

Ekstraktion af data og kvalitetsvurdering af inkluderede studier

PICO 1

Forfatter år	Population	Intervention	Control	Outcomes	Experimentel – data	Control – data
Abderhalden C et al, 2008	The majority of patients had an acute psychiatric disorder (b) patients were admitted directly onto the ward (c) patients usually stayed less than 3 months on the ward (d) patients were older than 18 years and younger than 65 years (e) the ward admitted all potential patients and was not specialised for the treatment of specific disorders (e.g. depression, addiction).	The intervention comprised a standardised risk assessment following admission with mandatory evaluation of prevention in highrisk patients. Assessment for every new patient during the first 3 days of hospitalisation.	No systematic assessment of risk behaviour. assessment of	Aggression incidents (aggressive episode) Aggressive patients Patients treated with seclusion (Patienter der behandles med isolering) Coercion (Patienter der behandles med tvangsofranstaltninger) Restrain (Patienter der bæltefikseres)	38/390 Not reported Not reported 146/364 Not reported	51/364 Not reported Not reported 135/390 Not reported

	Inkluderede i alt 2.573 patients					
van de Sande R, el al2011	All patients admitted during the study period (n = 597) were included in the trial. The average length of stay in the wards was approximately 3 weeks, mostly involuntarily (62%). Most patients were diagnosed with a psychotic disorder (58%).	Patients were monitored daily by psychiatric nurses on the experimental wards by means of risk assessment scales, from the first day of admission until discharge or transfer to another ward.	No systematic assessment of risk behavior. assessment of	Aggression incidents (aggressive episode) Aggressive patients Patients treated with seclusion (Patienter der behandles med isolering) Coercion (Patienter der behandles med tvangsofranstaltninger) Restrain (Patienter der bæltefikseres)	52/207 29/207 60/207 Not reported Not reported	49/80 13/80 28/80 Not reported Not reported
Hvidhjelm J et al, 2016	All patients admitted during the study period were included in the intervention partstudy (n = 1.090). Wards that had a risk of aggression of less than 2% (low aggression wards) were allocated to the control group, the six wards with a	All aggressive or violent incidents were recorded during the project phases. follow-up data were collected over three months, during which the intervention wards continued to use the BVC,	All aggressive or violent incidents were recorded during the project phase. The control wards continued "care as usual care". Not	Aggression incidents (aggressive episode) Aggressive patients Patients treated with seclusion (Patienter der behandles med isolering) Coercion (Patienter der behandles med tvangsofranstaltninger)	663/519 151/519 Not reported Not reported	996/571 192/571 Not reported Not reported

	<p>risk between 2% to 7% (medium aggression wards) were randomized to either the control or intervention group, and the five wards with a risk of aggression of greater than 7% (high aggression wards) were assigned to the intervention group.</p>	<p>on each patients during the admission 3 times a day.</p>	<p>using BVC.</p>	<p>Restrain (Patienter der bæltefikseres)</p>	<p>Not reported</p>	<p>Not reported</p>
<p>Blair EW et al, 2017</p>	<p>The study sample consisted of consecutive admissions to a 120-bed psychiatric service. Age 12-65 years. Baseline data (e.g., the number and duration of seclusion/restraint events and demographic data) were from all consecutive admissions during the year prior to introduction of the intervention (October 2008–</p>	<p>The BVC was incorporated into the required daily documentation and was completed by a physician on admission and by nursing staff during each of the three nursing shifts throughout the hospitalization.</p>	<p>No systematic recording or assessment of risk behavior.</p>	<p>Aggression incidents (aggressive episode)</p> <p>Aggressive patients</p> <p>Patients treated with seclusion (Patienter der behandles med isolering)</p> <p>Coercion (Patienter der behandles med tvangsofranstaltninger)</p> <p>Restrain (Patienter der bæltefikseres)</p>	<p>Not reported</p> <p>Not reported</p> <p>213/8.029</p> <p>Not reported</p> <p>412/8.029</p>	<p>Not reported</p> <p>Not reported</p> <p>358/3.884</p> <p>Not reported</p> <p>215/3.885</p>

	September 2009, n = 3884). The study sample consisted of all consecutive admissions after the intervention was fully implemented (October 2010–September 2012, n = 8029).					
Needham I et al, 2004	During the 10-month study period, 576 patients (mean age 38 years, range 15–88 years) accounted for 721 admissions to two acute psychiatric wards.	The risk prediction was conducted using an extended version of the Brøset Violence Checklist (BVC). All patients are consecutively assessed at admission and twice daily for the three following days.	No systematic risk reduction.	Aggression incidents (aggressive episode) Aggressive patients Patients treated with seclusion (Patienter der behandles med isolering) Coercion (Patienter der behandles med tvangsofranstaltninger) Restrain (Patienter der bæltefikseres)	Incidence rates per 100 hospitalization days (95% CI) 3,7 (2,99-4,44) Not reported Not reported 4,0 (3,28-4,79) Not reported	Incidence rates per 100 hospitalization days (95% CI) 2,3 (1,72-2,90) Not reported Not reported 2,3 (1,72-2,90) Not reported

Abderhalden C, Needham I, Dassen T, Halfens R, Haug HJ, Fischer JE. Structured risk assessment and violence in acute psychiatric wards: randomised controlled trial. *Br J Psychiatry*. 2008;193(1):44-50.

van de Sande R, Nijman HL, Noorthoorn EO, Wierdsma AI, Hellendoorn E, van der Staak C, et al. Aggression and seclusion on acute psychiatric wards: effect of short-term risk assessment. *Br J Psychiatry*. 2011;199(6):473-8.

Hvidhjelm J, Sestoft D, Skovgaard LT, Rasmussen K, Almvik R, Bue Bjorner J. Aggression in Psychiatric Wards: Effect of the Use of a Structured Risk Assessment. *Issues Ment Health Nurs*. 2016;37(12):960-7.

Blair EW, Woolley S, Szarek BL, Mucha TF, Dutka O, Schwartz HI, et al. Reduction of Seclusion and Restraint in an Inpatient Psychiatric Setting: A Pilot Study. *Psychiatr Q*. 2017;88(1):1-7.

Needham I, Abderhalden C, Meer R, Dassen T, Haug H J, Halfens RJG, Fischer JE. The effectiveness of two interventions in the management of patient violence in acute mental inpatient settings: report on a pilot study *Journal of Psychiatric and Mental Health Nursing* . 2004;11:595–601

JBI CRITICAL APPRAISAL CHECKLIST FOR QUASI-EXPERIMENTAL STUDIES

Study: PICO 1: Article: Abderhalden C, Needham I, Dassen T, Halfens R, Haug HJ, Fischer JE. Structured risk assessment and violence in acute psychiatric wards: randomised controlled trial. Br J Psychiatry. 2008;193(1):44-50.

Fælles vurdering	Yes	No	Unclear	Not applicable
Is it clear in the study what is the 'cause' and what is the 'effect' (i.e. there is no confusion about which variable comes first)?	x			
Were the participants included in any comparisons similar?	x			
Were the participants included in any comparisons receiving similar treatment/care, other than the exposure or intervention of interest?	x			
Was there a control group?	x			
Were there multiple measurements of the outcome both pre and post the intervention/exposure?	x			
Was follow up complete and if not, were differences between groups in terms of their follow up adequately described and analyzed?	x			
Were the outcomes of participants included in any comparisons measured in the same way?	x			
Were outcomes measured in a reliable way?	x			
Was appropriate statistical analysis used?	x			

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