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
- Cushings
- 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

Useful Definitions

Term	Definition
Aphasia	Loss or impairment of the ability to produce or comprehend language
Akathisia	Inability to sit still or remain motionless
Dysarthria	Speech disorder due to neurologic injury
Dyspraxia	Developmental coordination disorder
Ataxia	Unsteady motion due to coordination failure
Dyskinesia	An impairment of voluntary movement
Paresis	Partial loss of movement or impaired movement
Plegia	Paralysis
Paresthesias	Sensation of tingling or prickling

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:

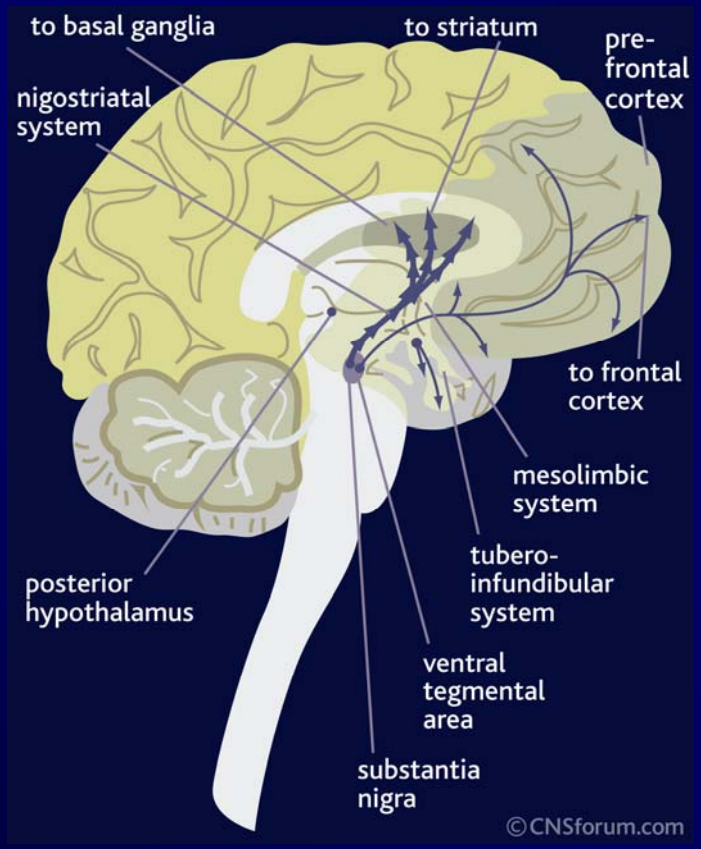
a. Tactile and frightening
b. Auditory and frightening
c. Visual and frightening
d. Olfactory and frightening

Differentiating Organic vs. "Functional" Cause of Psychosis

Organic	Functional
Age < 12 or >40	Age 13 – 40
Sudden onset (hours to days)	Gradual (weeks to months)
Fluctuating course	Continuous course
Disorientation	Scattered thoughts
Decreased consciousness	Awake and alert
Visual hallucinations	Auditory hallucinations
No psychiatric history	Psychiatric history
Emotional lability	Flat affect
Abnormal vitals/physical	Normal physical
History of substance abuse or toxins	

Differentiating Delerium From Dementia

Delirium	Dementia
Acute or subacute	Chronic or subacute
Poor attention early	Poor attention late
Fluctuating consciousness	Normal consciousness
Hallucinations common	Hallucinations only late in course
Fear and agitation common	Fear and agitation later
Disorganized thought with flight of ideas	“Poverty of thought”
Tremor, myoclonus, asterixis	Late signs only
Slurred speech	Normal speech
Aphasia not present	Aphasia often present
History of substance abuse or toxins	


to basal ganglia
to striatum
pre-
frontal
cortex
nigostriatal
system
to frontal
cortex
mesolimbic
system
tubero-
infundibular
system
posterior
hypothalamus
ventral
tegmental
area
substantia
nigra
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Mania


'N' Games
Girls

Mania

An excessive, persistently elevated, expansive or irritable mood and ≥ 3 of the following symptoms for ≥ 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

