



MONTHLY MENTAL HEALTH NEWSLETTER

Presented by the Gwinnett County Sheriff's Office Mental Health Task Force

In This Issue: Excited Delirium Syndrome



What is Excited Delirium Syndrome (ExDS)?

Excited Delirium Syndrome (ExDS) presents with extreme agitation and aggression in a patient whose mental status is altered. It's two main triggers are acute drug use and psychiatric illness. Patients presenting with this syndrome will display violent behavior, a very high tolerance for pain and abnormal levels of strength; they will pose a significant risks of physical harm to themselves and those around them. They will often attack medical professionals that are trying to treat and help them.

Safety Concerns When Encountering ExDS

On scene safety is crucial for the patient and the responders. The 2022 issue of the Journal of Paramedic Medicine cautions that emergency medical responses to a patient presenting with ExDS should be a dual response with law enforcement and vice versa. Due to the overwhelming combativeness and mentally altered state of these patients a dual response of EMS and Law Enforcement approach is recommended by researchers of the FBI Law Enforcement Bulletin (July 2014)

ExDS patients will need restraining and/or sedation. However, due to their elevated respiration, the release of electrolytes and proteins from any damaged muscle tissues, they are at risk of cardiac arrest and death due to lack of oxygen and elevated carbon dioxide in the blood.

It should be noted that due to the similarities between ExDS and other illnesses like low blood sugar, thyroid abnormalities, and decompensated psychiatric illness the American Medical Assoc. published a statement urging the medical community to cease using the diagnosis of Excited Delirium. This position has also been adopted by the American Psychiatric Association, but not the American College of Emergency Physicians.

What are the symptoms of ExDS?

Disorientation to time, person, place and/or situation

Often speaking or yelling uncontrollably, highly agitated

Pacing or running with no purpose

Often threaten others verbally or physically. Can present extreme rage

Sweating profusely

Unable to control themselves, hyperkinetic

Dramatic increase in core temperature (*many times this results in the victim stripping their clothes off*)

Extremely high threshold for pain (*often appear impervious to pain*)

Appear to present extreme strength while raging

Treatment for ExDS

Treatment is non-specific and involves managing symptoms and complications such as hyperthermia (extreme elevation of core body temperature), acidosis (elevated levels of acid in the body which can result in dehydration) and rhabdomyolysis (the potentially fatal release of proteins and electrolytes into the blood from damaged muscle tissue.) For most sedation is the first level of medical response.

Causes

The physiological process that initiates the ExDS is complex and not fully understood. Cocaine and Methamphetamine use are traditionally associated with ExDS, but postmortem findings suggest that cocaine or methamphetamine intoxication alone does not cause ExDS. It could be a genetic predisposition that creates the onset of ExDS in some stimulant users.

The central dopamine theory is considered a probable cause because dopamine plays a role in the brain's perception of reward and temperature regulation. Increased dopamine levels result in fast heart rates, feelings of euphoria, and hallucinations. Highly addictive drugs, specifically cocaine and methamphetamine, increase the level of dopamine in the brain. Schizophrenia also increases dopamine levels. These elevated dopamine levels shed light on the similarities is some types of schizophrenia and ExDS.

REFERENCES

The G.C.S.O. Mental Health Task Force encourages you to utilize the sources listed below and the Substance Abuse and Mental Health Services Administration (SAMHSA) at www.samhsa.gov to learn more about this and other important mental health topics.

Diagnostic Statistical Manual –V, American Psychiatric Association, Washington, DC. June 2013

<https://leb.fbi.gov/articles/featured-articles/excited-delirium-and-the-dual-response-preventing-in-custody-deaths>

<https://www.ama-assn.org/press-center/press-releases/new-ama-policy-opposes-excited-delirium-diagnosis>

gcsomhtaskforce@gwinnettcounty.com

Major T. Maldonado, Unit Commander
770 619-6798

Dr. D. E. Tatum, Clinical Director
770 822-3111

