

THE MARVELS OF PSYCHIATRY

MARINA WAZIR

Postgraduate Trainee, Internal Medicine, Islamabad.

CORRESPONDENCE: E-mail: marinawazir@hotmail.com

The marvels of psychiatric medicine do enthral us indeed, The patients' clinical features do appear like puzzle pieces; with which you've got to proceed,

And only by putting these pieces together can you then succeed.

You certainly do remember that familiar face,

That patient who had multiple physical symptoms was once again walking into your clinic at a fast pace.

They'd had negative test results consistently,

So somatization disorder you'd labelled them with subsequently.

That young girl who was so obsessed with her weight, Who'd reduced herself to a rather pitiful state, Had anorexia nervosa as you later figured out, And helping her eventually is what she was thankful about.

There was a young child, who had been admitted multipletimes, You knew his mother had crossed the line,

For the intentional production of his innumerable physical signs. She ultimately accepted responsibility,

Munchausen's by proxy you labelled her with ultimately.

The patient with posttraumatic stress disorder had experienced flashbacks.

And due to emotional numbing reported feeling detached.

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

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

You were asked how to differentiate mania from hypomania by your senior registrar.

As you'd had a patient the day before, luckily you didn't have to think

"Psychotic symptoms" was the answer you had, They then asked what you had meant by that. Delusions of grandeur and hallucinations you did say,

Thankfully no further questions were asked that day.

As you were standing in the ER a patient was brought inside, Who had sniffed heroin earlier and by rules did not often abide. Their chest Xray showed pulmonary edema that day, Respiratory acidosis they had developed along the way. By giving them intravenous naloxone; improvement you did see, And referred them for psychotherapeutic counselling subsequently.

The patient who was previously taking citalopram was in need of it no more.

The guidelines you know state that the number of weeks to taper it off is four.

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

With elderly patients on antipsychotics such as quetiapine.

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

Complained of palpitations and stressors along with that, With fluoxetine use some improvement she did see, For her rather frequent bouts of anxiety.

A young teenage girl was brought in to your clinic one fine day, By her mother who did happen to say,

Her child had been inserting pins,

Into all her four limbs.

Upon seeing her Xrays you were rather surprised, To find the common pins she'd inserted inside. She had had quite a few surgeries as well,

To remove the foreign objects which had made her arms swell. Self embedding behaviour is what you knew she had had, And once she felt better, her family was obviously glad.

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

Ranging from meningoencephalitis to neurosaroidosis. It is important therefore to have a sharp mind,

To pick the clues and form a diagnosis in time.

For it is then that you can lend your patients a helping hand, Which is a feeling that is truly grand.