Spotlight On:

Acute Behavioural Disorder (ABD)

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NHS Pathways Mental Health Toolkit

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# Introduction

Welcome to this library resource, Spotlight On: Acute Behavioural Disturbance (ABD

## How Do I Use This Resource?

This self-directed learning, and the aim of this Spotlight On, is to provide you with an insight into ABD which is an umbrella term for a collection of symptoms and behaviours. ABD is a rare, but very serious medical situation, which warrants an emergency response.

# What is Acute Behavioural Disturbance?

This umbrella term covers the sudden onset of extremely agitated, and sometimes aggressive, and/or psychotic behaviour, (where a person loses touch with reality. They may feel paranoid, hallucinate, hear voices, and have delusions or confused thoughts).

This is often associated with drug abuse, serious mental illness, or certain medical conditions. Often the underlying reason for someone developing ABD isn’t known.

## What are the signs & symptoms associate with ABD?

* Agitation, (which can be extreme) disorientation and hallucination
* Bizarre and/or aggressive behaviour
* Unexpected physical strength
* Hot to the touch and excessive sweating which sometimes leads to the removal of clothing (this is more obvious in the winter months)
* Rapid breathing and increased pulse rate
* Confused thinking and speech
* Paranoia with fear of impending doom
* Insensitivity to pain

**ABD Can be caused by**

* Stimulant recreational drug use, e.g. cocaine, MDMA, and some psychoactive substances (previously known as ‘legal highs’, such as bath salts, and spice, which is a big problem in the prison population, but is also used within society)
* Psychiatric illness
* Some medical conditions like inflammation of the brain (meningitis), overactive thyroid, head injuries, low blood sugar, heat stroke, serotonin syndrome, sepsis.

## Why is ABD a Medical Emergency?

Currently what causes ABD is not well understood, but it is likely to be due to a combination of factors. Extreme agitation is a key factor. The patient will be unable to keep still, will often be moving around rapidly, resisting restraint etc. This will cause an increase in body temperature and the release of adrenaline (particularly if stimulant drugs have been used)

The increased sustained activity uses up more oxygen and produces more carbon dioxide (CO2). This leads to an increased acid state of the body (acidosis)

Restraint of a patient is often required as they may not respond to verbal de-escalation techniques. If a patient is restrained in such a way that the body is deprived of oxygen (hypoxia, in combination with drug use, underlying heart disease and other factors), combined with acidosis, this can lead to multi-organ failure, cardiovascular collapse (cardiac arrest) and death.

## Causes of death in ABD

As previously mentioned, precisely what can cause the death of a patient is often not clear. However, some of the factors that can contribute to death are:

Acidosis (caused by increased levels of carbon dioxide). This raises potassium levels, which can cause cardiac arrest. Other factors that can contribute to death are oxygen deprivation (hypoxia) and toxins (drugs).

Body positions that reduce the ability to breathe increase the risk, for example, restraint positions where the patient is face down or restricting the airways by holding the neck or stopping the chest from expanding.

Due to the nature of ABD, a patient will often be restrained (for their safety, and that of the emergency services) for an extended period of time. They could be extremely strong, often paranoid/delusional, so may resist for long periods, even to the point of collapse.

# Summary

ABD exists on a continuum, with some people experiencing more severe symptoms than others. Because of this, it may be that some cases of ABD go unreported. Therefore, the number of reported cases may be higher than actually recorded. Patients who are less agitated can sometimes be managed by ambulance crew, without the need for sedation or police assistance.

However, rapid tranquillisation is sometimes required to calm the body systems down as a matter of urgency, as the longer the patient is agitated, the higher the risk of death. Calls concerning ABD with the potential to be fatal are likely to be small in number and it is more likely that these calls will be received by the ambulance service, rather than NHS 111.

## References

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<http://library.college.police.uk/docs/appref/acutebehavedisturbance_jan16.pdf>

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