Emergency Psychiatric Assessments: Diagnostic Characteristics

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Abstract:

It is evident that psychiatric emergency services play a crucial role in providing mental health services to the community. The potentially dramatic impact of the visits on the patient's life, and the expanding role of psychiatric emergency ward in delivery of mental health services make the process of psychiatric emergency intervention an important service, training and research area. The present study aimed at evaluation of the capacity of that service in Ain Shams University hospital. All patients attending the emergency room during a four months period were included in the study. Data concerning the presenting symptom, diagnosis and various aspects of management were gathered.

620 patient were seen during this period. 55.8% were males with mean age 29.4± 11.03, and 44.2% were females with mean age 30.2±13.5. Schizophrenic patients represented 25% of the sample, followed by conversion disorder (19.2%) and substance use disorder 13.1%. 11% only of the patients were admitted to the inpatient, more than half were schizophrenics. Agitation and suicidal attempts were the commonest presenting symptoms that deserved hospitalization.

The results were discussed in the context of the available literature and similar Egyptian studies.

Introduction:

It is evident that psychiatric emergency services play a crucial role in providing mental health services to the community. The potentially dramatic impact of the visits on the patient's life, and the expanding role of the psychiatric emergency ward in delivery of mental health services make the process of emergency psychiatric intervention an important service, training and research area (Sherra et al., 1997)

Several aspects of the psychiatric emergency distinguish it from the usual psychiatric contact and dictate management. Such patients do not have an appointment, may appear at any hour, often appear threatening, and frequently do not want treatment. Also, particularly in a very busy emergency service, outpatient clinic, or mobile crisis center several patients may require treatment simultaneously, so a prioritizing mechanism needs to exist (Fauman, 2000).

There was widespread interest in alternatives to large mental hospitals and in patient care, and the potential of community mental health programs. This was fuelled by ideas of human rights as well as therapeutic optimism associated with the first generation of psychotropic drugs. Great emphasis was being placed on management and planning, and as in other medical fields, high-quality information was desired to plan, monitor and evaluate these new services, as well as to facilitate epidemiological research (Fryers and Greatorex, 1993).

The main aim of the present work was to evaluate the capacity of the emergency room service in Ain Shams

University hospital as well as the diagnostic characteristics of patients attending this service. Consequently it would be easier to prioritize our demands and also put the basis for future research.

Subjects and Procedure

Setting:

The study was conducted at Ain Shams university hospital in Cairo, Egypt. The hospital is a general hospital affiliated to a medical school. It covers a catchment area of the east and north of Cairo and the adjacent rural areas. The psychiatric department lied in a separate building constructed to act as a mental hospital but within the general hospital serving the purpose of liaison.

The total number of beds is approximately 75. The emergency room provides daily care, following the time of outpatient clinics. So, it works from 3p.m. To the next morning except on the weekend as well as official leaves where it covers the 24 hours.

The teamwork consists of a psychiatrist, a nurse and occasionally social worker. The psychiatrist is a resident well trained to evaluate and treat all psychiatric emergencies. A senior psychiatrist is always available and is contacted mainly for difficult cases.

Sample:

All patients attending the emergency room during a four months period were included in the study.

The study was carried out during the period from April to July 1999.

Procedure:

The following data were gathered covering all the sample individuals. At the end of the initial meeting, the clinician filled out a sheet that included:

1. **Demographic variables:**

Age and sex of the patient. Also, data was concerning the date of admission to the service, as well as the exact time of meeting.

2. **Clinical variables:**

Th main presenting symptom and the provisional diagnosis.

3. **Management variables:**

Whether the patient was given out patient treatment, admitted to the inpatient or was referred to another specialty. Also, the main line of treatment was recorded.

Statistical analysis:

All data were feeded to the computer using the statistical package for social sciences (SPSS) program, version 6.

Th following equations were applied to the data:

Descriptive statistics

Chi square for differences between frequencies.

Results

During the four-month's period of the study, 620 patient were seen in the emergency room of Ain Shams university-psychological medicine center. The average number of patients seen per month would be 155. This means that at least 5 patients are seen every day. Figure (1) shows the distribution of patients along the four months, Chi square for differences between frequencies was 12.9, D.F.=3, P= .004 which was of significant level.

Figure (2) shows the frequency of patients seen along the seven days of the week. Chi-

square was 13.2, D.F.= 6, P= .04 which was non-significant.

