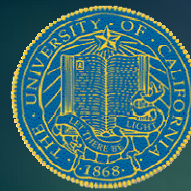


UNDERSTANDING PSYCHOTIC BEHAVIOR

Heather Davis, MS, NREMT-P

UCLA Center for Prehospital Care



Objectives

- Name three of the most common psychological disorders.
- Recognize signs and symptoms of the most common psychological disorders.
- Recall the trade and generic names of common psychological medications.
- Discuss the risks and benefits of restraint.

Definition

- Behavior so unusual it alarms the patient or others
 - interferes with life
 - eating, sleeping, relationships
 - poses a threat to life or well being
 - significantly deviates from societal expectations or norms

Specific Psychological Disorders

- Schizophrenia
 - paranoid
 - catatonic
 - autistic
- Mood Disorders
 - depression
 - bipolar disorder
 - suicide
- Personality Disorders
 - Cluster A
 - paranoid, schizoid
 - Cluster B
 - antisocial, narcissistic
 - Cluster C
 - avoidant
 - dependent
 - obsessive-compulsive

Schizophrenia

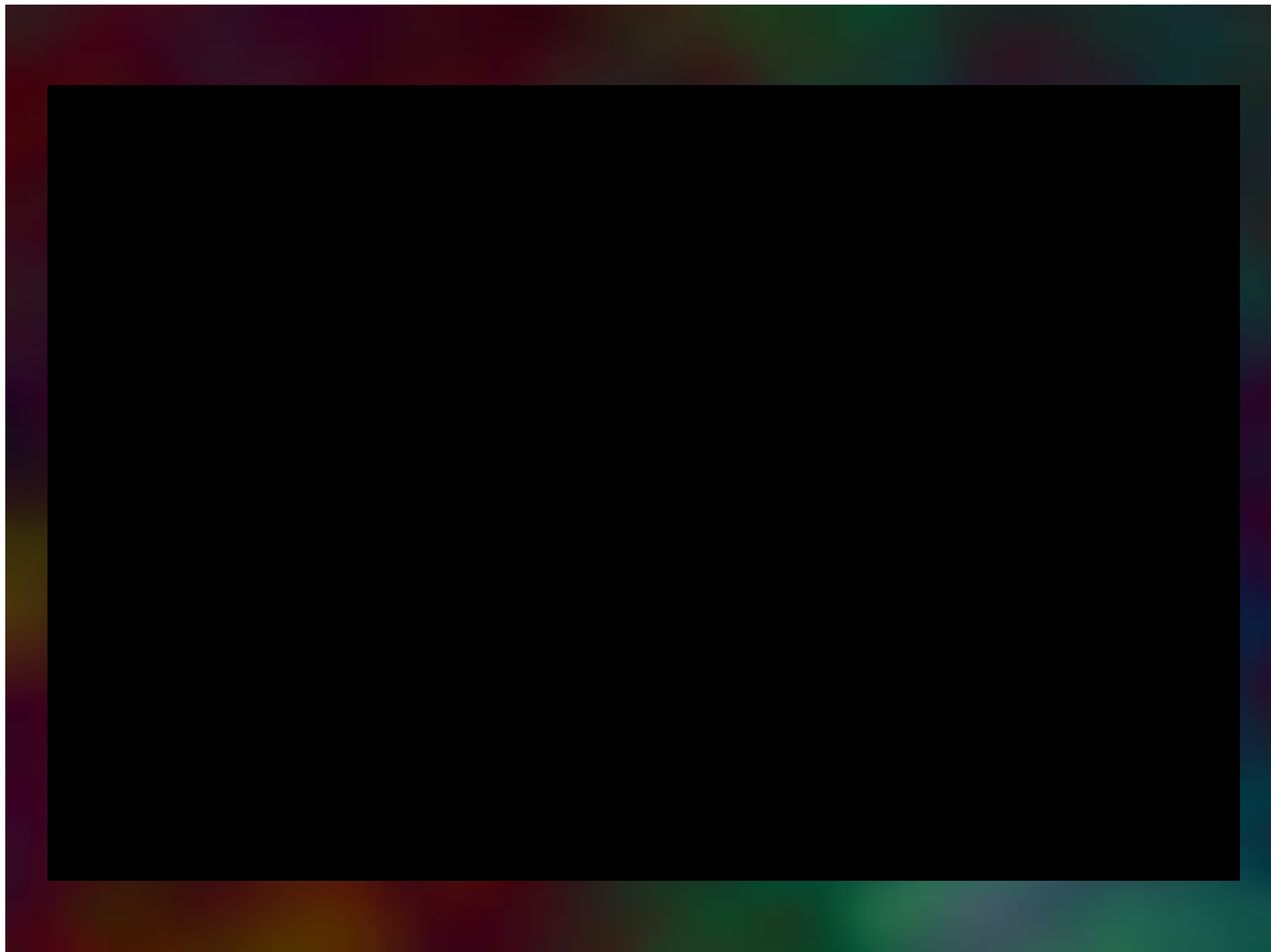
- A group of disorders characterized by disturbances in thought, mood and behavior
 - Each thought or behavior has no relation to the last
 - Disorganized
 - Tangential
- Diagnosed in teen to young adult years

