

Poster presentation

## Use of coercive measures in a psychiatric sub-acute unit. 6-month review

N Moreiras, S Roda, Joan S Ribas, E Vicens, M Torres, R Moyano and Carmen M Artero\*

Address: Sant Joan de Deu-SSM, Dr Pujada 42/08830, Sant Boi de Llobregat, Spain

\* Corresponding author

from WPA Thematic Conference. Coercive Treatment in Psychiatry: A Comprehensive Review  
Dresden, Germany. 6–8 June 2007

Published: 19 December 2007

*BMC Psychiatry* 2007, **7**(Suppl 1):P8 doi:10.1186/1471-244X-7-S1-P8

This abstract is available from: <http://www.biomedcentral.com/1471-244X/7/S1/P8>

© 2007 Moreiras et al; licensee BioMed Central Ltd.

### Background

In our psychiatric hospital we have a guideline in order to regulate the use of coercive measures (isolation in special rooms and use of safety straps). These measures are the last kind of intervention we use. The guideline defines us the procedure for using the different measures, nursing and medical cares, controls, observation, etc. In this work we analyze the use of coercive measures in our psychiatric unit.

### Methods

When verbal coercion is not enough, sometimes it is necessary to use coercive measures to avoid injuries to the patient himself or to other patients. From June 2006 to December 2006, we collected the reasons to enter in an isolation-rooms unit (a special sub-unit with 10 rooms, one dining room, washrooms, medical office, sickbay, one patio) and when it was necessary to use mechanical restraint.

### Results

The sample comprised 206 patients, approximately staying for 3 months. 53.9% were male, and 46.1% were female. Average age was 40.3 years (19–77). The most frequent diagnoses were schizophrenia (58.7%), affective psychoses (9.7%), other psychoses (12.1%), use of toxic substances (6.8%), personality disorders (4.8%), and other diagnoses (7.8%). During the 6 month study period the use of the isolated-rooms unit occurred in 1,139 times (56.1%) because of a behavioral disorder, 862 times

(42.5%) because of a worsening of psychotic symptoms, and in 28 times (1.4%) because of drug abuse. It was necessary to use mechanical restraint in 89 times.

### Conclusion

The number of coercive measures are used often enough to become a management indicator in order to improve our clinical practice like attitudes of professionals, safety measures, ethical aspects or alternatives to the coercive treatment. When verbal coercion is not enough, the most frequently used coercive measure was isolation. Mechanical restraint was used only in 4% of all incidents. The most frequent reason to use the isolated-rooms unit was behavioral disorders.