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.

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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

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