Characteristics of Schizophrenics

- social withdrawal
- poor hygiene
- blunted affect
- disturbed communication
- lack of pleasure
- lack of motivated behavior

Signs & Symptoms of Schizophrenia

- Hallucinations
- Delusions
- Inability to reason
- Inappropriate affect
- Possibility of violence
- Disorganized dress and appearance
- Disorganized speech
 - tangential, perseveration, alogia



Demographics of Schizophrenia

- Most common psychiatric illness
- 2% of total population afflicted
- One third able to function in society
- Two thirds require periodic hospitalization or in-patient committal
- Equally common in men and women
- Genetic component

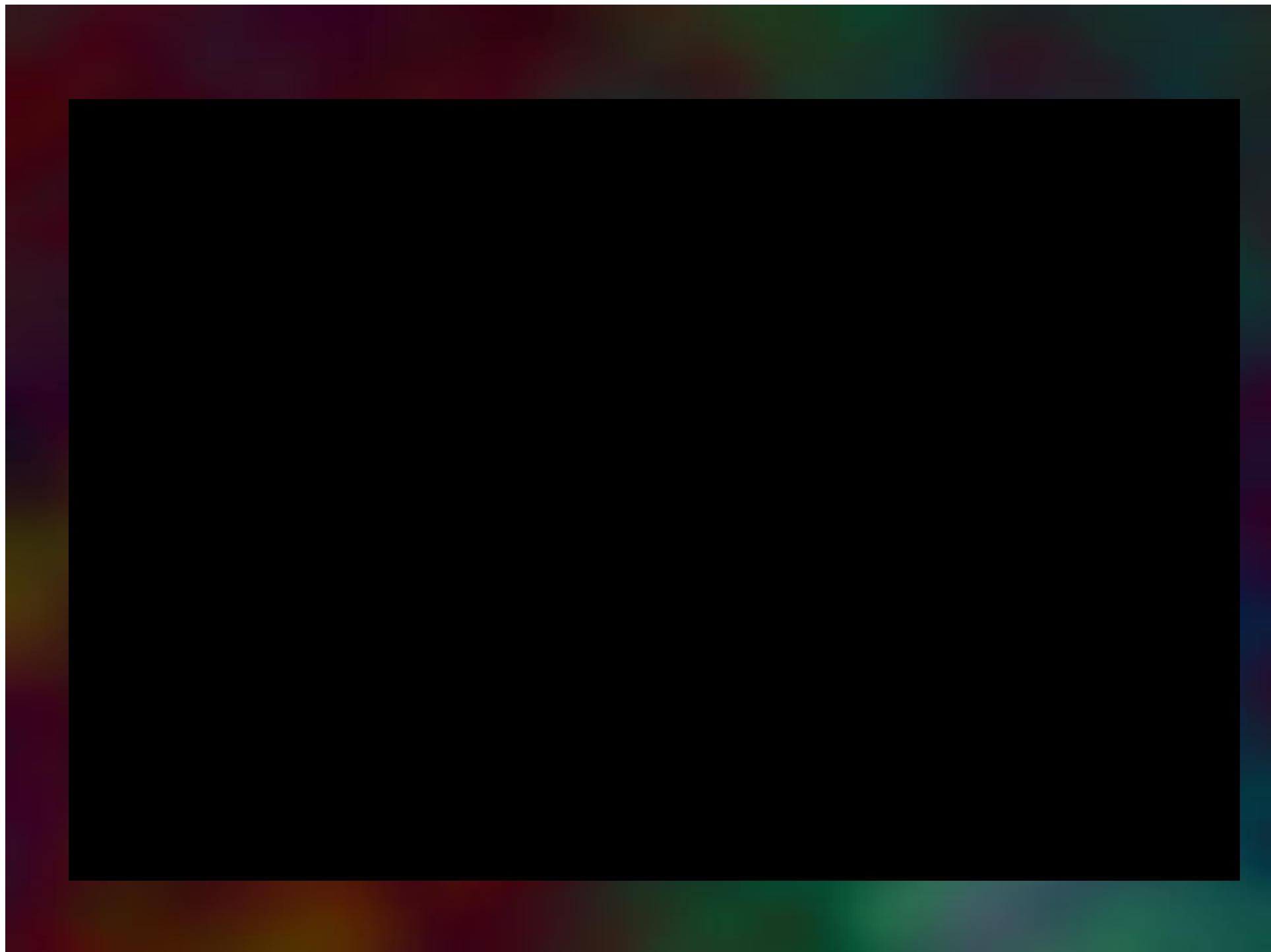
Traditional Schizophrenia Pharmacology

- Haloperidol (Haldol)
 - antipsychotic
 - chronic and acute treatment
- Chlorpromazine
 - phenothiazine antipsychotic
- Fluphenazine (Permitil)
 - Phenothiazine antipsychotic
- Thioridazine (Mellaril)
 - phenothiazine antipsychotic

Atypical Schizophrenia

Pharmacology

- Zyprexa (olanzapine)
 - Blocks serotonin and dopamine receptors
 - High risk of extrapyramidal effects
- Clozaril (clozapine)
 - Unique risks include agranulocytosis and seizures
 - Provides hope for severely ill
 - Less risk of spasms, cramps, restlessness, tremor, and tardive dyskinesia
- Risperdal (risperidone)
 - Front line treatment with minimal side effects
 - Common side effects include hypotension, palpitations, sleepiness, weight gain, sexual dysfunction



Imagine...

