

Identifying and Managing Psychiatric Emergencies

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GUEST EDITORS

Most U.S. medical schools require only five core clinical rotations in the third year – internal medicine, surgery, pediatrics, obstetrics and gynecology, and psychiatry. Despite the growing number of medical-surgical subspecialties, there are fundamental reasons that psychiatry remains a core clinical requirement for medical school graduation and physician training: psychiatric disease is highly prevalent, extremely distressing to patients and families, associated with high levels of disability and health care costs, linked to significant reductions in quality of life, and has adverse effects upon the course of many illnesses with which it is comorbid, including diabetes mellitus, cardiovascular disease, and stroke, amongst others.

Despite great advances in the understanding of the neurobiological underpinnings of psychiatric disease and the development of more effective and better tolerated medications, patients with severe and persistent mental illness (SPMI) such as schizophrenia and bipolar disorder have a life expectancy that is 15-20 years shorter than that of the general population. This reduction in life expectancy is due not only to suicide but to co-morbid substance abuse and the more aggressive course of associated medical illnesses driven by suboptimal adherence with care, inadequate attention to modifiable risk factors for disease, metabolic side effects of psychotropic medications, and other still poorly understood psychophysiological mechanisms that affect other organ systems.

Psychiatry as a specialty has its roots in neurology. Their theoretical, diagnostic, and therapeutic paths, however, diverged through much of the 20th Century. After years of treating psychiatric and neurologic disease separately, the pendulum has swung and the specialties find themselves comfortably and appropriately reconnected. Perhaps better considered as *neuropsychiatry*, today's psychiatry is poised at the interface of medicine and neurology and seeks to understand the brain basis of behavior, the neurologic roots of psychiatric disease, the behavioral presentations of neurologic disease, and the psychosomatic and psychophysiological relationships between medical and psychiatric illness.

No less important to a *newer* neuropsychiatric conceptualization of mental illness is a *renewed* emphasis on the fundamental and traditional bio-psycho-social factors that inform the presentation and course of medical and psychiatric disease – such as access to care, employment status, community supports, interpersonal relationships, family

function, and specific personality factors.

This issue of the *Rhode Island Medical Journal* (RIMJ) is dedicated to a discussion of psychiatric emergencies and frequently encountered urgent behavioral problems. It includes articles on delirium diagnosis and treatment, management of neuropsychiatric symptoms in dementia, recognition and treatment of serotonin syndrome, toxidromes related to newer designer drugs, and practical approaches to the management of the behaviorally dysregulated “problem patient.”

CONTRIBUTIONS

- In “Delirium Diagnosis and Treatment: Parts I and II,” I have joined with my co-author, **KALYA VARDI, MD**, to review the presentation, causes, pathophysiology, evaluation, and treatment of delirium. Delirium is highly prevalent and is associated with multiple adverse patient and systems outcomes. It is often under-recognized and can be difficult to treat. Behavioral and pharmacologic treatments and preventative strategies are discussed.
- In “The ‘Problem Patient’: Modest Advice for Frustrated Clinicians,” **ROBERT BOLAND, MD**, provides a discussion of personality constructs and abnormal illness behaviors that often interfere with the effective and efficient delivery of care. These patients and behaviors can challenge even the most even-tempered of physicians, nurses, and hospital staff. Dr. Boland discusses issues of countertransference and offers practical suggestions regarding staff approach to these patients – with the specific goals of optimizing patient engagement in care and avoiding responses that can escalate behavioral dysregulation.
- “Serotonin Syndrome: A Concise Review of a Toxic State” by **DWAYNE HEITMILLER, MD**, focuses on the presentation, implicated drugs, pathophysiology, and management of this iatrogenic toxidrome. Differential diagnosis, including neuroleptic malignant syndrome, and preventative strategies are emphasized.
- In “Practical Management of Alzheimer’s Dementia,” authors **JEFFREY BUROCK, MD**, and **LILLY NAQVI, BS**, review molecular mechanisms operative in Alzheimer’s disease and newly developed anti-amyloid therapies, and focus on the treatment of cognitive dysfunction and neuro-behavioral symptoms in dementia.

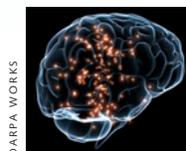
- **ELIE AOUN, MD, PAUL CHRISTOPHER, MD, and JAMES INGRAHAM, MD**, in “Emerging Drugs of Abuse: Clinical and Legal Considerations,” focus on the clinical presentations, recognition, and management of novel toxidromes associated with newer illicit drugs. Neurotransmitter mechanisms operative in these intoxication states are reviewed. Emergency departments and psychiatric services in Rhode Island and nationally have seen a remarkable rise in these complicated, severe, and sometimes lethal syndromes.

Why are these subjects treated together in this issue of RIMJ? These illness and clinical problems are prevalent, tax our health care system, and cut across medical specialties. To effectively address and manage diagnoses like dementia, delirium, toxidromes, substance abuse, and health-rejecting patients, physicians must work collaboratively, bringing their various areas of expertise to bear on complex clinical presentations. Health care reform has only hastened the increasing interest in collaborative care, with an eye towards psychiatry’s role in an integrated system to improve outcomes and reduce health care costs. The reader is encouraged to consider these diagnoses in the context of an integrated model of health care delivery.

Guest Editors

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Robert Boland, MD, is a Professor of Psychiatry in the Department of Psychiatry and Human Behavior at the Alpert Medical School of Brown University and Associate Training Director for the Brown General Psychiatry Residency. He publishes in the area of Psychosomatic Medicine and Teaching Methods in Psychiatry and is currently on the editorial boards for *Academic Psychiatry*, *Psychosomatics*, and *FOCUS* (the American Psychiatric Association’s (APA) journal of continuing education). He is a Past President for the Association for Academic Psychiatry, President-Elect for the American Association of Directors of Residency Training (AADPRT) and is the Treasurer for the Academy of Psychosomatic Medicine.



Cover image is courtesy of DARPA's SUBNETS program which seeks new neurotechnology for analyzing neuronal activity across sub-networks of the brain to enable next generation therapies.