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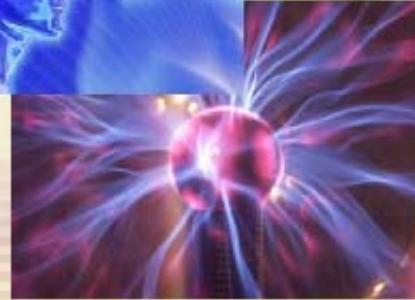
OCTOBER 2010

MEDICAL IMAGE

OF IMA MUMBAI WEST



PSYCHIATRIST



10TH OCTOBER 2010
CME-MENTAL HEALTH WEEK

22ND ANNUAL SCIENTIFIC CONFERENCE - IMACON 2010

24TH OCTOBER 2010
ANNUAL SCIENTIFIC CONFERENCE

26TH OCTOBER 2010
PRE CONFERENCE CME- I

28TH OCTOBER 2010
PRE CONFERENCE CME - II

30TH OCTOBER 2010
PRE CONFERENCE CME -III

31ST OCTOBER 2010
ANNUAL SCIENTIFIC CONFERENCE IMACON 2010

IMACON 2010
XXIIND ANNUAL SCIENTIFIC CONFERENCE

President : **DR. BALKRISHNA N. INAMDAR**

Hon. Secretary : **DR. ASHOK BALSEKAR**

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31ST OCTOBER 2010 ANNUAL SCI. CONFERENCE IMACON 2010

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Please get your IMA Mumbai West **IDENTITY CARD**. Identity Card shall be mandatory for future events

<p>ANNOUNCEMENT</p> <p>IMA - MAHARASHTRA STATE CGP CONFERENCE on SUNDAY, 14TH NOVEMBER 2010</p> <p>This Conference is being held in the memory of late Prof Dr. K. Ramamoorthi. The Conference has many renowned faculty Speakers. This conference is 1st of it's kind in IMA - Maharashtra State</p> <p>All the delegates will get attractive gift & many lucky draws. DELEGATES FEES : 100/-</p> <p>FOR REGISTRATIONS, PLEASE CONTACT: MR. ASHISH, MS.VIJAYA, MS. PRACHI IMA - MAHARASHTRA STATE OFFICE, Tel. No.: 26232965/ 23233890, DR. ASHOK BALSEKAR, HON. SECRETARY</p>



INDIAN MEDICAL ASSOCIATION - MUMBAI WEST

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Dr. Gandhi Jayant	26490229	26796795	9820082607	Dr. Shah Nitin M.	28611039	28019735	9324319735
Dr. Gupta K. C.	26121861	26493126	9820333632	Dr. Shah Subhash L.	-	-	9869089971
Dr. Gupta Sanjay	26277448	26704406	9820232606	Dr. Suru J. T.	28062159	28863220	9324362159
Dr. Joshi S. K.	26701418	26712254	9920576506	Dr. Thoravade Pratibha	-	-	9821865203
Dr. Kate Suhas	26833939	28348401	9820147041	Dr. Upadhyaya Jagdip R.	28284271	28482425	9321031220

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Asst. Secretary	: Dr. Shah Ronak	2883 5658	2883 5297	93232 71274

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PRESIDENTSPEAK...

STRONG & SILENT “JOD KA TAR”

Dear Friends,

At the outset, on behalf of our team, let me wish all of you A Happy Dassera and a very happy festive season!

September rolled on with one of the outstanding programmes that we have ever organized. “Teacher’s Day 2010” was observed with panache and élan that we are known to possess. What a conference it was! The venue - “The Club” was very idyllic and stylish; Teachers selected were exceptional; their speeches were worth a treasure; the CME was knowledge-filled; conduction graceful and F&B luxurious. What else you want to make a programme successful. The reactions of the delegates said it all-“memorable”! Organizing committee was very happy and contented, though little tired ! But I am sure they will not mind going that extra mile for all of you for such a brilliant event.

Some individuals really shone through. Dr. Priti Bhargava, our “busybee”, was an epitome of support. Her contribution has been immense. It is indeed priceless to have her around. Thank you Dr. Priti for your excellent involvement. Dr. Suhas Kate, our Convenor, though busy on that day due to a burning problem faced by AMC, was another strong supporter. Dr.Kiran Shandilya was graceful as a compere; Dr. Subodh Kedia, Dr. S.K.Joshi, Dr. Akil, Dr. Alka, Dr.Jayesh & Dr.Rohini were helpful as ever. The felicitation function was graced by Mr. Subhash Desai, MLA, who has helped our medical fraternity number of times. He guided us and promised

support as and when we would require it. Thank you, Sir! Dr. Bakul Mehta (President IMA MS), Dr. Jimulia (Trustee Chair) and Dr. Anil Suchak (VP, IMA MS) were others who helped conduct the felicitation function gracefully.

19th September saw first ever “Nature’s Trail” conducted by our “nature man”- Dr. Ashok Kothari. 50 odd delegates had a very informative morning in the company of natural surroundings at Aarey Colony and BNHS experts who gave valuable information. Thank you Dr. Kothari and Dr. Mehul Bhatt, our dynamic Member’s Welfare Chairman!

Dr. Jayesh Lele has been a great supporter especially for our Building Project. This year we wish to build an extra floor-the third floor - on our existing building. Thanks to his untiring efforts, we have got most of the BMC permissions. If at all the project gets off, it will be purely due to his hard work and persistence. He is indeed a priceless jewel for IMA Mumbai West! Well done, Jayesh. It is great to have you around us!

Our Annual Scientific Conference-IMACON 2010 is round the corner. This year there will be a feast of knowledge spread over one week from 24th October to 31st October. The details are elsewhere in the bulletin. Come in large numbers and avail of various interesting benefits.

Many of you may be knowing the mechanics of a wonderful musical instrument called Sitar. When Sitar is fine-tuned, it is absolutely imperative that the strings are tuned keeping the naad or the sound of a single string called “Jod ka tar” as anchor. This string is tuned to a note called “shadj” or “sa”. Rest of the strings are harmoniously blended to the note of this Jod ka Tar. They then produce various melodious raags. If the Jod ka Tar is not tuned properly, other strings cannot produce the same melody. Hence it is essential that this Jod ka Tar is correctly tuned. This is a silent but strong string in Sitar working incognito behind other strings while producing such melodies.

Many of our Chairmen and Directors are like this “Jod ka Tar”. They work silently but strongly, without getting noticed. But the effect they produce is a harmonious melody, destined to give our organization the flair and the grace - event

after event, programme after programme and project after project! You have seen many such gems this year in our branch and we will continue to see them flowering in future enjoying the fragrance that they will go on spreading! These selfless workers are the true workers of our branch and deserve heaps of accolades for their committed inputs! Without doubt, they exemplify the motto of "Service above self" and create a path for others to follow!

Indeed, service, unless it is selfless, is not a service at all!

With warm regards,

DR. BAL INAMDAR

President, 2010-11

9833054054

bminamdar@gmail.com

IMPORTANT ANNOUNCEMENT

XXIIND ANNUAL SCIENTIFIC CONFERENCE - IMACON 2010

A) DR. C. T. THAKKAR ORATION AWARD

Entries are invited from members of our branch for **DR. C. T. THAKKAR ORATION AWARD**. The winner of this oration award shall be felicitated at our forthcoming **22ND ANNUAL SCIENTIFIC CONFERENCE - IMACON 2010** on **SUNDAY, 31ST OCTOBER 2010** and shall present the award winning paper at the conference.

SUBJECT : 1. Urban Planning of Mumbai is essential to prevent epidemics.
2. Evidence Based Medicine. 3. Euthanasia.

ELIGIBILITY : The contestant must be a life member of IMA - Mumbai West for a continuous period of three years.

SUBMISSION : The composition must be neatly typed in double spacing, not exceeding 2000 words. Four copies the paper should be submitted at the office of IMA - Mumbai West Branch on or before **MONDAY, 11TH OCTOBER 2010** latest by **05.00 pm** in a sealed envelope.

SELECTION : The best paper, selected by the panel of judges, will be treated as an oration award paper and it will be presented at the **22ND ANNUAL SCIENTIFIC CONFERENCE - IMACON - 2010**.

DURATION : 15 (Fifteen) minutes.

TERMS : The paper should be original paper of the contestant and should not have been presented at any other conference.

The paper read once will not be entitled for future awards.

The paper selected will be treated as the property of IMA - Mumbai West Branch.

B) FREE PAPERS

Clinical or non - clinical free papers are invited from members of our branch for presenting at our **22ND ANNUAL SCIENTIFIC CONFERENCE - IMACON 2010**.

DURATION : 10 (Ten) minutes each.

Selection of the papers will be done by a panel of judges. The decision of the judges will be final and binding on all.

The paper must be neatly typed in double spacing, not exceeding 2000 words. Please submit three copies of the paper on or before **MONDAY, 11TH OCTOBER 2010** latest by 05.00 pm sharp to the office of our branch in sealed envelope.

DEADLINE FOR BOTH THE PAPERS: MONDAY, 11TH OCTOBER 2010 LATEST BY 05.00 PM

DR. BALKRISHNA M. INAMDAR

President

DR. ASHOK BALSEKAR

Hon. Secretary



HON. SECRETARY'S DESK...

Dear Colleagues,

Events have turned a full circle! In our student days, I remember students, fainting in the dissection hall on the first day, due to syncope. And our teachers emphasized the need to desensitize ourselves so as to be able to treat our patients objectively, without getting too involved. Now, according to a news item in TOI, a course is being planned to be integrated into curriculum of medical degree, to make medical graduates more sensitive to the patients. Doctors need to treat the patients as human beings and not as a medical specimen. We need to treat the patients who is suffering from a disease, rather than treat a disease a patient is harboring or the lab reports that patient is carrying with him. The need to do this is even more pressing these days when Doctor - Patient relationship have reached its nadir.

