Behavioral Emergencies
A psychiatric emergency arises when a patient poses a danger to others/self, or is gravely disturbed.
Psychiatric symptoms may be caused or exacerbated by medical syndromes.
Triaging the Psychiatric Patient

- **Emergent** (Abn. VS, illness, suicidal/violent, intoxicated)
- **Urgent** (agitation, anxiety, suicidal, family issues)
- **Non-urgent**
Safety

- Seclusion or Restraints
- Warning behaviors (violence, escalation with illness, frightening staff, or patient’s fear of losing control)
Medical Illness presenting as Psychiatric Emergencies

- Iatrogenic or OTC meds
- DKA
- Hypo or hyperglycemia
- ETOH intox or W/D
- MI
- Liver Disease
- Etc etc
Less Common Medical Illnesses presenting as Psychiatric Emergencies

- Stroke
- Encephalitis
- Cancer
- HBP
- Calcium
- Drugs
- Steroids
Classic Mimics

- Acute intermittent porphyria
- Pheochromocytoma
- Multiple sclerosis
- Cushing's
- Hypoparathyroid
- Syphilis
- AIDS
- SLE
- Wilson's Disease
Neuro Exam

- Any signs of non-psych illness
  - Dysarthria
  - Aphasia
  - Dyspraxia
  - Ataxia
  - Dyskinesias
  - Tremor
  - Nystagmus
  - Incontinence
  - Paresis/paresthesias
  - Lateralizing neuro signs
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aphasia</td>
<td>Loss or impairment of the ability to produce or comprehend language</td>
</tr>
<tr>
<td>Akathisia</td>
<td>Inability to sit still or remain motionless</td>
</tr>
<tr>
<td>Dysarthria</td>
<td>Speech disorder due to neurologic injury</td>
</tr>
<tr>
<td>Dyspraxia</td>
<td>Developmental coordination disorder</td>
</tr>
<tr>
<td>Ataxia</td>
<td>Unsteady motion due to coordination failure</td>
</tr>
<tr>
<td>Dyskinesia</td>
<td>An impairment of voluntary movement</td>
</tr>
<tr>
<td>Paresis</td>
<td>Partial loss of movement or impaired movement</td>
</tr>
<tr>
<td>Plegia</td>
<td>Paralysis</td>
</tr>
<tr>
<td>Paresthesias</td>
<td>Sensation of tingling or prickling</td>
</tr>
</tbody>
</table>
Mental Status Exam

- Level of consciousness
- General appearance/activity/movements
- Orientation
- Memory
- Mood
- Speech
- Thought content (delusions/perception)
- Judgment and insight
Goals of the Psych Interview

- The nature of the problem
- Precipitating factors
- Progression
- Patient’s expectations
- Disposition
Key Psych Interview Elements

- Suicidal or homicidal ideation
- Availability of firearms/weapons
- Hallucinations/delusions
- Drug, EtOH, prescription med abuse
- Current/past physical or sexual abuse
- Inconsistencies between their story and your exam
Psychosis
Which of the following findings indicates a medical rather than a psychiatric etiology of psychosis?

a. Abrupt onset
b. Agitation late in the course
c. Auditory hallucinations
d. Intact cognitive abilities
e. Onset at younger than 40 years
Acute Psychosis

- Delusions
- Hallucinations
- Disorganized speech
- Disorganized/catatonic behavior
Major Psych Disorders Presenting as Psychosis

- **Schizophrenia:** 1%, late adol – early adult, >6mos
- **Major depression with psychotic features**
- **Mania with psychotic features**
- **Schizoaffective disorder:** Assoc w/ mood sx
- **Schizophreniform Disorder:** <6 months
- **Brief Psychotic Disorder:** <1 month
Differential Diagnosis of Acute Psychosis

