Psychopharmacologic Management of Aggression

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KEYWORDS

• Aggression • Psychopharmacologic • Violence • Assault • Aggressive
• Pharmacologic • Off-label

KEY POINTS

- There is no single strategy to pharmacologically manage aggression.
- There is currently no pharmacologic treatment for aggression approved by the Food and Drug Administration.
- Each year, approximately 1.6 million people lose their lives to violence worldwide.
- Aggression can be classified as impulsive, organized, or psychotic.
- Psychopharmacologic interventions should be guided by diagnoses.

INTRODUCTION

Many people use the terms aggression and violence interchangeably, despite these words not being synonymous. Aggression is generally defined as behaviors leading to nonaccidental harm. Violence is a subtype of aggression involving nonaccidental physical harm by one individual toward another. Violent behavior causes (or is likely to cause) death, physical injury, or psychological harm. Aggression encompasses violence, in addition to nonaccidental property destruction and verbal abuse during periods of agitation. Self-injurious behaviors and suicide are sometimes classified as forms of aggression, but this article focuses primarily on aggression toward others (physical and/or verbal).

Approximately 1.6 million people lose their lives to violence each year.[1] The financial impact of violence is also staggering. Annually, nations pay billions of dollars to cover costs associated with law enforcement, health care for victims, and lost productivity at work. Psychological manifestations of violence are difficult to quantify, but undoubtedly magnify the scope of the problem. Victims of single-incident or repeated violence (such as childhood abuse or domestic abuse) can experience psychological

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manifestations for years, including additional lost productivity at work. Surviving victims' quality of life is often impacted, resulting in a range of potential problems.

Professionals from various disciplines have studied the antecedents and manifestations of violent behavior. Professions specifically interested in studying violence include mental health scholars, legal scholars, criminologists, sociologists, and biologists, to name a few. Each discipline brings unique perspectives to studying and assessing the issue. This article focuses on the medical management of aggression as it pertains to individuals with psychiatric diagnoses and therefore emphasizes the medical literature.

ASSESSMENT OF AGGRESSION

Aggression by individuals with psychiatric diagnoses presents in many forms. Providing a thorough assessment and accurate diagnoses is therefore the clinician's most important role. Aggressive behaviors displayed by two different patients can appear identical despite involving completely different contributing factors. Unique elements leading to the aggressive behaviors must be considered to formulate an appropriate treatment plan. Specific medications have shown varied results with different patient populations. There is no single approach that will be effective for every patient. Accurately determining aggressive patients' psychiatric diagnoses is the first important step in guiding pharmacologic management.

In addition to accurately determining the patient's diagnoses, analyzing the type of aggression displayed is another important step. One such system involves categorizing each aggressive act of psychiatric patients as impulsive, organized, or psychotic.[2] Impulsive acts are generally immediate responses to provocation or perceived provocation. The patient may seem agitated, out of control, hostile, and threatening. The aggressive act is typically not related to long-term goals or secondary gain. Organized acts generally involve planning, social motives, and/or secondary gain. The acts are premeditated and predatory in nature. Psychotic acts occur in response to delusional beliefs and do not have a clear rational alternative motive. Taking a patient's pattern of behavior into consideration helps guide management. Individual patients can display different types of aggression, even within short periods of time. Therefore, the evaluator should pay attention to overall patterns of an individual's aggressive behaviors when determining the best treatment approach.

Structured instruments can also be used to characterize aggression. Large-scale personality inventories, such as the Minnesota Multiphasic Personality Inventory (MMPI) and Personality Assessment Inventory (PAI), have been used for decades to infer patterns of responses consistent with aggressive tendencies. However, performing a lengthy and time-consuming personality inventory may not be practical or relevant in many circumstances. Other instruments have been developed that require less time to administer and are designed to specifically detect aggressive tendencies. These instruments include the Buss-Durkee Hostility Inventory[3] and the Brown-Goodwin Inventory.[4] These instruments were more commonly used for research purposes several decades ago, but are less often used in current studies.

Present-day investigators more commonly use instruments that rate individual aggressive acts. The most frequently used instrument in aggression studies is the Overt Aggression Scale (OAS).[5,6] The OAS guides evaluators to classify each aggressive act as one of the following: verbal aggression; physical aggression against self; physical aggression against objects; or physical aggression against other people. The evaluator also chooses from four defined degrees of severity within each scale. The final step in the OAS administration involves documenting interventions used by