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PHYSICAL RESTRAINT

"Excited delirium": can the world lose this controversial term, which is accused of covering up deaths in police custody?

Updating of medical guidance on the term has been brought forward, *The BMJ* learns, in the latest sign of the tide turning against its use. Chris Stokel-Walker explores whether "excited delirium" is ever fit for purpose—and what should happen next

Chris Stokel-Walker *freelance journalist*

When George Floyd died in police custody in Minneapolis in May 2020, the circumstances of his death while being restrained became the focus of significant controversy. Police officers attending the scene said that Floyd was experiencing "excited delirium," which some people say can cause a person to become so agitated and delirious that they die. That was why he died, the police claimed.

The phrase "excited delirium" was used by two doctors working in Miami in the 1980s to describe what at the time were unexplained deaths of several black women.[1] The doctors believed that drugs may have played a role in their death. In reality, the dead women weren't victims of drug overdoses or "excited delirium": they had been murdered by a serial killer.[2]

Subsequent analyses have never found a reliable medical basis for the use of "excited delirium" in the medical lexicon.[3] Yet this and a related phrase more common in the UK, "acute behavioural disturbance" (ABD), have been mentioned as a cause of death or a contributing factor in 44 cases of UK police restraint since 2005, found an investigation published in March by the charity Inquest, the Royal College of Psychiatrists, and the *Observer*.[4] An earlier study published in July 2023 found that mentions of ABD in mental health records at one London NHS trust had increased year on year from 2006 to 2021.[5]

Four years on from Floyd's death, attitudes are changing: last month Colorado joined California in banning police, medical staff, and coroners from using the term "excited delirium."[6] The decision is a victory for Physicians for Human Rights, a US non-governmental organisation that's been lobbying decision makers to reconsider whether the use of such terminology is appropriate.[7]

Last month in the UK the Independent Office for Police Conduct announced that it had removed the phrase from its incident forms after the *Observer* report. *The BMJ* has also learnt that an update of the medical guidance that informs police guidelines on excited delirium and ABD is being brought forward.

Disputed terms

"Neither of them are official diagnoses," says James MacCabe, professor of epidemiology and therapeutics at King's College London, who believes that the use of either term is misguided. Catherine Polling, NIHR clinical lecturer in general psychiatry, also at King's, agrees. She says, "It's not traditionally a term that we use, and it's not in any of our diagnostic manuals."

Guidance cited by the College of Policing[8]—produced by the Faculty of Forensic & Legal Medicine (FFLM), part of the Royal College of Physicians—has evolved since 2019. At that time the FFLM guidance linked excited delirium and ABD together, discussing how the two overlapped.[9] That changed in an updated version published in October 2022[10] (see box), which suggested that using the two terms interchangeably or as overlapping issues had "proved controversial" and so shied away from using the term excited delirium.

But the use of both terms is worryingly vague, says Andrew Stolbach, associate professor of emergency medicine at Johns Hopkins University in Baltimore. "For a medical term, you want that term to be precise," he says. "It has become not a useful term. Whenever a term carries more emotional angst and baggage than it does medical precision, it's time to move on and find a better term."

The updated FFLM guidance—which is used to inform police forces' handling of suspects in custody—included additional warnings about specific forms of restraint and medicine that could result in harm or death to the people they were used on. It also included a section stating, "The FFLM recognises that this is an area of clinical practice that can be seen as being controversial, particularly with regards to terminology."

Deflected attention—and racism

Controversy over the terms is well warranted, argues MacCabe. "In the case of George Floyd, it's quite clear what's happening," he says. "It's being used as a way of explaining the fact that people have died when they've been in police custody or when they've been restrained, and it's a way of deflecting attention away from the restraint techniques that might have been used."

Polling adds, "Certainly, as it's being used in mental health, it's not anything close to a coherent concept. It doesn't really mean anything. But the risk with that is that you're using this framing that does mean something in other contexts and has this baggage that comes with it." Both the phrases ABD and excited delirium, she says, trigger the idea in people's minds

that the onset necessitates active intervention—which can result in death from other means.

