

Mental health, intoxication

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Stress

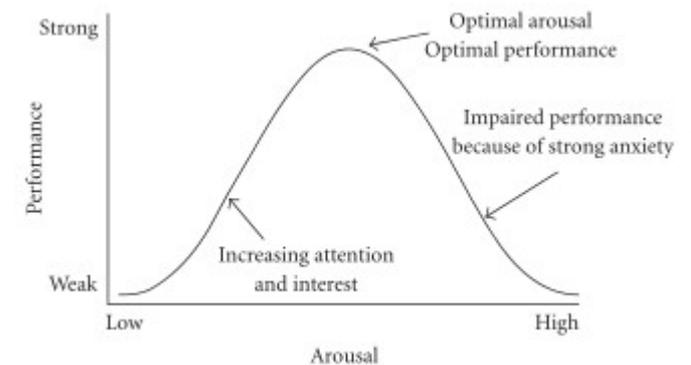
Stress is the body's **reaction** to harmful **situations** - whether they're real or perceived.

•Eustress -

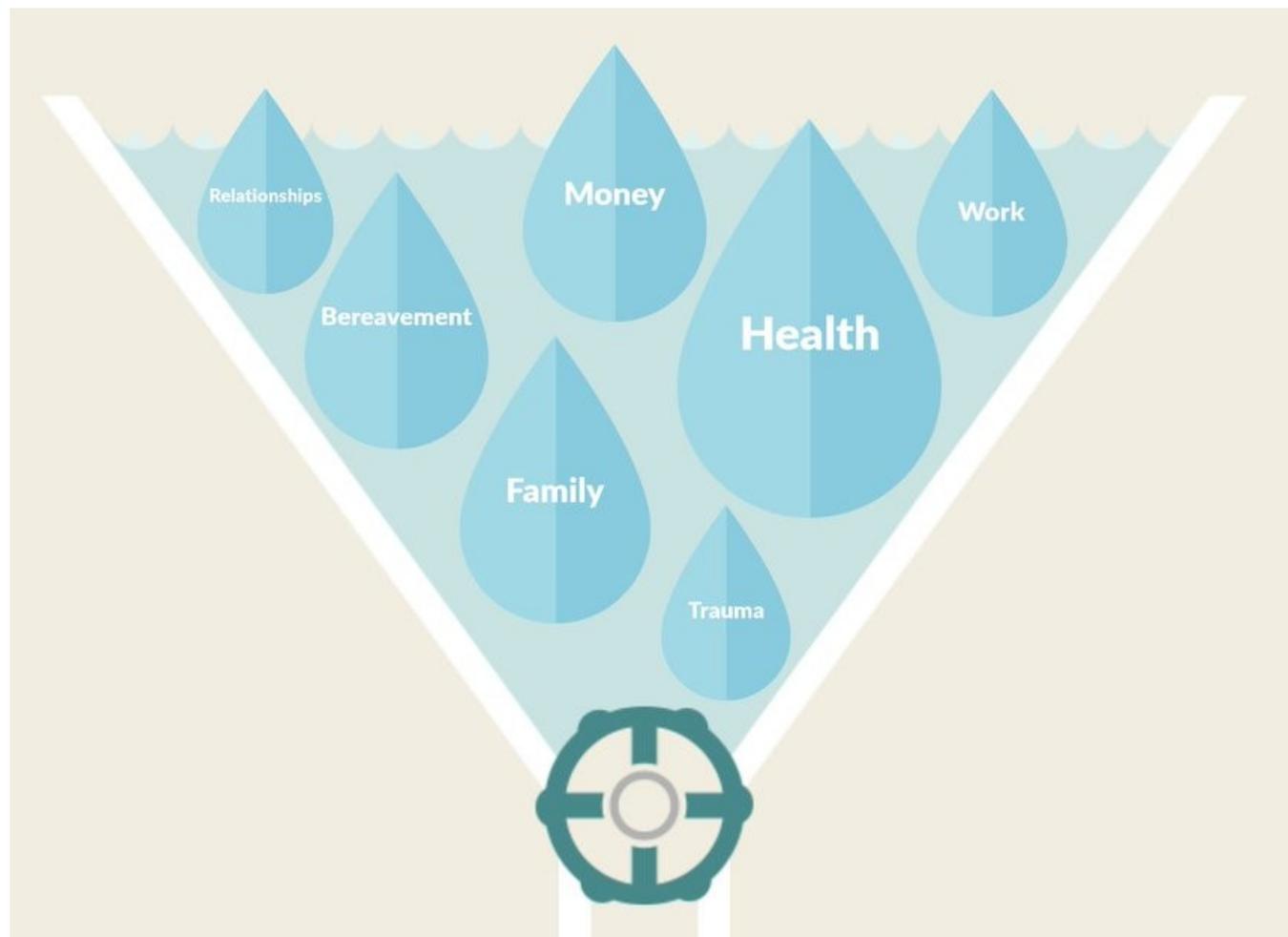
beneficial stress—either psychological, physical (positive challenge)

