

Health & Mind

Attention-deficit hyperactivity disorder (ADHD or AD/HD)

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Attention-deficit hyperactivity disorder (ADHD or AD/HD) is a neurobehavioral developmental disorder. ADHD is primarily characterized by "the co-existence of attentional problems and hyperactivity, with each behavior occurring infrequently alone." It is the most commonly studied and diagnosed psychiatric disorder in children, affecting about 3 to 5% of children globally with symptoms starting before seven years of age.

Hyperactivity has long been part of the human condition. Sir Alexander Crichton describes "mental restlessness" in his 1798 book. The terminology used to describe the symptoms of ADHD has gone through many changes over history including: "minimal brain damage", "minimal brain dysfunction" (or disorder) "learning/behavioral disabilities" and "hyperactivity".

Subtypes:

ADHD has three subtypes

- a) Predominantly hyperactive-impulsive,
- b) Predominantly inattentive,
- c) Combined hyperactive-impulsive and inattentive.

Symptoms :

Predominantly inattentive type symptoms may include:

Easily distracted, miss details, forget things, and frequently switch from one activity to another, difficulty focusing on one thing, Become bored with a task after only a few minutes, Have difficulty focusing attention on organizing and completing a task, Not seem to listen when spoken to, Daydream, become easily confused, and move slowly, Have difficulty processing information as quickly and accurately as others, Struggle to follow instructions.

Predominantly hyperactive-impulsive type symptoms may include:

Fidget in their seats, talk nonstop, run around, touching or playing with anything and everything in sight, have trouble sitting still during dinner, school, and story time, Be constantly in motion, have difficulty doing quiet tasks or activities.

And also these manifestations primarily of impulsivity:

Be very impatient, Blur out inappropriate comments, and act

without regard for consequences, have difficulty waiting for things they want

Causes

Genetic factors:

Twin studies indicate that the disorder is highly heritable and that genetics are a factor in about 75% of ADHD cases.

Most implicated Neurochemical causes is decreased non epinephrine in prefrontal cortex

Environmental factors implicated include alcohol and tobacco smoke exposure during pregnancy and environmental exposure to lead in very early life. Children who have suffered violence, emotional abuse. Complex Post Traumatic Stress Disorder, are highly prone towards ADHD

“Core ADHD features of inattention, hyperactivity, and impulsivity may reflect frontal lobe dysfunction, but other brain regions particularly the cerebellum have also been implicated.”

Management

Behavioral interventions:

Psychoeducational , Behavior therapy, Cognitive behavioral therapy (CBT), Interpersonal psychotherapy (IPT), Family therapy

Medications:

Ritalin 10 mg tablets (AU), Dexamphetamine 5 mg tablets (AU), Adderall XR 25 mg tablets (US).

Stimulant medication:

Stimulants are the most commonly prescribed medications for ADHD. The most common stimulant medications are the chain substituted amphetamine methylphenidate (Ritalin, Metadate, Concerta), dextroamphetamine (Dexedrine).

Non-stimulant medications:

Atomoxetine (Strattera) is currently the only non-stimulant drug approved for the treatment of ADHD.

Other medications which may be prescribed off-label include alpha-2A adrenergic receptor blockers such as guanfacine and clonidine, certain antidepressants such as tricyclic antidepressants, SNRIs or MAOIs

Hernia

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Hernia

A hernia is a lump which occurs from a weakness in the wall of the abdomen. Most hernias need treating by performing an operation. There are now various different types of operation which can be performed to repair hernias. They are usually very successful.

What is a hernia?

A hernia (or "rupture") occurs where there is a weakness in the wall of the abdomen. As a result, some of the contents within the abdomen can then bulge (push through) under the skin. Normally, the front of the abdomen has several layers comprising skin, then

fat, then muscles, which all keep the intestines and internal tissues in place. If, for any reason, there is a weak point in the muscles, then part of the intestines can push through. The patient can then feel a soft lump or swelling under the skin.

What are the types of hernia?

