
COERCED MEDICATION IN THE EMERGENCY PSYCHIATRY: DO CHANGES IN THE LEGISLATION HAVE AN INFLUENCE ON AGGRESSIVE BEHAVIOUR OF THE PATIENTS AND OTHER COERCIVE MEASURES?

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Introduction: The use of coercion in emergency psychiatry is discussed controversially.

Objectives: Concerning the constraint of coerced medication there were changes of the German Civil Code in 2012 (XII ZB 99/12) and the Saxon Law on Aid and Accommodation for Mental Diseases in early 2013 (2 BvR 228/12)

Aims: Against the background of the issue 'Coercive Treatment', we aimed on monitoring the effects of these amendments on our 18-bedded closed psychiatric ward.

Methods: We performed a pre-post-comparison (pre: 2010, post: 1st half of 2013) by using descriptive and test statistics.

Results: Socio-demographic patient data and performance data remained stable. Regarding the main diagnoses [ICD 10] F19* (pre 11.0%, post 22.0%; $p < 0.001$), F2* (pre 11.9%, post 17.6; $p < 0.01$) and F10.* -F18.* (pre 31.2%, post 18.8%; $p < 0.001$) there were significant changes in distribution. We measured a significant reduction of the administration of emergency medication, except for the intramuscular injection of Zuclopenthixol, Olanzapin and Diazepam, and for the oral application of benzodiazepines and antipsychotics after acute crisis. At the same time the ratios of assaults/self-injuries/property damages per patient day (pre 0.005, post 0.018; $p < 0.001$), physically restrained (pre 22.3%, post 28.7%; $p < 0.05$) and involuntary committed patients (pre 15.5%, post 24.1%, $p < 0.01$) augmented significantly. The average duration of involuntary commitment (excl. outliers) remained unaltered, but the variance of average duration increased ($p < 0.001$).

Conclusions: The reduction of administered benzodiazepines and antipsychotics seems to correlate with an increase of aggressive behaviour and alternative use of other coercive measures. Further research and a social discussion on this issue are required.