

Translation of “abnormal behavior” referral in emergency department, what does it mean for the C&L psychiatrist?

Abstract

The presentation of any psychiatric patient to a general hospital Emergency Department is at best a potential for disruption of the routine and requiring special care, special attention and precautions and definitely needing special logistics. The Emergency physician intervention is an emergency measure: IE life or limb saving intervention, so medical stabilization is a major goal. When it comes to well and seemingly healthy presentation with psychiatric symptoms or behavioral disturbances, the referral is made directly to the psychiatrist with little history of the current presentation and usually it is filed to consultation as “Abnormal Behavior”. We looked into this group to see what is hidden behind the blanket that label. Our results were congruent with many other published papers as to the frequency of non-psychiatric cases referred to psychiatry. A practical recommendation was derived from the experience in this paper we are discussing the results and the recommendations.

Keywords: consult liaison psychiatry, delirium, abnormal behavior, emergency psychiatry

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Introduction

The Emergency department in a general hospital is the first entry point for psychiatric and non-psychiatric patients. The Rate of referral to Consultation Liaison team is high and with different reasons. This study focused only on referred cases labeled as “abnormal behavior” by the emergency room physician; there were (201) patients in the period of four months who were referred with the chief complain documented as “Abnormal Behavior”; we proceeded to review those cases through a prospective cross-sectional descriptive study.

Method and results

Data was collected and analyzed and the findings were as follows; 22.4% of referred cases labeled as abnormal behavior were not psychiatric cases per se but met the criteria for the diagnosis of Delirium, this result is in congruence with the findings cited in Emergency rooms across the USA were one of five or 20% of all psychiatric patients met the criteria for delirium. Most of the patients were male between 21-40 years old (73%) that also is a realistic reflection of the demographic representation of the population in Qatar and it is similar to other study.¹ In this subgroup the Majority of patients were Arab 21%, Indian 16% and Bengali 16%. Among those who were diagnosed with psychiatric illnesses 62% were admitted and 38% got discharged (Figure 1-3).

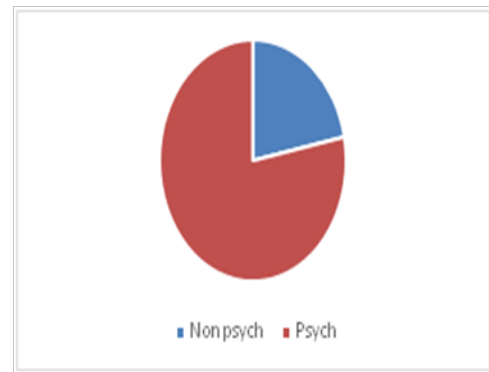


Figure 1 Flow chart.

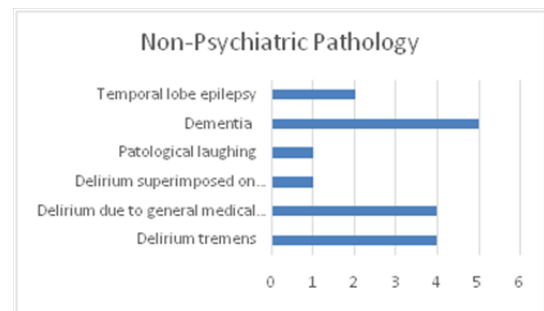
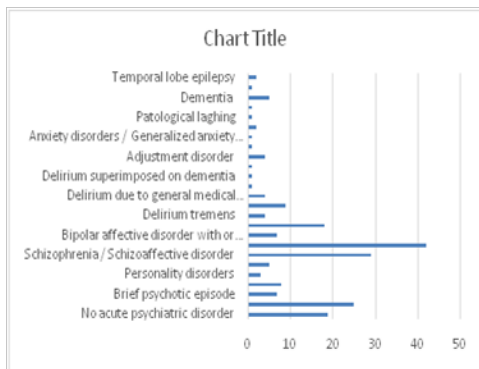


Figure 2 Non-Psychiatric Pathology.

Discussion

An initial observation was that the presence of Emergency Room Psychiatric service has encouraged the ED doctors to increase the Rate of referral to psychiatry but on the other hand the referrals labeled “abnormal behavior” found to be high compared to other studies. Increase rates of psychiatric disorders among this population are replicated in this study. 20% of the patients who were psychiatric patients

were discharged. And fifth of the referral were not psychiatric cases. Such confusion of psychiatric cases is not unique to this study.^{2,3}

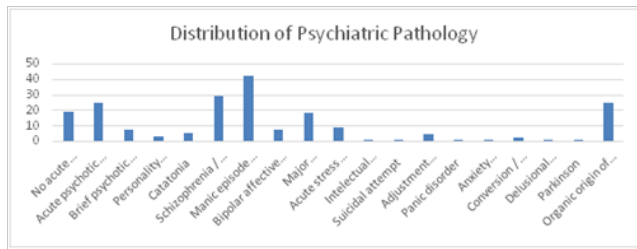


Figure 3 Distribution of Psychiatric Pathology.

Conclusion and recommendations

Translation of abnormal behavior in emergency unit sheds some light on the attitude and perception of psychiatry among medical doctors and community at large. So Improvement of Training of emergency doctors in psychiatry is highly needed. The Emergency Department at this hospital has incorporated the residents’ psychiatric rotation as part of the core curriculum; also the different ER fellowship programs were instrumental in holding series of psychiatric lectures and workshops in their educational activities. These steps would definitely change the referral justification in the near future. A follow up study is warranted to measure the impact of education and awareness.

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Conflicts of interest

Author declares there are no conflicts of interest.

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