



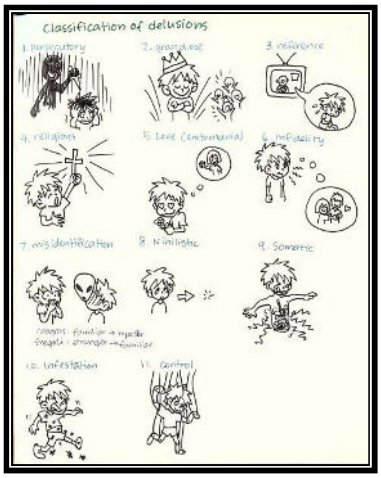
EPIDEMIOLOGY OF PSYCHIATRIC DISORDERS

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Thanks, Missah!
Welcome to the second lesson, where we will talk about different psychiatric disorders and their symptoms, causes, and possible treatment.
Good studying.

DELUSIONS

- False belief representing a distorted or incorrect interpretation of reality
- No odd behavior and no impact on everyday activities
- Types – erotomaniac, grandiose, jealous, persecutory, and somatic
- Speak calmly and in a non-threatening tone
- Never give in to delusions
- Gather as much information as possible



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A delusion is a mental disorder where a patient has a false belief based on a distorted or incorrect interpretation of reality. However, it's important to note that the patient believes that his or her beliefs are true.

Generally speaking, delusions signify a medical, neurological, or mental disorder, but the patient does not appear odd or doesn't have a problem with everyday functions.

The main symptom is a persistent belief that is different from reality. This belief may happen, but is definitely not

happening now.

There are many kinds of delusions, but these beliefs can be categorized into four types.

- Erotomaniac is a situation where a person has a delusion of a special or loving relationship with another person, usually someone popular. This delusion is the root cause of stalking behavior.
- Grandiose is a delusion where a person believes that he or she has a spell power or a special relationship with an extremely popular person like the President of a country.
- In a jealous delusion, a person is delusion that a sexual partner is being unfaithful
- A Persecutory delusion is where a person feels threatened, intimidated, or maltreated
- Somatic is the delusion of a physical illness.

Diagnosing a delusion is hard, and most times, it signifies another major illness such as schizophrenia. Sometimes, people who have dementia can also become delusional.

When you find a delusional patient, speak calmly and in a non-threatening voice. Focus on what the patient is describing, but never give in to those delusions. Many patients understand that there are gaps between their

thoughts and reality, so be patient, and calm them down. Talk to family members and caregivers, gather medications used, size up the patient’s appearance, and document as accurately as possible.

HALLUCINATIONS

- Perception of a sensory experience that is not real
- Causes include terminal and mental illness, substance or alcohol abuse, lack of sleep, medications, social isolation, epilepsy, high fever in children, and migraine
- Check the vitals
- Size up the scene
- Transport if required
- Talk calmly, but never give in to the hallucinations



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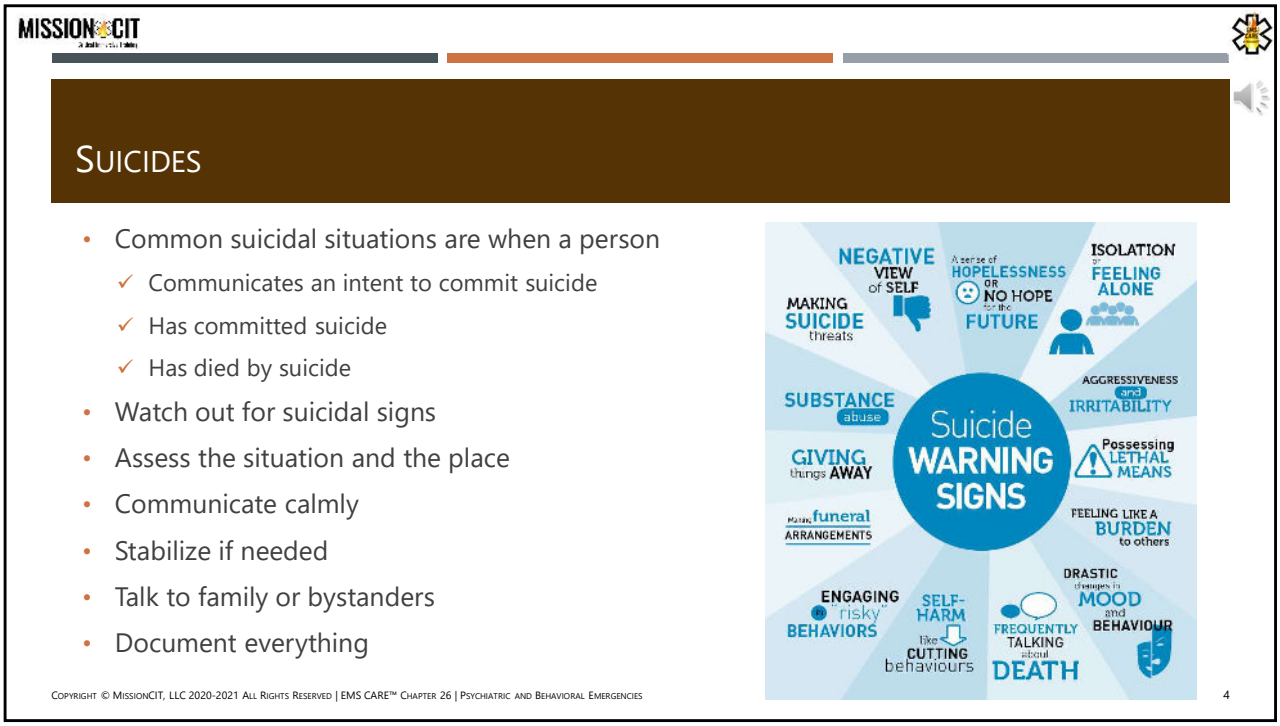
A hallucination is a perception of a sensory experience that is not real, but is created by a person's mind. This experience includes all the five sensory organs, and a person truly believes in these experiences.

