

National Conference on ‘Online Interests, Offline Consequences: Navigating Complex Sexualities in Digital Contexts’

KEM Hospital Research Centre (KEMHRC) is a sister concern of the KEM Hospital, Pune, and has been functioning since over 30 years. KEMHRC has taken up an active step for primary prevention of Child Sexual Abuse and the use of Child Sexual Abuse Material.

The Program for Primary Prevention of Sexual Violence (PPPSV) project undertaken by KEMHRC Pune organised a national conference at Hotel Lemontree, Pune on the topic ‘Online Interests, Offline Consequences: Navigating Complex Sexualities in Digital Contexts’. On 5th October 2019. The conference was supported by Bayer India through their Corporate Social Engagement activities.

Several experts from different fields - Dr. T. S. S. Rao, Dr. Mrugesh Vaishnav, Dr. Harish Shetty, Dr. Nitin Anand, Rohit Srivastwa, N. S. Nappinai, Sonali Patankar, Dr. Sumit Narula, and Prof. Dr. Klaus M. Beier presented on different topics related to the themes of the conference.

Conference goals

To identify different aspects that influence online dissexual behavior.

To discuss prospective strategies to reduce online dissexual behaviour.

To discuss the challenges and possible solutions in implementation of treatment strategies.

What’s Inside?

National Conference on ‘Online Interests, Offline Consequences: Navigating Complex Sexualities in Digital Contexts.’

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The 7th Annual Quizfest

Health Talk on Cancer Awareness



In a message sent to the PPPSV team, Devendra Fadnavis, the honourable Chief Minister of Maharashtra said, “I am glad to note that approaches such as PPPSV team of experts are working towards creating an acceptable solution to prevent sexual violence against children by highlighting prevention as an approach. This program undertaken by KEMHRC to provide psychological and medical treatment to people with pedophilia and help them refrain from acting out is very much needed”.



Speaking on the occasion, Dr. Laila Garda, Director of KEM Hospital Research Centre, Pune said “Primary Prevention approach is a means to prevent the incident before it happens.

This approach brings to fore strategies that utilize knowledge about typologies of potential offenders as well as potential victims that influence sexual offense situations before they occur. This major task is divided into three scopes - Research on child sexual abuse in India, Primary prevention of child sexual abuse through treatment and Primary prevention of sexual violence against women through deterrence. In this context, self-identified, motivated and non-offending people with pedophilia will be treated which will help them to control their urges and thereby reduce sexual offences against children.

Since its inception, this is one of its first kind and novel project, PPSV, had struggled to survive and exist in India – a country dominated by a culture of silence regarding sexuality. However, over the years it received great appreciation and admiration from people all over the country”.

Prof. Dr. Klaus M. Beier, Director of Institute of Sexology and Sexual Medicine, Charité, Berlin elaborated about the treatment plan, “The goal of PPSV is to develop approaches for primary prevention of sexual violence in India via the route of medical science and technology. Charité – Universitätsmedizin Berlin looks back on a 300 years history of excellence in world-class medicine. In 2005, the Institute of Sexology and Sexual Medicine at Charité started the "Prevention Project Dunkelfeld" which has now developed into a nationwide network of outpatient clinics providing treatment for self-identifying, help-seeking and non-offending people with pedophilia and hebephilia outside of the legal system. It aims to help these men to

guarantee continuous sexual self-control to prevent child sexual abuse and the use of Child Sexual Abuse Material (otherwise known as child pornography)”.

The event concluded with a multidisciplinary panel discussion on ‘Online etiquette in the context of sexuality in the digital age’. The panellists include noted psychiatrist Dr. Harish Shetty, Sexologist & Psychotherapist Prof. Dr. Klaus Beier, digital forensic investigator Ms. Shweta Chawla, and Adv. Padmini Pathak. The discussion was moderated by Sr. Psychiatrist Dr. Vasudeo Paralikar. The discussion was majorly focused on etiquettes followed in digital contexts, upcoming challenges, impact on the changing fabric of the society, emerging use of pornography including CSAM and the control measures.

