Who Requires Restraint? Demographic and Clinical Description

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Introduction: Literature on restraint from 1972 to the present supports that injury can be prevented and agitation reduced through the application of restraint. The vast majority of inpatient programs for severely symptomatic individuals appear to find it impossible to operate without some form of physical or mechanical restraint.

Aim of the Work: The aim of the study is to investigate patients' characteristics, clinical descriptions of the restraint event and patients' response.

Patients and Methods: Forty one patients of restrained group and 82 of non restrained group were studied consecutively over 3 months in 2005 using a semi structured sheet to collect demographics and clinical presentation as well as patients' response. Data about the restraint event were also studied. Data collection and statistical analysis were done.

Results: Fifty of patients admitted experienced physical restraint. Both groups of patients were comparable for demographics and clinical characteristics. Male patients, young age, single; low grade education patients were the greater percentage. Most patients had negative emotional behavioral responses to physical restraint. There were no associations between demographics, clinical characteristics with patients' response.

Conclusion: Physical restraint as a method of treatment in acute psychiatric wards still exists. Many risk factors were described to be related to physical restraint but results in most of studies are contradictory.

Keywords: Restraint - physical, demography

Abbreviations:
ECT: Electro Convulsive Therapy.
APA: American Psychiatric Association.
DSM-IV: Diagnostic and Statistical Manual of Mental disorder, version 4.

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INTRODUCTION

Coercion is a long standing problem which has been controversially debated since the beginning of modern psychiatry and many attempts have been made to solve this problem. Almost 200 years ago, Pinl described the basic principles of safety and rights of patients in his articulation of the non punitive use of these interventions. Pinl's initiated the "no restraint" movement which allowed only transitory isolation in a padded room *(Haenel, 1982).*

When a medical model evolved in the 20th century, the use of physical therapy over social therapies was resumed principally for the treatment of mental illness. The use of electroconvulsive therapy, insulin shock, psychosurgery, and sedatives become the treatment of choice. By the mid 20th century, the use of psychopharmacology had become the predominant treatment method in America for those with mental illness *(Fitzgerald and Long, 1973).*

The growth of consumerism movement in the latter part of 20th century has challenged the use of restraint and seclusion based on human rights arguments and the availability of less restrictive alternatives, limiting the use of seclusion and restraint to emergency situation *(Richamond, et al. 1996).*

In spite of such movements, coercive practices such as seclusion and restraint remain major intervention for controlling patients aggression *(Visalli, 1997).* Some professionals defend its use as a necessary intervention while others strongly object to its use on basis of its violation of patient's right to freedom and dignity *(Sollof, et al. 1985).*

APA's task force report on seclusion and restraint described the indication as prevention of imminent harm to self or others when other means are ineffective, prevention of substantial damage to the physical environment, prevention of serious disruption to the treatment program, as contingency in the behavior therapy of dangerous behaviors, to decrease stimulation and at the patient request, the later indication agreed only by small number of authors.

The overall incidence of physical restraint use on general floors has been reported to be between 6% and 13% with an increase up to 22% for elderly patients. These variations are influenced by demographics and diagnosis of patients, environmental influences, and precipitants *(Lofgren, 1989).*

Attempts to describe patients, demographics, clinical