

Introduction

Acute Care of the Agitated Psychotic Patient

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This supplement is the result of a meeting of leaders of the emergency psychiatry community that focused on the emergency and acute management of individuals with a variety of disorders presenting with the complex behavioral disturbances characterized as agitation. The intent of this meeting was to review the existing literature and current practice in light of recent changes in technology and practice settings with the goal of establishing a common evidence base ultimately leading to a consensus guideline.

As participants noted, first-line treatments for virtually all the major conditions contributing to behavioral emergencies have changed significantly with the advent of atypical antipsychotics and selective serotonin reuptake inhibitors and the introduction of anticonvulsants into psychiatric practice. However, many agitated patients are treated in a manner that harks back to the 1970s. Is that because the treatments available are that good or is it because innovation in this area has lagged?

While the field has stood still in this important area, a number of elements of the practice environment have moved around us. For economic and philosophical reasons, greater numbers of disturbed patients are managed in the community, and more acutely psychotic patients are assessed and treated in emergency services, offices, day programs, and other alternatives rather than traditional inpatient psychiatric services. Even when patients can be admitted, there is tremendous pressure to quickly stabilize and discharge them despite a plethora of serious symptoms. Meanwhile, consumers have become more assertive and better informed. One result is the recent change in Joint Commission and U.S. Health Care Finance Administration regulations governing restraint and seclusion. Only one study of consumer preference was noted in this meeting, and consumer views have not yet had significant impact in this area.

Notable findings from this meeting include the following:

1. Agitation is a very complex state, but agents that reduce dopaminergic or noradrenergic tone or increase serotonergic or GABAergic tone will reduce agitation irrespective of etiology.
2. Conventional neuroleptics alone have shown no evidence of superiority to benzodiazepines for the management of agitation.
3. Evidence suggests that benzodiazepines and atypical antipsychotics are superior to neuroleptics for the reduction of excitement, hostility, and aggression.
4. It is possible to combine benzodiazepines and atypical antipsychotics in a manner that safely achieves good behavioral control and initiates superior long-term care for schizophrenia.

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5. It is possible to safely escalate the dose of atypical antipsychotics more rapidly than is usual in outpatient settings to achieve target doses typically utilized for the treatment of schizophrenia.
6. The combination of an antidepressant and an antipsychotic is clearly indicated in the agitated patient with severe and/or psychotic depression. Newer medications allow this combination to be given safely in emergency and outpatient settings.
7. Mood stabilizers alone are usually inadequate in acute mania, and combinations with both benzodiazepines and atypical antipsychotics may be helpful without regard to the presence or absence of psychosis.
8. Agitation in the elderly is quite heterogeneous, but the risks of usual care with either benzodiazepines or conventional neuroleptics are high, and evidence is accumulating that atypical antipsychotics represent a significant advance for this population as well.

The state of the art in management of the acute patient seems poised to make a quantum leap forward in the coming years. It seems unlikely that this will happen as a result of newer medications since the core neuroanatomic and neurochemical disturbances are not subject to rapid or complete reversal. There may be incremental progress in the area of managing the most acute manifestations of the psychoses, but the greatest advances are likely to come as a result of changing attitudes and approaches toward the agitated consumer. This supplement is dedicated to the goal of a safer, more humane, and less paternalistic approach to the acute patient that takes full advantage of recent progress in psychiatric practice.

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