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Regd.No. 623/2009-10

निर्मल व्यसनमुक्ती केंद्र, मिरज.

दारू तंबाखू, सिगरेट, गुटखा, मिश्री व्यसनमुक्तीसाठी उपचार

पेशंटला नातेवाईकांशिवाय ॲडमिट करण्याची सोय.

ನಿರ್ಮಲ ವ್ಯಸನಮುಕ್ತಿ ಕೇಂದ್ರ, ಮಿರಜ.

ದಾರು ತಂಬಾಕು, ಗುಟಖಾ, ಸಿಗರೆಟ, ವ್ಯಸನಮುಕ್ತಿ ಸಲುವಾಗಿ ಗುಳಿಗೆಗಳು ಉಪಲಬ್ಧ

ಸಂಬಂಧಿಕರಿಲ್ಲದೆ ಪೇಶಂಟ ದಾಖಲಿಸಿಕೊಳ್ಳುವ ವ್ಯವಸ್ಥೆ

निर्मल व्यसनमुक्ती केंद्र,स्टेशन रोड, मिरज. **Mo. 099 22 64 65 66, (0233) 2226050.**

उपलब्ध सुविधा

- **मनोविकार**- चिंतारोग, नैराश्य, उदासिनता, भयगंड, छिन्न मानस, उन्माद, मंत्रचाळेपणा इ.
- **व्यसनमुक्ती**-दारू, तंबाखू, सिगरेट, गुटखा, मावा इ. • **जुनाट डोकेदुखी** • **मिरगी फिट्स**
- **लैंगिक समस्या (सेक्स)**-स्वप्नदोष, हस्तमैथुन, नपुंसकत्व,शीघ्रपतन, अशक्तपणा, इ.
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- **स्मृतिभ्रंश** - वृध्दांचा विसरभोळेपणा इ. • **बुध्यांक व स्मृती परिक्षण**(IQ Test)
- **मेंदू आलेख परिक्षण**(EEG) • **तणावमुक्ती कार्यशाळा**(Stress Management),
- **संमोहन उपचार**(हिप्नॉटिझम) • **बुध्दी चिकित्सा व मार्गदर्शन**

ಸೌಲಭ್ಯಗಳು

- ಮನೋವಿಕಾರ • ಚಿಂತಾರೋಗ • ಉದಾಸಿನತೆ • ಚಿಕ್ಕಮಕ್ಕಳ ಸಮಸ್ಯೆ ಉಪಚಾರ • ಬುದ್ಧಿಮಾಂದ್ಯತೆ
- ತಲೆ ನೋವ್ರ • ಆತಿ ಚಂಚಲತೆ • ನಿದ್ರೆಯಲ್ಲಿ ಮೂತ್ರವಿಸರ್ಜನ • ವ್ಯಸನಮುಕ್ತಿ • ಲೈಂಗಿಕ ಸಮಸ್ಯೆ
- ಫಿಟ್ಸ್ • ಮೆದುಳಿನ ಬುದ್ಧಿಮತ್ತೆ ಪರಿಕ್ಷಾ ಕೆಂದ್ರ • ಸಂಮೋಹನ ಉಪಚಾರ ಸೆರಿದಂತೆ ಹಲವ್ರ ಸೌಲಭ್ಯ ಉಪಲಬ್ಧ.