➢ S	→SEX (MALE)	☞1
➢ A	→AGE (<19 OR >45)	☞1
➢ D	→DEPRESSION	☞2
➢ P	→PREVIOUS ATTEMPTS	☞1
➢ E	→EXCESSIVE EtOH/Drugs	☞1
➢ R	→RATIONALITY (LOSS)	☞2
➢ S	→SEPARATED/DIVORCED	☞1
➢ O	→ORGANIZED ATTEMPT	☞2
➢ N	→NO SOCIAL SUPPORT	☞1
➢ S	→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")

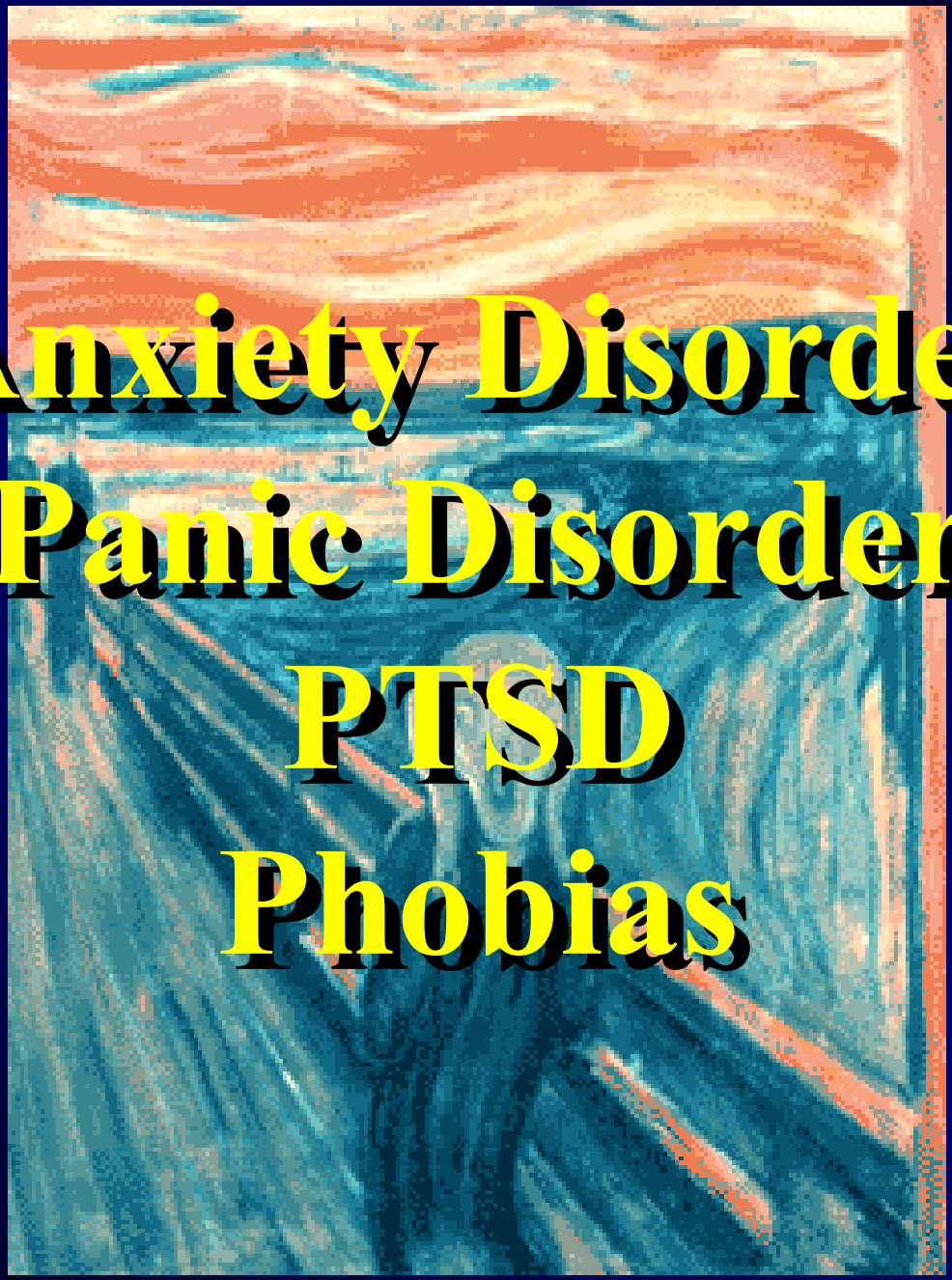
- Shock and denial
- Anger
- Bargaining
- Depression and powerlessness
- Acceptance

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

b. More common in women

c. Animal phobias begin in childhood

d. Others typically early adulthood

Simple Phobias

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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 Guillian-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

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.

