

EMERGENCY PSYCHIATRY

Amanda Wilson, MD
Assistant Professor, Psychiatry and Emergency Medicine
Director, Psychiatry Consultation Service
Director, Psychosomatic Medicine Fellowship

Outline For Today

- The suicidal patient
- The homicidal patient
- The agitated patient
- The addicted patient
- Toxidromes

Psychiatric Emergency Services

In Psychiatric ED patients it is estimated that:

- Aggression is the presenting problem: 26%
- Suicidal: 17%
- Homicidal: 17%
- Both: 5%

The Suicidal Patient



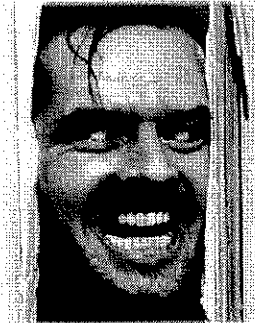
The Suicidal Patient

- A 19 year old white male with a prior history of one suicide attempt via overdose, never hospitalized presents with his RA from his dormitory. RA is worried because of a recent break up with his girlfriend at school.
- Lab work-up indicates normal CBC, CMP, and UDS + for ETOH.

Thing You Will Want to Know...

- Intent
- Plan-violent?, OD, feasible, means
- Psychotic or with command hallucinations
- Recently discharged from a Psych facility
- Intoxicated?
- H/o previous suicide attempts

The Homicidal Patient



The Homicidal Patient

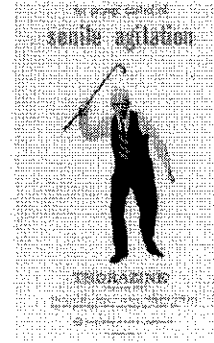
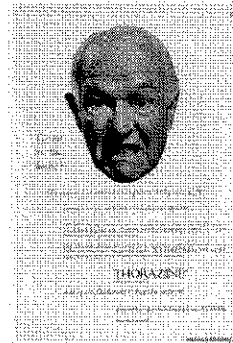
- A 36 year old black female with a history of schizoaffective disorder presents via EMS after her neighbors c/o yelling from her apartment. Patient states that the neighbor above her is "torturing her" and that she feels like she has to kill him.

Suicide and Homicide Evaluation

Table 1. Histed suicide and homicide evaluation form

	Suicide		Homicide	
	Yes	No	Yes	No
Previous history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Means available (guns, pills, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol and/or drug abuse present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major depression present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety/Panic disorder present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Note written/Threats made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family/Friends agree with aftercare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapist involved in aftercare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hopelessness present (suicide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victims notified (homicide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victims identified (homicide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Agitated Patient



The Agitated Patient

- A 26 year old latino presents via police severely agitated, hallucinating, and yelling at staff. He intermittently attempts to swing out at the officers and other ED staff.

Nonverbal Signs of Aggression

- Eyes: dilated pupils, staring, not blinking
- Skin: flushed, diaphoretic
- Face: gritting teeth, tightening jaw, showing teeth
- Hands: clinching fists, hitting hands with fist, hitting objects, pointing, repetitive tapping
- Posture: widening of gait, standing from sitting
- Verbal: pauses in speech, escalating volume, angry tone, cursing

Major Violence Risk Factors

Prior arrests

- *Seriousness*
- *Frequency*

Diagnosis

- Antisocial PD
- Schizophrenia (-)

Demographic

- Age (-)
- Male
- Unemployed
- Child abuse

Father

- *Used drugs*
- *Home until 15 (-)*

Other Clinical

- *Seriousness*
- *Frequency*
- Substance Abuse
- Anger Control or Violent fantasies
- Loss of consciousness
- Involuntary status

Violence and Mental Illness

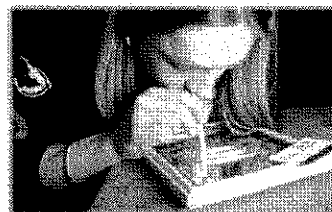
- Between 8-10% of patients with schizophrenia reported being violent in the 12-month period prior to interview.
- In the general population, the risk is 2%.
- Substance abuse alone poses a violence risk of between 19%-35%.

Psychotropics

Drug	Formulation	T_{max} (hr)	$t_{1/2}$ (hr)
☆ Haloperidol	IM ^(2,4)	0.33	21
☆ Lorazepam	IM ⁽⁴⁾	1-3	12
<i>Atypical antipsychotic drugs</i>			
Clonazepam	Oral tablet	2.5	8-12
☆ Olanzapine	Oral tablet	6	30
	Rapid dissolving tablet	6	30
	IM ⁽⁴⁾	0.5	15-23
Quetiapine	Oral tablet	1.5	6
☆ Risperidone	Oral tablet ⁽⁷⁾	1.4	22.3
	Oral solution	1	20
	Rapid dissolving tablet ⁽⁷⁾	1.8	23.6
Ziprasidone	Oral tablet	6-8	7
	IM	1	2-5

*Data from Physician's Desk Reference 2009,⁽¹⁾ except where noted.
 IM = intramuscular; T_{max} = time to maximum plasma concentration;
 $t_{1/2}$ = half-life.
 CLINICAL: J PSYCHIATR PRAC, Volume 12(1), January 2006, 30-40

The Addicted Patient



The Addicted Patient

- A 59 year old white male presents requesting detoxification from alcohol. His labs indicate a BAL of 368. He demonstrates tremor, c/o nausea, and headache. His vital signs are 157/96, 100, afebrile.