Mumbaikars heaved a sigh of relief after Ganesh Festival of Tendars passed off peacefully without any untoward incident. It is said that only once in 300 yrs, Ganesh Chaturthi and Ramazan Id come on the same day. Our festivals in present time play an important role in national unity and integrity in these turbulent times, despite diversity of culture, religion, language, and food habits. It is heartening to see khans and D'souzas praying to Lal Bagcha Raja, and Phadkes and Nenes visiting Mount Mary Church and Haji Ali Durgah.

IMACON is knocking at the door. We shall be having a weeklong affair from 24th October to

31st October 2010, this year with one evening session with a banquet thrown in, in a 5 star hotel. Annual CGP members have already got more than their money's worth. Even at this late stage, it makes a good economic sense to become an Annual CGP member, and avail of free conference, mini conferences and weekly programmes in our "all in one" package.

IMACON 2010 this year is going to be on variety of topics like obesity, diabetes, cardiology, oncology, psychiatry and counseling. Entire conference committee is working hard to make the conference week, an event to remember.

This issue of medical image is a special issue on psychiatry, first week of October being a mental health week and 10th October being a mental health day. Our guest editor Dr. Vishal Sawant has done a great job despite his busy schedule in compiling and editing the psychiatry section.

Cultural Sub Committee, Chairperson - Dr. Rohini Badwe and Geriatric Cell sub Committee, Chairperson - Dr. Chhaya Desai are toiling to make a Music Competition programme for Senior Members of IMA, a successful event. It will be held on the same day. (3rd October) when prize distribution for Essay Competition for senior Citizen will be held. Dr. Chhaya Desai, Geriatric Cell Sub Committee - Chairperson and her team have wonderfully conducted the Essay Competition. Both prize winning Essays are appearing in this issue.

Finally, due to unavoidable delays due to many festivals in the month of September, this issue will reach the members little late. In the meanwhile, I was wondering what will be the fastest way to communicate with our members. Tel-e-phone, Tel-e-vision, Tel-e-pathy or Tell-a-woman?

Long live I.M.A. !!

DR. ASHOK BALSEKAR

Hon. Secretary
drag_bal@yahoo.co.in

G. P. FORUM

C.M.E. PROGRAMME FOR GENERAL PRACTITIONERS

**Every Tuesday
at 02.30 p.m. sharp**

Venue : **Lupin CME Auditorium**, IMA Building,
J.R.Mhatre Marg, Behind Chandan Cinema,
J.V.P.D. Scheme, Juhu, Mumbai - 400 049.

DATE	TOPIC	SPEAKER
05-10-2010	Hyperberic Oxygen Therapy	Dr. Jayesh Shah
12-10-2010	GERD	Dr. Ajay Chokshi
19-10-2010	Osteoporosis	Dr. Pradumna Mamtora
26-10-2010	Pre Conference CME	Ref. to Conference programme
02-11-2010	Post Conference Holiday	

WEEKLY SCIENTIFIC PROGRAMME

**Lectures on Every Thursday
at 02.30 p.m. sharp**

Venue : **Lupin CME Auditorium**, IMA Building,
J.R.Mhatre Marg, Behind Chandan Cinema,
J.V.P.D. Scheme, Juhu, Mumbai - 400 049.

DATE	TOPIC	SPEAKER
07-10-2010	The Dilemma of Ca Breast Management	Dr. Sanjay Dudhat
14-10-2010	LFT in CHB	Dr. Samir Parikh
21-10-2010	Role of G.P. in Acute Stroke	Dr. Anil Karapurkar
28-10-2010	Pre Conference CME	Ref to Conference programme
04-11-2010	DIWALI HOLIDAY	

- WORKING LUNCH WILL BE SERVED FROM 01.30 PM TO 02.30 PM BEFORE EACH CME.
- CGP & IMA Members who have paid Annual Fees : FREE
- C.G.P. & IMA MEMBERS : RS. 100/- (NOT PAID ANNUAL FEES) (WEEKLY LECTURES)

EACH LECTURE CARRIES A CREDIT OF 1 HOUR EACH FOR FCGP EXAMINATION.

DR. B. M. INAMDAR **DR. ASHOK BALSEKAR** **DR. PRITI BHARGAVA** **DR. RONAK SHAH**
President Hon. Secretary Asst. Director of Studies Asst. Secretary
IMA - Mumbai West C.G.P. Sub Faculty



GUEST EDITORIAL...

Dear Colleagues and friends,

I am glad and honoured to be the guest editor of the IMA Image for this edition that is a special issue on psychiatry.

WHO, back in 1948, defined "health" as 'A state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity'. WHO statistics for 2002 show that 154 million people globally suffer from depression, and that is only one of the forms of mental illness. It is estimated that approximately 450 million people worldwide have a mental health problem. 1 in 4 people will experience some kind of mental health problem in the course of a year.

World Mental Health Day was started by the World Federation for Mental Health in 1992. It is a unified effort to promote greater public awareness and understanding of mental health. This year's World Mental Health Day, Sunday 10th October 2010, has adopted the important theme of promoting well-being by focusing on mental health and long-term physical illness.

Primary care is the long-term relationship between a person and their doctor. The general doctor provides care for most of their health needs and coordinates additional health care services beyond the doctor's area of expertise. WHO has envisaged mental health care to be delivered at the Primary care level itself.

The World Health Organization has identified following 7 reasons for including mental health into the primary care structure:

- The burden of mental disorders is immense. They create a substantial personal burden for affected persons and their families, and

they create economic and social hardships that affect the society entirely.

- The treatment gap for mental disorders is huge. There is a substantial gap between the prevalence of mental disorders and the number of people undergoing treatment.
- Mental & physical health issues are interlinked. Integrated primary care services affirm that people are provided with the fair treatment.
- When mental health is clubbed with primary care, people can get mental health services close to vicinity. It also enhances mental health promotion and community outreach.
- Primary care for mental health is less expensive for patients, communities and governments alike.
- Primary care for mental health dignifies respect of human rights.
- Primary care for mental health asserts good health outcomes specifically when collaborate with a network of services at secondary stage and in the community.

Inclusion of mental health within the primary care system can yield more fruitful results in following manners:

- Diagnosing for mental disorders results in improved patient outcomes only when appropriate care detection is followed.
- Increasing referrals to psychiatrist with added supports may lead to enhance follow-through and outcomes.
- Imparting Physician education.
- Care needs to be streamlined and based at evidence-based approaches.

I look upon this opportunity here as another chance for me to forward our continuing venture to psycho-educate & create awareness of psychiatry amongst doctors as well as common man.

Let me end with this amazing quote which speaks not the statistics I spoke of earlier but of real life....

Mental health problems do not affect three or four out of every five persons, but one out of one.

- William Menninger

Thank you!

DR. VISHAL A. SAWANT, MD

Consultant Psychiatrist & Psychotherapist
docvishalsawant@yahoo.com

MEMBER'S WELFARE SUB-COMMITTEE of

IMA – Mumbai West Branch
invites members to join

MASTACON CONFERENCE 2010

NASHIK-SHIRDI-TRIMBAKESHWAR TOUR

19TH, 20TH & 21ST NOVEMBER 2010 (Tentative Programme)

19TH NOVEMBER 2010

06.00 am depart from IMA - Mumbai West, Juhu (Tea / Coffee)
Reach 12.00 noon at Nasik, Checking in Hotel at Nasik
Lunch at - Dr. Pawar Hospital / College
01.00 pm State Council Meeting at Dr. Pawar Hospital
Meeting till 7.00 pm
8.00 pm : Dinner / Banquet

20TH NOVEMBER 2010

Breakfast at Conference Venue, Conference / Visit to Shirdi
Lunch at Shirdi, Sight Seeing
06.00 pm Installation Ceremony, Prize Distribution / Banquet

21ST NOVEMBER 2010

Breakfast at Conference Venue, Visit to Trimbakeshwar
11.00 am: Lunch at Conference
12.00 noon : Check out Hotel proceed to Mumbai.
7.00 pm back to IMA – Mumbai West

► FOR CONFERENCE DELEGATES

- MASTACON Conference Registration Mandatory before 15th October 2010.
- Hotel Accommodation per day per person on twin sharing basis.
- Accompanying person / Non Medical Spouse Rs.5,000/-.
- Total Rs. 4000/- (inclusive of Mastacon Registration / Transport / Accommodation & all meals.)

DR. B. M. INAMDAR

President

DR. ASHOK BALSEKAR

Hon. Secretary

DR. JAYESH LELE

Co-ordinator

DR. MEHUL BHATT

Chairperson- MWC

ANNOUNCEMENT

A visit to PAGODA, scheduled for Sunday, 10th October 2010 is postponed to December. Inconvenience to members is regretted.

DR. BALKRISHNA M. INAMDAR

President

DR. ASHOK BALSEKAR

Hon. Secretary

DR. ROHINI BADWE

Chairperson
Cultural Sub Committee

NEUROCON – A Report



About 110 members were witness to an excellent seminar on neurology 'NEUROCON' on Sunday, 29th August 2010, at our branch.

The seminar started with welcome address by Sec. Dr. Ashok Balsekar and inaugural address by President Dr. Bal Inamdar. First talk on 'was delivered by Convenor of the seminar, Dr. Amit Shah. The excellent visuals gave the impression of attending a practical session. Renowned Headache Consultant, Dr. Ravishankar, captured the attention of the audience with a well delivered talk on '**Migraine**'. **Epilepsy** was simplified by Neurologist Dr. Joy Desai. Dr. Pettarusp Wadia simplified the subject of '**Movement Disorders**' by wonderful visuals. In conclusion, Dr. Shirish Hastak's talk on '**Stroke- A team approach**' made all feel part of the team. He emphasised the role of a 'team' in managing a patient of stroke, wherein, each individual in the team (which included the referring physician) by carrying out his / her respective duty could make the treatment of the patient more efficient and complete.



MCQs were conducted by Dr. Ronak Shah, with usual enthusiasm.

Dr. Ashok Balsekar proposed the vote of thanks.