- Anatomic: Trauma, CVA, CA
- Metabolic
- Endocrinologic
- Autoimmune: MS, SLE
- Infections
- Toxic: Anticholinergic
- Medications: Steroids
- Substances
Hallucinations in psychosis due to schizophrenia are usually:

a. Tactile and frightening  

b. Auditory and frightening  

c. Visual and frightening  

d. Olfactory and frightening
## Differentiating Organic vs. “Functional” Cause of Psychosis

<table>
<thead>
<tr>
<th>Organic</th>
<th>Functional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age &lt; 12 or &gt; 40</td>
<td>Age 13 – 40</td>
</tr>
<tr>
<td>Sudden onset (hours to days)</td>
<td>Gradual (weeks to months)</td>
</tr>
<tr>
<td>Fluctuating course</td>
<td>Continuous course</td>
</tr>
<tr>
<td>Disorientation</td>
<td>Scattered thoughts</td>
</tr>
<tr>
<td>Decreased consciousness</td>
<td>Awake and alert</td>
</tr>
<tr>
<td>Visual hallucinations</td>
<td>Auditory hallucinations</td>
</tr>
<tr>
<td>No psychiatric history</td>
<td>Psychiatric history</td>
</tr>
<tr>
<td>Emotional lability</td>
<td>Flat affect</td>
</tr>
<tr>
<td>Abnormal vitals/physical</td>
<td>Normal physical</td>
</tr>
<tr>
<td>History of substance abuse or</td>
<td></td>
</tr>
<tr>
<td>toxins</td>
<td></td>
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</tbody>
</table>
# Differentiating Delirium From Dementia

<table>
<thead>
<tr>
<th>Delirium</th>
<th>Dementia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute or subacute</td>
<td>Chronic or subacute</td>
</tr>
<tr>
<td>Poor attention early</td>
<td>Poor attention late</td>
</tr>
<tr>
<td>Fluctuating consciousness</td>
<td>Normal consciousness</td>
</tr>
<tr>
<td>Hallucinations common</td>
<td>Hallucinations only late in course</td>
</tr>
<tr>
<td>Fear and agitation common</td>
<td>Fear and agitation later</td>
</tr>
<tr>
<td>Disorganized thought with flight of ideas</td>
<td>“Poverty of thought”</td>
</tr>
<tr>
<td>Tremor, myoclonus, asterix</td>
<td>Late signs only</td>
</tr>
<tr>
<td>Slurred speech</td>
<td>Normal speech</td>
</tr>
<tr>
<td>Aphasia not present</td>
<td>Aphasia often present</td>
</tr>
<tr>
<td>History of substance abuse or toxins</td>
<td></td>
</tr>
</tbody>
</table>
Mania
Mania

An excessive, persistently elevated, expansive or irritable mood and $\geq 3$ of the following symptoms for $\geq 1$ week duration

- Grandiosity or inflated self-esteem
- Decreased need for sleep without fatigue
- Pressured speech
- "Flight of ideas"
- Distractibility
- Agitation
- Impulsivity
- Psychosis (possible, with paranoid)
Mania

Additional Causes

- Steroids
- Antidepressants
- Psychostimulants
- Phencyclidine
- Hyperthyroidism
- Cushing’s Syndrome
- CNS Tumor
Mania

Management

- Admit 1st onset
- Antipsychotics or benzo’s help: Immediate benefit due to sleep deprivation
Depression
Which of the following is NOT a symptom of depression?

a. Feelings of worthlessness or guilt
b. Pressured speech
c. Sleep disturbances
d. Weight loss, weight gain, or change in appetite
Major Depressive Disorder

Presence of five or more of the following for ≥ 2 weeks

- Depressed mood: Irritability in kids
- Anhedonia
- Sleep disturbance
- Fatigue
- Appetite changes +/- weight loss
- Impaired concentration
- Altered activity: ↑ or ↓
- Sense of worthlessness/guilt
- Suicidal thoughts or death thoughts
Major Depressive Disorder

- **Anatomic:** Trauma, CVA, CA
- **Metabolic**
- **Endocrinologic**
- **Autoimmune:** MS, SLE
- **Infections**
- **Toxic:** Anticholinergic
- **Medications:** Steroids
- **Substances**
Which of the following meds can have depression as a side effect?

