

Oral presentation

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## Comparison of the clinical use of individual coercive measures during hospitalization across the EUNOMIA study sites

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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):S31 doi:10.1186/1471-244X-7-S1-S31

This abstract is available from: <http://www.biomedcentral.com/1471-244X/7/S1/S31>

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### Background

The aim of this presentation is to compare general practice of the application of coercive measures in psychiatric facilities in 13 EUNOMIA centers from 12 countries.

### Methods

Detailed data concerning individual coercive measures (i.e. physical restraints, the use of seclusion and forced medication) were gathered using a special form designed by the EUNOMIA group. In this presentation only data regarding involuntarily admitted patients were included.

### Results

In the group of 2,587 involuntarily admitted patients (average age: 38.2 y) coercive measures were used in 32.2% of them (in 55% of men and 45% of women). The frequency of the use of coercive measures in individual centers varied substantially between 9.1% in Slovakia and 59.2% in Poland. In the majority of patients more than one coercive measure was applied. In 9 centers the most frequent measure used was forced medication (mainly typical antipsychotics and benzodiazepines) and in 4 centers physical restraint. Seclusion was available in 6 countries and not very frequently used. The main reason for application of coercive measures was aggression against others. Coercive measures were usually ordered by a psychiatrist. In the majority of countries only members of medical staff were present at the time of their application; but in some countries relatives, police and others were also involved. In all countries patients were

informed about reasons, duration and form of the measure.

### Conclusion

Coercive measures are used in the group of involuntarily admitted patients in all countries participating in the EUNOMIA project. Differences in the type and frequency of their application reflect largely different cultural traditions, different legal systems and various structures and quality of mental health care.