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Original Research Article

Pattern of Psychiatric Emergencies in a Tertiary Care Hospital: A Record-Based Study

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Abstract:

Background: The concept of a psychiatric emergency refers to any condition that causes sudden changes in one's mental status, behaviors, mood, or perceptions. An appreciation of the trend of the psychiatric emergency cases is crucial for developing better services of emergency psychiatry, ensuring proper use of resources, and formulating adequate mental health policies in the tertiary level hospital environment.

Aim: To evaluate the sociodemographic profile, clinical presentation, diagnosis, emergency management, and patient outcomes of psychiatric emergencies at a tertiary care hospital.

Methodology: An observation study based on retrospective medical record analysis was carried out at the Department of Psychiatry, Lord Buddha Koshi Medical College and Hospital, Saharsa, Bihar, India. The data from the medical records of 130 patients who presented with psychiatric emergencies within a year were collected. The demographic profile, emergency presentation, diagnosis, intervention, and outcome of the patients were noted using a proforma.

Results: Most of the patients belonged to the age group of 21-40 years (47.7%) and more male patients (56.9%) and those hailing from rural background (60%). The most common type of psychiatric emergency included acute psychosis (26.2%), suicidal attempts or self-harm (21.5%) and substance induced psychiatric emergency (16.9%). Schizophrenia (27.7%) was found to be the most frequent diagnosis, followed by substance misuse disorders (18.5%) and bipolar affective disorder (16.9%). Injectables for psychotic disorder (46.2%) and emergency psychological counseling (43.1%) were the most commonly prescribed interventions. Almost half of the patients (44.6%) needed admission in the in-patient department for mental illness whereas 32.3% were discharged following stabilization.

Conclusion: Emergency cases that occurred in psychiatry primarily involved young people and were related to psychosis, suicide, and drug use. Timely diagnosis, early treatment, an interdisciplinary approach, and improved psychiatric emergency service are important for the improvement of patients' results and betterment of the quality of emergency psychiatric care.

Keywords: Psychiatric emergencies, Acute psychosis, Suicidal behavior, Substance use disorders, Emergency psychiatry, Tertiary care hospital, Record-based study.

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Introduction

Psychiatric emergencies refer to acute disruptions in thought processes, mood, behaviors, or perceptions that necessitate urgent assessment and treatment in order to minimize harm not only to the affected individual but also to other people. Such emergencies form a large percentage of the patients visiting hospital emergency units and are now being appreciated as an important aspect of medical care [1]. People with psychiatric emergencies typically suffer from extreme psychological stress, poor judgment, distortion of reality testing, thoughts about suicide or murder, aggression, acute poisoning, withdrawal symptoms, or acute exacerbations of their previous mental disorders.

In recent times, the workload of emergency psychiatric problems has been on the rise significantly because of various causes such as speedy urbanization, economic pressure, substance abuse problems, family disputes, unemployment, and increased knowledge about mental disorders [2]. Moreover,

with the increase in the cases of depression, anxiety disorders, bipolar disorder, schizophrenia, and substance abuse, there has been an increasing need for emergency mental health services. These emergencies often need to be managed with a multidisciplinary approach that involves psychiatrists, emergency specialists, psychologists, nurses, and social workers [3].

Psychiatric emergencies are defined by a wide range of psychiatric conditions. Such situations can involve suicidal attempt or suicidal ideation, self-injury, acute psychosis, major depression, mania, violence, panic attack, acute stress reaction, toxic intoxication, withdrawal, and behavioral disorders related to other physical or neurological conditions [4]. This may depend on factors such as age, gender, underlying psychiatric condition, presence of other medical conditions, and psychosocial factors.

The tertiary hospital is an essential entity in handling cases of emergencies that pertain to mental disorders due to its nature of being the reference facility where these kinds of patients are referred to receive specialized mental care services. The emergency psychiatric departments tend to be the initial point of reference to such patients, offering quick assessment, stabilizing, medication, counseling, and determination of either hospitalization or referral [5]. Through the analysis of the hospital records, important data pertaining to demographics, diagnosis, presentation, and treatments of emergencies can be gained.

Record analysis represents an effective research method for studying the epidemiology and management practices of psychiatric emergencies based on routine clinical information [6]. Record analyses can help determine the most frequent psychiatric disorders leading to emergency cases, clinical and demographic characteristics of patients with these disorders, as well as the patterns of their admission and discharge. This can aid in creating relevant institutional guidelines and developing evidence-based policies for mental health emergency care [7].

