

Satellite symposia

SAT1 - Satellite symposium: TREATING SCHIZOPHRENIA WITHOUT SEDATING THE PATIENT: GOAL OR CHALLENGE

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SAT1.01

What does agitation mean in the acute setting?

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Agitation is a frequent symptom associated with schizophrenia, mainly in the acute or impending relapse phases, and can be defined as any inappropriate, excessive motor or verbal activity. Manifestations of agitation may include excitement, hostility, aggressive and destructive behaviours, verbal abuse and extreme personal distress. Agitation has an adverse effect on many aspects of psychiatric disorders, negatively impacting patient care, caregiver experience and society as a whole. In terms of patient care, the symptoms of agitation can hinder diagnosis and treatment of the psychiatric disorder. Delayed diagnosis and treatment and its associated effects can increase the duration of hospitalization for a patient. Agitation symptoms can heighten caregiver distress, as agitated individuals are generally perceived to be acting inappropriately. Among inpatients, agitation is a common warning signal that frequently precedes an act of violence and, therefore, is among the most fear-provoking aspects for caregivers. Potentially, this can lead to increased need for institutionalization, leading to societal implications due to the increased need for emergency care and the associated costs. Also, increased hospitalization further influences the patient experience - adversely affecting patient quality of life. Thus, addressing agitation as a symptom of schizophrenia is an important therapeutic target. Given the seriousness of these symptoms and their effects, together with the fact that patients with agitation associated with psychiatric disorders frequently present in the emergency department experiencing an acute psychiatric episode, rapid, effective intervention is key. The initial treatment period is critical for optimal patient outcomes, and an ideal treatment for a patient presenting with acute agitation would: calm the patient quickly, without excessive sedation; decrease the likelihood of harm to self or others; attenuate psychosis and associated symptoms; allow initiation of a therapeutic relationship between patient and physician; be easily and effectively administered; decrease the use of seclusion and restraint; and consider both short- and long-term treatment goals and patient health.

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SAT1.02

Sedation is not the opposite of agitation

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The induction of sleep was originally considered to be a desirable therapeutic endpoint for the rapid control of agitation associated with psychotic disorders. However, it has become clear that sleep is not essential for a decrease in agitation or for the rapid improvement in core psychotic symptoms. Indeed, although the initial calming effects of treatment may be considered useful, excessive sedation or 'oversedation' is not a desirable effect, as it can interfere with both the physician's ability to interview/evaluate the patient and establish an effective therapeutic alliance with them, and with the patient's ability to participate in their treatment (e.g., answer questions, hydrate themselves). Furthermore, oversedation has the potential to mask illnesses that show central nervous system depression as a symptom, which could lead to further morbidity or mortality. Thus, although sleep may be advantageous in certain circumstances, achieving control of agitation via rapid calming rather than sedation is becoming an important therapeutic goal. Management of acute agitation has traditionally involved the use of benzodiazepines, such as lorazepam; however, problems with oversedation have led to the increased use of intramuscular antipsychotics in place of, or in combination with, benzodiazepines. Although combination treatment, for example, with intramuscular haloperidol plus intramuscular lorazepam, may provide superior efficacy to treatment with either agent alone, the sedative effects are at least as great as with the use of benzodiazepines as monotherapy. Specific calming without excessive sedation is emerging as a significant clinical advantage of intramuscular formulations of atypical antipsychotics versus conventional treatments.

SAT1.03

Appropriate treatments for agitation associated with schizophrenia: Control of acute agitation and maintenance of efficacy

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The first challenge in the treatment of acute agitation associated with schizophrenia is to control agitation without excessively sedating the patient, while also treating the symptoms of schizophrenia. Although oral formulations of antipsychotics have shown efficacy in the treatment of agitation, some agitated patients may not be able to take oral drugs and it may be necessary to use an intramuscular form of medication. Intramuscular formulations of benzodiazepines, typical antipsychotics and, more recently, atypical antipsychotics, have all