- a. Methyldopa, propranolol
- b. Lasix, NTG
- c. NSAIDS
- d. Benadryl, Cogentin
Medical Causes of Depression

- Neurological
- Endocrine
- General medical conditions
Depression Score

- SEX (MALE) ➔ 1
- AGE (<19 OR >45) ➔ 1
- DEPRESSION ➔ 2
- PREVIOUS ATTEMPTS ➔ 1
- EXCESSIVE EtOH/Drugs ➔ 1
- RATIONALITY (LOSS) ➔ 2
- SEPARATED/DIVORCED ➔ 1
- ORGANIZED ATTEMPT ➔ 2
- NO SOCIAL SUPPORT ➔ 1
- STATED FUTURE INTENT ➔ 2

Hardwood-Nuss, Third ed., p. 1108
Depression Score

> 8  - ALMOST ALL ADMITTED

6 – 8  - PSYCH CONSULT WITH FOLLOWUP OR ADMIT

<6  - ADMIT IF YOU FEEL UNCOMFORTABLE ABOUT DISCHARGE
Bereavement
(“Acute Grief Reaction”)

- Shock and denial
- Anger
- Bargaining
- Depression and powerlessness
- Acceptance
Pathological Grief

- Sx beyond 2 months
- Guilt beyond events at time of death
- Thoughts of death
- Worthlessness
- Slowing ("psychomotor retardation")
- Debilitation
- Hallucinations
- Substance abuse
Which of the following is correct regarding Involuntary psychiatric commitment?

a. Initiated by licensed physician only
b. Initiated by a psychiatrist only
c. Necessitates a dangerous action by the patient
d. Requires psychometric testing
e. Requires screening for drug and alcohol use
Anxiety Disorder
Panic Disorder
PTSD
Phobias
Which of the following statements regarding anxiety disorders is correct?

a. Anxiolytic agents should NOT be prescribed from the ED
b. Panic disorders are incited by encounters with preexisting phobias
c. PTSD is not usually associated with substance abuse
d. Simple phobias are more common in women than in men
e. A.D.’s usually occur in patients > 50
Anxiety Disorder

Anxiety or apprehension that leads to occupational or social dysfunction

a. Affects up to 25% US population
b. Manifests 45 y/o
c. Proper RX in < 25% of cases
d. Often mimicked by disease
e. 2 – 3 day course Benzo’s OK when Dx is certain
Panic Disorder

Recurring episodes of fear and feelings of impending doom NOT incited by phobic stimulus or social fear

a. Last several minutes
b. Autonomic hyperactivity common
c. Suicide risk high, up to 20%
d. Benzo’s effective acutely
e. Psych eval critical after med clearance
Post-traumatic Stress Disorder

Result of exposure to stress that is beyond the range of normal human experience

a. After mass violence or disasters
b. Emotionally labile and depressed
c. Insomnia, nightmares, flashbacks
d. Substance abuse common
Simple Phobias

Unexplainable fear of objects or conditions

- Examples include snakes, insects, cats, closed spaces, or heights
- More common in women
- Animal phobias begin in childhood
- Others typically early adulthood
Simple Phobias

Unexplainable fear of objects or conditions

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- Animal phobias begin in childhood
- Others typically early adulthood
Personality Disorder
Which personality disorder has affective instability, impulsiveness, self-destructive behavior, anger ↔ depression, and recurrent suicidal gestures.

a. Antisocial
b. Borderline
c. Histrionic
d. Narcissistic
e. Obsessive-compulsive
Personality Disorders

Antisocial
Borderline
Histrionic
Narcissistic
Obsessive-compulsive
Personality Disorders