Notwithstanding the growing prevalence of psychiatric emergencies, there is still a lack of regional evidence regarding their clinical pattern in many tertiary care facilities, especially in poor-resource settings [8]. Local epidemiological data are needed since the incidence and prevalence of psychiatric disorders, as well as patient behavior and utilization of emergency services, can be different in various regions.

Thus, the current study using a record-based approach has been planned to assess the trend of psychiatric emergencies coming into the Department of Psychiatry of a tertiary care hospital [9]. The objectives of the study are to analyze the sociodemographic profile, clinical presentation, diagnostic profile, emergency management, and outcome of patients undergoing psychiatric emergency treatment.

Methodology

Study Design: The present study was a retrospective record-based observational study carried out in order to examine the presentation of psychiatric emergencies at a tertiary care hospital. This study was carried out through a detailed analysis of the hospital's existing medical records in order to determine the demographic features, presentation, diagnosis, management, and outcome of patients presenting with psychiatric emergencies. A record-based study was preferred since this type of study is useful in determining real-world trends as well as providing important epidemiological data.

Study Area: This study was carried out at the Department of Psychiatry, Lord Buddha Koshi Medical College and Hospital, Saharsa, Bihar, India.

Study Duration: The study lasted for one year.

Study Participants

Inclusion Criteria

- All patients irrespective of age who came to the Department of Psychiatry with psychiatric emergencies.
- All patients suffering from psychiatric disorders necessitating emergency evaluation and treatment.
- Medical records containing demographic data, presentation of the patient, diagnosis, treatment and outcome of the patient.
- Patients admitted in the psychiatric emergencies unit or referred for psychiatric emergencies consultation.

Exclusion Criteria

- Patients with incomplete medical records.
- Patients with only medical or surgical emergency presentations that do not involve any mental disorders.
- Follow-up visits for patients with stable psychiatric conditions that require no emergency interventions.
- Duplicate patient records within the study period.

Sample Size: In all, there were 130 patient records which met the set criteria that comprised the sample. This was done using an exhaustive process of selecting records from the psychiatric emergency cases available in the medical records section.

Procedure: The medical records of patients reporting psychiatric emergencies were collected from the Medical Records Department through proper permissions obtained from the respective institutions. Information was gathered from each record using a data extraction form that comprised information regarding demographics, such as age and sex; clinical presentation; primary psychiatric diagnosis; pres-

ence of any substance abuse; past history of psychiatric disease; triggering factors; interventions performed at the time of an emergency; whether physical restraints were required; hospitalization of the patient; referrals; and final outcome of the patient.

Diagnoses of the respective patients found in the records were done according to the diagnostic criteria followed by the treating psychiatrist. The emergencies were classified into various groups according to their nature. These include suicide attempts; deliberate self-injuries; psychosis; mood disorders; psychiatric emergencies involving substance abuse; anxiety disorders; behavioral problems; and other psychiatric emergencies. The confidentiality of patients' information was maintained during data collection and analyses. The study had been cleared by the Institutional Ethics Committee of the hospital before data collection.

Statistical Analysis: The collected data were then inputted into SPSS 27.0 (Statistical Package for the Social Sciences; IBM Corp., Armonk, NY, USA) for data analysis. Descriptive statistics were applied in order to describe the dataset. For continuous data, the results were described by means and standard deviations while categorical data were expressed in terms of frequencies and percentages. The association between demographic data and major psychiatric emergencies was determined through Chi-Square/Fisher Exact Test depending on the situation. Independent Student's t-test was done in order to compare the results obtained from the two groups (male vs female). Any result below the 0.05 level of significance was considered significant.

Results

Table 1 displays the sociodemographic variables of 130 participants who presented for psychiatric emergencies. The majority of the subjects were in the 21-40 age group (62, 47.7%), followed by 41-60 (34, 26.2%), 13-20 (20, 15.4%), and more than 60 years (14, 10.8%). More male subjects were found in comparison with female subjects, and the proportion was 74 (56.9%) and 56 (43.1%) respectively. The majority of subjects were married (68, 52.3%), followed by 50 (38.5%) who were not married and 12 (9.2%) widowed or divorced. In terms of their place of residence, 78 (60.0%) were living in rural areas whereas 52 (40.0%) were from urban areas.