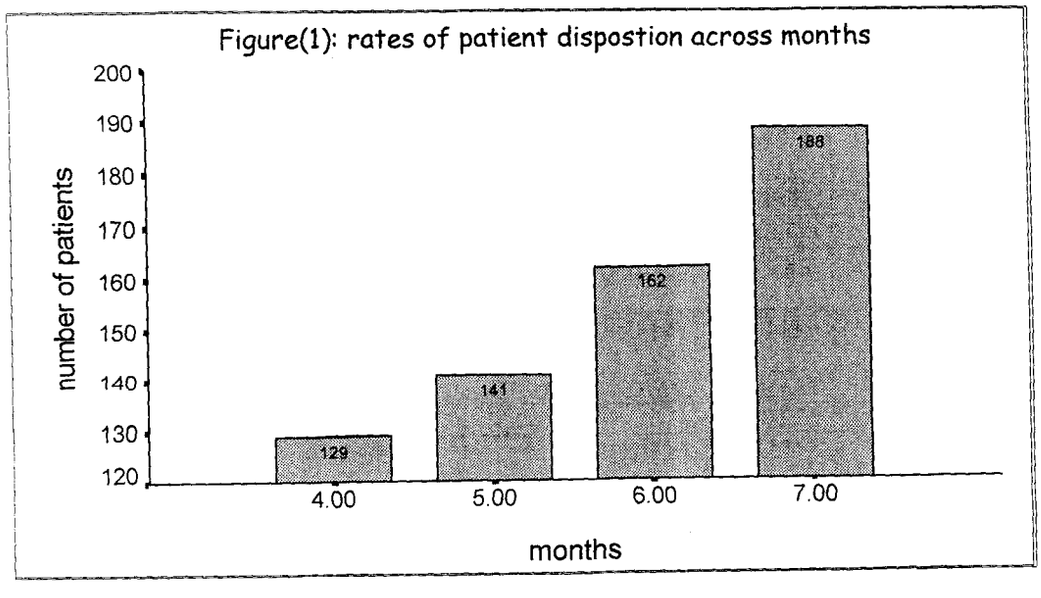
It was found that 405 (65%) of patients came to the emergency room before 10p.m. While the rest 215 (35%) came after that time i.e. at late night.

75.6% of all patients seen in the emergency room were treated as out patients (table 3), most of them were given prescription in the form of oral psychotropic drugs. While few were given either intravenous or intramuscular injections. It is worthy to note that 21% of those patients were given no drugs at all. Either because their condition does not need drug treatment or because they were referred to other clinics or for psychotherapy.

73.1% of those who were diagnosed as conversion disorder were treated by extracephalic stimulation as a method of suggestion. 17.6% were given intravenous injections mostly benzodiazepines. The rest were either given orally prescribed drugs or nothing.

Admitted patients represent only 11% of all patients seen in the emergency room. 13.4% were referred to either other departments mainly that of neurology, as nearly all the cases diagnosed as organic brain disorders had neurological etiology for their symptoms. The rest of the referrals were to other specialized clinics as the clinic of addiction.

When looking to how doctors dealt with different presenting symptoms (table 4), we find that only 21.4% of cases presenting with agitation were admitted to the hospital. While 50% of cases presenting with suicidal attempt were admitted to the inpatient.



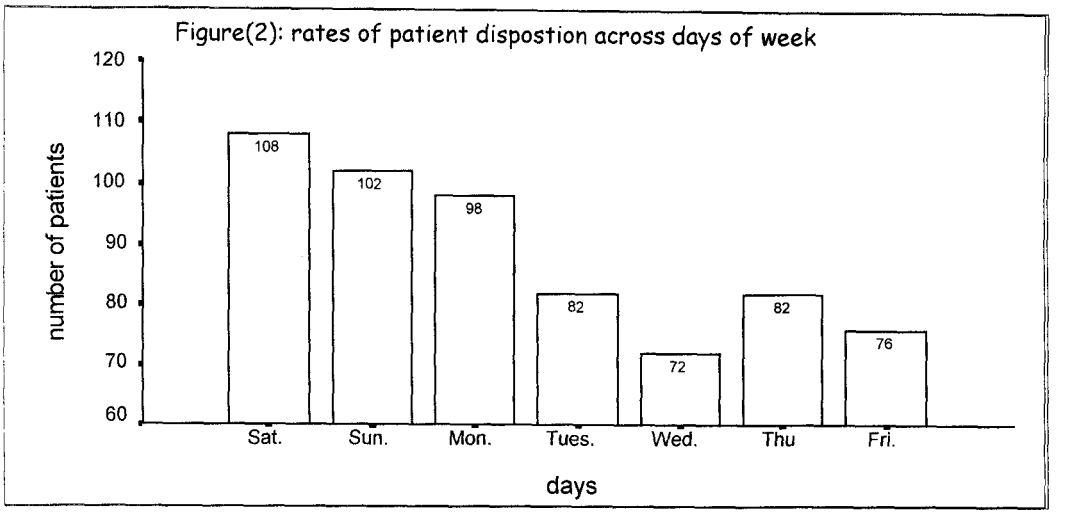


Table (1): sex and age distribution of the patients

Sex	N(%)	Age (X± SD)
Male	346 (55.8)	29.4 ± 11.03
Female	274 (44.2)	30.2 ± 13.5
Total	620(100)	29.7 ± 12.2

