MANAGEMENT OF PSYCHIATRIC EMERGENCIES-AN OVERVIEW

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ABSTRACT

An emergency is defined as an unforeseen combination of circumstances which calls for an immediate action. A medical emergency is defined as a medical condition which endangers life and cause of great suffering to the individual. A Psychiatric emergency is disturbance in thought, mood and or action which cause sudden distress to the individual or sudden disability, thus requiring immediate management.

Psychiatric patients, especially when excited or emotionally disturbed, often arose anxiety in the treating physicians as well as other patients in the casualty. So, it is necessary to have an emergency psychiatric room or psychiatric holding area near the casualty, where the patient can be interviewed and treated.

An ideal place for treating psychiatric emergencies is a separate Psychiatric intensive care unit (PICU) or Crisis care centre (CIC) attached to a psychiatric unit in general hospital or to a psychiatric hospital.

KEYWORDS:- *Psychatric Patients; Psychiatric emergency**;** anxiety; psychiatric unit**;** Crisis care centr; Psychiatric intensive care unit*

To study the psychiatric emergencies condition properly.

RESEARCH QUESTION

1. *What are the different types of psychiatric emergencies?*
2. *How to manage the psychiatric emergencies?*

AIMS & OBJECTIVE

1. *To study the psychiatric emergencies condition properly.*
2. *To gain a better understanding on different Psychiatric emergency conditions and their Management.*

MATERIALS & METHODS

- **Study Setting**: Literary search in Library & Internet search and survey reports.
- **Inclusion Criteria:** study is conducted on the psychiatric emergencies.
- **Exclusion Criteria:** Study contains only the brief overview of psychiatric emergencies.
- **Procedure:**
- Step-1-Search for literature available in Libraries and OPDs.
- Step-2- Search for more information on internet & survey reports.
- Step-3- Sharing with PG Faculty & PG Coordinators of medical colleges.
- Step-4- Review of literature
- Step-5- Drawing & compiling information
- Step-6- Discussion
- Step-7- Conclusion & Summary

INTRODUCTION

This literature review will explore the relevant literature on several key questions regarding psychiatry emergency. What are the reasons for emergency psychiatric patients? What kind of care is received while patients are emergency? Our review of the literature will explore this answer. I have to study different literature to get knowledge about this topic.

DISCUSSION

Types of Psychiatric Emergency

1. A new psychiatric disorder with an acute onset.
2. A chronic psychiatric disorder with a relapse

3. An organic psychiatric disorder.

4. An abnormal response to a stressful situation.

5. Iatrogenic Emergencies.

i) Side effects or toxicity of psychotropic medications.

ii) Psychiatric symptomatology as a side effect or toxicity of other medication.

6. Alcohol or drug dependence.

i) Withdrawal syndrome.

ii) Intoxication or over dose.

iii) Complication.

7. Deliberate harm to self or others.

Examination

Detailed psychiatric history (chief complaint, Recent life-changes, Level of adjustments, past history) should be taken first.

Detailed General physical and Neurological Examination is needed.

Mental status examination is also needed for proper diagnosis and proper management and it is very important.

COMMON PSYCHIATRIC EMERGENCIES

The list of possible psychiatric emergencies is long. A few psychiatric emergencies are listed below.

1) Suicide.

2) Stupor and Catatonic syndrome.

3) Excited Behavior and Violence

4) Other psychiatric Emergency.

SUICIDE

Suicide is the model of psychiatric emergencies and is also the commonest cause of death among the psychiatric patients.

Some common themes of suicide are

1) A crisis that causes intense suffering with feelings of hopelessness and helplessness.
2) Conflict between unbearable stress and survival.
3) Narrowing of the persons perceived options.

4) Wish to escape
5) Often a wish to punish significant others guilt.

Suicide is a type of deliberate self-harm and is defined human as a human act of self-intentioned and self-inflicted cessation (death).

An attempted suicide is an unsuccessful suicidal act with a nonfatal outcome. It is believed that 2-10% of all persons who attempt suicide, eventually complete suicide in the next 10 years.

A suicidal gesture, on the other hand is an attempted suicide where the person performing the action never intends to die by the act.

Epidemiology

Suicide is among the top 10 causes of death in India and most other countries. The official suicide rate in India in 2008 was 10.8/100000 population/year.

According to national crime record bureau (NCRB),there were 125,017 suicide in India in 2008,which is an increase of 1.95 over the previous year.

In INDIA, the highest suicide rate is in the age group of 15-29 years. Some of the highest number of suicide reported from west Bengal. However suicide rate per 100000 populations was highest in Sikkim.