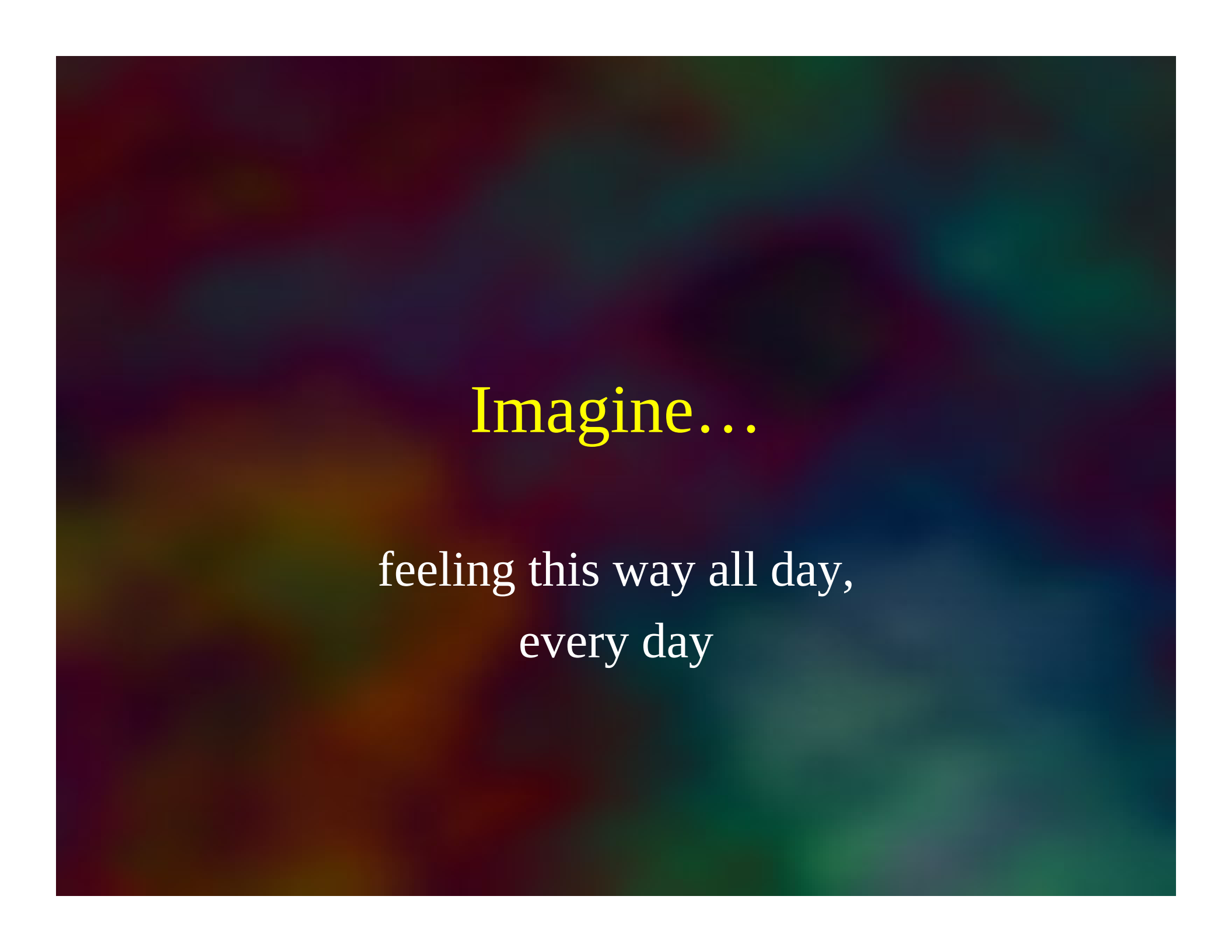
if you were unable to communicate

Imagine...

if you were in pain but couldn't tell anyone

Imagine...

if you felt
distracted, frustrated, obsessed and frightened,
but you didn't know why



Imagine...

feeling this way all day,
every day

Imagine...

