

Best Evidence Summaries of Topics in Mental Healthcare

BEST *in* **MH** *clinical question-answering service*

Question

“In adults in secure settings with psychosis presenting with aggressive behaviour, which medication regimes are the most effective in reducing psychotic symptoms and aggression?”

Clarification of question using PICO structure

Patients: In adults in secure settings with psychosis presenting with aggressive behaviour

Intervention: Medication regime

Comparator: Any other medication regimes

Outcome: Reducing psychotic symptoms and aggression

Clinical and research implications

No relevant, high quality evidence was identified.

What does the evidence say?

Number of included studies/reviews (number of participants)

N/A

Main Findings

N/A

Authors Conclusions

N/A

Reliability of conclusions/Strength of evidence

N/A

What do guidelines say?

NICE guidelines for psychosis and schizophrenia do not specifically discuss medication regimes for violent or aggressive behaviour. It refers to the guidelines for violence on inpatient psychiatric wards (CG25) when dealing with behaviour that challenges. It does not discuss consistent medications only making the following recommendations regarding rapid tranquilisation for service users with psychosis;

“When the behavioural disturbance occurs in the context of psychosis, to achieve early onset of calming/sedation, or to achieve a lower dose of antipsychotic, an oral antipsychotic in combination with oral lorazepam, should be considered in the first instance.” (pp. 50)

“Where rapid tranquilisation through oral therapy is refused, is not indicated by previous clinical response, is not a proportionate response, or is ineffective, a combination of an intramuscular antipsychotic and an intramuscular benzodiazepine (i/m haloperidol and i/m lorazepam) is recommended.”

“In the event of moderate disturbance in service users with psychosis, i/m olanzapine* may also be considered. Intramuscular lorazepam should not be given within one hour of i/m olanzapine. Oral lorazepam should be used with caution.

** The manufacturer has issued a warning that use outside of the details contained within the summary of Product Characteristics may increase the risk of fatality.”*

“There is not sufficient evidence that the safety of either combination of i/m haloperidol with i/m promethazine or i/m midazolam alone has been sufficiently demonstrated in the UK. However, it has been shown to be effective and relatively safe elsewhere. The GDG is therefore not able to recommend either for routine psychiatric practice in the UK.”

“Sufficient time should be allowed for clinical response between intramuscular (i/m) doses of medications for rapid tranquilisation.”

“The use of two drugs of the same class for the purpose of rapid tranquillisation should not occur.” (pp.51)

“When using i/m haloperidol as a means of managing disturbed/violent behaviour, an antimuscarinic agent, such as procyclidine or benztropine, should be immediately available to reduce the risk of dystonia and other extrapyramidal side effects, and should be given intramuscularly or intravenously as per manufacturer’s recommendations.”

“Intravenous administration of benzodiazepines or haloperidol should not normally be used except in very exceptional circumstances, which should be specified and recorded. This decision should not be made by junior medical staff in isolation.”

“In very exceptional circumstances, which should be specified and recorded, i/m haloperidol in combination with i/m promethazine, or i/m midazolam alone may be considered as an alternative to intravenous administration of benzodiazepines or haloperidol. This decision should not be made by junior staff without discussion with the senior on-call psychiatrist.”

“Zuclopenthixol acetate injection is not recommended for rapid tranquillisation due to long onset and duration of action. However, zuclopenthixol acetate injection may be considered as an option for rapid tranquillisation when:

- it is clearly expected that the service user will be disturbed/violent over an extended period of time
- a service user has a past history of good and timely response to zuclopenthixol acetate injection
- a service user has a past history of repeated parenteral administration
- an advance directive has been made indicating that this is a treatment of choice.” (pp.52)

“It should never be administered to those without any previous exposure to antipsychotic medication. The British National Formulary (BNF) and manufacturer’s summary of product characteristics (SPC) should be consulted regarding its use.”

“The following medications are not recommended for rapid tranquillisation.

