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Psychiatric and Behavioral Disorders

Advanced Care Paramedicine

Module: 11

Section: 05

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Introduction

- Evaluation of the psychiatric patient involves:
  - Observation
  - Gathering information from bystanders
  - Patient interview
- Interpersonal skill as opposed to diagnostic equipment

Behavioural Emergencies

- Behaviour
  - Person's observable conduct and activity
  - Abnormal is a subjective term
- Indications of a behavioural problem
  - Interferes with core life functions
  - Threat to life or well-being
  - Significant deviation from societal norms

Pathophysiology

- Up to 20% of the population have a mental health problem
- Patients function normally on a day to day basis
- Most patients are cared for on an outpatient basis
- Problems often associated with non-compliance with medications

Causes of Disorders

- Biological (Organic)
  - Cause related to disease process or structural changes
- Psychosocial
  - Cause related to the patient's personality style, unresolved conflicts, or crisis management methods
- Sociocultural
  - Cause related to the patient's actions and interactions with society

Assessment

- Scene assessment
  - Ensure personal safety
- Primary assessment
  - Suspect life-threatening emergencies
  - Support ABCs
  - General impression
    - Consider posturing, hand gestures, and signs of aggression
    - Observe the patient's awareness, orientation, cognitive abilities, and affect
    - Consider the patient's emotional state

History

- Listen
- Spend time
- Be assured
- Do not threaten
- Do not fear silence
- Place yourself at the patient’s level
- Keep a safe and proper distance
- Appear comfortable
- Avoid appearing judgmental
- Never lie to the patient.

Mental Status

- General appearance
- Behavioral observations
- Orientation
- Memory
- Sensorium
- Perceptual processes

Mental Status

- Mood and affect
- Intelligence
- Thought processes
- Insight
- Judgment
- Psychomotor

Psychiatric Medications

- Determine presence and type
- Compliance
- Identify mental health professional

Disorders

- Cognitive
- Schizophrenia
- Anxiety
- Mood
- Substance related
- Somatoform
- Factitious
- Dissociative
- Eating
- Personality
- Impulse control

Cognitive Disorders

- Psychiatric disorders with organic causes
  - Metabolic disease, drugs, trauma
  - Infection
  - Neoplasm
  - Endocrine disease
  - Degenerative neurologic disease
  - Cardiovascular disease

Delerium

- Rapid onset of widespread disorganized thought
  - Inattention
  - Memory impairment
  - General clouding of consciousness
- May be due to medical condition, intoxication, withdrawal
- Confusion is the hallmark

Dementia

- Gradual development of memory impairment and cognitive disturbances
  - Pervasive impairment of abstract thinking
- Develops over months, usually irreversible
- Most commonly caused by:
  - Alzheimer’s disease
  - Parkinson’s disease
  - Trauma and substance abuse

Presentation

- One or more of:
  - Aphasia
  - Apraxia
  - Agnosia
  - Disturbance in executive functioning
- Significantly impaired social or occupational functioning

Schizophrenia

- Significant change in behaviour and loss of contact with reality
- Presentation
  - Delusions
  - Hallucinations
  - Disorganized speech
  - Grossly disorganized or catatonic behavior
  - Flat affect
- Most diagnosis occurs in early adulthood

Schizophrenia

- Paranoid
  - Feelings of persecution
  - Delusions or auditory hallucinations
- Disorganized
  - Disorganized behaviour, speech or dress
- Catatonic
  - Rigidity, immobility, stupor
- Undifferentiated

Management

- Supportive and non-judgemental
- Do not reinforce hallucinations
  - Understand that he considers them real
- Speak openly and honestly
- Be alert for aggressive behaviour

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Anxiety Related Disorders

- Characterized by dominating apprehension and fear
- Affects 2-4% of Canadians
- Anxiety
  - State of uneasiness, discomfort, apprehension and restlessness

Panic Attack

- Recurrent extreme episodes of anxiety resulting in great emotional distress
- Occasionally difficult to differentiate from cardiac or respiratory condition
- Unprovoked
  - Peaks within 10 minutes
  - Lasts for no more than 1 hour

Symptoms

- Palpitations
- Sweating
- Trembling
- Shortness of breath
- Feelings of choking
- Chest pain
- Nausea
- Abdominal distress
- Paraesthesias
- Chills or hot flashes
- Derealization
- Depersonalization
- Dizziness
- Fear of losing control
- Lightheadedness

Management

- Simple and supportive
- Manage medical complaints
- Calm and reassurance
- Consider sedation for patients with incapacitating symptoms

Anxiety Disorders

- Phobias
  - Excessive fear that interferes with functioning
- Posttraumatic stress syndrome
  - Reaction to an extreme, life-threatening stressor
  - Recurrent, intrusive thoughts
  - Sleep disorders and nightmares
  - Survivor’s guilt
  - Often complicated by substance abuse

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Mood Disorders

- Mood
  - A pervasive, sustained emotion that colours a person's perception of the world
- Mood alterations
  - Depression, elation, anger, anxiety
- Mood disorders
  - Depression
  - Bipolar disorder

