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ICU Psychosis: A devastating scourge

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Abstract
ICU psychosis is a disorder in which patients in an intensive care unit (ICU) or a similar setting experience a cluster of serious psychiatric symptoms. Another term that may be used interchangeably for ICU psychosis is ICU syndrome. ICU psychosis is also a form of delirium, or acute brain failure. The prevalence and incidence of delirium of adults in the ICU setting in this study was high and comparable to prior studies. There are several significant risk factors associated with delirium which could be modified. These factors should be considered when designing effective preventive strategies of delirium.

Keywords: ICU psychosis, delirium

ICU Psychosis

ICU Psychosis is a disorder in which patients in an Intensive Care Unit experience a cluster of serious psychiatric symptoms. The delirium that is commonly associated with admission to an intensive care setting (intensive care unit [ICU] psychosis) may be terrifying to the patient.

Epidemiology

The prevalence of delirium reported in medical and surgical ICU cohort studies has varied from 20% to 80%, depending upon severity of illness observed and diagnostic methods used but may go undetected by the nurse.

Numerous authors have noted a cluster of psychiatric signs and symptoms that may occur in patients who are treated in an intensive care unit (ICU) or high-dependency ward and have termed this syndrome, ICU psychosis, postoperative delirium, and ICU syndrome; when patients have undergone heart surgery, it has been called post cardiotomy delirium or cardiac psychosis. Frequently, this despite high prevalence rates in the ICU, delirium often goes unrecognized by clinicians or its symptoms are incorrectly attributed to dementia, depression, or ICU syndrome (considered an expected, inconsequential complication of critical illness).

A Spanish study by Gonzalez and colleagues confirmed findings in the United States and suggested that the average hospital stay is prolonged from 12 days to 17.5 days when delirium is present.

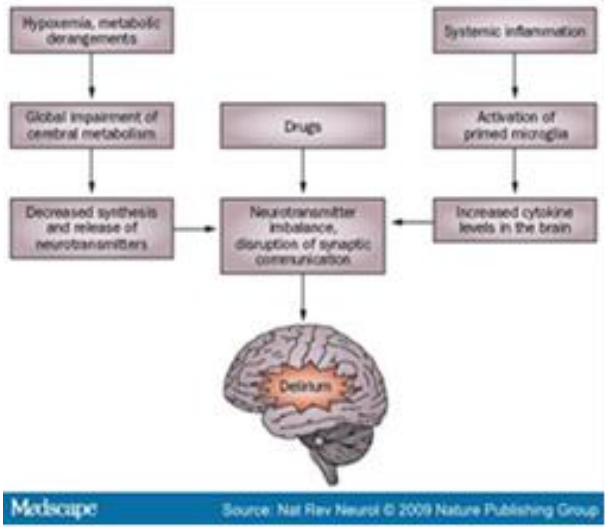
Similarly, a study conducted in Western Australia found a 10.9% prevalence rate of delirium among patients admitted to Critical Care Units although there was a high rate of mental disorders such as delirium, anxiety, and depressive syndromes in the CCU patients.

Causes

Table 1

Environmental	Medical
Sensory deprivation	Pain
Sleep disturbance and deprivation:	Critical illness
Continuous light levels	Medication (drug) reaction or side effects
Stress	Infection, fever and toxins in the body.
Lack of orientation	Metabolic disturbances: hypoxia, and elevate liver enzymes.
Medical monitoring	Heart failure

Etiopathogenesis



Symptoms

The cluster of psychiatric symptoms of ICU psychosis includes:

- Extreme excitement,
- Anxiety,
- Restlessness,
- Hearing voices,
- Clouding of consciousness,
- Hallucinations,
- Nightmares,
- Paranoia,
- Disorientation,
- Agitation,
- Delusions,
- Abnormal behaviour,
- Fluctuating level of consciousness which include aggressive or passive behaviour.

In short, patients become temporarily psychotic. The symptoms vary greatly from patient to patient. The onset of ICU psychosis is usually rapid, and is upsetting and frightening to the patient and family members.

Management

Treatment for environmental causes

- Have the family stick to strict visiting hours in order to let the patient sleep as much as possible.
- The nurses should keep the lights dim and maintain a normal day to night cycle.
- Both the family and nurses should take the opportunity to reorient the patient to where he is and why.
- Sometimes just the familiar face or voice is enough to calm some patients down and bring them back to reality.

