

Psychiatric profile of patients attending General Emergency room services- A prospective study

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Abstract : A prospective study was carried out to assess the pattern of psychiatric morbidity as well as pattern of presenting symptoms in the general emergency room services. A total of 18,799 patients visited the emergency room out of which 268 (1.42%) were referred for psychiatric consultation. Out of these patients, 253(1.25%) were found to have diagnosable psychiatric disorder. Most of the patients were in the age group of 21-35 years (51.1%), married (65.67%) and from urban background (70.14%). Males (52.23%) outnumbered females. The most common diagnosis was substance use disorder, followed by dissociative disorder, other anxiety disorder, somatoform disorder, depressive disorder, schizophrenia, intentional self harm, bipolar affective disorders, organic mental disorders, epilepsy and stress related disorders. Most common presenting symptoms were pain/numbness, ghabrahat/palpitation, sadness of mood, and substance related withdrawal.

Keywords : Psychiatric patients, Emergency, Presenting symptoms

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INTRODUCTION

There have been a number of reports of psychiatric referral in a general hospital.¹⁻³ The essential task in the emergency room is to delineate those factors that can be readily translated into a priority of handling of patients. The purpose of looking into the pattern of symptom presentation in the emergency room was to identify the most common psychiatric symptoms presenting in the emergency. These overt symptoms can be used as determinants in the emergency OPD as there is always an urgency to handle the cases so that space may be available for the next emergency.

In India several authors have studied the pattern of psychiatric referral in out-patient as well as in-patient and found referral rate which varies from 0.06-2.64% and 0.15%-2.64% respectively.⁴⁻⁶ However, in India the literature is very sparse about the symptomatology of psychiatric patients attending general hospital emergency services and moreover, to the best of

the knowledge of authors, no systematic work has been carried out in India since last two decades. Hence, the need was felt to carry out this study to look for the overall prevalence rate of psychiatric morbidity, pattern of morbidity and the symptoms for which patients were brought to the general hospital emergency.

MATERIAL AND METHODS

A prospective study was carried out on patients attending general emergency room services of Government Medical College & Hospital, Chandigarh, a tertiary care hospital in North India, from March 15th, 2002 to July 31st, 2002.

All the patients who were referred to Psychiatrist by the Emergency Medical Officer (a Physician or a Surgeon posted in the emergency department) after preliminary screening were included in the study group. A qualified Psychiatrist evaluated all the patients who were referred for psychiatric consultation.

ICD-10⁷ criteria were used to evaluate all the referred patients. All the variables were recorded in a semi-structured walk-in-Performa after complete evaluation of the case. Descriptive statistics was used for interpretation.

RESULTS

Total number of patients who attended emergency room services of Government Medical College & Hospital during above-mentioned period was 18,799. Out of these 268 (1.42%) patients were referred for psychiatric consultation and 253 (1.25%) patients were found to have diagnosable psychiatric disorders.

Although no age group is spared from the psychiatric illness but this has been observed that one-half of the patients were from the age group of 21-35 years (56%) (Table 1). Majority of them were married (65.67%) and majority of them hailed from the urban locality (70%).

The diagnoses of referred patients were substance use disorder (15.67%), followed by dissociative (conversion) disorder (14.55), other anxiety disorder (12.31%), somatoform disorder (10.82%), depressive disorder (10.07%) and patients with suicidal attempt (5.97%). Schizophrenia and bipolar affective disorder was diagnosed in 7.08% and 5.22% respectively. The other less common diagnoses were organic

Table -1
Age and sex distribution of the patients referred for Psychiatric consultation from emergency OPD

Age in years	M(N=140)	F(N=128)
10-15	05 (3.5%)	06 (4.68%)
16-20	20 (14.2%)	16 (12.5%)
21-25	40 (28.5%)	23 (17.96%)
26-30	20 (14.2%)	14 (10.9%)
31-35	20 (14.2%)	20 (15.6%)
36-40	13 (9.2%)	10 (7.81%)
41-50	15 (10.7%)	25 (19.53%)
>50	07 (5%)	14 (10.93%)

Table-2
Psychiatric diagnoses

S.No.	Diagnoses	No of patients	% age
1	Substance use disorder (F10-19)	42	15.67%
2	Dissociative (conversion) disorder (F 44)	39	14.55%
3	Other Anxiety disorder (F 41)	33	12.31%
4	Somatoform disorder (F 45)	29	10.82%
5	Depressive episode (F 32)	27	10.07%
6	Schizophrenia (F 20)	19	7.08%
7	Intentional self-harm (X)	16	5.97%
8	Nil Psychiatry	15	5.59%
9	Bipolar affective disorder (F 31)	14	5.22%
10	Organic mental disorder (F 01-09)	9	3.35%
11	Epilepsy (G 40)	9	3.35%
12	Stress-related disorder (F 43)	5	1.86%
13	Others	11	4.10%

