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Selected Topics: Psychiatric Emergencies

ORAL MEDICATION FOR AGITATION OF PSYCHIATRIC ORIGIN: A SCOPING REVIEW OF RANDOMIZED CONTROLLED TRIALS

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Abstract—Background: Understanding more about the efficacy and safety of oral second-generation antipsychotic medications in reducing the symptoms of acute agitation could improve the treatment of psychiatric emergencies. **Objective:** The objective of this scoping review was to examine the evidence base underlying expert consensus panel recommendations for the use of oral second-generation antipsychotics to treat acute agitation in mentally ill patients. **Methods:** The Cochrane Schizophrenia Group's Study-Based Register was searched for randomized controlled trials comparing oral second-generation antipsychotics, benzodiazepines, or first-generation antipsychotics with or without adjunctive benzodiazepines, irrespective of route of administration of the drug being compared. Six articles were included in the final review. **Results:** Two oral second-generation antipsychotic medications were studied across the six included trials. While the studies had relatively small sample sizes, oral second-generation antipsychotics were similarly effective to intramuscular first-generation antipsychotics in treating symptoms of acute agitation and had similar side-effect profiles. **Conclusions:** This scoping review identified six randomized trials investigating the use of oral second-generation antipsychotic medications in the reduction of acute agitation among patients experiencing psychiatric emergencies. Further research will be necessary to make clinical recommendations due to the overall dearth of randomized trials, as well as the small sample sizes of the included studies. © 2017 Elsevier Inc. All rights reserved.

Keywords—second-generation antipsychotics; oral medication; agitation

INTRODUCTION

Agitated patients in the emergency department (ED) pose unique dangers to themselves and challenges for treatment providers. Although precise numbers are hard to determine, it is likely that as many as 1.7 million episodes of acute agitation are treated annually (1,2). During the past several years, expert consensus panels, most recently Project BETA (Best Evidence for the Evaluation and Treatment of Agitation), have called for improved humane practices to treat agitated patients (3,4). Project BETA convened more than 35 experts, including emergency psychiatrists, emergency physicians, and mental health clinicians, preferentially recommending second-generation antipsychotics (SGAs) over the more common combination of intramuscular (IM) haloperidol + lorazepam (5–7). SGAs were preferentially recommended orally, both to save patients the unpleasantness of needle sticks and to potentially save injury to nursing staff. While the recommendation relied mostly on expert consensus instead of a comprehensive survey of available literature, surveyed patients with psychotic disorders have also expressed a preference for oral medications (8,9).

A previous qualitative review on oral medications in acute agitation concluded that oral medications were at least as effective as IM injections, but it included non-randomized and observational trials (10). The objective of this study, therefore, was to survey the literature of randomized controlled trials on oral medications in mentally ill patients suffering from acute agitation utilizing methodology developed by the Cochrane Collaboration to examine the amount of evidence for the expert consensus recommendation (11,12).

METHODS

A scoping review aims to qualitatively summarize the research on a given topic without necessarily assessing risk of bias or synthesizing quantitative findings. Scoping reviews are particularly useful for clarifying further investigative directions, especially when the topic at hand has not been thoroughly explored in a rigorous fashion, and the available evidence that does exist has been acquired through relatively heterogeneous means (13).

In this scoping paper, randomized and controlled trials were included that pertained to the use of oral SGAs in the treatment of acute agitation of presumed psychiatric origin. Trials were included if they were randomized evaluations of an oral administration of at least one

SGA medication (with or without other medications at same time of administration) and contained an outcome measure of acute agitation with the majority of assessments occurring within 24 h. Trials were excluded if they were not randomized or if they did not include oral administration of SGAs. Furthermore, studies that switched between different medications or different routes of administration within the same group of patients without analyzing the potential differences induced by such changes were excluded. Finally, records of studies with a suspected cohort of patients shared between different studies or those records with patients that were a subset or duplicate analysis of a larger patient cohort were also excluded.

Identification of Records

The Cochrane Schizophrenia Group's Study-Based Register was searched on March 11, 2016. This register is compiled and updated by searches of different biomedical databases, including AMED, BIOSIS, EMBASE, MEDLINE, PsycINFO, CINAHL, PubMed, and registries of clinical trials. More information about this source, which contains randomized controlled clinical trials of patients with schizophrenia in addition to other severe mental illnesses, is available via <http://schizophrenia.cochrane.org/register-trials>. The following keywords were used: (“Oral* OR ”

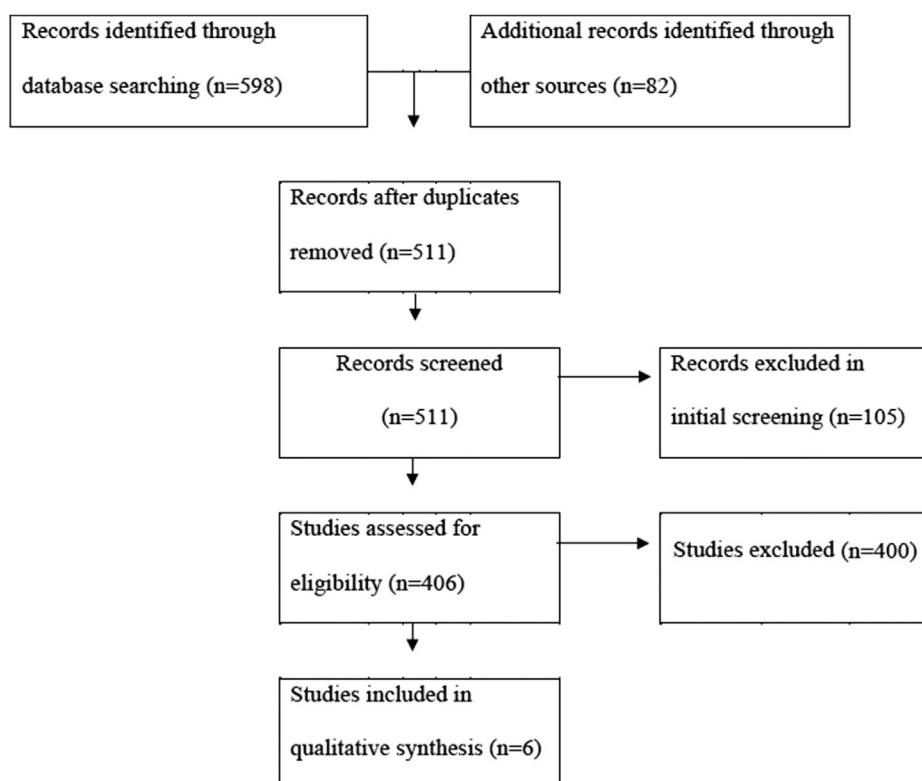


Figure 1. Flowchart of search and results.

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