



Review article

Aggression in psychiatry wards: A systematic review

Cesare Maria Cornaggia^{a,b}, Massimiliano Beghi^{a,c,*}, Fabrizio Pavone^d, Francesco Barale^d^a Department of Clinical Psychiatry, University of Milano-Bicocca, Monza, Italy^b Organic Psychiatry Unit, Zucchi Clinical Institute, Carate Brianza, Italy^c Department of Mental Health, G. Salvini Hospital, Rho, Italy^d Department of Health Sciences, Section of Psychiatry, University of Pavia, Pavia, Italy

ARTICLE INFO

Article history:

Received 2 September 2009

Received in revised form 4 December 2010

Accepted 8 December 2010

Keywords:

Violence

In-patients

Risk factors

Epidemiology

ABSTRACT

Although fairly frequent in psychiatric in-patient, episodes of aggression/violence are mainly limited to verbal aggression, but the level of general health is significantly lower in nurses who report 'frequent' exposure to violent incidents, and there is disagreement between patients and staff concerning predictors of these episodes. We searched the Pubmed, Embase and PsychInfo databases for English, Italian, French or German language papers published between 1 January 1990 and 31 March 2010 using the key words "aggress*" (aggression or aggressive) "violence*" (violence or violent) and "in-patient" or "psychiatric wards", and the inclusion criterion of an adult population (excluding all studies of selected samples such as a specific psychiatric diagnosis other than psychosis, adolescents or the elderly, men/women only, personality disorders and mental retardation). The variables that were most frequently associated with aggression or violence in the 66 identified studies of unselected psychiatric populations were the existence of previous episodes, the presence of impulsiveness/hostility, a longer period of hospitalisation, non-voluntary admission, and aggressor and victim of the same gender; weaker evidence indicated alcohol/drug misuse, a diagnosis of psychosis, a younger age and the risk of suicide. Alcohol/drug misuse, hostility, paranoid thoughts and acute psychosis were the factors most frequently involved in 12 studies of psychotic patients. Harmony among staff (a good working climate) seems to be more useful in preventing aggression than some of the other strategies used in psychiatric wards, such as the presence of male nurses.

© 2010 Elsevier Ireland Ltd. All rights reserved.

Contents

| | |
|---------------------------------------------------------------------------------------------------|----|
| 1. Introduction | 10 |
| 1.1. Correlations between psychiatric disorders and aggressiveness | 10 |
| 2. Rationale and aims | 11 |
| 3. Methods of the review | 11 |
| 4. Results | 11 |
| 4.1. Epidemiology of episodes of aggressiveness in psychiatric wards | 11 |
| 4.2. Demographic and clinical variables associated with aggression in psychiatric wards | 16 |
| 5. Discussion | 18 |
| Acknowledgements | 18 |
| References | 18 |

1. Introduction

1.1. Correlations between psychiatric disorders and aggressiveness

The correlations between psychiatric disorders and violent behaviour have always been a subject of debate, and two questions about which it seems to be particularly difficult to reach agreement

* Corresponding author. Psychosocial Centre, Via Beatrice d'Este 28, 20017 Rho Milan, Italy. Tel.: +39 02994303920; fax: +39 0293182492.

E-mail address: mbeghi@aogarbaginate.lombardia.it (M. Beghi).

are whether psychiatric patients more likely to be aggressive, and whether diagnoses predict violent behaviour.

Some authors have claimed that there is a correlation between psychiatric disorders and crime (Penrose, 1939; Gunn and Bonn, 1973), whereas others have found that the prevalence of criminal actions is lower in psychiatric patients than in the general population (Steadman et al., 1974; Hafner and Boker, 1982). However, all of these studies had a number of methodological limitations, including the fact that the samples were selected and not representative of the psychiatric population as a whole (Tardiff, 1998).

Other studies carried out over the last 20 years have gone some way to correcting this bias. The Epidemiology Catchment Area (ECA) study found that the incidence of episodes of violence involving patients with psychiatric disorders (schizophrenia, mania, major depression and bipolar disorder) was five times higher than in the general population (16 times higher in the presence of co-morbid alcohol/substance abuse) (Swanson et al., 1989), and these findings are in line with those of a 30-year longitudinal follow-up study in Sweden (Hodgins et al., 2002). A recent US survey has found that violence is related to psychiatric disorders only in the presence of co-morbid substance use/dependence (Elbogen and Johnson, 2009).

However, although the question of violent behaviour in psychiatric disorders should really be seen in a more general cultural, environmental and social context, it is clear that episodes of violence by patients admitted to psychiatric wards cause serious problems relating to treatment, the other patients, and the staff (Woods and Ashley, 2007).

