LETTER TO EDITOR

Approach to Adult Agitated Case in the Emergency Department: Key Points from a Psychiatric Perspective

Acil Serviste Yetişkin Ajite Vakaya Yaklaşım: Psikiyatrik Bir Bakış Açısıyla Önemli Noktalar

Dilek Örüm

Elazığ Fethi Sekin City Hospital, Clinic of Psychiatry, Elazığ, Türkiye.

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Correspondence:
Dilek Örüm, Elazığ Fethi Sekin City Hospital, Psychiatry Outpatient Clinic.
23200, Elazığ, Türkiye.

E mail: dr.dilekulukan@gmail.com

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Dear Editor,

Agitation is a state of excessive arousal associated with verbal and/or motor activity that can result from medical and/or psychiatric causes and can have devastating consequences. Agitation phenomena can be encountered in many different areas, including inpatient treatment units, intensive care units, and daily life. Emergency departments are among the health units where agitated cases are most frequently encountered. Agitation may be encountered before and during emergency department presentation. The process of assessing agitation involves various challenges, and intervention methods are based on clinician experience (1).

During the first encounter with the case, determining the severity of agitation using various scales such as Buss-Perry Aggression Questionnaire and Riker Sedation-Agitation Scale should be the first step in the medical intervention process. Following this stage, environmental arrangements should be made for the case who may harm himself/herself and the environment, and a safe environment should be created. The clinician should begin the assessment by reflecting his/her awareness of agitation to the case and offering assistance. Among all verbal and nonverbal techniques, verbal calming should be the first method to be used in reducing the likelihood of violent behaviour. The possible consequences of agitation should be explained to the case, and it should be stated clearly and gently that he/she will not be allowed to harm others or himself/herself. Despite all this information, it is known that verbal calming does not always yield successful results (2).

In cases where verbal calming is insufficient, seclusion and restraint may be required to prevent the agitated case from harming themselves and their environment. Keeping in mind that restraint is the last option, the case should be restrained quickly and restraint should be terminated as soon as possible. During restraint and seclusion, the physical and psychological condition of case should be closely monitored. Pharmacological interventions may be used in cases that cannot be calmed sufficiently with verbal and physical methods. In agitation due to alcohol withdrawal, benzodiazepines should be preferred over antipsychotics. In agitation due to alcohol intoxication, antipsychotics should be preferred over benzodiazepines. In cases where delirium is not possible, benzodiazepines should be avoided, low-dose antipsychotics should be preferred. Benzodiazepines can be used in a controlled manner in cases where differential diagnosis cannot be established. The risk of respiratory depression should be considered when using benzodiazepines. Intravenous administration should be avoided except in cases where there is no alternative. When intervening in elderly agitated cases, care should be taken not to use high drug doses. In agitated cases that are calmed by pharmacological and/or non-pharmacological methods, the evaluation should be continued where it was left off. The aim of the evaluation at this stage should be to reveal the aetiology and make a differential diagnosis (3).

General medical condition, substance intoxication or withdrawal, primary psychiatric disorders, and undifferentiated agitation are the four main etiological causes of agitation. Agitation that has not been pre-diagnosed or that is not known about should be assumed to be due to a general medical condition until proven otherwise. In an agitated case that is calmed down with verbal and/or physical methods, vital signs should first be obtained and then biochemical analyses should be performed. All current and past information about the case should be reviewed. If the current agitation cannot be

explained by general medical conditions or substance-related conditions, the case should be evaluated in terms of psychiatric disorders. It should not be forgotten that acute agitation can be seen in many different psychiatric disorders, especially schizophrenia, schizoaffective disorder, and bipolar disorder, as well as autism spectrum disorder, personality disorders, adjustment disorder, anxiety disorder, and major depressive disorder (4).

Intervention of agitation with psychopharmacological agents is still one of the most effective treatment approaches today. The most commonly used agents for this purpose are antipsychotics and benzodiazepines. Oral and intramuscular formulations of haloperidol and olanzapine are frequently used for this purpose. In mild agitation, 5-10 mg oral haloperidol, 2.5-5 mg oral olanzapine and 1-2.5 mg oral lorazepam can be used. In moderate agitation, 10-15 mg oral haloperidol, 5-15 mg oral olanzapine and 2.5 mg oral lorazepam can be used. In severe agitation, 5 mg intramuscular biperiden can be used in addition to 10-15 mg intramuscular haloperidol and the effect is expected to start within 15-30 minutes and continue for up to four hours. The same application can be repeated every four hours. However, it is not preferred to apply biperiden more than 10 mg/day. The purpose of adding biperiden is to prevent the emergence of possible extrapyramidal system side effects (e.g., dystonia, akathisia, rigidity, bradykinesia) related to haloperidol. Intravenous use of haloperidol is not preferred due to possible cardiac side effects. Although it is known that the risk of prolongation of QT interval is mostly associated with intravenous use of haloperidol, caution should be exercised in all routes of administration. In cases with more information, zuclopenthixol acuphase can be administered intramuscularly with the recommendation of a psychiatrist. Although intramuscular diazepam is frequently used, it is not recommended because it may cause respiratory depression over a prolonged period. Controlled intravenous diazepam application can be recommended in necessary and appropriate conditions because it is safer than intramuscular application. Although intramuscular application of chlorpromazine provides effective sedation in agitation, caution should be exercised because it may lower the threshold and cause epileptic seizures (5).

Agitation is a common condition that can be associated with various psychiatric and medical conditions. It can present with a wide range of symptoms, starting from mild restlessness and reaching severe aggression. Early recognition of agitation and intervention in light of ethical rules are important. The intervention process consists of various steps including environmental regulation, security measures, verbal calming and the use of psychopharmacological agents. After excluding general medical conditions that may be responsible for the current condition of the case, the psychiatric picture is managed. Antipsychotic and benzodiazepine group drugs are frequently used in intervention. Haloperidol is the most important agent used in agitation intervention. The most important factors that increase the success of the agitation intervention process are early diagnosis and treatment. In order to achieve this, agitation should be addressed with a multidisciplinary clinical approach and emphasis should be placed on in-service training.

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