Regular Article

Predictors of violent behavior among acute psychiatric patients: Clinical study

Mario Amore, MD,[1]* Marco Menchetti, MD,[2] Cristina Tonti, PsyD,[2] Fabiano Scarlatti, MD,[1] Eva Lundgren, MD,[1] William Esposito, MD[2] and Domenico Berardi, MD[2]

[1]*Division of Psychiatry, Department of Neurosciences, University of Parma, Parma, and [2]Institute of Psychiatry, University of Bologna, Bologna, Italy*

Aim: Violence risk prediction is a priority issue for clinicians working with mentally disordered offenders. The aim of the present study was to determine violence risk factors in acute psychiatric inpatients.

Methods: The study was conducted in a locked, short-term psychiatric inpatient unit and involved 374 patients consecutively admitted in a 1-year period. Sociodemographic and clinical data were obtained through a review of the medical records and patient interviews. Psychiatric symptoms at admission were assessed using the Brief Psychiatric Rating Scale (BPRS). Psychiatric diagnosis was formulated using the Structured Clinical Interview for DSM-IV. Past aggressive behavior was evaluated by interviewing patients, caregivers or other collateral informants. Aggressive behaviors in the ward were assessed using the Overt Aggression Scale. Patients who perpetrated verbal and against-object aggression or physical aggression in the month before admission were compared to non-aggressive patients, moreover, aggressive behavior during hospitalization and

persistence of physical violence after admission were evaluated.

Results: Violent behavior in the month before admission was associated with male sex, substance abuse and positive symptoms. The most significant risk factor for physical violence was a past history of physically aggressive behavior. The persistent physical assaultiveness before and during hospitalization was related to higher BPRS total scores and to more severe thought disturbances. Higher levels of hostility–suspiciousness BPRS scores predicted a change for the worse in violent behavior, from verbal to physical.

Conclusion: A comprehensive evaluation of the history of past aggressive behavior and psychopathological variables has important implications for the prediction of violence in psychiatric settings.

Key words: aggressive behavior, hostility, psychopathology, risk factors.

THE ABILITY OF clinicians to assess potential for aggression is still limited. Despite recent advances, actual risk assessment studies have yielded neither accurate nor practical violence risk prediction as yet.

Research using community samples has shown that sociodemographic variables, such as young age,

male gender, low socioeconomic status and unmarried status, are more important indicators of violence risk than clinical variables such as diagnosis and symptoms.[1,2] In contrast, studies of acutely disturbed patients suggest that clinical variables are better predictors than demographic variables. Diagnostically, aggressive behavior has been linked, to a varying degree, to paranoid schizophrenia, non-paranoid schizophrenia, manic disorder, alcohol abuse, psychotic organic brain syndrome, seizure disorder or personality disorders. In the past, a strong association between violence and schizophrenia was