ನಿರ್ಮಲ ವ್ಯಸನಮುಕ್ತಿ ಕೆಂದ್ರ

ಎಂ. ಬಿ. ಬಿ. ಎಸ್., ಡಿ.ಪಿ.ಎಂ. ಮಾನಸಿಕ ತಜ್ಞರಿಂದ ಚಿಕಿತ್ಸೆ

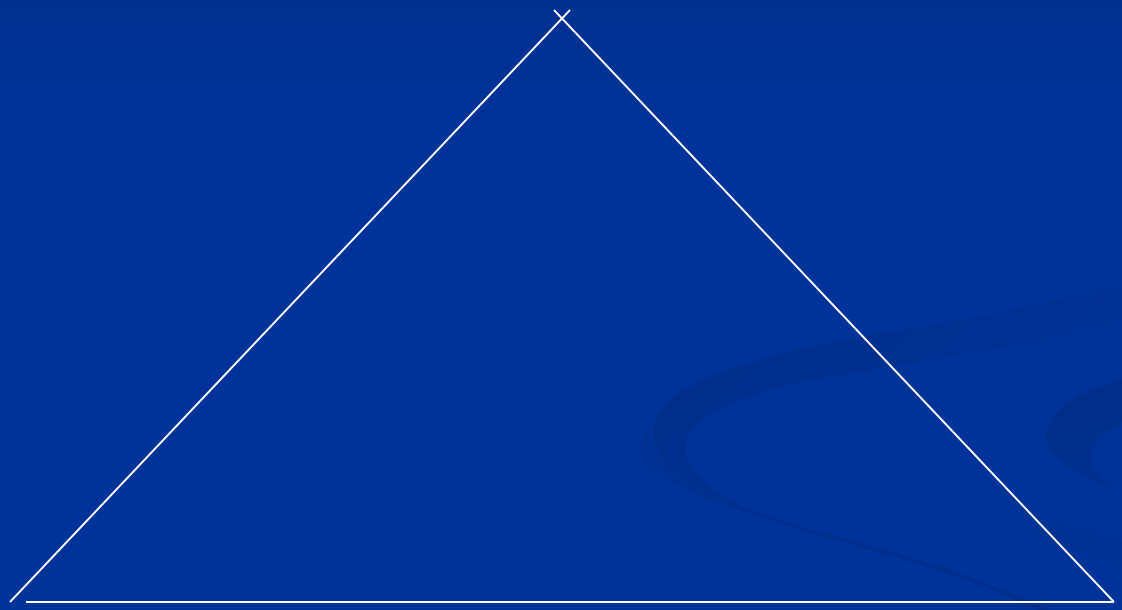
ಪುಜಾರಿ ಹಾಸ್ಪಿಟಲ್ ಹತ್ತರ, ಸ್ಟೇಶನ್ ರೋಡ್, ಮಿರಜ.

ಫೋನ : 0233-2225060, 2226050 ಮೋ. 09922646566

ಓ.ಪಿ.ಡಿ. ಪ್ರತಿ ಶನಿವಾರ ಮತ್ತು ರವಿವಾರ ಬಂದ ಇರುತ್ತದೆ.

राष्ट्रपिता महात्मा गांधी राज्यस्तरीय व्यसनमुक्ती सेवा पुरस्कार २०१४

COGNITION (Thought)



Conation
(Action)

Affect(Emotions)

Classification of Psychiatric Illness

A. Disorders During Infancy, Childhood or Adolescence

1. Mental Retardation, Learning disorders, Motor skill disorders. Communication disorders, Pervasive development disorders, ADHD, Tic disorders, Elimination disorder, Selective Mutism, Separation anxiety disorder.

B. Delirium, Dementia and Amnestic and other cognitive disorders.

C. Mental disorder due to General Medical Condition.

D. Substance related disorder.

E. Schizophrenia and Other Psychotic disorders:

F. Mood disorder: Depressive disorder and Bipolar disorder.

G.Anxiety Disorder: GAD, Phobia, OCD, PTSD.

H.Somatoform disorder: Somatization , Conversion, Hypochondriasis, Pain Disorder, Body Dysmorphic disorder.

- **I. Factitious disorder** (Munchausen Syndrome)
- **J. Dissociative disorder** - Dissociative amnesia/ Fugue/Identity disorder/Depersonalization disorder.
- **K. Sexual and Gender Identity Disorder**.
- **L. Eating disorder**: Anorexia Nervosa, Bulimia Nervosa.
- **M. Sleep Disorders**.
- **N. Impulse Control Disorders :** Kleptomania, Pyromania, Trichotillomania Etc.
- **O. Adjustment disorder:**
- **P. Personality disorders**

1. Paranoid, Schizoid, Schizotypal.
2. Histrionic, Borderline, ASPD, Narcisistic.
3. Dependant, Avoidant, OCPD.

ANXIETY DISORDERS

- Two components-

- Awareness of the Physiological sensations Eg. Palpitation, sweating.
- Awareness of being nervous or frightened.

