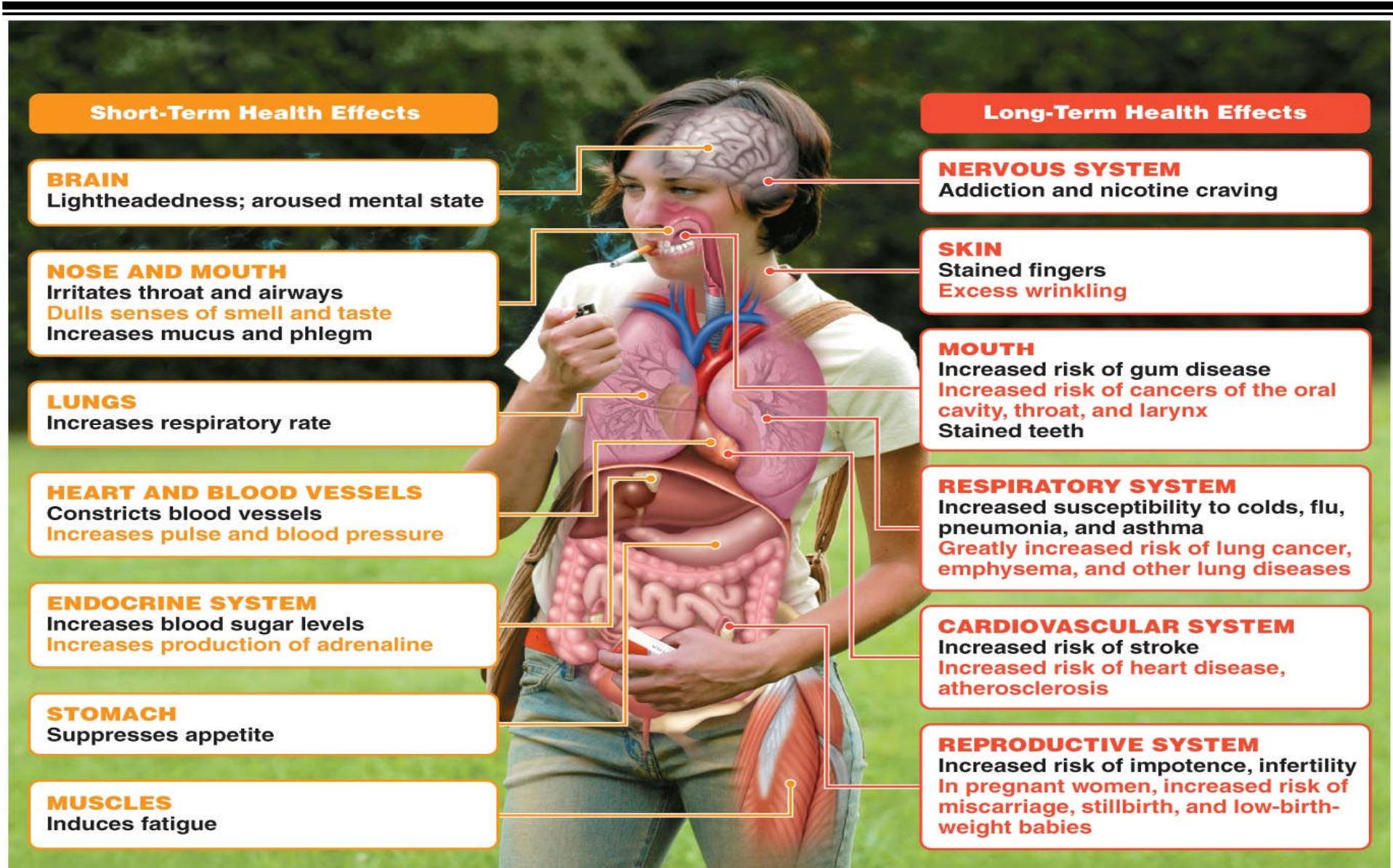
- **Tar and Carbon Monoxide**
  - Tar is a thick, brownish sludge, that contains various carcinogenic (cancer-causing) agents.
  - Tar accounts for about 8 percent of tobacco smoke.
  - 92 percent of the remaining tobacco smoke consists of various gases.
  - The most dangerous gas is carbon monoxide, which is 800 times higher than the level considered safe
  - Carbon monoxide causes oxygen deprivation in many body tissues.

# Tobacco and Its Effects

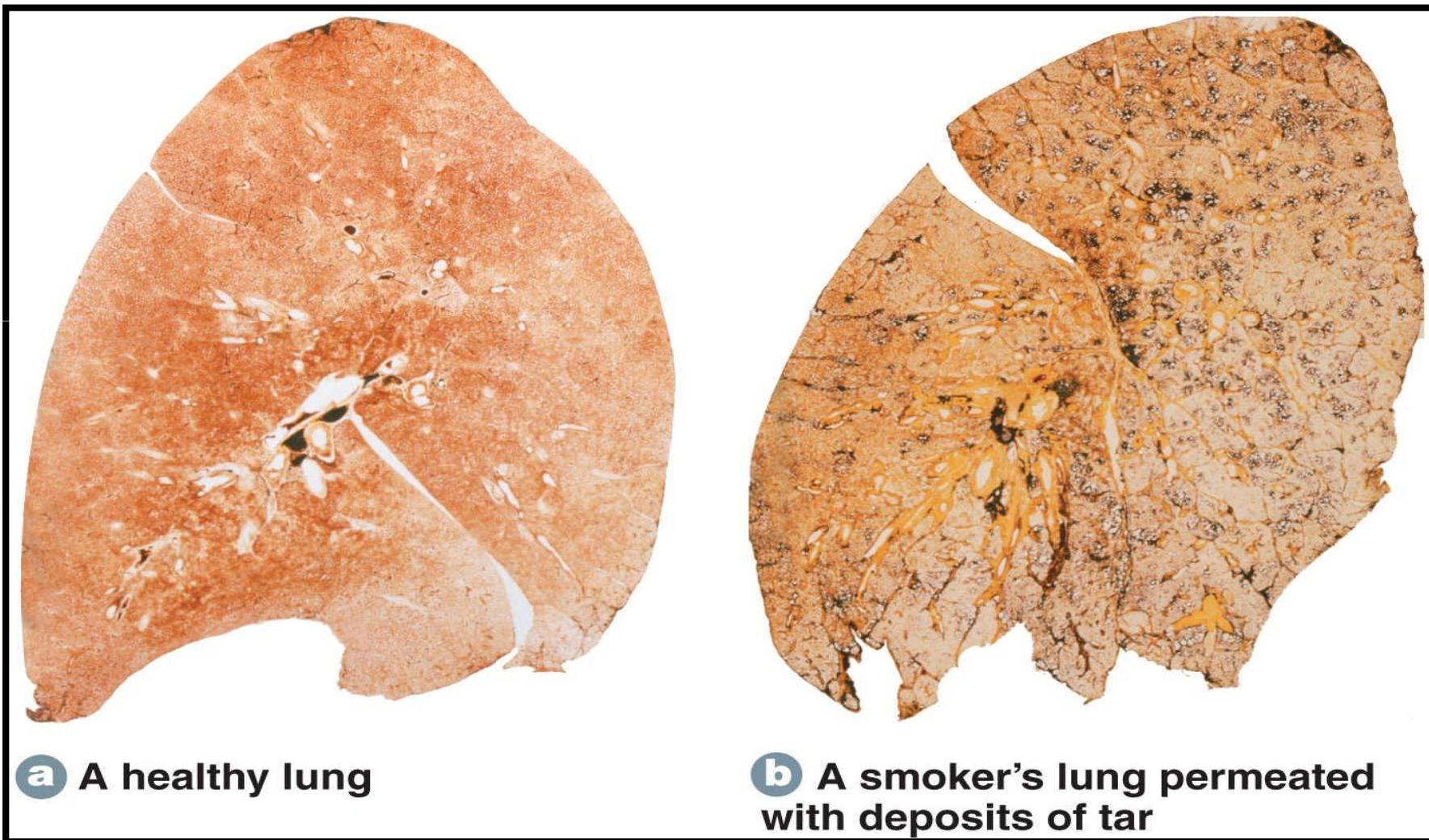
- **Tobacco Products**
  - Cigarettes
  - Cigars
  - Pipe
  - Beedies (hand-rolled, flavored cigarettes)
  - Spit (smokeless) tobacco
    - Chewing tobacco
    - Dipping
    - Snuff



# Effects of Smoking on the Body and Health



# Comparison of Cross Sections of Healthy Lung with a Smoker's Lung



**a** A healthy lung

**b** A smoker's lung permeated  
with deposits of tar

# What Is Smokeless Tobacco?

- A product consisting of tobacco or a tobacco blend that is chewed, inhaled, or sucked on rather than smoked.
- Available in two forms:
  - **Chewing tobacco.** This type of smokeless tobacco comes in loose leaf, plugs, or twists. As the name suggests, it's chewed.
  - **Snuff.** This product is available dry or moist, in loose leaf or in pouches that look like tea bags. A pinch of snuff may be placed between the cheek and the gum or inhaled into the nostrils.



# Using Smokeless Tobacco Causes Health Problems

- The most serious of these problems is an increased risk of oral cancer.
- Your body actually absorbs 28 cancer-causing substances in smokeless tobacco.
  - Arsenic
  - Formaldehyde
- Most common forms of oral cancer caused from tobacco use include:
  - Mouth
  - Lips
  - Tongue
  - Throat
  - Nose and
  - Larynx (voice box)

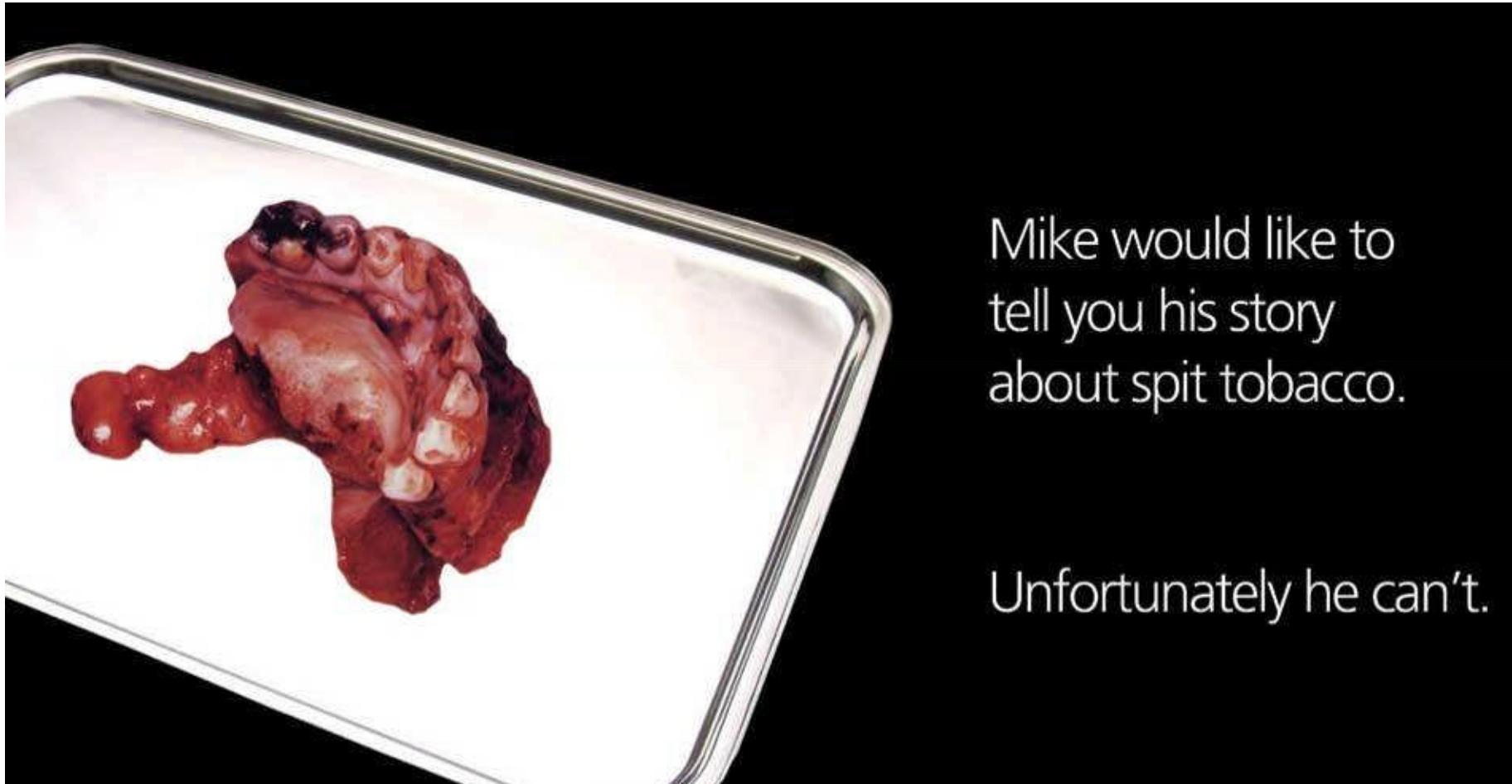


# Oral Cancer

- One of the most difficult cancers to treat.
- It spreads quickly.
- Surgery is often needed.
  - Disfiguring
- On average, only half of those with the disease will survive more than five years.
  - 30,000 new cases each year
  - 8,000 will die each year



# Mike and his untold tobacco story

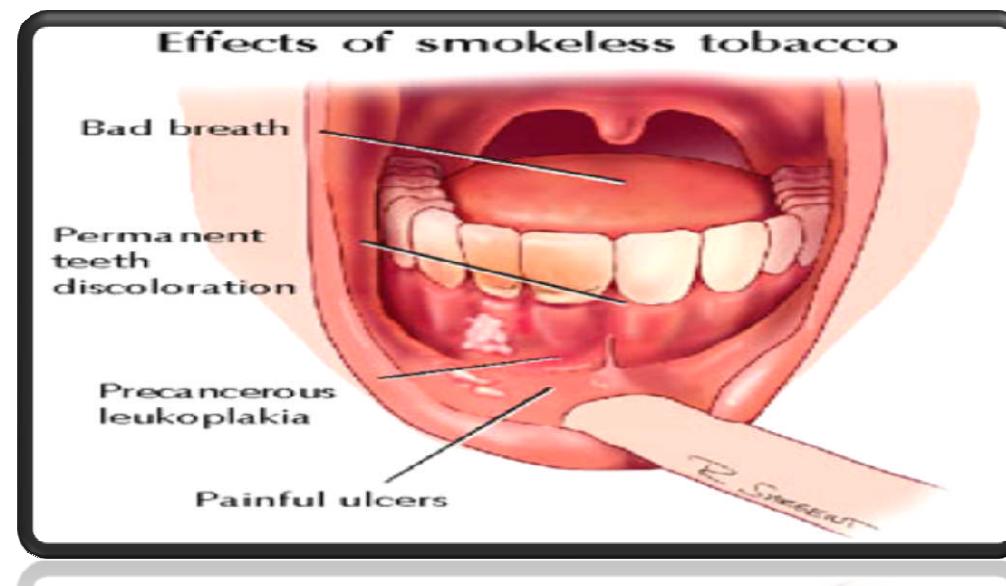


Mike would like to  
tell you his story  
about spit tobacco.