Different types of hernia can occur. The most common types are listed here:

Inguinal hernia

This occurs when some tissue pushes through the lower abdomen in the groin. This is the most common type of hernia, accounting for more than three out of every four hernias. They usually occur in men. They

can occur in both sides of the body. These hernias often occur after heavy lifting, during which the patient may experience a sharp pain in the groin and notice the appearance of a swelling.

Femoral hernia

This also occurs when some tissue pushes through in the groin, a little lower down than where an inguinal hernia occurs. They occur more commonly in women. They tend to be smaller than inguinal hernias.

Incisional hernia

This occurs when tissue pushes through a previous scar or wound. They are more common if the patient has a scar in the past that has not healed well. For example, if the wound had an infection after the operation. They usually occur within two years of having an abdominal surgery.

Umbilical and paraumbilical hernias

These occur when some tissue pushes through the abdomen near to the umbilicus. Umbilical hernias are present from birth and, if they need treatment, then they are usually repaired in childhood. In most cases of umbilical hernia, the hernia goes back in and the muscles re-seal on their own before the baby is one year old. They are usually only treated if they are large, as small ones cause no problems and do not need repairing. Paraumbilical hernias occur in adults and appear above the umbilicus. Although they are usually small, they usually need repairing because there is a risk of intestines contained within them becoming strangulated.

Who gets hernias?

Hernias can occur in anyone. Men are more likely to have inguinal hernias, as they have a small tunnel in the tissues of their groins which occurred when they were developing as a baby. This tunnel allowed the testes to come down from the abdomen into the scrotum. Intestinal tissue can also pass into this tunnel, forming an inguinal hernia. Hernias in adults may arise as a result of the strain which raises the pressure

in the abdomen causing a weakness or tear in the abdominal wall.

This can be caused by:

Persistent coughing.

Being overweight or pregnant.

Lifting, carrying or pushing heavy loads.

Straining on the toilet.

What are the symptoms?

Sometimes a hernia is noticed after a strain - for example, after lifting a heavy object. Sometimes one may develop for no good reason and the patient may simply notice a small lump that has developed, usually in the groin area. Usually, at first, the lump can be pushed back, but may pop out after straining again. Coughing is a common strain that brings them out. The swelling often disappears when the patient lies down. Hernias are not usually painful, but many people feel an ache over a hernia which worsens after doing any activity. In time, they might become bigger as the gap in their muscle or ligament tissue becomes larger. Sometimes, in men, they track down into the scrotum.

Why do they need treatment?

♦ Treatment to fix it is usually advised for two reasons:

♦ It may gradually become bigger and more uncomfortable.

♦ There is a small chance it might strangulate. A hernia strangulates when too much intestine (bowel) has come through the gap in the muscle or ligament and then it becomes squeezed. The scan cut off the blood supply to the portion of intestine in the hernia. This can lead to severe pain and some damage to the part of the intestines in the hernia. A strangulated hernia is uncommon and is usually dealt with by emergency surgery. However, it is preferable to have the hernia fixed by routine rather than by emergency surgery.

The risk of strangulation is greater with a femoral hernia than an inguinal hernia. The risk is also greater with smaller hernias.

How are hernias repaired?

A hernia can be fixed by a small operation. Wearing a truss (support) was used in the past but is now not

How are hernias repaired?

A hernia can be fixed by a small operation. Wearing a truss (support) was used in the past but is now not recommended. A hernia repair is one of the most common operations performed by surgeons. A hernia can either be repaired under a local or a general anaesthetic. This will depend on the actual type of operation needed. A brief overview is given below. There are now various different ways of repairing a hernia which will depend on many factors. For example, the type of hernia, the size of the hernia, general health.

Inguinal hernia repair

It is more common that inguinal hernias be repaired by using a mesh. This is a thin sheet of material which is usually stitched or glued over the hole of the hernia. This has been shown to be stronger and more effective than sewing the edges of the hole together for inguinal hernias. With time, the mesh safely becomes incorporated into the muscle layer, which results in a very strong, permanent repair. This is done by open hernioplasty or a "key-hole" operation as the recovery is quicker compared to having an open operation. The operation is performed through three tiny cuts, the largest of which is only around 1.5 cm in size.