•Distress

A person is unable to completely adapt to stressors and their resulting stress and shows maladaptive behaviours (a negative threat)



The Stress Container



Signs of stress

Physical:

- Tiredness
- Frequent headaches, stomach upsets
- Lack of care over appearance

Emotional:

- Irritability /
- More arguments
- Loss of humour or confidence

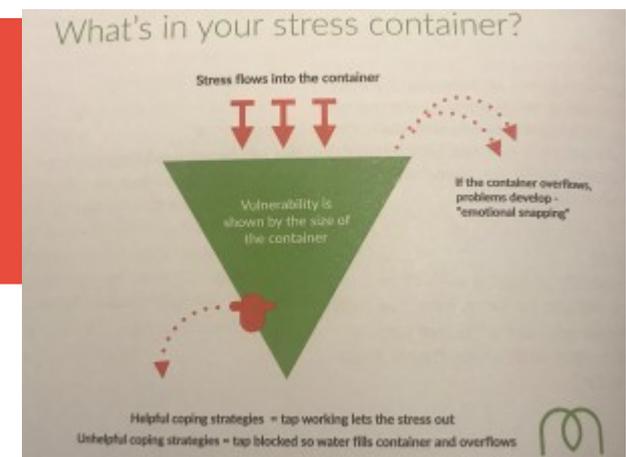
Behavioural:

- Drinking coffee, alcohol, cigarettes
- Difficulty remembering
- Inability to concentrate

Keep stress under your control ...

Sleep (8 h daily)

Perspective (Can I change something?)



Coping methods for stress

Helpful coping methods can act as a tap to let stress out of the container and stop it from overflowing. On the other hand, unhelpful coping methods can block the tap.

These are some common ways we might choose to relieve stress:



BEING ACTIVE
Helpful method



TIME FOR HOBBIES
Helpful method



TALK TO FRIEND
Helpful method



DRINKING TO EXCESS
Unhelpful method



OVERWORKING
Unhelpful method



BOTTLED FEELINGS
Unhelpful method

Mental Health Problems:

depression

anxiety problems

psychosis

crisis situations

suicide and self-harm,
panic attacks,
drug/alcohol overdose)

Depression

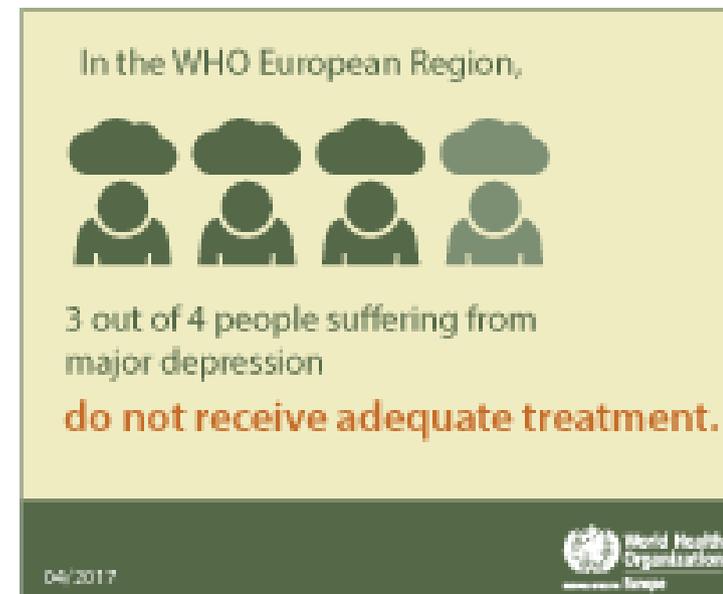


Depression

a potentially life-threatening **mood disorder** (7% EU population)

As many as two thirds of people with depression do not realize that they have a treatable illness and do not seek treatment.

Only 50% of persons diagnosed with major depression receive any kind of treatment.