Unfortunately he can't.

# Effects of Smokeless Tobacco Use

- **Bad breath:** The smell of smokeless tobacco in your mouth is not a good smell. While you may have become used to the smell and don't mind it, others around you have not; they think it stinks, even if they don't tell you!
- **Spitting/drooling:** Because of the smokeless tobacco, your mouth makes extra saliva, and you need to spit out the tobacco juice from time to time. If you don't have a place to spit smokeless tobacco, you run the risk of getting smokeless tobacco and tobacco juice on your face and on your clothes. And that's not a good-looking sight!
- **Tooth stains:** While not all smokeless tobacco users get bad tooth stains, many have stained teeth in the area where they hold smokeless tobacco in their mouth. And you can't brush the stain off with your toothbrush!
- **Leukoplakia:** 75 percent of all daily users get white patches in their mouth that can turn into cancer!
- **Gum recession:** It's ugly; it increases your risk of cavities and it makes your teeth sensitive.



# **Smokeless Tobacco Use Also Causes**

- High Blood Pressure
- Heart Disease
- Ulcers: When people swallow tobacco juice, it can irritate their stomach and contribute to ulcers.



# **Smokeless Tobacco Is Hard to Quit**

- It gives you a high dose of nicotine.
  - One can of snuff gives you as much nicotine as 60 cigarettes!
  - If you chew 8-10 times a day, you are exposed to the same amount of nicotine as people who smoke 30-40 cigarettes a day.



# Immediate Benefits of Quitting

- In addition to health benefits:
  - Girls will like you better!
  - You'll have better breath, healthier gums, and whiter teeth.
  - It will save you money.
    - Multiply how much money you spend on tobacco every day by 365 (days per year).
    - Now multiply that by the number of years you have been using tobacco.
    - Multiply the cost per year by 10 (for the upcoming 10 years), and ask yourself what you would rather do with that much money.
  - You will be a good role model to others.



# Alcohol

- Alcohol is no health drink
- It was a preservative in fruit juice before fridge.
- Alcohol is a depressant of CNS (central nervous system).
- 20% of all drinkers get addicted.



# ALCOHOL



# Know the Facts About Alcohol!

- Alcohol is a contributing factor in at least half of all murders, suicides, and car accidents.
- Heavy drinking along with drunk driving increases the chances of serious injury or death.

Question: Why do drinks company also sell soda water?

## Cont..

- Heavy drinking along with sex increases the chances of getting a sexually transmitted disease (STD) and HIV or AIDS.
- Heavy drinking is also linked with physical fighting, destroyed property, college and job problems, and trouble with law enforcement authorities.

# It won't affect me...

- Drinking alcohol leads to:
  - Loss of coordination
  - Poor judgment
  - Slowed reflexes
  - Distorted vision
  - Memory lapses
  - Blackouts
  - Lowered inhibitions
  - Impaired judgment



# Drinking in Movies / Real life



# Effects of Alcohol on the Body

## Short-Term Health Effects

### Nervous system

- Impaired judgment and motor coordination
- Slowed reaction time, slurred speech
- High BACs can lead to coma and death

### Senses

- Less acute vision and hearing
- Dulled senses of taste and smell

### Skin

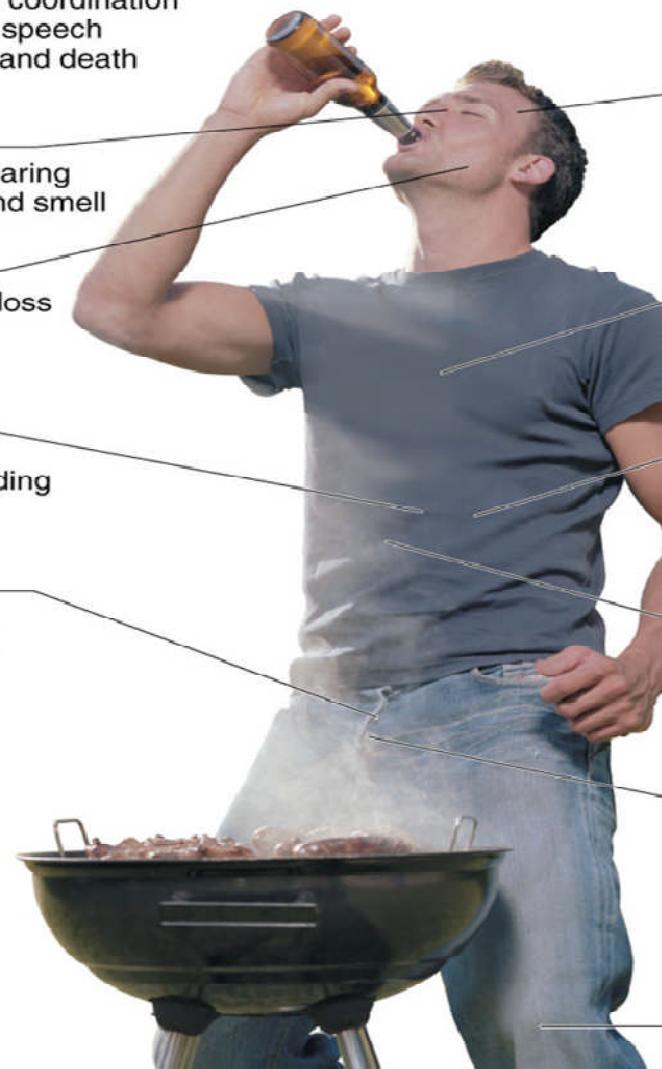
- Flushing, sweating, and heat loss
- Broken capillaries

### Stomach

- Nausea
- Inflammation and bleeding

### Sexual response

- In men, erectile dysfunction
- In women, decreased vaginal lubrication



## Long-Term Health Effects

### Immune system

- Lowered disease resistance

### Brain

- Damaged and destroyed brain cells
- Memory impairment
- Increased risk of stroke

### Heart

- Weakened heart muscle
- Elevated blood pressure
- Irregular heartbeat

### Digestive system

- Chronic inflammation of the stomach
- Increased risk of cancers of the lip, mouth, larynx, esophagus, stomach, pancreas, and rectum
- Malnutrition
- Obesity

### Liver

- Fatty liver
- Cirrhosis
- Increased risk of liver cancer

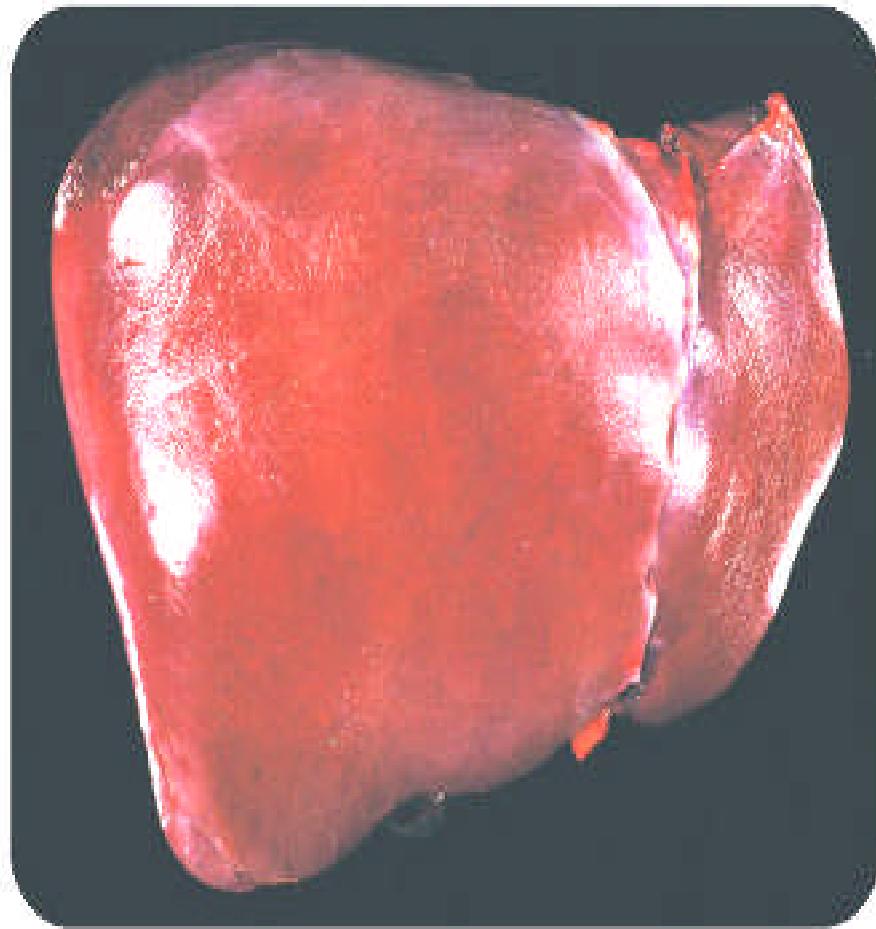
### Reproductive system

- In women, menstrual irregularities and increased risk of birth defects; also increased risk of breast cancer
- In men, impotence and testicular atrophy

### Bones

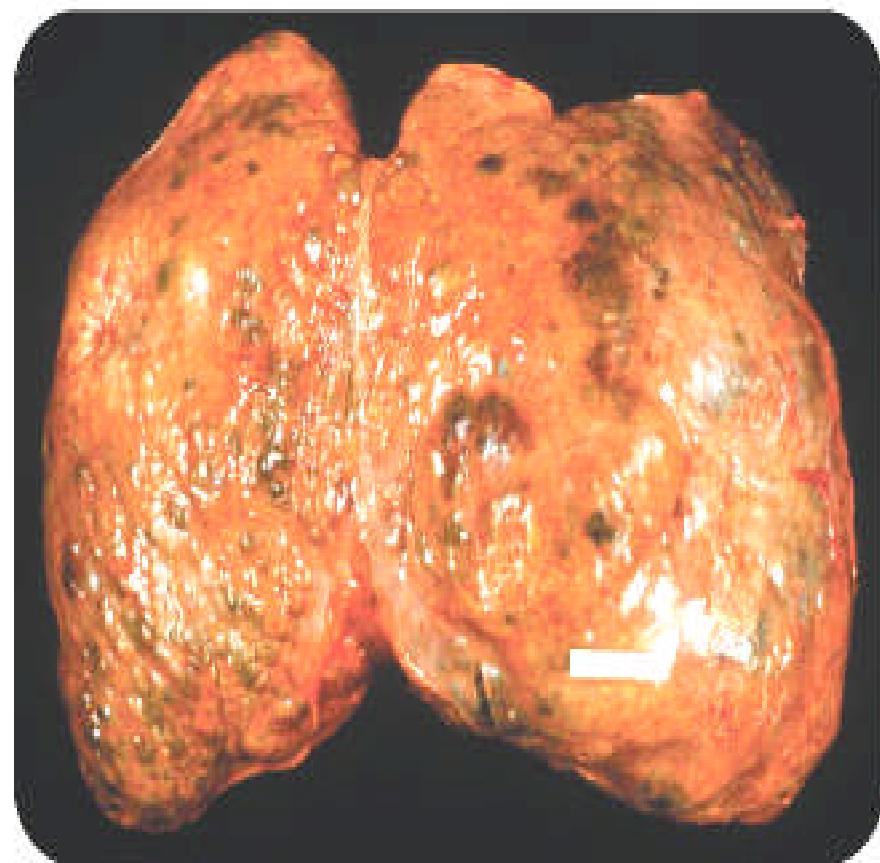
- Increased risk of osteoporosis

# Normal Liver and Liver with Cirrhosis



A normal liver

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A liver with cirrhosis

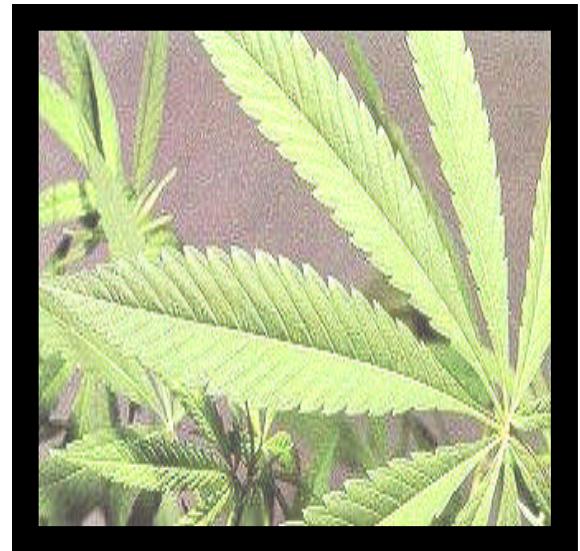
# Who's drinking?

- 62.5 million alcohol users estimated in India.
- Sale of alcohol has been growing steadily at 6% and is estimated to grow at the rate of 8% per year.
- People drink at an earlier age than previously . The mean age of initiation of alcohol use has decreased from 23.36 years in 1950 to 1960 to 19.45 years in 1980 to 1990.
- Profile of clients in addiction treatment centers in 23 states (including states with prohibition) showed that alcohol was the first or second major drug of abuse in all except one state.

# Drunkards



# Ganja



- Ganja is no “cool” drug
- It cannot turn a person into a creative genius
- Ganja users are at great risk of developing psychiatric problems
- Ganja is also an addictive drug

# CANNABIS

- ❖ Ganja / Marijuana
- ❖ Hashish / Charas
- ❖ Hashish oil
- ❖ Bhang



Common mode of Intake:

- ❖ Smoking.