Table (2): Diagnosis and presenting symptoms in the study sample

Diagnosis	N(%)	agitation	somatic	extra pyramidal	insomnia	suicide attempt	speech
Schizophrenia	155(25)	107(69)	3(1.9)	27(17.4)	15(9.7)	3(1.9)	-
Conversion disorder	119(19.2)	2(1.7)	71(59.7)	-	2(1.7)	-	44(37)
Substance abuse	81(13.1)	35 (43.2)	6 (7.4)	-	37 (45.7)	1 (1.2)	2 (2.5)
Depression	77(12.4)	6(7.8)	27 (35.1)	-	39(50.6)	2(2.6)	3 (3.9)
Organic brain disorders	72(11.6)	6(8.3)	55(76.4)	3(4.2)	-	-	8(11.1)
Panic-anxiety disorders	41(6.6)	6 (14.6)	18 (43.9)	-	16 (39)	-	1 (2.4)
Mania	32(5.2)	18 (56.3)	2(6.3)	2(6.3)	9(28.1)	-	1 (3)
Acute psychosis	31(5)	28(90.3)	-	-	3(9.7)	-	-
Personality disorder	9(1.5)	5 (55.6)	1 (11.1)	-	3 (33.3)	-	-
Mental retardation	2(0.3)	2 (100)	-	-	-	-	-
Stuttering	1(0.2)	-	-	-	-	-	1(100)
Total	620(100)	215 (37.7)	183 (29.5)	32 (5.2)	124 (20)	6 (1)	60 (9.7)

Table (3): rate of admission and outpatient management of patients

Diagnosis	Admission N(%)	Outpatient treatment N(%)	Referral N(%)	Total N(%)
Schizophrenia	38(24.5)	111(71.6)	6(3.9)	155(100)
Conversion disorder	-	119(100)	-	119(100)
Substance abuse	6(7.4)	74(91.4)	1(1.2)	81(100)
Depression	7(9.1)	69(89.6)	1(1.3)	77(100)
Organic brain disorders	-	6(8.3)	66(91.7)	72(100)
Panic-anxiety disorders	-	41 (100)	-	41 (100)
Mania	9(28.1)	18(56.3)	5(15.6)	32(100)
Acute psychosis	8(25.8)	20(64.5)	3(9.7)	31(100)
Personality disorders	-	9(100)	-	9(100)
Mental retardation	-	2(100)	-	2(100)
Stuttering	-	-	1(100)	19(100)
Total	68(11)	469(75.6)	83(13.4)	620(100)

Table (4): Management of different presenting symptoms

Symptom	Admission N (%)	outpatient treatment N (%)	Referral N (%)	Total N (%)
Agitation	46(21.4)	157(73)	12(5.6)	215(100)
Somatic symptoms	5(2.7)	120(65.6)	58(31.7)	183(100)
Extrapyramidal symptoms	4(12.5)	27(84.4)	1(3.1)	32(100)
Insomnia	10(8.1)	112(90.3)	2(1.6)	124(100)
Suicide attempt	3(50)	2(33.3)	1(16.7)	6(100)

Discussion

The rate of patient disposition was rather higher in summer months. This reflects the different cultural and economic factors, as the spring period is that of school examinations and also the main agricultural period where people are rather busy. However, Sherra et al., 1997 in a study done in El Mansoura University hospital found that there were no significant differences between the rates of patients in different months.

Patients seen in the first three days of the week were slightly higher in number. These days follow the weekend where there is no outpatient clinic service, which complement for that of emergency service and at the same time the outpatient clinic is closed on Saturday in our center.

Kaplan et al (1995) found that there is no utilization difference based on the day of the week or the month of the year. Most visits occur during the night hours. Yet, our study found that 65% of patients were seen before 10.p.m., and 35% seen after that time, i.e. at night. May be this reflects some cultural differences.