Dr. Priti Bhargava

Asst. Director of Studies
IMA – CGP Sub Faculty

'BED SIDE CLINICS' – A Report

The 1st Bed-side clinics of our branch – a vision of President, Dr. Bal Inamdar, was organized at Nanavati Hospital on 31st August 2010. Fifteen members of our branch braved the heavy rains and the inclement weather to attend the clinics.

Two cases from Dept. of Gastroenterology were discussed with eminent Gastroenterologist Dr. Ajay Chokshi. Needless to say, the experience is difficult to put in words - 1. It took us down memory lane. 2. It definitely added to our knowledge. 3. It made us re-establish the fact that medicine can be learnt best at the bed-side and not in classrooms.

So engrossed were we in the clinics that we forgot to use our cameras to capture the "Historic" moment. However the group reassembled later for a picture, to cherish.

We are thankful to Dr. Ajay Chokshi for his valuable time, effort and sharing of experience and knowledge. It was only co-ordination by Dr. Sanjay Dudhat that made this event possible. Special thanks to him. Our thanks to management of Balabhai Nanavati Hospital for their co-operation in conducting this event.

This is only the beginning and we hope to turn it into a regular feature and part of our CGP activities.

Dr. Priti Bhargava

Asst. Director of Studies,
IMA-CGP Sub Faculty

INFORMATION, EDUCATION & COMMUNICATION SUB COMMITTEE - A Report



- 1) A lecture was organised on the topic of “**AWARENESS OF HIV AND AIDS**” for XIIth Std. Students at Shri G.P.H. Junior College, Gundavali, Andheri (E), on **WEDNESDAY, 25TH AUGUST 2010** from 03.30 pm to 05.00 pm.

Lecture was given by Dr. Kamlesh Gandhi & Dr. Dharnikumar Chalmela. It was followed by Question & Answer session for ½ hour. It was attended by 80 students. Biscuits packets were distributed to all.

We thank Dr. Suresh Kalambi, Mr. Krishna Kokate, Chairman Shri Rajkumar Mishra, Principal Ms. Vandana Sinha for helping in organizing this programme.



- 2) A lecture was organised on “**AWARENESS OF HIV & AIDS**” on **WEDNESDAY, 01ST SEPTEMBER 2010** from 10.00 am to 11.30 am at Shri G.P.H. Junior College, Gundavali, Andheri (E)

Lecture was given by Dr. Kamlesh Gandhi and Dr. Devesh Desai. It was attended by 102 students. Lecture was followed by question and answer session for ½ hour.

Biscuits packets were distributed to all. We thank chairman of the college Shri Rajkumar Mishra & Principal Dr. Vandana Sinha and Mr. Krishna Kokate for their valuable help for helping this programme



- 3) We had organised a lecture on the topic of “**AWARENESS OF HIV & AIDS**” for IXTH Std. Students on **SATURDAY, 25TH SEPTEMBER 2010** from 10.30 am to 11.30 am at Pant Samarath School, Shivtekadi, Jogeshwari (E). Lecture was given by Dr. Kamlesh Gandhi and Dr. Dharnikumar. It was followed by question & answer session for ½ an hour. It was attended by 125 students.

Biscuits packets were distributed to all. We thank principal of the School Mr. Uday Ramchandra Jadhav, supervisor Mr. Vijay Vitthal Bhalerao & Mr. Krishna Kokate for helping in organizing this programme.

Dr. Pratibha Thoravade

Chairperson, Information Education & Communication

SPORTS SUB COMMITTEE - A Report

Bridge tournament held in Sunday, 22nd August 2010 was very successful with sixteen players participant including two players from Pune. Tournament Director : **Mr. Arvind Paranjpe**

RESULTS OF THE BRIDGE TOURNAMENT

1 st prize :	2 nd prize	3 rd Prize	
Dr. D. K. Rao's Team	Dr. Mukund's Team,	Poona Team	Dr. Shirodkar Team
Dr. D. K. Rao	Dr. Mukund	Dr. Milind Joshi	Dr. Shirodkar
Dr. Madhav Helekar	Dr. Mukund	Dr. Ajit Gujar	Dr. Satyen Nabar
Dr. Dhruv Rawal	Dr. Nathani	Dr. Shrirang Joshi	Dr. Hingorani
Dr. Tejas Parekh	Dr. Yogesh Shah	Dr. Shrikant Deshmukh	Dr. Wilson

❖ **Forthcoming events** : 1) **Treasure Hunt** on Sunday, 20th November 2010.

2) **Carom and Chess** in month of Nov. & Dec. for both children/members.

Dr. Nilesh Shah, Chairperson, Sports Sub Committee

TEACHER'S DAY - A Report

Recognition and Respect is the best 'Guru Dakshina' -this is the essence of 'Teacher's Day' that marks the birth anniversary of Dr. Sarvapalli Radhakrishnan - a multifaceted personality and a great teacher and academician himself.

IMA MUMBAI WEST celebrated Teacher's Day by felicitating senior teachers - Dr.V.R. Joshi (Rheumatologist), Dr.G.B.Parulkar (Cardiologist), Dr. Vidya N. Acharya (Nephrologist), Dr.B.S. Singhal (Neurologist). A befitting CME was also held in their honour.

The venue was 'The Club', the ambience was perfect, the rain Gods showered their blessings with light, pleasant showers. After a sumptuous breakfast the event began with 'Inflammatory Back Pain and Spondyloarthropathies by eminent rheumatologist Dr. Yojana Gokhale. Her talk was dedicated to her teacher Dr. V. R. Joshi, as was also a talk by his other student - Eminent Rheumatologist, Dr. Nimish Nanavati who spoke on 'Rheumatology-Ruling The Lab'. Eminent endocrinologist Dr. Shashank Joshi, himself a popular teacher ensured that the audience was all his as he delivered his talk on " Thyroid

Disorders in family practice".

The felicitation ceremony followed MOC Dr. Kiran Shandilya conducted the proceedings with extreme grace and precision. Dr. Rohini Badwe sang the Guru Vandana. President Dr. Bal Inamdar welcomed the delegates & formally inaugurated the programme. Chief Guest MLA Subhash Desai was all praise for IMA Mumbai west & recalled his past association with our branch members. Following felicitation the teachers expressed their pleasure & recalled their moments of teaching with nostalgia.

A feast of knowledge followed the guest speakers were Dr. Ramesh Rao, Dr. Saumil Shah. Mr. Roy Cherian, Dr. Vipulroy Rathod & Dr. Manoj Chawla. Lunch was a feast!

Vote of thanks was proposed. In spite of the long day members were in high spirits & joined in Tea /Coffee and snacks before parting for the day.

The CME was awarded one hour credit by MMC.

Dr. Priti Bhargava

Asst. Director of Studies IMA - CGP Sub Faculty

JUNGLE TRAIL - A Report



Member's Welfare Sub Committee of IMA - Mumbai West branch arranged a Jungle trail on Sunday, 19th September, 2010 in association with BNHS (Bombay Natural History Society). Dr. Ashok Kothari, Gen. Secretary of BNHS helped us make the necessary arrangements. The jungle trail was a simple walk through the jungle enjoying the flora & fauna of the lush green forest of Sanjay Gandhi National park. In all around 80 people participated from the age group of 5 years to 80 years. The group was accompanied by 2 guides giving information about butterflies, plants, flowers & birds along the whole walk of 3 hours. Overall it was a unique experience for all of us which brought us close to the nature. Probably one of the first programme of such kind for the members of IMA - Mumbai west.

Dr. Mehul M. Bhatt

Chairperson,
Member's Welfare Sub Committee

MEDICAL EDUCATION SUB COMMITTEE - A Report



Dr. Salil Bendre delivering lecture



Dr. Sadavarte explaining Ventilator Management

Our third Educational Programme for Residents was held on **SATURDAY, 18TH SEPTEMBER 2010**, in our branch premise. The theme of this programme was **“PULMONARY FUNCTIONS AND VENTILATOR MANAGEMENT”**. Introduction of the programme was done by Dr. Rashmikant Sanghvi, Chairperson of Medical Education Sub Committee. Dr. Sanjay Dudhat was convenor for this programme.

First lecture was given by **DR. SALIL BENDRE**, M.D. (Consultant Chest Physician) on **“PULMONARY FUNCTION TEST AND OXYGEN DELIVERY”**. The lecture was excellent and informative. The second lecture was given by **DR. SADAVARTE**, M.D. (Consultant Chest Physician) on **“VENTILATOR MANAGEMENT”**.

Twenty Residents attended the CME and was very well appreciated

Dr. Sanjay Dudhat

Co-Chairperson,
Medical Education Sub Committee

DEEPAWALI SWARAPRABHAT

Melodious Musical Morning

By 'SWASHAND'

Come One, Come All !!!!!

Cultural Sub Committee Invites you

Following the great success of **Deepawali Swarprabhat** last year, we are coming again for you with popular demand from all the members, with a **Doctor's Orchestra** to entertain you on the auspicious day of **Diwali** on **SUNDAY, 07TH NOVEMBER 2010**. Please attend in large numbers.

PROGRAMME

Time : 07.00 am to 09.30 am
Venue : IMA Hall, Juhu.
Dress Code : Traditional Festival Mood

Come & Enjoy - Decorative Rangolis & Delicious Breakfast on this festival of Diyas damages : free but compulsory IMA members / family & friends

DR. BALKRISHNA M. INMADAR
President

DR. ASHOK BALSEKAR
Hon. Secretary

DR. ROHINI BADWE
Chairperson
Cultural Sub Committee

**IMA - MUMBAI WEST CGP SUB FACULTY
of
INDIAN MEDICAL ASSOCIATION - MUMBAI WEST**

Presents

CME

On the occasion of “MENTAL HEALTH WEEK”

on

Day & Date : **SUNDAY, 10TH OCTOBER 2010**

Time : 09.00 a.m. onwards

Venue : IMA Auditorium, I.M.A.Bldg., J.R. Mhatre Marg, J.V.P.D. Scheme,
Behind Chandan Cinema, Juhu, Mumbai- 400 049.

