FREQUENCY OF PSYCHIATRIC EMERGENCIES IN AN AREA OF SOUTHERN GERMANY

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Introduction: The definitions of "psychiatric emergency" and "psychiatric crisis" are in the present discussion again. Structures of emergency services differ much in the cross-cultural comparison.

Although the psychiatric literature contains some epidemiological information about patients in psychiatric emergency rooms, there is no information about the preclinical psychiatric emergency cases. Reported here is a study about the frequency and preclinical treatment of psychiatric emergencies.

Method: From 1989–1993 we evaluated 4,548 emergency reports. (Lindau/Lake of Constance, 25,000 inhabitants, 125,000 tourists). The diagnostic classification was made per the diagnoses which were suspected by the emergency physicians. Suicidal intoxications of injuries which need a vital stabilizing treatment (criterion: infusion) were put to the internal or surgical emergencies. In addition to the psychiatric diagnoses we evaluated demographic aspects, location, time and therapeutic measures. The statistical calculations were done by the two-tailed chi^2-analysis.

Results: Psychiatric emergencies were fourth amount all cases of emergency situations after internal, surgical and neurological emergencies. The most frequent diagnoses represent the reactive-neurotic syndromes (anxious syndromes, hyperventilation, agitation). Withdrawal syndromes and suicidal crisis (pre-suicidal syndromes, suicidal attempts without serious injuries or only mild intoxication), appear in the same frequency. During the day there was an increase of the frequency of all psych. emergencies (except the anxious syndromes) in the evening and nighttime. The offer of a conversation together with the injection of a benzodiazepine represented the most frequent therapeutic treatment.

Discussion: The reactive-neurotic syndromes dominate amount the different psychiatric diagnoses [4]. "Classical" psychiatric diagnoses like depression or psychosis are underrepresented. This difference could be caused by the fact, that psychiatric illness is underdiagnosed by the most of emergency physicians. On the other hand, a lot of psychiatric disorders like depressive syndromes, withdrawal syndromes and psychosis can show anxiety of panic attacks as symptoms. Most of the patients were admitted to the emergency room of the General Hospital of Lindau. This could be a regional phenomena, because on weekends there is no psychiatric consultant available and the psychiatric hospitals are quite far away.

Conclusions: (1) Psychiatric emergencies show a significant higher frequency in periods of the day when no psychiatric consultant is available.

(2) An improvement of the training in the treatment of psychiatric emergencies is necessary.

(3) The study shows the necessity of regional possibilities of psychiatric crisis intervention.

[1] Bassuk EL, Winter R, Apsler: Cross-Cultural Comparison of British and American Psychiatric Emergencies. Am J Psychiatry 2 (1983) 180–184
[2] Callahan J.: Defining Crisis and Emergency. Crisis 15/4 (1994) 164–170
[3] König F, König E, Wolfersdorf M: Zur Häufigkeit des Psychiatrischen Notfalls im Notarztdienst. Eine Analyse der Einsatzstatistik in Lindau 1989 bis 1993. Der Notarzt (in press).
[4] Spengler A, Strege W, Dörner K, Hagenah R, Meyberg U: Erste Erfahrungen mit einem psychiatrischen Notdienst. Psychiat. Prax 8 (1981) 18–24
[5] Wolfe HL, Sorensen JL: Dual Diagnosis Patients in the Urban Psychiatric Emergency Room. J. Psychoactive Drugs 2 (1989) 169–175

