ORIGINAL ARTICLE

Treatment and follow-up in the psychiatric emergency room can be improved

Nina J. Foli-Andersen

INTRODUCTION

The first and perhaps only contact many patients have with the psychiatric hospital system is at the psychiatric emergency room (PER). A growing load on the wards has raised the threshold for admission. Thus, it is important to make plans for patients who are seen in the PER, but are not hospitalised. The objective of this study was to investigate what treatment, plans and follow-up patients receive in the PER when they are not admitted.

MATERIAL AND METHODS

This is a review of 100 consecutive PER patient reports from 2012 on patients who were seen by a doctor and not admitted at the Psychiatric Centre Frederiksberg, Denmark. The following issues were investigated: diagnosis, which medical and/or psychotherapeutic treatment was given or recommended, social interventions, objective findings, plans for treatment and referrals, and whether relevant referral was neglected.

RESULTS

A total of 29 patients started psychopharmacological treatment, but only four received a plan for further treatment. Eleven received psychotherapy. Nine received social intervention. A total of 97 were discharged with follow-up. In 14 cases, relevant referral may have been neglected. Eleven reports lacked a description of psychiatrically objective findings, 20 lacked evaluation of suicidality.

CONCLUSION

Doctors in the PER are vigilant to ensure plans for follow-up. However, these plans may sometimes be deficient. Doctors in the PER often use medical approaches to relieve patients' symptoms, but there is a need for a plan for how these treatments should be followed up. Furthermore, there seems to be a need for a stronger focus on psychotherapy and social intervention.

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SYSTEMATIC REVIEW

Guidelines for screening with urinary dipsticks differ substantially – a systematic review

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INTRODUCTION

Urinary dipsticks are frequently used for screening as part of health checks and at hospital admission, but the benefits and harms of this are unknown.

METHODS

Health authorities and a selection of specialist societies in nine countries were identified through internet searches. Recommendations on dipstick screening at health checks or hospital admission were sought on websites as well as by email contact. Other relevant organisations encountered were also included. Recommendations were summarised narratively.

RESULTS

A total of 67 organisations were included. No positive or negative recommendations were found regarding screening with combined dipsticks. Screening for bacteriuria in non-pregnant persons was discouraged, while guidance on screening with dipsticks for haemoglobin, glucose and protein was uncommon and often unclear.

CONCLUSION

Useful guidance was rare. Practitioners are largely left to themselves when deciding whether or not to offer screening with urinary dipsticks. This situation needs to be remedied as benefit has not been shown and because screening with dipsticks can cause harm.

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