WORLD MENTAL HEALTH DAY

If disease does not discriminate, why do we?

Persons living with mental illness can lead peaceful and productive lives, with treatment and with the love and support of family and friends.

10TH OCTOBER 2011

Mental illness can happen to anyone

Reach Out!

When should you seek help from a Doctor?

- Difficulty in thinking clearly and doing daily activities,
- ✓ Repetitive and irrational thoughts
- ✓ Sudden changes in habit, moods and concentration,
- ✓ Seeing and hearing things that are not there,
- ✓ Repeated thoughts of suicide & suicidal behaviours,
- Persistent feelings of anger, fear, worry, guilt or sadness or happiness
- Excessive use of unprescribed drugs, alcohol or tobacco,
- Change in overall personality of an individual,
- Change in social interactions and problems in occupational functioning.

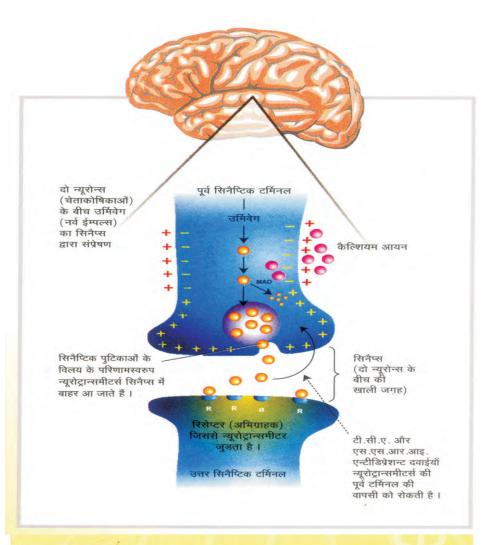


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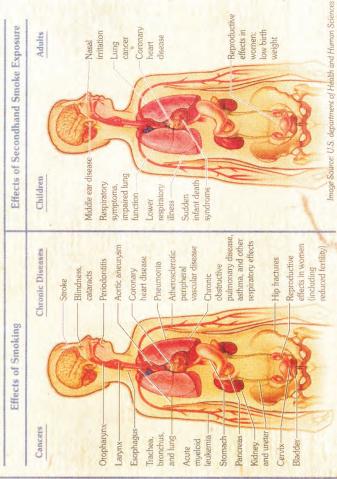
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डिप्रेशन को पहचानो सही समय पर

exposed to secondhand smoke (SHS) at home; 30% are exposed to SHS at work Yet, as per Global Adult Tobacco Survey - India 2010, 52% of the adults are place & 17.5% are exposed to SHS in public transport.

- Secondhand smoke (SHS) has been designated as a known human carcinogen (cancer-causing agent) the International Agency for Research on Cancer (IARC).
 - There are at least 7000 toxic chemicals in SHS of which more than 69 are carcinogenic (cancer causing).
- Children exposed to SHS are at an increased risk for Sudden Infant Death Syndrome (SIDS), acute respiratory infections, ear problems, bronchitis and more severe asthma.
- Exposure of adults to SHS causes cardiovascular disease, coronary heart disease and lung cancer.
- Nonsmokers who are exposed to SHS at home or at work increase their risk of developing heart disease by 25-30 percent and lung cancer by 20-30 percent



There is no safe level of exposure to secondhand smoke.

HOLDTHAT EXTRA PEG

NEXT TIME you want to have an extra peg, curb that craving. For, more than three small pegs of alcohol increases one's higher charisk of dving.

A study, published in the journal Alcohol has found that alcohol consumers had 22 per cent higher risk of death in comparison to those remaining free of it.

However, the study also showed that ight to moderate drinking may have some protective role.

Those who consumed more than 100 nillilitres — three pegs — of alcohol a

Does your alcohol limit exceed

consumption and tobacco usage. The

largest risks were seen in people who both drink alcoholic beverages and consume tobacco," Dr P.C. Gupta,

small pegs a day? You have a

higher chance of dying early

day had a lower survival rate, the in Mumbai among 35,102 men aged 45 study said. Interestingly, the mortality risk among those who consumed lowed up after five-and-a-half years. "Our results showed a direct associtate among the teetotallers." "Our results showed a direct associtate among the teetotallers." "Our results showed a direct associtate among the teetotallers." ation between greater consumption of alcohol and increased risk of morsekhsaria Institute for Public Health tality. The study also showed a synerand University of Waterloo, Canada, gistic interaction between alcohol

for Public Health, among the lead scientists of the study, said.

Most alcohol drinkers in the lower

from the Healis Sekhsaria Institute

Most alcohol drinkers in the lower and middle class in India follow a pattern of heavy drinking with the majority drinking at least four times a week, and drinking in quantities more than 100 ml per day, Gupta said. This is a significant source of harmful and potentially fatal consequences.

"Very small amount of alcohol may give some benefit, but it does not mean you should drink to get this benefit. You can get much more benefit by following a healthy lifestyle of no-smoking and healthy diet," he said.

ou risk raising a toast to death after 5 small pegs.

GO EASY ON THAT DRINK: Some doctors said Indians tend to drink without control.