Depression

- Characterized by profound sadness or melancholy
- Affects 10-15% of Canadians
- Isolated or in combination with other disorders
  - Substance abuse
  - Anxiety disorders
  - Schizophrenia

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Symptoms

- Depressed mood lasting all day, nearly every day
- Diminished interest in pleasure and daily activities
- Significant weight change
- Insomnia or hypersomnia
- Psychomotor agitation or retardation
- Feelings of worthlessness or excessive guilt
- Diminished ability to think; indecisiveness
- Recurrent thoughts of death

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Major Depressive Disorder

- Requires 5 or more symptoms present during the same 14 day period
- Depression cannot be accounted for by other problems (IN SAD CAGES)

In	Interest
S	Sleep
A	Appetite
D	Depressed Mood
C	Concentration
A	Activity
G	Guilt
E	Energy
S	Suicide

Bipolar Disorder

- One or more manic episodes with or without periods of depression
- Affects < 1% of Canadians
- Often begins suddenly and escalates rapidly
- Commonly several depressive episodes before a manic one

Manic Episodes

- Three or more symptoms persist
  - Inflated self-esteem or grandiosity
  - Decreased need for sleep
  - More talkative than usual or pressure to keep talking
  - Flight of ideas or subjective experience that thoughts are racing
  - Distractibility
  - Increase in goal-directed activity
  - Excessive involvement in pleasurable activities
  - Delusional thoughts

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Bipolar Disorder

- Often prescribed lithium
  - Effective drug
  - Narrow therapeutic index
- During psychotic episodes
  - Consider haloperidol

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Substance-Related Disorders

- Common
- Any mood altering chemical has potential for abuse
- Repetitive use
  - Dependence
  - Addiction
- Dependence may be psychological or physiologic
  - Withdrawal

Somatoform Disorders

- Physical symptoms without apparent cause
- Somatization disorder
- Conversion disorder
- Hypochondriasis
- Body dysmorphic disorder
- Pain disorder

Factitious Disorders

- Three criteria
  - Intentional production of physical or psychological signs or symptoms
  - Motivation for the behaviour is to assume the “sick” role
  - External incentives for the behavior
- In severe cases, patients will undergo multiple surgeries
  - Munchausen syndrome

Dissociative Disorders

- Psychogenic amnesia
  - Failure to recall
  - Hidden beneath level of consciousness
- Fugue state
  - Amnesic individual withdraws further
  - May actually flee

Dissociative Disorders

- Multiple personality disorder
  - Reacts to stress by manifesting two or more complete systems of personality
  - Very rare
- Depersonalization
  - Predominantly in young adults
  - Loss of sense of self
  - Precipitated by acute stress

Eating Disorders

- Anorexia nervosa
  - Loss of appetite, excessive fasting
  - Intense fear of obesity
- Bulimia nervosa
  - Recurrent episodes of uncontrollable binge eating then purging
- Involve extreme malnutrition
  - High morbidity and mortality

Personality Disorders

- Cluster A
  - Paranoid personality disorder
  - Schizoid personality disorder
  - Schizotypal personality disorder
- Cluster B
  - Antisocial personality disorder
  - Borderline personality disorder
  - Histrionic personality disorder
  - Narcissistic personality disorder

Personality Disorders

- Cluster C
  - Avoidant personality disorder
  - Dependent personality disorder
  - Obsessive–compulsive disorder

Impulse Control Disorders

- Kleptomania
- Pyromania
- Pathological gambling
- Trichotillomania
  - Recurrent impulse to pull one's hair
- Intermittent explosive disorder

Suicide

- Alarmingly common
  - Third leading cause of death in 15-24 Rates have risen dramatically
- Women attempt suicide more often
- Men are more likely to succeed

Assessment

- Document
  - Observations about the scene that may be valuable to mental health professionals
  - Any notes, plans, or statements made by the patient
- Treat traumatic or medical complaints

Risk Factors

- Previous attempts
- Depression
- Age (15–24 or over 40)
- Alcohol or drug abuse
- Divorced or widowed
- Giving away belongings
- Living alone or in isolation
- Presence of psychosis with depression
- Homosexuality (HIV status)

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Risk Factors

- Major separation trauma
- Major physical stresses
- Loss of independence
- Lack of goals and plan for the future
- Suicide of same-sexed parent
- Expression of a plan for suicide
- Possession of the mechanism for suicide

Crisis in the Geriatric Patient

- Assess the patient’s ability to communicate.
- Provide continual reassurance.
- Compensate for the patient’s loss of sight and hearing with reassuring physical contact.
- Treat the patient with respect.
- Avoid administering medication.
- Describe what you are going to do before you do it.
- Take your time.
- Allow family and friends to remain with the patient whenever possible.

Crisis in Pediatric Patients

- Avoid separating young children from their parent.
- Prevent children from seeing things that will increase their distress.
- Make all explanations brief and simple.
- Be calm and speak slowly.
- Identify yourself.
- Be truthful with children.
- Encourage children to help with their care.

