Behavioral Emergencies Across the Lifespan

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Disclosures: Joanna Yost, PhD; Ihuoma Njoku, MD; Justin Smith, MD; Casey Cavanagh, PhD

With respect to the following presentation, in the 24 months prior to this declaration there has been no financial relationship of any kind between the party listed above and any ACCME-defined ineligible company which could be considered a conflict of interest.
Disclosure: Anne Louise Stewart, MD

In the 24-months prior to this presentation, I declare the following ineligible company financial relationships:

• PI on a multisite study sponsored by Janssen Pharmaceutical
Background

• Behavioral emergencies in the acute care and intensive care hospital setting are a significant problem that is costly to individuals and institutions alike

• Behavioral emergencies often occur as the result of a combination of predisposing, precipitating, and perpetuating factors that exist at the patient and environmental levels

• C-L Psychiatry services provide critical prevention and intervention services related to behavioral emergencies;

• Different age groups may exhibit different behaviors leading to behavioral emergencies and require different approaches to prevent and manage behavioral emergencies

• Despite the importance of this, it is unclear how behavioral emergencies may differ across the lifespan
Method

• Data on all behavioral emergencies that occurred at the University of Virginia Medical Center from January 2020 to December 2020 were collected
  • Level 1 trauma center
  • Adult and children’s acute care and intensive care units

• Variables
  • Patient demographic information (e.g., age, gender assigned at birth)
  • Type of behavioral emergency
  • Factors contributing to behavioral emergency
  • Whether C-L Psychiatry (adult or pediatric) had been consulted

• Patients were grouped by age and compared on the above variables to identify potential differences among the age groups
Results

• Previous reported data show that UVA Medical Center had an average of 61.2 (range 38-82) behavioral emergencies per month between January 2020 and December 2020 (Yost et al., 2021) across all age-groups.

• These fell into five categories consistent with previous pilot data: physical aggression, leaving the unit, verbal aggression, agitation, and non-compliance (Yost et al, 2021; Yost & Smith, 2020).
Overall BERT Data & Trends at UVA: By Year

Total BERTs by Year
2018-2022

- 2018: 495
- 2019: 569
- 2020: 770
- 2021: 739
- 2022: 716
Overall BERT Data & Trends at UVA: By Month

Average # of BERTs per Month
2018-2022

<table>
<thead>
<tr>
<th>Year</th>
<th>Average # of BERTs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>41.25</td>
</tr>
<tr>
<td>2019</td>
<td>47.41</td>
</tr>
<tr>
<td>2020</td>
<td>64.08</td>
</tr>
<tr>
<td>2021</td>
<td>61.58</td>
</tr>
<tr>
<td>2022</td>
<td>59.67</td>
</tr>
</tbody>
</table>
Classification of BERT Calls

2020, 2021, 2022 Reason for Behavioral Emergency

<table>
<thead>
<tr>
<th>Reason for BERT</th>
<th>2020-2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Aggression</td>
<td>316</td>
</tr>
<tr>
<td>Verbal Aggression</td>
<td>171</td>
</tr>
<tr>
<td>Non-adherence</td>
<td>72</td>
</tr>
<tr>
<td>Agitation</td>
<td>193</td>
</tr>
<tr>
<td>Trying to Leave</td>
<td>123</td>
</tr>
<tr>
<td>Physical Aggression</td>
<td>123</td>
</tr>
<tr>
<td>Verbal Aggression</td>
<td>96</td>
</tr>
<tr>
<td>Non-adherence</td>
<td>106</td>
</tr>
<tr>
<td>Agitation</td>
<td>54</td>
</tr>
</tbody>
</table>

2020 Primary Reason

2021 Primary Reason

2022 Primary Reason
Results

• Data was further analyzed to determine how frequently patients in each age group exhibit initial behavioral emergencies and repeat behavioral emergencies and time of day of behavioral emergency

• Additional analyses will be conducted to determine differences among these groups on type of behavioral emergency, factors contributing to behavioral emergency, and whether pediatric or adult C-L Psychiatry services had been consulted
Results: Total BERTs by Age

- Total BERT events in 2020: 770
- Missing Demographic Data: 73 BERT events
- Patients 18 and younger: 20 BERT events
- Patients 19-64: 257 BERT events
- Patients 65 and older: 419 BERT events
Results: Gender by Age Group

- **65 YEARS & OLDER**
  - Male: 118
  - Female: 301
- **19 TO 64 YEARS**
  - Male: 185
  - Female: 72
- **18 YEARS & YOUNGER**
  - Male: 12
  - Female: 8
Discussion

• This data identifies differences across the lifespan in the occurrence of behavioral emergencies and several important factors related to behavioral emergencies

• It informs how proactive intervention and reactive management efforts led by C-L Psychiatry services need to be modified based on patient age group to increase effectiveness
References
