ASSESSMENT AND MANAGEMENT OF THE DANGEROUS PATIENT

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LEARNING
OBJECTIVE

Design strategies to improve risk assessment for dangerous behavior and management of dangerous patients
Verbal abuse experienced by 9 in 10 physicians (lifetime)

Physical violence occurs in about 10% of outpatient centers

1980-1990: 106 healthcare workers died due to assault in U.S. (26 physicians)

### EPIDEMIOLOGY

**Survey of Non-Fatal Violence**

<table>
<thead>
<tr>
<th>Position</th>
<th>Annual Rate per 1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>All jobs</td>
<td>12.6</td>
</tr>
<tr>
<td>All physicians</td>
<td>16.2</td>
</tr>
<tr>
<td>All nurses</td>
<td>21.9</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>68.2</td>
</tr>
<tr>
<td>Mental health workers</td>
<td>69.0</td>
</tr>
</tbody>
</table>

THE ASSESSMENT OF DANGEROUSNESS IS THE FIRST STEP TO SAFETY
VIOLENCE ASSESSMENT OVERVIEW

- Demographic
- Physical health
- Mental health
- Motivation

Most persons with mental illness are not violent\(^1\)

Mental illness is associated with 3-5x greater incidence of violence versus those without mental illness\(^1\)

Mental illness (without substance disorders) is directly related to 3% of violence in U.S.\(^2\)

GENERAL MENTAL HEALTH

- Schizophrenia, mania, depression, obsessive compulsive disorder, and panic disorder: 5-6x base rate\(^1\)

- Women with psychiatric illness are 28x more likely to be violent than women in the general population\(^2,3\)

- Low IQ is associated with greater violence\(^4\)

SUBSTANCE USE

- Majority of persons who commit violent crimes are alcohol intoxicated\(^1\)
- In discharged patients, substance use increased violence risk 5x (and in comparison to non-mentally ill, the risk tripled)\(^2\)
- Cannabis alone was associated with nearly 20% violence rate versus less than 3 percent in base rate
  - Alcohol about 25%, other drugs about 35%\(^3\)

SCHIZOPHRENIA

- Paranoid subtype are more violent in community¹
- Disorganized subtype are more violent in hospital¹
- Command hallucinations²
  - Decreased if command is dangerous
  - Increased if associated with congruent delusion
  - Increased if voice is familiar
  - Obeyed by 10-80% of patients per episode

MANIA

- Violence is less predictable than with other disorders\(^1\)
- 26% of attacks within first 24 hours of admission\(^2\)
- Limit-setting may trigger violence, especially if applied by unfamiliar person\(^2\)

DEPRESSION

- Violence occurs as expression of frustration
- Murder-suicide rare
  - Most common victims are sexual partners of middle-aged males or young children of psychotically depressed mothers
  - Jealousy may play role in some cases
- Serious violence usually forewarned

VIOLENCE MOTIVATION

- Thoughts or ideas
- Plan
- Intent
- Means
- Past behavior
- Recent behavior
ANTICIPATORY MANAGEMENT

- Learn about patient if possible
- Request security
- See patient with others (both genders)
- Remove loose clothing, ties, jewelry
- Keep distance
- Maintain exits for all parties

ACUTE MANAGEMENT

Communication Best Practices

- Use soft speech, but not passive-aggressive
- Introduce self with formal etiquette, then use informal style: “Mr. Jones, I’m Dr. Smith. It’s a pleasure to meet you... how ya’ doing?”
- Orient the patient
- Align with patient: “Since we’re both here in the ED, we might as well...” or “Mr. Jones, it seems like you don't want to talk about what brought you into the ER today, but if we speak now we can move things along quickly for you...”
- Use simple language
ACUTE MANAGEMENT
Communication Best Practices

- Avoid direct eye contact
- Trust your “instinct” – hardwired phenomenon across cultures
- State the obvious:
  “it sounds like” vs. “you must” vs. “you are”
- Show self-concern:
  - “I’m a little nervous when you stand up, so if you could please stay seated?”
  - “I am afraid you’re going to hurt me, please let me leave the room now”
- Try verbal space (silence) if threat escalates when addressed
ACUTE MANAGEMENT

Medications

- **Benzodiazepines (lorazepam)**
  - General sedation, treat alcohol withdrawal
  - Can be reversed with flumazenil
- **Antipsychotics**
  - 1\textsuperscript{st} generation (haloperidol)
  - 2\textsuperscript{nd} generation (olanzapine, ziprasidone, aripiprazole)

- **Physical restraints**

SUMMARY

- Violence is more common in clinical settings
- Assessment should include multiple areas of investigation
- Good preparation & care makes for a good plan


Tardiff K, Sweillam A. Assault, Suicide and Mental Illness. *Arch Gen Psych* 1980.


ADDITIONAL REFERENCES