Depression – Symptoms:

Trouble concentrating, remembering details, and making decisions

Fatigue

Feelings of guilt, worthlessness, and helplessness

Pessimism and hopelessness

Insomnia, early-morning wakefulness, or sleeping too much

Irritability

Restlessness

Loss of interest in things once pleasurable, including sex

Overeating, or appetite loss

Aches, pains, headaches, or cramps that won't go away

Digestive problems that don't get better, even with treatment

Persistent sad, anxious, or "empty" feelings

Suicidal thoughts or attempts

Depression – Risk of Suicide:

Suicidal thoughts or intentions are serious.

Warning signs :

- A sudden switch from sadness to extreme calmness, or appearing to be happy
- Always talking or thinking about death
- Clinical depression (deep sadness, loss of interest, trouble sleeping and eating) that gets worse
- Taking risks that could lead to death, such as driving through red lights
- Making comments about being hopeless, helpless, or worthless
- Putting affairs in order, like tying up loose ends or changing a will
- Saying things like "It would be better if I weren't here" or "I want out"
- Talking about suicide

Depression

Professional help is warranted when depression lasts for weeks and affects a person's functioning in daily life.

If your symptoms of depression are causing problems with:

- relationships
- work
- your family

Do NOT:

- **There's no point in just telling someone with depression to get better as they cannot "snap out of it" or "get over it."**
- **You should not be hostile or sarcastic when the person attempts to be responsive but rather accept these responses as the best the person has to offer at that time.**
- **Do not adopt an over-involved or over-protective attitude towards someone who is depressed.**
- **Do not nag the person to try to get them to do what they normally would.**
- **Do not trivialise the person's experiences by pressuring them to "put a smile on their face," to "get their act together," or to "lighten up".**
- **Do not belittle or dismiss the person's feelings by attempting to say something positive like, "You don't seem that bad to me."**
- **Avoid speaking to the person with a patronising tone of voice and do not use overly-compassionate looks of concern.**
- **Resist the urge to try to cure the person's depression or to come up with answers to their problems.**

Anxiety problems

Panic attacks are sudden periods of **intense fear** that may include

- palpitations
- sweating,
- shaking,
- shortness of breath,
- numbness,
- a feeling that something terrible is going to happen.

The maximum degree of symptoms occurs within minutes. There may be ongoing worries about having further attacks and avoidance of places where attacks have occurred in the past.

The cause of panic disorder is unknown. Panic disorder often runs in families. Risk factors include smoking, psychological stress, and a history of child abuse.

Panic disorder is usually treated with counselling and medications.

Psychosis

The mental state when a person experiences

- **hallucinations**
- **unusual beliefs**
- **paranoia**
- **mixed emotions**
- **muddled thoughts**
- **unusual or puzzling behaviours**

Substance use / abuse / withdrawal can cause psychotic symptoms.



Psychosis

**The delusions (false beliefs)
and**

**the hallucinations (perceiving things that are not real)
are very real to the person.**

**You should not dismiss, minimize, or argue with the person
about their delusions or hallucinations.**

Similarly, do not act alarmed, horrified, or embarrassed.

Psychosis - First Aid

You should respond to disorganized speech by communicating in an uncomplicated manner.

Repeat things if necessary. Speak slowly.

Ask the person if they have felt this way before, and if so, what they have done in the past that has been helpful.

Try to find out what type of assistance the person believes will help them.