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

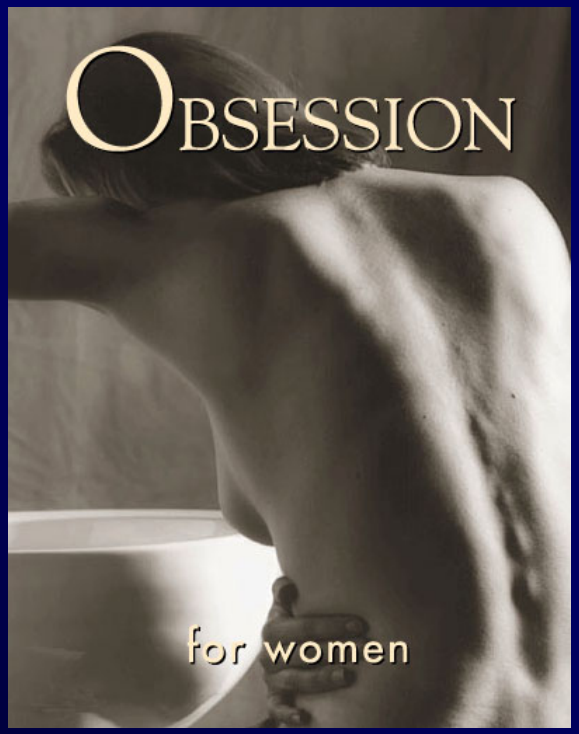
Eating Disorders

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 ≥ 2/wk for ≥ 3 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 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)

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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.

SOURCE: National Institute on Alcohol Abuse and Alcoholism. Helping Patients Who Drink Too Much: A Clinician's Guide. NIH Pub No. 05–3769. Bethesda, MD: the Institute, 2005.

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

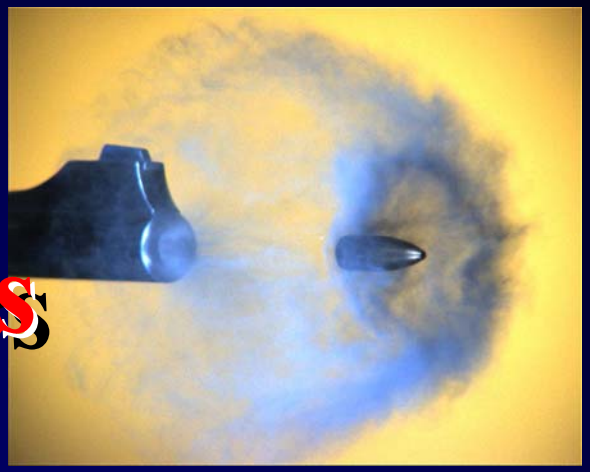
The 9th leading cause of death in the U.S.

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

Potency	Dystonia	Generic	Brand	Equivalent dose	Anti-Cholinergic	Sedation
High	High	Haloperidol	Haldol	2 mg	Low	Low
		Droperidol	Inapsine	2 mg		
		Fluphenazine	Prolixin	2 mg		
		Thiothixime	Navane	4 mg		
		Trifluoperazine	Stelazine	5 mg		
		Perphenazine	Trilafon	10 mg		
		Loxapine	Loxitane	15 mg		
		Mesoridazine	Serentil	50 mg		
		Thioridazine	Mellaril	100 mg		
Low	Low	Chlorpromazine	Thorazine	100 mg	High	High

