Aggression and Psychosis in Patients Seeking Emergency Psychiatric Care in New Delhi, India

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and a ective disorders constituted 12% and 16% of the aggressive subjects respectively, while diagnosis could not

the risk of violence and aggression (Fazel et al., 2009).

Aggressive behaviour can range from irritability and anger to verbal aggression, progressing to physical acts of violence. Aggression has been de f ned in different studies using different terms like agitation, violence, dangerousness, violent crime, and hostility, with each of them classifying it differently (Serper, 2011). For the purpose of our study we have identi f ed aggression from a point where an imminent threat of physical harm is present.

Aggression in schizophrenia or related psychotic disorders [SRPD] can occur because of a multitude of reasons, varying from positive psychotic symptoms, impulsivity, personality disorders, co-morbid substance use to even depression (Volavka & Citrome, 2008). Various studies have provided useful predictive socio demographic, clinical and genetic risk factors for aggression in schizophrenia ([illegible] of all [illegible] emergencies [illegible]

Bhui, Ullrich, & Coid, 2014).

In view of this scenario, with our study we aim to explore the principal reasons for referral to a psychiatric emergency and explore the disorders most commonly associated with violent and aggressive behaviour. The study will also provide valuable information regarding the crucial but yet underdeveloped role of emergency psychiatric services in the management of psychiatric illnesses. Therefore the

present study would add on to the existing data (mainly western) on the prevalence of aggressive behaviour in an emergency care setting and its association with clinical and treatment factors.

METHODOLOGY

Type of Study/Sample

This was a cross sectional descriptive study that evaluated data from all consecutive patients, referred from the emergency department, seen by the psychiatric staff over a 6 month period from November 2013 to April 2014.

Place of Study

Smt. Sucheta Kriplani Hospital is a teaching hospital affliated to the Lady Hardinge Medical College and provides tertiary care healthcare services for the metropolitan area of New Delhi. It is only one of the three government run hospitals in New Delhi to provide 24hr psychiatric care at the accident and emergency department. The psychiatric care is provided by doctors in the frst, second and third years of the medical residency training program in Psychiatry, supervised by one senior resident and one consultant psychiatrist.

Procedures

Informed consent was obtained from patients or their relatives (in case of incapability to give informed consent) before inclusion in the study. Information on demographic characteristics, diagnoses, presenting problems and management were obtained by the residents during the call and recorded in a proforma. The diagnoses, based on [illegible]ion of Diseases, Tenth Revision (World Health Organisation, 2006), were made by the psychiatric resident in consultation with the senior resident and the consultant psychiatrist.

Data collected was analyzed using statistical package for social sciences (SPSS) for windows version 17. Descriptive statistics were used and the frequency tables were made.

All procedures were done respecting the ethical standards in the Helsinki Declaration of 1975, as revised in 2000(5), as well as the national law.

RESULT

A total of 462 subjects were evaluated by the psychiatry staff on the request of the casualty medical offcer. No sex predominance was noted in the total sample, with women comprising 50.6% and men 49.3%. The mean age for women was 28 years and for men 33 years. The commonest diagnoses were substance related and addictive disorders (19%), schizophrenia spectrum and other psychotic disorders (13.6%), dissociative/conversion disorder (13%) and bipolar and related disorders (8.2%) (Tables 1 and 2) While 7% of the patients were hospitalized, 24% of patients received antipsychotic medications and 51% received benzodiazepines either alone or in combination with antipsychotics (Figures 1 and 2).

disturbance. Apart from 12% previously diagnosed cases of SRPD, 88% of the subjects were new cases (Tables 5 and 6). About 6% subjects presented with a medico-legal situation.

DISCUSSION

Our study suggests that nearly all psychiatric diagnostic categories are well represented even in an acute emergency care setting. The most commonly encountered diagnoses were substance abuse related problems and serious mental disorders like Schizophrenia and Bipolar disorder which was consistent with the previous studies conducted on a similar urban and developing world population (Kropp et al., 2007; Padilha, Schettini, Santos Junior, & M the Azevedo, 2013; Shakya, Shyangwa, & Shakya, 2008). However our study deviates substantially from previous studies in the relative lack of patients diagnosed with depressive disorder and a signifcantly higher proportion of patients presenting with dissociative disorder. A possible explanation for this variation is the contribution of Indian socio- cultural setting to the dissociative symptoms, as hypothesised in previous studies (Akhr

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