THE PREVALENCE OF BINGE EATING IN SUBJECTS WITH BIPOLAR DISORDER

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Objective: The authors examined the prevalence of Binge Eating Disorder (BED), Partial Binge Eating Syndrome and Night Binge Eating Syndrome in subjects with Bipolar Disorder (BD). *Method:* Sixty-one subjects in whom BD was established using DSM-III-R criteria received a semi-structured clinical interview including a detailed description of binge eating behavior and of night binge eating. Frequencies were compared to prevalence estimates in community samples. *Results:* Eight subjects (13%) met DSM-IV criteria for the diagnosis of BED. An additional 15 subjects (25%) exhibited a partial binge eating syndrome. These two otherwise identical groups of binge eaters were separated only by the DSM-IV frequency criterion. The rates found were higher than rates found in community samples. Ten subjects reported night binge eating in addition to their usual binge eating behavior. This occured consistently between 2:00 and 4:00 a.m. *Conclusions:* Possible underlying mechanisms for the high frequency of binge eating among bipolar subjects are discussed including a model of serotonin mediated self-modulation of mood. The finding of 2 groups of binge eaters separated only by the frequency criterion raises questions as to whether the frequency criterion as presently defined in DSM-IV is valid or should be modified.

CLINICAL FEATURES OF BIPOLAR DISORDERED SUBJECTS WITH OBSESSIVE-COMPULSIVE DISORDER

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Objective: To determine the prevalence of obsessive-compulsive disorder (OCD) in subjects with bipolar disorder (BD) and its relationship to other comorbid psychiatric disorders in bipolar subjects with and without OCD. *Method:* Subjects (n = 254) were euthymic patients with DSM-III-R BD type I and II in treatment in two tertiary treatment centers; the General Psychiatry Division of the Zentrum für Psychiatrie, associated with the University of Bochum, Germany (n = 123), and the Bipolar Clinic of the Clarke Institute of Psychiatry, affiliated with the University of Toronto, Canada (n = 131).

Lifetime prevalences of OCD and other comorbid conditions were determined by structured interview. Differences were evaluated by chi-square analysis. *Results:* Subjects with OCD (n = 16) were more likely than those without OCD to be male (68% vs. 37.4%, $X^2 = 6.17$, df = 1, p = 0.013), to have a diagnosis of BD type II (50% vs. 20.6%, $X^2 = 7.45$, df = 1, p = 0.006) and a lifetime diagnosis of dysthymia (37.5% vs. 8.4, $X^2 = 13.8$ df = 1, p = 0.0002). *Conclusions:* These findings suggest that BD type II, OCD and dysthymia may tend to cluster together in some subjects with BD. The putative central role of serotonin in the pathophysiologic mechanisms underlying these clinical features is discussed.

SEVERE NEUROLEPTIC EXTRAPYRAMIDAL MOTOR SIDE EFFECTS IN MANIC SYNDROMES TRIGGERED BY LITHIUM WITHDRAWAL

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We report five patients with bipolar affective disorder and manic episodes 10 to 42 days after abrupt lithium withdrawal. Seven to 30 days after the neuroleptic treatment (zuclopenthixol alone in

two patients, zuclopenthixol in combination with chlorprothixene in one, haloperidol alone in one and chlorprothixene and clozapine in one patient) severe dystonic reactions appeared in all patients with lateralization in four of them. The observed dystonic reactions lasted up to 30 days and did not improve with anticholinergics. One of the patients died suddenly three days after the appearance of the dystonic reaction and the post mortem did not reveal an obvious cause for this fatal outcome. The reported cases underline the high risk of the occurrence of manic symptoms shortly after lithium withdrawal. Moreover, they are an indication of a heightened risk for severe side effects of neuroleptic treatment in patients after abrupt lithium withdrawal.

THE PATIENT UNDER NEUROLEPTIC TREATMENT

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The patient under neuroleptic treatment.

This study treats:

- Neuroleptic prescription practice in the field of psychiatry in the French public health services.
- according to a naturalistic method which respects the usual modes of prescription
- in the context of the organisation of psychiatry in the French public health service in sectors which allow a coherent network of the different investigators involved.

The results presented concern more than 4,000 files of patients gathered by a network of 85 public health service psychiatrists from all over France and working under the same conditions. These patients' files which follow up hospitalisation and consultation have been collected over a nine-month period at three intervals (M0, M4 and M9).

This at the same deadline and under the same conditions of place for each of the investigators.

All analysed files are exhaustively documented on clinical particularities as well as on the drug and non-drug treatments.

This approach is a research method on prescription modes but also an excellent method of training since the different investigators receive, in return, their personal data accompanied by global results to which they can compare. They also receive the main elements which are the consensus in this field.

