

Oral presentation

## Pharmacotherapy of aggression

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When assessing patients with aggression, the clinician should focus on careful history taking to diagnose any medical condition that could underlie the aggressive behavior. A wide range of medications are effective in the treatment and prophylaxis of aggression. Antipsychotics are the most commonly used medications for the treatment of acute and chronic aggression that derives from psychosis. Benzodiazepines may also be indicated for the treatment of acute aggression. Intramuscular lorazepam is an effective medication for the emergency treatment of aggressive patients. When aggression persists beyond several weeks maintenance treatment is indicated, guided by the underlying illness that is responsible for the aggressive behavior. In psychotic patients, if the aggression persists in the absence of psychotic symptoms, other medications, such as antimanic and anticonvulsants, anxiolytics, antidepressants and b-blockers can be used. Lithium and anticonvulsants (carbamazepine, valproate) have been shown to be of value in the treatment of aggression in patients with bipolar disorder as well as in patients with mental retardation, traumatic brain injury, in children and adolescents, in prison inmates and in patients with dementias. Antidepressants (SSRIs), acting on the serotonergic system, and buspirone, a serotonin 1A agonist, have been reported to be useful in the treatment of aggression associated with brain disorders. Finally it has been shown that b-blockers (propranolol, nadolol and pindolol) are specific and effective agents for the treatment of aggression in patients with neuropsychiatric disorders. However, the side effects of the above agents often complicate treatment.