Can we use Video Monitoring in Psychiatry?

Video Görüntüleme Psikiyatrıde Kullanılabilir mi?

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Dear Editor,

Many psychiatric diseases have outlook properties related with the nature of these disorders. In psychological disorders, some behavioral changes may occur in parallel to the disorders in the ideas and emotions of the patient or independently of this relation. Therefore, careful examination of the appearance and behaviors of the patient may allow examination of many skills and obtaining of clues related with the diagnosis of the disease. Again, compatibility with the family and attitude towards other people are also extremely important (1).

Cameras are confronted with in video-EEG recording as an imaging method used with medical aim. Video-EEG monitorization includes EEG recording performed simultaneously with video imaging of movements of patients during shooting. The time of monitoring shows variance depending on the objective of usage ranging from hours to weeks. Monitorization can be performed for a long time (for days) when the objective is recording seizures. When it is performed with the aim of discriminating psychogenic nonepileptic attacks a shorter time may be sufficient (2).

Video-EEG monitorization can be used in the diagnosis of epilepsy attacks in any period of life ranging from the neonatal period to the senility or in the differential diagnosis of nonepileptic conditions including movement disorder and sleep disorder. In addition to diagnosis of epileptic seizures determination of lateralization findings including seizure semiology, classification, ictal fear and behavioral inhibiton is used in understanding the relation between the brain focus from which the seizure arises, seizure type and EEG changes. Thus, it is possible to catch insidious seizure outlooks and interprete accompanying EEG activity better (3).

With the contribution of these experiences in the area of neurology we think that video imaging can also be used in psychiatry in a similar way. However, shootings should be performed according to the clinical requirement in specific patients. In addition, minimum requirements for this should be described. Recordings can be performed under ward conditions in an appropriate environment or in the family environment within the bounds of possibility obtaining consent from the patient, if necessary and informing the family. Thus, prominent externalizing findings of the disease can also be monitored in addition to the behaviors during a routine timeframe. By this means, findings which will allow discrimination of psychiatric diseases which have not been diagnosed clearly, which have been followed up for a long time, which have been progressing with atypical symptoms and which may be organic or functional can be obtained.

To interprete the findings more accurately evaluation should be done in the light of other laboratory and clinical findings including anamnesis, psychiatric examination and neuropsychological examination. Images may allow repetetive evaluation of the patient, examination of the cases by more experienced clinicians and thus obtaining different and
complementary data. In addition, availability and feasibility of video imaging and lack of need for other specialists or technicians for shooting and interpretation are significant advantages. These data can be reviewed later by archiving in advanced hospital information systems.

Conclusively, it is recommended in this article that video camera which is used in many areas of life can be used as a tool to help physicians to better understand their patients in psychiatry practice under present conditions.

References