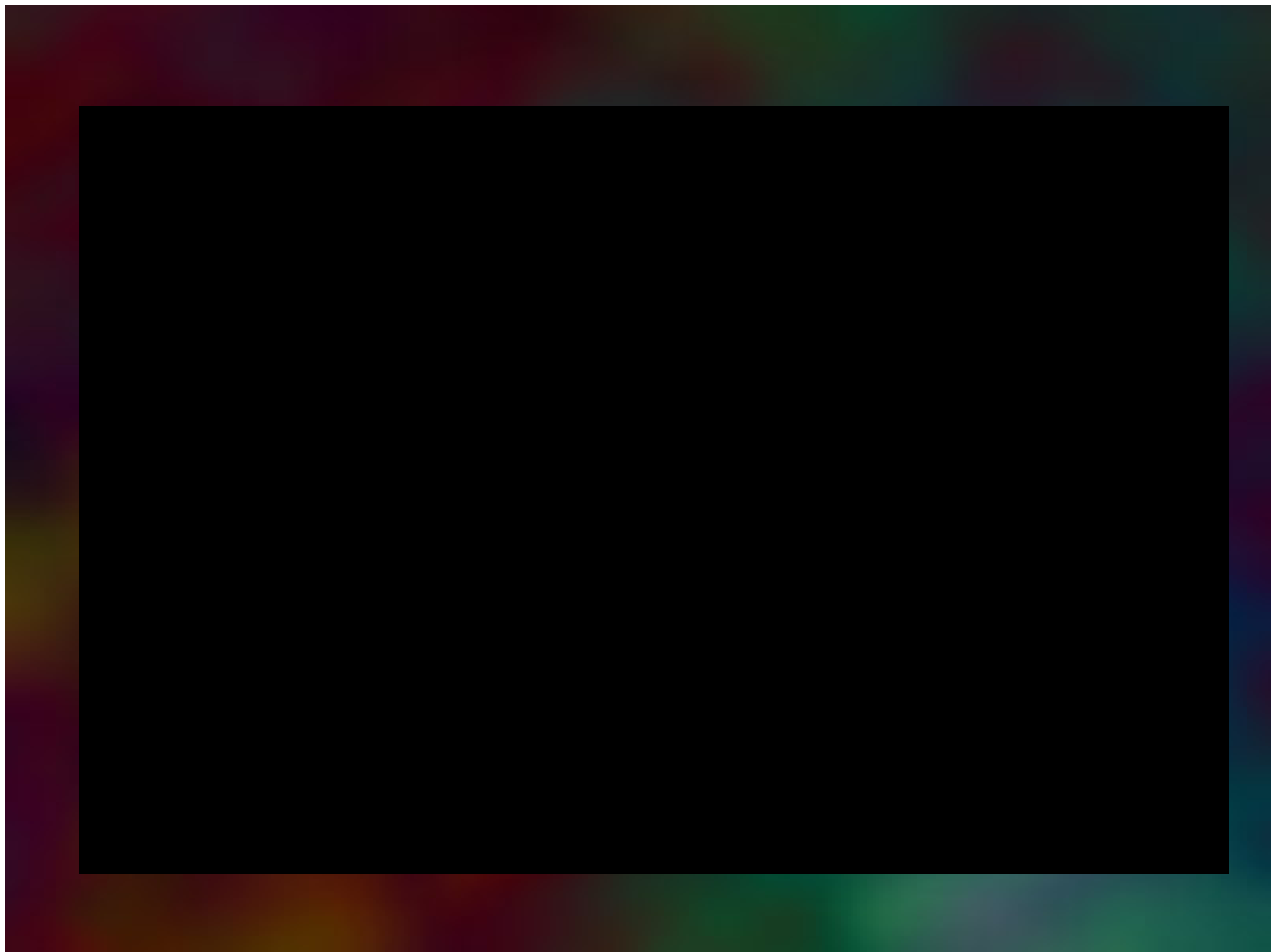
trying to live with autism

Autism Facts

- Often compared to schizophrenia
- Is a spectrum disorder
- Diagnosed in 1:200 children
- Not well treated with medication
 - Narcan reduces self-injurious behavior
- Usually no cure; early diagnosis important
- Possible genetic tendency
- 4x more common in boys
- Unusually good looking

Signs and Symptoms of Autism

- Social isolation
- Repetitive behaviors
- Self-injurious behaviors
- Fixation on objects
- Resistance to change in routine
- Abnormal responses to sensory stimuli
- Insensitivity to pain
- Inappropriate emotional expression
- Poor use of speech
- Specific, limited intellectual abilities



**EMERGENCY
ALERT**



**OCCUPANT WITH
AUTISM**

**MAY NOT RESPOND
TO VERBAL COMMAND**

Responding to an Autistic

- Quickly determine possibility of autism
- Look for window sticker
- Be alert for gravitation to their place of comfort
- Do not try to reason; they have blocked you out
- Keep calm, use short, repetitive requests
- If you cannot get their attention, grab and rescue
- Remember they do not feel pain; do full exam

