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THE VIENNESE PSYCHIATRIC INTENSIVE CARE UNIT - THERAPEUTIC MODALITIES

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Background: Intensive care at a psychiatric intensive care unit (PICU) traditionally includes the treatment of severely ill psychiatric patients with suicidal or violent behavior [1].

Methods: A chart review was performed including 100 consecutive inpatients (52% females, age: 45.7±17.8 years) treated at the Viennese PICU between 2008-2009.

Psychopharmacotherapy and the rate of electroconvulsive therapy (ECT) in these patients is reported here.

Results: 87% of patients were treated with antipsychotics: 44% with quetiapine (447.7±421mg), 32% with risperidone (4.3±2.3mg), 25% with olanzapine (16.9±7.5mg), 20% with haloperidol (10.5±5.4mg), 16% with aripiprazole (15±8.4mg), 6% clozapine (416.7±147.2mg) and 3% ziprasidone (120±56.6mg). 36% of patients received treatment with mood stabilizers: 15% with valproic acid, 8% with lamotrigine, 6% with lithium, 4% with pregabalin, 3% with topiramate, 2% with gabapentin and 2% with oxcarbazepine. In 49% of patients antidepressants were prescribed: in 23% selective serotonin reuptake inhibitors, in 12% selective dual acting reuptake inhibitors, in 5% tricyclic antidepressants and in 33% other antidepressants (mostly trazodone or mirtazapine). 84% of patients were treated with benzodiazepines (30.3±22.4mg diazepam equivalents), in 17% the opioid nalbuphin was applied. Intravenous psychopharmacotherapy was used in 31% of cases. 10% of patients received ECT.

Conclusions: Psychotropic compounds with sedative properties are frequently used at the Viennese PICU. However, the dosages for antipsychotics do not appear to be higher than on normal psychiatric wards.

References: 1. Winkler D, Scharfetter J, Kasper S, Frey R. The Psychiatric Intensive Care Unit: Ethically and technically progressive care of somatically and psychiatrically critically ill patients. *J Hosp Ethics* 2009;3:5-8.