ANXIETY DISORDER

Classification:

- Panic disorder
- Specific phobia
- Social phobia
- Obsessive compulsive disorder.
- Somatoform Disorders- Somatization disorder, Conversion disorder, Hypochondriasis,Pain Disorder,Body dysmorphic disorder
- Acut stress disorder.
- Post traumatic stress disorder
- Generalised Anxiety disorder
- Anxiety disorder due to a general medical condition.
- Substance induced anxiety disorder
- Anxiety disorder NOS

MOOD DISORDER

- Major depressive disorder
- Bipolar mood disorder- MANIA

Epidemiology

One in four people meet at least one anxiety disorder.

- Lifetime Prevalance in men 19.2 %
- Lifetime Prevalance in Women 30.5%

ETIOLOGY

Exact Etiology is not known.

- Theories:
  1. Biological Theory
  2. Genetic Theory
  3. Psychosocial Theory.

Etiology contd….

- **Psychoanalytical Theory:**

  Defines anxiety as a signal of the presence of danger in the unconscious.

Biological Factors: Fluctuation in neurotransmiters level like serotonin,norepinephrine, GABA etc.

Genetic Factors:At least some genetic component responsible for anxiety disorders.

- **Major Depressive Episode**

  Five (or more) of the following symptoms have been present during the same 2 week period.
- Depressed mood most of the day, nearly every day,
- Markedly diminished interest or pleasure in all, or almost all, activities most of the day,
- Significant weight loss or weight gain (e.g. a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day.

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- Insomnia or hypersomnia nearly every day
- Psychomotor agitation or retardation nearly every day
- Fatigue or loss of energy nearly every day
- Feelings of worthlessness or excessive or inappropriate guilt nearly every day,hopelessness or helplessness
- Recurrent thoughts of death, recurrent suicidal ideation plan, or a suicide attempt

Panic Attack

- It is a syndrome or reproducible cluster of symptoms that can occur in several different anxiety disorders.
- Main features- At least four of the following symptoms within 10 min.
- 1. Palpitation, or accelerated heart rate.
- 2.Sweating,
- 3. Shaking/Trembling
- 4.Sense of shortness of breath or smothering.
- 5. Feeling of chocking.
- 6.Chest pain or discomfort
- 7. Nausea or abdominal distress
- 8. Feeling dizzy, unsteady, lightheaded or faint
- 9. Derealization (feelings of unreality) or depersonalization (being detached from oneself
- 10. Fear of losing control or going crazy
- 11. Fear of Dying
- 12. Paresthesias (numbness or tingling sensations)
- 13. Chills or hot flushes

Peripheral manifestation of anxiety

- Diarrhoea
- dizziness,
- Hyperhydrosis
- Restlessness
- hypertension,
- Syncope
- Tachycardia
- Tingling in exremities
- Tremors
- Upset stomach
- Urinary frequency,urgency

Panic disorder with agoraphobia

- Recurrent unexpected panic attacks for at least 1 month.
- Anxiety about being in places or situations from which escape might be difficult.
- Eg. Traveling, standing in a line, being in a crowd etc.

PHOBIA

- Phobia refers to an excessive fear of specific object,circumstance or situation.

SPECIFIC PHOIBIA

- Acrophobia- Fear of heights
- Agoraphobia-Fear of open places
- Ailurophobia-Fear of cats
- Hydrophobia-Fear of water
- Claustrophobia-fear of closed spaces
- Cynophobia-fear of dogs
- Mysophobia-fear of dirt and germs
- Pyrophobia-fear of fire
- Xenophobia-fear of strangers
- Zoophobia-fear of animals

Obsessive compulsive disorder (OCD)

- **Obsessions** - Recurrent and persistent thoughts,impulses or images that are experienced.
- Contamination
- Pathological doubt
- Need for symmetry
- Sexual
- **Compulsions** - Repeated behavior/Act
- Washing
- Counting
- Need to ask
- Symmetry
- Multiple comparisons

Hypochondriasis

- It is defined as a persons preoccupation with the fear of having or the idea that one has a serious disease based on the persons misinterpretation of bodily symptoms.

- this fear or belief arises when a person misinterprets bodily symptoms or functions.

PAIN DISORDER- DSM IV TR

- A.Pain in one or more anatomical sites is the predominant focus of the clinical presentation and is of sufficient severity to warrant clinical attention.

- B. the pain causes clinically significant distress or impairment in social, occupational or other important areas of functioning.