Femoral hernia repair

As the hole through which a femoral hernia has to pass is very tight, there is a significant chance that any bowel that passes into it will become strangulated. This means that a femoral repair should be repaired early. Like inguinal hernias, femoral hernias are usually repaired using a mesh.

Incisional hernia repair

Incisional hernias vary enormously in size which means that treatment may differ depending on the size of the incisional hernia. Again, a mesh is usually used, especially for larger hernias. Also these can be done by open surgery or laparoscopy for which the cost also varies. Umbilical and paraumbilical hernia repair
Most umbilical hernias do not need repairing. Smaller hernias are usually repaired by an operation which simply closes the defect with stitches. However, umbilical and paraumbilical hernias over 2 cm in length are usually repaired by using a mesh. Newer techniques mean that people tend to be off work for much shorter periods than in the past. Even workers in heavy work can often be back in two weeks. The operation is usually very successful. However, hernias can recur in a small number of people, when a further operation may be advised.



About Doctor

Dr. Cynthia Alexander MD., DGO.



Joined Tamilnadu Medical Services in 1972 and retired after 36 years of service. Served in Rural areas and was Asst. Prof. of OBG at Kilpauk Medical College and Madras Medical College.

Promoted as Superintendent Govt RSRM Hospital and Head of Dept of Stanley Medical College.

Promoted as Director, Institute of Obstetrics and Gynecology, Chennai, Superintendent, Govt Hospital for Women and Children, Chennai and Head of Dept of OBG, Madras Medical College, Chennai.

Presented papers both at National and International level on GDM.



Dr. Cynthia Alexander receiving
“**Life Time Achievement Award**” from
Tamilnadu Government M.G.R. University

Member of DIPS – I -

(Diabetes study in pregnancy) Awarded the
Sir A.L. LAKSHMANASWAMY MUDALIAR

Travelling Fellowship Award in 1988.
PROLIFE/ ACTIVIST & Member of CASSA

(Campaign against Sex Selective Abortion).
Resource Person for Family Life Education for
Schools and Colleges.

Senior Consultant at Padma Clinic & Nursing Home.

Bleeding in 1st Trimester of Pregnancy

Dr. Cynthia Alexander MD., DGO.

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A woman feels fulfilled once she attains motherhood. Pregnancy is a cause of joy not only to the woman but to the family at large. On some occasions, there may be bleeding per vagina in the 1st trimester – (1st - 12 weeks) causes may be

1. Implantation hemorrhage as the fetus burrows itself, there may be a slight hemorrhage which will settle down by itself.

2. Abortion – May be

- | | |
|--------------------|--------------------|
| a) Threatened, | b) Inevitable , |
| c) Complete | d) Incomplete, |
| e) Missed Abortion | f) Septic Abortion |

3) Ectopic Pregnancy

4) Molar Pregnancy

5) Local causes in the cervix

Erosion, Trauma, Carcinoma Cervix

6) Local Causes in the Vagina and Vulva

Trauma
Ulceration

7) Extra Genital Causes

Haematuria, Haemorrhoids,
Bleeding diathesis

8) Signs and Symptoms

Vaginal Bleeding
Abdominal Pain
Menstrual History
Pregnancy symptoms

Induced abortion

In addition to pain and bleeding, there will be fever, vomiting and diarrhea, sometimes leading to Disseminated intravascular coagulation. Unsafe abortions cause death of 70 – 80 thousand women in a year. Obstetric care when increased the Maternal Mortality rate increases, Good Maternal and Child health service are essential which will show a better index of women health leading to a better and healthier nation.

Ask Your Doctor

PMJF Lion Prof. **Dr.K.GIREESH**

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This page consists of answers to questions asked by the patients and public to **Doctor K. GIREESH** eminent Physician Neurophysician and Neurosurgeon in his regular out patient clinic and answers to questions which he has received by email and online chat.

