

Oral presentation

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Restriction of human rights during seclusion and mechanical restraint. Results of a randomized controlled study

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Background

Seclusion and restraint are widely used for people with serious mental disorders. In most countries one intervention is preferred while the other is considered as inhuman or not sufficiently safe, but identical arguments refer to different preferences. There is a lack of evidence from well-designed studies on compulsory measures in psychiatry. In a Cochrane Review on seclusion and restraint no article met the inclusion criteria of a RCT.

Methods

We conducted a cohort study with optional randomisation comparing seclusion and mechanical restraint among in-patients with diagnosis of affective or schizophrenic psychosis or personality disorders. We determined an ethical aspect as main outcome variable: the restriction of human rights from the patients' point of view, measured by a scale developed for this purpose, Human Dignity during COercive Procedures, DICOP-Score.

Results

102 out of 233 patients exposed to coercive measures within 24 months could be included, 26 could be randomized (12 seclusion, 14 restraint). There were no significant differences between the two interventions referring to DICOP-score and duration of the intervention. The burdens most frequently reported during after seclusion were "I felt lonely", "I felt my dignity was taken away" and "I couldn't understand why the measure was carried out". Most mentioned stressors in mechanical restraint were "Restriction of ability to move", "Fear to be lonely" and

"Being dependent on the help of others". Watching pictures of several alternatives in the interview, including physical restraint and net bed (not available in Germany), most patients preferred seclusion, independent of which intervention was conducted.

Conclusion

Randomized controlled trials on coercive interventions in psychiatry are feasible. Both from ethical and safety aspects the results do not yield evidence to prefer or forbid one of the interventions. Clinical decisions should take into account patients' preferences.