Rates of violent crimes decrease during periods with antipsychotics and mood stabilisers compared to periods without

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WHAT IS ALREADY KNOWN ON THIS TOPIC

The benefits of antipsychotics and mood stabilisers in the treatment of not only schizophrenia1 and bipolar disorder,2 but also major depression3 and borderline personality disorder,4 have been established with regard to relapse prevention and readmission rates. Knowledge about other important outcomes of pharmacotherapy is incomplete, specifically when it comes to violent behaviour which has emerged as a recurrent problem linked to periods with severe mental illness.5

WHAT ARE THE KEY FINDINGS OF THE STUDY?

In this population-based study (2006–2009), linked Swedish national registers were used to identify 82 647 patients (40 937 men and 41 710 women) who were prescribed antipsychotics or mood stabilisers, their psychiatric diagnoses and subsequent convictions for violent crime (2657 men (6.5%) and 604 women (1.4%)). Each patient was used as their own control by doing within-individual analyses comparing the frequency of convictions for violent crimes (according to Sweden’s national crime register) during periods when they were prescribed these medications versus the frequency when they were not receiving these medications. This method allowed the researchers to control for all confounders that remained constant within each individual during the study period.

DO THESE RESULTS CHALLENGE PRACTICES AND WHY?

The answer to this question is yes, especially with regard to forensic psychiatric settings where patients have showed a propensity to act with irritability and violence. This study confirms the stabilising effects of antipsychotics for severe mental disorders and mood stabilisers for bipolar disorders, not least with regard to concurrent symptoms of irritability and aggression. These results stress the importance of establishing and maintaining a therapeutic alliance with the patient to increase adherence to treatment, since the benefits of efficacious medication is not limited to clinical symptoms, but also to a more adaptive functionality with reduced propensity to react with aggression and violence.

REFERENCES


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