# **SHORT TERM EFFECTS**

- ◊ Mild euphoria (happiness).
- ◊ Lowering of inhibitions (bravery).
- ◊ Dilation of blood vessels
- ◊ Increased auditory and visual acuity
- ◊ Sense of smell, touch and taste are often enhanced
- ◊ Altered sense of time perception
- ◊ Impaired short-term memory
- ◊ Impairment of ability to perform complex motor tasks

# LONG-TERM EFFECTS

- ◊ Decreased cognitive ability
- ◊ A motivational syndrome
  - ◊ Psychosis
  - ◊ Respiratory problems
  - ◊ Sterility / impotence
  - ◊ In women abusers, fetal damage can occur



# Tolerance and *psychological* dependence develop

## Withdrawal symptoms

- Sleep disturbances
- Loss of appetite, irritability
- Tremors
- Depression or psychotic symptoms may become prominent



# NARCOTIC ANALGESICS

Pain killing or pain relieving drugs with opium like effects

Natural sources : Opium

- morphine
- codeine



Semi synthetic : Heroin (brown sugar)

Synthetic : Buprenorphine (tidigesic)

- Methadone
- Pentazocine



# Mode of intake

Opium – oral, inhalation

Morphine – injection

Codeine – oral (tablets and cough syrups)

Heroin – injection, inhalation, chasing

Buprenorphine – oral, injection



# At a bus stop in Mumbai



# **SHORT - TERM EFFECTS OF NARCOTIC ANALGESICS**

- ◊ Euphoria
- ◊ Thought process impairment, drowsiness, apathy
- ◊ Freedom from pain
- ◊ Overdose of heroin can cause convulsions, coma and death

# LONG-TERM EFFECTS

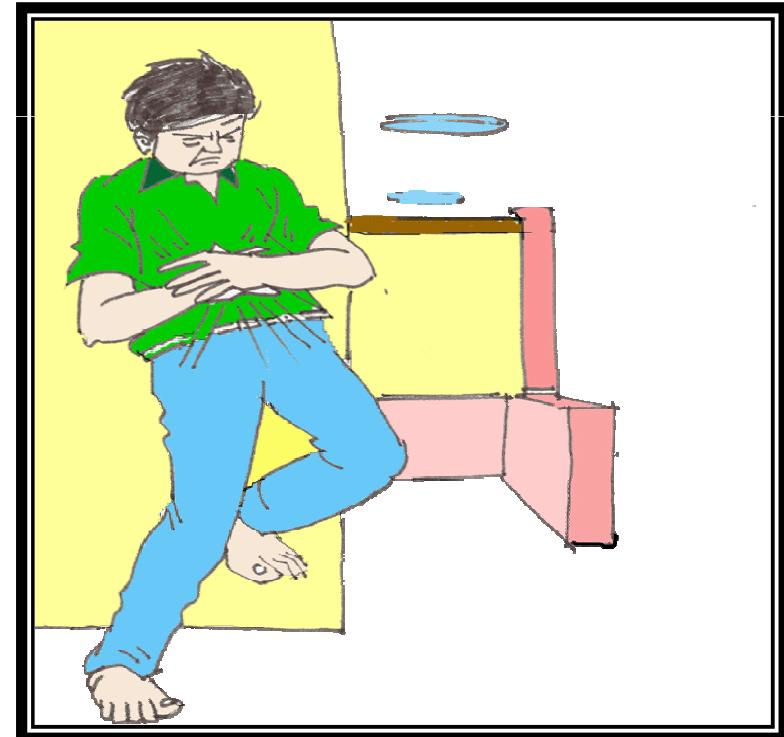
- Mood instability
  - Reduced libido
  - Constipation
  - Respiratory impairments
  - Physical deterioration
  - ◊ Infections like serum hepatitis and HIV can occur among IV users
- 
- ◊ In female abusers, menstrual irregularity and fetal addiction / abnormality



# Tolerance and dependence develop

## Withdrawal symptoms

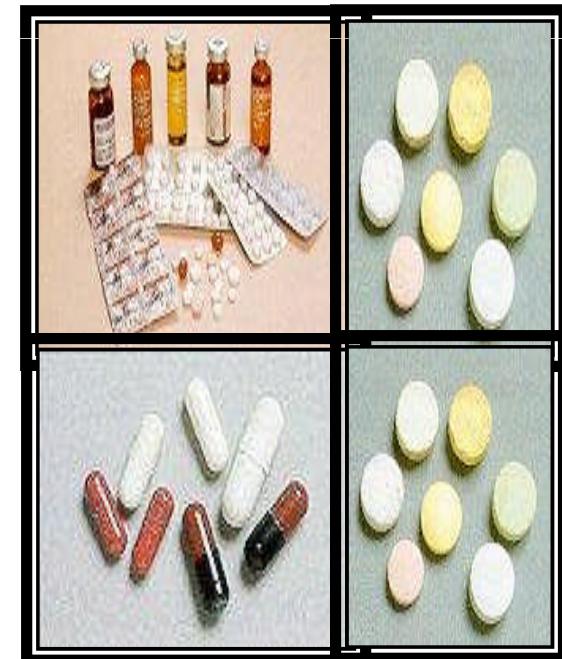
- Feeling of unpleasantness
- Severe pain
  
- Diarrhea
- Dilation of pupils
- Insomnia
- Hallucinations



# DEPRESSANTS

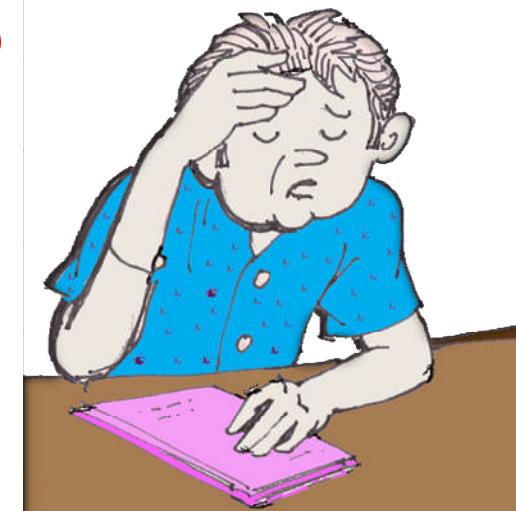
Drugs which depress or slow down the functions of the central nervous system

- ❖ Sedative-hypnotics
  - ➔ Barbiturates
  - ➔ Benzodiazepines
- ❖ Alcohol



# SHORT-TERM EFFECTS OF DEPRESSANTS

- ◊ Relief from anxiety and tension
- ◊ Euphoria
- ◊ Lowering of inhibitions
- ◊ Poor motor coordination
- ◊ Impaired concentration and judgment
  - ◊ Slurred speech and blurred vision
  - ◊ Sedation, sleep with larger doses



# LONG-TERM EFFECTS OF DEPRESSANTS

- ↓ Depression
- ↓ Chronic fatigue
- ↓ Respiratory impairments
- ↓ Impaired sexual function
- ↓ Decreased attention span
- ↓ Poor memory and judgement
- ↓ Chronic sleep problems



# Tolerance and dependence

- ➔ Tolerance does not develop uniformly
- ➔ Cross tolerance can develop
- ➔ Physical and psychological dependence develops

## Withdrawal symptoms

- Insomnia
- Weakness and nausea
- Hallucinations
- Convulsions
- Delirium tremens

# **STIMULANTS**

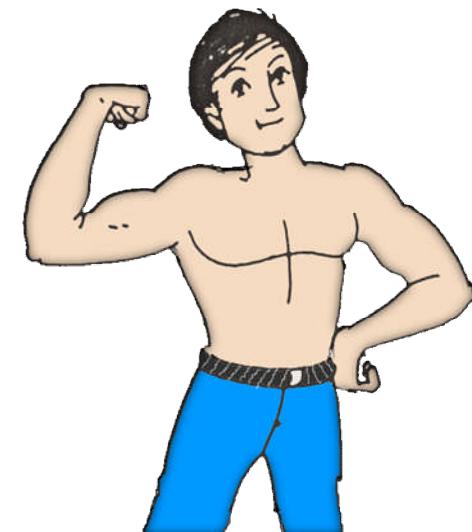
**Drugs which excite or speed up  
the central nervous system**

- Amphetamines
- Cocaine



# SHORT-TERM EFFECTS OF STIMULANTS

- ◊ A heightened feeling of well being
- ◊ A sense of super-abundant energy
  
- ◊ Increased motor and speech activity
- ◊ Suppression of appetite
- ◊ Increased wakefulness



# LONG-TERM EFFECTS

- Chronic sleep problem
- Poor appetite
- Rapid and irregular heart beat
- Mood swings
- ‘Amphetamine psychosis’ may occur

# **Tolerance and dependence develop**

## **Withdrawal symptoms**

- No major physiological disruptions
  - Extreme fatigue
  - Disturbed sleep
  - Voracious appetite
  - Moderate to severe depression

# HALLUCINOGENS

Hallucinogens are drugs which affect perception, emotions and mental processes

1. LSD (Lysergic acid diethylamide)
2. PCP (Phencyclidine)
3. Mescaline
4. Psilocybin

# **SHORT-TERM EFFECTS OF HALLUCINOGENS**

- ◊ Alterations of mood
- ◊ Distortion of the sense of direction, distance and time
- ◊ ‘Pseudo’ hallucinations
- ◊ Synesthesia – melding of two sensory modalities
- ◊ Feelings of depersonalisation

# LONG-TERM EFFECTS

- Flash back or spontaneous recurrence of on LSD experience can occur.
- Amotivational syndrome (*low inspiration to participate in social activities*)
- LSD precipitated psychosis (*loss of contact with reality*)

## •Tolerance and dependence

- ➔ Tolerance develops rapidly
- ➔ Withdrawal symptoms are not reported

# VOLATILE SOLVENTS

- ❖ Volatile hydrocarbons
- ❖ Petroleum derivatives

# People affected



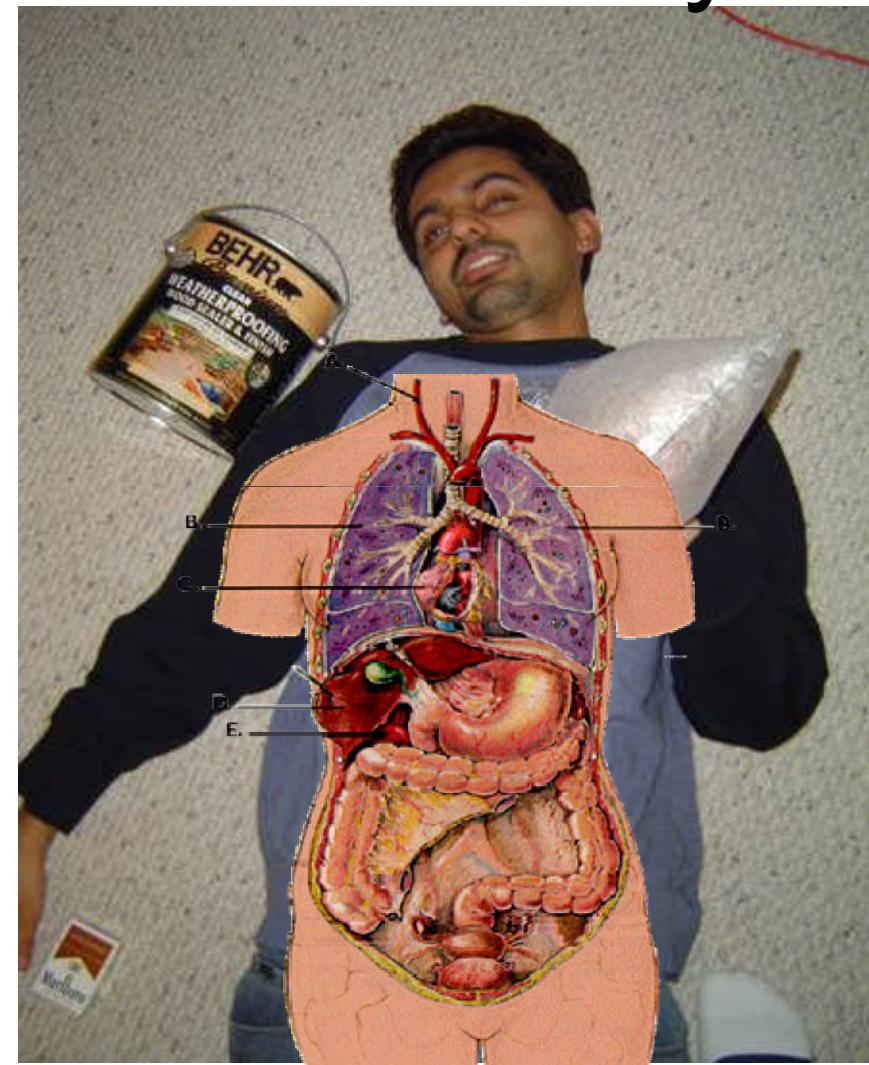
# Inhalants: Pharmokinetics

- Route of Ingestion:
  - Inhaled, either directly or by pouring/spraying into a bag or onto a cloth
- Metabolism:
  - Liver
- Distribution:
  - Some leave the body quickly others are absorbed by fatty tissues in the brain and nervous system.
- Half life:
  - Short half-life: Varies among Inhalants, typically 1-5 mins



# Inhalants: Effects on the Body

- A. Blood- inhalant chemicals will block the oxygen carrying capacity of blood
- B. Lungs- repeated use causes damage
- C. Heart- results in “Sudden Sniffing Death Syndrome”
- D. Liver- components of aerosol and paints will damage the liver
- E. Kidney- Toluene (inhalant substance) will damage the kidney’s ability to control the amount of acid in the blood, may result in kidney stones



[www.inhalants.org/damage.html](http://www.inhalants.org/damage.html)

# Treatment

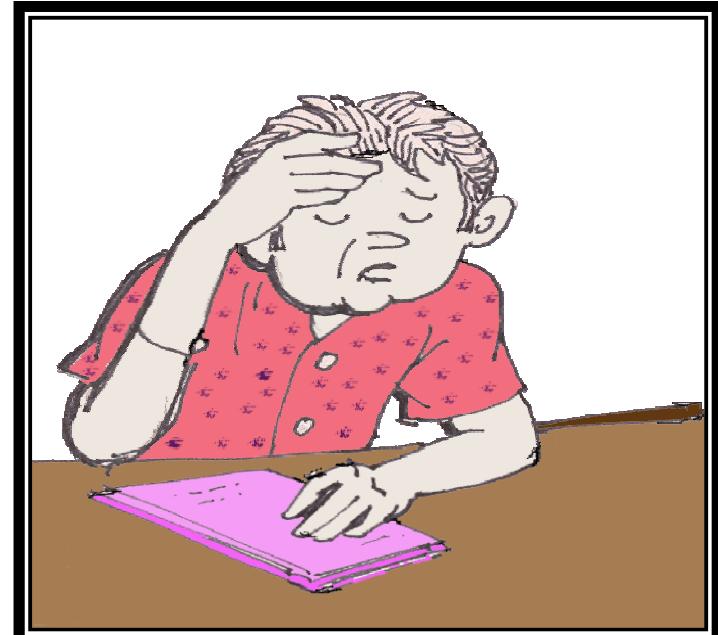
- Difficult to treat
  - Abuse coincides with social, family, financial, or behavior problems
  - Few go voluntarily
- Cognitive impairment may last for months
- Length of treatment may go up to two years

# OTHER DRUGS OF ABUSE

- ◊ Muscle relaxants
- ◊ Analgesics
- ◊ Anti-histamines
- ◊ Anti-emetics
- ◊ Anti-depressants/anti-psychotics

# **What can drugs do to a smart, healthy, enthusiastic youngster?**

- Affect academic performance
- Cause physical deterioration



.....

