

## Letter to the editor

### Suggestion for reducing the use of physical restraint in mental health settings

Physical restraint is widely used in mental health settings, Beghi et al.<sup>1</sup> concluded its incidence varied from 3.8% to 20% in the psychiatric inpatient, and its finding had been published in *Rivista di Psichiatria*. The article by Beghi et al. reviewed relevant researches to identify the prevalence and risk factors of restraint in psychiatric wards. Noticeably, the inclusion criteria of study by Beghi et al. were adult samples representative of the entire population of psychiatric in-patients and papers written in English, French, Italian or German. However, the study by Minnick et al.<sup>2</sup> should not be included in the proceeding systematic review since it was not in accordance with the inclusion criteria. The study by Minnick et al. indicated all units except psychiatric, emergency, operative, obstetric, and long-term care were included, therefore it should be excluded because it did not meet the inclusion criteria of the study by Minnick et al.

Generally, the rate of physical restraint varied from different departments, the incidence of psychiatric ward exceed those in other departments, for instance the intensive care unit (ICU), geriatric department<sup>3</sup>. Thus, in the study by Minnick et al., the frequency of physical restraint in ICU, neurosurgery department, pediatric department et al. was not eligible to represent the frequency in psychiatric wards. Moreover, having reviewed the article by Minnick et al., Beghi et al. asserted 13.6% of male and 9.2% of female patients were bodily restrained in the United States. Indeed, a recent study by Staggs<sup>4</sup> extracted the data of 317 hospitals in the United States, and it indicated the frequency of physical restraint in adult psychiatric unit increased from 29.8% to 34.1% of total admission, which significantly differed from the result by Minnick et al. As a matter of fact, the frequency of physical restraint was much higher than that reported by the study by Beghi et al. Therefore, this correction improved the accuracy of the paper by Beghi et al. since it reflected the prevalence of physical restraint in the United States was critically higher than previous result, suggesting that measures of reducing its use should be addressed timely.

In the future practice, physical restraint will still be applied in psychiatric inpatients since it is the last resort to cope with the occupational violence in psychiatric wards, particularly when a patient poses critical risk to others. However, the incidence of physical restraint is closely associated with several factors, thus knowing its prevalence and risk factors helps nurses to reduce its use. Being enlightened by the paper by Fisher<sup>5</sup>, the authors of this letter suggested it is vital to monitor the frequency and to examine the relevant factors of physical restraint, because the proposed measures could help nurses to address corresponding approaches to minimize its use.

Sincerely

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