PROGRAMME

Time	Topic	Speaker
09.00 am - 09.45 am	Registration & Breakfast	
09.45 am - 10.00 am	Welcome	Dr. Ashok Balsekar
10.00 am - 10.45 am	Peripheral Vascular Diseases - Interventional Modalities	Dr. Rahul Sheth
10.45 am - 11.30 am	Suicide & Self harm	Dr. Syeda Ruksheda
11.30 am - 12.15 pm	Mental Health in Chronic Medical Illness	Dr. Jay Shastri
12.15 am - 12.30 pm	Votes of Thank	Dr. Priti Bhargava
12.30 pm	Lunch	

REGISTRATION CHARGES :

- * For CGP and IMA Members who have paid ANNUAL Fees = Free.
(Only if Registered in Advance)
- * CGP & IMA Members : 100/-
- * Eligible Non Members : 250/-

Early Bird Lucky Draw for those who register by 09.30 am on Sunday, 10th October 2010.

- ▶ MMC ACCREDITATION HAS BEEN APPLIED FOR
- ▶ CHARGES FOR MMC CREDIT HOURS (FOR THE ACCREDITED CMES) **50/-**
APPLICABLE TO ALL IMA MEMBERS DESIROUS OF CREDIT HOURS.

DR. BALKRISHNA M. INAMDAR
President

DR. ASHOK BALSEKAR
Hon. Secretary

DR. PRITI BHARGAVA
Asst. Director of Studies

DR. RONAK SHAH
Asst. Secretary

IMA - Mumbai West C.G.P Sub Faculty

INDIAN MEDICAL ASSOCIATION - MUMBAI WEST BRANCH

proudly announces

XXIIND - ANNUAL SCIENTIFIC CONFERENCE "IMACON - 2010"

Day & Date : **SUNDAY, 24TH OCTOBER 2010, at 09.00 am onwards**

Venue : **"GRAND HYATT", Off Western Express Highway,
Santacruz (East), Mumbai – 400 055, India. Tel.: 6676 1234**

SCIENTIFIC PROGRAMME

Time	Topic	Speaker
09.00 AM - 12.30 PM	EMCURE SCIENTIFIC SESSION Chairperson: Dr. Lekha Pathak	
09.00 am - 10.00 am	REGISTRATION & BREAKFAST	
10.00 am - 10.15 am	INAUGURATION : President - Dr. B. M. Inamdar Hon. Secretary - Dr. Ashok Balsekar / Dr. Lekha Pathak	
10.15 am - 10.45 am	Refractory Iron Deficiency Anemia - Management Strategies	Dr. Sunil Bichile
10.45 am - 11.15 am	Chirally Pure Drugs in Hypertension	Dr. P. Bhandari
11.15 am - 11.45 am	Chirally Pure NSAIDs	Dr. Ram Prabhoo
11.45 am - 12.15 pm	Pharmaco invasive therapy - A New Gold Standard for AMI	Dr. Lekha Pathak
12.15 pm - 12.30 pm	Questions & Answers	
12.30 pm - 01.15 pm	LUNCH	
01.15 PM - 02.45 PM	IMACON SCIENTIFIC SESSION Chairperson: Dr. Suhas Patwardhan	
01.15 pm - 01.35 pm	Primary Physician's Role in Obesity	Dr. Poonam Shah
01.35 pm - 01.55 pm	Metabolic and Bariatric Surgery: A Blessing for the Asians	Dr. Jayashree Todkar
01.55 pm - 02.15 pm	How does Bariatric Surgery Work?	Dr. Shashank Shah
02.15 pm - 02.45 pm	Breast Cancer - From Palliation to Cure	Dr. Sandeep Goyle
02.45 pm	Vote of Thanks	Dr. Ashok Balsekar

REGISTRATION :

- * For CGP and IMA Members who have paid ANNUAL Fees = Free. (Only if Registered in Advance)
- * IMA-Mumbai West Members : **300/-**
- * Spot Registration : **800/-**

- * ENTIRE CONFERENCE (24-10-2010 to 31-10-2010) **600/-**
- * Eligible Non Members : **1700/-** for entire conference.

- ▶ MMC ACCREDITATION HAS BEEN APPLIED FOR.
- ▶ CHARGES FOR MMC CREDIT HOURS (FOR THE ACCREDITED CMES) **50/-**
APPLICABLE TO ALL IMA MEMBERS DESIROUS OF CREDIT HOURS.

FOR REGISTRATIONS, PLEASE CONTACT : MS. APARNA / MS. SEEMA / MS. SUNITA
IMA OFFICE, TEL. NOS : 2620 6517 / 2625 4368 & ALL MANAGING COMMITTEE MEMBERS

DR. BALKRISHNA M. INAMDAR
Organising Chairman

DR. ASHOK BALSEKAR
Organising Secretary

DR. JAYESH LELE
Convenor

DR. SUBODH KEDIA
Co-convenor

DR. PRITI BHARGAVA DR. MANOJ PATEL
Organising Co-chairpersons

DR. SUHAS PATWARDHAN
Co-ordinator

DR. RONAK SHAH
Organising Co-secretaries

DR. HEENA PATEL

INDIAN MEDICAL ASSOCIATION MUMBAI WEST BRANCH
of
IMA - CGP MUMBAI WEST SUB FACULTY

Presents

“PRE CONFERENCE CME - I”

Day & Date : TUESDAY, 26TH OCTOBER 2010

Time : 01.30 p.m. onwards

Venue : IMA Hall, I.M.A. Building, Behind Chandan Cinema,
J.R. Mhatre Marg, J.V.P.D. Scheme, Juhu, Mumbai - 400 049.

PROGRAMME

Time	Topic	Speakers
01.30 to 02.25 pm.	Registration & Lunch	
02.25 to 02.30 pm	Welcome & Inauguration	Dr. Balkrishna Inamdar Dr. Ashok Balsekar
02.30 - 02.35 pm	Introduction and overview	
02.35 to 02.50 pm.	Recent Advances in Pre-Analytics	
02.50 to 03.05 pm.	Recent Advances in Allergy Diagnostics	Dr. Sanjay Arora
03.05 to 03.30 pm.	Recent Advances in Automation and Instrumentation	Dr. P. Natarajan Dr. Shaheen Shaikh
03.30 to 04.15 pm.	Recent Advances in Pre-natal Diagnostics	
04.15 to 04.45 pm	Recent Advances in Microbiology	
04.45 pm	Vote of Thanks	Dr. Ronak Shah

**THIS SESSION HAS RECEIVED
EDUCATIONAL GRANT FROM.....**



ANDHERI (W)

MALAD (W)

KANDIVLI (E)

BHAYANDER (W)

REGISTRATION:

- * For CGP and IMA Members who have paid ANNUAL Fees = Free. (Only if Registered in Advance)
- * IMA-Mumbai West Members : 100/- * Eligible Non Members : 250/-
- * ENTIRE CONFERENCE (24-10-2010 to 31-10-2010) 600/-
- * Eligible Non Members : 1700/- for entire conference.

► **CHARGES FOR MMC CREDIT HOURS (FOR THE ACCREDITED CMES) 50/-**
APPLICABLE TO ALL IMA MEMBERS DESIROUS OF CREDIT HOURS.

DR. BALKRISHNA M. INAMDAR

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Co-convenor

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DR. SUHAS PATWARDHAN

Co-ordinator

DR. RONAK SHAH

Organising Co-secretaries

DR. HEENA PATEL

INDIAN MEDICAL ASSOCIATION MUMBAI WEST BRANCH
of
IMA - CGP MUMBAI WEST SUB FACULTY

Presents

“PRE CONFERENCE CME - II”

Day & Date : THURSDAY, 28TH OCTOBER 2010

Time : 01.30 p.m. onwards

Venue : IMA Hall, I.M.A. Building, Behind Chandan Cinema,
J.R.Mhatre Marg, J.V.P.D. Scheme, Juhu, Mumbai - 400 049.

PROGRAMME

Time	Topic	Speakers
01.30 pm. to 02.30 pm.	Registration & Lunch	
02.30 pm.	Welcome & Inauguration	Dr. Balkrishna Inamdar
02.30 pm. to 03.00 pm.	Follow up of Angioplasty patients	Dr. Darshan Jhala
03.00 pm. to 03.15 pm.	Diagnostic Thumb Rules in ECG	Dr. Darshan Jhala
03.15 pm. to 03.45 pm.	Genetic Tumor markers and Hereditary Cancers	Dr. Avinash Deo
03.45 pm.	Lucky Draw / Vote of Thanks	Dr. Ronak Shah

REGISTRATION:

- * For CGP and IMA Members who have paid ANNUAL Fees = Free.
(Only if Registered in Advance)
- * IMA-Mumbai West Members : 100/-
- * Eligible Non Members : 250/-
- * ENTIRE CONFERENCE (24-10-2010 TO 31-10-2010) 600/-
- * Eligible Non Members : 1700/- for entire conference.
- ▶ CHARGES FOR MMC CREDIT HOURS (FOR THE ACCREDITED CMES) 50/-
APPLICABLE TO ALL IMA MEMBERS DESIROUS OF CREDIT HOURS.

DR. BALKRISHNA M. INAMDAR
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DR. ASHOK BALSEKAR
Organising Secretary

DR. JAYESH LELE
Convenor

DR. SUBODH KEDIA
Co-convenor

DR. PRITI BHARGAVA DR. MANOJ PATEL
Organising Co-chairpersons

DR. SUHAS PATWARDHAN
Co-ordinator

DR. RONAK SHAH DR. HEENA PATEL
Organising Co-secretaries

INDIAN MEDICAL ASSOCIATION MUMBAI WEST BRANCH
of
IMA - CGP MUMBAI WEST SUB FACULTY

Presents

“PRE CONFERENCE CME - III”

Day & Date : SATURDAY, 30TH OCTOBER 2010

Time : 01.30 p.m. to 04.00 p.m.