# Problems

- Hamper personality development
- Increase violence, accidents and high risk behaviour
- Lead to entanglement in a messy lawsuit



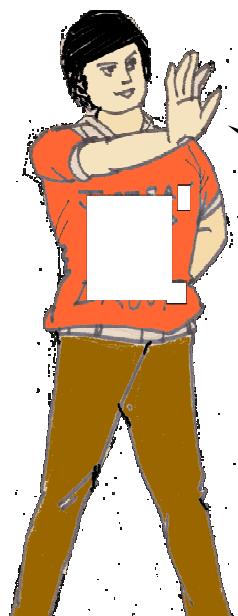
## **What can teachers do?**

- Get the facts right
- Express drug free messages openly
- Stay drug free and take pride in it
- Join anti-drug activities

***You make the difference !***

# How to stay drug free – Avoid it

- If drug/alcohol use is being planned, suggest an alternative activity.
- Don't attend dinners/parties with booze/smoking.
- Giving reasons for your decision may prolong the conversation – beware



Just  
say NO





# Stay drug free – Say NO

When someone offers drugs/alcohol:

- Look him/her in the eye
- Say "NO" clearly and emphatically and repeatedly.
- Walk away if he/she persists.
- Stick to your decision to say "NO"

# How to stay drug free – No bad company

- Change room-mates ASAP if your roommate is bringing/taking drugs.
- Beware of bad company, and drug dealers, they will someday try to recover payments for what your friend took.
- Change friends, if your friends keeps bad company.

# Say No to Drugs



- NO



- NO



- NO



- YES



- YES



- YES

# **What do you do if your student is addicted?**

Get help - professional help

*Recovery from addiction is definitely  
possible*

But it is a complex process that requires  
the support of many others.

# **Role of Colleges in substance abuse prevention**

- Information dissemination approaches, which may include the use of fear or moral appeals.
- Providing variable alternative to drug abuse like good recreational facilities, multi gym and good library of varied interest
- Improve resistance skills by increasing awareness of negative consequences of drug use
- Teaching life skills to college students

# Constant battle in the society

- Big business.
- Read about the "Opium Wars" in Wikipedia.



# **Suicidal, High risk Behaviours and Emergencies**

***Dr. P.V. Bhandary***  
Psychiatrist & Director  
Dr. A.V. Baliga memorial Hospital  
Udupi

# Today's discussion

- Suicide attempts
- Aggression

# **Suicide**

- ❖ Act of intentionally taking one's own life
- ❖ Leading cause of premature death, especially among youth.
- ❖ One in every three suicidal victims is a youth
- ❖ Many studies have shown that at least 10% of the adolescents report attempting suicide at some time

**SKS- Sheela**

# Myths and Facts about suicide

- **Myth:** Those who talk about attempting suicide are less likely to act.
- **Fact:** People who threaten to take their lives are more prone to attempt it than those who do not. Hence do not take these as empty threats and challenge them.

# Myths and Facts about suicide

- **Myth:** Those who have attempted once learn from their mistakes and are less likely to attempt.
- **Fact:** Those with previous unsuccessful suicide attempts are more likely to attempt than others in the future.

# Myths and Facts about suicide

- **Myth:** Suicidal attempts in families will dissuade relatives from doing the same when in emotional turmoil.
- **Fact:** Suicidal behaviour can be seen in families across generations as depression can run in families and is genetic.

# Myths and Facts about suicide

- **Myth:** Only those who are mentally ill are prone to suicide.
- **Fact:** Those who are mentally ill are more prone to suicide but those without any mental illness may also be driven to it following situations such as a sudden financial loss, sudden discovery of a fatal illness, failure in exams, etc.

# Myths and Facts about suicide

- **Myth:** Strong minds and confident people never attempt suicide. Only weak minds do.
- **Fact:** Strong minds **do not** exist. Each one of us can suffer from sadness and depression, and attempt suicide, though some are definitely more vulnerable than others.

# Myths and Facts about suicide

- **Myth:** Only intelligent people attempt suicide; whereas religious people do not.
- **Fact:** Anyone can attempt suicide irrespective of their intelligence or affinity to god.

# Myths and Facts about suicide

- **Myth:** A suicide attempt is aimed at manipulating/threatening others and should be punished harshly.
- **Fact:** An act of self-harm can be a cry for help and should be tackled sensitively.

# Myths and Facts about suicide

- **Myth:** A weak attempt of suicide should be treated at home and secrecy should be maintained to preserve the self-esteem of the person
- **Fact:** A medical doctor should treat all attempts at a hospital with the help of a psychiatrist /counsellor. The details of the attempt need to be verified for an appropriate treatment.

# **Attempted suicide, Deliberate self-harm**

- Behaviors through which people inflict harm upon themselves, with non-fatal outcome.
- Suicidal attempts are approximately 25 times more frequent than suicidal deaths.
- Half of all who commit suicide would have attempted suicide at least once previously.
- 15-25 % of the suicidal attempters will attempt suicide again within a year.

# Common causes of suicide

- **Social:** financial problems, poverty, life events, loss in social status, humiliation SKS- Letter from Principal
- **Cultural:** group belief (terrorist), religious belief
- **Family discord:** family discord, loss of loved one
- **Environmental:** stress, academic pressure, exam failures, physical illness
- **Psychological:** low self esteem, impulsivity, pleasure seeking
- **Role modeling:** media, imitation of other behaviors
- **Biological:** brain injury, decreased serotonin, and hereditary
- **Physical illness:** like HIV, cancer, sudden loss of vision or limb, any illness which causes social stigma.
- **Mental illness:** depression, substance use, psychosis, personality disorders

# **People at risk for having suicidal behavior:**

- Younger age
- Ongoing and /or recent life events (like loss of relationship, failure in examination, financial loss)
- Past history of suicidal attempt, Loss of social status / reputation in the society.
- Family history of suicide, Poor family support, broken family, physical abuse by parents, feeling neglected by parents and loss of loved ones
- Loss of romantic relationship or discord in a relationship
- Chronic medical/surgical illness like HIV, cancer

# **People at risk for having suicidal behavior- cont...**

- Mental illness like-depression, substance use, anti-social behavior, psychosis Evolving personality disorders
- Poor social integration (lack of confiding relationships/long standing relationship problems)
- Poor problem solving skills
- Aggression, hopelessness, impulsivity, sudden change in behavior, sudden decline in academic performance, conduct problems like truancy/ stealing/ lying

# Acute Precipitants

- The most common precipitating factors for suicide in adolescents are
- Humiliation by their parents/friends/relatives/teachers.
- Discipline for misdeeds in front of others
- Exam failure
- Arguments or fights with the loved ones and the loss of romantic relationships
- Severe financial constraints.

# Management of suicide attempt

- Immediate hospital referral to save the person's life.
- Alert the higher authorities of the college immediately.
- Inform family members immediately

# **Dealing with the person who has attempted suicide**

- Never scold a person who has attempted suicide. ( Prof. dealing with suicidal patient )
- Avoid giving lecture/advice on value of life.
- Allow him to talk and express his feeling by active listening
- Ask for any plans of completing suicide or hurting himself in near future
- Reducing the availability of means/modes of committing suicide
- Try to help him in all possible ways, knowing your limitations

# **Dealing with the person who has attempted suicide – cont..**

- Do not challenge a person who had attempted.
- Do not leave him alone at any cost.
- Do not give false reassurances.
- Do not handle these situations alone. Involve college authorities, survivor's family members and friends. Try to get help from all possible means.
- Take help from mental health professionals to deal with such situations.

# **How to treat a suicide attempter after survival**

- Treat him as a normal student
- Encourage other students to interact with him
- Help him in coping with his studies
- Assign a teacher to that student so that he can discuss with teacher about his thoughts, feelings and problems
- Develop a contract with the student that he will not attempt again
- Communicate your concerns and support
- Student should be clearly told that he can seek help without any barrier
- Seek help from mental health professionals.

# **Dealing with a completed suicide in a college**

- A completed suicide can have severe psychological impact on his friends and the staff of the college.
- Avoid rumors
- Don't describe the suicidal event in detail
- Do not glorify the suicidal act.

# **Dealing with a completed suicide in a college ... cont..**

- It can even set an example for other students as a method to tackle their problems
- Severely affected students (close friends) of the deceased should be allowed to ventilate and if required counseling services should be offered.
- Help family members to cope with the situation.
- Seminars about suicide, help seeking behaviour, available services, problem solving techniques and depression. Should be conducted at that time

# Aggression

- ‘Aggression behavior aimed at causing harm or pain to others or self’  
SKS-NITTE Hostel Incident
- Direct or indirect
- Physical or emotional
- Active or passive
- Verbal or non verbal

# Causes of aggression

- **Social:** financial problems, poverty, cheating, injustice, unequal distribution of resources, exposure to violence within the community
- **Cultural:** belief about gender, sexuality, role, religious beliefs, dressing, familial
- **Environmental:** stress, broken family, family discord, academic pressure
- **Psychological:** to gratify his/her needs, to show dominance/power over others (bullying), frustration, jealousy, greed, low self esteem, stress, retaliation against the authority figures
- **Role modeling:** from media, movies, T.V. serials, imitation of others behaviors
- **Biological:** endocrine/hormonal abnormalities, brain injury, decreased serotonin, mental illness and genetics

# People at risk of having frequent aggressive behavior

- *Individual factors*
- *Family factors*
- *Social factors*

# *Individual factors*

- Poor problem solving skills
- Poor socializing skills
- Childhood trauma like
- Sexual/physical abuse
- Mental illness like depression, anxiety disorders, conduct disorders, oppositional defiant disorders, epilepsy & substance use and head injury.

# ***Family factors***

- Broken family
- Family discord
- Violence within the family
- Substance use by the parents
- Poverty
- Improper parental discipline techniques
- Lack of parental monitoring.

# ***Social factors***

- Poor living conditions and social support,
- Exposure to violence (media),
- victimization by Peers (bullying),
- life events and stress
- Games like hovercraft (Masking of reality and fantasy)

# **Management of aggression**

- During the aggressive behavior, defend yourself
- Try to get help from others
- As a last resort physical restraint may be used to avoid injuring to oneself or to others

# Management after the aggressive episode

- Call and counsel the students
- Don't give advise before listening to both parties
- Make eye contact, use firm voice but be non-threatening, don't use harsh language.
- Explain with a genuine concern.
- Explain consequences of aggressive behaviour like disciplinary action, jail, and reduced chances of finding a job and friends

# **Anger management techniques to the individual who becomes aggressive**

- Moving away from that place / Time out
- Avoiding arguments
- Deep breathing techniques
- Meditation
- Relaxation techniques
- Counting numbers or repeating God's name silently
- Identifying and Managing emotions
- Doing vigorous exercise, banging the pillow, playing outdoor games, listening to music

# **Psychiatric help for a aggressive person**

If aggression is frequent, difficult to control and with very high intensity leading to

- Dangers to others Dangers to self (suicide)
- Which is secondary to mental illness or brain injury.
- Which is secondary to substance use, epilepsy.
- frequent breaking of rules and regulations

# **Role of colleges in suicide prevention**

- **Prevention is better than cure:**
- Avoid humiliating/punishing students in front of other students,
- Providing counseling services within the campus,
- Establishing a student support network group through peer counselors,
- Encouraging them to develop hobbies, sports, games and so forth,
- Providing opportunity and encouraging socialization,
- Involving family members in student's academics progress from the beginning,

# **Role of colleges in suicide prevention – Cont....**

- Educating the family members about the student's strengths and weakness,
- Preparing the students and family members before exams regarding the worst outcome in exams,
- Teaching problem solving skills and improve interpersonal relationship skills.
- Conducting GD, Seminars debates and workshop by mental health professions on attempting or committing suicide, depression, substance use, problem solving skills, available help/treatment/ counseling services, need for recreational activities and socialization.

# **Role of college in controlling aggressive tendencies in college**

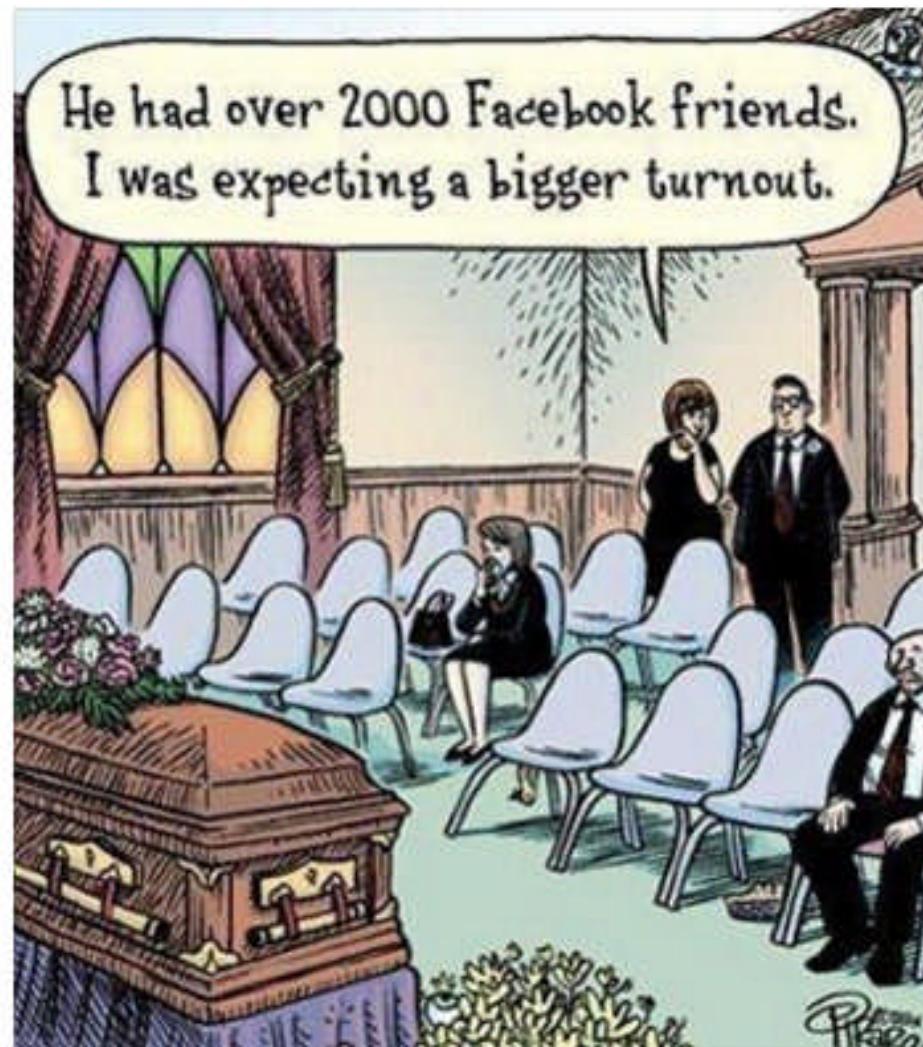
- Aggressive tendencies Bullying and ragging should be dealt properly
- Monitoring the media content
- Stress management
- Provide healthy recreational activities
- Avoid physical punishment in college as much as possible

# Other High Risk Behaviours

- IPL betting
- Fast Bike Riding
- Unprotected Sexual intercourse
- Dope parties
- Networking avantharas?

