Injured or Intoxicated?
Common Medical Problems that Mimic Alcohol Intoxication.

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The aggressive OUI Investigator will inevitably encounter a suspected intoxicated motorist who is actually impaired, not by alcohol or drugs, but because of a medical problem. Being able to appropriately discern the problem and take corrective action is important to the police officer and the motorist as well.

This article discusses common medical conditions that mimic alcohol intoxication, how to distinguish them from alcohol intoxication, situations in which law enforcement officers may encounter them and what to do about it. It is written for police officers that have little or no medical training and are dealing with intoxicated persons on a regular basis.[1]

Keep in mind that the following information is intended as suggested guidelines, not hard and fast rules. It may be very difficult in some situations to tell the difference. Officers must ultimately rely on their own training, experience and common sense when deciding if a suspect is impaired due to alcohol or some type of medical problems. When in doubt the appropriate medical personnel should be called to evaluate the suspect.

Common Medical Problems

Common medical problems that may mimic alcohol intoxication include: Diabetes, Postical Seizure States, Closed Head Injuries, Deafness or Impaired Hearing and Multiple Sclerosis (Bledsoe, Porter, Shade, 1991) (MCJA, 1994). Each of these conditions differs in manner and cause but are similar in effect. They affect a person's brain so that basic cognition and motor control skills are altered or diminished if present at all. The brain, of course, controls a persons cognitive and motor control functioning (Memmler, Wood, 1987). Any interruption in this control will logically result in obvious impairment in those areas very similar to alcohol intoxication. Since one of the key areas in OUI investigation is assessing an individual's psychophysical performance, it is easy to see how these conditions can make an individual appear drunk.

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EMT or Paramedical training is exceptionally helpful in recognizing these situations. However officers do not need to have medical training in order to know that something is wrong. The following is concise, non-medical explanations of each condition to assist officers in making those determinations.

Diabetes

Diabetes in simple, non-medical terms can be explained as a disease that interferes with maintaining proper levels of insulin in the body. Insulin is a hormone that the body must have to process sugar properly. The brain must have the proper levels of sugar (called Glucose when utilized by the brain for energy) in order to function correctly (American College of Emergency Physicians [ACEP], 1992). If someone has the wrong level of Insulin in their body, whether too much or not enough, than Glucose will not be processed properly and the brain will not have the necessary energy to function appropriately. In some cases, this can take a long period of time. In other cases, the onset can be sudden and they can be immediately affected (Bledsoe, Porter, Shade, 1991).

Diabetes has several different forms. The one form we will be concerned about for our purposes is called Hypoglycemia or “Insulin Shock”. This form of diabetes occurs when someone has too much insulin in their body and not enough sugar. This can occur rapidly and is a life threatening situation. Persons with this condition need immediate emergency medical care.

A person in Insulin Shock will have a sudden onset of symptoms. They will have obvious cognitive and physical impairment and may be aggressive and belligerent. They may display inappropriate or even bizarre behaviors. In some cases, they may have an odor on their breath that is described as “fruity” or “acetone” like and could be mistaken as intoxicants (Bledsoe, Porter, Shade, 1991) (ACEP, 1992).

Many with this condition know it and may be able to tell you what the problem is however, not all will be able to. Some may not be aware of what is happening to them and cannot explain it. They may have a Medic Alert card or jewelry (keep in mind is that these people may possess hypodermic needles as well). Most will have some sort of similar medical history. However, there have been reports of this condition spontaneously appearing in people with no history of Diabetes (Bledsoe, Porter, Shade, 1991).

Postical Seizure States

A seizure is a condition creating a disturbance in the normal electrical functioning of the brain. Seizures occur from a large number of causes. During the seizure phase, a person will not have normal cognitive function and physical control. Seizures may occur suddenly and without warning to the person or they may develop gradually with the

person being aware that the seizure is about to occur. During the seizure phase the person may exhibit involuntary muscular convulsions that can cause physical injury. Seizures typically last anywhere from a few seconds to several minutes and sometimes can occur in rapid succession (Bledsoe, Porter, Shade, 1991) (ACEP, 1992).

Most chronic seizure patients are aware of their condition and probably are taking medications to control it. They may have a Medic Alert card or some kind of Medic Alert jewelry. However, there are reports of people having sudden seizures without prior warning or pertinent medical history (Bledsoe, Porter, Shade, 1991).

After the seizure, the person enters what is called the “Postical Seizure State”. During this state they will have only limited cognitive and physical control and will appear tired and lethargic. During this time, they may mimic an alcohol-impaired person. They may have slow responses, impaired coordination, slurred speech and other classic symptoms of alcohol intoxication (Bledsoe, Porter, Shade, 1991).

Closed Head Injury

A Closed Head Injury is an injury to the head with little or no evidence apparent on the outside. Though they may have little evidence of injury on the outside, the brain itself may be injured due to a secondary impact that the brain suffers from being slammed around inside the skull. Two good examples that may occur in Law Enforcement situations are the victim of a fight and motor vehicle crashes.

In a closed head injury, the victim’s brain has suffered a traumatic blow. Like other parts of the body, the brain reacts to trauma by swelling. The brain only has a small amount of room inside the skull for swelling to occur. After this small amount of space has been used, the brain may continue to swell and actually cause more damage by crushing itself into the inside of the skull (National Association of Emergency Medical Technicians [NAEMT], 1994).

The victim of a closed head injury can show a variety of signs and symptoms. They will have impaired cognitive and physical impairment to varying degrees. Their functioning may be very impaired at first, then get better, and then get poor again. They may be walking and talking when officers arrive at the scene and then suddenly collapse. They may be calm and cooperative one minute and then act belligerent and aggressive for no apparent reason. Contrary to Diabetics and Seizure patients, they may not be able to tell you what has happened to them due to a period of lost consciousness (NAEMT, 1994).

Deafness and Hearing Impairment

Deafness and Hearing Impairment results from a number of causes including physical injury, congenital defects and illnesses. It may be temporary or permanent and it may affect individuals to various degrees.

Most notable to the OUI investigator is the fact that these individuals will almost certainly suffer from some type of balance problem since the mechanisms for controlling balance lie in the inner ear. These problems will generally worsen in low light situations. The problems also vary in intensity according to each individual with some hearing impaired persons having no balance problems at all. Also of concern to the investigating officer is the obvious fact that these individuals may understandably have difficulty communicating.

In those situations where the officer encounters a hearing impaired person who has been consuming alcohol and driving the best course of action is to ask the individual numerous questions about their limitations in SFST testing. Officers should consider staying away from SFSTs (including HGN) and if necessary obtain the services of a qualified interpreter (Bledsoe, Porter, Shade, 1991/ MCJA 1994).

Multiple Sclerosis

This is a chronic disease of the central nervous system. The disease causes an interruption in the proper transmission of messages between the brain and nervous system. The cause is unknown and there is no cure. The cognitive and physical results vary between individuals and may vary in the same individual at different times. The results are unpredictable and affect the central nervous system in a similar manner as many drugs and alcohol. Some symptoms of this disease can easily be mistaken as stemming from alcohol and or drug impairment when in fact that is not so. Officers should exercise discretion and care when evaluating persons who suffer from this disease for OUI.

Note: OUI = Operating Under the Influence

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