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Summary of Product Characteristics chart for rapid tranquillisation

Violence

**The short-term management of
disturbed/violent behaviour in
psychiatric in-patient settings
and emergency departments**

Clinical Guideline 25

Developed by the National Collaborating Centre for Nursing and
Supportive Care

Summary of Product Characteristics (SPC) chart for rapid tranquillisation

This chart should be used in conjunction with the rapid tranquillisation algorithm in the Quick reference guide, and Section 1.8.4 of the NICE guideline.

Medication	Time to max. plasma concentration	Approx. plasma half-life	Licensed indications as at August 2004 (see current SPC)	Notes
Haloperidol injection (SPC)	15–60 min (SPC and www.intox.org/databank/documents/pharm/haloperi/ukpid24.htm)	10–36h (SPC and www.intox.org/databank/documents/pharm/haloperi/ukpid24.htm)	<ul style="list-style-type: none"> • Schizophrenia: treatment of symptoms and prevention of relapse • 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 (www.intox.org/databank/documents/pharm/haloperi/ukpid24.htm)	10–36h (www.intox.org/databank/documents/pharm/haloperi/ukpid24.htm)	<ul style="list-style-type: none"> • Schizophrenia and other psychoses • 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 	
<i>continued</i>				

SPC chart for rapid tranquillisation *continued*

Medication	Time to max. plasma concentration	Approx. plasma half-life	Licensed indications as at August 2004 (see current SPC)	Notes
Haloperidol tablets (SPC)	2–6h (www.intox.org/databank/documents/pharm/haloperidukpid24.htm)	1–36h (www.intox.org/databank/documents/pharm/haloperidukpid24.htm)	<ul style="list-style-type: none"> Schizophrenia and other psychoses 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 	
Lorazepam injection (SPC)	60–90 min	12–16h	<ul style="list-style-type: none"> Preoperative medication or premedication for uncomfortable or prolonged investigations The treatment of acute anxiety states, acute excitement or acute mania The control of status epilepticus 	
Lorazepam tablets (SPC)	2h	12h	<ul style="list-style-type: none"> Short-term treatment of moderate and severe anxiety 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 	
<i>continued</i>				

SPC chart for rapid tranquillisation *continued*

Medication	Time to max. plasma concentration	Approx. plasma half-life	Licensed indications as at August 2004 (see current SPC)	Notes
Olanzapine dispersible tablets (SPC)	5–8h	32–50h	<ul style="list-style-type: none"> • Treatment of schizophrenia • 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 	<ul style="list-style-type: none"> • Not approved for the treatment of dementia-related psychosis and/or behavioural disturbances
Olanzapine injection (SPC)	15–45 min	32–50h	<ul style="list-style-type: none"> • Indicated for the rapid control of agitation and disturbed behaviours in patients with schizophrenia or manic episode, when oral 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 	<ul style="list-style-type: none"> • The manufacturer has issued a warning that use outside of the details contained within the SPC may increase the risk of fatality • i/m olanzapine may produce a 5-fold increase in plasma concentration vs the same dose given by the oral route • Not approved for the treatment of dementia-related psychosis and/or behavioural disturbances
				<i>continued</i>

SPC chart for rapid tranquillisation *continued*

Medication	Time to max. plasma concentration	Approx. plasma half-life	Licensed indications as at August 2004 (see current SPC)	Notes
Olanzapine tablets (SPC)	5–8h	32–50h	<ul style="list-style-type: none"> • Treatment of schizophrenia • 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 	<ul style="list-style-type: none"> • Not approved for the treatment of dementia-related psychosis and/or behavioural disturbances
Risperidone dispersible tablets (SPC)	1–2h	24h	<ul style="list-style-type: none"> • The treatment of acute and chronic schizophrenic psychoses, and other psychotic conditions, in which positive or negative symptoms are prominent • Maintaining the clinical improvement during continuation therapy in patients who have shown an initial treatment response • Treatment of mania in bipolar disorder 	<ul style="list-style-type: none"> • Not licensed for the treatment of behavioural symptoms of dementia
Risperidone liquid (SPC)	1–2h	24h	<ul style="list-style-type: none"> • The treatment of acute and chronic schizophrenic psychoses, and other psychotic conditions, in which positive or negative symptoms are prominent • Maintaining the clinical improvement during continuation therapy in patients who have shown an initial treatment response • Treatment of mania in bipolar disorder 	<ul style="list-style-type: none"> • Not licensed for the treatment of behavioural symptoms of dementia
Risperidone tablets (SPC)	1–2h	24h	<ul style="list-style-type: none"> • The treatment of acute and chronic schizophrenic psychoses, and other psychotic conditions, in which positive or negative symptoms are prominent • Maintaining the clinical improvement during continuation therapy in patients who have shown an initial treatment response • Treatment of mania in bipolar disorder 	<ul style="list-style-type: none"> • Not licensed for the treatment of behavioural symptoms of dementia