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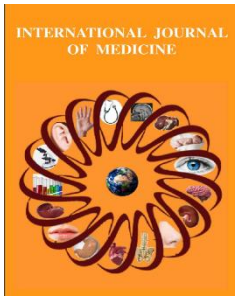

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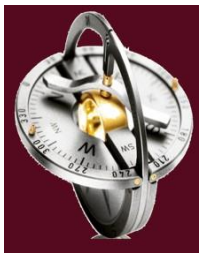

Original Research

Psychiatric referrals in the Emergency Medicine Department of a tertiary care medical college hospital in Bengaluru- A retrospective study

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Abstract

Emergency departments gets about 4 % of their patients with psychiatric conditions. These are often challenging diagnostically and management in the emergency department ranging from psychosis, bipolar disorder to self harm to substance withdrawal or overdose symptoms. ***Methods***: This is a retrospective observational study from Emergency department records of all available psychiatric referral data for a period of 3 months in a Medical college hospital in Bengaluru. Psychiatric referrals for symptoms caused due to medical/organic etiology were excluded. The diagnoses were made using ICD-10 criteria for mental,behavioral and neurodevelopmental disorders. Statistical analysis were done with descriptive and inferential statistical methods. ***Results***: A total of 121 cases records were retrieved, mean age was 30.46 years of which 47 were ADS, 42 were panic/anxiety disorder, 13 were dissociative disorders and the 19 were other diagnoses. Also among these males were 63 and female were 58 patients. There was a significant association of substance use disorders in males and anxiety disorders in female patients. By age-wise assessment, substance use disorders had significant association with diagnosis in the 30-39 age-group and anxiety disorders in groups <20 and 20-29. ***Conclusion***: The study showed an increased likelihood of substance related disorders in male patients aged 30 and above, and higher likelihood of anxiety disorders in female patients and between 20-39 years of age. These findings could help in better screening psychiatric patients in Emergency visits.

Keywords: *Psychatric Emergency visits; Psychiatric emergency referrals; behavioral emergency*.

INTRODUCTION

The Emergency Medicine Department (EMD) serves as a crucial point of contact for individuals presenting with both physical and psychological distress. In addition to those with acute medical or surgical conditions, a considerable number of patients present to the EMD with symptoms indicative of mental disorders.(1) Such presentations often pose distinctive diagnostic and management challenges for both emergency physicians and psychiatrists.

A recent meta-analysis on the epidemiology of mental disorders in EMDs, which included 18 studies across seven countries (Australia, Canada, Ireland, Norway, Portugal, Spain, and the United Kingdom), reported that approximately 4% of all EMD visits were attributable to patients with mental and behavioural disorders.(2) Other Data from developed nations indicate that psychiatric emergencies most frequently involve agitation–resulting from primary psychiatric disorders such as psychosis, bipolar disorder, or dementia–along with self-harm, substance withdrawal or overdose, dissociative symptoms, catatonia, and delirium.(3-5)

Conversely, findings from developing countries, including India, suggest a somewhat different pattern of psychiatric morbidity in emergency settings. The most commonly reported diagnoses among these patients include delirium, depression, anxiety disorders, substance withdrawal, dissociative disorders, and self-harm behaviours.(1)

In India, where psychiatric consultation continues to be influenced by substantial social stigma, the study of psychiatric emergencies offers an important opportunity to understand mental health service utilization patterns. It facilitates the identification of individuals who seek psychiatric assistance during crises and provides an indirect overview of the prevalence and distribution of psychiatric illnesses in the community. Moreover, such studies contribute valuable insights into how non-psychiatric clinicians manage patients in acute psychiatric distress, emphasising the need for effective liaison psychiatry services.(6)

Recognizing the patterns of presentation and final psychiatric diagnoses in emergency settings is therefore essential to improve preparedness, strengthen staff training, and guide the development of comprehensive emergency psychiatric and consultation-liaison frameworks.

With this background, the present study aims to evaluate the psychiatric diagnoses among patients referred to psychiatry from the emergency medicine department and their comparison gender and age-group wise.

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Materials and Methods

This retrospective observational study was done in a tertiary care medical college hospital in India by analysing all the psychiatric referrals in

the Emergency medicine department. The duration was taken from 1st March, 2025 to 31st May, 2025 for a period of 3 months. The diagnosis were made using the criteria for mental, behavioral, and neurodevelopmental disorders as outlined in the International Classification of Diseases, 10th Revision (ICD-10). The diagnosis were grouped further into Substance Related Disorders for (ICD-10 F 10-19), Anxiety disorders (ICD-10 F41 & F42- Phobic anxiety and Other anxiety disorders) & Other diagnoses.
The Ethical clearance was obtained from the Institutional Ethics Committee. The statistical analysis were done with Microsoft® Excel® 2021 MSO (Version 2510 Build 16.0.19328.20178) 64-bit. Descriptive statistics such as mean, range and frequency distribution tables were done. The chi-square tests were used for categorical data to check for relationship between variables such as gender with diagnosis and age with diagnosis.