TOXIDROMES

And Now it's Time For "Name that Toxin"!!



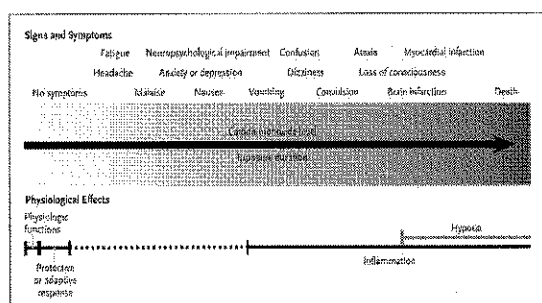
Which Toxin?



Which Toxin?

- A 32 year old firefighter with a history of depression was found down outside of his garage at his home. Upon EMS arrival he was confused, with N/V, and dizziness. He was disoriented.

Carbon Monoxide Poisoning



Which Toxin?



Which Toxin?

- A 22 year old white female with h/o depression presented after intentional overdose to the ED. She is actively hallucinating, has mydriasis, fever, and a flushed face.

Anticholinergic Intoxication

Remember the mnemonic:

- "red as a beet, dry as a bone, blind as a bat, mad as a hatter, and hot as a hare."
- The mnemonic refers to the symptoms of flushing, dry skin and mucous membranes, mydriasis with loss of accommodation, altered mental status (AMS), and fever, respectively.

Which Toxin?



Which Toxin?

- A 47 year old black male with history of schizoaffective disorder presents to the ED via EMS after his family found him acting "strange." He is confused, rigid, and mumbling. The only history you can obtain is that he recently was started on a new medication last week per his family. Further exam and studies reveal a leukocytosis and he is febrile to 106.

Neuroleptic Malignant Syndrome

Table: DSM IV-TR Diagnostic Criteria for Neuroleptic Malignant Syndrome

Rigidity and increased temperature

At least two of the following need to be present:

Diaphoresis

Dysphagia

Tremor

Incontinence

Altered consciousness

Mutism

Tachycardia

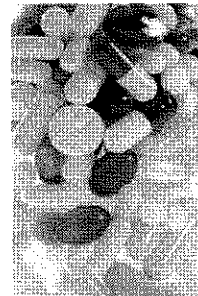
Blood pressure change

Leukocytosis

Muscle enzyme elevations (eg, elevated CPK 35%)

CPK = creatine phosphatase

Which Toxin?



Which Toxin?

- A 45 year old white female with h/o depression presents to the ED c/o feeling "weird." She states that she just started a new medication 2 weeks ago. She has been on sertraline for 10 years as well. Upon examination she is a bit restless, has hyperreflexia, tremor, and mydriasis.

Serotonin Syndrome

Clinical features of serotonin syndrome:

Cognitive	Confusion, agitation, hypomania, hyperactivity, restlessness
Autonomic	Hyperthermia, sweating, tachycardia, hypertension, mydriasis, flushing, shivering
Neuromuscular	Clonus (spontaneous/inducible/ocular), hyperreflexia, hypertonia, ataxia, tremor
Hypertonia and clonus are always symmetrical and are often much more dramatic in the lower limbs.	

Toxidrome	Examples	Vital signs	Pupils	Other findings
Sympatho-mimetic	Cocaine, Amphetamine, Pseudo-ephedrine	Hyperthermia Tachycardia Hypertension Tachypnea	Mydriasis	Piloerection Hyperreflexia Diaphoresis Tremors
Anti-cholinergic	Atropine, TCA, Antihistamine	Hyperthermia Tachycardia Hypertension	Mydriasis	Hot, dry, red, blind Seizures
Hallucinogenic	THC, PCP, LSD	Tachycardia Hypertension Tachypnea	Mydriasis Nystagmus	Hallucinations Agitation Disorientation

Toxidrome	Examples	Vital signs	Pupils	Other findings
Opioid	Opiates, Heroin	Hypothermia Bradycardia Hypotension Hypopnea	Miosis	CNS depression, Coma
Sedative-hypnotic	BZD, Barbiturates, Alcohol, Anticonvulsant	Hypothermia Bradycardia Hypotension Hypopnea	Miosis (usually)	Hyporeflexia Confusion Stupor coma
Cholinergic	Organo-phosphates, Carbamates, Mushrooms	Hypothermia Bradycardia Tachypnea	Miosis	Lacrimation Salivation Incontinence Bronchospasm Seizures

Please know...

- Lithium Toxicity
- Depakote Toxicity