- Intramuscular or oral chlorpromazine or oral (a local irritant if given intramuscularly; risk of cardiovascular complications; causes hypotension due to α -adrenergic receptor blocking effects, especially in the doses required for rapid tranquillisation; is erratically absorbed; its effect on QTc intervals suggests that it is unsuitable for use in rapid tranquillisation).
- Intramuscular diazepam.
- Thioridazine.
- Intramuscular depot antipsychotics.
- Olanzapine or risperidone should not be used for the management of disturbed/violent behaviour in service users with dementia.”(pp. 53)

“When using rapid tranquillisation there may be certain circumstances in which the current BNF uses and limits and SPC may be knowingly exceeded (for example, for lorazepam). This decision should not be taken lightly and the risks should not be underestimated. A risk–benefit analysis should be recorded in the case notes and a rationale should be recorded in the care plan. Where the risk–benefit is unclear, advice may be sought from clinicians not directly involved in the service user’s care.” (pp.54)

| Medication | Time to max plasma concentration | Approx plasma half-life | Licensed indications as at August 2004 (see current summary of product characteristics [SPC]) | Notes |
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| Haloperidol injection (SPC) | 15–60 min (SPC and http://www.intox.org/databank/documents/pharm/haloperi/ukpid24.htm) | 10–36h (SPC and http://www.intox.org/databank/documents/pharm/haloperi/ukpid24.htm) | Schizophrenia: treatment of symptoms and prevention of relapse <ul style="list-style-type: none"> • Other psychoses; especially paranoid • Mania and hypomania • Mental or behavioural problems such as aggression, hyperactivity and self mutilation in the mentally retarded and in patients with organic brain damage • As an adjunct to short-term management of moderate to severe psychomotor agitation, excitement, violent or dangerously impulsive behaviour • Nausea and vomiting | |
| Haloperidol oral solution (SPC) | 2–6h (http://www.intox.org/databank/documents/pharm/haloperi/ukpid24.htm) | 10–36h (http://www.intox.org/databank/documents/pharm/haloperi/ukpid24.htm) | Schizophrenia and other psychoses <ul style="list-style-type: none"> • Short-term adjunctive management of psychomotor agitation, excitement, violent or dangerously impulsive behaviour, mental or behavioural disorders especially when associated with hyperactivity and aggression, short term adjunctive management of severe anxiety, restlessness and agitation in the elderly, intractable hiccup, nausea and vomiting, Gilles de la Tourette syndrome and severe tics. | |
| Haloperidol tablets (SPC) | 2–6 h (http://www.intox.org/databank/documents/pharm/haloperi/ukpid24.htm) | 1–36h (http://www.intox.org/databank/documents/pharm/haloperi/ukpid24.htm) | Schizophrenia and other psychoses <ul style="list-style-type: none"> • Short-term adjunctive management of psychomotor agitation, excitement, violent or dangerously impulsive behaviour, mental or behavioural disorders especially when associated | |

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| | | | with hyperactivity and aggression, short term adjunctive management of severe anxiety, restlessness and agitation in the elderly, intractable hiccup, nausea and vomiting, Gilles de la Tourette syndrome and severe tics. | |
| Lorazepam injection (SPC) | 60–90 min | 12–16h | Preoperative medication or premedication for uncomfortable or prolonged investigations <ul style="list-style-type: none"> • The treatment of acute anxiety states, acute excitement or acute mania • The control of status epilepticus. | |
| Lorazepam tablets (SPC) | 2h | 12h | Short-term treatment of moderate and severe anxiety <ul style="list-style-type: none"> • Short-term treatment of anxiety in psychosomatic, organic and psychotic illness • Short-term treatment of insomnia associated with anxiety • Premedication before operative dentistry and general surgery. | |
| Olanzapine dispersible tablets (SPC) | 5–8h | 32–50h | Treatment of schizophrenia <ul style="list-style-type: none"> • Maintaining the clinical improvement during continuation therapy in patients who have shown an initial treatment response • Treatment of moderate to severe manic episode • In patients whose manic episode has responded to olanzapine treatment, olanzapine is indicated for the prevention of recurrence in patients with bipolar disorder. | Not approved for the treatment of dementia-related psychosis and/or behavioural disturbances. |
| Olanzapine injection (SPC) | 15–45 min | 32–50h | Indicated for the rapid control of agitation and disturbed behaviours in patients with schizophrenia or manic episode, when oral | |