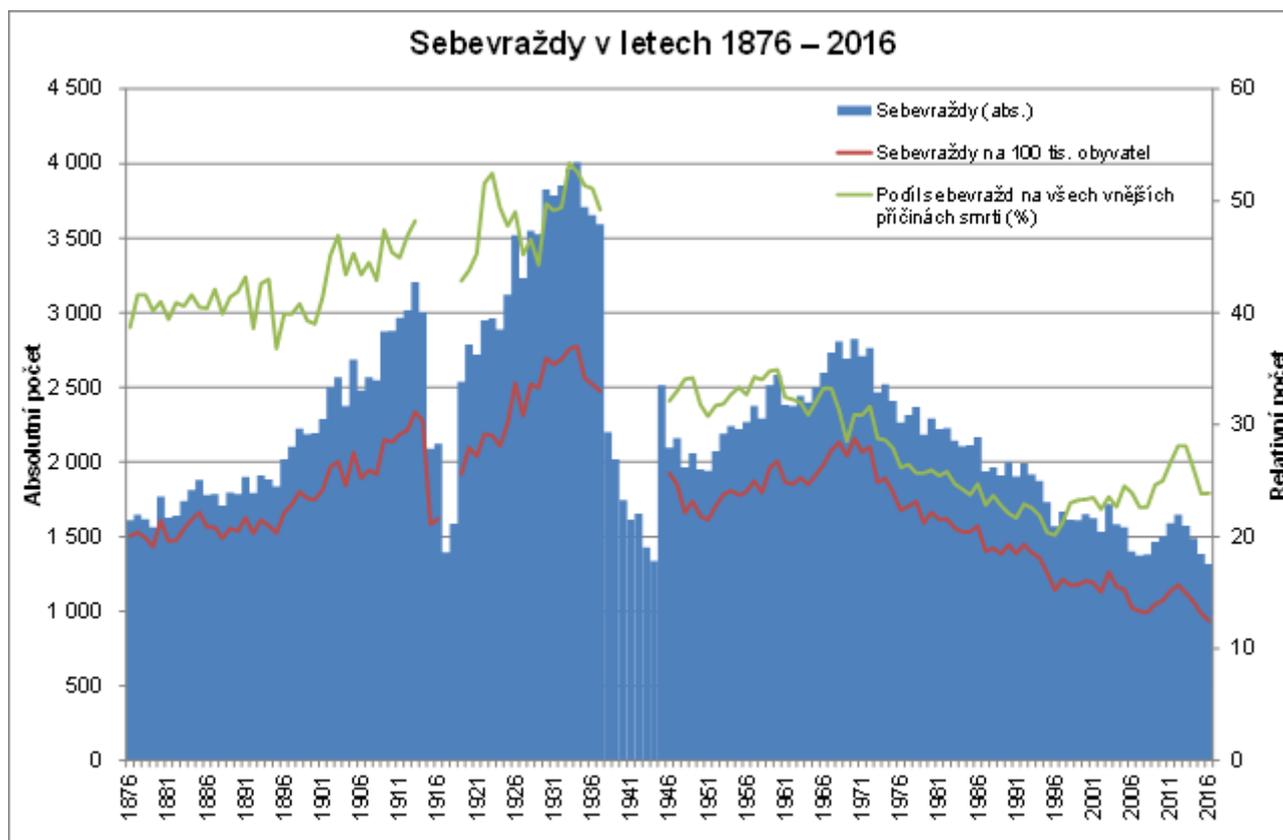
If the person does not want help - encourage them to talk to someone they trust.

Crisis situations

**suicide and self-harm,
panic attacks,
drug/alcohol overdose**

CZ Suicides

WHO: suicide rate of 11.4 per 100,000 population



Risk of Suicide?

Talking about wanting to die or to kill themselves

Looking for a way to kill themselves, like searching online or buying a gun

Talking about feeling hopeless or having no reason to live

Talking about feeling trapped or in unbearable pain

Talking about being a burden to others

Increasing the use of alcohol or drugs

Acting anxious or agitated; behaving recklessly

Sleeping too little or too much

Withdrawing or isolating themselves

Showing rage or talking about seeking revenge

Extreme mood swings

First Aid ALGEE:

It's another first aid acronym you should learn and remember.

Assess risk of suicide or harm

Listen non-judgmentally

Give reassurance and information

Encourage the person to get appropriate professional help

Encourage other supports (e.g. self-help and other support strategies)

Call for help

Crisis Center BRNO: +420 532 232 078

Hope Line Brno: +420 547 212 333

Intoxication

Toxin gets to the body via:

- digestive tract (ethanol, pills, corrosives)
- airways and lungs (CO)
- bloodstream (opioids)
- skin (organophosphates)



Division:

Suicidal poisoning

most, about 95% of acute poisoning in adulthood

Recurring history trials

Average age 25 years

Most commonly benzodiazepines, paracetamol, ASA, TCA, mostly in combination with alcohol