The conference was unique of its kind since many clinicians (including renowned psychiatrists in India), Psychologists, Lawyers, NGO professionals, Social Workers; crime branch representatives attended and appreciated it reiterating it as a burning issue.

By
KEM Hospital Research Centre,
Pune



Suicide is one of the leading causes of death globally. More than 8,00,000 people lose their lives to suicide annually and there are about 20 times more suicidal attempts that are not always drawn to the attention of caregivers. That roughly translates into 1 every minute. A completed suicide impacts the lives of the entire family, left behind.

It is important to understand the risk factors that might push a person towards this act of ultimate violence against self. These include personal, financial medical and psychiatric issues along with addiction and many others.

In order to prevent it we must know the warning signs. Wanting to die, looking / googling for ways to die, feeling low, depressed, or hopeless, planning for end of life like making a will, closing bank accounts and social isolation are some of the indicators that a person might be contemplating it.

Majority of suicides are preventable. We need to be sensitive towards the subject and the people who are going through a tough time. Efforts can be made at various levels. Population based approaches aim at reducing the availability of means like coal gas, firearms, pesticides etc. In a hospital setting that means reducing the availability of medications if the employee is at risk.

Educating and sensitising the caregivers is another important strategy. Offering

community based support in terms of groups, establishing a network for service users and helplines for people who feel suicidal are of benefit. Offering help and support to the relatives of completed suicides helps reduce their burden.

Particular attention needs to be paid to the groups that are at a high risk of suicide. Patients suffering from psychiatric problems like depression, OCD, schizophrenia, problems with addiction, elderly population, migrant population and doctors and nurses are at a high risk.

while trying to understand them. It never helps to be dismissive of other people's sufferings and playing down their problems. Try and talk to them, (talking about suicide does not increase the chances of it happening) understand their issues and help them. This may involve seeking help yourselves and an expert assessment of the need for medication if required.

Just remember suicide is preventable and it is our duty to support an individual going through a crisis.

A life touched is a life saved.

KEM[®] Hospital PUNE
Quality and ethics in patient care

WORLD MENTAL HEALTH DAY

10TH OCTOBER 2019

"Working Together to Prevent Suicide"

Suicides Are Preventable

One person dies by suicide every 40 seconds

Suicides and suicide attempts impact families, friends, colleagues, communities and society

Would you like to speak to a Psychiatry Consultant or a Psychologist?

Visit the OPD
Monday - Saturday,
9:00 a.m. - 12:00 p.m.

Call
020-2621-7460 / 7398
020-6603-7460 / 7398

For crisis support,
Please visit the
Emergency Department, KEMH

Call
020-2621-7305 / 7444
020-6603-7305 / 7444

Apart from the usual population, community and society based interventions; we all need to play a role in supporting an individual who is feeling suicidal. It is paramount that a suicidal person is to be treated with respect. They are not losers or a defeated bunch. They have just reached a stage in their life where they see no light at the end of the tunnel. We should all offer people hope

World Alzheimer's Day

World Alzheimer's Day is celebrated on 21st September of every month. KEM Hospital organized a public awareness program in accordance with this year's theme 'LET'S TALK' about dementia. The program was organized on 20th September at KEM Hospital Auditorium as a joint effort with the help of Departments of Neurology, Psychiatry and Psychology.

The program started with a talk on various types of dementias, delivered by the Head of Neurology Department Dr. Pradeep Divate. He elaborated how a patient with dementia gradually fails to do all his day to day activities due to forgetting things. He also emphasized that of all Dementias, Alzheimer's disease is the commonest and in this disease brain cells working on memory, personality, speech and various other domains start dying slowly.

