

Article: 1021

Topic: EPW04 - e-Poster Walk Session 04: Philosophy and Psychiatry, Sexual Disorders, Sexual Medicine and Mental Health, TeleMental Health, Classification, Guidelines/Guidance, Quality Management, Other

Agitation in Schizophrenia and Mania: Consensus Statement by the Austrian Society for Neuropsychopharmacology and Biological Psychiatry (OGPB)

R. Frey¹, M. Spies¹, G. Fugger¹, P. Baldinger¹, S. Kasper¹

¹Department of Psychiatry and Psychotherapy, Medical University of Vienna, Vienna, Austria

Introduction: The observance of possible somatic and environmental causes is essential to improve safety and efficacy in the treatment of agitated states. Severe agitation is considered a medical emergency requiring immediate psychopharmacologic intervention.

Objectives: To establish a clinically applicable consensus statement based on evidence- as well as eminence-based medicine with respect to schizophrenia and mania.

Methods: The recommendations given are based on information from psychopharmacologic treatment studies as well as logistic and practical factors intrinsic to clinical settings.

Results: Atypical antipsychotics given orally together with Lorazepam are considered the first-line treatment of agitated states in psychotic patients. Adequate communication with the patient is considered essential for effective oral administration. A novel alternative, Loxapine 4.5 mg or 9.1 mg (approved by the EMA 2013), is administered via an inhaler and exerts its sedative effects within 10 minutes. Inhalation may carry the benefit of greater patient acceptance. In contrast, intramuscular administration of antipsychotics is typically perceived by patients to be more invasive and persuasion or coercion may be necessary in severely ill patients. On the other hand, Aripiprazole, Haloperidole, Olanzapine and Ziprasidone show clinical efficacy within 15-30 minutes in psychopharmacologic trials when administered intramuscularly (i.m.). When taking extrapyramidal symptoms, QTc-prolongation and potential for combination with benzodiazepines into account, Aripiprazole i.m. carries the highest recommendation grade. Lorazepam may be administered intravenously. Currently, no antipsychotics are approved for intravenous administration.

Conclusion: This project gives recommendations which consider risk-benefit ratios and patient compliance.