Personality Disorders

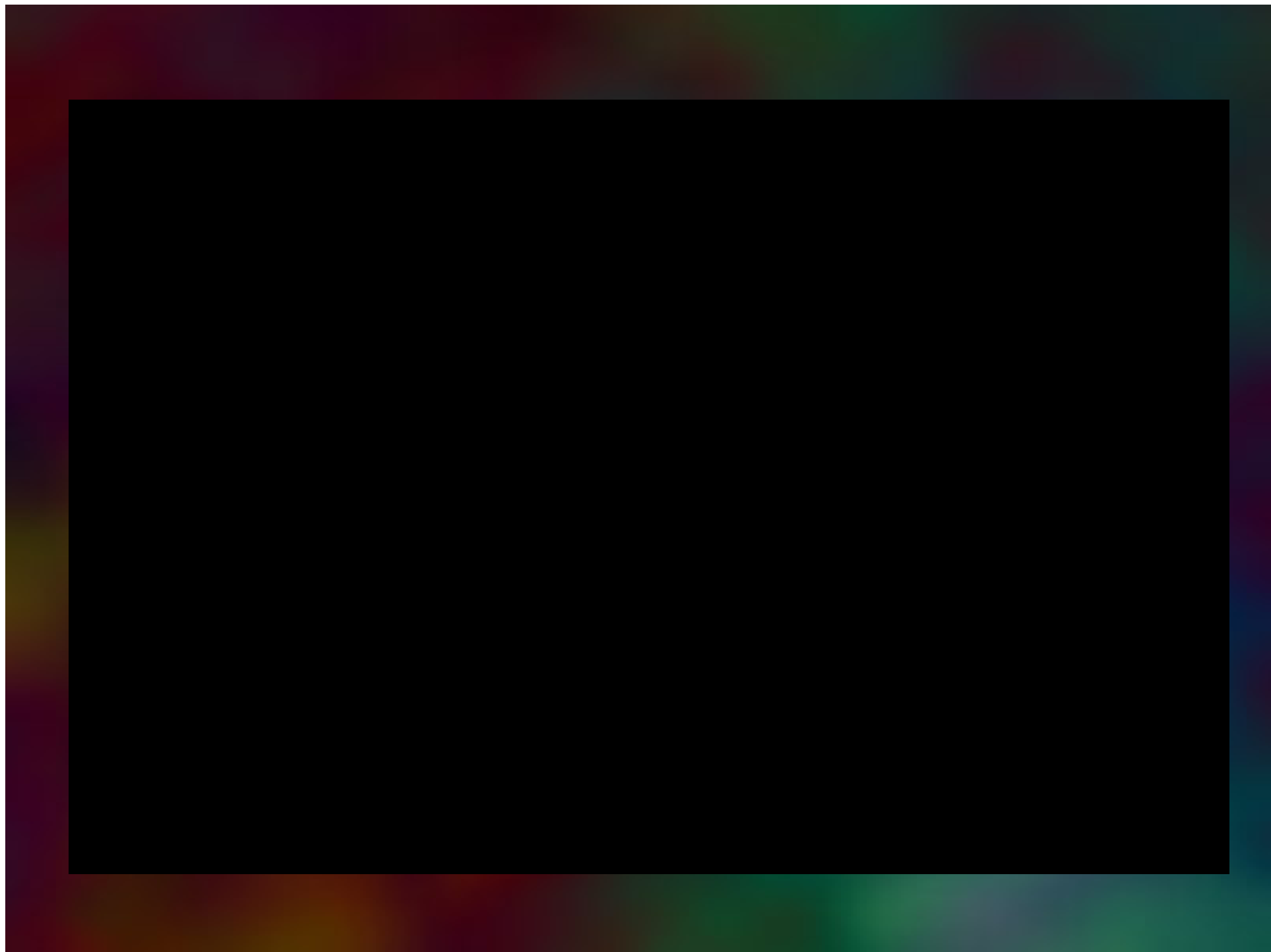
- Now called Clusters A, B, C
- Used to be anxiety and manic disorders
- Increasingly common diagnosis
- Characterized by great excitement and activity
- Some can be controlled with Lithium

Clusters

- Cluster A
 - Odd, eccentric, schizoid, paranoid
- Cluster B
 - Dramatic, emotional, antisocial, histrionic, narcissistic
- Cluster C
 - Anxious, fearful, dependent, clingy, obsessive

Obsessive Compulsive Disorder

- OCD patients can be sane
- Cause of OCD appears to be biological
- Treatment is aimed at addressing irrational behavior
- Only 15% respond to treatment
- Signs and symptoms include:
 - repetitive behavior
 - hoarding
 - neatness
 - cleanliness



Mood Disorders

- Depression
- Suicide
- Bipolar Disorder

Depression

- Most common *undiagnosed* psychological disorder
- Affects 1:4
- 15 million in US
- Twice as commonly diagnosed in women
- Genetic 50% of the time
- Extremely treatable with medication

Signs and Symptoms of Depression

- Signs and symptoms include:
 - feeling sad
 - feeling unmotivated
 - feelings of hopelessness and helplessness
 - crying
 - appetite and weight changes
 - sleep disorders
 - changes in appearance
 - changes in productivity and work performance
 - thoughts of suicide

“Karen”

One of the symptoms of depression that I get is withdrawal from people totally.

When I realized something was wrong with me, I just wasn't motivated to even get out of bed and face the world and nothing in particular was bothering me. I just didn't feel like dealing with anything.

I think that was the biggest, hardest part for me...actually getting up and seeking help and going to the doctor and seeking therapy.

Depression Identification

- In the past week, on how many days:
 - Did you feel unmotivated for most of the day?
 - Did you feel sad for most of the day?
 - Did you feel silly things could make you cry?
 - Did you feel hopeless?
 - Was there almost nothing to enjoy?
 - Did you have trouble concentrating?
 - Did you feel tired?
 - Did you feel worthless?
 - Were you so agitated that someone commented on it?
 - Did you have trouble sleeping?
 - Has your appetite been less than usual?
 - Did you think of dying?
 - Did you think death would be a relief?

What it means...