**Antisocial**

Aggressive and violent behavior toward other persons or property, unable to maintain employment or school, substance abuse, legal problems, and diminished capacity to experience guilt.
Personality Disorders

**Borderline**

Chronic emotional lability, intense or stormy interpersonal relationships, Behavioral impulsiveness, uncertain Self-image, and recurrent suicide Threats or gestures
Personality Disorders

Borderline

Chronic emotional lability, intense or stormy interpersonal relationships, Behavioral impulsiveness, uncertain Self-image, and recurrent suicide Threats or gestures, brief “micropsychosis”, frequent ER pts.
Personality Disorders

**Histrionic**

Emotional, dramatic, extroverted, and Attention-seeking behavior; seductive And impulsive behaviors; frequent Suicide gestures but no “micropsychoses”
Personality Disorders

Narcissistic

An aggrandized sense of self-importance, ability, or achievement, and unrealistic ambitions; lack of empathy
Personality Disorders

**Obsessive-compulsive**

Experience recurrent preoccupation with intrusive thoughts or behaviors that interfere with normal daily functioning; ritualistic actions, such as repetitive handwashing.
A 57 male psychiatrist presents with Paralysis of both arms acutely for 2 hours. Not upset about the problem. Can’t move Arms, but legs are OK. Intact pain And temperature. All tests, incl. CT OK.

a. Central cord syndrome
b. Conversion reaction
c. Epidural abscess
d. Malingering
e. Miller Fisher var. of Guillain-Barré
Conversion Disorder
Conversion Disorder

**Definition**

A psychological conflict “converts” into an acute loss of physical function that allows the patient to avoid or resolve the conflict.
Five Criteria for Conversion Reaction:

a. Change suggesting physical disorder
b. Recent psychological stress/conflict
c. Symptom produced unconsciously
d. Symptom not explained organically
e. Symptom not limited to pain of sexual dysfunction

Significant organic disease ultimately discovered in 25 to 50% of patients

Confrontation usually doesn’t work
Which of the following statements regarding Conversion reactions is inaccurate:

- a. They have a sudden onset and are often triggered by an emotional event
- b. The process is unconscious and not malingering
- c. Symptoms of the reaction are often later found to be due to an occult medical disorder
- d. The symptoms often involve involuntary muscle functions
Tests for Conversion Disorder

**OPTOKINETIC DRUM**

**CAT. No. 659**

Accurately tests for the presence of Nystagmus when rotated at 8-10 rpm.

The drum is 25 cms high x 16 cms diameter.

Light in weight and constructed around an axle with ball bearing support, it rotates smoothly and almost effortlessly.

For use at 60 to 75 cms from the Patient.

White stripes useful for adults and children.

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Eating Disorders
Eating Disorders

**Anorexia Nervosa**

1% in Western Culture, 95% female
12 and 18 years of age
Dx: Wt loss ≥ 15% IBW
Fear of weight gain / “fat”
Distorted body image
Amenorrhea for ≥ 3 cycles
Eating Disorders

Anorexia Nervosa

Unexplained growth retardation
Unexplained weight loss
Unexplained amenorrhea
↑ Cholesterol while underweight
Exercise abuse
At risk vocation (dancer, jockey)
Eating Disorders

Bulimia Nervosa
Eating Disorders

Bulimia Nervosa

- 5% of Western young adult females
- 17-25 y/o
- 30% follows anorexia
Eating Disorders

**Bulimia Nervosa**

**Dx:** Binge eating with “loss of control”

- Purging to prevent weight gain
- Self-eval overly dependent on wt.
- Binging/purging $\geq 2/\text{wk for } \geq 3 \text{ mos}$
Eating Disorders

**Bulimia Nervosa**

- Dental erosion and gingivitis
- Salivary gland enlargement
- Kuckle callouses, oral trauma
- Dysphagia, hematemesis
- Esophageal rupture
- Hypokalemia, ↑ amylase, dehydration
- Arrhythmia
Personality Disorders

