

Sudden death in psychiatric patients

D. RUSCHENA, P. E. MULLEN, P. BURGESS, S. M. CORDNER, J. BARRY-WALSH,
O. H. DRUMMER, S. PALMER, C. BROWNE and C. WALLACE

Background The present study investigated histories of prior psychiatric treatment in cases of sudden death reported to the coroner.

Methods A matching survey linked the register of deaths reported to the coroner with a comprehensive statewide psychiatric case register covering both in-patient and community-based services.

Results Sudden death was five times higher in people with histories of psychiatric contact. Suicide accounted for part of this excess mortality but deaths from natural causes and accidents were also elevated. Schizophrenic and affective disorders had similar suicide rates. Comorbid substance misuse doubled the risk of sudden death in affective and schizophrenic disorders.

Conclusions The rates of sudden death are sufficiently elevated to raise questions about current priorities in mental health care. There is a need both for greater attention to suicide risk, most notably among young people with schizophrenia, to the early detection of cardiovascular disorders and to the vigorous management of comorbid substance misuse.

Death rates among those who have been patients of mental health services are reported to be higher than for the general population (Farr, 1841; Ødegard, 1952; Gassner *et al.*, 1992; Berren *et al.*, 1994; Rosler *et al.*, 1995; Hansen *et al.*, 1997). Though suicide rates are raised across a wide range of mental disorders (Harris & Barraclough, 1997) this only accounts for part of the increased mortality. Premature death may also result from accident proneness, coexisting substance misuse (including smoking), financial and social deprivation, the side-effects of various medications and a greater incidence of concurrent physical illness (Sims, 1989; Corten *et al.*, 1991; Mehtonen *et al.*, 1991; Leeyu *et al.*, 1993; Holding & Barraclough, 1975).

Objective measures of the quality of psychiatric care have proved elusive. Suicide rates have been proposed as one such indicator but the use of wider notions of sudden, or premature, death have received less attention than they perhaps deserve. The present study set out to examine the relationship between sudden death and having previously received psychiatric care as the first stage in establishing the patterns of such mortality and their change with changing patterns of care delivery.

METHOD

A matching survey was conducted that manually linked the register of deaths reported to the State Coroner of Victoria (total population 4.5 million with 3.6 million over the age of 15 years) between January and December 1995, and the database of all patients who had received care from public sector mental health services in Victoria.

The coroner has a statutory responsibility to investigate all deaths in which the death was unexpected, unnatural, violent or resulted from accident or injury. Other deaths reportable to the coroner include

deaths under anaesthesia, where the body is not identified, where the cause of death is not known and where the person died in custody. In total, 3831 cases were reported to the coroner in 1995, of which 176 cases under the age of 15 years were excluded from the investigation, together with another 23 cases in which the body was not identified. This left 3632 individuals who were then matched by full name and date of birth with the records contained in the psychiatric case register. The Victorian Psychiatric Case Register (VPCR) which was established in 1961 has been described as one of the largest databases in the world for psychiatric research (Eaton *et al.*, 1992), though it has been little exploited until recently. The contemporary register lists 135 992 individuals over the age of 15 years and contains data on all contacts with over 95% of public out-patient, community and in-patient services (Burgess *et al.*, 1992). In 1995, 31 000 (8.1 per 100 000) individuals were recorded as having had contact with the public psychiatric services, in over 70% of whom their care was entirely in the community. The register details contacts with services as well as the diagnosis or diagnoses (coded using ICD-9; World Health Organization, 1978) given by the attending psychiatrist, systematic reclassification of which has revealed good diagnostic reliability for schizophrenia though a less favourable result for non-psychotic disorders (Krupinski *et al.*, 1982). The register is employed to monitor levels of service activity with potential funding implications which provides a stimulus for maintaining full and prompt returns. The private sector, which does not report to the register, accounts for 6% of in-patient beds and provides out-patient services to a significant number of individuals, though predominantly with non-psychotic disorders.

The schizophrenia group, for the purposes of this paper, includes all ICD-9 codes 295 plus paranoid states (297). The affective disorders grouping incorporates ICD-9 codes 296, plus other codes for depressive disorders. The personality disorders category comprises all 301 codes. The alcohol and drug misuse categories include dependence and misuse as well as 291 and 292. Organic disorders incorporates 290, 293, 294 and in addition codes outside of the mental disorders section including 331. The other disorders incorporates all residual mental disorder categories. A no final diagnosis group is included constituting the 17% of cases on

Sudden Death Syndromes In The Psychiatric Patient

**Zucaï Xu, Giovanni Assenza, Yangmei
Chen, Xin, Xuefeng Wang, Qi Xu**



Sudden Death Syndromes In The Psychiatric Patient:

