

Letter to the Editor. Psychiatric emergency associated with depressive disorders

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Psychiatry seems to be a field that is lagging behind other areas of medicine in many aspects. One of these is the development of fast-acting therapies that would be effective in cases requiring rapid intervention. This is especially true for so-called psychiatric emergencies, and especially those associated with depressive disorders [1].

Psychiatric emergencies can be difficult to define – the critical factor is the need for rapid intervention. For example, the MHC (Mental Health Center) performance standards published by the Ministry of Health distinguish medical categories according to the urgency of the service [2]:

- (1) emergency condition (medical emergency) – a condition involving the sudden or shortly anticipated appearance of symptoms of deterioration of health, the immediate consequence of which may be serious damage to bodily functions, bodily injury or loss of life, requiring immediate medical emergency action and treatment;
- (2) an urgent case – if it is necessary to provide the service urgently due to the dynamics of the disease process and the possibility of rapid deterioration of health condition or significant decrease in chances for recovery
- (3) stable case – a case other than an emergency and an urgent case;

It follows from the definition of an emergency state that it is a case with respect to which there is an impossibility (contraindication) to postpone medical assistance, which, according to medical knowledge and experience, can prevent the patient from developing adverse effects (threat) to his life and health. Thus, it should be considered

that the concept of emergency condition includes in its scope medical assistance to prevent severe (serious) consequences.

Emergency states in psychiatry in the traditional view include, among others, acute manic and psychotic states, disorders of consciousness including delirium, acute fatal catatonia, malignant neuroleptic syndrome, serotonin syndrome [3]. These disorders, in addition to acute psychosis, are primarily associated with serious somatic consequences. The emergencies may also include strong suicidal thoughts and tendencies [4], while other psychiatric emergencies associated with depressive disorders have not been analyzed so far.

The routinely used treatment for depression requires a long time to have an effect, which severely limits treatment options, especially in such patients with depressive symptoms that require urgent intervention (in addition to suicidal behavior and thoughts).

Currently, among the fast-acting treatment options for depression we have rTMS therapy (repetitive transcranial magnetic stimulation), ECT (electroconvulsive therapy) [1], the access to which is significantly limited in Poland; as well as esketamine and ketamine, substances with proven rapid antidepressant effect [1, 5, 6]. In postpartum depression, brexanolone, used intravenously, has been shown to have a rapid antidepressant effect [7].

Esketamine is a drug available in Poland and is also among the above-mentioned rapid-acting antidepressants. The summary of product characteristics describes two indications for the use of esketamine as a nasal spray [8]:

1. Esketamine nasal spray in combination with a selective serotonin reuptake inhibitor or serotonin-norepinephrine reuptake inhibitor (SSRI or SNRI) is indicated for the treatment of adults with treatment-resistant major depressive disorder who have failed to respond to at least two different antidepressant drug therapies for a current moderate to severe depressive episode.
2. Esketamine nasal spray, used in combination with oral antidepressant therapy, is indicated **in adult patients with a moderate to severe episode of major depressive disorder as intensive short-term therapy for the rapid reduction of depressive symptoms that constitute a psychiatric emergency in clinical judgment.**

Examples of patients with depression who may be referred to as “psychiatric emergencies” are generally patients who have severe dysfunction in daily functioning, such as:

- inability to work;
- insulation;
- self-neglect;
- anhedonia;
- severe sleep disturbance.

Additionally, self-destructive disorders of various types (in addition to suicide attempts) may also be present, such as:

- a sense of hopelessness;
- self-harming;
- significant weight loss unrelated to another somatic disease.

In practice, the described group of patients may include, for example, patients with severe postpartum depression who require rapid intervention to improve their mental state and return to normal functioning. Another example is a person in a deteriorating mental state due to depression, with weight loss and somatic complications, requiring rapid improvement in mental status to, among other things, improve the general condition and prevent further consequences.

A psychiatric emergency related to a depressive disorder can be defined as a first or subsequent case of depression proceeding with a significant threat to the patient's health, life and/or functioning/existence requiring immediate therapeutic management.

In conclusion, the so-called psychiatric emergencies among patients with depressive disorders require a new, non-standardized approach. First, proper diagnosis, evaluation of the emergency need for rapid intervention, and application of effective, fast-acting therapy.

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