

A General View of Emergency Psychiatric Consultations in a University Hospital

Bir Üniversite Hastanesindeki Acil Psikiyatri Konsültasyonlarına Genel Bakış

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ABSTRACT

Aim: Psychiatric patients form a significant rate of patients cared for by emergency hospitals. Studies have shown that 3-12% of those admitted in emergency services of general hospitals are psychiatric patients.

The objective of this study is to research the sociodemographic characteristics and psychiatric diagnoses of psychiatric cases in the emergency service were consulted with psychiatry.

Material and Methods: The records of all patients who were admitted to Karadeniz Technical University Hospital Emergency Service and whose psychiatric consultations were asked between the dates 31.10.2015 and 31.10.2016 were assessed retrospectively and the patients' sociodemographic characteristics, the purposes for asking for consultation and their psychiatric diagnoses were reviewed.

Results: Of the 171 patients included in the study, 93 (54.4%) were female, while 78 (45.6%) were male. Average age of the patients was 35.6±15.5 and 128 (74.9%) were unemployed. 63 (36.9%) of the patients were consulted to the psychiatric department for suicide attempt, 21 (12.3%) for acute psychotic symptoms, 17 (9.9%) for anxiety symptoms, 16 (9.4%) for mania period symptoms, 13 (7.6%) for having thoughts of suicide, 12 (7%) for agitation and 12 (7%) for side effects due to psychotropic drugs. Psychiatrically, 42 (24.6%) of the patients who were asked for consultation were assessed as depressive disorder, while 19 (11.1%) were assessed with schizophrenia, 26 (15.2%) were assessed as alcohol and drug use disorder.

Conclusion: In this study, the patients were consulted with psychiatry for suicide attempt the most, and the most frequently determined psychiatric diagnosis as a result of psychiatric assessment was depression.

Keywords: Emergency psychiatry, psychiatric consultation, psychiatric diagnosis, suicide attempt.

ÖZ

Amaç: Psikiyatrik hastalar, acil servisler tarafından bakım verilen hastaların önemli bir oranını oluşturmaktadırlar. Nitekim çalışmalarda genel hastanelerin acil servislerine başvuruların %3-12'sinin psikiyatrik başvurular olduğu gösterilmiştir.

Bu çalışmada bir üniversite hastanesinde acil servise başvuran psikiyatrik olguların geriye dönük olarak sosyodemografik özellikleri ve psikiyatrik tanıların araştırılması amaçlanmıştır.

Gereç ve Yöntemler: Karadeniz Teknik Üniversitesi Tıp Fakültesi Hastanesi Acil Servisine 31.10.2015-31.10.2016 tarihleri arasında başvuran ve acil servis tarafından psikiyatrik konsültasyon istenen tüm hastaların kayıtları geriye dönük olarak değerlendirilerek sosyodemografik özellikleri, konsültasyon istenme amacı ve psikiyatrik tanıları gözden geçirilmiştir.

Bulgular: Çalışmaya alınan 171 hastanın 93'ü (%54.4) kadın, 78'i (%45.6) erkektir. Hastaların yaş ortalaması 35.6±15.5 olup 128'i (%74.9) işsizdir. Hastaların 63'ü (%36.9) intihar girişimi ile, 21'i (%12.3) akut psikotik belirtilerle, 17'si (%9.9) anksiyete belirtileri ile, 16'sı (%9.4) mani dönemi belirtileri ile, 13'ü (%7.6) intihar düşüncelerinin olması nedeni ile, 12'si (%7) ajitasyon nedeni ile, 12'si (%7) psikotrop ilaçlara bağlı yan etkiler ile psikiyatri bölümüne konsülte edilmiştir. Psikiyatrik açıdan konsültasyon istenen hastaların 42'si (%24.6) depresif bozukluk, 19'u (%11.1) şizofreni, 21'i (%12.3) bipolar bozukluk, 26'sı (%15.2) alkol ve madde kullanım bozukluğu olarak değerlendirilmiştir.

Sonuç: Bu çalışmada acil servis tarafından psikiyatrik konsültasyon istenen hastaların en sık intihar girişimi nedeni ile psikiyatriye konsülte edildiği, psikiyatrik değerlendirme sonucunda en sık belirlenen psikiyatrik tanının depresyon olduğu tespit edilmiştir.

Anahtar Kelimeler: Acil psikiyatri, psikiyatrik konsültasyon, psikiyatrik tanı, intihar girişimi.

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Introduction

Psychiatric diseases represent a significant proportion of patients receiving care in emergency departments (1, 2). Studies show that 3-12% of presentations to general hospital emergency departments are psychiatric (3, 4). Psychiatric emergencies may derive from several chronic mental diseases, psychosocial stress factors and adverse life events, and can also develop following intoxications, substance use, drug side-effects and drug interactions (5).