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

Oversedation, disinhibition

Choices of Pharmacological Restraints

Can give Haldol and Ativan together in the same syringe

Sedation is expected endpoint

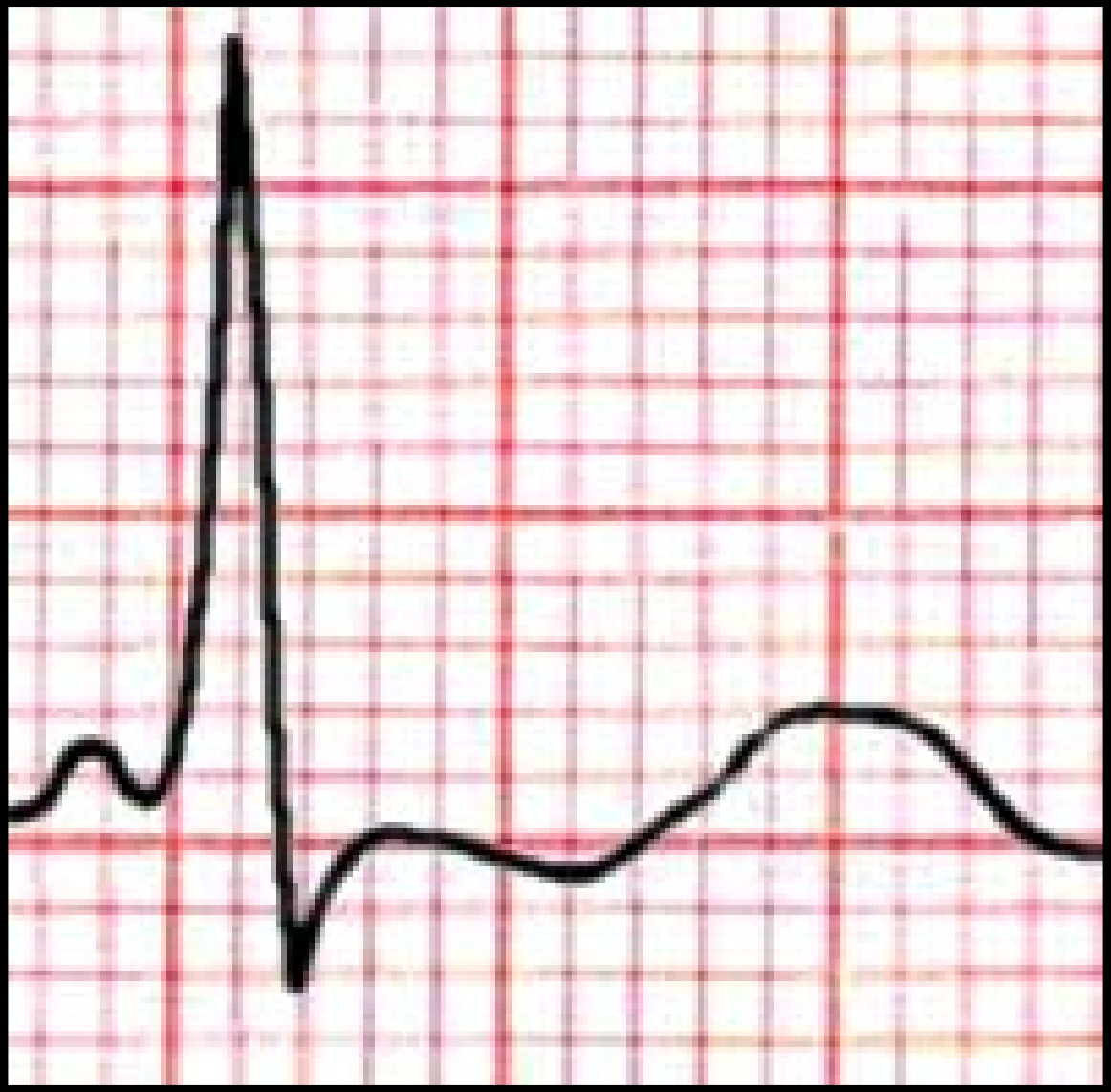
Oversedation, disinhibition

Choices of Pharmacological Restraints

Droperidol

More rapid onset

Black Box Warning



Neuroleptic Malignant Syndrome

Two or more of these findings not otherwise explained by a medical or neurologica 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!!