Sudden Death and Psychiatric Illness Martin H. Wendkos, 1979 **Disease & Drug Consult: Psychiatric Disorders** Lippincott, 2012-03-28 Disease Drug Consult is a unique new series of handbooks that combine disease monographs plus monographs on drugs used to treat diseases Each Disease Drug Consult book focuses on a specific body system and has two sections Part 1 presents diseases alphabetically with a description causes incidence signs symptoms complications diagnosis treatment including drugs used to treat the disease and the reason for using each drug and special considerations Part 2 also organized alphabetically offers complete drug monographs for each drug mentioned in the disease section In the Psychiatric Disorders volume for example the nurse can read a full description of bipolar disorder or eating disorders then turn to the drug monographs for a full discussion of each of the drugs used to treat those diseases **The Comorbid Anxiety and Depression Disorder in Patients with Epilepsy: Diagnosis, Prevention and Treatment** Zucchi Xu, Giovanni Assenza, Yangmei Chen, Xin, Xuefeng Wang, Qi Xu, 2022-11-02 **Physical Illness in the Psychiatric Patient** Erwin K. Koranyi, 1982 **The Medical Evaluation of Psychiatric Patients** R.F. Klein, R.B. Schiffer, R.C. Sider, 2013-06-29 One of the fascinations of psychiatry is that it is amenable to many different approaches In seeking to account for mental disorder for example it is possible to explore the meaning and significance of symptoms in the psychodynamic sense to examine the social determinants of illness or to adopt an essentially biological viewpoint in investigating links between physiological and psychological dysfunction As a clinical discipline it may be practiced in the community in the specialized clinic or hospital or shoulder to shoulder with other medical practitioners in the general hospital This richness and diversity are at once a strength and a weakness attracting practitioners with a wide range of talents and interests yet sometimes leading to polarizations and false antitheses The so called medical model of psychiatry has come under a good deal of attack and deservedly so when claiming an exclusive provenance over all types and aspects of mental disorder What cannot be gainsaid however is the central role of medicine in relation to many parts of the field and the success in terms of understanding and therapy that has resulted from medicine's involvement Nor can it be doubted after the most cursory acquaintance with the physically or mentally ill that the relationship between these two forms of suffering is often so close and so mutually reinforcing that distinctions are drawn somewhat arbitrarily This last is perhaps the cardinal reason for the alliance between medicine and psychiatry **Obesity and Mental Disorders** Susan L. McElroy, David B. Allison, George A. Bray, 2006-01-13 Currently there are a limited amount of guidelines to help clinicians manage patients with obesity and comorbid mental disorders This expertly written source fills the gap in the literature by providing a clear overview of obesity and its relationship to mental illness while reviewing the most recent methods to manage and control the condition with **Co-occurring Addictive and Psychiatric Disorders** Geert Dom, Franz Moggi, 2014-11-24 This book provides a comprehensive state of the art overview that covers both the diagnosis and the treatment of dual disorders joint psychiatric

and substance use disorders associated with a worse outcome and disease progression than single psychiatric or addictive disorders The book is designed to be highly relevant to clinical work and the organization of care systems and meets the real need for a European perspective on dual disorders that takes into account the realities of European treatment organization All chapters have been written by European authors on the basis of existing European treatment programs or guidelines and European research The book will be invaluable for all health professionals working in mental health and addiction care who are increasingly confronted with patients suffering from dual disorders

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Psychotic Disorders Oliver Freudenreich, 2019-12-04 This book provides clear and concise guidance for clinicians when they encounter a patient with psychosis starting with the medical work up to arrive at a diagnosis and ending with the comprehensive care for patients with established schizophrenia It covers the optimal use of medications emphasizing safe use but also addresses other treatment approaches psychological treatments rehabilitation and the larger societal context of care including how to work effectively in complex systems It uniquely condenses the literature into teaching points without simplifying too much effectively serving as a learning tool for trainees and professionals For this second edition the book was extensively updated and its content expanded with new figures as well Each chapter begins with an initial summary and includes Tips and Key Points in text boxes Each chapter also includes links to external websites and additional readings The book contains clinical and practical wisdom for clinicians who are treating real patients at the front lines setting it apart from all other texts *Psychotic Disorders* is an excellent resource for medical students early career professionals such as trainees and fellows and related clinicians seeking additional training and resources including those in psychiatry psychology neurology and all others *Behavioral Emergencies, An Issue of Psychiatric Clinics of North America* Nidal Moukaddam, Veronica Theresa Tucci, 2017-08-19 This issue of *Psychiatric Clinics of North America* edited by Drs Nidal

Moukaddam Veronica Tucci will cover a wide arrange of topics in Behavioral Emergencies Topics discussed in the issue include but are not limited to Medical Clearance of the Emergency Psychiatric Patient Altered Mental State Legal and Ethical Challenges in Emergency Psychiatry Countertransference in the Clinical Setting The Use of Psychotherapeutic Measures Drugs of Abuse Toxicological Emergencies in Patients With Mental Illness Management of Depression and Suicidality in the Emergency Department Special Considerations in the Pediatric Psychiatric Populations Dementia and Special Considerations in the Geriatric Psychiatric Patient The Changing Health Policy Environment and Behavioral Health Services Delivery International Emergency Psychiatry Challenges and Violence in the Emergency Department among others

The American Psychiatric Publishing Textbook of Psychopharmacology Alan F. Schatzberg, Charles B. Nemeroff, 2009 Now updated to keep professionals current with the latest research and trends in the field this edition covers both basic science and clinical practice and draws on the talents of 53 new contributors to guarantee fresh authoritative perspectives on advances in psychiatric drug therapy

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