

Psychiatric Emergency = sudden onset of behaviors that appear psychiatric in origin

- Percentage of patients presenting to EDs with psychiatric illness ranges from a few percent to over a third
- Rosen says 10%
- A description of behavior without too much consideration of cause or diagnosis
  - Not “in touch” with reality
  - Responsive to hallucinations
  - May be withdrawn, uncooperative, combative

We must try to differentiate these entities from psychiatric manifestations of medical illness i.e. Hypoglycemic patients act weird, postictal patients can be combative

Mnemonic for DDX of Acute Psychosis = TODSTIPS

- Trauma
- Organ Failure
- Drugs
- Structural - tumors
- Toxins
- Infections
- Psychiatric illness
- Substrate deficiency

Metabolic Derangements that Present like Psych Disorders

- Thyroid (up or down)
- Glucose (up or down)
- Calcium (up or down)
- Steroid induced psychosis
- Infection (Nursing home patient with UTI)
- Hypoxia (COPD)
- Renal disease

Major Depression

- 15% lifetime risk of suicide
- Early recognition and treatment are important

PEARLS:

- Most important point of psych differential?
  - Remembering to treat reversible medical conditions
- Withdrawal syndrome often the opposite of a given intoxicating substance's toxidrome
- The primary differences between delirium and dementia are timing, reversibility and presence of autonomic activity