Some psychiatric patients presenting to emergency departments do so with explicit behavioral symptoms (attempted suicide, etc.), while others may present with non-behavioral problems (chest pain, etc.). Somatoform disorders particularly including conversion disorder (35-47%), anxiety disorders (12-15.9%) and psychotic disorders (17-24.5%) are common diagnoses in numerous studies of emergency psychiatric presentations (6). In addition, previous studies have described the difficulty of evaluating psychiatric diseases that are synchronous with physical symptoms (1, 7, 8, 9).

Social and demographic information is a determining factor in the planning of services for individuals seeking psychiatric assistance and plays an important role in planning, developing and accessing psychiatric services. Epidemiological studies can be useful in eliciting clues concerning the etiology and pathogenesis of psychiatric diseases and identifying risk groups. Psychiatric epidemiology studies performed in Turkey have reported that the principal risk factors for psychiatric disorders are associated with sex, age, marital status, socioeconomic level and level of education (10). The skills of the physicians working in the emergency department can also affect the assessment of psychiatric cases. Indeed, emergency physicians are able to refer psychiatric cases with low severity to centers providing outpatient services without waiting for consultations (11).

The purpose of this study was to retrospectively investigate sociodemographic characteristics, symptoms leading to referral for psychiatric examination and psychiatric diagnoses among psychiatric cases presenting to a university hospital emergency department and thought to require psychiatric consultation, through an assessment of requests for psychiatric consultations by the emergency department.

Material and Methods

The records of all patients presenting to the Karadeniz Technical University Medical Faculty emergency medicine department over a 1-year period from 31.10.2015 to 31.10.2016 and for whom psychiatric consultations were requested by that department were examined retrospectively. Of the 84,804 patient presentations between the dates in question, 1592 were for psychiatric reasons, and psychiatric consultations were requested for

171 of these. Patients' sociodemographic data were obtained from the information in medical records using a structured form. The emergency presentation symptoms of patients for whom psychiatric consultations were requested and diagnoses based on DSM-V following assessment by a psychiatrist were reviewed using the information in the medical records. Written permission for the study was obtained from the Karadeniz Technical University Medical Faculty Farabi Hospital Chief Physician's Office, and approval was granted by the ethical committee (Date:2017- Approval No:232).

Statistical analysis:

Data analysis was performed on SPSS 23.0 software. Descriptive statistics were expressed as number and percentage for categorical variables. Numerical variables were expressed by conversion in categorical form.

Results

The emergency department received 84,804 presentations during the study period, 1592 (1.9%) of which were assessed as psychiatric cases. Psychiatric consultations were requested for 171 (10.7%) of the 1592 cases assessed as psychiatric. Ninety-three (54.4%) of the 171 patients involving psychiatric department consultation were women and 78 (45.6%) were men. Ninety (52.6%) patients were married, 81 (47.4%) were single. Fifty (53.8%) of the women in the study were married, 43 (46.2%) were single. Forty (51.3%) of the men in the study were married, 38 (48.7%) were single. Women comprised 55.6% of all the married subjects, and men 44.4%. Fifty percent of the single subjects were women and 50% were men. The mean age of the patient was 35.6±15.5 years. One hundred twenty-eight (74.9%) of the patients enrolled were unemployed. Patients' sociodemographic data are shown in Table 1. Forty-eight (28.1%) patients were aged 18-24, 49 (28.7%) were aged 25-34, 37 (21.6%) were aged 35-44 and 37 (21.6%) were 45 or over (Table 1). Following psychiatric evaluation, 55% (n= 94) of patients were referred to the psychiatry clinic and 45% (n= 77) were admitted to the psychiatric ward. Consultations with the psychiatric department involved 63 (36.9%) patients after attempted suicide, 21 (12.3%) with acute psychotic symptoms, 17 (9.9%) with anxiety symptoms, 16 (9.4%) with manic period symptoms, 13 (7.6%) with suicidal ideation, 12 (7.0%) with agitation and 12 (7.0%) with side-effects associated with psychotropic drugs. Forty-two (24.6%) of the cases for whom psychiatric consultation was requested were assessed as depressive disorder, 42 (24.6%) as having personality pattern disorders (exhibiting clinical characteristics of antisocial and borderline personality disorder), 19 (11.1%) as schizophrenia, 21 (12.3%) as bipolar disorder, and 26 (15.2%) as alcohol and substance use disorder. Causes of presentation to the emergency

department and suspected psychiatric diagnoses are shown in Table 2.