**Venue : IMA Hall, I.M.A. Building, Behind Chandan Cinema,
J. R. Mhatre Marg, j.V.P.D.Scheme, Juhu, Mumbai - 400 049.**

PROGRAMME

Time	Topic	Speakers
01.30 pm. to 02.30 pm.	Registration & Lunch	
02.30 pm.	Welcome & Inauguration	Dr. Balkrishna Inamdar
02.30 pm. to 03.00 pm.	Importance of Counseling Cancer Patients and their Relatives	Dr. Sandeep Goyle
03.00 pm. to 03.30 pm.	Approach to Shoulder Pain	Dr. Vinod Agrawal
03.30 pm. to 04.00 pm.	Coblation Surgery in ENT	Dr. Vikas Agrawal
04.00 pm	Vote of Thanks	Dr. Priti Bhargava

REGISTRATION :

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- * Eligible Non Members : 250/-
- * ENTIRE CONFERENCE (24.10.2010 TO 31.10.2010) 600/-
- * Eligible Non Members : 1700 /- for entire conference.
- ▶ CHARGES FOR MMC CREDIT HOURS (FOR THE ACCREDITED CMES) 50/-
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Co-convenor

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Organising Co-chairpersons

DR. SUHAS PATWARDHAN
Co-ordinator

DR. RONAK SHAH
Organising Co-secretaries

DR. HEENA PATEL
Organising Co-secretaries

INDIAN MEDICAL ASSOCIATION - MUMBAI WEST BRANCH

proudly announces

XXIIND - ANNUAL SCIENTIFIC CONFERENCE "IMACON - 2010"

Day & Date : **SUNDAY, 31ST OCTOBER 2010, at 08.00 am to 04.30 pm**

Venue : IMA Hall, I.M.A. Building, Behind Chandan Cinema,
J. R. Mhatre Marg, J.V.P.D. Scheme, Juhu, Mumbai - 400 049.

SCIENTIFIC PROGRAMME

Time	Topic	Speaker
08.00 a.m. - 09.00 a.m.	REGISTRATION & BREAKFAST (EARLY BIRD TILL 09.00 A.M. – 50 PRIZES)	
09.00 A.M. - 11.00 A.M. : SESSION - I		
09.00 a.m. - 09.30 a.m.	Recent Trends in NASH	Dr. N. H. Banka
09.30 a.m. - 10.00 a.m.	Newer Trends in Management of Hearing Problems	Dr. Jayant Gandhi
10.00 a.m. - 10.20 a.m.	INAUGURATION	President : Dr. B.M. Inamdar Secretary : Dr. Ashok Balsekar
10.20 a.m. - 11.00 a.m.	"SURABHAI SHETH ORATION" : SCIENCE, MEDICINE, RELIGION - CAN THERE BE A SYNTHESIS	DR. PRAFUL B. DESAI, M.S., FRCS Consultant Surgical Oncologist, Bombay/Breach Candy Hosp.
11.30 A.M. - 01.00 P.M. : SESSION II		
11.00 a.m. - 11.30 a.m.	Management of AMI after 6 hours of onset	Dr. Jamshed J. Dalal
11.30 a.m. - 12.00 noon	Lymphomas	Dr. Reena Nair,
12.00 noon - 12.30 p.m.	Diet & Exercise in IHD	Dr. Ajay Mahajan
12.30 p.m. - 01.00 p.m.	Look Younger than Your Age at Any Age	Dr. Kalpana Sarangi
01.00 p.m. - 01.45 p.m.	LUNCH	
01.45 P.M. - 03.30 P.M. : SESSION - III		
01.45 p.m. - 02.15 p.m.	Pediatric Nephrology	Dr. Pankaj Deshpande
02.15 p.m. - 02.45 p.m.	Impotency	Dr. Ajit Vaze
02.45 p.m. - 03.15 p.m.	Multiple Myeloma	Dr. B. K. Smruti
03.15 p.m. - 03.45 p.m.	Allergy Update	Dr. Prashant Chhajed
03.45 p.m. - 04.15 p.m.	HIV / AIDS – Recent Management	Dr. Jehangir Sorabjee
04.15 pm	LUCKY DRAW AND CONCLUSION	Dr. Ashok Balsekar

REGISTRATION : For CGP and IMA Members who have paid ANNUAL Fees = Free. (Only if Registered in Advance)

* IMA-Mumbai West Members : **200/-**

* Eligible Non Members : **500/-**

* Spot Registration : **300/-**

* ENTIRE CONFERENCE (24.10.2010 TO 31.10.2010) **600/-** Eligible Non Members : **1700/-** for entire conference.

▶ MMC ACCREDITATION HAS BEEN APPLIED FOR.

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Co-ordinator

DR. RONAK SHAH

Organising Co-secretaries

DR. HEENA PATEL

INDIAN MEDICAL ASSOCIATION - MUMBAI WEST

ANNOUNCES

FOR THE FIRST TIME

“EMERGING STARS OF MEDICINE” CONFERENCE

APPLICATIONS ARE INVITED FROM ELIGIBLE CANDIDATES

FOR

IMA MUMBAI WEST CITATION OF “EMERGING STARS OF MEDICINE”

ELIGIBILITY FOR APPLICANTS :

1. Age less than 45 years;
2. Residing/practicing between Bandra to Dahisar;
3. Member of IMA Mumbai West will be given preference;
4. Must be successful in private practice or institutional practice;
5. Must be known as an expert in his/her chosen field of medicine;
6. May have done pioneering work in medicine;
7. Should submit two (2) recommendations from peers/teachers about the veracity of his/her application;
8. Should submit his/her “**JUSTIFICATION FOR APPLICATION**” in a one page format (not more than 300 words);
9. Should submit application in hard copy and soft copy to IMA Mumbai West along with proof of all the educational qualifications (Xerox copies);

All the applications will be scrutinized by the selection committee of IMA Mumbai West and final results announced in December / January “medical image”. **Final number of awards will be decided by the selection committee but will not be less than three (3).**

Successful applicants will be given a **prestigious IMA Mumbai West citation of “EMERGING STARS OF MEDICINE”** and will be invited to speak in the above conference on their chosen topic.

KINDLY APPLY IN TRIPLICATE TO ...

IMA - MUMBAI WEST, IMA BUILDING, J.R. MHATRE MARG,
BEHIND CHANDAN CINEMA, J.V.P.D. SCHEME, JUHU, MUMBAI - 400 049.

Tel. : 26206517, 65235579

EMAIL: imamumbaiwest@gmail.com, imamumbaiwest@yahoo.com

LAST DATE FOR APPLICATION : WEDNESDAY, 15TH DECEMBER 2010

DR. BALKRISHNA M. INAMDAR

Organising Chairman

DR. ASHOK BALSEKAR

Organising Secretary

ANNOUNCEMENT

LIBRARY SUB COMMITTEE

There are many text books and medical journals of old editions lying in our library. If any member is interested in procuring these editions free of cost, contact office staff to collect these books from library within one month (till 31st October 2010).

DR. DATTABEN C. SHAH

Chairperson - Library Sub Committee

TAKE - HOME MESSAGE

By *Dr. Priti Bhargava, Director CGP*

07/09/10 -

UTI IN CHILDREN- DR. ATUL DEOKAR

MCU - Indications

All children with UTI <5 yrs. Old
Children with more than 1 attack of UTI at all age.
All children with increase BP, high BUN or S. Creat.
Children with abnormal USG findings at any age.

TREATMENT-

In neonates & young infants-Parenteral antibiotics-Ampicillin, Gentamicin for 10 days.
In children above infancy-Toxic children with vomiting – admit, start i.v. antibiotics for the initial 72 hrs. followed by oral antibiotics for the remaining course, total 10 days. Aminoglycosides or 2nd/3rd gen. cephalosporin.

In older children – If no toxic signs or vomiting, use oral drugs (amoxicillin, amox-clavulanic acid, cefaclor, cephalexin)

21/09/10 –

GIDDINESS- Dr. Nitin Sampat

- **Peripheral vertigo** occurs due to damage / lesion in labyrinth.
- **Central vertigo** occurs due to damage / lesion in parts of brain concerned with maintenance of balance.
- Lesions of the cerebral cortex, eyes & perhaps the cervical muscles may give rise to vertigo **but they are not common causes.**
- For all practical purposes **vertigo is a disorder of the vestibular end organs, the vestibular division of the VIIIth nerve, the vestibular nuclei of the brainstem & their connections including the inferior cerebellum**

Pharmacotherapy of Vertigo

- Labyrinthine suppressant / Ca⁺⁺ entry blockers- Cinnarizine
- Vasodilators- Betahistine
- Antihistaminics - Meclizine, Promethazine
- Sedatives / tranquilizers -Diazepam

14/09/10 –

MANAGEMENT OF COLORECTAL CANCER DR. DEEPAK CHHABRA

- Biology of colorectal cancers is different from the rest of the gastrointestinal tract tumors and surgery is an option even if there are liver metastases
- **Metastatic colorectal cancer is treatable and may be potentially curable in some cases USG of the abdomen once every 3 months** is very necessary in an operated case of colorectal cancer

23/09/10 -

ANXIETY DISORDERS -

DR. KIRAN SHANDILYA

Management of Panic Attacks-

- Benzodiazepines, SSRIs, Other anti depressants
- Psychological methods- exposure desensitization, relaxation, and control of hyperventilation
- Cognitive and psychodynamic methods

Management of Phobias-

(Psychotherapy is mainstay)

- Psychological, CBT.
- Pharmacological – SSRIs, b-blockers, phenelzine.

