

 CORRESPONDENCE

The Use of Rapid Tranquilization in Aggressive Behavior

by Dr. med. Sophie Hirsch and B. Sc., Prof. Dr. med. Tilman Steinert in issue 26/2019

Therapeutic Drug Monitoring

In their article, our colleagues Hirsch and Steinert (1) provide an important overview of the emergency medical treatment of psychomotor agitation and aggressive behavior. Another important aspect in this context is therapeutic drug monitoring (TDM) of antipsychotics and antidepressants. This is especially true, as the authors list problems such as the low potency, adverse drug reactions, and dose adjustments for geriatric patients, as well as drug–drug interactions, pharmacokinetic peculiarities, and individual enzyme features. Furthermore, individualized TDM is an important component of emergency medical treatment and follow-up treatment. TDM is performed according to the latest developments using liquid chromatography tandem mass spectrometry (LC-MS/MS), to obtain the best possible sensitivity and specificity while avoiding cross-reactivity in the analysis. Recommendations for TDM can be found in the currently valid version of the guideline of the working group on neuropsychopharmacology and pharmacopsychiatry (*Arbeitsgemeinschaft fuer Neuropsychopharmakologie und Pharmakopsychiatrie*) (2).

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Conflict of interest statement

Dr. Dolscheid-Pommerich has received speaking honoraria from Siemens Healthineers and Roche Diagnostics.

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In Reply:

A detailed laboratory analysis is usually not feasible in the emergency situations that we describe (1), in which an unknown patient with severe mental or somatic illness is presented to a rescue service, an emergency department, or a psychiatric clinic, posing an acute danger. Nonetheless, such situations often require therapy to be immediately initiated, while results from therapeutic drug monitoring can sometimes take several days. Furthermore, as patients are often uncooperative and do not agree to blood sampling, physicians have to limit themselves to a short physical examination, medical history (often reported by others), and, if possible, a blood glucose test (2). In the further course of treatment, laboratory tests including therapeutic drug monitoring are certainly indicated, in particular if relapsing aggressive behavior occurs despite the therapy and if high-dose monotherapy or antipsychotic polypharmacy appear necessary (3, 4).

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