Results

The overall mean age of presention was 30.46 years. Males constituted a slight majority (52.06%) of cases as compared to males (47.94%). Substance Related disorders was the most frequent diagnosis n=47 (38.84%), followed by anxiety disorders n=44 (36.36%) and Dissociative disorders n=13 (10.74%). Other diagnoses were n=17 (14.05%); among them Schizophrenia (n=5), Intentional Self-Harm/suicidal attempts (n=7), and Acute and Transient Psychotic Disorder (n=5)]. [Table 1] Of the total 121 cases reviewed; n=35 (28.92%) of patients had been admitted in the hospital. Remaining were discharged from the EMD with advice to follow-up in out-patient of psychiatric department after the consultation.
The Gender distribution of patients were as follows: Among the 47 Substance Related disorders, 40 were males (85.10%). Among the 44 Panic disorder patients, 35 were females (79.54%). Among the 13 Dissociative disorder patients, 10 were female patients (76.92%). Other diagnoses were 17 and 11 of those were male patients (64.70%). [Table 2]
Age-wise distribution showed a majority of ADS patients belonging to 30-39 and 40+ age group, however, among panic disorder and dissociative disorders, the majority belonged to 30-39 and 20-29 age groups and other diagnoses were mainly in the 40+ age-group. [Table 3].

Table 1: Showing Demographic Distribution And Diagnosis

Total sample size	n=121
Mean age	30.46 years (12-64)
Gender distribution	Male: n=63 (52.06%) Female: n=58 (47.94%)
Diagnosis Substance Related Disorders Anxiety Disorders Dissociative Disorders Other Diagnoses	 n=47 (38.84%) n=44 (36.36%) n=13 (10.74%) n=17 (14.05%)

Table 2 – Gender-Based Diagnosis Frequency Distribution And Comparison

	Substance Related Disorders	Anxiety disorders	Dissociative disorders	Other diagnoses	Chi-square test of association
Male	40	9	3	11	$\chi^2 = 43.66$, p-value <0.05
Female	7	35	10	6	
p<0.05 is considered significant (95% CI)					

Table 3 – Age-Groupwise Diagnosis Frequency Distribution And Comparison

Age group	Substance Related disorders	Anxiety disorders	Dissociative disorders	Other diagnoses	Chi-square test of association
<20	0	8	2	1	χ^2= 18.51, p-value=0.02
20-29	9	15	4	8	
30-39	25	16	5	5	
40+	13	5	2	3	
p<0.05 is considered significant (95% CI)					

Discussion

Emergency department visits for psychiatric conditions have diverse presentation. It is noted that the emergency visits may present with conditions more acute, severe and morbid conditions such as suicidal attempts, substance overdose/withdrawal and acute psychotic state. But also those that aren't threatening to life such as panic episodes, dissociative disorders and somatoform disorder. Whether age and gender influence both the type and severity of psychiatric conditions was the purpose of the study.
The "absolute psychiatric emergency" usually requires immediate diagnostic and/or treatment, which is usually not the case for relative psychiatric emergencies.(7) These may be also considered as major and minor emergencies by some, and additionally medical emergencies in psychiatry.(8) A psychiatric emergency is an acute disturbance of behaviour, thought or mood of a patient which if untreated may lead to harm, either to the individual or to others in the environment. Thus the definition of a psychiatric emergency differs from other medical emergencies in that the danger of harm to the society is also taken into account. (8)
Our research showed that ADS is overwhelmingly a male diagnosis in this sample, while Panic Disorder is predominantly female. Dissociative Disorders and Other Diagnoses also showed a female preponderance. While considering the age-wise data younger people <20 years of age had predominantly anxiety disorder, while ADS was predominantly more in 40+ age-group. The anxiety, dissociative, substance related disorders and other diagnoses were all considerably noted in the 20-29 age-group signifying the presentation of substance related, affective and psychotic disorders while anxiety disorders recede by the 30+ age-group noted in the study.
Earlier Indian studies done were much earlier and had overall only 1.42% of 18,799 patients were psychiatry consultations in 2002 in a Government tertiary care hospital in Chandigarh, India. (9) This low percentage of the overall emergency referrals probably comes from poor awareness in emergency medical personnel regarding the many psychiatric conditions and their presentations in the early 2000's. But in a more newer study published in 2021 used retrospective data from 2014-2019 in Chandigarh showed substance related disorder, mainly ADS and delirium significantly greater in men, while psychotic disorders, affective disorders and anxiety disorders including dissociative disorder were significantly greater in women. (1) This study also showed predominant association of substance use in middle aged (19-59 years), anxiety disorders in the young (<18 years) and organic disorders such as delirium and dementia in the elderly above 60 years of age.

Limitations:

Given the modest sample size, single center design and categorical grouping of diagnoses, findings should be interpreted cautiously; larger, prospective multicenter studies with richer clinical and sociodemographic data are needed to confirm these associations and to inform age and gender sensitive psychiatry services in the Emergency department and for further implications on training and management of patients.

CONCLUSION

This study demonstrates that psychiatric presentations to the emergency department are heterogeneous, spanning life threatening conditions such as suicidal attempts, substance overdose/withdrawal and acute psychosis, as well as non life threatening but distressing presentations like panic and dissociative episodes. In our sample, substance related disorders were clustered in older males while panic disorder and most dissociative/other diagnoses showed female and younger age predominance, and the 20-29 year group carried a mixed burden of anxiety, substance related and affective presentations. These age-groupwise and gender based diagnostic differences have practical implications for EMD triage, training of the staff, and pathway design.

Targeted screening for substance use related and medical co-morbidity in older adults and males, and anxiety management and dissociative disorders management options for younger and/or females patients can be done.

Competing Interests - the Authors declare that there were no competing interests
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