433 Teams

# PSYCHIATRY

## Approach to a Suicidal or Aggressive Patient

**Lecture contents:**

- Evaluation of Suicide Risk
- Managemant of Suicide
- Para-Suicide
- Aggressive/Violent Patient

**Manual of Basic Psychiatry**

**Doctor's notes**

**Important**

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# Evaluation of Suicide Risk

**Who requires suicide evaluation**? Any patient who:

- has recently attempted suicide.
- presents with suicidal ideation.
- reveals suicidal ideas only when asked.
- has behavior indicating possible suicidality

1. Evaluation of suicidal intentions:
    - Asking about suicidal intentions is very important, it will not make suicide more likely (one of the myths says that asking an individual about suicide will put suicidal ideas into their head).
    - Sympathetic approach, which also helps the patient feel better understood and hence may reduce the risk of suicide.
    - Systematic enquires (thought/feeing >> intention >> act): Thoughts whether life is worth living/ hopeless towards the future >> any wishes to die >> suicidal ideation >> suicidal intent >> suicidal specific preparatory acts (e.g. planning with precautions against discovery) >> actual suicidal trial.

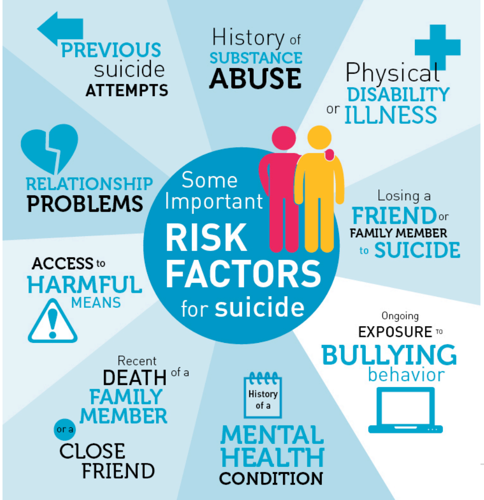
2. History of intentional self-harm:
    - Serious deliberate self-harm.
    - Repeated dangerous attempts.
    - Continuing wish to kill or harm self.
    - Writing a farewell suicidal note.

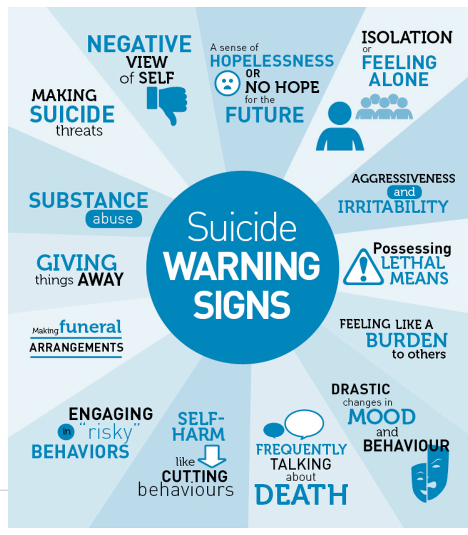
3. Presence of mental disorders:
    - Severe depression
    - A patient recovering from acute phase of schizophrenia
    - Chronic schizophrenia
    - Substance abuse with psychiatric and physical complications
    - Personality disorders (esp. Borderline personality disorder)

4. Presence of adverse social and medical conditions:
    - Social factors (e.g. home, work, finances…) should be assessed.
    - Medical problems (especially if they are painful disabling or rapidly deteriorating in spite of medical interventions).

