

# Post traumatic stress disorder (PTSD) or Complex Post Traumatic Stress Disorder (CPTSD) in patients following exposure to mechanical, physical and/or pharmacological restraint in a psychiatric setting: a systematic review



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## Aims

To systematically review the literature for evidence of PTSD or CPTSD in patients who have experienced restraint in a psychiatric healthcare setting.

## Background

In defined circumstances, restrictive practices such as restraint, are legally sanctioned within healthcare settings. Although justified based on risk management, the experience of restraint, can be distressing, even traumatising.

## Method

This systematic review protocol was registered with PROSPERO (CRD42023417285). Studies were identified through searching four databases (PsycINFO, EMBASE, MEDLINE and Scopus) and reference searching. Results were imported to Rayaan.

There were no restrictions regarding study design. Papers published pre-2000 were excluded. Participants included patients who had directly experienced or witnessed physical, mechanical and/or pharmacological restraint in a psychiatric setting. Outcomes were symptoms of PTSD/CPTSD following exposure to restraint. Results were narratively synthesised.

"It just sort of intrudes..."

"I really believed I was going to die"

"I try to forget, isn't that the best thing to do?"

## Results

Of the **2415** unique papers identified, **12 papers were included in the analysis**; 8 quantitative and 4 qualitative. All quantitative studies included patients who had been restrained and 3 additionally included patients who had witnessed restraint.

All 8 cohort studies identified participants with post restraint measurements indicative of PTSD. One study explicitly examined restraint related PTSD symptoms and reported a prevalence of **41.8%** (n=41) at discharge and **39.5%** (n=30) at 3month follow up. The remaining 7 studies reported findings ranging from likely PTSD in 4% (n=3) up to 50% (n=10). One study noted lower scores for patients who had only experienced pharmacological restraint.

The qualitative studies provided quotations describing fear of dying during restraint and key features of PTSD: re-experiencing and avoidance.

## Conclusion

This review highlights patients' vulnerability to developing PTSD post restraint in a psychiatric setting. Future work could usefully explore interventions which might reduce the use of restraint. Where restraint is considered unavoidable, exploration of evidence-based interventions to reduce the risk of patients developing PTSD post restraint is recommended.

## Identification of studies via databases