SEVERE DEPRESSION: RECOGNITION AND TREATMENT

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There is no single definition of severe depression, however, all the following variables should be considered in patient assessment: intensity of specific symptoms; diagnostic subgroups (eg, bipolar depression); stage of evolution (chronic or recurrent); comorbidity; and resistance to treatment. Elderly patients are more likely to have severe depression because of the high incidence of chronicity, recurrence and comorbidity in these patients. Severe depression is mainly treated with tricyclic antidepressants (TCAs) and selective serotonin reuptake inhibitors (SSRIs). Comparative studies have shown that TCAs and SSRIs are effective in patients with a baseline HAM-D score > 25 and/or melancholia; a meta-analysis in 244 patients with melancholia showed that paroxetine was significantly more effective than placebo. As maintenance therapy may be necessary for many years, the tolerability of agents is of major importance. SSRIs appear to be better tolerated than TCAs, with fewer patients stopping treatment because of adverse events; pooled comparative data of paroxetine, placebo and active comparators (mainly TCAs) in almost 5000 patients showed a lower incidence of anticholinergic, neurological and cardiovascular effects with paroxetine. However, SSRIs are associated with a higher incidence of nausea although few patients discontinue treatment. Numerous long-term studies also demonstrate the efficacy of TCAs and SSRIs in prevention of relapse and recurrence and the superior tolerability of SSRIs compared with TCAs.

COMPULSIVE BUYING IN DEPRESSED PATIENTS

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Compulsive buying is defined by the presence of repetitive impulsive and excessive buying leading to personal and familial distress. Patient presenting this disorder also suffer from mood disorder in 50 to 100% of the cases and antidepressants help to decrease the frequency and the severity of uncontrolled buying. In order to precise the correlation between compulsive buying and depression, we assessed this behavior among 119 inpatients answering to DSM-III-R criteria of major depressive episode. We also evaluated the comorbidity in the patients suffering from compulsive buying (CB+) and in those who were free from this disorder (CB−). In addition, impulsivity and sensation seeking were compared in the two groups.

Diagnosis of compulsive buying was made using standardized criteria and a specific rating scale. Diagnosis of depression and assessment of comorbidity was investigated using the Mini International Neuropsychiatric interview. The prevalence of the disorder was 31.9%, 38 of the 119 depressives being diagnosed as compulsive buyers. Patients from the CB+ group were younger, more often women and unmarried. They had experienced irresistible urges, uncontrollable needs, or mounting tension that could be relieved only by buying. For all patients, compulsive buying had tangible negative consequences. Postpurchase guilt was present in 21 (55%) patients. 24 (63%) of compulsive buyers described attempts to resist urges to buy.

Patients with compulsive buying presented more often than others recurrent depression (relative risk = 1.4), impulse control disorders as kleptomania (RR = 8.5) or bulimia (RR = 2.8), benzodiazepine abuse or dependence disorder (RR = 4.68), associations of dependences (RR = 1.99). Compulsive buying was thus frequent among depressives and associated with other impulse control disorders or dependence disorders.

ROUTINE ASSESSMENT OF PATIENT HEALTH: A WORST CASE SITUATION WITH REGARDS TO INTER-RATER RELIABILITY

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Global Assessment of Functioning (GAF) has been selected as the variable for routine assessment of patient health in the Norwegian national Minimal Basis Data Set for Psychiatry. The objective is to obtain reliable data on patient status at the beginning and the end of every treatment episode for all psychiatric patients. High quality routine data provide a new and fascinating possibility: To be able to perform retrospective longitudinal studies, and thus avoid the major problems associated with such prospective studies. However, this can only be achieved if good reliability of the data is ensured.

In order to test the reliability of GAF-scores in routine settings, we let more than one hundred persons rate the same clinical case-vignettes. Reliability is generally better with case-vignettes than with patients, due to a restricted variance of information. But this only means that any shortcomings demonstrated in this "in vitro" situation represents understatements of actual problems in clinical settings.