Table 1: Sociodemographic Characteristics of Patients with Psychiatric Emergencies

Parameter	Frequency (n)	Percentage (%)
Age (years)		
13–20	20	15.4
21–40	62	47.7
41–60	34	26.2
>60	14	10.8
Gender		
Male	74	56.9
Female	56	43.1
Marital Status		
Married	68	52.3
Unmarried	50	38.5
Widowed/Divorced	12	9.2
Residence		
Rural	78	60.0
Urban	52	40.0

The frequency of various psychiatric emergencies for the subjects in this study is shown in Table 2. The most common psychiatric emergency encountered was acute psychosis, which comprised of 34 cases (26.2%). This was followed by suicidal attempt and deliberate self-harm with 28 cases (21.5%). Psychiatric emergencies related to substance use were seen in 22 cases (16.9%) whereas manic episodes occurred in 18 cases (13.8%). The rest of the cases were made up of severe depressive episodes with suicidal ideation, acute anxiety/panic attack, aggressiveness/violence, and dissociative disorder.

Table 2: Clinical Pattern of Psychiatric Emergencies

Psychiatric Emergency	Frequency (n)	Percentage (%)
Acute psychosis	34	26.2
Suicidal attempt/Deliberate self-harm	28	21.5
Substance-related psychiatric emergency	22	16.9
Acute manic episode	18	13.8
Severe depression with suicidal ideation	12	9.2
Acute anxiety/Panic attack	8	6.2
Aggressive/Violent behaviour	5	3.8
Dissociative disorder	3	2.3

Table 3 represents the diagnostic profile of psychiatric emergencies. Schizophrenia spectrum and other psychotic disorders formed the highest proportion of diagnosis cases (36, 27.7%), while substance use disorders and bipolar affective disorders made up 24 (18.5%) and 22 (16.9%) respectively. On the other hand, depressive disorders were observed in 18 patients (13.8%), while anxiety disorders were noted in 12 patients (9.2%). Other categories that form a lower percentage of emergency patients include personality disorders, dissociative disorders, and organic mental disorders. In all, serious mental illnesses formed the major diagnoses of patients in psychiatric emergency departments. The Diagnostic Profile of Psychiatric Emergencies is graphically represented in Figure 1.

Table 3: Diagnostic Profile of Psychiatric Emergencies

Diagnosis	Frequency (n)	Percentage (%)
Schizophrenia spectrum disorders	36	27.7
Substance use disorders	24	18.5
Bipolar affective disorder	22	16.9
Depressive disorders	18	13.8
Anxiety disorders	12	9.2
Personality disorders	8	6.2
Dissociative disorders	6	4.6
Organic mental disorders	4	3.1