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| | | | therapy is not appropriate. Treatment with Olanzapine Powder for Solution for Injection should be discontinued, and the use of oral olanzapine should be initiated, as soon as clinically appropriate. | |
| Olanzapine tablets (SPC) | 5–8h | 32–50h | Treatment of schizophrenia <ul style="list-style-type: none"> • Maintaining the clinical improvement during continuation therapy in patients who have shown an initial treatment response • Treatment of moderate to severe manic episode • In patients whose manic episode has responded to olanzapine treatment, olanzapine is indicated for the prevention of recurrence in patients with bipolar disorder. | |
| Risperidone dispersible tablets (SPC) | 1–2h | 24h | The treatment of acute and chronic schizophrenic psychoses, and other psychotic conditions, in which positive or negative symptoms are prominent <ul style="list-style-type: none"> • Maintaining the clinical improvement during continuation therapy in patients who have shown an initial treatment response • Treatment of mania in bipolar disorder | |
| Risperidone liquid (SPC) | 1–2h | 24h | The treatment of acute and chronic schizophrenic psychoses, and other psychotic conditions, in which positive or negative symptoms are prominent <ul style="list-style-type: none"> • Maintaining the clinical improvement during continuation therapy in patients who have shown an initial treatment response • Treatment of mania in bipolar disorder | |
| Risperidone | 1–2h | 24h | The treatment of acute and | |

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| tablets (SPC) | | | chronic schizophrenic psychoses, and other psychotic conditions, in which positive or negative symptoms are prominent <ul style="list-style-type: none"> • Maintaining the clinical improvement during continuation therapy in patients who have shown an initial treatment response • Treatment of mania in bipolar disorder | |
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(pp. 58-59)

Date question received: 13/01/2014

Date searches conducted: 12/11/2013

Date answer completed: 24/02/2014

REFERENCES

Guidelines

National Institute for Health and Care Excellence (2005) Violence. The short-term management of disturbed/violent behaviour in in-patient psychiatric settings and emergency departments. CG25
London: National Institute for Health and Care Excellence.

<http://www.nice.org.uk/nicemedia/live/10964/29715/29715.pdf>

Search Details

| Source | Search Strategy | Number of hits | Relevant evidence identified |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------|
| <i>SRs and Guidelines</i> | | | |
| NICE | Medication AND psychosis | 129 | 1 |
| DARE | (forensic* OR secure* OR prison*) IN DARE 111 Delete 2 (offence* OR offense* OR offend*) IN DARE 69 Delete 3 (deviant* OR delinquen*) IN DARE 30 Delete 4 (crime* or criminal*) IN DARE 97 Delete 5 MeSH DESCRIPTOR Forensic Psychiatry EXPLODE ALL TREES 22 Delete 6 MeSH DESCRIPTOR Forensic Nursing EXPLODE ALL TREES 0 Delete 7 MeSH DESCRIPTOR Criminals EXPLODE ALL TREES 6 Delete 8 MeSH DESCRIPTOR Criminal Psychology EXPLODE ALL TREES 3 Delete 9 #1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 | 249 | 0 |
| <i>Primary studies</i> | | | |
| CENTRAL | 1 MeSH descriptor: [Forensic Psychiatry] explode all trees #2 MeSH descriptor: [Criminals] explode all trees #3 "secure services" #4 "secure care" #5 "secure psychiatric" #6 "secure treatment" #7 "secure settings" #8 "secure hospital" #9 "low secure" or "low security" #10 "medium secure" or "medium security" #11 "high secure" or "high security" #12 "forensic mental health" #13 "forensic psychiatric patient" | 661 | 0 |

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| | <p>#14 "forensic service" #15 "forensic hospital" #16 "forensic setting" #17 "forensic unit" #18 "forensic inpatient" #19 "mentally disordered offender" #20 "mentally ill prisoner" #21 "mentally ill offender" #22 correctional #23 "correctional institution" #24 "mental institution" #25 "psychiatric institution" #26 "forensic institution" #27 offender #28 #1 or #2 or #3 or #4 or #5 or #6 #29 #7 or #8 or #9 or #10 or #11 or #12 #30 #14 or #15 or #16 or #17 or #19 or #22 #31 #23 or #24 or #25 or #27 #32 #28 or #29 or #30 or #31 = 856 Central only 661</p> | | |
| PsycINFO | <p>1. PsycINFO; "secure service*".ti,ab; 123 results. 2. PsycINFO; (secure adj3 service*).ti,ab; 272 results. 3. PsycINFO; "secure care".ti,ab; 119 results. 4. PsycINFO; "secure psychiatric".ti,ab; 187 results. 5. PsycINFO; "secure treatment".ti,ab; 27 results. 6. PsycINFO; "secure setting*".ti,ab; 189 results.</p> | 2377 | 0 |