Treatment for medical causes

First reassure the family that the medical team is looking into possible medical cause for the psychosis. Fluids will be given to ensure that the patient does not get dehydrated. Antibiotics will be used to treat any infection. Oxygen will be given for hypoxia. An anti-psychotic drug may be given to reduce the symptoms of ICU psychosis.

What the family should avoid

Make sure that the family knows not to confront the patient. It can be very frustrating when all their efforts are not showing any results.

Reassure the family

Reassure the family that this is a temporary condition and that everyone is doing everything possible to bring the patient around. Also, tell the family that the patient may go in and out of the psychosis with little or no warning

It is okay to laugh or cry

Emotions are stretched thin to begin with when any loved one is in the ICU. The family is allowed to laugh at the antics of the patient. The family is also allowed to cry. It is one of the most frustrating things to see a person you love go from being perfectly normal to perfectly crazy in less than a day.

What to expect

It is difficult to say how the treatment course will go for a patient who is experiencing ICU psychosis.

Try to prepare the family that if the patient gets violent then there is a possibility that the staff will have to use soft restraints in order to keep him from hurting himself or anyone else

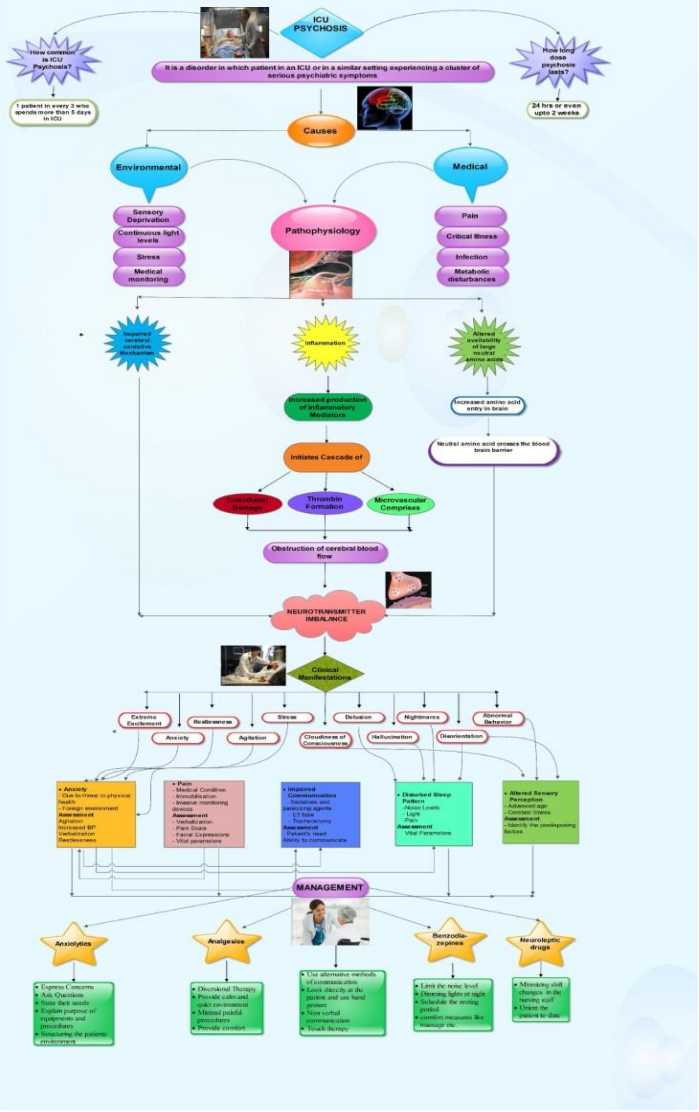
When the patient comes out of his psychosis there is a good chance that he will remember almost everything that he imagined and everything that was said to him.

Eventually the patient will learn that the hallucinations did not happen no matter how real everything seemed at the time. It is my job to help the families and the patients through this very difficult time

Conclusion

Improving the ICU environment involves education of critical care staff, modification of equipment and careful consideration of future ICU design

Concept Mapping of ICU Psychosis



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