The psychiatric diagnosis most frequently associated with aggressive behaviour is paranoid schizophrenia (Tardiff, 1998) as patients with paranoid schizophrenia retain sufficient ability to plan and commit acts of violence related to their delusions, whereas the violence of patients with disorganised schizophrenia is not planned and is usually characterized by less serious consequences. Aggressiveness is quite common in anti-social personality disorder (Amore et al., 1998; Dolan and Völlm, 2009; Richard-Devantoy et al., 2009), but only a few studies have investigated the correlation between aggressiveness and borderline personality disorders, which mainly involve violence against objects (Amore et al., 1998), although women involved in violent episodes appear to be more likely to suffer from borderline personality disorder (Sansone and Sansone, 2009). Other psychiatric disorders seem to be less frequently associated with aggressive behaviour.

Episodes of aggression/violence are fairly frequent in psychiatric in-patient wards (James et al., 1990; Miller et al., 1993), but about 75% of them are limited to verbal aggression (Bjørkly, 1999; Jonker et al., 2008) and there is little risk of a serious accident (Cooper and Mendonca, 1991; Bjørkly, 1999; Foster et al., 2007). However, a survey carried out by Wildgoose et al. in Exeter in 2003 found that the level of general health was significantly lower in nurses who report 'frequent' exposure to violent incidents.

2. Rationale and aims

According to Duxbury and Whittington (2005), there is disagreement between patients and staff concerning the predictors of aggression on psychiatric wards: patients perceive environmental conditions and poor communication to be significant precursors of aggressive behaviour, whereas nurses view the patients' mental illnesses as the main reason for aggression even though they recognise the negative impact of an in-patient environment.

Episodes of violence on psychiatric wards have been extensively studied, with one of the main aims being to identify who is more likely to be violent during hospitalisation. Two different methods are currently used. The first is to adopt a clinical approach based on expert opinion concerning patient attitudes and clinical and circumstantial variables; however, it is operator-dependent and influenced by the expert's ability, knowledge and experience (Anderson et al., 2004), looks for explanations of specific behaviours, and considers a patients'

behaviour, their reactions to specific circumstances, their insights, and their compliance to drug treatment (Woods and Ashley, 2007). The second makes use of statistics and tries to assess individual variables (mainly based on patient histories) in relation to predetermined variables identified as risk factors. This approach is based on the assumption that a person is part of a population and so, if a factor is frequently associated with aggression in a population, it may also be a risk factor for an individual patient (Doyle and Dolan, 2002).

However, current diagnostic instruments are not very accurate or very efficient (Dolan and Doyle, 2000) and, although many reviews have been published concerning the individual (demographic and clinical) and structural characteristics and circumstances involved in episodes of violence, it seemed to us that a more systematic review is necessary.

3. Methods of the review

This review began with a search of the Pubmed, Embase and PsychInfo databases for English, Italian, French or German language papers published between 1 January 1990 and 31 March 2010 using the key words "aggress*" (aggression or aggressive) "violence*" (violence or violent) and "in-patient" or "psychiatric wards".

Inclusion criteria:

- Adult samples representative of the entire population of psychiatric in-patients and
- Papers written in English, French, Italian or German.

Exclusion criteria

- Selected patient samples
 - A specific psychiatric diagnosis other than psychosis
 - Adolescents or the elderly
 - Men/women only
 - Personality disorders and
 - Mental retardation.
- Treatment strategies and
- Studies carried out in non-acute settings.

Studies of psychotic diagnoses were included because psychosis accounts for a large proportion of the in-patient population.

After excluding duplicates, we initially considered 949 studies: eighteen were excluded because they were in languages other than English, Italian, German or French, 163 because they involved special populations (the elderly, children/adolescents, men/women only, or patients with personality disorders or mental retardation), 399 because they did not respond to the objectives of the review, 144 because they concerned treatments and strategies for preventing violence, 67 because they were assessments of test/rating scales, 35 because they had not been carried out in acute psychiatric wards and 14 were not found.

The final analysis was based on 109 studies, 73 of which were included in a table of unselected psychiatric populations and 14 in a table of psychoses; the other 22 were used for epidemiological purposes or as references for the discussion.

4. Results

4.1. Epidemiology of episodes of aggressiveness in psychiatric wards

There is a considerable difference in the prevalence of episodes of aggressiveness, depending on the countries in which the studies were carried out, their different methods and samples, and their different periods of follow-up. A systematic review by Davis (1991) found that episodes are more frequent in the United States than in other countries. Two population-based studies of large Italian and German samples using similar methods (Grassi et al., 2001; Ketelsen et al., 2007) found a similar prevalence of episodes of physical violence (respectively 7.5% and 7.7%), Salamin et al. a prevalence of 9.5% in

Download English Version:

<https://daneshyari.com/en/article/333562>

Download Persian Version:

<https://daneshyari.com/article/333562>

[Daneshyari.com](https://daneshyari.com)