Management of GAD- (Difficult to treat)

- Psychic symptoms- buspirone
- Somatic symptoms- BZDs
- Depressive symptoms- TCAs, SSRIs
- Autonomic symptoms- b-blockers
- Rarely psychosurgery

Management of OCD-

- Exposure with response prevention (ERP).
- CBT- cognitive behavior therapy
- Zen Buddhism thought watching
- **Pharmacological**-Clomipramine, SSRIs- fluvoxamine, fluoxetine, sertraline
- **Psycho-surgery.**

Management of PTSD-

- **Psychological**- CBT, EMDR, psychodynamic
- SSRIs, Other antidepressants, Benzodiazepines, Mood stabilizers

EARLY DETECTION OF MENTAL HEALTH ILLNESSES: A COMMUNITY APPROACH



DR. VISHAL A. SAWANT
MD

Prof & Head of Dept. of Psychiatry,
Dr. R. N. Cooper Municipal Hospital.
Dr. Shailesh Umate, DNB, Lecturer, Dept. of Psychiatry,
Dr. R. N. Cooper Municipal Hospital.

Schizophrenia is a chronic disorder resulting in significant social, psychological and occupational dysfunction. The Global Burden of Disease 2000 study, published in the World Health Report 2001 (WHO;2000), schizophrenia is the 7th leading cause of YLDs at global level, accounting for 2.8% of total global YLDs.

Early detection and treatment of schizophrenia reduces burden, improves functioning, reducing the chronic course. Therefore, Primary care, non-Psychiatrist doctors and the society should be aware of the need for early detection and treatment of the disorders.

Early detection can be done in the targeting etiological factors of schizophrenia, high risk population and the early community contact persons like teachers and family physicians.

HIGH RISK POPULATION:

This is target population in the community having family history of schizophrenia, especially in parents. The vulnerability to develop schizophrenia is higher when the relationship is closer & increases with the number of affected relatives. The vulnerability extends to development of related 'spectrum' disorders such as schizoaffective disorder, psychosis and certain personality disorders.

ETIOLOGICAL FACTORS :

1. Perinatal and obstetric complications The evidence that prenatal and obstetric complications are risk factors has been consistently reported. But recently, it was found that the interaction of delivery complications and family history predicts schizophrenia in offspring. Thus, delivery complications alone were not associated with later schizophrenia.

It has been found that maternal influenza during the second trimester of gestation appears to increase risk for schizophrenia in offspring and this has been independently replicated in several countries.

2. Neurointegrative deficits-Hyperkinesia, poor concentration, motor dis-co-ordination, perceptual signs and poor verbal abilities are some of the neuro-integrative deficits. These can be easily identified in children. Research findings suggest that assessing difficulties with motor coordination may be an important aid in early identification.
3. Early parental separation & Institutionalization -It is interesting to note that for children without a family history of psychiatric disorder, very early separation was associated with increased risk of psychiatric hospitalization for non-psychotic disorders. Study findings indicate that poor family environment associated with a disturbed parent is a risk factor, particularly for boys. In addition, they indicate that future psychosis may be avoided if the genetically vulnerable child experiences a positive foster placement.
4. Family functioning.- Tienari et al. (1994) found that the children who had mothers with schizophrenia but who had a positive adoptive experience were protected from later schizophrenia, while the genetically vulnerable individuals who experienced a disturbed adoptive family tended to develop the disorder. This finding suggests that a positive rearing experience can protect at-risk individuals against future psychosis. It was also found that inconsistent parenting, over-involvement, and hostility toward the child predicted schizophrenia-spectrum outcomes.

COMMUNITY CONTACTS :

1. Family physicians(GPs) :

Patients of early stage psychosis are more likely to contact their family Physicians in initial period. Primary care Physicians have been identified as an important contact in the pathway to care of high risk population. Appropriate intervention at primary care level is a key factor in reducing Duration of Untreated Psychosis, distress and improving access to sustained treatment.

2. Teachers:

Most schizophrenia patients are not distinguishable from their peers in childhood. Deviant behaviors tend to become more prominent in adolescence, a time of life that may present more socially challenging situations. Studies of schizophrenia patients have shown certain behaviors such as being shy and withdrawn, having poor peer relationships and poor school performance. Some studies showed that males had more antisocial behaviors and females had more passivity and withdrawal.

In one study, teachers more frequently judged both males and females later diagnosed with schizophrenia to be emotionally labile and more susceptible to future emotional or psychological breakdown. They also more frequently rated males as disruptive,

disciplinary problems, anxious, lonely and rejected by peers, and more likely to have repeated a grade, while, in contrast, they rated females as nervous and withdrawn. Individuals later diagnosed in the schizophrenia spectrum were judged by teachers and the interviewing psychiatrist to be socially withdrawn, socially anxious, passive, flat in affect, and peculiar and to have a poor prognosis.

CONCLUSIONS :

1. Family history of schizophrenia increases the genetic vulnerability.
2. Obstetric complications plays major role in genetically vulnerable populations.
3. Neurointegrative deficits are indicators of risk and can easily be monitored.
4. Parental separation, poor family environment and a disturbed parent is a risk factor f
5. A positive rearing experience can protect at-risk individuals against future psychosis.
6. Family Physicians can be major help for early treatment.
7. Teachers can help early detection of high risk cases

CLINICAL IMPACT:

1. Obstetric complications can be reduced with monitoring and so the disease impact.
2. Family Physicians and teachers can be a boon for early diagnosis and intervention

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APPROACH TO MALE SEXUAL DYSFUNCTION

DR. PRASANNA TENDOLKAR

CONSULTANT PSYCHIATRIST
AND SEXOLOGIST

The diagnosis and treatment of sexual dysfunction is an important part of medical practice. This problem presents among patients irrespective of specialty, and in primary care as well as specialist care-seekers.

Some of the myths and expectations related to male sexual functioning are:

- 1 One must get erection whenever he desires or commands.
- 2 One must get prolonged erection or erection till he commands.
- 2 The penis must grow in length on command.
- 3 One must be able to perform sexual act everyday or sometimes several times in a day.

This misplaced desire of a wonder organ has lead humankind (predominantly males) to look for artificial (medical) means to make their organs do the desired.

The most common sexual dysfunctions among male patients are-

- 1) Premature ejaculation
- 2) Erectile dysfunction
- 3) Hypoactive sexual desire

Premature Ejaculation (P.M.E) is defined as ejaculation prior to satisfaction of the partner, which occurs in more than 50% of times that the couple has intercourse. A careful history taking is essential to establish proper diagnosis.

Treatment essentially consists of reassurance and clarifications to dispel any myths that the couple may have. "Sexual Behavior Techniques" are suggested for achieving better control of the sexual act. Some of the techniques are: Squeeze technique, stop-start technique. Medications which delay ejaculatory reflex such as Selective Serotonin Reuptake Inhibitors, tricyclic antidepressants are sometimes used.

Erectile dysfunction: is defined as inability to

maintain or achieve erection to perform penetration during sexual intercourse. Misconceptions about sexual functioning can lead to complaints of erectile dysfunction when no problem actually exists.

After the diagnosis is established, one has to rule out organic causes such as hypertension, diabetes, liver dysfunction, chronic debilitating illness, substance use or medication-use. When no such cause is found, a psychological cause may be suspected. Psychological Causes include depression, anxiety disorders, Relationship problems (marital disputes) and substance abuse.

If any organic problem is detected that has to be treated first. Psychological treatments include education, counseling and treatment of psychiatric disorder. Sometimes sildenafil is prescribed. This drug causes dilatation of arterial spaces in the corpora cavernosa leading to erection. Advanced treatments include locally acting papaverine injections or penile implant surgery.

Hypoactive sexual desire disorder: In this disorder patients describe decreased interest in sex, that is, decreased libido.

Sexual desire may be decreased when the patient is suffering from some other illness or is under mental or physical stress. It may be a symptom of mental illness such as depression. Some drugs can also cause decreased libido. Sometimes relationship issues such as disputes can also cause this problem.

A thorough history can reveal the possible psychological causes, while examination and investigations can help to find the organic causes. Treatment of underlying medical and psychiatric illness is important. In drug-induced cases the offending drug may have to be reduced or replaced.

Individual and couples therapy is done for some cases, to aid in recovery of sexual dysfunction.

It is important to remember that organic and psychological causes of sexual dysfunction often co-exist and both types of treatment may be required.

Sexual dysfunction is often a hidden disorder. Patients are hesitant to talk about it, and doctors may not be able to enquire about it due to constraints of space, time and lack of confidence in dealing with these issues.

The unfortunate consequences are

1. Patients believe more in myths than in facts.
2. Patients delay treatment
3. Patients visit quacks who harm or exploit them
4. Patients treat themselves by relying on friends, internet and other unreliable resources
5. Patients develop psychological complications like depression, anxiety, addiction
6. Patients develop social problems such as marital discord, infertility, antisocial behavior


As there is lot of thought given to the preventive approaches in other fields of medicine, similarly

primary care interventions can reduce the burden of sexual dysfunctions in the population.

Various interventions at primary care can be;

- a) Sex education in schools and colleges
- b) Sex education modules for teachers & parents
- c) Workshops for primary care physicians
- d) Using media for education & displacing myths

The initiation of sex education of any individual begins in childhood from his or her parents, child tends to imbibe the values carried the parents. The observation of parental interaction plus the sex determined grooming by the parents lays the foundations for the sexual identity of the individual. Hence it is the parents who are the crucial sex educators for the children. Thus of various interventions mentioned enhancing parental counseling abilities is the most important intervention. Primary care physicians have to assist the community by giving proper factual information to dispel myths, whenever necessary. In addition, one must be sensitive to sexual needs of the patient and give legitimate importance to the timely diagnosis and treatment of sexual dysfunction.

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BIPOLAR DISORDER

DR. MALIK MERCHANT

CONSULTANT PSYCHIATRIST

Bipolar disorder is a mental illness that is characterised by repeated episodes in which the patient’s mood and activity levels are significantly disturbed. This disturbance may consist of an elevation in the mood and activity called ‘mania’ or ‘hypomania’; or lowering of mood and decreased activity levels called ‘depression’.