Dr. Dhairyashil Saste, from Department of Neurology spoke about diagnosing Alzheimer's disease which requires memory assessment by various neurocognitive evaluation questionnaires

tests, brain imaging with magnetic resonance imaging technique and certain blood tests. He also mentioned that a newer functional brain MRI test can be used to diagnose various types of dementia. Finally, he said that treatment of dementia has very few drugs and more research is required in this field.

Alzheimer's dementia is not only a neurological disease but has various psychiatric features also. Dr. Niket Kasar from Department of Psychiatry elaborated in his talk that sometimes it's difficult to differentiate depression from dementia in early stages. But in late stages a demented person presents with various types of delusions and paranoid ideas. He emphasized the need for psychiatric treatment for such patients from the start of the disease till very advanced stages of dementia.

Ms. Taysir Moonim spoke about various psychological issues faced by relatives of demented patients. She explained that caregivers really need to be supported in various ways so that while caring for a person with dementia they can carry out



their other responsibilities in an efficient way.

The program was well attended and well appreciated by were relatives and patients who were present. All speakers explained this complex topic in Marathi which made it simple to understand for the attendees. At the end Dr. Dhairyashil Saste thanked all speakers, KEM Hospital administration, marketing team and people for their time and efforts which made this event successful.



Specific Learning Disability (SLD)

The central concept of learning disabilities involves disorders of learning and cognition that are intrinsic to the individual. SLD are specific in the sense that these disorders each significantly affect a relatively narrow range of academic and performance outcomes. They may occur in combination with other disabling conditions, but they are not due to primarily other conditions like intellectual disability, behavioral disturbance, lack of opportunities to learn or primary sensory deficits.

Nature And Causes

Hereditary: SLD can run in families. Children with learning disabilities are likely to have parents or other relatives with SLD.

Problems During Pregnancy And Birth: SLD can result from anomalies in the developing brain, illness or injury, fetal exposure to alcohol or drugs, low birth weight, oxygen deprivation or by premature or prolonged labour.

Accidents After Birth: SLD can also be caused by head injuries, malnutrition or exposure to toxic heavy metals or chemicals.

Incidence Rate

SLD affects about 15% of the general population, 6 to 8% of school age population

Features Of Learning Disabilities

- Slow reading rate
- Problems remembering mathematical facts and arithmetical operations
- Difficulty finding important points or main ideas
- Problems with understanding what is read, reasoning and abstract concepts
- Confusion of similar words, mathematical symbols or reversal of numbers and alphabets
- Poor note taking and outlining skill, with frequent spelling errors
- Difficulties beginning and continuing studies, poor organization and management of time
- Difficulty in remembering what is read
- Poor handwriting, slow writing rate
- Difficulty with sentence structure, poor grammar
- Difficulty following directions



Learning disabilities are often identified by paediatric psychiatrists, school psychologists, clinical psychologists and neuropsychologists through a combination of intelligence testing, classroom performance, social interaction and aptitude. Other areas of assessment may include perception, cognition, memory, attention and language abilities. The resulting information is used to determine whether a child's academic performance is commensurate with his/her cognitive ability.

Types Of Learning Disabilities

Dyslexia- trouble making connections between letters and sounds and with spelling and recognizing words

Dysgraphia- trouble in writing to an extent where a child tends to be tense and awkward when holding a pencil or a pen, even to the extent of contorting his or her body

Dyscalculia- Trouble understanding basic arithmetic concepts such as fractions, number lines and positive and negative numbers.

Dyspraxia- trouble with motor tasks such as hand-eye coordination that can interfere with learning. Such tasks include organizing one's things, making puzzles, assembling blocks, poor balance, etc.

Assessments

Many assessments are available to evaluate skills in primary academic domains: reading, including word recognition, fluency and comprehension, mathematics including computation and problem solving and written expression, including handwriting, spelling and composition.