Forty-four (69.8%) of the patients receiving psychiatric consultation due to attempted suicide in this study were women, while 19 (30.2%) were men. Twenty-one (33.3%) of patients presenting due to attempted suicide were diagnosed with depression. Thirty-six (57.1 %) of patients presenting due to attempted suicide were diagnosed with personality traits (Table 3).

	% , n
Gender	
Female	54.4 (n=93)
Male	45.6 (n=78)
Age (years)	35.6±15.5
Marital status	
Married	52.6 (n=90)
Single	47.4 (n=81)
Educational status	
Not literate	6.4 (n=11)
Literate	2.9 (n=5)
Primary school graduate	33.9 (n=58)
Secondary school graduate	11.7 (n=20)
High school graduate	34.5 (n=59)
University graduate	10.5 (n=18)
Employment status	
Unemployed	74.9 (n=128)
Employed	25.1 (n=43)

Table 1. Sociodemographic characteristics

Discussion

In this study, 1.9% of all patients presenting to the emergency department over a 1-year period were evaluated as psychiatric cases, and psychiatric consultation was requested for 10.7% of these. Following psychiatric evaluation, 55% (n= 94) of patients were referred to the psychiatry clinic and 45% (n= 77) were admitted to the psychiatric ward. Levels of psychiatric presentations to the emergency departments of general hospitals of 3-12% have been reported in the literature (3, 4). The level of psychiatric cases presenting to the emergency clinic was lower, at 1.9%, than the levels reported in the previous literature. This may be due to the study being performed at a university hospital providing tertiary health services, for which reason patients were referred after being sifted at previous stages. Psychiatric consultations were requested for 10.7% of all cases assessed as psychiatric. Previous studies have reported that emergency physicians being able to identify low severity cases not requiring psychiatric consultation and to refer these to psychiatric centers providing outpatient services can reduce the waiting time for psychiatric consultation in presenting cases and can prevent overcrowding in the emergency environment (11, 12, 13). This study was performed in a university hospital, and specialist emergency physicians are in charge of the hospital's emergency department. Specialists may have greater skills in the

evaluation of psychiatric case presentations and may have requested psychiatric consultation only when this was regarded as necessary. This may account for the low level of psychiatric consultations in this study.

	n, (%)
18-24	48 (%28.1)
25-34	49 (%28.7)
35-44	37 (%21.6)
45 years and older	37 (%21.6)
Total	171 (%100)

Table 2. Age groups

In terms of gender, 93 patients (54.4%) were female and 78 (45.6%) male. One recent study from Turkey reported a preponderance of women among emergency presentations (6). In another study, 81.8% of patients presenting to the emergency department due to a critical life event were women and 18.2% were men, findings similar to those of our study (14). Married subjects comprised 52.6% of the patients. Fifty women (53.8%) and 40 men (51.3%) were married. Married subjects making more frequent emergency psychiatric presentations than single subjects may indicate that intrafamilial communication problems, relationship problems and socioeconomic problems trigger the emergence of psychological problems. In addition, 128 (74.9%) of patients were unemployed. In the light of these findings, it is possible that unemployment may have an adverse impact on individuals' mental health and may also lead to an increase in emergency presentations.

High school graduates comprised 34.5% of patients for whom psychiatric consultations were requested by the emergency department. These data are understandable for the emergency department of a university hospital serving a population that includes university students. Indeed, examination of the general age distribution shows that age groups making most presentations and for which consultations were requested were the 18-24 and 25-34 age groups, which also included the university population.

On the basis of our findings, psychiatric consultation was most requested by the emergency department for cases presenting after attempted suicide (36.9%, n= 63). Another recent study from Turkey reported emergency department presentations due to attempted suicide at a level of 22% (6). Another study reported a 15% level of presentation to emergency departments due to suicidal ideation (15). Forty-four (69.8%) of the patients receiving psychiatric consultation due to attempted suicide in this study were women, while 19 (30.2%) were men. In support of the findings of this study, previous studies concerning suicide have reported a female/male ratio of 1.7 (16) and show that attempted suicide is more common in women (87%) (17).