Borderline

Chronic emotional lability, intense or stormy interpersonal relationships, Behavioral impulsiveness, uncertain Self-image, and recurrent suicide Threats or gestures, brief “micropsychosis”, frequent ER pts.
Alcoholism
Using the DSM multiaxial classification System, a broken wrist in an intoxicated Patient would be noted in which of the Following axes?

a. Axis I  
b. Axis II  
c. Axis III  
d. Axis IV
The DSM IV

published in May 1994 by the American Psychiatric Association

The DSM IV calls for clinicians to evaluate individuals on five levels or axes:

**Axis I** identifies mental disorders

**Axis II** identifies personality disorders and mental retardation

**Axis III** identifies relevant physical diseases and conditions

**Axis IV** identifies the individual's psychosocial and environmental issues

**Axis V** is used by the clinician to assess an individual's overall functioning based on the 100-point scale called the Global Assessment of Functioning (GAF)
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**Axis I** identifies mental disorders

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**Axis IV** identifies the individuals psychosocial and environmental issues

**Axis V** is used by the clinician to assess an individual's overall functioning based on the 100-point scale called the Global Assessment of Functioning (GAF)
Which of the following persons exceeds The National Institute on Alcohol Abuse And Alcoholism definitions for At-risk drinking?

a. 40 YOF 2 glasses wine 3 nights/wk
b. 50 YOM 6 pack every Sunday
c. 64 YOM 3 drinks 4 days/wk
d. 22 YOF 3 beers every Saturday
Men may be at risk for alcohol-related problems if their alcohol consumption exceeds 14 standard drinks* per week or 4 drinks per day.

Women may be at risk if they have more than 7 standard drinks per week or 3 drinks per day.


*A standard drink is defined as one 12-ounce bottle of beer, one 5-ounce glass of wine, or 1.5 ounces of distilled spirits.
EtOH Withdrawal

Mild autonomic hyperactivity
More severe hyperactivity
Seizures (1 to 2 days after last drink)
DT’s: Confusion, autonomic instab.,
tremor, fever, incont., mydriasis,
hallucinations
EtOH Withdrawal

**Treatment**

- Supportive care
- IV hydration, MVI, thiamine, Mg (2-4)
- **GIVE THIAMINE FIRST IV**
- Sedation with benzo’s
EtOH Withdrawal

Admission Criteria

- Seizures
- Hallucinations
- DT’s
- Wernicke’s
- Underlying med/surg problems
- Inability to O.P. detox
Suicide
Suicide

The 9th leading cause of death in the U.S.

Second leading cause of death in ages 5 – 24

>30,000 lives annually

20:1 ratio attempts to completed
Suicide

Risk Factors

- Major depression
- Schizophrenia
- Panic disorder
- Personality disorder
- EtOH and drugs (25% comp., 50% kids)
- Sex: Women 4 x men attempt
  Men 4 x women success (firearms)
Suicide

Warning Signs

- Depression
- Situational
- Recent life changes, esp. with loss
Suicide

Approach

- Assume all want to be stopped
- Medical stabilization where indicated
- Suicide precautions: Weapons, sitter
- Can’t leave “AMA”
Suicide

When to admit?

- If the patient will not or cannot cooperate with assessment
- If the crisis is ongoing or unresolved
- If the patient is still a suicide risk
- If in doubt, err on the side of caution
Restraints

- Verbal
- Physical
- Chemical
A 19 year-old main is brought in under Restraint, with difficulty, by 4 policemen. No known med or psych hx. He is Agitated and combative, +EtOH and Forehead abrasion. No IV. What to use?

a. Thorazine 25 mg IM
b. Valium 10 mg IM
c. Haldol 5 mg IM
d. Ativan 2 mg IM
e. Sux on a Blow dart 100 mg
Pharmacological Restraints