IQ assessment is done as a part of learning disability testing, and only an IQ of 90 and above is eligible for LD testing. Also, if a child has any other disorders like ADHD, anxiety etc, they are preferably controlled well before testing to ensure that tests results are not falsely skewed due to impact of these issues. Most commonly used tests are Woodcock Johnson III (WJIII), Wechsler Individual Achievement Test (WIAT II), Wide Range Achievement Test III (WRAT III) and the Stanford achievement test. WRAT III is used at TDH centre, KEM Hospital. The purpose of assessment is to determine what is needed for intervention, which also requires consideration of contextual variables and whether there are comorbid disorders that must also be

identified and treated such as language delays or behavioral issues.

Management

SLD requires special education which uses alternative modalities of teaching, rather than regular chalk and board methods. There are also various provisions available in educational boards for children with SLD, depending on the severity of the problem. Technological advancement has also helped in the development of various different learning modalities for these individuals. A flexible approach to teaching and learning helps these individuals reach their maximum potential.

A specific learning disorder (SLD) is also often referred to as learning disability or as learning differences. SLD is a neurodevelopmental disorder that begins during school-age.

Learning disabilities refers to ongoing problems in a few main areas like reading, writing and math (calculation & problem solving), which are foundational to one's ability to learn.

Difficulties with these skills may cause problems in learning school subjects and impact everyday activities.

If you feel your child has learning difficulties, find out all you can about the Specific LD (SLD) of your child to understand the symptoms and strategies of support.

Children can be assessed and certified for appropriate accommodations during Board exams.



For assessments and support, please contact: Psychology Department | General Enquiry: 020 6603 7300
TDH Morris Centre for Rehabilitation and Child Development



LEARNING DISABILITIES AWARENESS MONTH 2019

I LEARN DIFFERENTLY
Not better, not worse



Metabolic Surgery for Type 2 Diabetes: Changing the Landscape of Diabetes Care

Type 2 diabetes mellitus (T2DM) has reached a pandemic level and is currently a significant challenge to health care systems worldwide. More than 60% of the world's population with diabetes comes from Asia and the incidence of T2DM in Asia is increasing more rapidly than in the rest of the world. Unlike in the West, where the older population is most affected, the burden of diabetes in Asian countries is disproportionately high in young to middle-aged adults.

The incidence of diabetic complications like microangiopathy (retinopathy, neuropathy, nephropathy) is alarmingly high in patients with early onset T2DM, especially in those with poor glycemic control. How to control this chronic and debilitating disease is currently a very important health issue in Asia. Unfortunately, current medical treatment has been relatively unsatisfactory as more than half of the patients cannot achieve the therapeutic goal. Thus those with poorly controlled T2DM develop complications such as blindness, limb amputation, end-stage renal disease, and cardiovascular accidents. It also carries a heavy burden of psychosocial and health-economic consequences. Recently, a potential cure for diabetes, bariatric surgery, has arisen in an unexpected way. Bariatric surgery, a weight reduction surgery, has been shown to be not only an effective treatment for severe obesity (body mass index [BMI] >35 kg/m²), but also to

result in marked improvement of T2DM control. In addition to weight loss, many mechanisms, including calorie restriction, improved β -cell function, improved insulin sensitivity, alterations in gut physiology, bile acid metabolism, and gut microbiota may contribute to T2DM control after metabolic surgery. Therefore, gastrointestinal metabolic surgery recently has been proposed as a new treatment modality for obesity related T2DM in patients with BMI <35 kg/m².

