

W09. Workshop: MANAGEMENT OF PSYCHOMOTOR AGITATION IN THE ER: EVIDENCE BASED MEDICINE, BETWEEN GUIDELINES AND CLINICAL PRACTICE

W09

Management of psychomotor agitation in the ER: Evidence based medicine, between guidelines and clinical practice

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Educational Objectives: The participant should be able to recognize differences between guidelines and clinical practice for management of psychomotor agitation in emergency departments, from an up-to-date literature review.

Management of psychomotor agitation raises nosological, diagnostic, legal, ethical and even logistical questions for an emergency department. In spite of continuous efforts to build consensus guidelines for treatment of behavioral emergencies based on evidence (1), clinicians continue to resist the use of such guidelines. Clinicians tend to be skeptical regarding evidence-based guidelines and wary of standardized tools. Nevertheless, data from some recent studies suggest that the systematic use of guidelines is associated with better outcomes in management of psychomotor agitation.

Several aspects of the management of psychomotor agitation will be discussed:

- 1) Differential diagnosis and neurobiological basis of psychomotor agitation (Adam E, Marcoz N, Maris S, Lazignac C, Damsa C).
- 2) Expert Consensus guidelines of management of psychomotor agitation (Allen M), [1].
- 3) Heisenberg in the emergency room and psychomotor agitation (Damsa C, Allen A), [2].
- 4) Suicide and violence in the ER: the interest of standardized measures (Cailhol L, Damsa C, Kawhol, W, Cicotti A, Lazignac C, Stamatiou D).
- 5) US Expert consensus guidelines and European clinical experiences from Switzerland, Belgium, France, Luxembourg and Romania. (Lazignac C, Mihai A, Adam E, Maris S, Pull C, Damsa C).

Keywords: Emergency psychiatry, agitation, guidelines, neurobiology.

Speaker's provenience: Switzerland, France, Belgium, Germany, United States, Romania.

References

- 1 Allen MH, Currier GW, Carpenter D, Ross R, Docherty JP. The Expert Consensus Guideline Series Treatment of Behavioral Emergencies 2005 *Journal of Psychiatric Practice* 2005;11(suppl 1).
- 2 Damsa C, Ikelheimer D, Adam E, Maris S, Lazignac C, Andreoli A, Allen MH. Heisenberg in the ER: A possibly beneficial observer effect in a psychiatric emergency service. *General Hospital Psychiatry* 2006. in press.

Tuesday, 20 March 2007 S32. Symposium: FACTORS INFLUENCING DEPRESSION ENDPOINTS RESEARCH (FINDER)—A EUROPEAN STUDY

S32.01

Factors Influencing Depression Endpoints Research (finder) - A European study in depression

M. Bauer. *Department of Psychiatry, Charite University Medicine Berlin, Campus Mitte, Berlin, Germany The FINDER Study Group*

Background: Depression is a common psychiatric disorder, with the prevalence for major depression in Europe of around 5%. Depression is the fourth leading cause of disease burden worldwide. The high disease burden is reflected in the morbidity and mortality associated with the condition, in reduced functioning and well-being and in impaired quality of life. Although the efficacy of antidepressant medications are well established, their effectiveness in improving a broad range of outcomes is less clear.

Aims: Because European countries differ in their healthcare systems and practice settings for treating depression, a multinational study was initiated to examine the influence of patient and non-patient factors on quality of life outcomes in depression.

Methods: Factors Influencing Depression Endpoints Research (FINDER) is a large prospective 6-month observational study conducted in 12 European countries that investigates health-related quality of life (HRQOL) in depressed outpatients in routine primary and specialist care settings receiving standard antidepressant pharmacological treatment, and aims to assess the association of different factors such as patient demographics or reporting of previous psychiatric disorders with the patients' HRQOL.

Results: Data from 3468 patients enrolled by 437 investigators were eligible for analysis. The objectives of this presentation are to describe the background and study design of FINDER.

FINDER Study Team: Michael Bauer (Germany), Nicolas Dantchev (France), Koen Demyttenaere (Belgium), Ana Garcia-Cebrian (UK), Luigi Grassi (Italy), Angel Luis Montejo (Spain), Brigitta Monz (Germany), David Perahia (UK), Deborah Quail (UK), Catherine Reed (UK), Andre Tylee (UK).

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S32.02

Finder: Baseline results and caseness of depression

K. Demyttenaere. *Department of Psychiatry, University Hospital Gasthuisberg, Leuven, Belgium*

Introduction: The objective is to describe baseline results about whole FINDER population sample as per clinical diagnosis and "caseness" subgroups of depression and anxiety as per HADS scale.

Method: Diagnosis of depression in the FINDER Study was based on clinical judgment (Adult patients with a first or new episode of depression and initiating antidepressant medication for their depression. At baseline, information was collected about sociodemographics, psychiatric, medical and medication history. In addition, a number of self-reported scales were considered in order to evaluate patients'