By far the commonest cases were those of schizophrenia (25%), conversion disorder (19.2%) then substance use disorder (13.1%). Exactly the same results were reported in a previous study done at the same center six years ago (Ghanem et al., 1994). On the contrary, Sherra et al., and 1997 found that conversion disorder was the commonest, followed by mood then schizophrenic disorders.

Anxiety and panic disorders constitute a sizable percent of patients in the emergency service. 43.9% of them presented with multiple somatic symptoms. The first and the most crucial step in the evaluation process is to eliminate possible medical causes. Failure to detect and diagnose underlying medical disorders may result in significant and unnecessary morbidity and mortality (Lagomasino et al., 1999). This is exactly the same opinion of Milner et al., (1999). The presence of a well-trained resident and the availability of a senior psychiatrist in our system permits for a proper triage of patients.

Conversion disorder still constitute a high proportion (19.2%) among psychiatric patients in this country (the present study and that of Sherra et al., 1997). Along with these results Okasha (1988) found that hysterical symptoms represent 10.9% of outpatient clinic sample in Ain Shams University hospital. The next common diagnosis to schizophrenia was that of conversion disorder with its dramatic presentation, notably that of inability to speak or what is called " hysterical aphonia". This symptom has special implication for lay people as it is always mistaken for " aphasia due to stroke" which is considered as one of the serious diseases. That is why patients with this symptom are usually brought early for medical consultation.

To hospitalize a patient is not an easy decision. 11% only of the patients were admitted through the emergency room, 56% of them were schizophrenics. The rest were diagnosed as manic (13%), acute psychotic disorder (11%), depression (10%) and substance use disorder (9%).

The patient's psychiatric history, the way of referral as well as the current axis I diagnosis made a significant contribution to the treatment decision (Schnyder et al., 1999).

Results of the present study are in agreement with those reported by Ghanem et al (1994); McNiel et al (1992); as well as Aspler and Bassuk (1983).

Along the same line Green (1999) pointed out that clients presenting with psychosis are much more likely to be offered admission than those assessed as non-psychotic. Moreover, repeated visitors to the emergency outpatient service tended to have more serious diagnosis and higher rates of hospital admission (Saarento et al., 1998).

Dangerousness is positively correlated with hospitalization. Most studies that examined the presenting symptom as a determinant of admission found high rates of excitement and agitation (as outward dangerousness) and suicidal attempts (as inward dangerousness) among the admitted patients. The present study confirmed this notion. Ghanem et al (1994) mentioned the same.

Violent patients constituted 54% of hospitalized patients followed by suicidal patients (28.9%) (Saad et al., 1997). Green (1999) pointed out that those assessed as a suicidal risk are significantly more likely to be offered admission, and that those assessed as presenting a risk to the public at large are no more likely to be admitted than those presenting no risk.

Ideally, an emergency psychiatric hospitalization should be reserved for patients whose long-term outcome will be otherwise compromised, such as by suicide, drug reactions or other life-threatening situations (Fichtner and Flasherty, 1993).

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تقييم إستقبال الطب النفسي:خصائص التشخيص

يلعب قسم لإستقبال الطب النفسي دورا أساسيا فى خدمة الصحة النفسية في المجتمع. إن التأثير السريع لزيارة الإستقبال على حياة المريض وتوسع دور الإستقبال في الخدمات للصحة النفسية جعل من هذه الخدمة مكان مهم للتدريب والبحث. تهدف هذه الدراسة لتقييم حجم خدمة حجرة الإستقبال بقسم الطب النفسي في مستشفيات جامعة عين شمس للإستفادة من ذلك في الوصول إلىمستوى مثالي من الخدمة وكذلك الإستفادة في البحث العلمي. وشمل هذا البحث كل المرضى المترددين على قسم الإستقبال خلال أربعة شهور. كان عدد المترددين خلال هذه المدة ٦٢٠ مريض. ٥٥.٨% كانوا من الرجال بمتوسط عمري ٢٩.٤ ± ١١,٠٣ ؛ ٤٤.٢% كانوا من النساء بمتوسط عمري ٣٠.٢ ± ١٣.٥.مرضى الفصام كانوا يمثلون ٢٥% من العينة ثم الإضطرابات التحولية بنسبة ١٩.٢% ثم إضطراب سوء إستخدام العقاقير بنسبة ١٣.١%. ١١% من المرضى فقط تم غدخالهم للعلاج بالقسم الداخلي أكثر من نصفهم كانوا من مرضى الفصام. الهياج ومحاولات الإنتحار كانتا أكثر الأعراض التي إستدعت دخول المريض للمستشفى. وقد نوقشت هذه النتائج في ضوء المراجع المتوفرة والأبحاث المصرية المماثلة.