They are different from the normal ups and downs that everyone goes through from time to time because these are independent of external causes, or out of proportion to the stressors. The mood changes remain persistent and cause dysfunction in various domains such as damaged relationships, poor job or school performance, and even suicide. The condition has a high rate of recurrence and if untreated, it has an approximately 15% risk of death by suicide.

Symptoms of Bipolar Disorder.

Bipolar disorder is not easy to spot when it starts. Following are the common symptoms :

Symptoms of mania or a manic episode include:	Symptoms of depression or a depressive episode include
<p>Mood Changes A long period of feeling “high,” or an overly happy or outgoing mood Extremely irritable mood, agitation, feeling “jumpy” or “wired.”</p> <p>Behavioral Changes Talking excessively/very fast, jumping from one idea to another, having racing thoughts Increasing goal-directed activities, such as taking on new projects Being restless, active Sleeping little Being intrusive Demanding fancy articles, foods, etc Having an unrealistic belief in one’s abilities Taking part in a lot of pleasurable, high-risk behaviors, such as spending sprees, impulsive sex and investments.</p>	<p>Mood Changes Feeling low and depressed, which is pervasive A long period of feeling worried or empty Loss of interest in activities once enjoyed.</p> <p>Behavioral Changes Feeling tired or “slowed down” Having problems concentrating, remembering, and making decisions Being restless or irritable Getting negative thoughts about most things decreased sleep, appetite and libido Thinking of death or suicide, or attempting suicide</p>

Sometimes, a person with severe episodes of mania or depression has psychotic symptoms such as hallucinations or delusions. People with bipolar disorder may abuse alcohol or substances, have relationship problems, or perform poorly in school or at work.

What causes bipolar disorder?

Researchers are learning about the possible causes of bipolar disorder. Many factors likely act together to produce the illness. Bipolar disorder tends to run in families. For any person, the genetic risk of developing bipolar disorder is directly proportional to the number of relatives having this disorder and the degree of closeness of the relationship with the affected relative/s.

But genes are not the only risk factor for bipolar disorder. A person with vulnerability to develop bipolar disorder, may precipitate onset by several environmental factors. Psychological stress, substance abuse and medication use are some of the factors associated with onset of this disorder.

Brain-imaging studies are helping scientists learn what happens in the brain of a person with bipolar disorder. Some imaging studies and psychological studies have shown that the brains of people with bipolar disorder differ from the brains of healthy people or people with other mental disorders. Thus, bipolar disorder is a real biological disorder. However, these differences are not yet so clear as to be used for purpose of diagnosis.

How is bipolar disorder treated?

Proper treatment helps most people with bipolar disorder gain better control of their mood swings and related symptoms. Because bipolar disorder is a lifelong and recurrent illness, people with the disorder need long-term treatment to maintain control of bipolar symptoms. An effective maintenance treatment plan includes medication and psychotherapy for preventing relapse and reducing symptom severity.

Medications : The choice of medication depends on the phase of the illness. Sometimes, during an acute manic phase many patients require involuntary admission.

Mood stabilizing medications are usually the first choice to treat bipolar disorder. In general, people with bipolar disorder continue treatment with mood stabilizers for years. Except for lithium, many of these medications are anticonvulsants. Anticonvulsant medications are usually used to treat seizures, but they also help control moods. These medications are commonly used as mood stabilizers in bipolar

disorder. The mood stabilisers are lithium, sodium valproate, carbamazepine, oxcarbazepine and lamotrigine. Gabapentin, topiramate, and levatiracetam are sometimes prescribed.

Atypical antipsychotic medications like olanzapine and quetiapine are also used to treat symptoms of bipolar disorder. Often, these medications are taken with other medications. Risperidone and Aripiprazole are other atypical antipsychotics that may also be prescribed for controlling manic or mixed episodes.

Antidepressant medications are sometimes used to treat symptoms of depression in bipolar disorder. People with bipolar disorder who take antidepressants often take a mood stabilizer too.

Psychotherapy : In addition to medication, psychotherapy, can be an effective treatment for bipolar disorder. It can provide support, education, and guidance to people with bipolar disorder and their families.

Electroconvulsive Therapy (ECT)- In certain patients, modified electroconvulsive therapy is the treatment of choice. The indications are:

1. Severe symptoms
2. Non responders
3. Patients with poor physical condition such as those who have starved themselves, etc
4. Patients where rapid relief is required and medications may not be feasible-pregnancy and post partum
5. Acutely suicidal patients

ECT has received unjustified notoriety among patients as well as doctors. Modified ECT is a safe, humane and effective procedure. In fact, it deserves respect as a life-saving modality along the lines of use of a defibrillator. ECT may cause some side effects like confusion, disorientation, and short term memory loss. These are short-lived and completely reversible and cause no lasting dysfunction.

Treatment of bipolar disorder is more effective when people work closely with a doctor and talk openly about their concerns and choices. Keeping track of mood changes and symptoms with a daily life chart can help to assess a person's response to treatments. Sometimes one needs to change a treatment plan to make sure symptoms are controlled most effectively. A psychiatrist should guide any changes in type or dose of medication.



FROM ADDICTION TO FREEDOM

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Director :

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We all know the effect of addiction on our organs like alcohol on liver or cigarette smoking on lungs. But the real devastation is in psychological, occupational, financial, family & social functioning of the patient. Management of such patients is akin to fighting multiple wars of independence with many wins and defeats in between, which we term as remissions and relapses.

The prevalence of substance use disorders is as follows: alcohol=2.9-82.5%, sedatives=3.5-53%, nicotine=5-25%, cannabis=1.9-33%, opiates=0.04-.0.1%. Also 30- 46% of all substance abusers are also suffer from other psychiatric disorders which make abstinence difficult, making the prognosis even more worse. These patients are said to have dual diagnosis.

CAUSES :

They are multi factorial i.e. genetics, brain reward pathway pathology (dopamine) for craving, external /internal cues. Similar disorder in genetic tree is seen commonly. Enabling-co-dependence behavior is seen in family member like mother or wife who almost encourages substance use. Personality Disorders which are more prone to have substance disorders are antisocial, dependent and avoidant

INDIVIDUAL SUBSTANCES:

Nicotine-Dependence:

Patients can present mainly with physical presentations like COPD- chronic cough, Breathlessness, hypertension, Coronary spasm, Tiredness, bad breath, Loss of taste and smell, hyperacidity. Nicotine is an addictive Stimulant, thus common reasons expressed for consumption are like releasing tension, craving,

pleasure, to socialize, break from work, projecting a cool, macho & sophisticated identity. As part of the psychodynamics, patients will unconsciously deny the possibility of medical problems due to the addiction. Withdrawal symptoms gradually reduce in two weeks. They can suffer from insomnia, restless, anxiety, depression and recurrent craving

Alcohol :

Beer, country liquor, whisky, vodka are common forms which are abused with gradually increasing quantity and frequency. Withdrawal symptoms include tremors, lack of sleep, restlessness, hallucinations, rum fits, delirium. Alcohol has many effect on body namely on the gastric, liver, heart, CNS (memory, co-ordination) and peripheral nerves causing both temporary and permanent damage.

Opioid :

Heroin=brown sugar, codeine and even abuse of prescription drugs like buprenorphine, dextropropoxyphene. They are very addictive at a very early stage & one of the most difficult to treat.

Cannabis : Bhang, charas, marihuana/ ghanja are smoken in cigarettes, chillums and pipes. They are called the gateway drugs as they are used to experiment by the youth and may allow them to try opioids and other recreational drugs

Cocaine and Hallucinogens :

These drugs can cause a person to go into Bad Trips where they may experience hallucinations. They can get hyperthermia, dehydration & seizures

Newer addictions : Internet- pornography, video and mobile gaming and gambling are equally damaging addictive behavior.

PATH TO FREEDOM -TREATMENT ASPECTS

Motivation tips :

We can advise them to make a list of harmful result (stick to bathroom) and a similar list of advantages (stick to mirror) and use of imagery of positive & negative outcomes of treatment and addiction respectively. We can also encourage our patients to make a public announcement to friends and relatives about their quitting of substance and follow the following rules like - take Rewards involving outdoor activities and avoid other substance abusers. They can be given-auto suggestions like I am an ex-smoker, smoking is poisonous for my body, I need by body to live, I will protect my body from harm.

Treatment Setting :

This can be initiated in:

- 1) nursing home-general, psychiatric
- 2) rehabilitation: Vishwas, Mind Care Institute, Sevadhan, Kripa, NARC, BMC (Therapeutic community)

Detoxification

The term is misleading, as it suggests that it includes an elimination of toxin, but actually it is treatment of withdrawal symptoms.

Medication for nicotine withdrawal include Clonazepam for anxiety and Lorazepam- sleep .Anti- craving agents like Bupropion (150mg) and Varenicline (chamfix) are to be given in the long run. For temporary measures like in hospital admission, replacement therapies like Nicotine gum (2- 4mg), Nicotine patch can be used.

The drug of choice in alcohol withdrawal is benzodiazepine like diazepam 5-10mg tds or lorazepam 1-2mg tds if liver damage. Along with this, thiamine-oral, IV100mg for preventing Wernicke encephalopathy. Disulfiram is used at a dosage of 250-500mg/day after a written, informed consent about the alcohol -disulfiram reaction and an alcohol challenge test as aversion therapy. However, disulfiram can have side-effects like hepatic, sexual & memory problems.

Medications used in withdrawal of opioid withdrawal are opioid substitutes like dextropropoxyphene, buprenorphine and

benzodiazepines. Later naltrexone a opioid receptor blocker can be used .