**SKS- Facebook incident**

# The End



# **Major Psychiatry Disorders**

## **Needing Identification, Referrals and Follow up**

***Dr. P.V.Bhandary,***  
**Medical Director & Psychiatrist,**  
**Dr. A.V. Baliga Memorial Hospital,**  
**Udupi**



# Topics

## 0. Mental illnesses.

- Depression
- Mania
- Schizophrenia
- Treatments

# What is a mental illness?

It is when someone lacks the ability to manage day to day events and/or control their behavior so that basic physical and emotional needs are threatened or unmet.

These disorders can affect persons of any age, race, sex, religion, or income

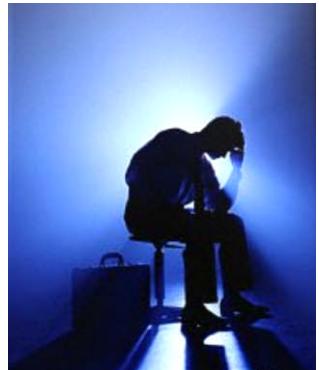


- Mental illnesses are **NOT** –
- The result of a personal weakness, lack of character, or poor upbringing.
- Not due to **evil spirits, black-magic, past bad deeds.**

# Why should I care?

- Understanding of mental health issues brings awareness to the community and our surrounding environment.
- We will become a society that is accepting of others who do not fit our idea of a perfect population.

# What is mental illness like?

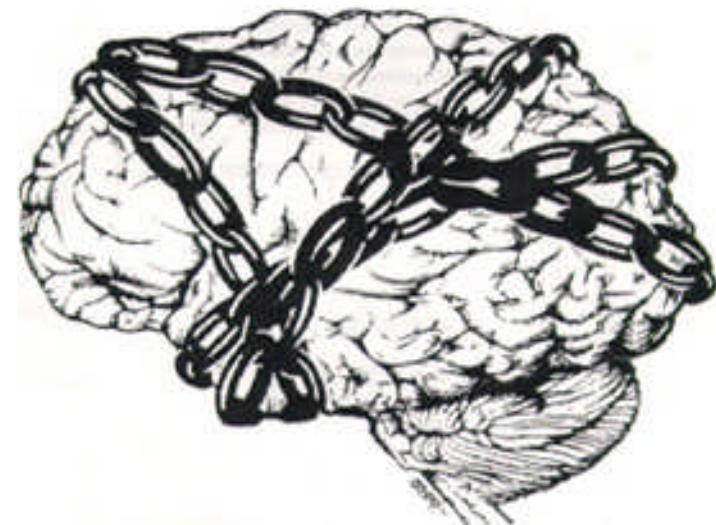


Mental illness is a physical condition just like asthma or arthritis.

But still society believes that a person who is mentally ill needs to show more willpower - to be able to pull themselves out it.

But a person who has mental health issue has a “shackled brain”.

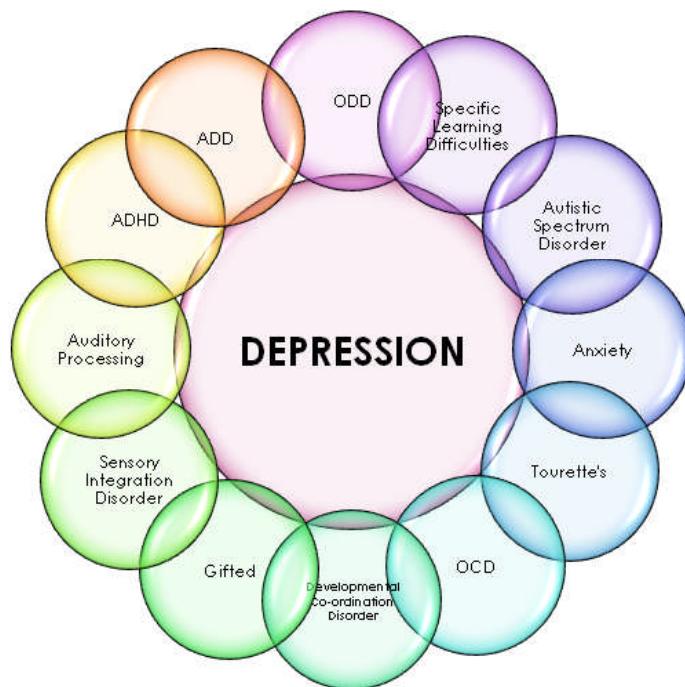
..... It is also like telling a person who has an amputated leg to run across the room.



# Myths of Mental Illness

- Mental illness is caused by bad parenting.  
Fact: Most diagnosed individuals come from supportive homes.
- The mentally ill are violent and dangerous.  
Fact: Most are victims of violence.
- People with a mental disorder are not smart.  
Fact: Numerous studies have shown that many have average or above average intelligence.

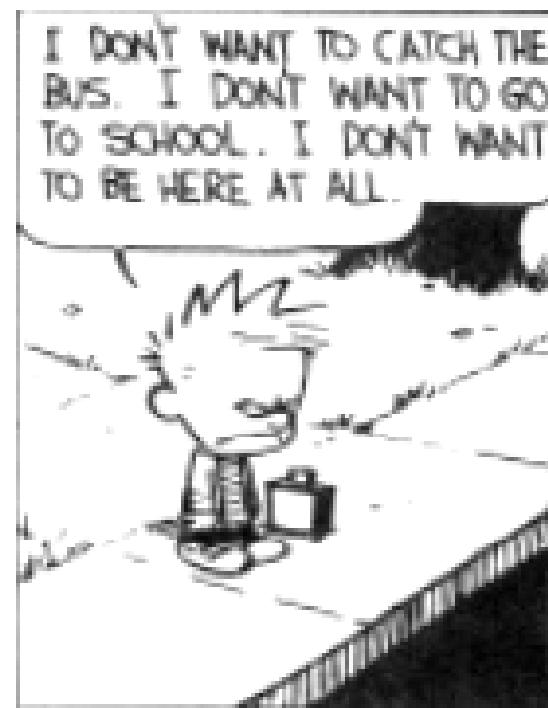
# Mental Illnesses in college students



- Depression
- Mania
- Schizophrenia



# Depression



I'M SICK OF EVERYONE  
TELLING ME WHAT TO DO  
ALL THE TIME! I HATE MY  
LIFE! I HATE EVERYTHING!  
I WISH I WAS DEAD!



# What is Depression?



Depression is a medical issue that affects a persons mood to be down, blue and/or fed up.

Depression is the most common mood disorder, affecting approximately 20 million people each year.

# Depression

Depression is a condition characterized by

- Sad mood and crying spells
- Lack of interest / energy / motivation
- Decreased attention / concentration / memory / intelligence
- Lack of pleasure / inability to enjoy
- Disturbed sleep / appetite / bowels / sexual functioning
- Vague bodily symptoms like pain, weakness, fatigue
- Thoughts of ending one's life, Death wish, suicidal ideas and attempts.



# Signs and Symptoms of Depression

- Fatigue or loss of energy
- Thoughts of death or suicide, including suicide attempts
- Feeling guilty, hopeless or worthless
- Difficulty concentrating, remembering or making decisions
- Persistent sad, anxious or empty mood
- Sleeping too much or too little; odd time of waking
- Reduced or increased appetite which results in weight gain or loss.
- Irritability or restlessness

# What factors causes depression?

There is no single cause of depression. But here are some factors:

- Psychological
- Biological
- Environment



# Family history.

Scientists have also found evidence which makes some people with a **genetic predisposition** to major depression vulnerable to the disorder.

However not everyone with a family history develops depression.

# Other causes of Depression.

Some life event that may trigger depression:

- Death
- Separation
- Financial loss
- Failure in exam
- Strained relationships at home/friends
- Failure of love affairs

Suicidal thoughts or ideas are common in depression and need immediate attention

# Why should teachers know about depression

Depression is one of the causes of

- Inefficiency
- Under-achievement
- Memory or concentration problems
- Alcohol and drug abuse
- Suicide

# How does depression work?

The way we respond to situations (with thoughts of hopelessness, anxiety, anger, etc) effect the emotions we feel, which in turn, effects the chemicals that are released within our body.

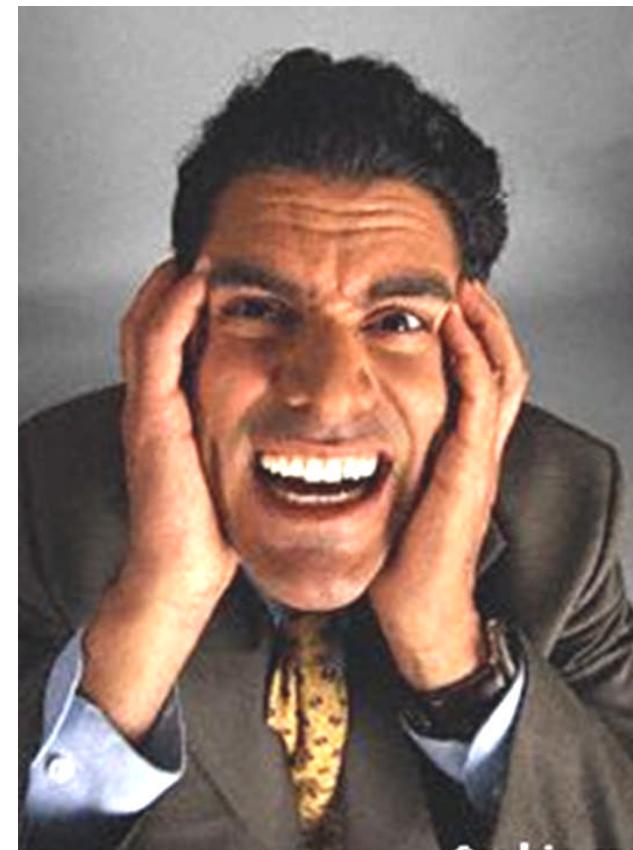
And all emotional responses have a chemical consequence. Serotonin, a neurotransmitter (body chemical), is a major contributor in the depression cycle.

# How Can I Help A Person With Depression?

Whenever you suspect person is having depression refer him/her to a professional.

- ❖ Listen to him/her, watch for **suicidal ideas**.
- ❖ Don't expect him/her to have more willpower - to be able to pull out it.
- ❖ “Motivating or **talking**” cannot help a depressive person.

# Mania (bipolar disorder)



# What is Mania?

Mania is part of a condition called bipolar disorder, also known as manic-depression.

Bipolar disorder usually causes a person's mood to alternate between symptoms of depression and mania, a heightened energetic state.

# Signs and Symptoms of Mania

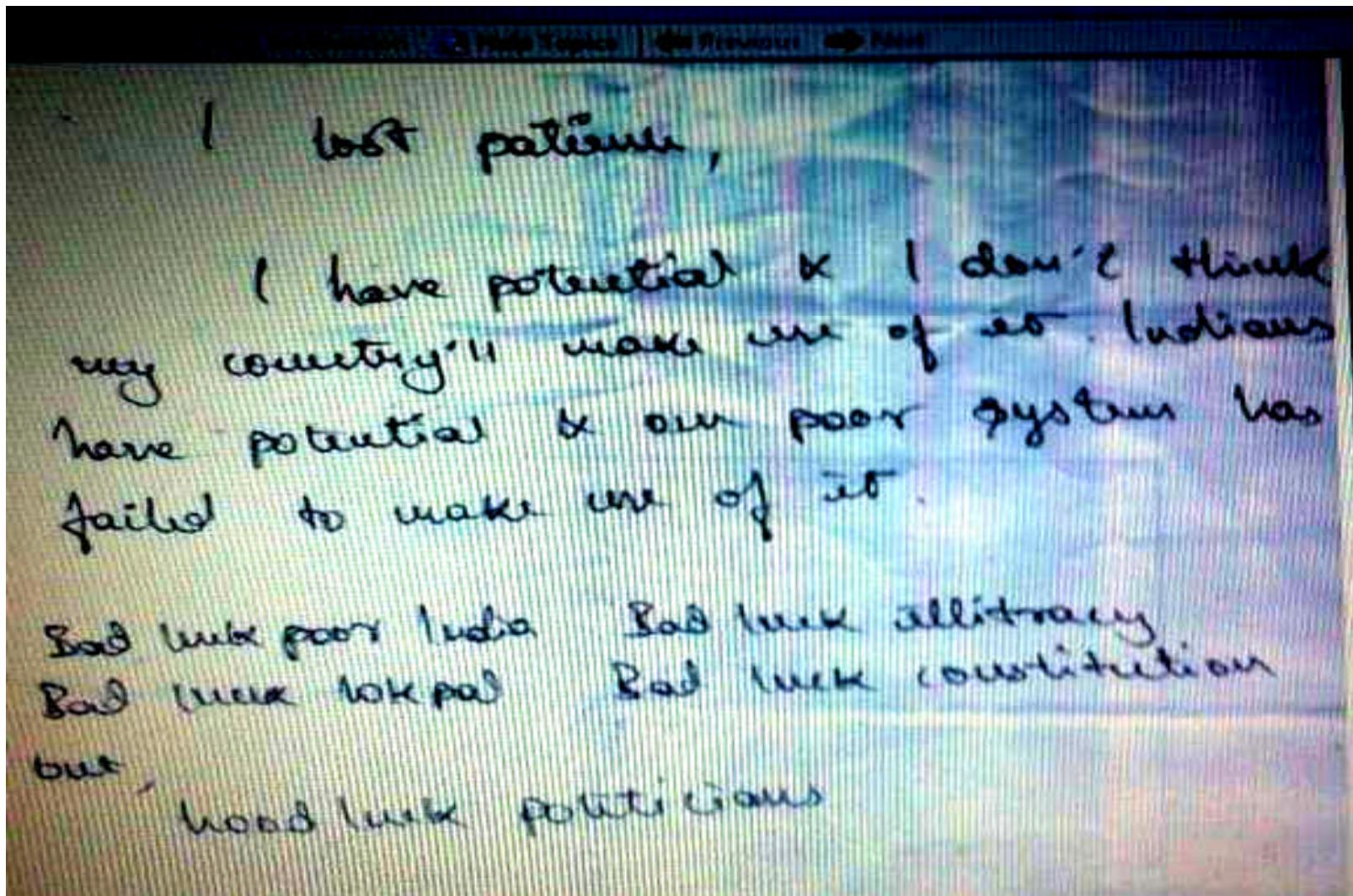
- Increased physical and mental activity & energy
- Excessive irritability, aggressive behavior
- Decreased need for sleep; without experiencing fatigue
- Exaggerated optimism and self-confidence
- Racing speech and thoughts; flight of ideas
- Impulsiveness, poor judgment
- Reckless behavior: erratic driving, sexual indiscretions, spending sprees
- Grandiose delusions

# Causes of Mania



- The neurotransmitters: Norepinephrine, dopamine, and serotonin, have been studied since the 1960s as factors in mania and depression.
- In a manic episode, clients with bipolar disorder have a significantly higher Norepinephrine and epinephrine levels than a depressed or euthymic (normal mood) person.
- Norepinephrine and epinephrine are responsible for “fight or flight” responses.