- C. Psychological factors are judged to have an important role in the onset, severity, exacerbation or maintenance of the pai

BODY DYSMORPHIC DISORDER DSM IV TR CRITERIA

- A. **Preoccupation with an imagined defect in appearance. If a slight physical anomaly is present, the person's concern is markedly excessive.**

- **B. The preoccupation causes clinically significant distress or impairment in social, occupational or other important area of functioning.**

CONVERSION DISORDER(Hysterical conversion reaction)

- A. One or more symptoms or deficits affecting voluntary motor or sensory function that suggest a neurological or other general medical condition.
- .
- B. The symptoms are not intentionally produced
- C. After appropriate investigations each of the symptoms in criteria B can not be explained by a known GMC or direct effect of substance use

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- D.Type of symptom or deficit:
- With motor symptom or deficit(e.g., impaired coordination or balance, paralysis or localized weakness, difficulty swallowing or lump in throat, aphonia and urinary retention.)
- With sensory symptom or deficit: (e.g., loss of touch or pain sensation,double vision,blindness, deafness and hallucinations.
- With Seizures or Convulsions: includes seizures or convulsions with voluntary motor or sensory components.
- With Mixed Presentation: If symptoms of more than one category are evident.

SOMATIZATION DISORDER DSM IV TR CRITERIA

1 .**Four Pain symptoms: Pain related to at least**

Four different sites or functions.(e.g.,head, abdomen,back, joint, exremities,chest,rectum,during menstruation,during sexual intercourse or during urination)

2.Two gastrointestinal symptoms: h/o at least two gastrointestinal symptom other than pain (e.g., nausea, bloating, vomiting other than during pregnancy, diarrhea or intolerance of several different foods.)

3.One sexual symptom: : H/O at leastone sexual or reprodutive symptom other than pain(e.g.,sexual indifference, erectile or ejaculatory dysfunction,irregular menses, excessive menstrual bleeding, vomiting throughout pregnancy).

4.One pseudoneurological symptom: h/o conversion syptoms such as impaired co ordination or balance, paralysis or localized weakness, difficulty in swallowing or lump in throat, aphonia, urinary retention, hallucinations, loss of touch or pain sensations,double vision,blindness or deafness, seizures; dissociative symptoms such as amnesia or loss of consciousness other than fainting.)

POSTTRAUMATIC STRESS DISORDER

- The person has been exposed to traumatic event. The person experienced, witnessed or was confronted with an event that involved actual or threatened death or serious injury.

- Recurrent and intrusive distressing recollection of the event incuding images ,thoughts or perceptions.

- Recurrent dreams of the event

Case Study

- 30 yrs old Sunita lost her husband in an accident . After around 20 days she started having sadness of mood, lack of interest in reading newspapers and watching movie. She also started having disturbed sleep and appetite. She lost her confidence of doing job. She would express suicidal ideations in front of her friend. Occasionally she would exhibit crying spells.
- These symptoms are since 1 month.
- Diagnosis?
- **MAJOR DEPRESSIVE DISORDER**

Case Study

- 26 year old Ganesh doing job in a school came alone to me for evaluation wheather he is **having HIV or not.**
- ON history- he had a exposure with sex worker 3 months back.He had **done all investigations** like tri dot ,Elisa which were negative. He was with reports from different pathologists. But still he was **preoccupied with thought as having AIDS**.
- He asked about window period . on my explaination he decided to wait for three more months.
- After completion of window period he came to me for **repeating invstigation** which were normal.He collected data from website and asked for western blot technique which was negative.
- But his **preoccupation of having HIV persisted for 4 months**. After that patient took treatment . improved 80%.
- Diagnosis?
- **HYPOCHONDRIASIS**

CASE STUDY-

- 35 YRS old female Puja married since 10 years who had **interpersonal stressors** with in laws brought by husband in casualty at sion hospital with chief complaints of **pain in abdomen on and off since 4 years**.

- Pain was around the umbilical region,colicky in nature. Patient was tossing in bed. Pt was irritable. Patient was initially evaluated by Surgery lecturer at sion.Patient was given analgesics. But **no significant improvementnt**. She had **history of multiple visits in casualty and admissions in Surgery department.**

- USG, colonoscopy, Upper GI scopy did not reveal any significant abnormality. **All investigations were normal**.