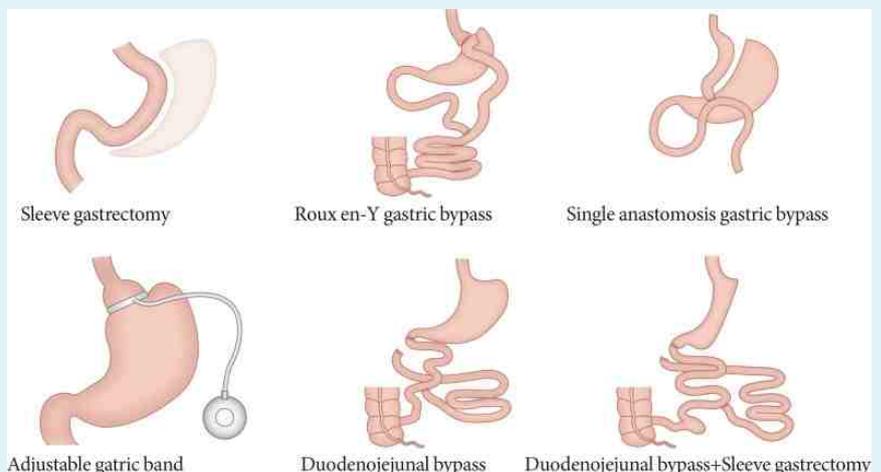
We have completed more than 500 bariatric and metabolic procedures in Pune till now with a good success rate and zero mortality. The high end optics for laparoscopy along with a well equipped ICU and an affordable package range makes KEM Hospital a most sought after Centre for

Bariatric and Metabolic Surgery.

With our constant efforts to serve our patients in a better way, we have protocolized our systems to treat our obese and diabetic patients taking into account each and every minute detail to make them comfortable during their stay in the Hospital. This protocol helped us to get International recognition by getting IEF (International Excellence Federation) Certificate and label us as a centre of Excellence for Bariatric and Metabolic Surgery.

Our team comprises of 2 surgeons (Dr Satish Pattanshetti and Dr Neeraj Rayate), a bariatric Anesthetist, Endoscopist, a full time dietician, Exercise science specialist, a Health psychologist and a Bariatric coordinator.

Different Metabolic procedures



Laparoscopic sleeve gastrectomy

LSG removes approximately 75% of the stomach from greater curvature side and leaves a long narrow gastric tube and antrum. This procedure not only restricts food intake but also increases both gastric emptying and intestinal transit time. Because of the relative simplicity, the result is good weight reduction and less long-term nutritional problems, LSG becomes the most commonly performed bariatric/metabolic surgery worldwide nowadays. The remission rate of T2DM (glycosylated hemoglobin <6.5% without antidiabetic medications) 1 year after LSG was 96.2%. The remission rate was higher in high BMI group but a trend of decreasing glycemic control with increasing follow-up duration was observed. The advantages of LSG were its efficacy, relative simplicity, less long-term malnutrition, less complications and avoidance of remnant gastric cancer. Laparoscopic Roux en-Y gastric bypass (LRYGB) 5-decades old LRYGB has become a time honored and gold standard procedure and is currently regarded as a standard bariatric/metabolic procedure.

Following the introduction of the laparoscopic era, LRYGB has accelerated the development both of bariatric and metabolic surgery. LRYGB isolates a small gastric pouch from the rest of the stomach. The ingested food in the small gastric pouch is then channeled into the distal part of small bowel via an anastomosis. Thus, the gastric bypass procedure (1) restricts the food and calorie intake, (2) bypasses the gut hormone rich duodenum and proximal

jejunum, and (3) expedites the undigested food to the distal intestine, stimulating glucagon-like peptide-1 (GLP-1) and peptide-YY (PYY) secretion, as well as altering the gut microbiota environment and bile acid metabolism. The drainage procedure is by either Roux-en-Y gastric bypass (RYGB) or a simplified loop bypass, single anastomosis (mini-) gastric bypass (SAGB).

Conclusion

The success of bariatric surgery in obese diabetic individuals (BMI >35 kg/m²) has led to a paradigm shift of metabolic surgery for the treatment of T2DM, including patients with a BMI <35 kg/m². Data from Asian studies supported the idea that metabolic surgery is a promising therapy for glycemic control in poorly controlled Asian T2DM patients with BMI >27.5 kg/m². The mechanisms of metabolic gastrointestinal surgery are thought to be dependent on the dramatic enterohormonal changes after physioanatomical re-arrangement of the gastrointestinal tract. Right selection of patients and metabolic surgery procedure is of paramount importance to achieve high T2DM remission and successful outcomes after surgery.