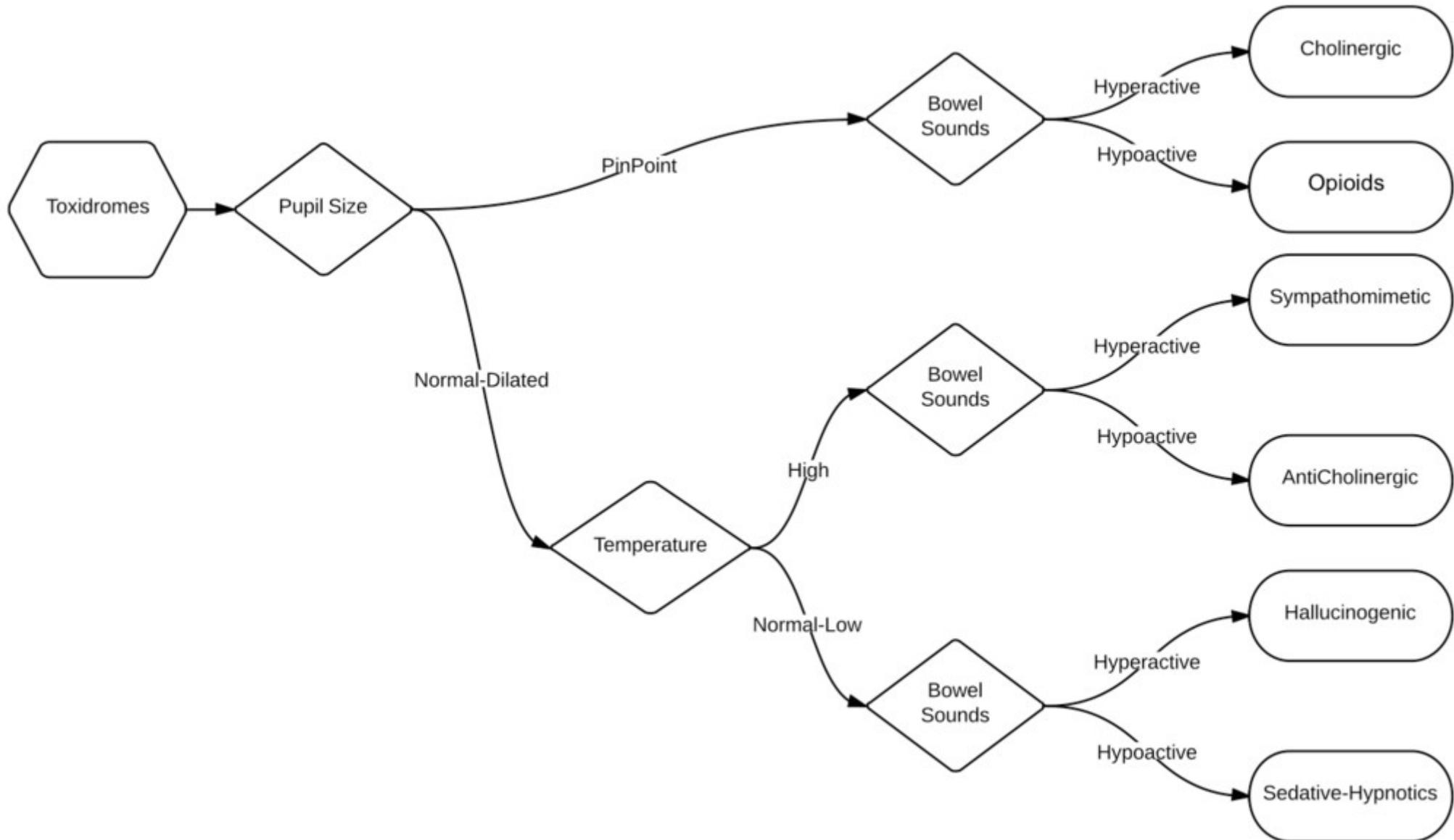
Intoxication in experimenting with drugs

Accident poisoning

Most in children 1-5 years

ingestion of drugs, household chemicals, cosmetics

Toxidrome = toxic and syndrome



Anticholinergic

The symptoms of an anticholinergic toxidrome include blurred vision, coma, decreased bowel sounds, delirium, dry skin, fever, flushing, hallucinations, ileus, memory loss, mydriasis (dilated pupils), myoclonus, psychosis, seizures, and urinary retention.

Complications include hypertension, hyperthermia, and tachycardia. Substances that may cause this toxidrome include antihistamines, antipsychotics, antidepressants, antiparkinsonian drugs, atropine...

Cholinergic

The symptoms of a cholinergic toxidrome include bronchorrhea, confusion, defecation, diaphoresis, diarrhea, emesis, lacrimation, miosis, muscle fasciculations, salivation, seizures, urination, and weakness.

Complications include bradycardia, hypothermia, and tachypnea. Substances that may cause this toxidrome include carbamates, mushrooms, and organophosphates.

Hallucinogenic

The symptoms of a hallucinogenic toxidrome include disorientation, hallucinations, hyperactive bowel sounds, panic, and seizures.

Complications include hypertension, tachycardia, and tachypnea. Substances that may cause this toxidrome include substituted amphetamines, cocaine, and phencyclidine.