# Suicide Letter



# How Can I Help a Person Who is Manic?

- Use a firm and calm approach when communicating:
- Remain neutral; avoid power struggles and don't cast judgments.
- Firmly redirect energy into more appropriate and constructive behavior.
- Do not yell or sound threatening, the goal is to try to keep anxiety down in a person who exhibits mania.

# Schizophrenia



# What is Schizophrenia?

Schizophrenia is a chronic and severe brain disorder.

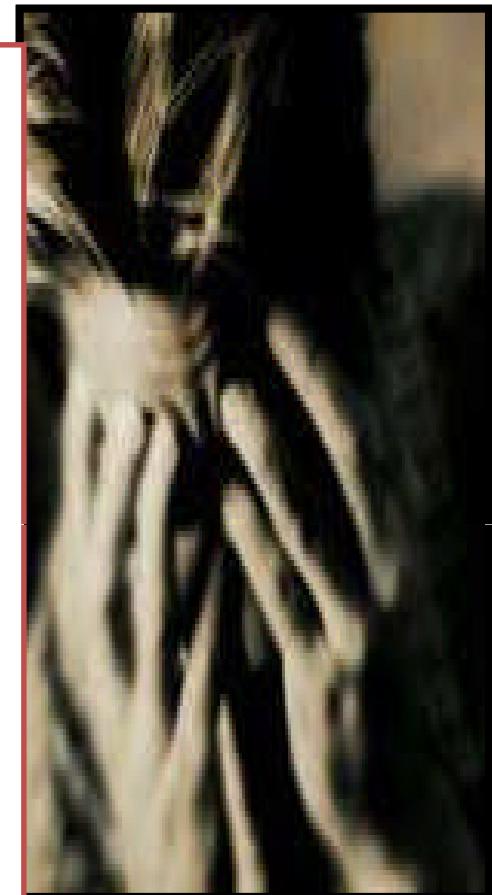
It is a disease that makes it difficult for a person to tell the difference between real and unreal experiences, to think logically, to have appropriate emotional responses to others, aspects of memory and to act appropriately in social situations.

The World Health Organization (WHO) has identified schizophrenia as one of the ten most debilitating diseases affecting all human beings.

# Symptoms of Schizophrenia

Characterized by onset of strange behaviors like

- Un-understandable strange talk and behaviour  
Suspicious
- Withdrawn, poor or no communication
- Increasing social isolation
- Hearing voices when there are none
- Feeling persecuted
- Sudden excitement, over activity, wandering aimlessly, unprovoked aggression
- Excessively cheerful and boastful
- Associated disturbances in sleep, appetite and bower-bladder functioning
- Some time psychotic behaviour can manifest as a progressive academic decline and change in personality.



# What Causes Schizophrenia?

There is no one cause to this complex and puzzling illness, but it is believed that some combination of genetic, biological (virus, bacteria, or an infection) and environmental factors play a major role.

There is currently no reliable way to predict whether a person will develop the disease.



John Nash, a famous Schizophrenic. His life story made into a film, *A Beautiful Mind*.

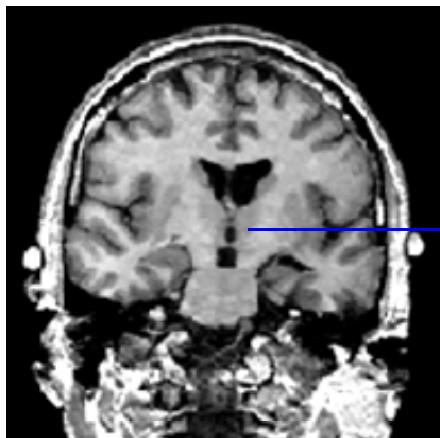
# What Occurs in the Brain of Someone with Schizophrenia?

Researchers believe an imbalance of neurotransmitters may cause the symptoms of schizophrenia. Two neurotransmitters that have most been implicated as abnormal in schizophrenia are dopamine and serotonin.

The ability to produce images have helped in identifying structural and functional differences in a schizophrenic brain versus a normal brain.

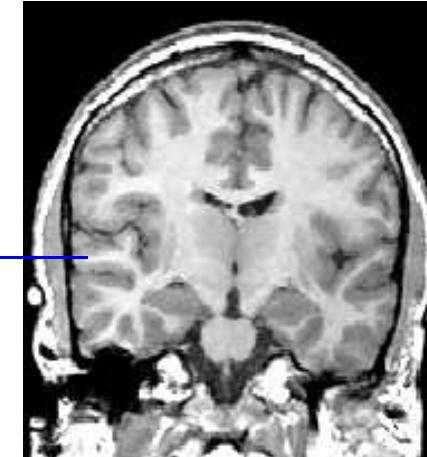
# From The Looks of It

Schizophrenic brain



Ventricles

Normal brain



Brian imaging has shown a difference in:

- Enlargement of the ventricle
- Decrease in the hippocampus (controls emotional and working memory)
- Decrease in overall size
- Abnormal development of pre-frontal cortex (forehead region; controls information process, motivation, problem solving, decision making, and thinking speed)

# How to Help a Person With Schizophrenia

The following guidelines may be useful when talking to a person whose speech is confused and disorganized.

1. Do not pretend that you understand the persons words or meaning when you are confused
2. Tell the person that you are having difficulty understanding what they are trying to communicate
3. Place the difficulty of understanding upon yourself “I’m having trouble following what you are saying.” not “You are not making any sense.”
4. Tell the person what you do understand; reinforce clear communication.
5. Keep their anxiety down by: a calm voice and firm direction

# Treatments



# Treatment

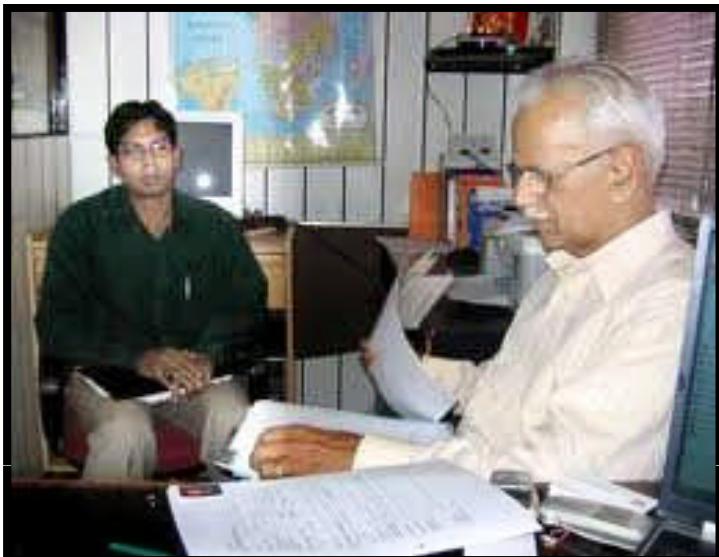
- All Major Psychiatric disorders require medications
- When disorders are severe or patient is suicidal or patient is aggressive in patient admission is necessary
- Medications used are:
  - Antidepressants
  - Anxiolytics
  - Antipsychotic
- Earlier the treatment better the outcome
- All psychiatric medications are not addictive
- All psychiatric medications are not sedatives

# M.E.C.T (electro convulsive shock therapy)

- E.C.T. is not a barbaric treatment
- It is a panacea in case of (1) Severe depression (2) suicide.
- It does not damage the brain permanently



# Individual and family counseling and guidance



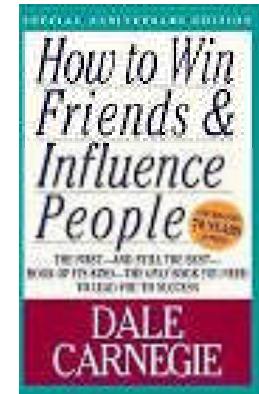
# Healthy recreation and relaxation activities

- Meditation
- Yoga
- Sports
- Dance
- Nature walk



# Mild Depression - solution

- Relaxation techniques such as **yoga** or **meditation** or **nature walks**.
- Educate yourself by reading **self help books** or join a **support group**.
- See a **counsellor** at (Baliga hospital, Udupi).



# Treatment can save lives.

- Appropriate treatment, help, support and encouragement, leads to recovery , continue their education to lead a normal and useful life



# Scenarios



from Prof. Shalini Sharma, NITTE, 3/2014

# **1. Our behavior reflects our attitude**



- Hasmukh, a student of the 7th semester asks for an appointment to discuss his problem of not getting placed.
- He is worried that he has not cleared the aptitude tests in the five campus interviews he attended.
- He is given an appointment at a time convenient for him the next morning at 9.30 AM.
- He arrives late by 40 minutes.
- He is asked to return in the afternoon ready for a test to check his prowess in aptitude tests as he reports doing well in the test but not getting shortlisted.
- For the afternoon's appointment, he arrives 20 minutes early.
- When called in and given the test paper after instructions, we find that he has come without a pen.

# Task



1. How do you perceive this behavior?
2. What would you advise Hasmukh?
3. As a group discuss it and give him a rating from 1 to 10 on his attitude.
4. Is there a likelihood of your behaving in this manner?
5. How should we treat such behavior?  
Why?

## 2. A personal relationship



1. Subhash is friendly with Rosa of his class for the past two years and they have been spending a lot of time together.
2. It is believed that they are in love. Subhash is doing well in studies and Rosa is falling behind.
3. Rosa of late has been finding fault with Subhash over his friendliness with their common girl friends and forbids him from being friendly with them.
4. She picks up a fight with her room mates who try to advise her. She stops talking to them.
5. Upset with her behavior, Subhash decides to break the relationship.
6. Rosa makes a suicidal attempt.



# Task



1. How do you perceive this behavior? \_\_\_\_\_
2. How common are 'relationships' in this age group according to you? [\_\_ /10]
3. How common is possessiveness and suspicion in adolescents? [\_\_ /10]
4. How important is it to have a 'relationship' according to your group? [i. Very Important/ ii. Important/ iii. Not important]
5. Your reasons for the above response: \_\_\_\_\_
6. Why do people feel insecure in a relationship? \_\_\_\_\_
7. Do you think that Subhash is guilty in any way? [y/n] How? \_\_\_\_\_
8. What would you advise Rosa? \_\_\_\_\_
9. Do you endorse Subhash's stand of breaking the relationship?  
\_\_\_\_\_



### **3. Attraction to Drinking**



1. Dandiya Raas programme was being organized by the JKSHIM, to begin at 6 pm.
2. A large group of engineering students went to 'Forever' to have some drinks before they attended the programme.
3. A Musical evening is organized in the open air auditorium in NMAMIT and a sizeable number come inebriated (drunk) to attend the programme.

# Task



1. How do you perceive this behavior?
2. How common is it ? \_\_\_\_\_%
3. What does your group feel about it?
4. Is it difficult to enjoy a programme of ‘dance and music’ without alcohol?
5. Discuss on alternative, healthier ways of enjoying a ‘nach gana’ programme.

## **4. Dealing with a Loan**

1. Malini has taken a loan of Rs. 3,000/- from her friend Gina to buy some flowers & pastries for some guests at her home saying that she has left her purse behind.
2. She has assured Gina that she would return the money the next day.
3. It's a week but no mention of the borrowed money is made even when they meet.
4. When Gina mentions it Malini says that she forgot and would return it the next day. It does not happen.
5. Gina decides to go to her house and collect it and calls Malini & reminds her.
6. Malini makes many excuses, grumbles saying she's busy and behaves as though Gina is the one who is at fault.





# Task



1. How does your group perceive this lending-borrowing scene?
2. Have you had experiences of this nature? Share it with the group.
3. Why do people borrow in adolescence?
4. Is borrowing inevitable?
5. Is there any code of conduct to be observed while lending or borrowing?
6. Please list them.

## **5. Classroom Scene**



1. Ranjan is sitting in class and is unable to follow certain things that are being taught in class.
2. He does not ask the teacher about it in class or outside.
3. He does not clarify it with his friends who may know about it.
4. The next class he attends more of what the teacher says goes un-understood by him.
5. He starts day dreaming in class and ends up doing poorly in his mid-sem exams.



# Task

1. How common is this behavior in young people?  
  /10
2. Why don't students clarify their doubts promptly in class?
3. Why do students fear meeting the teacher after class?
4. What would you ask Ranjan to do by way of getting himself strong in the subjects he is studying to become successful in life?
5. Give systematic guidelines on what he can do.
6. What can be done to enable understanding and interest in a subject by a student?
7. What can be done by the teacher to enable interest in students in the subjects he is taking?



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## **6. Annual Day Invocation**

1. Jean who sang well was asked to recite a poem as a prayer on College day.
2. Jean recited the poem enthusiastically with the organizer and came along with a Jolly for a duet performance and a key board player.
3. They practiced in the presence of the team a few times and were asked to perfect it and return as per plan on the college day in suitable attire.
4. On the college day, the invocation offering team did not respond to the MC's call and the faculty team had to push the team leader Ajax on to the stage to perform.
5. Ajax was seen downloading the poem as he moved across the stage to the podium and not knowing his words.



# Task

1. How do you view this behavior?
2. According to your group, why did the students behave in this manner?
3. What should be done to prevent such behaviours in the future?
4. What is the mistake that you can see in the organizing?
5. What should be done to reprimand the students from behaving in this manner?
6. How is this behavior viewed by the audience?



## 7. Ramesh's loan problem

1. Ramesh has just completed the 8th semester in Civil Engineering in NMAMIT.
2. He has been selected by a reputed company for employment through Campus Interview.
3. Ramesh belongs to the low socio economic strata.
4. He is shy, lacks confidence and does not have good communication abilities.
5. He is however, hard working, gets good grades in studies and has come into engineering through the Govt. Merit Quota of the CET.



## 7. Ramesh's loan problem

1. Ramesh found it extremely difficult to continue his studies when he entered the fifth semester owing to severe financial difficulties.
2. He approached the Trust for assistance and he was given a tuition fee waiver from the 5th to the 8th semester.
3. However, he had to sign an affidavit that he would serve the Institution as a lecturer for two years after completion of his studies.



## 7. Ramesh in Debt

1. Ramesh did not consult any of the college authorities before appearing for the campus interview or after he got selected.
2. He is required to join the company in August.
3. Jake, the company HR personnel who are aware of his debt, asked Ramesh to get a clearance from the college that it has no objections to Ramesh joining the company.



# 7. Task

Discuss in your group and answer the following:

1. How do you view Ramesh's problem?
2. Should the College/Trust give him a clearance to join the company?
3. Should they impose any penalty on him?
4. What do you think of Ramesh's personality?