And there's another reason why it's such a controversial diagnosis, says MacCabe: it seems to be predominantly applied to black people. The same July 2023 analysis that tracked references to ABD at a London NHS trust found that black people were more than twice as likely as white people to have ABD referenced in mental health assessments.

A similar study in the US arrived at similar figures: a 2021 analysis of 166 reported deaths in police custody from 2010 to 2020 that were attributed to excited delirium found that 43.3% were among black people.[11] A separate study has shown that excited delirium is mostly cited as a cause of death in people who have previously been restrained.[12]

Finding new language

The Independent Office for Police Conduct (IOPC), which covers England and Wales, said in a statement last month, "We have decided to stop using the term 'excited delirium' as we recognise that it is language that is outdated and potentially offensive. We have removed it from IOPC forms that police forces use to make referrals to us and will not use the term as an option for categorising our investigations."

The FFLM is also bringing forward an update of its guidance before the scheduled date of October 2025. "We have a draft of the new guidance," Margaret Stark, one of its authors, tells *The BMJ*. While she is unable to share the document because it hasn't yet been approved by committee, she confirms that the current draft includes updated references to include the latest knowledge, and it removes references to non-clinical terms such as "disproportionate superhuman strength."

MacCabe says, "I don't know whether it would even be possible to have a universal federal law that bans the use of the term [excited delirium]." But if others were to follow in the footsteps of California, Colorado, and the UK, the next question is: what should replace "excited delirium"?

Polling praises the Royal College of Psychiatrists' 2022 position paper on ABD and excited delirium.[13] "It did a really good job of making sure that it spoke to the communities affected by this," she says. And she believes that change is necessary, as "we need better concepts and better descriptions to describe this." (The Royal College of Psychiatrists did not respond to *The BMJ*'s request for comment.)

Stark is happy to see the back of "excited delirium" but thinks that losing the term "acute behavioural disturbance" would be a mistake. She points to the importance of having a label for when people feel severe anxiety in police custody, as this can lead to changes in the body that become a medical emergency. "We've been promoting the use of that terminology [of ABD] to get people to hospital and out of the police station," she says.

The IOPC's spokesperson added that their organisation continued to use ABD, while recognising that it was also a contested term. "We need to be able to identify its use," they explained. "The IOPC does not make clinical diagnoses, but we will continue to reference ABD in cases where it has been used by forces or medical professionals."

Stolbach says that not having a way to define the issues he encounters with patients does them a disservice, although he dislikes "excited delirium." In part, his unease with the phrase is because it's deployed in two different ways: as a way to describe the presentation of acute agitated behaviour and as a cause of death determination by coroners.

In the former case, he'd prefer to describe the symptoms in front of him rather than assume a diagnosis without further tests. He explains, "Instead of assigning it a diagnosis of excited delirium, let's say: 'We have an agitated patient.' Describing somebody in an emergent setting with acute agitation, or acute delirium, is more clear and more precise. And it reinforces the fact that we still have yet to find—when we see that presentation—the underlying diagnosis."

It also serves another, more noble, purpose, Stolbach reckons. "Whenever there's a term that's historically been associated with racism, it's important to be sensitive to that," he says. "We need to recognise the weight that that carries. And that's just even more reason to move on."

What is acute behavioural disturbance?

Guidance from the Faculty of Forensic & Legal Medicine states that acute behavioural disturbance (ABD) is not a diagnosis but rather an umbrella term for the clinical presentation of a number of conditions.

The differential diagnosis of ABD includes:

- Akathisia
- Anticholinergic syndrome (for example, from antihistamines)
- Central nervous system infection (meningitis/encephalitis)
- Heat exhaustion
- Head injury
- Hypoglycaemia
- Hypoxia
- Neuroleptic malignant syndrome
- Psychiatric disorders
- Sedative withdrawal (for example, from alcohol, benzodiazepines, GHB and related drugs, or, rarely, opioids)
- Seizures
- Sepsis
- Serotonin syndrome
- Stimulant or synthetic cannabinoid receptor agonist (SCRA) intoxication
- Thyroid storm

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