

## Violent Behavior and Hallucination in a 32-Year-Old Patient

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### CASE

A 32-year-old white male was brought to the emergency department by police after a sudden, dangerous outburst. He had allegedly assaulted his girlfriend and attempted to run her over with his car. Subsequently, the patient reportedly stole and/or damaged numerous other motor vehicles. Several security and law enforcement officers were required to subdue the patient and bring an end to his hallucination-driven rampage, which lasted about 2 hours. The patient's medical history included chronic back pain, hypertension, and a long history of substance abuse, including alcohol, tobacco, and marijuana. A physical examination revealed the following: blood pressure, 132/88 mmHg; heart rate, 135 beats/min; respiratory rate, 18/min; body temperature, 98.7 °F; oxygen saturation, 98% on room air. He was markedly anxious, distressed, and sweating profusely. His pupils were normal in size and reactive to light. The patient had mild abrasions on his hands, arms, and shoulders, but he had no severe injuries. He progressively became more agitated in the emergency department and required 10 mg ziprasidone intramuscularly and 2 mg lorazepam intravenously for sedation. Intoxication with psychoactive substances was suspected; however, the results of routine screening tests of serum and urine samples were negative for alcohols, amphetamines, cocaine, and opioids.

### Questions to Consider

- What drugs should be considered in cases in which drug abuse is suspected but the results of all drug screens are negative?
- What are the limitations of immunoassay-based drug screening?
- What would be the ideal analytical method for comprehensive drug screening?

### Final Publication and Comments

The final published version with discussion and comments from the experts will appear in the April 2013 issue of *Clinical Chemistry*. To view the case and comments online, go to <http://www.clinchem.org/content/vol59/issue4> and follow the link to the Clinical Case Study and Commentaries.

## Educational Centers

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