

Do we know why we indicate a mechanical restraint?

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Introduction and objectives

Mechanical restraint is a therapeutic procedure commonly applied in acute units in response to psychomotor agitation. Its frequency is between 21 and 59% of patients admitted. These patients represent a risk to both themselves and for health workers. There are not clinical studies that compared if there are differences of the frequency of the specific indication for the mechanical restraint.

The aim of this study is to explore the differences of frequency of each indication of mechanical restraint on patients on the psychiatry acute and dual pathology units.

Material and methods

We reviewed retrospectively the informatic record of all the mechanical restraints made and the total discharges of the three acute care units and dual disorders of Neuropsychiatry and Addictions Institute of the Parc de Salut Mar de Barcelona, between January 2012 and January 2015. The episodes of mechanical restraint, the specific indications for them and the DSM IV diagnostic were coded. Then was calculated the frequency and proportion of mechanical restraint by diagnostic groups and a comparison of the indications between them was made through an ANOVA and a T-test with Bonferroni adjustment method.

Results

Figure 1. Number of total mechanical restraints and distribution by only one indication or more than one

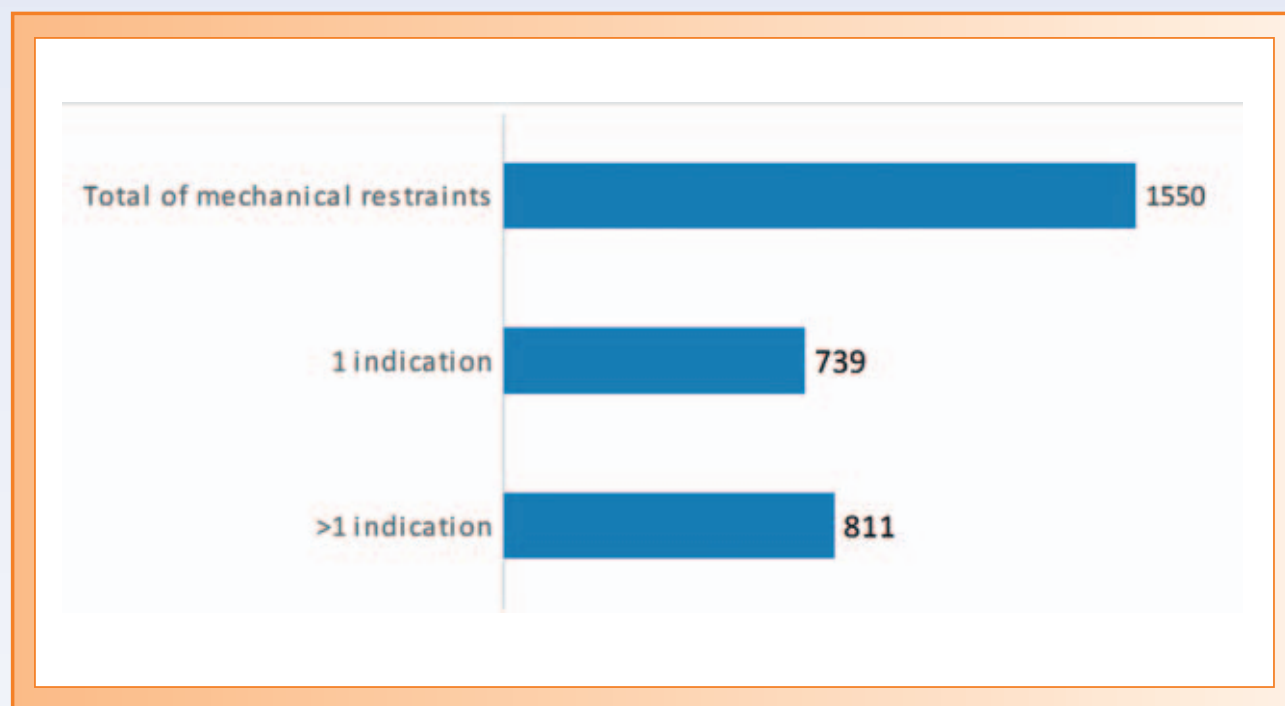
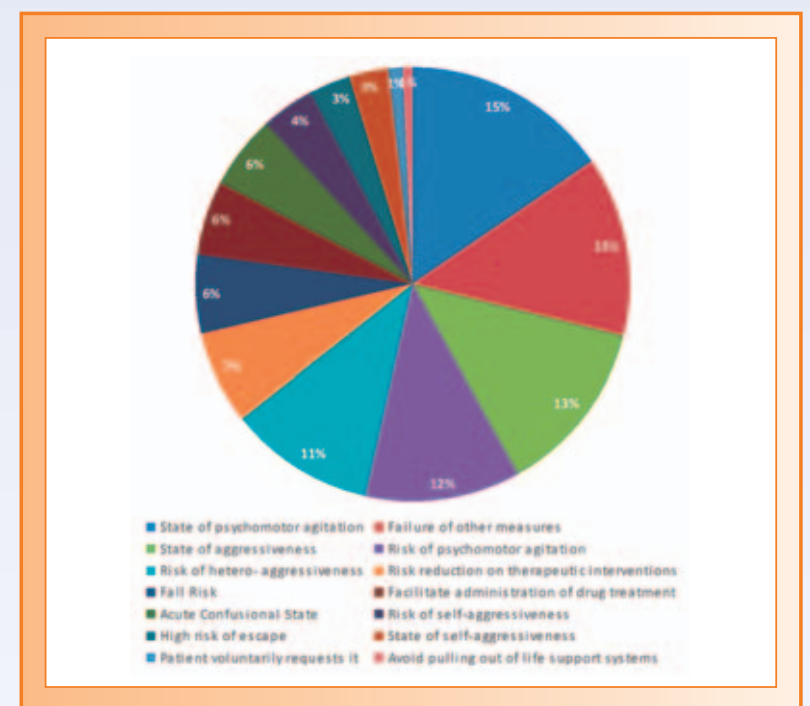


Figure 2. Proportion of the different indications of mechanical restraint



Discussion

- In the 52% of the patients mechanical restraint was indicated because two or more reasons.
- The main indication of mechanical restraint was “State of psychomotor agitation” (15%), followed by “Failure of other measures” (13%) and “State of heteroagresiveness” (13%).
- Main diagnosis in patients who received mechanical restraint was Schizophrenia, the second, Bipolar disorder-Manic episode and the third, Non Specified Psychosis and we didn’t found statistically significant differences in the indications between them.
- In our opinion, no coercive strategies of management of psychomotor agitation would be studied and implemented and we consider prevention in the most frequent diagnosis and of the most frequent indications of mechanical restraint is a way to achieve it.

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