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# "PROFILE OF PATIENTS ATTENDING PSYCHIATRIC EMERGENCY SERVICES AT TERTIARY CARE CENTRE."

Psychiatry

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## ABSTRACT

Psychiatric disorders are a prevalent and increasing problem in the community and their burden is large compared with other illnesses as they occur early in life and are chronic. The present study aims on the patient profiles attending psychiatric emergency services in a tertiary health care centre with an objective to classify mental emergencies among patients utilizing psychiatric emergency services in tertiary care facilities and to examine sociodemographic patterns in patients. The Cross-sectional Observational study of 153 patients was conducted to study the profile of patients attending psychiatric emergency services in tertiary care centre. The M.I.N.I. (MINI INTERNATIONAL NEUROPSYCHIATRIC INTERVIEW) was created as a concise structured interview for the most prevalent Axis I psychiatric disorders in the DSM- 5 and ICD-10. In the present study of age and gender of 153 patients maximum of 52.28 % patients were in the age group 20 -39 years in which 36.60 % were male. The association of age & gender with psychiatric morbidity in psychiatric emergency services is statistically significant and that psychosocial stressors such as employment, education, socioeconomic position, and relationship conflict were one of the key characteristics factors for availing the psychiatric emergency. M.I.N.I diagnosis helped to study the appropriate condition of the patients attending Psychiatric emergency services. Thus, the study's findings could contribute to our understanding of emergency psychiatric problems, improve our preparations for handling them quickly, and improve emergency psychiatry services to satisfy the need for mental healthcare in our state.

## KEYWORDS

psychiatric emergency, M.I.N.I scale, sociodemographic profile, psychiatric morbidity.

## INTRODUCTION

Psychiatric disorders are a prevalent and increasing problem in the community and their burden is large compared with other illnesses as they occur early in life and are chronic. The care of these conditions depends on timely and appropriate diagnosis of mental illness and effective referral. Complete mental well-being must be one of the components of holistic health.[1] Major clinical syndromes associated with mental illness are characterised by distress brought on by psychological and behavioural symptoms that impair functioning[2]

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Along with the increasing numbers of psychiatric "crises" many different treatment approaches have evolved. This article briefly reviews data on psychiatric emergencies, and discusses the varied factors of delivering urgent psychiatric interventions, and the most prominent types of crisis psychiatric presentations.

The three basic models of emergency Psychiatry delivery are: The psychiatric consultant seeing patients in the medical emergency department; A separate section of the medical emergency department dedicated to mental health patients, with specially trained and dedicated staff; The stand-alone PES, a facility separate from a medical emergency department that is solely for treatment of acute mental health patients.

Psychiatric emergency is defined as an acute disturbance of behaviour, thought, or mood of patient which if untreated may lead to harm, either to self or others. Psychiatric emergencies may include suicide, substance dependence, panic attacks, violence, delusional disorder, and victims of abuse or disaster. Acute psychiatric emergencies, which previously were the domain of mental hospitals, now present often in Emergency Departments (EDs) of general hospitals and are handled by the general hospital psychiatric units.[3]

The main users of this service are single, divorced or widowed. Young adults (25-44 years) present most frequently with psychiatric disorders, women predominantly with depressive episodes and phobias, and men anti-social personality problems and alcohol-use problems. [4] The most commonly encountered diagnoses in psychiatric emergency are affective disorders, substance-use disorders and antisocial personality disorders. [5]

Studies have reported that schizophrenia was the predominant diagnosis of patients admitted to mental health wards, whereas patients with affective disorders, adjustment disorders and other anxiety disorder were being admitted to lesser degree. [6,7] Another study by Thomson also found depression and anxiety as the most common reason for hospital admission, while schizophrenia and related psychosis are ranked next, they are followed by other diagnosis.[8] Other factors have been reported to affect the pattern of admission that includes age and gender of patients. [8,9] This gender difference in admission may indicate differences in severity or in the presentation to psychiatric services. [9]

Thus, the present study aims on the patient profiles attending psychiatric emergency services in a tertiary health care centre with an objective to classify mental emergencies among patients utilizing psychiatric emergency services in tertiary care facilities and to examine sociodemographic patterns in patients. This study also attempts to assess instances with non-complaint to treatment of psychiatric illness and to evaluate undiagnosed cases presenting as psychiatric emergencies.