Psychotherapy :

It helps to increase motivation, teach coping skill, reinforce with reward sobriety, improve interpersonal functioning and solidify gains of abstinence. Individual psychotherapy is used to treat the faulty defense mechanisms like denial, minimization, rationalization and projection. Group therapy helps in identify, acceptance, role modelling, positive peer pressure, discipline, hope,

Family Therapy :

We need to incorporate Indian context with intact family concepts to psycho-educate and encourage support of all the family members. Also this is to deal with abnormal family dynamics like co-dependence and teach the importance of healthy family rituals. The special problems of children of alcoholics like ADHD, conduct disorders and childhood depression and learning disabilities are identified and treated

Self-Help Approach :

Alcohol anonymous(AA), Narcotic anonymous (NA), ALAnon for family, ALTeen for children which use the philosophy of the Twelve traditions and the Twelve steps to help in the recovery of the patient. These groups are non- religious but held in various churches and other locations throughout the country on a voluntary basis by people who are trying to help each other to recover.

Relapse Prevention Plan :

These can include various strategies like deep breathing, talking to friend or call over friend and other healthy ways to seek pleasure like music, hiking. These steps need to be rehearsed and applied when the craving comes . As the saying goes try again and again till you succeed

When to Refer :

One should remember that those patients who are having severe withdrawal, recurrent use, co morbidity, medical complications and high suicide risk should be referred to speciality centres for further management.



PHARMACOINVASIVE TREATMENT

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Primary fibrinolytic therapy for STEMI is far from optimal and may not be appropriate for some individuals. Additionally, although the availability of primary PCI continues to grow, many patients living outside major population centers still do not have access to primary PCI within the American College of Cardiology/American Heart Association (ACC/AHA) recommended 90-minute window. So, how do we offer safe and timely reperfusion to all patients, especially in high-risk patients and when transfer times may be longer than desired? The natural choice is facilitated PCI. However, the data on facilitated PCI are equivocal and may suggest harm.

Historically, facilitated PCI trials are small, and study design varies considerably, making it difficult to draw sound conclusions from these trials. For the basis of this article, facilitated PCI is considered to be any combination of pharmacological reperfusion therapy followed by planned early revascularization. Theoretically, facilitated PCI is very attractive, combining the speed and accessibility of fibrinolysis with the efficacy and durability of mechanical intervention. Multiple combinations of drugs and devices have previously been explored. Early pharmacological strategies have included regimens with full-dose and half-dose fibrinolytics, combinations of fibrinolytics and IIb/IIIa inhibitors, and programs with IIb/IIIa antagonists alone. The timing and method of revascularization also varies among trials, with planned revascularization taking place as soon as possible in most studies to as late as 24 hours after hospital admission. Similarly, the means of revascularization differs between older and more recent trials, with earlier programs employing balloon angioplasty as opposed to the more modern use of drug-eluting stents. A large number of studies have shown that the

use of drug-eluting stents is associated with favourable outcomes in patients with various clinical and angiographic characteristics. However, data on the outcome of patients undergoing primary PCI with implantation of drug-eluting stents have been limited, and whether the favourable results obtained with drug-eluting stents in other settings also extend to patients with acute ST-segment elevation myocardial infarction has not been firmly established. A major concern with drug-eluting stents in this group of patients has been an increased risk for stent thrombosis, especially acute (within 24 h of stent implantation) and subacute (within 30 days of stent implantation). Newer generation drug eluting stents with Biodegradable Polymer like BioMatrix Coronary Drug Eluting Stent from Biosensors International has shown promising results. The two years data from their LEADERS trial STEMI subset has shown better outcomes in view of cardiac death, MACE, TLR and Stent Thrombosis.

Although previous pharmacoinvasive trials have been equivocal, recent data support a much more substantial role for facilitated PCI. In a multicenter collaborative effort, the AMICO registry trialists demonstrated a significant reduction in death, and in the combined endpoint of death, reinfarction, and stroke when patients are treated with a facilitated approach. The AMICO registry was composed of 2,869 STEMI patients treated at five high-volume centers in the United States and Europe. Of these, 1,200 patients were treated with facilitated PCI. Thirty-day mortality in the facilitated PCI group was 3.8% versus 6.4% in the primary PCI group ($P = .002$). Complementing these findings, in a subset of patients at the center undergoing cardiac magnetic resonance imaging after STEMI, they found that patients treated with prehospital, reduced-dose fibrinolytics prior to

urgent PCI developed smaller infarcts when compared to patients treated with primary PCI (9.5% vs 12.7%; $P = .04$). Similarly, a recent subgroup analysis from the FINESSE trial showed improved outcomes when high-risk STEMI patients presenting to non-PCI hospitals were treated with a combination of abciximab and half-dose retevase before transfer to a tertiary care center.

Although primary fibrinolysis may not be the optimal means of reperfusion in many situations, time to any reperfusion is critical in limiting infarct size and improving outcomes, especially in the precious first hours after symptom onset. A pharmacoinvasive approach combines the speed of primary fibrinolysis with the durability of mechanical intervention. Perhaps in recognition of these issues, the 2007 ACC/AHA STEMI guidelines revised the 2004 class III indication for facilitated PCI to a class IIb recommendation. However, they limit this recommendation to programs using other than full-dose thrombolytics, and only if patients are high risk, primary PCI is not immediately available, and patient bleeding risk is acceptable. Additional research into which

patients will benefit most from a facilitated approach is warranted, and further investigation into the best combination of drugs and devices is also needed.

CONCLUSIONS :

In general, there is a strong preference for primary PCI over fibrinolytic therapy in STEMI treatment. This preference is largely due to the superior safety and efficacy of primary PCI compared to fibrinolysis. Improved access to skilled interventionists and the growing availability of primary PCI facilities will further add to the popularity of primary PCI. Additionally, enhanced methods of mechanical reperfusion & improved adjuvant pharmacotherapy further reduce bleeding risk and improve patient outcomes with primary PCI. Finally, emerging data from facilitated PCI programs demonstrate improved outcomes in high-risk STEMI patients. Thus, in an era of primary PCI, the role of fibrinolysis alone for STEMI treatment is decreasing, whereas the role of primary PCI is firmly established, and the role of facilitated PCI continues to take shape.

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MULTIVESSEL PCI VS CABG IN 2010

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KDAH, Mumbai - 53.

Although percutaneous coronary intervention (PCI) has long surpassed coronary artery bypass grafting (CABG) as the most common revascularization strategy in patients with coronary artery disease, current recommendations still favor CABG in the treatment of multivessel disease and unprotected left main coronary artery disease. Restenosis and the need for repeat revascularization remain the major limitations of PCI for such patients. By significantly reducing restenosis and the need for repeat revascularization in patients treated with DES, emerging data have, however, suggested that CABG may not have the advantage over PCI in the era of drug-eluting stents: In the second arm from the Arterial Revascularization Therapy Study (ARTS II) published in 2005, in which 607 patients with multivessel disease were treated with sirolimus-eluting stent, Serruys and coworkers found better 12-month clinical outcomes in these patients when compared to historical controls of the ARTS I trial. Finally, a growing body of evidence resulting from registries suggests that the implantation of DES for unprotected left main coronary artery lesions is a feasible and safe approach.

The recently published SYNTAX trial, however, sets things straight insofar as the advanced triple-vessel disease should remain a surgical domain while selected cases can be treated with DES. The SYNTAX study looked at the first generation DES but with the newer 2nd generation DES appear to be better in placement characteristics as well as results. So we require studies comparing 2nd generation stents with CABG head to head.

Passive modern stents appeared (in the shadow of DES) with advanced design allowing improved performance compared to former generations: smaller strut thickness, and different scaffolding

and configuration, improve the flexibility and stent crossing profile, together with improved radial support and improved side branch accessibility. There are also gains in safety with secure delivery-balloon technology and new vessel surface coverage. New surface coatings have been developed to further improve the crossing profile and lessen the restenosis rate. Moreover, it is known that the stent surface plays a key role in the inflammatory response after stent implantation, and that by modulating the surface material, both the neointimal hyperplasia and the risk of thrombotic event could be decreased. Various biologically inert surface materials have been investigated so far, such as carbon, platinum, phosphorylcholine, or gold, without clinically proven effect in human trials. Of the new materials, titanium is especially interesting, while it is extremely biocompatible and could be combining to nitric oxide, which has well-known antiproliferative effects. The time is coming for randomized study allowing direct comparison between modern bioactive bare metal stents and DES. The elegant concept of seeding stents with antibodies targeted at CD 40 endothelial cell ligands is under clinical testing but will likely be a stillbirth.

In conclusion, early evidence from registries demonstrated exciting results from DES implantation for multivessel PCI and left main coronary disease with low rate of binary restenosis and favorable short-term clinical outcome at 1 year. However, the benefit of drug-eluting stent implantation in the long term (>1 year) and the incidence of major adverse cardiovascular events in this setting remain largely unknown. Some very late stent thrombosis and very late target lesion restenosis have been reported and raised concerns about the safety of percutaneous procedures especially in the left main coronary artery disease subset.

SYNTAX data at 3 years (2010) shows favourable outcome of CABG over percutaneous interventions in multivessel groups.

Randomized controlled trials with long follow-up observation duration are mandatory. The results from the EXCEL and COMBAT trial should be made clearer by 2011 as newer generation stents are being used.

So the take home message is diabetic or non diabetic with multivessel non complex lesion morphology could be a candidate for PCI with DES but CABG is favorable. A non diabetic with complex anatomy has shown favorable results with CABG over PCI with DES. Diabetic with complex anatomy CABG should be favored. Left main as of now CABG scores over PCI. In our daily practice economic considerations also dictate the final call on Multivessel PCI or CABG.

Picture 1. This is a recent case I had done whom I had referred for CABG but the patient wanted PCI. Here the setting of nondiabetic with proximal LAD long lesion and a CTO (chronic total occlusion) of the distal RCA. So he falls in the subset of non diabetic with complex anatomy here one should insist on CABG and PCI if done the patient should understand the possibility of restenosis (and increased adverse events) and economic burden in the future. Here the patient did understand that and hence I went ahead with multivessel PCI. He was treated with one Biomatrix (Biolimus eluting Stent, Biosensors inc) in the CTO of the distal RCA and two long length 38 mm Resolutes (Zotarolimus eluting stent, Medtronic inc) in the LAD. These are second generation Stents.

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