

Relative Efficacy of Psychotropic Medications for the Management of Acute Agitation in Children and Adolescents in the Psychiatric Emergency Room

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Introduction: Physical restraints can create a 'sense of terror', causing extreme physiological reactivity that overwhelms children's capacity to regulate emotion and behavior¹ - At least 30 children in the United States have died in restraint-related incidents² - There is little guidance or standardization for use of less restrictive options, especially medications, to manage agitation and avoid restraint

Objectives Elucidate which acute agitation medications potentially lead to significantly lower need for physical restraints in the psychiatric ED - Promote provider confidence in agitation medication selection for children in an acute setting

Methods: Retrospective chart review of patients aged 5-17 years seen at Atlantic Care Regional Medical Centre psychiatric emergency room from 1/1/2019 to 12/31/2020 - Collected and analysed data of 1346 total admissions (630 males, 716 females) - 59 patients (47 males, 12 females; average age 14.1 years) received pharmacologic intervention to manage "agitation" or "aggression" - Analyzed use of physical restraint (primary outcome measure) after treatment with neuroleptic, anxiolytic and combination medication

Discussion: The largest medication subgroup was benzodiazepine administration (27% alone) - Pharmacological interventions were moderately successful with 31 (53%) patients still requiring physical restraints despite receiving medications for acute agitation - 23 (59%) who received combination medications, 6 (24%) who received anxiolytics alone, and 2 (67%) who received neuroleptics alone, subsequently required physical restraint

Conclusion: Studies such as this can be utilized by clinicians to help inform medication choices to reduce the use of physical restraints in the paediatric population - Future efforts include elucidating the presence of statistically significant difference between use of anxiolytics, neuroleptics, or combination and subsequent physical restraint use

Biography

Dr. Makani has completed his medical school from esteemed Gujarat University (Smt. NHL Medical College) and then pursued MPH from West Chester University of Pennsylvania, Unites States. He did clinical research at IV league academic institution (University of Pennsylvania) for 3 years and then pursued his psychiatry residency from Cooper University Hospital with "best resident award in clinical and research excellence". He continued this success and earned his child and adolescent psychiatry fellowship and completed from the best children's hospital in United States (Children's Hospital of Philadelphia). He has published more than 14 papers in reputed journals and also serving as reviewers in 4 journals. He is currently at Atlantic Care health System and soon going to be Director of Psychiatry Residency Training at Atlantic Care from March of 2022.