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# 'Excited Delirium' a Debatable State

## Some experts say it's not recognized

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Even if medical experts dispute "excited delirium" as a valid physical state, Spokane County's first responders have decided to consider it real.

"Excited delirium is an emergency condition," said Spokane Police Chief Anne Kirkpatrick. "And all of us have to be on the same page."

Dispatchers, firefighters, ambulance drivers, sheriff's deputies, police, and mental health professionals from city and county agencies spent four hours on Friday learning about excited delirium.

Medical professionals provided a majority of the information during the training.

"It is a theory, but what do we know about it?" said Dr. Matt Layton, medical director of Spokane Mental Health. "We are trying to give some framework about this state."

Layton referred to excited delirium as a life-threatening medical emergency, "typically in the context of mental illness or stimulant drug abuse." It is characterized by "agitation, excitability, confusion, paranoia and bizarre behavior," Layton said. "Not everyone in this state dies. I think that's important to note."

The signs associated with the state - "shouting, sweating, elevated temperature, impaired judgment, unexpected strength, impervious to pain, and violent resistance to restraint" - are similar to what first responders see in people on stimulant drugs. In most of the medical studies used in the training, the people exhibiting excited delirium were found to be under the influence of methamphetamine or cocaine. About 10 percent had a psychiatric illness.

Dr. Sally Aiken, the county's medical examiner, cited two deaths where excited delirium may have been a factor. In February 2006, John W. Stanley, 52, died in a motel room following a fight. He had been restrained by five people. Otto Zehm, a mentally ill janitor, died in March 2006 after being hogtied and placed on his stomach following a scuffle with several police officers.

Aiken says the cause of death was similar in those two cases, and the manner of death was homicide.

Spokane law enforcement have said they never heard the term "excited delirium" in connection with in-custody deaths before those cases. However, the term has been widely debated since the early 1990s in cases where police brutality was suspected.

It's not widely recognized in other fields.

Alexis O'Brien, a spokeswoman for the National Alliance on Mental Illness, said Friday that her agency doesn't recognize excited delirium.

"I've never heard of it," she said.

Dr. David Greeley, a Spokane neurologist, called the term a "made-up word."

"It's more of a lay term. I don't think medical personnel use it at all," Greeley said. He said, however, he sympathized with first responders who must deal with strong, highly agitated people.

"It's a good lay description of what's going on," he said, "but it's not a medical diagnosis."

Along with the training, protocols for handling people who exhibit the behaviors of excited delirium also have changed. Among them, Kirkpatrick said, is calling for paramedics as soon as possible.

"If even at the dispatch level there are recognizable signs, we will start medical aid," Kirkpatrick said. And "as soon as the officer realizes they are going to have to contact a person, they need to call for medical assistance."

Officers will no longer wait until after a person has been handcuffed and hogtied to call for help.

Also, a new spit mask will be used throughout the county - a sheer nylon mesh with loose elastic. And Taser jolts, which have sometimes exacerbated excited delirium symptoms, will be limited to two or three applications, police officials said.