- Indications
- Contraindications
- Protocols
Thoughts about Psychoactive Medications
Antipsychotics

- Induce dopaminergic receptor blockage in the mesolimbic area
- Reduce anxiety, impulsivity, aggression, and psychotic thinking
- Allows patients to regain “rational organization”
Which of the following is NOT a side effect Associated with the use of antipsychotics?

a. Hypotension  
b. Bradycardia  
c. Dystonic reactions  
d. Lowered seizure threshold
Side Effects of Antipsychotics

- Dystonias
- Akathisia
- Anticholinergic effects
- Neuroleptic Malignant Syndrome
### Neuroleptic Drugs

<table>
<thead>
<tr>
<th>Potency</th>
<th>Dystonia</th>
<th>Generic</th>
<th>Brand</th>
<th>Equivalent dose</th>
<th>Anti-Cholinergic</th>
<th>Sedation</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>High</td>
<td>Haloperidol</td>
<td>Haldol</td>
<td>2 mg</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Droperidol</td>
<td>Inapsine</td>
<td>2 mg</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Fluphenazine</td>
<td>Prolixin</td>
<td>2 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Thiothixime</td>
<td>Navane</td>
<td>4 mg</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Trifluoperazine</td>
<td>Stelazine</td>
<td>5 mg</td>
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<td></td>
<td></td>
<td>Perphenazine</td>
<td>Trilafon</td>
<td>10 mg</td>
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<td>Loxapine</td>
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<tr>
<td></td>
<td></td>
<td>Mesoridazine</td>
<td>Serentil</td>
<td>50 mg</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Thioridazine</td>
<td>Mellaril</td>
<td>100 mg</td>
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</tr>
<tr>
<td>Low</td>
<td>Low</td>
<td>Chlorpromazine</td>
<td>Thorazine</td>
<td>100 mg</td>
<td>High</td>
<td>High</td>
</tr>
</tbody>
</table>
Choices of Pharmacological Restraints

Haldol 2 – 5 mg PO, IM, or IV q 30 min

Sleep is expected endpoint

Hypotension and Dystonias
Choices of Pharmacological Restraints

Ativan 1 – 2 mg PO, IM, or IV q 30 min

Sedation is expected endpoint

Over sedation, disinhibition
Choices of Pharmacological Restraints

Can give Haldol and Ativan together in the same syringe

*Sedation is expected endpoint*

*Oversedation, disinhibition*
Choices of Pharmacological Restraints

Droperidol

More rapid onset

Black Box Warning
The agent droperidol was "black boxed" by the FDA due to which of the following?

a. Hypotension  
b. Torsades de pointes  
c. V fib  
d. Severe dystonias
Neuroleptic Malignant Syndrome

Two or more of these findings not otherwise explained by a medical or neurologic disorder:

- Diaphoresis
- Dysphagia
- Tremor
- Incontinence
- Tachycardia
- Hypertension
- Leukocytosis
- CPK > 250
- Altered LOC
Neuroleptic Malignant Syndrome

Treatment

- ICU admission
- Aggressive support
- Avoid anticholinergics
- Dantrolene or Bromocriptine
Serotonin Syndrome

- Hypermetabolic syndrome
- Occurs with drug-drug interactions between SSRI’s and other “serotonergic” agents (MAOI, other SSRIs, sumatriptan, Demerol, tramadol)
- Can occur in OD
Serotonin Syndrome

Symptoms

- AMS
- Autonomic instability
- GI signs
- Tremor, myoclonus, hyperreflexia
Serotonin Syndrome

Treatment
- Stop the drug
- Seizure control
- Supportive
Serotonin Syndrome

**Treatment**

- Stop the drug
- Seizure control
- Supportive
On Reflection
We cannot step inside the minds of others...

We can only think...

...and protect...
Our mission of mercy often carries bittersweet moments within a lifetime’s labor...
...but that makes the journey all the more daring... and worthwhile...
Good Morning!!

Good Morning!!