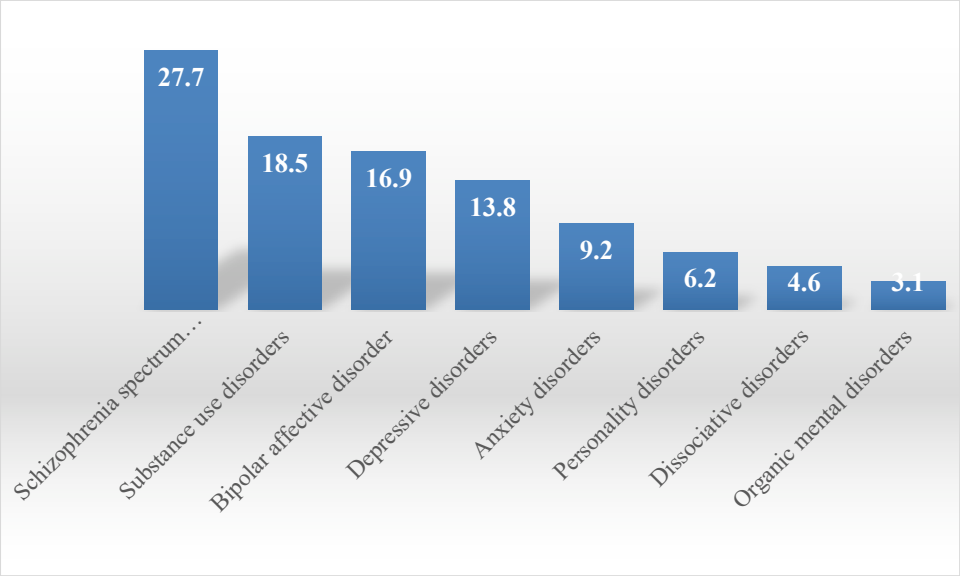

Figure 1: Visual Representation of Diagnostic Profile of Psychiatric Emergencies

The emergency interventions employed among the study subjects are indicated in Table 4 below. The administration of medication took place in most of the individuals, with antipsychotic injection being given to 60 individuals (46.2%) and benzodiazepine injection to 48 people (36.9%). Physical restraint was employed among 20 individuals (15.4%), while emergency psychological counseling was used in 56 people (43.1%). Medical management in order to treat poisoning or substance intoxication had to be done in 24 individuals (18.5%). This reveals that quick medical treatment was the main pillar in emergency psychiatry care, and physical restraint was only used by some patients.

Table 4: Emergency Management and Interventions

Intervention	Frequency (n)	Percentage (%)
Injectable antipsychotics	60	46.2
Injectable benzodiazepines	48	36.9
Emergency psychological counselling	56	43.1
Physical restraint	20	15.4
Medical stabilization (poisoning/intoxication)	24	18.5
Observation in emergency unit	68	52.3

Table 5 shows the disposition and outcome after emergency psychiatric treatment. Most of the patients (58, 44.6%) needed to be admitted in the psychiatry inpatient unit, whereas the rest of the patients

(42, 32.3%) were stabilized and discharged on outpatient follow-up basis. 18 patients (13.8%) were sent to other medical departments because of medical disorders or poisoning. 10 patients (7.7%) left the hospital against the doctor's advice, and two patients (1.5%) were referred to higher facilities for specialized treatment. These results indicate that most of the psychiatric emergencies were well managed at the tertiary care centre despite the high number needing to be admitted in psychiatry unit. Figure 2 gives a graphical display of the patient's disposition and outcomes after emergency psychiatric treatment.

Table 5: Patient Outcome and Disposition Following Emergency Psychiatric Care

Outcome	Frequency (n)	Percentage (%)
Admitted to psychiatry ward	58	44.6
Discharged with follow-up	42	32.3
Referred to other specialty	18	13.8
Left against medical advice	10	7.7
Referred to higher centre	2	1.5

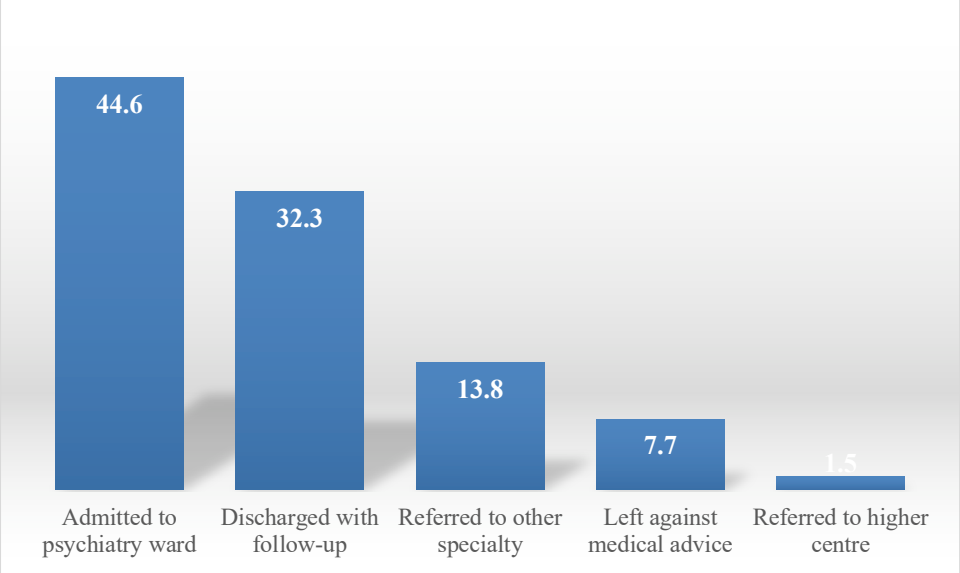

Figure 2: Visual Representation of Patient Outcome and Disposition Following Emergency Psychiatric Care

