

# The coercive measures in Psychiatric Emergency Service. Differences on different diagnoses

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## Background

Agitation is common in Psychiatric Emergency Services (PES) (10% of patients). Agitation may be managed acutely using a combination of pharmacological agents and non-pharmacological interventions. The use of coercive measures (CM) of these patients dates back to the origins of psychiatry. Much literature exist detailing adverse outcomes associated with the use of seclusion and restraint but in some cases may be necessary to prevent serious harm to the patient or others.

## Aim

The aim of this study is to analyse factors and diagnoses that can have influence on applying of physical restraint in mentally disordered patients in PES. Description of specific circumstances in which physical restraint is used can help in the optimisation of psychiatric treatment.

## Methods

We evaluated a total of 11578 consecutive patients seen over a 5-year period, from January 2001 to January 2006, at the PES of a university general hospital in the city of Barcelona. We prospectively studied all admissions following a routine computerised protocol that comprised socio-demographic, clinical and interventional data (including the use of physical restraint). The severity of illness was assessed by the Spanish version of the Severity of Psychiatric Illness (SPI) scale. For this study we pay special attention to suicide risk, danger to others and severity of symptoms items. Data were analysed using the SPSS 14.0 version.

## Results

The results show 843 (7,3%) patients who required the use of CM. Figure 1 & Figure 2.

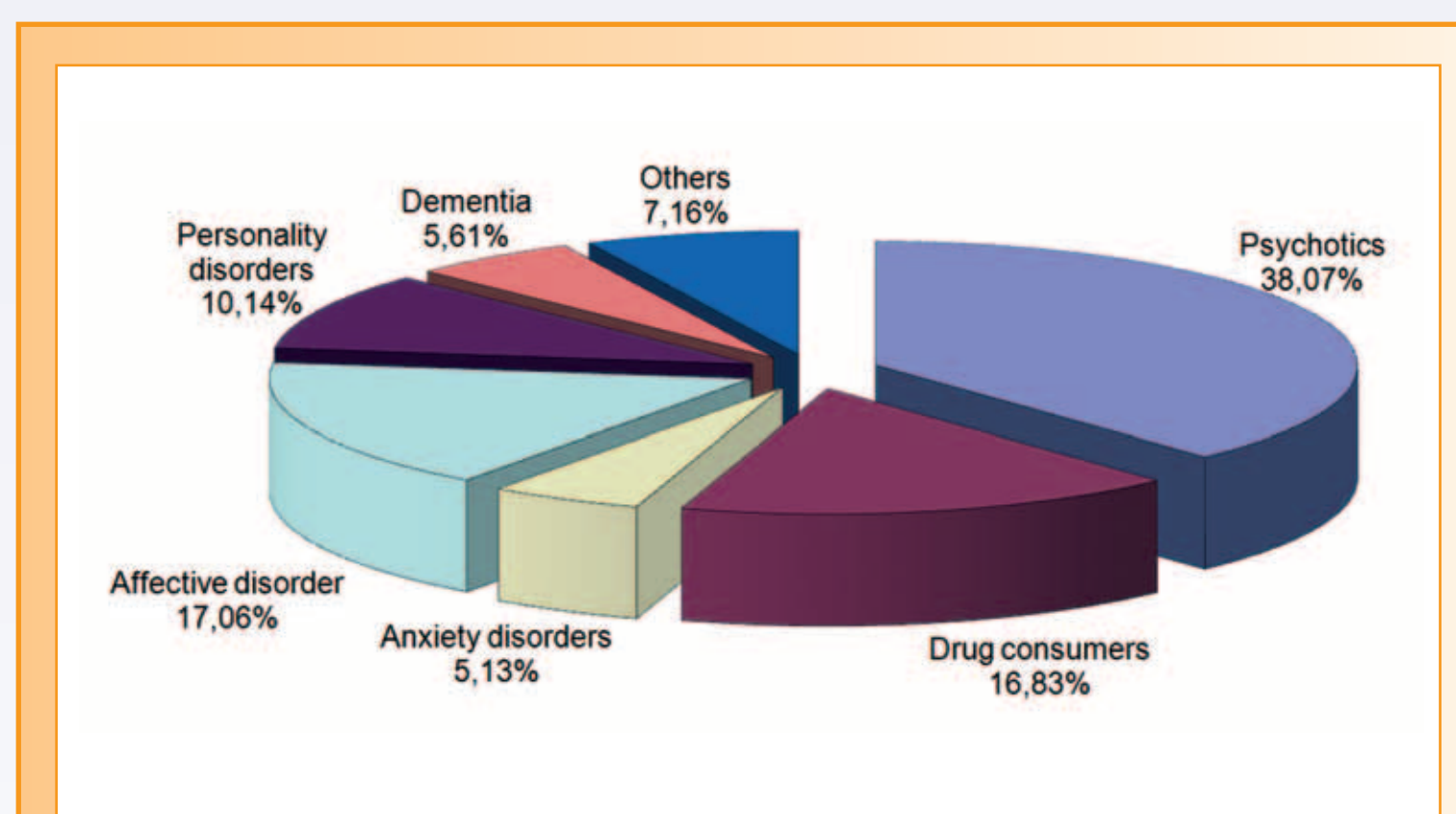


Figure 1. Principal diagnoses in-patients who need CM.

