

Pharmacological Treatment of Psychomotor Agitation: An international panel for the development of clinician-supporting tools

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Introduction

Psychomotor Agitation (PA) is a highly prevalent and under-researched issue in psychiatry. Rapid Tranquilization (RT) is the assertive use of drugs to calm the patient with psychomotor agitation, allowing to diagnose and treat the underlying medical or psychiatric condition. Very rarely RT begins in ideal conditions. In real world psychiatry provisional diagnosis are common, severe agitation requires prompt treatment and rapid decisions are necessary. Clinicians who approach PA with RT do need to recall medical informations in the faster and easier possible way. Unfortunately, with few exceptions, these kind of informations are usually: not standard, very little evidence based, complicate to recall, different from a country to another, available in unfriendly format. This project aims at collecting useful informations for the treatment of patients with PA and then transform them into tools that would help clinicians in the decision making process of choosing medications for RT.

Materials and methods

As a first step we developed a questionnaire to collect the opinion of experts about the best possible approach to patients with PA. The questions in this questionnaire cover different issues to define the most favourable risk benefit ratio of RT in this population of patients. The answers to this questionnaire would define a common base of notions (info Pack) with the larger agreement possible among experts. As a second step this info pack will be elaborated and made available to clinicians in formats that would allow easy on site consultations in an emergency setting, like web sites, online platforms, smartphones app.

Conclusion

Given the difficulties in the decision making process of choosing medications for RT, we expect that this data collection will be the first step of a project that will contribute to improve the assistance of patients with PA in real world psychiatry.

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