Testimonial

“ KEM Hospital is a good and affordable hospital located in the heart of the city. It has good staff and all staff members are very efficient and cooperative.

Thank you,

Mr. Dhanajay
Patient's relative

Memory Assessment Camp

On the occasion of World Alzheimer's Day, a free Dementia Screening Camp, was conducted by Dr. Niket Kasar (MBBS, DPM), Psychiatry Department of KEM Hospital on Friday, 27th September, 2019 to create awareness about Alzheimer's

disease. Psychologists Dr. Sailee Khare, Ms. Kalyani Ghodake, and Ms. Aishwarya Bhavne conducted the psychometric assessments. The camp received an extremely good response with enthusiastic clients.

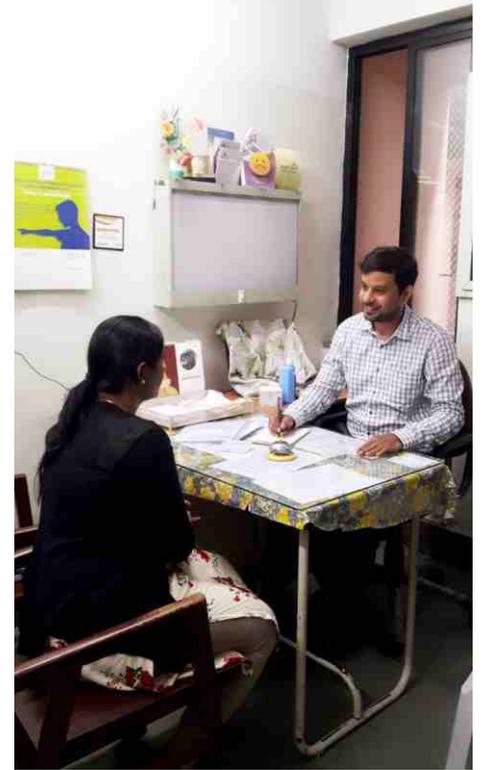
Why is it a need to screen people who complain of forgetfulness?

Worldwide, there is 1 new case of dementia diagnosed every 7 seconds and the number of people affected doubles every year. In India there are approximately 4 million dementia patients out of 44 million across the globe. This number is likely to double by 2030 and almost triple by 2050. It is a disease of concern and priority in India.

Actually, forgetfulness in dementia starts a bit early in the 4th and 5th decade of life. This is a key point to diagnose dementia and treat it as early as possible. One should be able to differentiate forgetfulness of normal aging, mild cognitive impairment (MCI) and dementia. There is a

definite correlation between MCI and Alzheimer's disease (AD). MCI is an early stage or precursor of Alzheimer's disease. The conversion of MCI to AD is about 12-17% compared to 1-7% for the normal elderly person. So it's a condition of increasing importance; characterisation and recognition of MCI can lead to earlier diagnosis of AD.

Memory loss/ forgetting recently learned information, difficulty in performing simple everyday tasks, problems with language, disorientation to time and place, poor or lost judgement, problems with abstract thinking, misplacing things, changes in mood and behaviour, change in personality, loss of initiatives or apathy.



Why is Early Diagnosis Important?

It improves cognition, activities of daily living, behavioural and psychological symptoms of dementia.

So screening is of immense importance. Cognitive screening is also important in people with a family history of dementia. Just like other medical or health screening, cognitive screening is important considering primary prevention.

"I am very thankful to KEM Hospital for novel initiatives and all support from marketing department.

