

Oral presentation

## Rapid control of agitation in patients with schizophrenia

J Yesavage\*

Address: Professor of Psychiatry, Director of the Aging Clinical Research Center, Stanford University School of Medicine, California USA

\* Corresponding author

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Ziprasidone IM is a short-acting formulation indicated for the rapid control of agitation in patients with schizophrenia, when oral therapy is not appropriate. It is usually used for a maximum of 3 consecutive days. The recommended dosing is 10 mg administered as required up to a maximum dose of 40 mg/day and doses of 10 mg may be administered every 2 hours. Some patients may require an initial dose of 20 mg, which can be followed by a further dose of 10 mg after 4 hours. Thereafter, doses of 10 mg may be given every 2 hours up to the maximum daily dose of 40 mg. This preparation is only for intramuscular use and may be used concomitantly with benzodiazepines. Several controlled clinical trials have documented the safety and efficacy of Ziprasidone IM when used as described in the package insert. In a the 7-day study versus haloperidol Ziprasidone IM was superior to haloperidol IM in reducing symptoms of acute schizophrenia as measured by the BPRS and CGI-S scales. Ziprasidone also demonstrated significantly greater improvement than haloperidol in the BPRS total score in a 6-week study versus haloperidol at the end of the IM phase. Finally, the transition from IM to oral therapy was smooth, with continued improvement in efficacy, as measured by the BPRS total score. In the United States accreditation of Mental Health facilities includes close scrutiny of every episode of restraint in acute psychiatry. Documentation of each episode is carefully verified and data collected longitudinally. Every effort needs to be made to make episodes few as possible and short as possible. I will discuss how Ziprasidone IM can play a role in the attempt to reduce duration of episodes of restraint.