Assessing and Treating the Patient with Acute Psychotic Disorders

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KEYWORDS

• Acute psychosis • Schizophrenia • Verbal de-escalation • Therapeutic alliance
• Pharmacologic interventions • Movement disorders

KEY POINTS

- Patients with acute psychosis may present to the ED with agitation.
- Safety is paramount in these situations.
- Accurate assessment is important to ensure appropriate treatment.
- Nurses are involved in the assessment and the de-escalation of patients with acute psychosis.

INTRODUCTION

Emergency departments (ED) frequently are faced with managing agitated patients experiencing episodes of acute psychosis. These situations can escalate quickly into a crisis, resulting in frustration for the staff members and a dangerous environment for patients, visitors, and staff. Effective, efficient handling of these conditions is crucial in maintaining a safe environment. Tucci and colleagues[1,2] explain that a substantial proportion of ED visits are caused by mental health issues. In 2007, one in every eight ED visits involved a diagnosis related to a mental health or substance abuse condition. Strout and Baumann[3] found in a study of ED patients presenting with psychiatric complaints, that a diagnosis of schizophrenia or related psychotic disorder was a predictor of agitation. This article reviews the definitions of the term "psychosis." Possible causes of psychosis, including differential diagnoses, also are

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considered. Treatment options and nursing interventions available in the ED are outlined.

DEFINITIONS

The term "psychosis" brings to mind various images for clinicians. In general, an individual in a psychotic state is thought to be experiencing an impaired sense of reality. The Diagnostic and Statistical Manual of Mental Disorders–5th edition (DSM V)[4] states that psychotic disorders are defined as abnormalities in one of five domains. **Box 1** identifies those domains.

Wilson and Zeller[5] discuss the challenges of treating patients who present to the ED while undergoing a mental health crisis. These include dealing with several, often conflicting interests, such as police and legal issues, family wishes, patient advocates, and community wishes. Additionally, these patients present with psychiatric symptoms that may be caused by various medical conditions, substance intoxication or withdrawal, or psychiatric illnesses. Conceptually a patient with psychosis is thought to have a loss of ego boundaries or a gross impairment in reality testing. Allen[6] defined agitation as "a temporary disruption of typical physician-patient collaboration." He said that treatment decisions regarding an agitated patient must be made without any input from the patient, which is an "undesirable situation for all concerned."

An individual in a psychotic state can exhibit a variety of symptoms. Perceptual disturbances or hallucinatory experiences are often present in patients with schizophrenia or other psychotic disorders. The most common hallucinations are auditory, although patients also may experience visual, tactile, olfactory, and gustatory hallucinations. The auditory hallucinations or voices heard by a patient might be perceived by the patient as threatening, accusatory, or self-deprecating in nature. Birchwood and colleagues[7] describe a type of hallucination known as command hallucinations. They report that these hallucinations can be dangerous because individuals acting on them may put the public at risk for random acts of violence.

Delusional thinking is another hallmark of psychosis. According to Issacs[8] delusions are common symptoms of psychotic disorders and take a variety of forms. Emerging data also indicate that attributable bias (ie, self-serving) is a consistent characteristic of delusions.[9] Specifically, patients with delusions are likely to ascribe positive happenings to the self and negative happenings to external sources.[9]

One of the most common delusions is that of paranoia, characterized by suspiciousness and perceived persecution. Delusions also may be somatic in nature, with the belief that there is a problem with the functioning of one's body. Patients experiencing somatic delusions likely could present in the ED. Delusions also may be related to control of one's thinking. Patients may believe that thoughts are inserted into their minds, that their thoughts are broadcast to others, or that other people are able to control

Box 1
Symptom domains of psychotic disorders

Delusions

Hallucinations

Disorganized thinking (speech)

Negative symptoms

Grossly disorganized or abnormal motor behavior (including catatonia)

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