HIT THE BOTTLE & KICK THE BUCKE

A new study says those who drink more than 100 ml alcohol a day could cut their lives short

- Compared with people who never drink, those who drank alcohol had a 22 per cent higher risk of mortality
- Those who drank at least four times a week had increased risk of mortality by 39 per cent
- Those who consumed more than 250 ml of alcohol per day had the highest risk
- In the study, the highest risk

of mortality was associated with liver diseases

Malcohol is estimated to be the cause of 3.8 per cent of deaths worldwide

More than 1.9 billion adults — 1.2 billion men and 750 million women — around the world were estimated to consume alcoholic beverages in 2002

While consumption of alcohol is decreasing in most developed countries, developing countries such as India are seeing an increase. Per capita alcohol consumption increased by 106.7 per cent between 1970-72 and 1994-96

Indians drink a large quantity of alcohol and are also problem drinkers

mental health disease, accidents, crime etc increases, Dr Prabhakaran of the cardiology department, AIIMS, said.

consumes alcohol and tobaeco, the family spends 60 per cent more on healthcare. 'Indi-In addition, families have ans generally drink in a differwhile drinking, which increases the risk to one's life. Besides, a sume country liquor whose that if one person in a family oefore meals and also smoke contents are not known," member consumes alcohol. A study in Sri Lanka had shown ent way in comparison to westerners — we consume alcohol large number of Indians conserious consequences if Prabhakaran said.

Dr Samiran Nandy, a liver expert from Sir Ganga Ram Hospital, said that Indians drink without control. Besides, they have lower body weight which may be making them prone to more harm. Thus, doctors should be careful in recommending any degree of alcohol.

Alcohol is a major cause of liver disease called cirrhosis in India. The liver gets inflated

- We consume before meals, and many also smoke along with taking alcohol which increases the harm
- Since Indians have more fat in liver, tolerance for alcohol may be lower
- Very small amount of alcohol may give some benefit, but it doesn't mean you should drink
- Indians have lower body weight which may be making them prone to more harm ?

Those who drank at least four times a week had an increased risk of mortality by 39 per cent. In terms of quantity, those who consumed more than 250 ml per day had the highest risk.

Increased risk of mortality was mainly from TB, diseases related to heart, respiratory, liver and digestive systems.

The highest risk of mortality was associated with liver diseases with alcohol drinkers having more than triple the risk than non-drinkers. The risk was 219 per cent more.

Tobacco increased the risk of death and disease among alcohol drinkers. The lowest risk was observed among those alcohol drinkers who never use tobacco, while those consuming both tobacco and alco-

hol had 79 per cent greater risk.

Among the various types of alcoholic beverages, the significantly higher risk was observed for only those who reported drinking country liquor. Compared with non-drinkers, country liquor drinkers had around four times higher risk of dying from liver disease, whereas this was

around twice for those who drink other types of alcohol. These findings could be because of the heavier drinking pattern followed by country liquor drinkers.

be accentuated because of that many drinkers in India are drinkers," that is, those who consume at least 75 ml of alcohol in a day and who drink almost every day of the week. This kind of drinking poses seri-Several studies have shown heavy drinkers or "problem ous threats to health. Besides, compared with developed counexcessive drinking in India may tious diseases, which makes cries, the risks associated with poverty, malnutrition and infecdrinkers even more vulnera-

ble to health problems

Scientists said alcohol had become a public health issue. Though some people may get benefits related to heart if alcohol is taken in moderate amounts, risk for stroke, high blood pressure, liver disease.

There's absolutely no shame in seeing a sex thera

henever we suffer an asthmatic attack or a lung infection, we immediately go to a chest physician. If our digestive system gets dysfunctional, we do not hesitate to go to a gastroenterologist. For a skin problem, dermatologists are consulted promptly. But whenever a man suffers from a sexual problem where he can neither enjoy sex himself nor can he satisfy his partner, he either avoids going to a sex therapist, or is ignorant about the existence of such a specialist, who is trained in treating sexual problems. If a woman suffers pain during intercourse or finds herself unable to reach an orgasm, she, at the most, may visit her gynaecologist, but would never think of consulting a sex therapist. Here are some situations/conditions when one should consult a sex therapist.

When one finds that he or she has no desire, low desire or altered desire for sex. 'Altered desire' implies a person who experiences intense and recurrent sexual urges, behaviours or fantasies that involve unusual objects, activities or situations and cause clinically significant distress or impairment in social, occupational and other areas of functioning.

eas of functioning.

When the sexual desire and need of married partners mismatches most of the time.

- When a man either fails to 'attain' or 'sustain' an erection in spite of appropriate sexual stimulation i.e. Erectile Dysfunction.
- When a man is unable to penetrate and perform intercourse during sexual intimacy with a willing partner.
- When a man ejaculates earlier than his own or his partner's ex-

pectations persistently on a regular basis, i.e. premature ejaculation, resulting in a complete lack of sexual satis-



- When a man takes an excessively long time to ejaculate, or is unable to ejaculate in spite of proper sexual intercourse with a willing partner, i.e. Retarded ejaculation.
- When he or she has disturbing doubts and anxieties related to their sexual desire, arousal, capability, stamina, performance or even satisfaction.
- Whenever he or she has doubts or anxieties about the anatomy and functioning of one's own or the partner's sex organs.
- When he or she has disturbing attitude issues regarding their own or their partner's role in a sexual act. For example, who should take the initiative, what is the correct technique and duration of foreplay, what should be the correct frequency of intercourse, when and where intercourse should or should not be performed, who is supposed to be an active partner, etc.
- When he or she is obsessively preoccupied with sexual feelings, desires or urges that it is affecting their ability to perform essential human duties.
- When he or she has urges to engage in perverted sexual behaviours such as sadomasochism, bestiality etc.
- When intercourse is not happening, or is painful, in spite of mutual willingness, cooperation and participation.
- When a woman is unable to achieve orgasm during sexual encounters with a loving partner in spite of mutual cooperation and active participation.
- For a proper sex education session before one's marriage where all the facts and myths related to intercourse are addressed.
- When a person is confused about his or her sexual orientation and preferences.
- When a person is struggling with feelings of guilt and shame regarding sex, and is unable to enjoy the experience.
- When a person has had unprotected sex with an uncommitted partner, and could be pregnant or could have contracted a sexually transmitted disease