5. Presence of homicidal ideation:

    e.g. killing their children so they don't suffer when they commit suicide

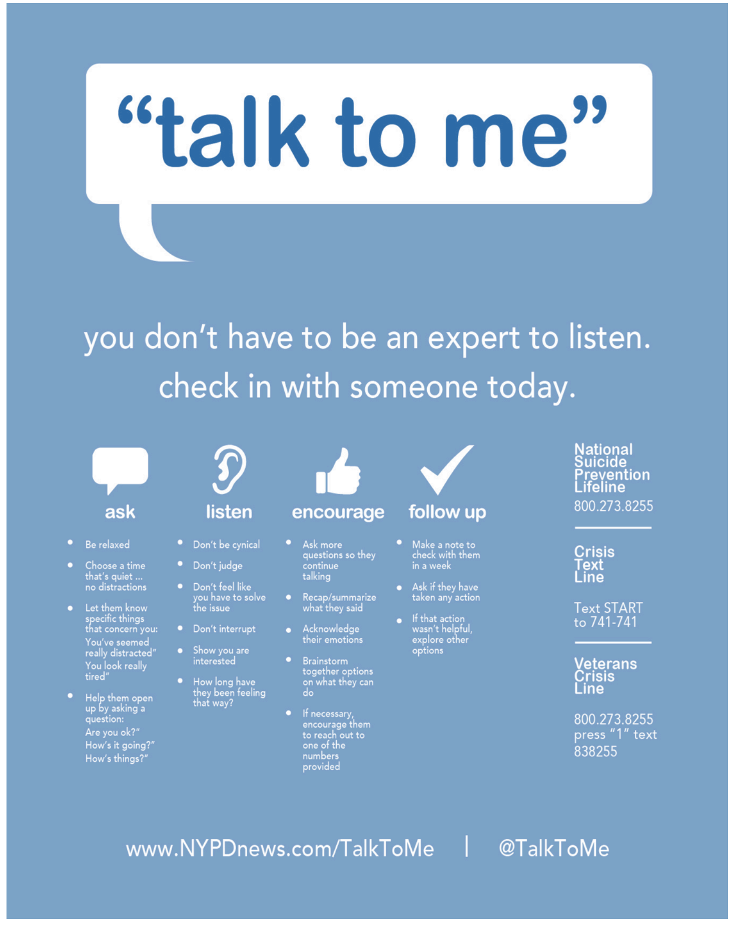


# Management of Suicide

- Proper assessment of suicide risk
- Every suicidal ideation, impulse, gesture or attempt should be taken *seriously*
- Hospitalization of patients with serious risks
  - Search the patient thoroughly
  - Prevent access to all means of harm (sharp objects, ropes.. etc.)
  - Close one-to-one observation, vigilant nursing staff with good communication
  - Treatment of any psychiatric disorders
- If the patient does not require hospitalization:
  - Counselling/problem solving
  - Ensuring good support and a positive view of the future
  - Make sure that the relatives are responsible, reliable, and understanding
  - Treat the underlying psychiatric disorder, with close follow-up

**Suicidal people only remain suicidal for a limited period of time. Early detection is important. Sometimes you can do everything right, but it is not enough, and the patient does commit suicide.**



## Para-Suicide (also called attempted suicide, or non-fatal deliberate self harm)

- Definition: Any act of self-damage carried out with the apparent intention of self-destruction
- Failed suicide: 25% of cases
- Etiology:
    - Impulsive behavior (commonly seen in borderline personality disorder)
    - Unconscious motives: as a signal of distress, a cry for help, or to influence others
- Risk Factors:
    - Young (15 – 35 years old)
    - Female
    - Personality problems
    - Situational stress (e.g. argument with parents.. etc.)
- Methods:
    - Drug overdose (most common method)
    - Self injury (e.g. slashing of wrists)
    - Jumping from heights
- Management (each case should be assessed thoroughly):
    - Treat any underlying psychiatric disorder
    - Problem solving and counselling
    - Prolonged follow-up when cases are at risk of repeated self harm/suicide, and or in cases with personality disorders or long-term adverse psychosocial situations

# Aggressive/Violent Patient

- Causes:
  1. Brief psychosis/acute schizophrenia/schizophreniform disorder.
  2. Substance abuse.
  3. Acute organic brain syndrome (e.g. delirium).
  4. Mood disorders: mania, severe agitated depression.
  5. Personality disorders: borderline personality disorder
- Approach:
  1. Arrange for adequate help
  2. Appear calm and helpful
  3. Avoid confrontations
  4. Take precautions:
     - **Never** attempt to evaluate an armed patient.
     - Other persons should be present (security or police).
     - Keep the door open.
     - Use restraints if needed, with an adequate number of people and the least amount of force.
     - Carefully search for any offensive weapon.
  5. Aim to save patient and others: anticipate any possible violence from hostile/threatening/restless/agitated patient.
  6. Do not bargain with a violent person about the need for restraints, medications or psychiatric admission.
  7. Reassure the patient, and encourage self-control and cooperation.
- Restraint Technique
  - Enough staff should be available.
  - Assign one member of staff for the head, and one for each extremity. Start together and accomplish restraint as quickly as possible.
  - Be humane, but firm. Do not bargain.
- Medications:
  1. Major tranquillizers
     - Olanzapine 5 – 10 mg IM
     - Haloperidol 5 – 10 mg IM (drug of choice, duration of action is 8 hours).
     - Chlorpromazine 50 – 100 mg IM
  2. Benzodiazipines (may aggravate hostile behavior in certain patients)
     - Diazepam 5 – 10 mg IV infusion (to avoid respiratory depression)
- Hospitalization: for further assessment and treatment.

**Don't forget, a mentally ill person is more likely to be a victim of violence than a perpetrator of it.**

**Stop the stigma.**

# Done By: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