Crisis in Pediatric Patients

- Reassure children by carrying out all interventions gently.
- Do not discourage children from crying or showing emotions.
- If you will be separated from children, introduce the next person who will assume their care.
- Allow children to keep a favorite blanket or toy.
- Do not leave children alone.

Management

- Medical
  - Treat underlying problem
- Psychological
  - Build trust
  - Use interviewing skills
  - Talk down patient

General Management

- Ensure scene safety and BSI precautions.
- Provide a supportive and calm environment.
- Treat any existing medical conditions.
- Do not allow the suicidal patient to be alone.
- Do not confront or argue with the patient.
- Provide realistic reassurance.
- Respond to the patient in a simple, direct manner.
- Transport to an appropriate receiving facility.

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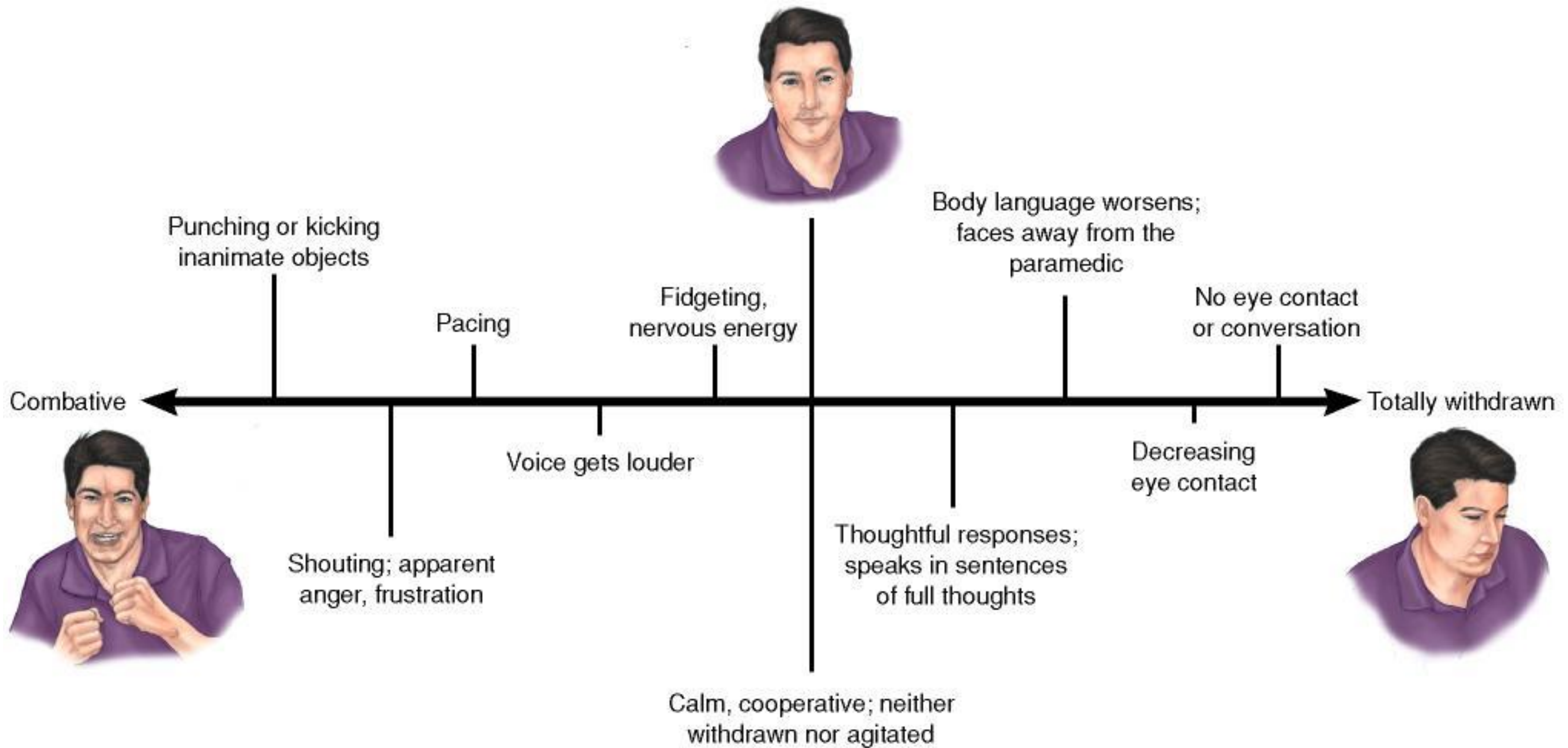
Continuum of Pt Response



Violent Patients

- Most patients will respond and consent to your care
- No EMS personnel should do anything that is unsafe
- Generally a police matter
- Threat determination
  - To self
  - To patient

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Considerations in Restraint

- Physical Restraint
  - Prevent patient from harming himself
  - Use the minimum force needed
  - Use appropriate devices to perform restraint
  - Restraint is not punitive
  - Patients who have been restrained require careful monitoring
- Chemical Restraint
  - Consider haloperidol, versed, etc