Reason for admittance	%, n
Suicide attempt	36.9 (n=63)
Acute psychotic symptoms	12.3 (n=21)
Mania period symptoms	9.4 (n=16)
Thoughts of suicide	7.6 (n=13)
Anxiety symptoms	9.9 (n=17)
Drug side effect	7.0 (n=12)
Fatigue/intoxication	4.7 (n=8)
Depressive symptoms	2.3 (n=4)
Conversion symptoms	2.3 (n=4)
Agitation	7.0 (n=12)
Dissociative symptoms	0.6 (n=1)
Psychiatric Diagnoses	%, n
Schizophrenia	11.1 (n=19)
Depressive Disorder	24.6 (n=42)
Bipolar Disorder	12.3 (n=21)
Alcohol use disorder	7 (n=12)
Drug use disorder	8.2 (n=14)
Personality traits	24.6 (n=42)
Panic disorder	1.8 (n=3)
Obsessive Compulsive Disorder	2.9 (n=5)
Psychotic Disorder	9.4 (n=16)
Dementia	1.2 (n=2)
Generalized Anxiety Disorder	5.3 (n=9)
Delirium	2.9 (n=5)
Conversion Disorder	4.1 (n=7)
Schizoaffective disorder	0.6 (n=1)
Neuroleptic malignant syndrome	2.9 (n=5)
No psychiatric diagnosis	0.6 (n=1)

Table 3. Reason for admittance and diagnosis of the patients

The most common psychiatric diagnoses of patients presenting to the emergency department following evaluation consultations requested by the emergency department were depression (24.6%, n= 42) and bipolar disorder (12.3%, n=21). In support of this finding, one previous study performed in the USA reported that mood disorders were the most common diagnosis, at 66%, in patients presenting to the emergency department, while other studies have reported levels of 44-66% for mood disorders (11). One study from Turkey reported an incidence of 36% for mood disorder among patients presenting to the emergency department (6). Women constituted 28 (66.7%) of the patients diagnosed with depression and men 14 (33.3%). Another study from Turkey reported that 70.9% of depressive patients presenting to the emergency department were women (6). Twenty-one (50%) of the 42 patients diagnosed with depression presented to the emergency department due to attempted suicide. In addition, 33.3% (n= 21) of patients presenting due to attempted suicide were diagnosed with depression. Mood disorders are a significant risk factor for suicide, and studies have reported that depressive episodes are the most common diagnosis in deaths by suicide (18). According to

our study findings, similar levels of patients diagnosed with depression and of patients exhibiting antisocial and/or borderline personality symptoms were present among subjects for whom psychiatric consultation was requested by the emergency department. Reasons for presentation to the emergency department were attempted suicide in 57.1% (n= 36) of patients assessed as having personality pattern disorders (exhibiting clinical characteristics of antisocial and borderline personality disorder) following psychiatric evaluation. Previous studies have reported that personality disorders are associated with an increased risk of suicide. The lifetime risk of suicide in individuals with personality disorder is 3-9%, a figure 7 times greater than in the general population (19).

Suicide attempt	n, (%)
Personality traits	36 (%57.1)
Depression	21 (%33.3)
Others	6 (%9.6)
Total	63 (%100)

Table 4. Depression and personality traits in suicide attempters

Schizophrenia, schizoaffective disorder and psychotic disorder spectrum diagnoses were considered in 21.1% of patients for whom psychiatric consultation was requested by the emergency department. One of the most common diagnoses in patients presenting to emergency departments are reported to be psychotic disorders (17-24.5%), and our study findings are compatible with those of previous studies in terms of such disorders (4, 6). In addition, one study from the USA reported that the most common diagnoses among patients presenting to the emergency department were schizophrenia (39%) followed by depressive mood (13.5%) and suicidal ideation (12.1%) (20).

In this study, 10% (n=17) of cases for which psychiatric consultation were requested by the emergency department were evaluated as anxiety disorders, 4.1% (n=7) as conversion disorder, and 15.2% (n=26) as alcohol and substance use disorder. Two studies from Turkey concerning patients reporting to emergency departments for psychiatric reasons reported alcohol and substance use disorder levels of 26.3% (21) and 27.3% (6), while a study from the USA reported a figure of 26% (11). The lower level of alcohol and substance use at psychiatric consultations in this study compared to the previous literature may be attributed to the toxicological competence of the specialist emergency physicians in the clinic where the study was performed.

Limitations

One of the limitations of this study is that it is a retrospective study and that data are based on file information. In addition, the fact that the data is obtained from a university

hospital serving the youth community is another limitation of the study. It will not be possible to generalize the results of the study, which includes the data of a short period of one year, to the whole population of psychiatric patients who are urgent.

Conclusion

In the light of our study findings, patients presenting to the emergency department for psychiatric reasons most commonly share risks and require assistance for attempted suicide and depression. In that context, we would suggest that education programs that can be planned for emergency departments in terms of the management of such difficult cases involving possible mortality can increase the quality of the services provided and contribute to the competences of emergency physicians.

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Authors' Contribution: Conceptualization, Data curation, Project administration, Resources, Supervision, Roles/Writing - original draft, Writing - review & editing (DSA, FCA, OT) Formal analysis, Methodology, Validation, Visualization (EOK, GK, AK) Funding acquisition, Investigation, Methodology, Project administration, Software (DSA, AT)

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