## AIM & OBJECTIVES-

To study Profile of Patients attending Psychiatric emergency services. To study socio-demographic pattern in patient presenting as psychiatric emergency. To study psychiatric profile and classify psychiatric emergency in patients attending psychiatric emergency services in tertiary care centre.

**Study Design -** Cross-sectional Observational study

**Study Setting -** Study was conducted at Department of psychiatry, Dr. Vasantrao Pawar Medical College, Hospital & Research Centre, Adgaon, Nashik. All the patients visiting the psychiatric emergency from August 2020 to December 2022 at tertiary care centre. All subjects in the sample will be informed about the purpose of the study. After obtaining the written informed consent they will be interviewed using a questionnaire.

### Inclusion And Exclusion Criteria

- Psychiatry emergency presenting in emergency department of tertiary care center. Patient/Relatives giving written informed consent. Indoor patient presenting as psychiatric emergency.
- Patients/Caregiver/Relatives not giving written consent

## RESULTS AND DISCUSSION-

**Table 1 – Demographic study**

| Parameters | Frequency (N) | Percentage (%) |
|---|---|---|
| Age Distribution | | |
| 16 -19 | 9 | 5.88 |
| 20 - 39 | 80 | 52.28 |
| 40 - 59 | 46 | 30.07 |

| | | |
|---|---|---|
| 60 - 79 | 16 | 10.46 |
| 80 - 99 | 2 | 1.31 |
| Gender Distribution | | |
| Male | 111 | 72.55 |
| Female | 42 | 27.45 |
| Marital Status | | |
| Married | 119 | 77.77 |
| Separated | 5 | 3.26 |
| Single | 26 | 16.99 |
| Widowed | 3 | 1.96 |
| Education level | | |
| Up to 10th | 103 | 67.32 |
| Up to 12th | 26 | 16.99 |
| Graduate | 21 | 13.72 |
| Illiterate | 3 | 1.96 |
| Occupation | | |
| Employed | 100 | 65.36 |
| Unemployed | 53 | 34.64 |
| Family Status | | |
| Joint | 101 | 66.01 |
| Nuclear | 52 | 33.98 |

Out of 153 patients, majority of patients was in the age group of 20 -39 years with 52.28 %, with male dominance of 72.55 %. 77.77 % patients were married, majority of 67.32 % were educated till 10th class. 65.36 % of the patients were employed & 66.01 % patients were from joint family. Young age with male dominance, married, low education, unemployed mostly from joint family were the major factors observed in Psychiatric emergency.