Some of the common causes of hallucinations are mental illnesses such as dementia, delirium, and schizophrenia, use of substances and drugs like LSD or PCP, lack of enough sleep, some medications, high fever in children, seizures, migraines, epilepsy, social isolation, and even terminal illnesses.

When a person is hallucinating, you can hear

conversations with an imaginary character, ramblings, disorganized speech, and sensitivity to touch.

As soon as you see the patient, size up the scene to determine the possible cause of hallucination. Closely look for alcohol or substance abuse. Check the vitals and gather as much information as you can. Transport the patient if needed, but never give into their hallucinations.



EMTs are often called to handle situations involving people who have suicidal thoughts. This includes,

- A person who is communicating an intent to commit suicide
- A person who has committed suicide
- A person who has died by committing suicide.

Watch out for suicidal signs too, such as anxious or agitated behavior, talking about being a burden to others, expressing financial difficulties, use of drugs or alcohol, lack of sleep, and anything else that can tell you

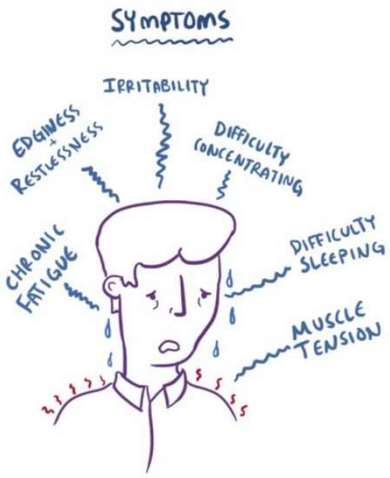
that the person is suicidal.

As a first step, assess the situation, and check the patient's vitals to see if any stabilization is needed. Next, communicate calmly and gently with the patient as this communication can improve the situation. Be caring and empathetic, and provide the appropriate clarity and support needed to the patient. Talk to bystanders or family members and apprise them of the situation if needed.

While doing this, make sure to document everything including the means of suicide, past history, reason for suicide, and anything else that can help the hospital staff to determine the best course of treatment for the patient. We will also be talking about suicides in depth in lesson 9.

Anxiety Disorders

- Anxiety is a response for stress
- Disorder when it is persistent and impacts everyday activities
- Combination of genetic, environmental, developmental, and psychological reasons
- Calm the patient and assuage the fears
- Provide ventilation if protocols allow
- Call ALS if needed
- Establish eye contact, legitimize the situation, communicate effectively



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So, anxiety is a general response that every individual has towards stress. However, it becomes a disorder when it is persistent and impacts the social, work, or family life of that individual. There are many types of anxiety disorder such as generalized anxiety disorder, panic disorder, phobias, social anxiety disorder, separation anxiety disorder, and more.

It is believed that these disorders occur due to a combination of genetic, environmental, developmental, and psychological reasons.

While handling such patients, calm them down first with

soothing words. Reassure them that help is available, and this can greatly assuage their fears. If a person is hyperventilating, which is a real possibility in an anxiety disorder, provide ventilation if your local protocols allow you to do that.