Common risk factor for suicide

1) Age above 40 years.
2) Male gender.
3) Staying single.
4) Previous suicidal attempt(s)
5) Depression (risk about 25 times more than the usual) Presence of guilt, self-accusation, agitation and severe insomnia.
6) Suicidal preoccupation(for example a written suicide note, or detailed plan are made for committing suicide).
7) Alcohol or drug dependence.
8) Social isolation.

Methods used:

In India (ncrb 2008), the commonest modes of committing suicide are ingestion of poison.(34.8%),followed by hanging(32.2%).

Medico legal aspects:

Under the Indian law, suicide and attempted suicide are punishable offenses. Section 309 of IPC states that “whoever attempt to commit suicide and does any act towards the commission of such offences, shall be punishable with simple imprisonment for a term which may extend to one year and shall also be liable to fine"

Management:

Some important steps for preventing suicide include:

1) Take all the suicidal threats, gestures and attempts seriously and notify a psychiatrist or a mental health professional.
2) Psychiatrist should quantify the seriousness of the situation and take remedial precautionary measures.
3) Acute psychiatric interview.
4) Treatment of the psychiatric disorder with medications, psychotherapy and or ECT.

Stupor and Catatonic Syndrome

Stupor is a common condition which presents at the psychiatric emergency.

It is defined as a clinical syndrome akinesis and mutism but with relative preservation of conscious awareness.

Some causes of catatonic stupor

1) Neurological Disorders

i) Post-encephalitic Parkinsonism

ii) Iimbic encephalitis.

iii) post-ictal phase of epilepsy.

2) Systemic and Metabolic Disorders

i) Diabetic ketoacidosis

ii) Pellagra

iii) Systemic Lupus erythematosis.

3) Drugs and Poisoning

i) organic alkalosis

ii) CO poisoning

iii) Levodopa

4) Psychiatric Disorders

i) Depressive stupor

ii) Conversions and dissociative disorder

iii) Catatonic schizophrenia.

Differential Diagnosis:

It is the foremost importance to difference between and organic stupor and psychogenic stupor. This can be done on the basis of ante-cedent medical and psychiatric history, mode of onset, and detailed physical and neurological examination.

Examination

The examination consists of the following steps:

1. History and physical examination, with special emphasis on neurological examination.

2. Level of consciousness should ideally be rated on the glass glow coma scale.

3. Pentothal/amytal interview is sometimes very helpful in differentiating organic and psychogenic catatonic stupor.

4. Investigation: Blood glucose, blood urea, serum creatinine ,also routine blood examination is suggested.

Management:

Since psychogenic stupor may easily be mistaken for organic coma.

The steps should be taken

1) Ensure the patency of airway; provide ventilator support with oxygen (if needed)

2) Check cardiac rhythm and stabilize it. (If needed)

3. Maintain circulation. Insert IV line and give fluids.

4) Investigation: Withdraw blood, CSF, and urine samples, before instituting anti treatment.

Excited Behavior and violence

Excitement is a common reason for a referral to an emergency psychiatry setting. Although a large majority of psychiatric patients are not dangerously violent, some patients can indeed be aggressive especially during the acute phase of illness.

Etiology:

1. Organic psychiatric disorder

i) Delirium

II) Dementia

2) Nonorganic psychiatric disorders

i) Schizophrenia and other psychosis

ii) Mania

iii) Depression: Agitated depression may present with excitement.

iv) Drug and alcohol dependence: Intoxication, withdrawal syndrome.

v) Epilepsy.

Management:

The measures which can be adopted to handle excited or violent behavior include:

1. Reassurance

2. Sedation.

3. Restraint

Other Psychiatric Emergencies

The list of possible psychiatric emergencies is long. A few psychiatric emergencies are listed below.

1. Severe depression

2. Hyperventilation syndrome

3. Side effect of psychotropic medication

4. Psychiatric complications of medical and surgical disease.

6. Severe insomnia

7. Drug and alcohol use disorders.

8. Panic disorders.

Conclusion

There are lots of causes of psychiatric emergency. so when we faced with a psychiatric emergency, it is often important to combine speed with obtaining of “comprehensive” or “adequate information.

Psychiatric patients, especially when excited or emotionally disturbed, often arose anxiety in the treating physicians as well as other patients in the casualty. So, it is necessary to have an emergency psychiatric room or psychiatric holding area near the casualty, where the patient can be interviewed and treated.

An ideal place for treating psychiatric emergencies is a separate Psychiatric intensive care unit (PICU) or Crisis care centre (CIC) attached to a psychiatric unit in general hospital or to a psychiatric hospital.

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