26 Psychiatry

Mental Health Examination

ASEPTIC

- **A**ppearance
- **S**peech
- **E**motion (mood/affect)
- **P**erception
- **T**hought
- **I**nsight & Judgement
- **C**ontent/**C**onsciousness
- **B**ehaviour

AGITATED PATIENT

Stepwise approach to ensure safety

1. Location: single room
2. Security presence
3. Verbal de-escalation: empathy, offer tea/coffee
4. Oral Pharmacological
   - ***Diazepam*** 5-20mg PO
   - ***Olanzapine*** 5-10mg PO
5. Parenteral Pharmacological
   - ***Droperidol*** 10mg IV/IM rpt x1 q15m max 20
   - ***Midazolam*** 2.5-5mg IV/IM max 30mg
   - ***Haloperidol*** 2.5-5mg IV max 20mg
   - ***Diazepam*** 5mg IV max 30mg
   - ***Ketamine*** 0.5-1mg/kg
6. Mechanical/Manual restraint

DORM-II trial used 10mg ***droperidol*** IM better than ***midazolam***

SUICIDE RISK ASSESSMENT

SAD PERSONS

- **S**ex: male
- **A**ge < 19 or > 45
- **D**epression hx

- **P**revious attempts
- **E**xcess etoh/drug abuse
- **R**ational thinking lost
- **S**ocial support lost
- **O**rganised plan/serious attempt
- **N**o spouse
- **S**ickness

Interpretation

Classic
0-4 = low
5-6 = medium
7-10 = high

Modified
2pt for ***DROS***
0-5 = dc + support
6-8 = psych review
> 8 = psych admits

Discharge Criteria

- Low risk suicide
- Not intoxicated
- Strong social support

PSYCHOSIS

DDx

- Drug induced/withdrawal
- B12, Thiamine deficiency
- Epilepsy
- Stroke/ICH/SOL/Encephalitis
- Thyroid disorder
- Huntington's
- Porphyria
- Reactive psychosis
- Major depression

PSYCHIATRIC DISORDERS

- Bipolar
- Schizophrenia
- Major Depression
- Panic attacks
- PTSD
- Hypochondriasis
- Major depression
- Personality disorder
- Malingerer
- Conversion (single sx)
- Somatisation (multiple sx)
- Somatoform pain disorder
- Munchausen's

Depression

4 of (incl 2 bold)
- Depressed mood most of day, everyday uninfluenced
- Markedly ↓ interest/pleasure most of day, most days
- Loss of energy or fatigue most days
- Unreasonable feeling of self-reproach/guilt most days
- ↓ ability to think, concentrate or indecisive most days
- Loss of confidence/self esteem
- Recurrent thoughts/behaviour of death/suicide
- Insomnia, hypersomnia
- Change in appetite

Schizophrenia

Positive Symptoms

Overt symptoms that should not be present
- Hallucinations
- Delusions
- Disorganised thought

Negative Symptoms

Lack of characteristics that should be present
- Alogia (↓ speech)
- Affective flattening (↓ emotion)
- Avolition (↓ activity)
- Anhedonia (↓ pleasure)
- Associality (social withdrawal)

Postnatal Depression

Risk Factors

- Antenatal depression
- PHx depression
- Birth-related trauma
- Previous still/miscarriage
- Foruma fed
- Cigarette smoking
- Low socio-economic
- Single parent
- Infant temperament
- Unplanned

Personality Disorder

- Impulsive choice/behaviour → risky behaviour
- Powerful, malleable emotions/mood
- Relationships turbulent/unstable
- Constantly bored/empty
- Irrational fear of abandonment

Conversion Disorder

- F > M, Adolescence
- Single symptom (vs ***somatisation*** - chronic, multi-organ)
- Motor complains more common
- No organic cause found
- Criteria:
  - Sx suggestive of physical disorder
  - Recent stressor
  - Unconscious production of sx
  - No organic aetiology
  - Not limited to pain or sexual dysfunction

Munchausens by Proxy

- Medical child abuse
- Cases are medically perplexing
- Parents often insist on Ix, procedures, happy if done

ALCOHOL ABUSE

Identifying Hazardous Drinking

CAGE

- **C**ut down: have you ever tried to cut down your drinking?
- ***A***nnoyed: ever been annoyed by criticism of your drinking?
- ***G***uilty: Do you feel guilty about your drinking?
- ***E***ye-opener: Do you need an eye-opener when you get up?

Brief Intervention Strategies

FRAMES

- ***F***eedback: review problem caused by alcohol
- ***R***esponsibility: point out their own responsibility
- ***A***dvice: tell them to cut down/abstain
- ***M***enu: provide options for assistance
- ***E***mpathy: use an empathic approach
- ***S***elf-efficacy: encourage optimism that they can Δ

Delirium Tremens

Signs & Symptoms

AHOST
- Agitation
- Hallucinations
- Orientation
- Sweating
- Tremor at rest

Management

- ***BZDP*** 20mg & titrate to AWS
- ***Thiamine*** 200mg IV/IM BEFORE any ***glucose*** given
- ***Olanzapine*** 10mg for agitation
- Replace fluids/electrolytes

ANOREXIA

- persistent restriction in energy intake for weight loss
- Intense fear of gaining weight or behaviour interfering with gaining weight
- Body dysmorphia

Medical Admission Criteria

- BMI < 12
- High risk refeeding
- SBP < 80
- Postural ↓ SBP or HR > 20
- HR < 40, > 120
- ECG: Any arrythmia
- T < 35
- BSL < 3
- Na < 125
- K < 3
- eGFR < 60
- ALb < 30
- AST or ALT > 500
- Neutrophils < 0.7

Complications

- Marrow suppression: ↓ Hb, Neutrophils, Plt
- ↓ Electrolytes (esp when refeeding)
- Cardiac: ↓ HR, BP, pericardial effusion, MVP, sudden death
- ECG: ↓ HR, ↓ voltage, vent arrythmias, U waves, long QT
- Cardiac failure (in aggressive refeeding)
- Thiamine deficiencies
- ↓ Temperature regulation

Management

- ***Thiamine*** 300mg IV & ***Multivitamins***
- Replace electrolytes & PO_4
- NG feeds (6300kJ/day)
- Check BSLs regularly

MENTAL HEALTH TRIAGE

Adapted from ATS

Cat	Describtion	Presentation	Mx
1	Danger to life	Violent Weapon Extreme agitation	1:1 surveillance Safe area Backup
2	Emergency	High risk abscond Extreme agitation Threat of harm	Cont surveillance Defuse tech
3	Urgent	Agitated Confused Unlikely to wait	Close obs
4	Semi-urgent	Irritable Co-operative	Intermittent obs
5	Non-urgent	Co-operative Compliant Engaging	General obs

DOMESTIC VIOLENCE

Physical

- Unexplained bruising
- Bruising of various ages
- Exposed areas injured eg face, neck, head
- Concealed injuries eg breast, genitals, abdo
- Inconsistent story
- Bite marks, unusual burns

Behavioural

- Partner talks mostly
- Anxious in presence of partner
- Evasive/ashamed
- Reluctant to follow advice