- Score under 33 is unlikely depression
- Score 33-50 means depression is a likely diagnosis
- Score over 50 means depression is very likely and help should be sought

Stages of Depression

- Normal Depression
 - Normal reaction to an unfortunate event
 - Lasts 2 weeks to 2 months
 - No real physiological symptoms
- Mild Depression
 - Lasts 2-3 months
 - Interferes with participation in everyday life
 - Presence of physical symptoms
- Moderate Depression
 - Lasts 3-5 months
 - Feelings of unworthiness and poor self-esteem
 - Intense physical symptoms
- Severe Depression
 - Lasts greater than 5 months
 - Constant sleeping and weeping
 - Total withdrawal
 - Speaks openly of and may attempt suicide

Depression Pharmacology

- Amitriptyline (Elavil)
 - tricyclic antidepressant
- imipramine (Tofranil)
 - tricyclic antidepressant
- phenelzine (Nardil)
 - MAOI
- Paroxetine (Paxil)
 - social anxiety disorder, depression and panic disorders
- bupropion (Wellbutrin, Zyban)
 - antidepressant and smoking cessation
- fluoxetine (Prozac)
 - antidepressant and bulimia treatment

The SSRIs

- Selective Serotonin Reuptake Inhibitors
 - Zoloft, Paxil, and Prozac
 - Class action law suit
 - “Addictive” drug
 - Painful, debilitating effects if stopped suddenly

Bipolar Disorder

- Severe mood swings
- “Cycle” at least 4x/yr
 - Ultra-rapids may cycle every day or week
- Characterized by
 - Sadness, anxiety, guilt, anger, isolation, chronic pain, fatigue, trouble concentrating
 - Unstoppable speech, grandiosity, risk taking behaviors, no needed sleep, sexual prowess
- 3x more likely to commit suicide

Treatment for Bipolar Disorder

- Mood stabilizers
 - Lithium
 - Depakote
 - Tegretol
 - Risperidone, Zyprexa, Prozac

Suicide

- About 35,000 die from suicide each year
- More die from suicide than homicide
- Third leading cause of death for people age 15-24
- Suicide rate is increasing for black males, elderly men, and ages 10-15
- 60% of all suicides are committed with firearms
- More women attempt, more men are successful
- Practice makes perfect

Risk Factors for Suicide

- Previous attempts
- Depression
- Age
- Alcohol or drug use
- Divorced or widowed
- Giving away belongings
- Living alone or increased isolation
- Homosexuality
- Major trauma
- High stress level
- Expression of plan
- Possession of mechanism