Table-3
Most common symptom(s) for seeking help

S. No.	Symptoms	No of patients	% age
1	Pain/Numbness	53	19.77%
2	Ghabrahat/Palpitation	48	17.91%
3	Sadness	44	16.41%
4	Substance withdrawal	41	15.29%
5	Irrelevant talks	38	14.17%
6	Unresponsiveness	23	8.58%
7	Suicide attempt	21	7.83%
8	Hyperventilation	21	7.83%
9	Suspiciousness	21	7.83%
10	Fits	20	7.46%
11	Violent behavior	18	6.71%
12	Weakness/loss of function	14	5.22%
13	Others	35	13.05%

(3.35%), epilepsy (3.35%) and acute stress reaction and PTSD (1.86%).(Table 2)

The most common symptom(s) for which patient was brought to the emergency were pain/ numbness(19.77%), ghabhraht/palpitation (17.91%), sadness of mood(16.41%), suicide

attempt(7.83%), substance withdrawal(15.29%), followed by irrelevant talk, unresponsiveness episodes, hyperventilation, suspiciousness, fits, violent behavior and weakness/ loss of functions (Table 3). Some of the patients presented with multiple symptoms.

DISCUSSION

A total of 268(1.42%) patients referred for psychiatric consultation and out of them 253(1.25%) were diagnosed to have psychiatric disorder. In other studies, the referral rate varies from 0.5-10%.^{1,8-13}

The slightly low rate of referral in our study may be because of some of the patients, especially the neurotic disorder patients, might have been seen by the emergency medical officers and were not referred to psychiatrist. Similar observations have been reported by another study.^{4,14,16,17}

In our study the most common diagnoses were substance use disorder (15.67%), followed by dissociative (conversion) disorder (14.55%), other anxiety disorder (12.31%), somatoform disorder (10.82%), depressive disorder (10.07%) and patients with suicidal attempt (5.97%). In the studies from western countries, common diagnoses were depression, organic cases, hysteria and personality disorder.^{3,14}

A significant percentage (5.59%) did not have any psychiatric problem. This may be due to the tendency of the physicians posted in the emergency OPD to prematurely 'dichotomize' patients into 'medical' or 'psychiatric' based on inadequate clinical history or examination or previous psychiatric diagnosis.

The most common symptom(s) for which patient was brought to the emergency were pain/ numbness(19.77%), ghabhrahat/palpitation (17.91%), sadness of mood(16.41%), suicide attempt(7.83%), substance withdrawal(15.29%), followed by irrelevant talk, unresponsiveness

episodes, hyperventilation, suspiciousness, fits, violent behavior and weakness/ loss of functions.

In western studies^{3,14} the most common reasons for referral were suicide attempt followed by the minor (neurotic) psychiatric symptoms, major (psychotic) symptoms and disturbing behavior. The difference in presenting symptoms for which referral was sought could be due to different training of emergency medical officer in psychiatry, especially to elicit and identify the psychiatric symptoms, to assess the gravity of symptoms and need for psychiatric referral.¹⁵ Moreover the earlier studies from India have reported that most of the neurotic patients were handled by the physicians.^{16,17}

The substance use disorder patients were from the younger age group, married (60%), from urban background because of local catchments area. The majority of psychotic patients were from rural background. Psychotic disorders present with extreme behavioral disturbances that calls for immediate medical attention including reaching hospital at odd hours.

In majority of the general hospitals including the hospital where the present study has been conducted, the psychiatric emergencies are still continued to be seen by the emergency medical officer along with other medical emergencies. Theoretically, it sounds desirable as it is in line with the objectives of National Mental Health Programme (NMHP, 1982) i.e. integration of psychiatric services with general health services. However, it may not be feasible because Emergency Medical Officer (EMO) being very busy; there is always a sense of urgency for rapid and pressured assessment of the cases and also priority is given to the intervention in life threatening conditions. A large number of psychiatric disorders are missed because exposure to dealing with psychiatric patients is minimal and they may overlook the need for referral to a psychiatrist thereby dealing with

psychiatric symptoms themselves though inadequately.

The development of comprehensive training programs for emergency medical officers, nursing staff, resident doctors and other ancillary staff to handle the violent patients will inevitably lead to improvement in emergency psychiatric services.

Though the primary aim of the study was to examine the whole range of psychopathology, however, personality disorder could not be included in the evaluation because of time constraint and non-availability of reliable informant.

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