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| <p>7. PsycINFO; (secure adj3 hospital*).ti,ab; 267 results.</p> <p>8. PsycINFO; ("low secur*" OR "medium secur*" OR "high secur*").ti,ab; 1120 results.</p> <p>9. PsycINFO; (forensic adj3 psychiat*).ti,ab; 3367 results.</p> <p>10. PsycINFO; (forensic adj3 mental*).ti,ab; 934 results. 11. PsycINFO; (forensic adj3 service*).ti,ab; 660 results. 12. PsycINFO; "forensic mental health*".ti,ab; 737 results.</p> <p>13. PsycINFO; "forensic psychiatric patient*".ti,ab; 202 results.</p> <p>14. PsycINFO; "forensic hospital*".ti,ab; 259 results.</p> <p>15. PsycINFO; "forensic setting*".ti,ab; 758 results.</p> <p>16. PsycINFO; "forensic unit*".ti,ab; 125 results.</p> <p>17. PsycINFO; "mentally disordered offender*".ti,ab; 546 results.</p> <p>18. PsycINFO; "mentally ill prisoner*".ti,ab; 61 results.</p> <p>19. PsycINFO; "mentally ill offender*".ti,ab; 333 results.</p> <p>20. PsycINFO; (correction* adj3 mental).ti,ab; 305 results.</p> <p>21. PsycINFO; (correction* adj3 psychiatric).ti,ab; 88 results.</p> <p>22. PsycINFO; (institution adj3 mental).ti,ab; 257 results.</p> <p>23. PsycINFO; (institution adj3 psychiatric).ti,ab; 356 results.</p> <p>24. PsycINFO; (institution adj3 forensic).ti,ab; 26 results.</p> | | |
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| <p>25. PsycINFO; offender.ti,ab; 8299 results.</p> <p>26. PsycINFO; FORENSIC PSYCHIATRY/ OR FORENSIC PSYCHOLOGY/; 6475 results.</p> <p>27. PsycINFO; MENTALLY ILL OFFENDERS/; 3069 results.</p> <p>28. PsycINFO; 1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17 OR 18 OR 19 OR 20 OR 21 OR 22 OR 23 OR 24 OR 25 OR 26 OR 27; 20441 results.</p> <p>29. PsycINFO; CLINICAL TRIALS/; 7255 results.</p> <p>30. PsycINFO; random*.ti,ab; 125549 results.</p> <p>31. PsycINFO; groups.ti,ab; 358349 results.</p> <p>32. PsycINFO; (double adj3 blind).ti,ab; 17527 results.</p> <p>33. PsycINFO; (single adj3 blind).ti,ab; 1361 results.</p> <p>34. PsycINFO; EXPERIMENTAL DESIGN/; 8913 results.</p> <p>35. PsycINFO; controlled.ti,ab; 78226 results.</p> <p>36. PsycINFO; (clinical adj3 study).ti,ab; 7702 results.</p> <p>37. PsycINFO; trial.ti,ab; 66156 results.</p> <p>38. PsycINFO; "treatment outcome clinical trial".md; 25761 results.</p> <p>39. PsycINFO; 29 OR 30 OR 31 OR 32 OR 33 OR 34 OR 35 OR 36 OR 37 OR 38; 553772 results.</p> <p>40. PsycINFO; 28 AND 39; 3441 results.</p> | | |
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| | <p>41. PsycINFO; 40 [Limit to: (Publication Types 0100 Journal or 0110 Peer-Reviewed Journal or 0120 Non-Peer-Reviewed Journal) and (Document Types Journal Article or Reviews)]; 2377 results.</p> <p>42. PsycINFO; 41 [Limit to: (Publication Types 0100 Journal or 0110 Peer-Reviewed Journal or 0120 Non-Peer-Reviewed Journal) and (Document Types Journal Article or Reviews) and Publication Year 1860-1980]; 170 results.</p> <p>43. PsycINFO; 41 [Limit to: (Publication Types 0100 Journal or 0110 Peer-Reviewed Journal or 0120 Non-Peer-Reviewed Journal) and (Document Types Journal Article or Reviews) and Publication Year 1981-1990]; 306 results.</p> <p>44. PsycINFO; 41 [Limit to: (Publication Types 0100 Journal or 0110 Peer-Reviewed Journal or 0120 Non-Peer-Reviewed Journal) and (Document Types Journal Article or Reviews) and Publication Year 1991-2000]; 468 results.</p> <p>45. PsycINFO; 41 [Limit to: (Publication Types 0100 Journal or 0110 Peer-Reviewed Journal or 0120 Non-Peer-Reviewed Journal) and (Document Types Journal Article or Reviews) and Publication Year 2001-2005]; 475 results.</p> <p>46. PsycINFO; 41 [Limit to: (Publication Types 0100 Journal or 0110 Peer-Reviewed Journal or 0120 Non-Peer-Reviewed Journal) and (Document Types Journal Article or Reviews) and Publication Year 2006-2014]; 959 results.</p> | | |
| Embase | <p>1. EMBASE; (secure adj3 service*).ti,ab; 273 results.</p> <p>2. EMBASE; "secure care".ti,ab; 82 results.</p> <p>3. EMBASE; "secure treatment".ti,ab; 43 results.</p> <p>4. EMBASE; "secure psychiatric".ti,ab; 155 results.</p> <p>5. EMBASE; (secure adj3 psychiat*).ti,ab; 218 results.</p> <p>6. EMBASE; (secure adj3 setting).ti,ab; 95 results.</p> <p>7. EMBASE; (secure adj3 hospital).ti,ab; 198 results.</p> | 1063 | 0 |