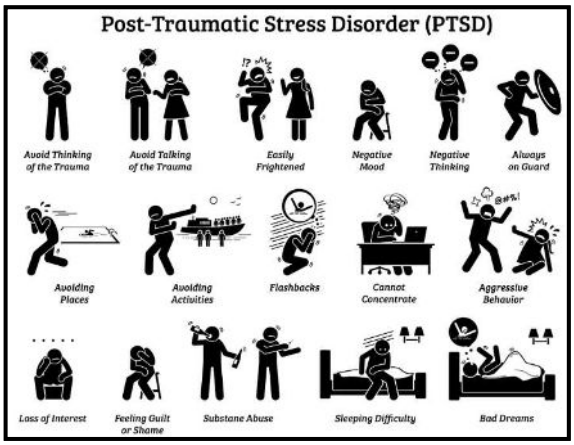
Otherwise, call Advanced Life Support for help.

Above everything, establish a friendly rapport with the patient, so they feel calm and relaxed. Establish eye contact, legitimize the situation, and do everything you can to bring the situation under control.

Finally, document everything thoroughly to help the healthcare provider to provide the appropriate treatment.

Post Traumatic Stress Disorders (PTSD)

- Not recovered from a terrifying experience
- Four categories of symptoms
  - ✓ Intrusive
  - ✓ Avoidance
  - ✓ Negative thoughts
  - ✓ Physical and emotional symptoms
- Check vitals and stabilize
- Communicate to create a trust



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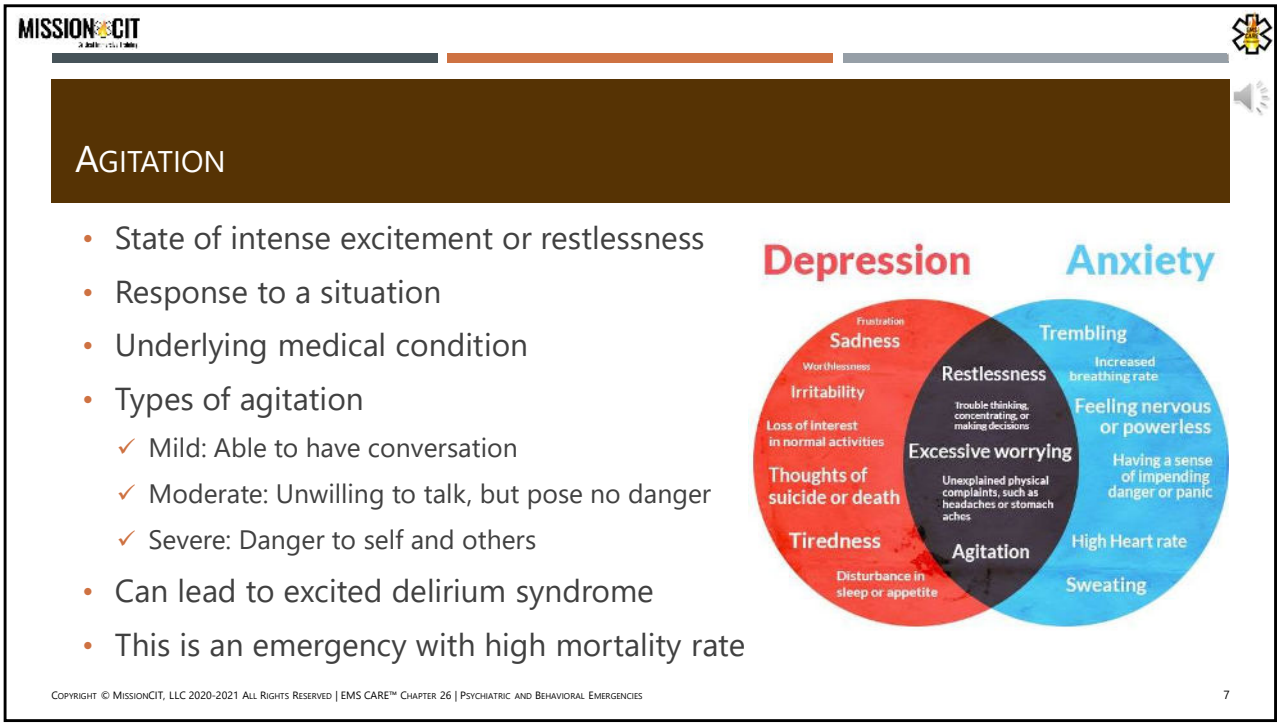
A post traumatic stress disorder, or PTSD in short, is a condition where a patient has not yet recovered from a terrifying or life-altering experience. This condition can last for many months or even years, and can bring back memories of the painful incident for the patient.

