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, Stamatoiu 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

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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 Demytteneare (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

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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 soicodemographics, psychiatric, medical and medication history. In addition, a number of self-reported scales were considered in order to evaluate patients'

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symptoms and health related quality of life (HRQOL). The HADS scale was used to define caseness: non-cases (scores 0-7); doubtful cases (scores 8-10) and probable cases (scores >=11).

Results: There were 3468 eligible patients as per clinical diagnosis. Of those, 66.3% and 74.1% qualified as probable cases of depression and anxiety respectively. Mean (SD) HADS-D and HADS-A scores were 12.3[4.5] and 13.0[4.0] respectively. 55.9% of sample population had overlapping depression and anxiety ''caseness'', whilst 15.3% were ''no or doubtful caseness'' for both depression and anxiety. HRQOL as measured by mean (SD) SF-36 scores showed a descendent trend for HADS depression subgroups particularly for the mental component (33.5[10.3] ''non cases''; 26.3[8.1] ''doubtful cases'' and 18.4[7.9] ''probable cases''). This trend was also found for the HADS anxiety subscale.

Conclusion: Findings will be discussed in light of contextual differences between depression diagnosis as per clinical judgement and self-reported measures in outpatient care.

S32.03

Pain in depression

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Introduction: The objective is to describe the prevalence and nature of painful symptoms among depressive outpatients and how are they related with depressive symptoms and somatic non painful symptoms at baseline.

Methods: The FINDER study, conducted in 12 European countries in depressed outpatients in routine primary and specialist care settings provides a unique opportunity to answer these questions.

Painful symptoms were evaluated among 3468 patients enrolled by 437 investigators, using the 28-item Somatic Symptom Inventory (SSI-28) and 6 Visual Analogue Scales (1 item on overall pain and 5 items on pain characteristics: headaches, back pain, shoulder pain, interferences with daily activities and pain while awake). There was a strong correlation between the VAS overall pain score and the pain sub score of the SSI-28. The threshold score of 30 mm on the overall pain severity in combination with selected comorbidities was used to divide patients in three pain cohorts: (1) those with no/mild pain; (2) those with moderate/severe œmedically explained pain and (3) those with moderate/severe medically unexplained pain.

Results: Results showed that 1447 (43.7%) patients had no/mild pain, 550 (16,6%) had moderate/severe medically explained pain, and 1311 (39,6%) had moderate/severe medically unexplained pain. Of the different locations of pain symptoms (from the SSI-28), headaches were the most common, followed by muscle soreness and lower back pain. The mean depression score (HADS-D) was higher in patients with pain-related symptoms.

Conclusion: We studied the correlations between the measures of pain and depression. These results and their implications will be discussed.

S32.04

Prescribing patterns in the Finder study

A.T. Tylee. *Institute of Psychiatry, Kings College, London, United Kingdom Finder Study Team*

Introduction: The objective is to describe antidepressants prescribed at baseline and associated physician and patient characteristics.

Method: Physicians in 12 European countries collected data on the medication history of the patient -antidepressants, analgesics, psychotherapy- for the 24 months prior to joining the study. Information on the daily dose and start and stop dates for antidepressants and reasons for discontinuation was recorded. Data were also collected on the antidepressant being prescribed at baseline and the daily dose recommended. Descriptive baseline data and statistical associations between variables were examined to evaluate key factors influencing the choice of treatment.

Results: Out of 3468 eligible patients for analysis, 38.2% had taken an antidepressant in the previous 24 months. At baseline, patient characteristics were very similar between groups prescribed SSRI, SNRI, TCA, other drugs and combination treatments although TCA and Combination groups showed a somewhat different profile. Indeed, patients with a higher HADS depression score were more likely to receive a combination of antidepressants (Combination-13.4[5.0] vs. SSRI-12.4[4.4]; TCA-12.3[4.5]; SNRI-12.1[4.6] and Other-12.2[4.5]). At baseline, 63.3% of patients were prescribed an SSRI, 9.2% a TCA, 13.6% an SNRI, 9.3% Other and 4.6% a Combination of antidepressants. Mean (SD) doses (mg) for the five most prescribed antidepressants were: fluoxetine (20.7[7.5]), citalopram (20.9[7.9]), escitalopram (11.2[4.5]), venlafaxine (95.6[44.3]), paroxetine (21.5[7.1]).

Conclusion: Analysis of treatment selection considering investigator and patient characteristics will provide more insight of factors influencing antidepressant choice for individual patients. Findings will be discussed in light of contextual differences in various countries and other work in the area.

W10. Workshop: THE USE OF LEGAL SUBSTANCES BY PERSONS WITH SCHIZOPHRENIA

W10.01

The use of legal substances by persons with schizophrenia

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Poor diet habits and a more sedentary life may contribute to a worse physical health outcome of persons with schizophrenia, who are subjected to an increased risk of diabetes mellitus and other metabolic complications. These patients report greater euphoria and stimulatory effects in response to alcohol that may contribute to the increased risk for alcohol use disorders, which complicate the functional outcome of schizophrenia. Among subjects in this diagnostic group, those exposed to caffeine consumption tend to drink heavier amount of it, although the psychobiological implication of this finding has not been

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