- So at last patient was referred to Psychiatry department

- DIAGNOSIS ?
- **PAIN DISORDER**

CASE STUDY

23 yrs old Suman who was referred to me by the cosmetic surgeon for evaluation. **She was concerned about her appearance**

3 yrs back once she was looking in the mirror while combing her hair & notice that her **nose was slightly crooked**. She examined it closely from several angles & became convinced that it was abnormal.

After that she started asking everybody at home ,to friends about her appearance of nose. Everybody said – it looks fine to her but **suman was not reassured.**

Suman continued to be concerned about her nose. She **became so self conscious about her nose** that she often held her hands up to cover it when she spoke with people.

Since 6 months, she **began to investigate the possibility to plastic** surgery to straighten her nose. Plastic surgeon also said- it looks fine to her .**In spite of this – she was asking for cosmetic surgery**. So she was referred to me

.

Diagnosis ?

BODY DYSMOR PHIC DISORDER

CASE STUDY

- 21 years old engineer Sachin B.E. Eng student who came to me with chief complaints of nervousness. He said that he was going through the motions and want to lead normal life and go back to college.

  When he entered college, he formed several close friendships but became super self conscious when speaking to strangers, classmates and sometimes with friends. He would feels nervous and had difficulty in speaking.

  He began to turn down invitations to parties and to withdraw from social activities.
- He decided to do job in post office where he does not require to deal with people.
- Diagnosis?
- **SOCIAL PHOBIA**

Case study

- Working in a bank as clerk Sangeeta 31 years old who was admitted with physician for **persistent nausea and vomitting** referred to me for evaluation

- She has a long history of multiple medical complaints with **multiple emergency and outpatient** visits with admissions over the last 5 years.

- Initially 5 years back she started complaining of **irregular and painful menstrual cycles** she was evaluated by gynecologists but no obvious cause was found. she continued to have problems with menstruation till date , after 2 years she started complaining **of Headache with difficulty in swallowing** with **blurred vision**. She was evaluated by Neurologist but no obvious cause was found she took treatment for 1 year but no imrovement.
- After 1 year she started complaining **of acut abdominal pain with vomitting** evaluted by surgeon but no significant imrovement.
- Since 2 years she is complaining of **pain in her joints, extremities, chronic cliarrhoea, loss of libido.**

- These symptoms were increased since last 1 year. At last she quit her job for seeking appropriate treatment.
- Diagnosis?
- **SOMATIZATION DISORDER**

CASE STUDY

Sujata 37 F was admitted in medicine dept. at Sion Hosp.for malnutrition. After 2 wks treatment she was ref to psychiatric evaluation.

On history she had repeated thoughts about cleanliness related to food items.It was difficult to have food unless it had been washed by her 4-5 times. She claimed after washing foods she would feel relax.After 3 months she started eating less inspite of washing repeatedly.

DIAGNOSIS?

OBSESSIVE COMPULSIVE DISORDER

CASE STUDY

Deepak while driving a car met an accident. He was trapped in a car for 3 hours while rescue workers cut the door of the car. After 2 days he started having recurrent intrusive thoughts about accident including nightmares of the event. He claimed he has changed his driving route. He also started having lack of concentration and increased focus on driving.

DIAGNOSIS?

POSTTRAUMATIC STRESS DISORDER

केस नं. — १

- सुनिता या ३० वर्षाच्या महिलेच्या नवऱ्याचा २० दिवसापूर्वी ॲक्सिडेंट मध्ये मृत्यू झाला . तिच्यामध्ये पुढील प्रकारची लक्षणे दिसुन आली.

१ वाचनाची किंवा **T.V.** बघण्यातील रस कमी होणे.

२ दैनंदिन कामामधील इच्छा कमी होणे .

३ झोप व जेवण कमी होणे .

४ आत्महत्येचा विचार येऊ लागणे .

५ रडत बसू लागली .

असे जवळ जवळ १ महिन्यापासून होत होते.

निदान :— डिप्रेशन (**Depression**)

केस नं : 2

- २६ वर्षीय वयाचा गणेश जो शाळेमध्ये काम करीत होता . तो डॉक्टरांना भेटण्यासाठी आला होता हे विचारण्यासाठी की, मला **H.I.V.** आहे किंवा नाही.