The symptoms of PTSD can be categorized into four types, and they are:

- Intrusive memories that include nightmares, fears, distress, and even physical reaction to that traumatic event.

- Avoidance that includes forceful avoidance of memories, thoughts, activities, places, and people related to that traumatic incident.
- Negative thoughts about self, others, future, environment, and the society.
- Physical and emotional symptoms that include a sense of fear, being on guard always, sleeping issues, irritability, lack of concentration, and anger outbursts.

When you encounter patients with PTSD, check the vitals, and stabilize the patient if needed. Establish good communication and calm the patient, call for ALS or decide on emergency transportation as needed, and finally, document everything.



Agitation is a state of intense excitement or restlessness that can be a response to a particular situation or could be a symptom of an underlying medical condition.

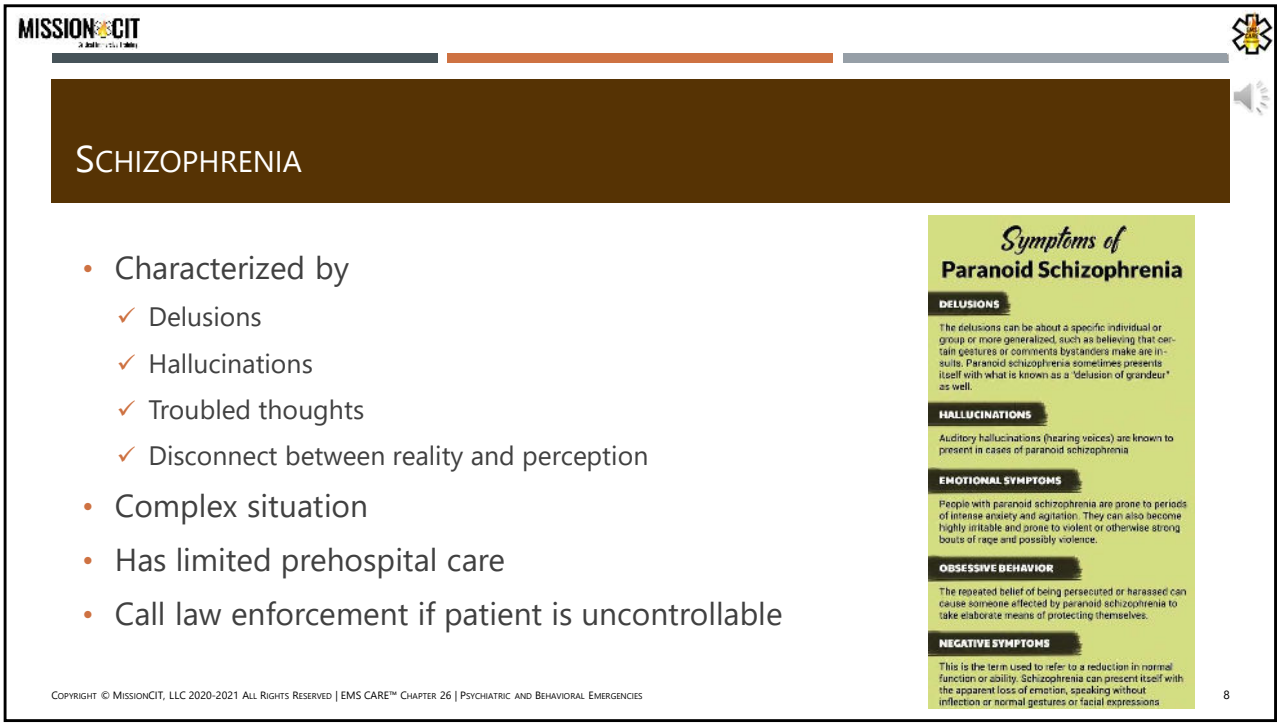
When you notice that a patient is agitated, immediately assess whether it is mild, moderate, or severe. A mere look at the patient and his or her behavior can help with this assessment.

Generally speaking, if a patient is able to have a conversation with you, you can categorize the agitation as mild. Moderately agitated patients will be unwilling to talk or cooperate, but pose no danger to self or others,

while a severely agitated person is a danger to everyone. This last category is a condition called excited delirium syndrome that includes unusual strength, hyperthermia, inability to focus, and imperviousness to any level of pain. This condition is an emergency that has a high mortality rate, so you may have to consider a restraint or emergency transportation. While handling such patients, call for help from law enforcement.

