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Introduction:

Movement disorders are a frequent finding in psychiatric practice, even in emergency. Studies on acute movement disorders in psychiatric emergency are rare.

Objectives:

To determine characteristic features of patients presenting with movement disorders in psychiatric emergency.

Methods:

We conducted a retrospective study over one year period including all patients presenting in psychiatric emergency of Razi Hospital for movement disorders (from October2012 to September2013). Clinical, etiological and therapeutic features were analyzed.

Results:

We included 335patients consulting in emergency for movement disorders (3.36% of all consultations in psychiatric emergency; sex-ratio: 3.53; mean age of 37.8 years). Main movement disorders (unique or in association) were acute and tardive dyskinesia(40%), Parkinsonian syndrome(34%), tremor(28%), acute dystonia(16.2%) (Mainly torticollis(22%), orofacial dystonia(17%)), akathisia(5.7%), oculogyric crisis(2.4%). Only one patient presented with neuroleptic malignant syndrome. Etiologies were mostly iatrogenic causes (drug abuse, weaning, errors, incomplicance). Most of patients had chronic psychosis (38.5%); 6.8% had simulated movement disorders and 3.9% hysterical conversions. Anticholinergics (Trihexyphenidyle chlorhydrate in 64.5%) and benzodiazepines(14.3%) were the most used drugs in emergency. Only 3.9% of patients were admitted in hospitalization in emergency.

Conclusion:

Our series shows the relative frequency (>3%) of movement disorders as a chief complaint in psychiatric emergency. The predominance of young male adults may be explained by the higher prevalence of dyskinesias in our series, for which younger age and masculine sex are risk factors. It is necessary to distinguish authentic movement disorders from psychogenic ones and simulations to avoid abusive prescriptions of anticholinergics, often explicitly claimed by simulators.