  विस्तारीत माहिती अशी, ३ महिन्यापूर्वी वरील पेशंटचे एका **AIDS** ग्रस्त महिलेशी शारीरिक संबंध आले होते. त्यानंतर त्याने आवश्यक त्या सर्व चाचणी केल्या.

  उदा. **H.I.V.** च्या ज्या चाचण्या **Negetive** होत्या त्याने बऱ्याच लॅब मधून करून घेतल्या होत्या , त्या **Normal** होत्या. तरी सुध्दा त्याला त्याच्या मनात **AIDS** बद्दल प्रचंड भिती होती. ज्यावेळी त्याला **Window Period** बद्दल सांगण्यात आले तेव्हा त्याने ३ महिने थांबण्याचा निर्णय घेतला.

  ३ महिन्या नंतर जेव्हा त्याच्या सर्व चाचण्या परत करण्यात आल्या तेव्हा त्या सर्व चाचण्या **Normal** होत्या. तरी सुध्दा पेशंटच्या मनात **H.I.V.** बद्दल शंका होती.

निदान : **Hypochondriasis**

केस नं ः 3

- ३५ वर्षीय असलेली पुजा, तिच्या लग्नाला आज १० वर्ष पूर्ण झालेत आणि तिचे तिच्या सासरच्या लोकांशी तिचे असलेले संबंध फारसे चांगले नाहीत.

सध्याची लक्षणे ः

१ पोट दुखी - **Seen 4 Years On and off .**

वेदना हया ओटीपोटामधून कमरेकडे जायच्या, सतत अंथरूणात झोपून राहत होती , वेदना शामक औषधांनी सुध्दा कोणताही आराम मिळाला नाही. सोनोग्राफी, एंडोस्कोपी चे रिपोर्ट **Normal** होते.

निदान :— **Pain disorder .**

केस नं : 4

- २३ वर्षीय वयाची सुमन कॉस्मेटिक सर्जन कडून पाठविण्यात आली होती.

  तक्रार :— ३ वर्षापूर्वी जेव्हा ती आरश्यासमोर उभी राहून केस विंचरत होती, तेव्हा तिला असे जाणवले की, तिचे नाक उजव्या बाजूला वाकडे झाले आहे. तासन्तास निरीक्षण करून तिला पक्के असे जाणवले की, तिचे नाक हे वाकडेच आहे. त्यानंतर तिने कुटूंबातील प्रत्येक सदस्यांना, मित्रांना तिच्या नाकाबद्दल विचारण्यास सुरूवात केली. प्रत्येकाचे उत्तर हे **Normal** होते, तरी पण तिच्या मनाची खात्री होत नव्हती. तिच्यामध्ये इतका न्युनगंड वाढला की, लोकांशी बोलताना सुध्दा ती स्वत:चे नाक झाकून घेई. शेवटी **Psychiatrist** कडे पाठवले तेव्हा ती उपचारांने चांगली झाली.

- निदान : **Body Dysmorphic Disorder**

केस नं : 5

- २१ वर्षाच्या वयाचा सचिन हा एक इंजनिअरींगचा विद्यार्थी आहे. त्याला कॉलेजला गेल्यावर उदास वाटू लागले .
- आत्मविश्वासाचा आभाव .
- लोकांशी बोलत असताना छातीत धडधडणे .
- श्वसनास त्रास होणे व पोटामध्ये गोळा येणे .
- यामुळे त्याच्या कार्यक्षमतेवर परिणाम झाला . लोकांशी संपर्क टाळू लागला व त्याचा परिणाम त्याच्या शैक्षणिक जीवनावर होऊ लागला.
- त्याने कार्यक्रम / समारंभात जाण्याचे बंद केले. शेवटी पोस्ट ऑफिसमध्ये काम बघितले.
- निदान :— **Social Phobia**