## **8. Fast horse Vs. Slow horse**

1. A young boy asked a wise lady, "Why is a fast running horse better than a slow running one? "
2. The wise lady said, "It has developed the habit to produce more power so that it can run up to ten times faster than a slow horse."
3. Boy says "What if the horse is running in the wrong direction"?
4. The lady smiles and says, "Definitely it is wasting the efforts ten times quicker than the slower horse."



## **8. Task**



1. The boy says, "What if the other horses are following him too?"
2. The lady says "Of course it will mislead all those horses too!"
3. "Then why do most of the horses follow the faster horse?"
4. Task: Discuss as to what the wise lady told the young boy & write it down after a good discussion.

## **9. To Pay or Not to Pay?**



1. Few centuries ago, a Law teacher came across a student who was willing to learn but was unable to pay the fees.
2. The student struck a deal saying, "I will pay your fee the day I win my first case in the court."
3. Teacher agreed and proceeded with the law course. When the course was finished and teacher started pestering the student to pay up the fee, the student reminded him of the deal and pushed days.
4. Fed up with this, the teacher decided to sue the student in the court of law and both of them decided to argue for themselves.

## **9. To Pay or Not to Pay?**



1. The teacher put forward his argument saying, "If I win this case, as per the court of law, the student has to pay me as the case is about his non-payment of dues. And if I lose the case, student will still pay me because he would have won his first case. So either way I will have to get the money."
2. Equally brilliant student argued back saying, "If I win the case, as per the court of law, I don't have to pay anything to the teacher as the case is about my non-payment of dues. And if I lose the case, I don't have to pay him because I haven't won my first case yet, So, either way, I am not going to pay the teacher anything."

# 9. Task

- Discuss. How can both be right?



# Epilepsy

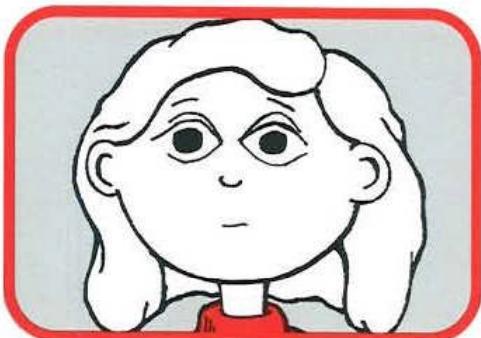
*Dr. P.V.Bhandary*

**Medical Director & Psychiatrist,  
Dr. A.V. Baliga Memorial Hospital,  
Udupi**

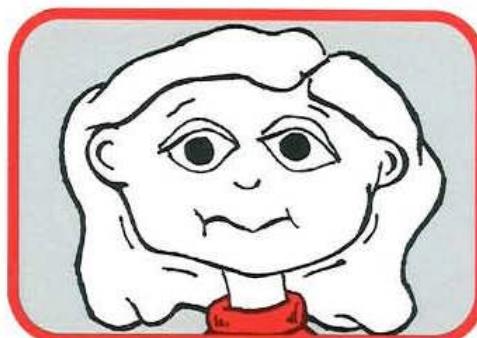
# First Aid for Seizures

(Complex partial, psychomotor, temporal lobe)

## 1. Recognize common symptoms



Blank staring



Chewing



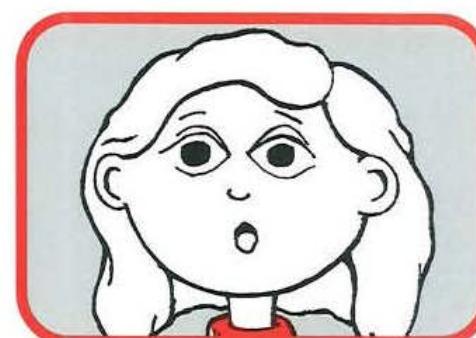
Fumbling



Wandering



Shaking



Confused speech

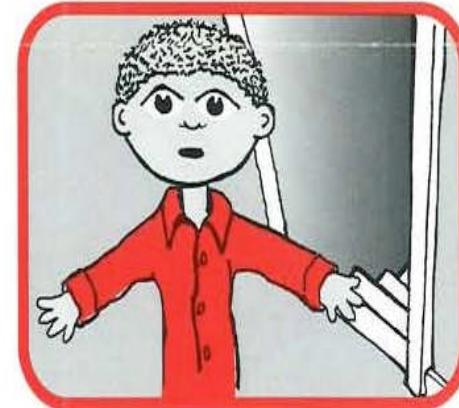
## 2. Follow first aid steps



Don't grab hold



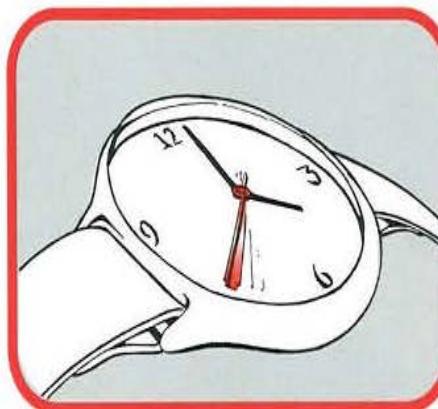
Explain to others



Block hazards



Speak calmly



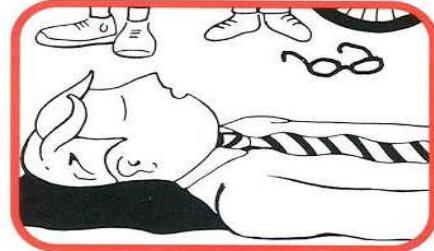
Track time, remain nearby...



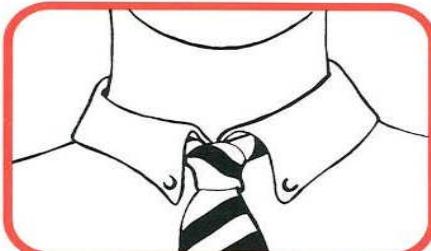
...until seizure ends

# First Aid for Seizures

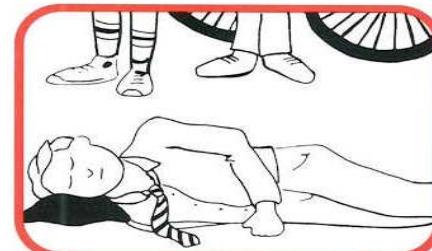
(Convulsions, generalized tonic-clonic, grand mal)



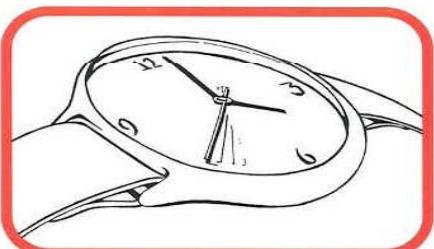
Cushion head,  
remove glasses



Loosen tight clothing



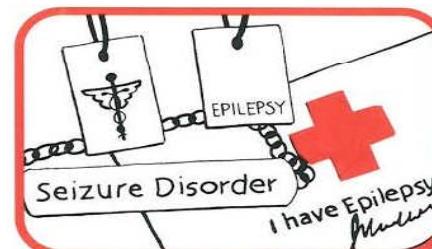
Turn on side



Time the seizure with  
a watch



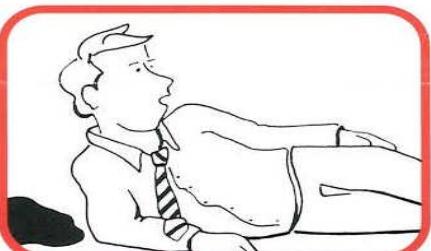
Don't put anything  
in mouth



Look for I.D.



Don't hold down



As seizure ends...



...offer help

## Alexander The Great



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2

Alexander the great had it.

**Napoleon**



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**3**

**Napoleon had it.**

- Epileptics cannot enjoy life because they are always fearful that any time an attack may occur.

**Living in fear**

## **Epilepsy - Definition**

**“a clinical manifestation presumed to result from an abnormal and excessive discharge of a set of neurons in the brain.”**

*New Oxford Text book of Psychiatry, 2001, 1153*

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# **Classification of Seizure Types**

- I. Partial seizures (seizures begins locally)**
- II. Generalized seizures (bilaterally  
symmetrical and without focal onset)**
- III. Unclassified seizures**
- IV. Status epilepticus**

I have... mumps, flu, epilepsy



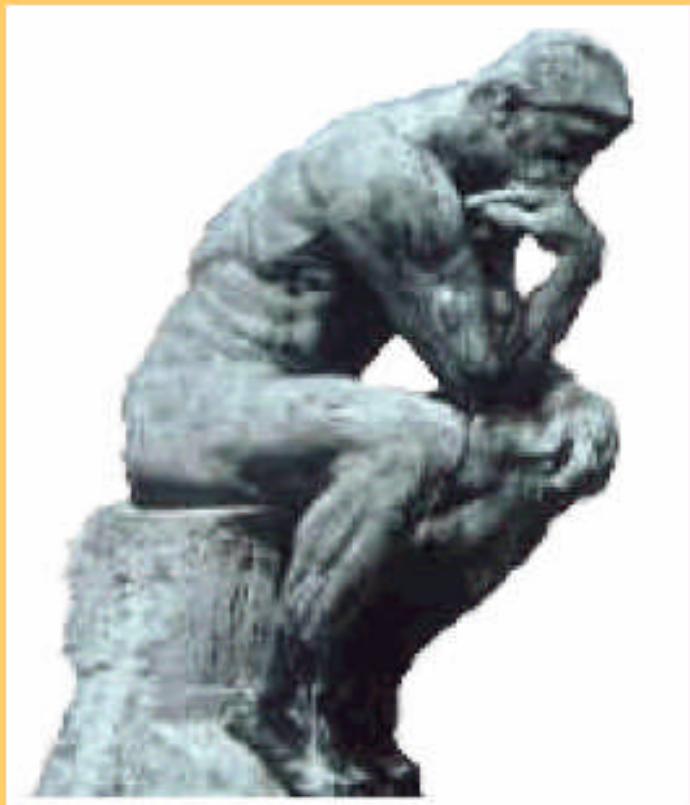
the only difference is up to you

**None of these are anyone's fault, but how  
you think about it can make a difference.**

**Epilepsy is not a disease, and it's OK!!**

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# Causes



- PHYSICAL
- METABOLIC
- INFECTION
- GENETIC

# **Risk Factors & Vulnerabilities**

- Genetic predisposition – Shown to run in families.
- Following traumatic head injury, the risk of epilepsy increases (53% for Vietnam Vets. Approx. 15yrs post-injury).

# **Risk Factors & Vulnerabilities Cont.**

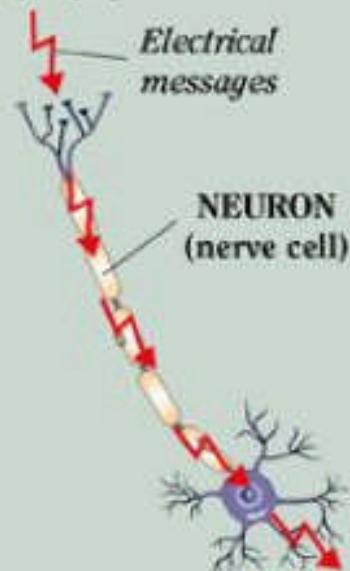
- Epileptics seizures can set in via:



- Unknown etiology.
- Physical debilitation  
(illness, lack of sleep,  
exhaustion).
- Emotional stress
- Watching visual flicker

## *What Happens During a Seizure*

*Excessive electrical activity in the brain sends impulses along the nerves causing the symptoms of Epilepsy.*



*This excessive activity can lead to seizures*

# **Examinations & Investigations**

- Neurological Examination
- Blood
- EEG
- ECG
- MRI / CT



# History

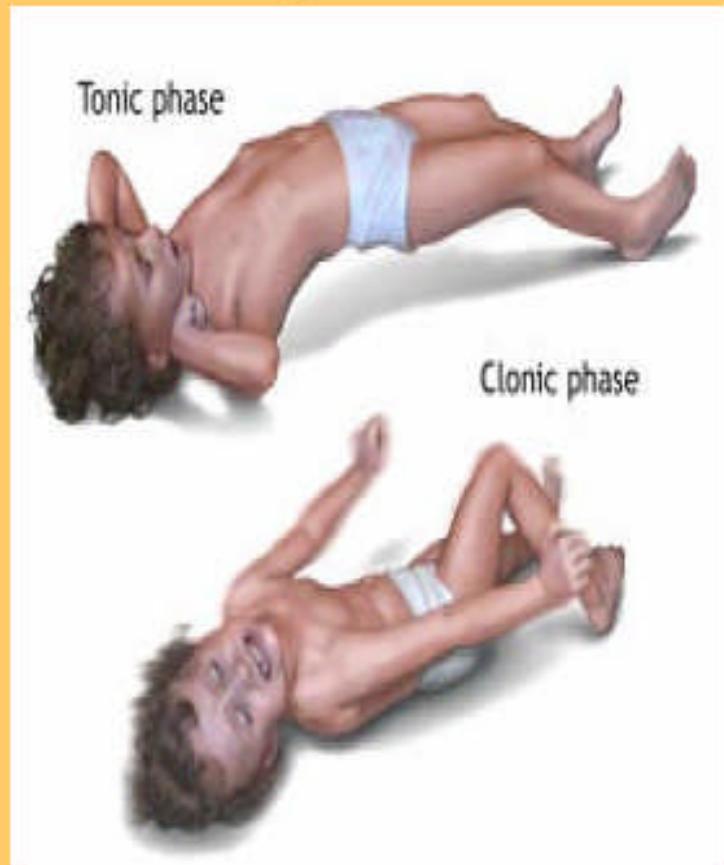


- **VERY IMPORTANT**
- **PRODROME**  
*(The first sign of an upcoming occurrence)*
- **AURA**  
*(sensation in the mind and body that some people with epilepsy)*
- **EYE WITNESS**
- **MEMORIES**
- **SEQUELAE**
- **MEDICAL HISTORY**
- **TRIGGERS**

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# Essential information for patient and family

- Epilepsy
  - Common condition.
  - Usually self-remitting and brief.
- Rarely, status epilepticus develops
  - Ongoing seizures one after another or an unusually prolonged seizure of four to five minutes or longer.
  - Can be potentially dangerous
  - Seek professional treatment
  - Injectable medication required



## **Essential information for patient and family**

- Most patients become seizure free with medications.
- Good result - 3-5 yrs seizure-free period with anticonvulsant medication
- Think of anticonvulsant medication reduction/withdrawal if above is achieved
- Continued seizures – patient at risk - eg while bathing, driving.