Suicide Myths & Facts

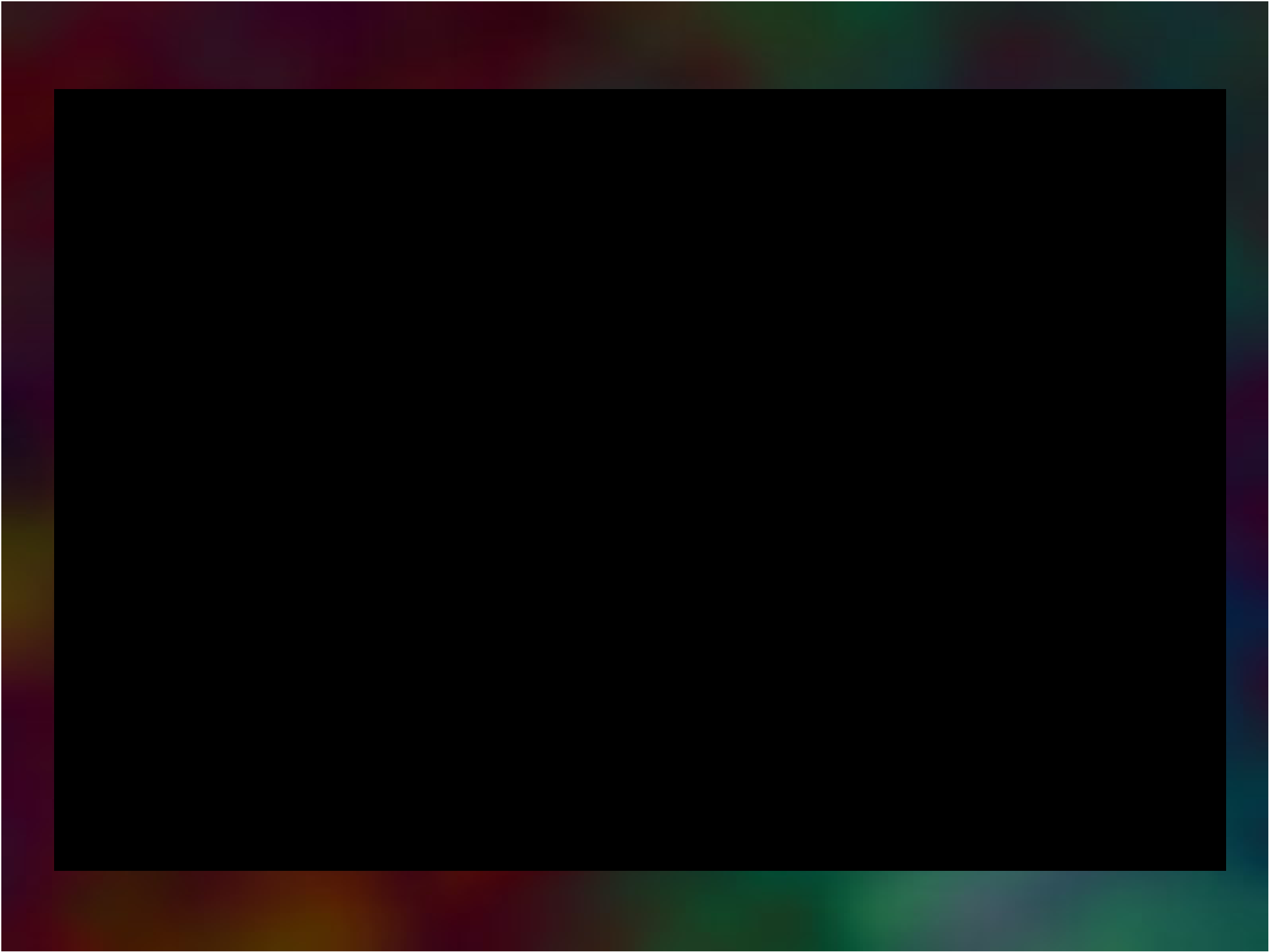
People who talk about suicide don't really do it.

Anyone who tries to kill himself must be crazy.

If a person is determined, nothing will stop him.

People who commit suicide are unwilling to get help.

Talking about suicide may give someone the idea.



Assessment Specific to the Behavioral Patient

- Scene safety
- ABC, posture, emotional response, affect
- Rule out metabolic and endocrine disorders, infection, substance abuse, and trauma
- Differentiate between
 - Delirium: widespread disorganized thought, acute, treatable, emergent
 - Dementia: irreversible, degenerative cognitive impairment

Restraint

- For your safety or theirs
- Never as punishment
- Technique
 - “surround and drown” posture
 - use minimal, progressive force
 - limit movement to protect crew
 - use appropriate devices
 - have enough help
 - offer final opportunity to cooperate
 - face up
 - do not remove restraints

Chemical Restraint

- May be more humane
- Results in fewer injuries to patients and crew
- Neuroleptics, benzodiazepines, narcotics, barbiturates
 - Haldol (IM)
 - Thorazine
 - Inapsine

Tactical Communication

- Objective to get patient to comply
- Be Nice (it's easier)
- Do not inflate with adrenaline
- As ego goes up, power and safety go down
- Respond to the meaning, do not react to the words
- Say what you want, as long as you DO what I say.
- I have the last act...I *give you* the last word.

Tactical Communication

- Use deflectors
 - “preciate that, but...”
 - “that’s not going to happen tonight”
 - “sorry you feel that way”
- Use peace phrases
 - “you don’t need that kind of trouble”
 - “for your safety and mine...”
 - “appreciate your cooperation tonight”
- Sword of interruption
 - “Whoa! Time out! Let me make sure I understand you.”

Resources

- Mental Health Source
 - www.mhsource.com
- American Association of Suicidology
 - (719) 544-1122
- Biopsychology
 - Kalat
- National Center for Injury Prevention and Control
 - (770) 488-4362
- Center for Disease Control
 - www.cdc.gov

Heather Davis, MS, NREMT-P
Program Director
UCLA Daniel Freeman Paramedic
Education Program
hdavis@mednet.ucla.edu