Editorial

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Psychiatric Illnesses and Poisonings in Adolescents in the Emergency Department

Massimo Tusconi[1-3]

1 Department of Public Health, Clinical and Molecular Medicine – Psychiatric Unit, University of Cagliari, Italy
2 Department of Psychiatry and Behavioral Sciences, Center of Excellence on Mood Disorders, Center for Translational Psychiatry, University of Texas Health Science Center, Houston, TX, USA
3 Molecular and Translational Psychiatry Laboratory, Department of Neuroscience, University of Naples Federico II, Italy

Corresponding author:
Massimo Tusconi

massimotusconi@yahoo.com

MD, Department of Psychiatry and Behavioral Sciences, Center of Excellence on Mood Disorders, Center for Translational Psychiatry, University of Texas Health Science Center, Houston, TX, USA.

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Editorial

Psychiatric disorders and acute intoxications represent a problem difficult to manage especially if they relate to the adolescent years. Few studies have investigated poisoning and psychiatric disorders in adolescents in territorial emergency medicine services. While the onset of mental disorders can occur at any time across the life course, certain mental disorders such as phobic disorders begin to emerge in childhood while others such as major depression and generalized anxiety disorders (GAD) emerge later in adolescence and substance dependence characteristically emerge for the first time in the late teens. Adult epidemiological surveys also suggest that more than one-third of all adolescents already suffer from mental disorders, and that a considerable degree of co-morbidity (defined as the presence of more than one disorder), might be already present at this young age [1]. Adolescents who ingested a harmful dose of medications are frequently seen in acute hospital settings in Western countries [2]. Hospital-treated cases of adolescent self-poisoning represent either overdoses with recreational drugs or intentional self-harm [3] where the individual purposely ingests a substance in excess of the prescribed or generally recognized therapeutic dosage [4]. Both types are associated with current psychiatric problems [5] and increased risk of developing psychiatric disorders [6], premature death and suicide [7]. The risk of a fatal outcome, from poisoning or other causes, is further enhanced among those who repeat their self-poisoning behavior [8, 9]. Furthermore, repeated self-poisonings represent severe psychological distress for the adolescents and their families as well as use of substantial amounts of health care resources [10]. There is clearly a need for systematic investigation of adolescent self-poisoners in order to provide information that can assist those providing clinical services for these patients [11]. There is some epidemiological research on whether a particular quantity/frequency of substance use are differentially associated with adolescent psychiatric disorders [12]. Drug-related poisoning deaths are currently second only to motor vehicle crash deaths among the leading causes of injury death in the United States [13]. The peak age of onset for many psychiatric disorders is adolescence, a time of remarkable physical and behavioral changes. The processes in the brain that underlie these behavioral changes have been the subject of recent investigations [14]. Poor health also begins early in life. Research consistently suggests that families characterized by certain qualities have damaging outcomes for mental and physical health. These characteristics include overt family conflict, manifested in recurrent episodes of anger and aggression, and deficient nurturing, especially family relationships that are cold, unsupportive, and neglectful. Families with these characteristics are risky because they leave their children vulnerable to a wide array of mental and physical health disorders. The clinical relevance of psychiatric problems and substance abuse in adolescence is evident not only for its immediate consequences, sometimes fatal, and its social implications and consequences on the family burden, but, based on studies of epigenetics [14], because of its long-term consequences, with a markedly increased risk of developing mental disorders in the adult.

The management of patients with psychiatric problems and acute intoxication appears to be very complex especially for the young age of the patient, but also for the difficulty by the operator to

recognize in a short time the suitable severity of the clinical status of the child, and then set up the sending of the most suitable relief team. It is evident at a young age the high frequency of substance abuse, especially alcohol. The implementation of protocols for early recognition of the issues addressed, specifically targeted at patients in adolescence, together with the strengthening of the resources available for the territorial emergency medicine services, first of all increasing the number of ambulances, could lead to a more effective emergency treatment and, in the short and long term, to a better outcome.

Conflicts of Interest

The author declares that they have no conflict of interest.

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