# **Essential information for patient and family**

- Psychiatric symptoms can occur secondary to epilepsy
- Cognitive impairment - prolonged history of seizures / use of anticonvulsants
- Women with epilepsy need careful preconception counseling

## **Do's and Don'ts for the onlooker**

- **Don't try to stop the fit or move the patient**
- **Protect the person from injury. Clear the area of furniture or other objects that may cause injury from falls during the seizure.**



## **Do's and Don'ts for the onlooker**



- **Don't force anything into the mouth (like spoon, or water) during a seizure.**

- **Do allow enough air circulation and cushion head.**



## **Do's and Don'ts for the onlooker**

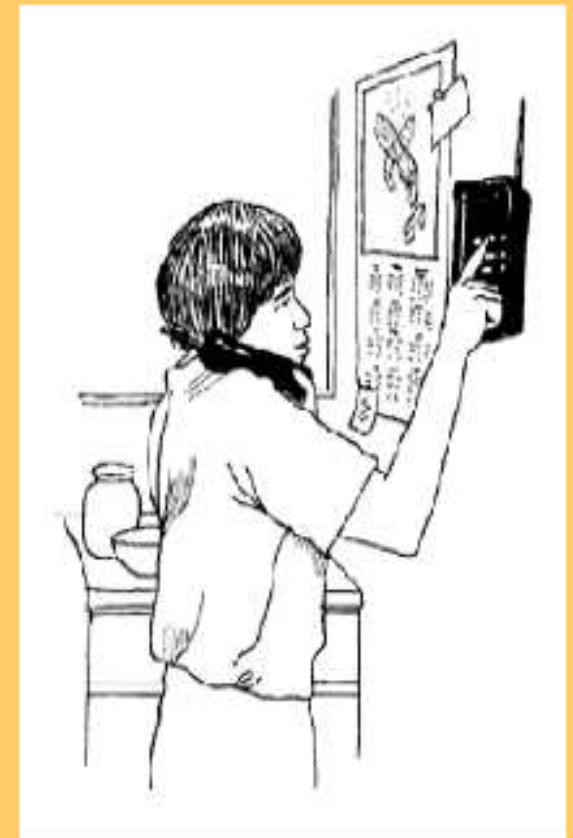
- Turn the patient to his/her side to prevent swallowing the vomit.



- Loosen tight clothing around the neck.
- Note the movements and changes to report to the doctor.
- Call the doctor if the convulsion lasts longer.

# **When to call the Doctor?**

- If the person having seizures turns blue or stops breathing, turn him or her to the side to keep the airway or mouth open and prevent the tongue from obstructing the airway.
- Obtain professional medical assistance immediately.
- If there is any injury due to the fall after a fit, appropriate treatment should be given.



## **General management and advice to patient and family**

- Record frequency and types of seizures in diary - helpful for determining treatment.
- Psychosocial aspects of treatment - clear and supportive education to patient and family.
- Essential limitation of activities -eg driving, swimming, use of stairs or crossing streets with traffic



# **General management and advice to patient and family**



- Inform the child's school, teacher, bus conductor and friends and tell them the do's and don'ts
- Keep an extra lot of the child's medicines in the school bag
- Try to make him lead as much a normal life as possible
- Engagement with support groups

# **Does missing medications cause seizures?**

- Yes, it can.
- Most common cause of breakthrough seizures.
- Can lead to status epilepticus, if medication abruptly stopped altogether.

# **Is it harmful to miss a single dose of seizure medicine?**

- Often nothing bad happens
- Chance of having seizure will increase
- Missing one dose more likely to cause seizures if medicine is once a day.
- If medicine is two to four times a day, the risk from missing one dose is less.
- Several doses missed in a row - likelihood of breakthrough seizure high

## **What strategies can help prevent missing doses?**

- Use activities as cues to remind taking medicine.
- Organize pills by day of the week and time of day.
- Wristwatch with an alarm
- Keep at least a one- to two-week supply on hand.
- Keep "emergency" supply at work, in purse or wallet, or perhaps in car
- For children, have the school nurse or teacher keep some medication on hand.
- When traveling, pack two supplies of seizure medicine, in both a carry-on bag and your checked luggage.

## **What would happen if patient stops taking seizure medicine?**

- Stopping medication without doctor's advice is dangerous.
- Abruptly stopping some seizure medicines - withdrawal symptoms.
- Never stop taking a seizure medicine without talking about it with your doctor first.

# **Can sleep deprivation trigger a seizure?**

- Yes, it can.
- Lack of proper sleep
  - Increase chances of seizure
  - Increase the intensity of seizures
  - Increase the length of seizures.



## To avoid sleep deprivation, how much sleep is should the patient get?

- "Adequate sleep" varies
- Amount that leaves you feeling refreshed the next day.
- For most adults with epilepsy, - at least 7 hours a night.
- For some people, any kind of disruption of sleep-wake cycle makes seizures more likely even if they sleep for the same number of hours.



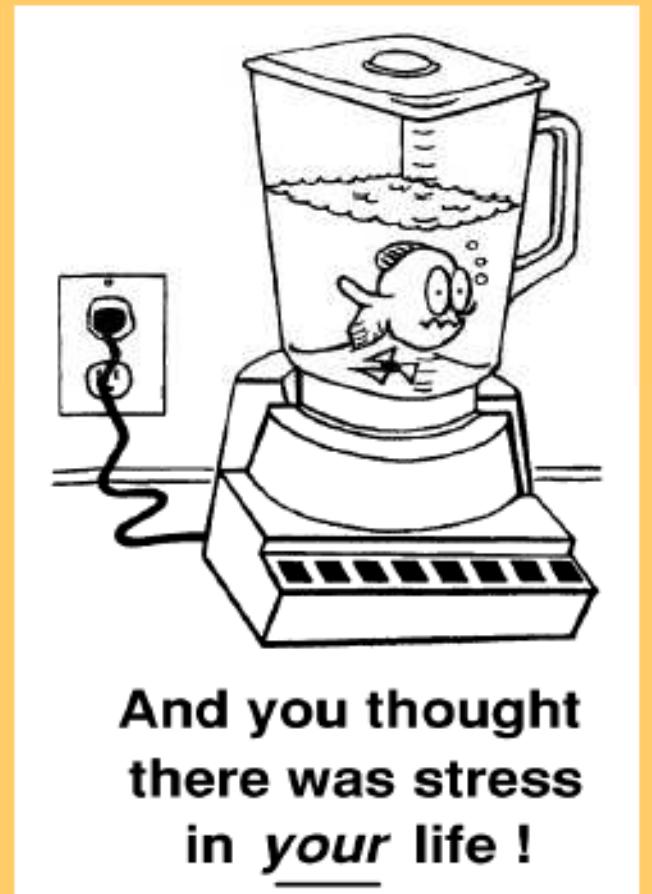
# **What are some strategies for getting a good night's sleep?**



- Sleeping environment - quiet and dark.
- Go to bed at least half an hour before trying to fall asleep.
- Do not watch television in bed
- Avoid caffeine for 6 hours before bedtime.
- Exercise daily but do not exercise within a few hours of going to bed

# **How can stress cause seizures?**

- Stress can affect brain function in the following ways:
- Trigger an increase in the breathing rate
- Leads to missed medication
- Cause hormonal changes -eg increase in cortisol
- Negative emotions related to stress, such as worry or fright, may cause seizures (limbic area).



**And you thought  
there was stress  
in your life !**

# **How to deal with stress?**



- **Avoid known stressful situations**
- **Learn relaxation techniques / yoga**
- **Unavoidable stress**
  - make extra effort to get enough sleep
  - take seizure medicine on time.

# **Does the menstrual cycle affect the rate of seizures in women with epilepsy?**



- Yes.
- Premenstrual and ovulatory phases associated with highest seizure frequencies.
- Approximately  $\frac{1}{2}$  the women of childbearing age with epilepsy - increase seizures around the time of their monthly menstrual period.

# **What strategies can doctors use that may reduce seizures associated with the menstrual cycle?**

**During the vulnerable period:**

- Some change in the amount of the daily dose of the antiepileptic medicines may be required
- Reduce water retention
- Take additional antiepileptic medicines

# **SUMMARY**

- Epilepsy is a common disorder
- Potentially treatable and curable
- With adequate anti-epileptic medication a patient can lead a normal life.
- Regular intake of the medication is a must
- Regular follow-up with the doctor is required
- If the patient is seizure free for 3-5 yrs the anti-epileptic medicine can be gradually withdrawn under the supervision of a doctor

## **Summary**

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- Appropriate treatment, help, support and encouragement leads to recovery.
- Continue education to lead a normal and useful life

## Treatment



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# Dealing with Mild Depression



# Depression

Depression is a condition characterized by

- Sad mood and crying spells
- Lack of interest / energy / motivation
- Decreased attention / concentration / memory / intelligence
- Lack of pleasure / inability to enjoy
- Disturbed sleep / appetite / bowels / sexual functioning
- Vague bodily symptoms like pain, weakness, fatigue
- Thoughts of ending one's life, Death wish, suicidal ideas and attempts.



# 7 signs a child may be depressed

If you notice any of these behaviors in your child persisting for two weeks or more, take them to a doctor for evaluation.

## Check off the signs that apply to your child

- Sadness that lasts most of the day
- More crankiness and irritability than usual
- An inability to have fun doing things that used to be fun
- Regressing in behavior — acting younger than their age
- Feeling tired all the time for no medical reason
- Trouble sleeping through the night
- Changes in appetite

# Signs and Symptoms of Depression

- Fatigue or loss of energy
- Thoughts of death or suicide, including suicide attempts
- Feeling guilty, hopeless or worthless
- Difficulty concentrating, remembering or making decisions
- Persistent sad, anxious or empty mood
- Sleeping too much or too little; odd time of waking
- Reduced or increased appetite which results in weight gain or loss.
- Irritability or restlessness

# Healthy recreation and relaxation activities

- Meditation
- Yoga
- Sports
- Dance
- Nature walk



# Mild Depression - solution

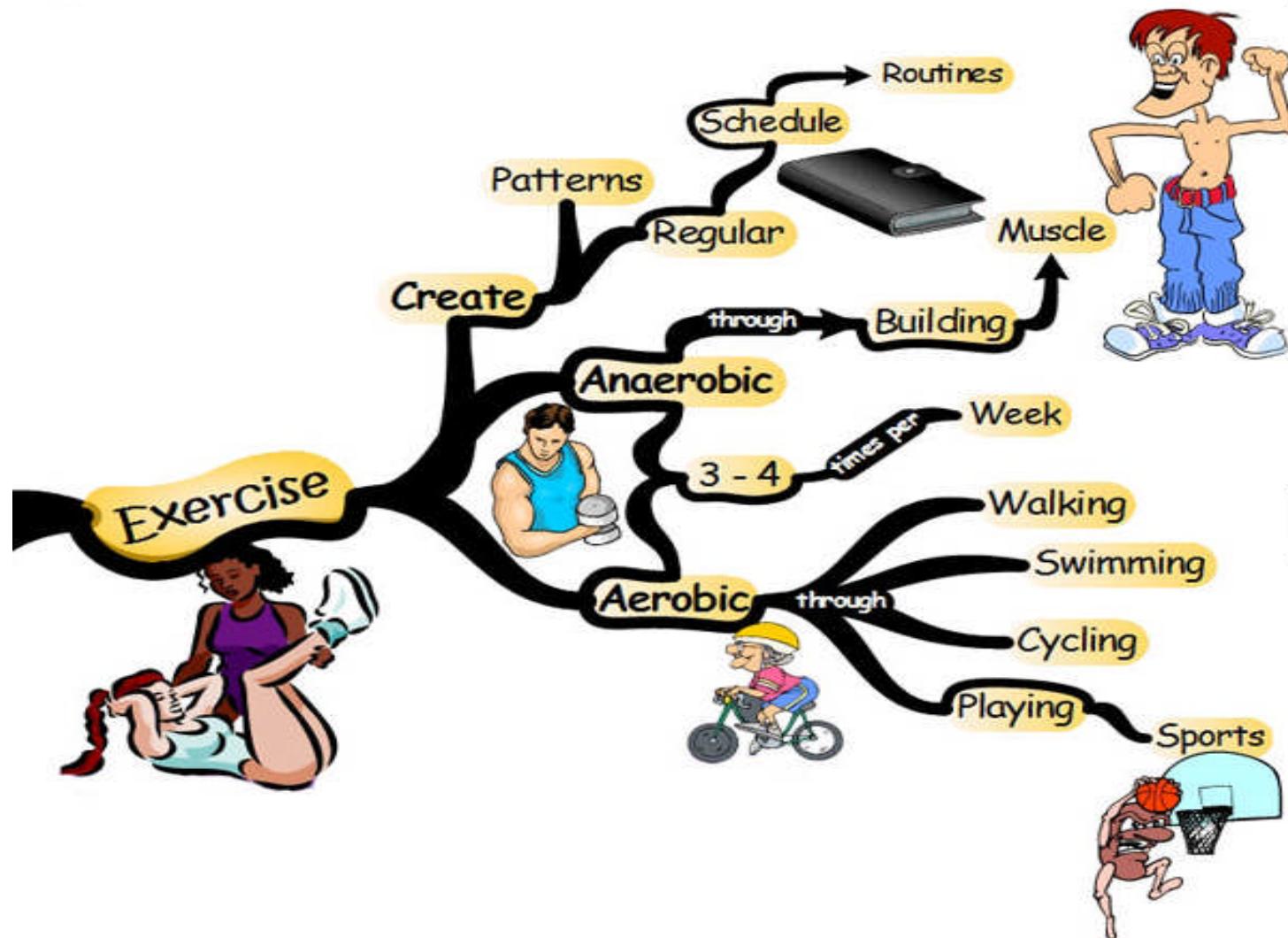


**Exercise regularly:** aerobic

exercise (such as brisk walking or jogging) can be as effective in treating mild depression as conventional medicine.

Aerobic exercise can increase the brain's production of endorphins, natural chemicals that can make you calm and happy.

# Sports to overcome depression



# Mild Depression - solution

Avoid alcohol and  
drugs that have  
not been  
prescribed to you



# Mild Depression - solutions

- Eat a well balanced diet



# Balanced Diet

- Omega 3
- Fruits and Veg
- Dairy
- Cereals (Wheat, rice).



# Mild Depression - solution

- Gain support by **sharing your feelings** with family and/or friends.
- Pet
- Hobbies



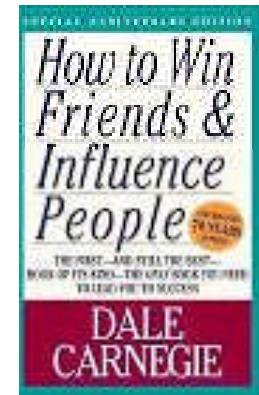
# Mild Depression - solution

- Hobbies
- Gardening
- Helping
- Reading



# Mild Depression - solution

- Relaxation techniques such as **yoga** or **meditation** or **nature walks**.
- Educate yourself by reading **self help books** or join a **support group**.
- See a **counsellor** at Baliga hospital, Udupi.



# Individual and family counseling and guidance