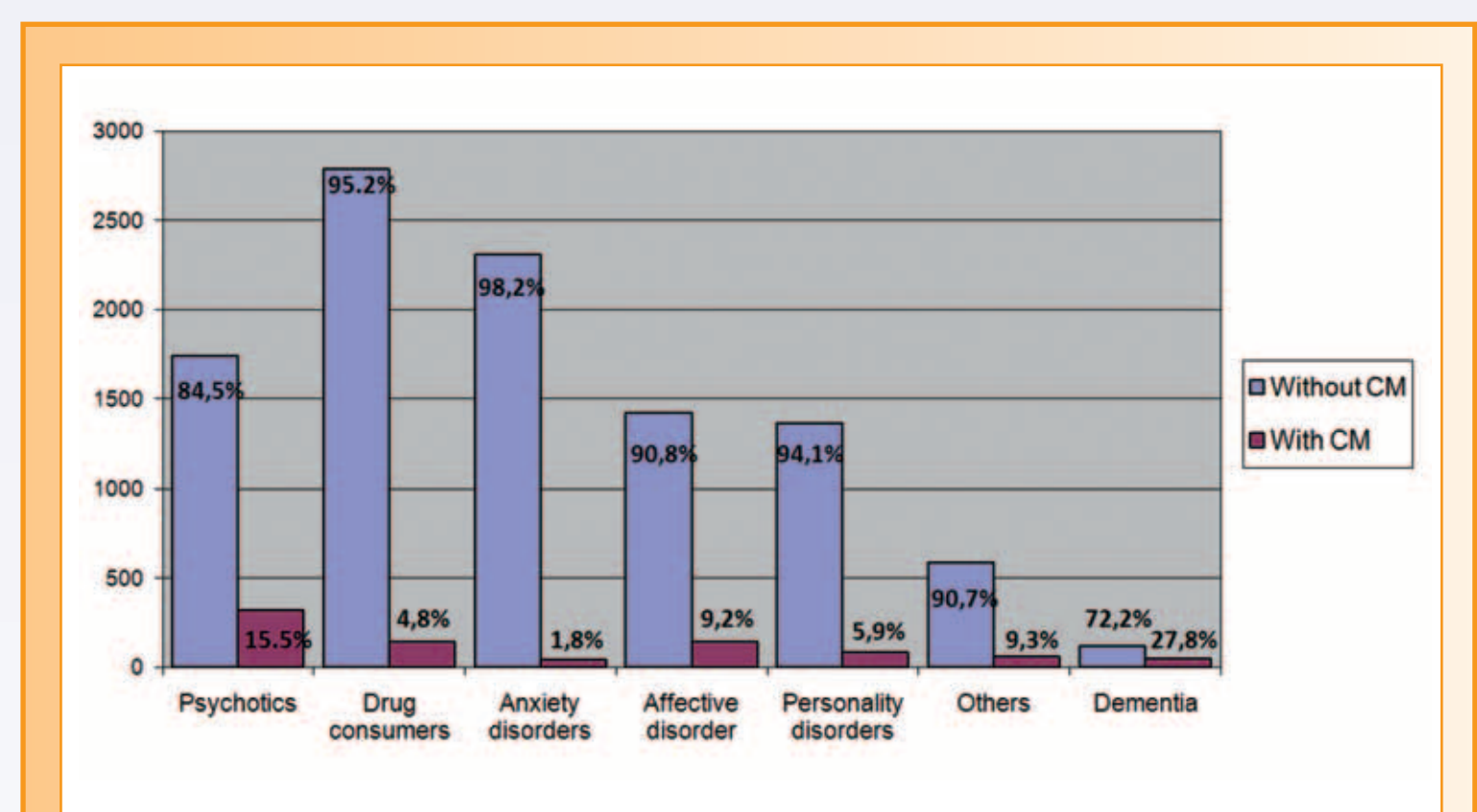


Figure 2. Frequency of CM on different diagnoses. (chi-square  $p < 0.01$ )

## Conclusions

The high frequency of CM in-patients with dementia (27,8%) compared to all others psychiatric illness, show the need to describe specific protocols and interventions to reduce the use of CM in this patients.