Intramuscular haloperidol-promethazine sedates violent or agitated patients more quickly than intramuscular lorazepam


Is lorazepam an effective alternative to haloperidol-promethazine for rapid tranquilisation of violent or agitated psychiatric patients?

METHODS

Design: Randomised controlled trial.
Allocation: Not reported.
Blinding: Assessors for primary outcome were blind to treatment allocation. Other assessors were unblinded.
Follow up period: Four hours.
Setting: Psychiatric emergency services at a medical college in Vellore in Tamil Nadu, India in 2002.
Patients: 200 people with disruptive behaviour requiring intramuscular sedation at presentation to emergency psychiatric services. People at risk of complication from either treatment were excluded. Participants had a range of psychiatric diagnoses (psychoses, affective disorders, and substance misuse).
Intervention: Intramuscular haloperidol (10 mg) plus promethazine (25 or 50 mg, at physician’s discretion) or intramuscular lorazepam (4 mg).
Outcomes: Proportion of participants tranquil or asleep at 4 hours; time to achieve a tranquil or sleep state.
Patient follow up: 100% for lorazepam group and 99% for haloperidol-promethazine at 4 hours.

MAIN RESULTS

There was no significant difference between treatment groups in proportion of participants tranquil or asleep at 4 hours (96/100 in each group; RR 1.0, 95% CI 0.94 to 1.06). However, haloperidol-promethazine significantly reduced time to tranquillisation and sleep (mean time to tranquillisation: 47.8 minutes with lorazepam vs 29.7 minutes with haloperidol-promethazine; p = 0.0001; mean time to sleep: 80.6 minutes with lorazepam vs 37.4 minutes with haloperidol-promethazine; p < 0.0001).

CONCLUSIONS

Intramuscular haloperidol and promethazine sedates violent or agitated patients more quickly than intramuscular lorazepam.
Intramuscular haloperidol-promethazine sedates violent or agitated patients more quickly than intramuscular lorazepam.

Evid Based Mental Health 2005 8: 7
doi: 10.1136/ebmh.8.1.7

Updated information and services can be found at:
http://ebmh.bmj.com/content/8/1/7

These include:

References
This article cites 2 articles, 2 of which you can access for free at:
http://ebmh.bmj.com/content/8/1/7#BIBL

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Topic Collections
Articles on similar topics can be found in the following collections

- Emergency medicine (52)
- Clinical trials (epidemiology) (989)
- Epidemiology (1570)
- Schizophrenia spectrum (430)

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/