**Table 2 - Association of age and gender with psychiatric morbidity in Psychiatric emergency services**

| Age in years | Drug Abuse Disorder | Psychotic disorder | Generalized Anxiety Disorder | Major Depressive Disorder | Social Phobia | Organic disorder | Total (Psychiatric illness | P-value |
|---|---|---|---|---|---|---|---|---|
| 16 - 19 | 0 | 5 | 1 | 2 | 1 | 0 | 9 | < 0.001 |
| | | -3.26 | -0.65% | -1.30% | -0.65 % | | -5.88 % | |
| 20 – 39 | 30 | 28 | 6 | 6 | 0 | 10 | 80 | |
| | -19.50 % | -18.30 % | -3.92% | -3.92% | | -6.53 % | -52.28 % | |
| 40 – 59 | 22 | 7 | 2 | 8 | 1 | 6 | 46 | |
| | -14.37 % | -5.57 % | -1.3% | -5.22% | 0.65 % | -3.92 % | -30.06 % | |
| 60 – 79 | 4 | 1 | 0 | 0 | 0 | 11 | 16 | |
| | -2.61 % | -0.65 % | | | | 7.18% | -10.45 % | |
| 80 – 99 | 0 | 0 | 1 | 0 | 0 | 1 | 2 | |
| | | | -0.65% | | | -0.65 % | -1.3% | |
| Total | 56 | 41 | 9 | 15 | 2 | 28 | 153 | |
| | 36.60 % | -27.3 | -5.89% | -9.80% | -1.30 % | 18.30 % | -100 % | |
| Male | 56 | 8 | 3 | 24 | 2 | 18 | 111 | < 0.001 |
| | -36.60 % | -5.22 % | -1.96% | -15.68% | -1.30 % | 11.76 % | -72.54 % | |
| Female | 0 | 7 | 7 | 18 | 0 | 10 | 42 | |
| | | -4.57 % | -4,57% | -11.76% | | -6.53 % | -27.45 % | |
| Total | 56 | 15 | 10 | 42 | 2 | 28 | 153 | |
| | -36.61 % | -9.81 % | -6.53% | -27.45% | -1.30 % | -18.30 % | -100 % | |

Out of 153 patients, 56 % were drug abuse, 41 % had psychotic disorder, 5.89 % had generalized anxiety disorder, 9.80 % patients had major depressive disorder, 1.30 % had social phobia, 18.30 % patients had organic disorder. In the association of gender with psychiatric morbidity. 56 males were drug abused, 8 had psychotic disorder, 3 patients had anxiety disorder, 24 male patients were under depression, 2 had social phobia, and 18 had organic disorder.

In female 7 patients had psychotic and anxiety disorder, 18 female patients were under depression and 10 had organic disorder. The association between age & gender with psychiatric morbidity is statistically significant.

**Table 3 - M.I.N.I diagnosis of patients attending Psychiatric emergency services**

| MINI Diagnosis | Frequency (n) | Percentage (%) |
|---|---|---|
| Alcohol use disorder currently in withdrawal | 42 | 27.45 |
| Organic cause-Delirium due to generalized medical condition | 28 | 18.30 |
| Suicide behavior | 27 | 17.64 |
| Major depressive disorder | 13 | 8.49 |
| Bipolar mood disorder currently in mania | 8 | 5.22 |
| Brief psychotic episode | 7 | 4.57 |
| Cannabis use disorder currently in withdrawal | 7 | 4.57 |
| Panic disorder | 7 | 4.57 |
| Alcohol use disorder | 6 | 3.92 |
| Generalized anxiety disorder | 2 | 1.30 |
| MDD with Psychotic feature | 2 | 1.30 |
| Social anxiety | 2 | 1.30 |
| Anxiety disorder | 1 | 0.65 |
| Cannabis use disorder | 1 | 0.65 |
| Total | 153 | 100.0 |

In out study out of 153 patients, 27.45 % cases had reported alcohol use disorder currently in withdrawal, 18.30 % cases had Delirium, 17.64 % cases had a feeling of suicide behavior, 8.94 % cases had major depression, 5.22 % cases had bipolar mood disorder, 4.57 % cases. M.I.N.I diagnosis helped to study the appropriate condition of the patients attending psychiatric emergency services. Many studies have refereed it to understand the psychiatric emergency in patients with mental illness.

## CONCLUSION

The current cross-sectional observational study described the profile of patients attending Psychiatric emergency services. Based on the socio-demographic pattern the study concludes that most of the patients attending the Psychiatric emergency center were young male patients. The present study demonstrates that psychosocial stressors such as employment, education, socioeconomic position, and relationship conflict were one of the key characteristics factors for availing the psychiatric emergency. The M.I.N.I diagnostic aided in the analysis of the relevant state of the patients utilizing psychiatric emergency care. Thus, the study's findings could contribute to our understanding of emergency psychiatric problems, improve our preparations for handling them quickly, and improve emergency psychiatry services to satisfy the need for mental healthcare in our state.

### Limitations -

The limitation of our study was small sample size & Cross-sectional Observational study.

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