In the mild or moderate case, a verbal de-escalation would be a good starting point. Ensure a quiet room and have just one person establish communication with the patient. Modulate your voice and emotions, keep your hands visible as it helps to create a sense of trust, and talk calmly.

If a patient is moderately agitated, sedatives may be necessary. Call for help, so an authorized person like a paramedic can come in to administer it. At the same time, be aware that the agitation may increase seeing a sedative, so be prepared to take help.



The American Psychiatric Association defined schizophrenia as a mental disorder that is characterized by delusions, hallucinations, troubled thought, inability to focus or think clearly, having a disconnect between perception and reality, and disorganized speech.

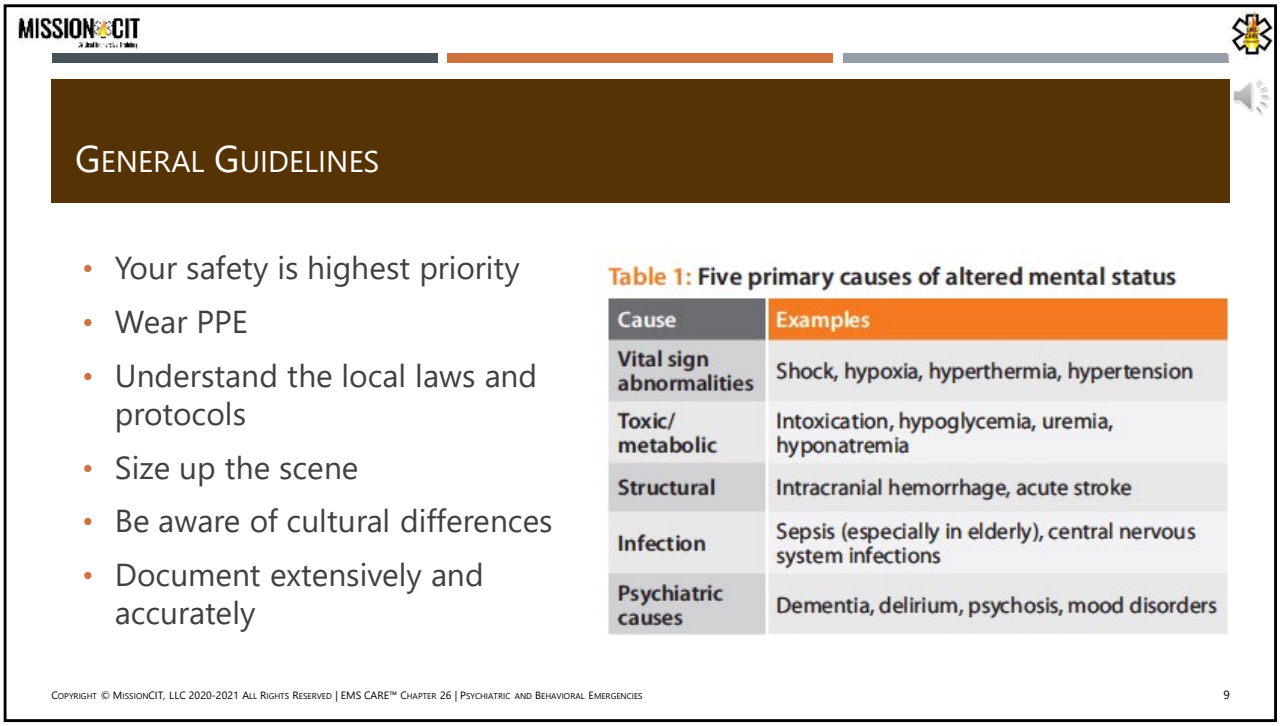
This condition is believed to occur due to a combination of genetic, environmental, neurochemical and neurophysical changes, endocrinal factors, psychosocial, and more.

This is a complex condition that has limited care. So, calm down the patient as much as you can, and call for

law enforcement if the patient looks extremely agitated and uncontrollable, or if you think poses a danger to self and others.

Establish trust and communication with the patient and try to bring the situation under control.

Lastly, document everything as this could improve the understanding of the patient's condition.



While each patient may require a different approach depending on the condition, age, severity, and environment, here are some broad guidelines to keep in mind.

- Your safety is the highest priority. So, take the help of law enforcement officers if needed.
- Communicate in a calm way, but without giving into a person's hallucinations or thoughts
- Understand the local laws and protocols related to restraint and administering sedatives

- Assess the situation to determine the most appropriate course of action
- Be aware of the cultural differences and sensitivities
- Document extensively and as accurately as possible.

With this, we come to the end of this lesson and Missah will take you through the next lesson that will talk about how to assess a patient with psychiatric and behavioral emergency.