Last but not least, I am very thankful to our enthusiastic teammates from the Psychology department, our OPD staff, esteemed seniors and colleagues. We are looking forward to conduct such cognitive screening camps on regular basis at KEM Psychiatry OPD", said Dr. Niket Kasar.



World Pharmacist's Day Celebration

On September 25th 2019, KEM Hospital celebrated World Pharmacist's Day, this year themed 'Safe and effective medicines for all'.

The annual day is used to highlight the value of the pharmacy profession to stakeholders and to celebrate pharmacy globally. It was originally adopted in 2009 at the World Congress of Pharmacy and Pharmaceutical Sciences.

The International Pharmaceutical Federation (FIP) announced this year's theme in March 2019, and said it aims to promote pharmacists' role in

safeguarding patient safety through improving medication use and reducing medication errors.

Pharmacists use their broad knowledge and unique expertise to ensure that people get the best from their medicines. They ensure access to medicines and their appropriate use, improve adherence, coordinate care transitions and so much more. In addition to safe handling and administration of medications, providing personalized and individualized care for patients is important to ensure that they're on the correct medication at the correct dose, and taking it when appropriate.



Eunice Kennedy Shriver was a philanthropist and founder of Special Olympics a sports organization for people with physical and intellectual disabilities. On occasion of Eunice Kennedy Day - KEM Hospital TDH and Morris Centre in collaboration with Indian Dental Association conducted a free Dental Health Checkup camp at ZHEP Remedial Learning Center on 24th and 25th of September 2019.

131 children having learning disabilities were examined by Dr Pratibha Pandit (Paediatric Dentist) and Dr Rajeshri Shelar (General Dentist). The camp was initiated and organized by

Dr Sudha Chaudhari
Consultant Paediatrician and
Dr Sana Khan from TDH
Rehabilitation and Morris Child
Development Centre.



Did You Know?

1942

Almost 22.5% of all registered births in Pune city took place at KEM Hospital, with an average of 1308 deliveries a year.

The 7th Annual Quizfest

The 7th Annual Quizfest for the doctors and other staff of KEM Hospital was organized on the 28th of September by the HR and Marketing departments, and the Renal Unit of the Hospital. Started in the centenary year as part of the Raising Day celebrations, it aims to provide a forum for the consultants, residents and others to showcase their knowledge of subjects other than medicine and have fun.

This year around 20 teams participated in the elimination round and the top four made it to the final. Based on a wide range of trivia as always the final round included a section of audio visual questions. Dr. Anand Alurkar made history this year by becoming the first participant to win the quiz for a second time.



Health Talk on Cancer Awareness

During October, the International Agency for Research on Cancer (IARC) will mark Breast Cancer Awareness Month. In 2018, there were an estimated 2.1 million new cases of breast cancer and 6,27,000 deaths from breast cancer worldwide.