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| <p>9. EMBASE; "low secur*".ti,ab; 85 results.</p> <p>10. EMBASE; "medium secur*".ti,ab; 401 results.</p> <p>11. EMBASE; "high secur*".ti,ab; 623 results.</p> <p>12. EMBASE; (forensic adj3 mental*).ti,ab; 506 results.</p> <p>13. EMBASE; (forensic adj3 psychiatr*).ti,ab; 3588 results.</p> <p>14. EMBASE; (forensic adj3 service*).ti,ab; 818 results.</p> <p>15. EMBASE; (forensic adj3 hospital*).ti,ab; 555 results.</p> <p>17. EMBASE; (forensic adj3 unit*).ti,ab; 290 results.</p> <p>18. EMBASE; (forensic adj3 setting*).ti,ab; 640 results.</p> <p>19. EMBASE; (forensic adj3 inpatient).ti,ab; 109 results.</p> <p>20. EMBASE; (mental* adj3 prisoner*).ti,ab; 245 results.</p> <p>21. EMBASE; (correction* adj3 mental*).ti,ab; 137 results.</p> <p>22. EMBASE; (correction* adj3 psychiatr*).ti,ab; 95 results.</p> <p>23. EMBASE; (institution adj3 mental*).ti,ab; 398 results.</p> <p>25. EMBASE; (institution adj3 psychiatr*).ti,ab; 378 results.</p> <p>26. EMBASE; (institution adj3 forensic).ti,ab; 28 results.</p> <p>27. EMBASE; offender*.ti,ab; 10094 results.</p> <p>28. EMBASE; FORENSIC PSYCHIATRY/; 12171 results.</p> <p>29. EMBASE; 1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 17 OR 18 OR 19 OR 20 OR 21 OR 22 OR 23 OR 25 OR 26 OR 27 OR 28; 24880 results.</p> <p>30. EMBASE; random*.tw; 877206 results.</p> <p>31. EMBASE; factorial*.tw; 22828 results.</p> <p>32. EMBASE; placebo*.tw; 200654 results.</p> <p>33. EMBASE; (crossover* OR cross-over*).tw; 69594 results.</p> <p>34. EMBASE; (doubl* adj3 blind*).tw; 143828 results.</p> <p>35. EMBASE; (singl* adj3 blind*).tw; 16662 results.</p> <p>36. EMBASE; assign*.tw; 238638 results.</p> <p>37. EMBASE; allocat*.tw; 82500 results.</p> <p>38. EMBASE; volunteer*.tw; 177304 results.</p> | | |
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| | <p>39. EMBASE; CROSSOVER PROCEDURE/; 39628 results.</p> <p>40. EMBASE; DOUBLE-BLIND PROCEDURE/; 119883 results.</p> <p>41. EMBASE; SINGLE-BLIND PROCEDURE/; 18864 results.</p> <p>42. EMBASE; RANDOMIZED CONTROLLED TRIAL/; 365165 results.</p> <p>43. EMBASE; 30 OR 31 OR 32 OR 33 OR 34 OR 35 OR 36 OR 37 OR 38 OR 39 OR 40 OR 41 OR 42; 1413764 results.</p> <p>44. EMBASE; 29 AND 43; 1063 results.</p> | | |