Discussion

This study conducted on the basis of a retrospective record study has evaluated the pattern of psychiatric emergencies in a tertiary care hospital, which is an essential contribution in understanding the demographics, clinical features, diagnostic categorization, treatment in the form of emergency intervention, and outcome of patients with psychiatric emergencies (Kirubakaran et al., 2019) [10]. This study has found out that psychiatric emergencies were seen commonly in the economically productive age groups, where the 21-40 years age group comprised 47.7% of all cases, whereas 41-60 years age group comprised 26.2% of all cases. In addition, males comprised 56.9% of the subjects studied, whereas 60.0% of the subjects were from rural background (Kumar et al., 2021) [11].

Of the different emergency presentations, acute psychosis turned out to be the most frequent psychiatric emergency (26.2%), followed by suicidal attempt or deliberate self-harm (21.5%) and psychiatric emergencies due to substance abuse (16.9%) (Mittal et al., 2022) [12]. Acute manic episode was reported in 13.8% of the patients, whereas severe depression with suicidal ideation contributed to 9.2% (Nousheen, 2017) [13]. This suggests that severe psychiatric disorders necessitating immediate care form the bulk of emergency psychiatric services (Piedade & Kora, 2020) [14]. A large number of patients presenting with suicidal behaviors stresses on the need for psychiatric assessment and suicide prevention strategies in emergencies (Sengupta et al., 2016) [15].

According to the results from the diagnosis, the most common diagnoses were schizophrenia spectrum disorders accounting for 27.7% of the cases, followed by substance use disorders, 18.5%; bipolar affective disorder, 16.9%; and depressive disorders, 13.8%. Anxiety disorders comprised 9.2% while personality disorders, dissociative disorders, and organic mental disorders comprised less cases (Srinivasulu et al., 2019) [16]. This clearly shows that severe psychotic disorders and mood disorders still continue being the major causes of psychiatric emer-

gencies and need specialized assessment and treatment.

The current study has also assessed the emergency management procedures and noted that injectable antipsychotics were administered to 46.2% of patients, whereas 36.9% of patients were prescribed injectable benzodiazepines for the purpose of management of emergency cases. Emergency psychological counseling was carried out for 43.1% of patients, and physical restraint was needed only in 15.4% of cases of patients who exhibited severe agitated or aggressive behavior (Sureshbabu et al., 2021) [17]. Also, 18.5% of patients had to be medically stabilized because of the problem of poisoning or substance intoxication, but 52.3% of patients were observed in the emergency department before further management of the case (Tame et al., 2022) [18].

In terms of patient disposition, admission to the psychiatry inpatient ward was done in 44.6% of patients, signifying the severity of the psychiatric disease in almost half of the study participants (Tandle & Kadu, 2016) [19]. In about one-third of the patients (32.3%), stabilization of their condition followed by discharge from the hospital with adequate follow-up was achieved. Referral to other medical departments was done in 13.8% of the patients owing to the presence of associated medical diseases or poisoning, while 7.7% refused to cooperate with their management and left the hospital against medical advice, and 1.5% of the patients needed referral to other hospitals due to advanced cases (Teklemariam et al., 2016) [20].

In general, the current study illustrates the fact that psychiatric emergencies are mainly constituted by young patients who come with acute psychotic disorders, suicide attempts and substance abuse psychiatric disorders. This study stresses the need for early diagnosis, pharmacological treatment, observation and multidisciplinary management of the condition. The improvement of services offered in psychiatric emergencies, early detection of the high-risk group, community education regarding mental problems and psychiatric services might make a great contribution in minimizing psychiatric emergencies.

Conclusion

The current study based on case records found that the presentation of psychiatric emergencies was highest among young adults, especially male patients hailing from the countryside with acute psychotic symptoms, suicidal acts or self-inflicted harm, and psychiatric emergencies due to substance abuse being the main presentations of such cases. Schizophrenia spectrum disorders, substance use disorders, and bipolar affective disorder were the leading diagnoses among patients, with quick pharmacological treatment and psychological support forming the core of emergency management. Many patients had to be admitted to psychiatric facilities for inpatient treatment, emphasizing the seriousness of these disorders. In general, the findings show the importance of early diagnosis, immediate treatment, improvement of emergency psychiatry services, and increased awareness about mental health in the community.

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