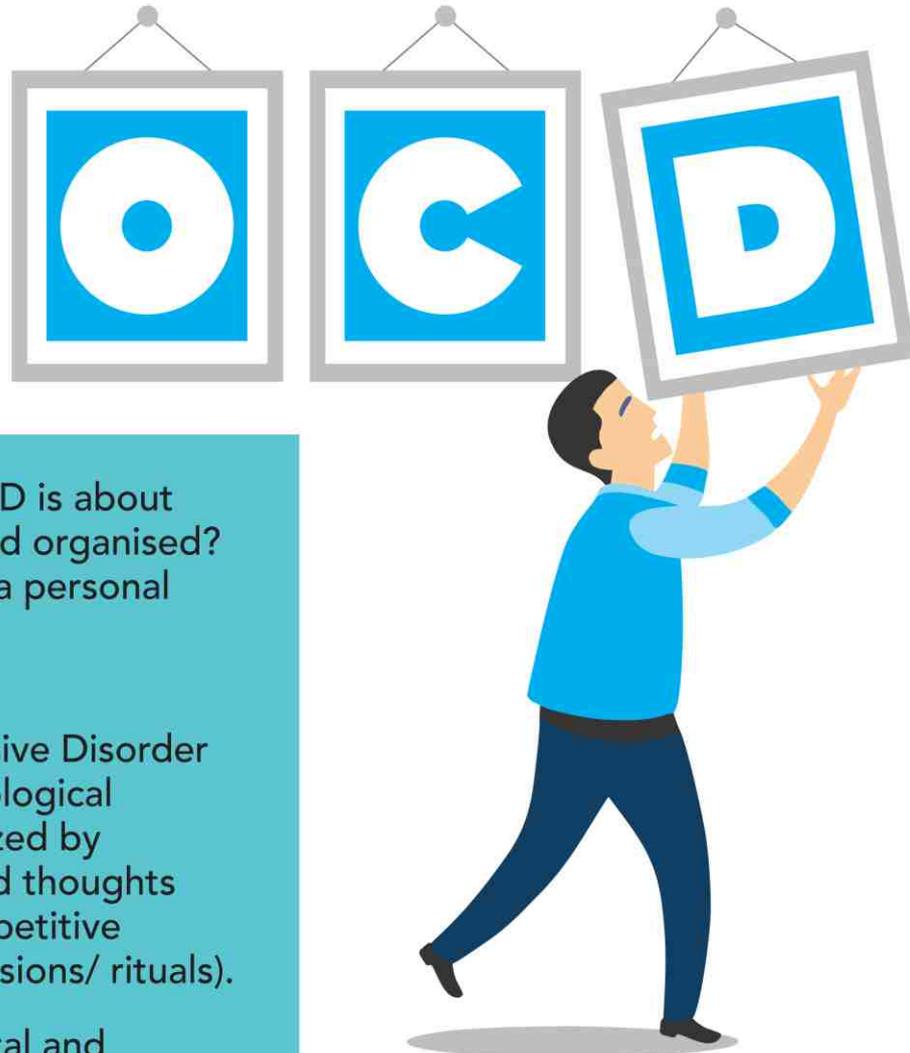
The Breast Cancer Awareness Month helps to increase attention and support for the awareness, early detection and treatment as well as palliative care of this disease. The majority of deaths occur because most women with

breast cancer are diagnosed in late stages due mainly to lack of awareness on early detection and barriers to health services.

To create awareness and contribute its bit, KEM Hospital conducted a health talk at Faurecia, a French global automotive supplier. Audience was addressed by Dr. Mahesh Pawar, Consultant Surgical Oncologist. He educated, discussed and answered concerns and queries of more than 50 employees of the organization.



Obsessive Compulsive Disorder (OCD) Awareness Week



Still think being OCD is about being clean, tidy and organised? Yet it's not a habit, a personal quality or a quirk. There's more to it!

Obsessive Compulsive Disorder (OCD) is a neurobiological disorder characterized by recurrent, unwanted thoughts (obsessions) and repetitive behaviours (compulsions/ rituals).

It disrupts the mental and physical daily life for the sufferer, which is why it is called a disorder.

Obsessions are driven by a lot of anxiety and distress that can include fear of harming oneself or others, losing control or moral failings.

Compulsions can include reassurance seeking, ruminating, checking, avoidance, or counting.

OCD is treatable

Effective treatment is available in the form of:

- Structured self help
- Exposure and Response Prevention
- Medication

Would you like to see a Psychiatry Consultant or a Psychologist?
For psychiatric evaluation, treatment and support, visit the OPD
☎ General Enquiry: 020 6603 7300

#OCDWeek #NotAQuirk #Hope&Recovery #FacingFears #OCDFacts

WORLD STROKE DAY



28TH OCTOBER 2019

**1 in 4 people might have a stroke.
DON'T BE THE ONE**

**Prevent stroke by addressing hypertension,
diet, smoking and exercise**



For inquiry, contact: 020-2621-7460 / 7398, 020-6603-7460 / 7398