Q. I have been suffering from sever pain in the (R) thumb and first two fingers. The pain is more at night. My family doctor diagnosed this as carpal tunnel syndrome and advised me to consult a neurologist. Is Carpal tunnel syndrome a disorder ?

Karpakvalli, kodambakkam, Chennai.

A. Carpal tunnel syndrome is a nerve disorder the fingers, thumb and hand.

Description : a nerve disorder affecting the fingers, thumb and hand.

Persons most commonly affected : are adults of both sexes but more common in women aged 30 to 60.

Median nerve supplying hand is involved.

Symptoms and indications :

A tingling or burning sensation in the first three or four fingers of one or both hands, pains that may shoot up the arm, numbness and weakness in the hand. The symptoms are usually most severe at night. A person with these symptoms should seek medical advice.

Causes and risk factors :

The condition is caused by pressure on the median nerve by an overlying ligament in the wrist.

This is brought about by trauma such as a lot of work with the hand and wrist, injury to the wrist or inflammatory conditions, especially arthritis. The condition can often be cured or improved.

Treatment :

Includes resting the hand and wrist, sometimes requiring a splint, which often resolves the condition. However, if it does not respond, surgery may be needed to divide the ligament in the wrist that is compressing the median nerve.

Q.My child aged 7yrs had watery loose stools several times after taking a bottle of cool drink. I rushed to the hospital nearby. The doctor said "Hope it is not cholera" and added if its cholera it is deadly. What happens when cholera occurs and how to prevent it?

Mrs. Gonsalvez, Perambur

A.Cholera is a severe bacterial infection of the small intestine.

Description :

A severe bacterial infection of the small intestine. Cholera remains a serious killer disease in many countries, especially in conditions of overcrowding and poor sanitation e.g. refugee camps. During epidemics, the death rate exceeds 50% with children and elderly persons being at particular risk. The disease is rare in the UK and such cases that occur are contracted abroad. Strict standards of hygiene, sanitation and nursing ensure that the infection does not spread, and prevent an epidemic.

Early and prompt detection and treatment enable most patients to make a full recovery. This vigilance remains necessary because cholera caused thousands of deaths in the last century during wide-spread epidemics in many countries.

Causes and risk factors :

The disease is caused by the bacterium *Vibrio cholerae*. It is spread by contamination of drinking water by faeces of those affected by the disease, and also by flies landing on infected material and then crawling on food. In countries where cholera is present, drinking water must be treated or boiled and strict standards of hygiene used in food preparation. Efforts should be made to eliminate flies from houses and to ensure that they do not come into contact with food. Risks remain wherever there are conditions of overcrowding, poverty and poor sanitation.

Symptoms and indications :

There is considerable variation in the severity of symptoms and in the manner in which they present themselves. In mild cases, the patient may hardly feel ill, whereas in those severely affected during epidemics, death may occur very rapidly within a few hours. In most cases, three stages of cholera are recognised. During the first stage, there is copious diarrhoea and vomiting, with the production of characteristic 'rice water stools' containing flakes of fibrin (a protein substance formed in the blood during blood clotting).

There are severe pains and cramps, extreme thirst and increasing signs of dehydration. In the second stage, death may occur due to dehydration and collapse. The person's skin is cold and wrinkled, the eyes are sunken, the pulse becomes imperceptible and the voice is a hoarse whisper ('*vox cholericus*').

During the third stage, the person may start to recover and gradually improve and the symptoms subside. Relapse is still possible at this stage, particularly in the form of a fever. A person who has travelled abroad and has any signs of illness should seek medical advice.

Treatment :

Requires isolation of the patient and scrupulous attention to hygiene during nursing. This includes treatment and very careful disposal of the body waste of the infected person, to prevent the spread of the disease. Treatment of the patient involves bed rest and the taking of tetracycline or other sulphonamide drugs to kill the cholera bacteria. The patient requires salt solutions to counteract the dehydration that occurs, and these are taken by mouth and/or given intravenously. Prevention of cholera is by means of vaccination but this is only effective for about six months.



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