केस नं : 6

- ३७ वर्षाची सुजाता ही कुपोषणासाठी ॲडमिट असुन २ आठवडे इलाजा नंतर तिला मनोसोपचार केंद्रामध्ये स्थलांतर करण्यात आले.
- विस्तारीत माहिती अशी की, पेशंट नेहमी अति स्वच्छता करीत असे, जेवताना सुध्दा खूप काळजी घेत असे, तसेच खादय पदार्थ ती वारंवार धुत असे . शेवटी धुण्याच्या वैतागाने पेशंटने जेवण कमी केले. दुसऱ्याने दिलेले खादय ती खात नसे. ती स्वतः चार पाच वेळा हात धुतल्या नंतरच खात असे
- निदान :— मंत्र चाळेपणा (**O.C.D.**)

केस नं : 7

- ३१ वर्षाची संगीता जी एका बॅकेत क्लार्क असून तिची प्रमुख तक्रार गेल्या ५ वर्षापासून उलटी व मळमळणे आहे . सुरवातीला अव्यवस्थित मासिक पाळी साठी तीने स्त्री रोग तज्ञाची मदत घेतली होती . त्यांनतर तिला डोके दुखी, गिळण्याचा त्रास सुरू झाला. सर्व तपासण्या हया नॉर्मल होत्या . त्या नंतर एक वर्षांनी पोटदुखी व उलटीचे त्रास सुरू झाले तसेच तिला सांधेदुखी व अंगदुखीचा त्रास सुरू झाला . कधी-कधी जुलाबाचा त्रास सुरू झाला, तर कधी-कधी चक्कर येणे, डोळयांना अंधूक दिसणे हा त्रास सुरू झाला .
- निदान :— **Somatisation Disorder**

केस नं : 8

- ३५ वर्षाचा दिपक याच्या कारचा एकदा गंभीर अपघात झाला, त्या अपघातामध्ये तो ३ तास त्या गाडीमध्ये अडकून पडला होता. त्या नंतर २ तासांनी त्याला भिती वाटू लागली , स्वप्ने पडू लागली , आत्मविश्वास कमी जाणवू लागला. गाडी चालवत असताना सुध्दा भिती वाटू लागली , म्हणून तो दुसऱ्या रस्त्याने गेला.
- निदान :– **Post traumatic stress disorder**

MANAGEMENT

- Investigations-

- Treatment

माहीती घेणे

मानसिक चाचणी

- अल्कोहोल व मानसिक पेशंटची मानसिक चाचणी केली जाते .
- **Rorschach test, EPQR, NSQ, MMPI,**
- **IQ Test- BkT/Bhatia Battery/GSB/SPM**

DRUG

Tertiary tricyclic drugs

Amitriptyline -150-300 mg/day

Clomipramine 100 mg/day

Doxepin 150-300

Imipramine 150-300

Secondary tricyclic drugs

Desipramine-150-300 mg/day

Nortriptyline 50-150 mg/day

Tetracyclic drugs

Amoxapine 150-300 mg/day

Other Antidepressants-

Mirtazapine 7.5 -30 mg/day

Venlafaxine- 37.5-150 mg/day

Benzodiazepins- Clonazepam,
Alprazolam,
Diazepam,
Lorazepam

Selective serotonin reuptake inhibitors

- Fluoxetine- 20-80 mg/day
- Escitalopram- 5,10,20 mg/day
- Citalopram-20-40 mg/day
- Sertraline-50-200 mg/day
- Fluvoxamine-50 -300 mg/day
- Paroxetine-10,20,25 mg, max upto 50 mg/day

TREATMENT

- MDD-Any TCA or SSRI 6-8 wks
- IF Severe MDD with active suicidal ideation- ECT
- Phobia/Panic disorder- SSRI
- Pain /Somatization disorder-TCA,or Duloxetine
- Obsessive Compulsive disorder- SSRI Sertraline,Fluvoxamine
- Generalised anxiety disorder- TCA or SSRI

समुपदेशन

- पेंशट व नातेवाईक यांचे समुपदेशन केले जाते .

नातेवाईकांचे समुपदेशन (Family Therapy)

- नातेवाईकांची मिटींग घेऊन त्यानांही उपचाराबद्दल दारूचे दुष्परिणाम तसेच मानसिक आजार म्हणजे काय यावरती माहीती सांगितली जाते .

- **PSYCHOTHERAPY**

  - Indivisual
  - Group
  - Family
  - Cognitive Behavior therapy- Gradual desensitization

- **HYPNOTHERAPY**

योगा उपचार /संमोहन

धन्यवाद !

THANK YOU