Opiate

The symptoms of an opiate toxidrome include the classic triad of coma, pinpoint pupils, and respiratory depression[3] as well as altered mental states, shock, pulmonary edema and unresponsiveness.

Complications include bradycardia, hypotension, and hypothermia. Substances that may cause this toxidrome are opioids.

Sedative/hypnotic

The symptoms of sedative/hypnotic toxidrome include ataxia, blurred vision, coma, confusion, delirium, deterioration of central nervous system functions, diplopia, dysesthesias, hallucinations, nystagmus, paresthesias, sedation, slurred speech, and stupor.

Apnea is a potential complication. Substances that may cause this toxidrome include anticonvulsants, barbiturates, benzodiazepines, gamma-Hydroxybutyric acid, Methaqualone, and ethanol. While most sedative-hypnotics are anticonvulsant, some such as GHB and methaqualone instead lower the seizure threshold, and so can cause paradoxical seizures in overdose.

Sympathomimetic

The symptoms of a sympathomimetic toxidrome include anxiety, delusions, diaphoresis, hyperreflexia, mydriasis, paranoia, piloerection, and seizures.

Complications include hypertension, and tachycardia. Substances that may cause this toxidrome include salbutamol, amphetamines, cocaine, ephedrine (Ma Huang), methamphetamine, phenylpropanolamine (PPA's), and pseudoephedrine. It may appear very similar to the anticholinergic toxidrome, but is distinguished by hyperactive bowel sounds and sweating.

First Aid

Keep your safety!

Call EMS

Regularly check the basic vital signs (ABCD)

Ensure remnants of probable toxins, pills, stomach content

**Digestive tract poisoning: (Gastric content is not in the body)
cause vomiting only if the patient is fully conscious**

**Do not cause vomiting if acids and alkalis, poisoning with gasoline,
kerosene, antiemetics**

Active charcoal 50 to 100g within 1h after ingestion

First Aid

Disposal of contaminated environment (CO, gases)

**Remove contaminated clothing and skin rinsing
(organophosphates)**

Rinse the conjunctival sac with water

banding and limb immobilization after snake or insect bite

Alcohol poisoning

Symptoms :

0.5 ‰ - euphoria, a disorder of justice

1 ‰ - coordination failure, prolonged reaction time, change of behavior, incomprehensible speech

2 ‰ - dysarthria, hypothermia, nausea, vomiting, double vision

4 ‰ - respiratory depression, loss of DC protective reflections, coma, death

First aid:

Put the drunk into the recovery position, check the vital parts regularly.

If the affected person does not respond to the pain, call the EMS

CAVE the possibility of a head injury

Consequences: Increased risk of injury, cold, sedation, hypnotics, frequent fatal

Glycol poison, methanol (toxicity of metabolites)

methanol substituted with ethanol

Sweet taste of polyalcohol - cause of poisoning in children,

Symptoms:

Methanol: mild signs of drunkenness, followed by 12-24h latent period, followed by Metabolic acidosis, brain dysfunction, visual impairment to blindness (snow storm)

Ethylene glycol: drunkenness, MAc, acute renal failure, severe hypoCa poisoning, multiorg. failure to death

First aid:

Give at least 100-200ml 40% alcohol, EMS, ABCD

Poisoning by combustion gases and exhaust gases (CO, CN)

Sources of heating, engines, smoke, fires

Symptoms:

Headache, dizziness,
nausea and vomiting,
rapid weak pulse, arrhythmia,
unconsciousness, convulsions

First aid:

To bring out the affected person to fresh air, call the EMS

If the affected person is brought out of the affected area, one rescuer must remain outdoors

Ingestion of foaming agents (detergents), diesel, gasoline



First aid:

Call EMS

Do not induce vomiting, danger of severe aspiration of bubbles

(Liquids only after sips)

Ingestion of caustic (lyes, acids)

First aid :

Call EMS

- **Do not induce vomiting - Re-affect the mucous membrane**
- **Do not try to neutralize**

The weak acid or base causes an exothermic reaction

Small amounts of milk or water within 30 minutes. only after ingestion in loose lye
(washing of the mucous membranes)

CAVE: Liquid administration may cause vomiting - re-infestation of the mucous membranes

Mental Health First Aid links

<https://mhfaengland.org/mhfa-centre/resources/>

https://mhfaengland.kokodigital.co.uk/frame_content.php

<https://emedicine.medscape.com/article/813772-overview>

Notes for the Exam

DRs ABC

SAMPLE

BLS for children 15:2

Do not kill!