| Medline | <p>30. MEDLINE; (secure adj3 service*).ti,ab; 175 results.</p> <p>31. MEDLINE; "secure care".ti,ab; 46 results.</p> <p>32. MEDLINE; "secure treatment".ti,ab; 31 results.</p> <p>33. MEDLINE; "secure psychiatric".ti,ab; 83 results.</p> <p>34. MEDLINE; (secure adj3 psychiat*).ti,ab; 127 results.</p> <p>35. MEDLINE; (secure adj3 setting).ti,ab; 58 results.</p> <p>36. MEDLINE; (secure adj3 hospital).ti,ab; 118 results.</p> <p>37. MEDLINE; "low secur*".ti,ab; 51 results.</p> <p>38. MEDLINE; "medium secur*".ti,ab; 211 results.</p> <p>39. MEDLINE; "high secur*".ti,ab; 350 results.</p> <p>40. MEDLINE; (forensic adj3 mental*).ti,ab; 314 results.</p> <p>41. MEDLINE; (forensic adj3 psychiat*).ti,ab; 2442 results.</p> <p>42. MEDLINE; (forensic adj3 service*).ti,ab; 539 results.</p> <p>43. MEDLINE; (forensic adj3 hospital*).ti,ab; 364 results.</p> <p>44. MEDLINE; (forensic adj3 unit*).ti,ab; 190 results.</p> <p>45. MEDLINE; (forensic adj3 setting*).ti,ab; 417 results.</p> <p>46. MEDLINE; (forensic adj3 inpatient).ti,ab; 68 results.</p> <p>47. MEDLINE; (mental* adj3 prisoner*).ti,ab; 188 results.</p> <p>48. MEDLINE; (correction* adj3 mental*).ti,ab; 110 results.</p> <p>49. MEDLINE; (correction* adj3 psychiat*).ti,ab; 75 results.</p> <p>50. MEDLINE; (institution adj3 mental*).ti,ab; 383 results.</p> <p>51. MEDLINE; (institution adj3 psychiat*).ti,ab; 290 results.</p> <p>52. MEDLINE; (institution adj3 forensic).ti,ab; 20 results.</p> <p>53. MEDLINE; offender*.ti,ab; 7308 results.</p> | 2153 | 0 |

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| | 54. MEDLINE; FORENSIC PSYCHIATRY/; 7832 results. 55. MEDLINE; 30 OR 31 OR 32 OR 33 OR 34 OR 35 OR 36 OR 37 OR 38 OR 39 OR 40 OR 41 OR 42 OR 43 OR 44 OR 45 OR 46 OR 47 OR 48 OR 49 OR 50 OR 51 OR 52 OR 53 OR 54; 17259 results. 56. MEDLINE; "randomized controlled trial".pt; 359830 results. 57. MEDLINE; "controlled clinical trial".pt; 86999 results. 58. MEDLINE; randomi?ed.ab; 334941 results. 59. MEDLINE; randomly.ab; 204307 results. 60. MEDLINE; trial.ab; 289275 results. 61. MEDLINE; groups.ab; 1307773 results. 62. MEDLINE; 56 OR 57 OR 58 OR 59 OR 60 OR 61. 1891339 results. 62. MEDLINE; 55 AND 62; 2153 results. | | |
| Summary | NA | NA | |

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