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INTRODUCTION

Physical restraint of patients is applied when a patient is aggressive and violent, after application of medicaments and verbal therapy have failed to produce the expected results. One of the strongest arguments for using physical restraint is the potential harm the patient can cause to himself, others or both.

OBJECTIVES

The objective of the study was to find which psychopathological manifestations required physical restraint, what diagnostic entities were related with application of physical restraint and how long the physical restraint lasted.

METHOD

The retrospective study covered 84 patients who were treated in our institution in the period between 2011 and 2012 and were physically restrained at some point during that period. Additional parameters were used in the study: 1/ diagnosis, 2/ patient's age, 3/ sex, 4/ previous application of pharmacotherapy, 5/ number of instances of physical restraint.

RESULTS

Out of the total number of patients who were physically restrained, 52.4% (n=44) of them were diagnosed with schizophrenia. Average age of the patients was 28.2. The men (92.8%, n=78) outnumbered the women. 73.8% (n=62) of them received medication prior to being physically restrained. 5.9% (n=5) of the patients were physically restrained at least twice.

CONCLUSION

If applied in the presence of precisely defined indications and after other therapeutic modalities have been exhausted, physical restraint is a therapeutic intervention. In all other cases, and particularly if used for longer than is necessary, physical restraint is a form of punishment of the patient and abuse of psychiatry.