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Efficacy and Tolerability of Antipsychotics in Treatment of Agitation and Aggression Following Traumatic Brain Injury (Tbi): Systematic Review of Clinical Trials

O. Mohamed Ali[1], R. A. Faruqui[1]

[1]National Brain Injury Centre kemsley, St Andrew's Academic Centre, Northampton, United Kingdom

Introduction: Aggression is a common consequence of traumatic brain injury (TBI). Agitation may be predictive of longer length of inpatient care and poor progress.

Objectives: To evaluate the efficacy and tolerability of Antipsychotics for management of aggression in TBI.

AIMS: Systematic review of RCT's to evaluate efficacy and tolerability of Antipsychotics in treatment of aggression in TBI.

Method: MEDLINE, PubMed, Psychinfo, Embase searched from 1990 till 2014**.** Search terms Brain Injury, Head injury, Traumatic Brain Injury, Agitation, Aggression, Violence, Irritability, Episodic dyscontrol, Antipsychotic medication were used.

Result: 50 papers were screened based on pre-set criteria. 3 clinical trials were identified for final analysis. 1 study compared oral haloperidol and oral droperidol; the second study compared intramuscular droperidol and haloperidol. The third study compared oral Quetiapine and Chlorpromazine.

Jadad scale was used to assess the quality of trials.1 study reached a Jadad score of 3, the other two did not score.

Better tolerability reported for Quetiapine, which was effective in reducing aggression in doses of 25mg to 300mg. Time to achieve calming was significantly shorter with intramuscular droperidol (mean = 27 minutes) compared to intramuscular haloperidol (mean = 43 minutes).Single doses of droperidol controlled agitation more frequently and with less post-episodic sedation. Oral haloperidol and droperidol did not show differences in their efficacy.

Conclusion: Overall the clinical trials were not of sufficient quality to accurately guide clinicians in the management of aggression and agitation post-TBI. The review identifies some evidence of efficacy of antipsychotic medication group in this patient population.

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