

## Pharmacotherapy

Certain drugs can have a positive effect on controlling violent behaviour, whereas others are often directly associated with aggression. Neil Conacher, a Canadian psychiatrist, reviews the literature on general pharmacological approaches to aggression while focusing on three classes of drugs (lithium, propranol and carbamazepine) with familiar clinical applications. Recently, these drugs have been examined for their effects on aggressive behaviour.

Lithium is now well established as a safe and effective treatment for various forms of affective disorders, provided certain recognized guidelines are followed (e.g., the monitoring of serum levels). The anti-aggressive action has been demonstrated on various clinical conditions, including chronic psychosis, mental retardation and personality disorder. Recent research has concluded that lithium can inhibit self-injury of individuals who show uncontrolled self-directed aggression. As well, lithium may produce a beneficial response in institutionalized subjects with violent behaviour disorders. Lithium appears particularly effective on states of aggression in individuals in whom violence is easily triggered, regardless of the diagnosis.

The various types of propranol have been reported to have anti-aggressive effects on, among others, violent chronic schizophrenics and a small number of violent male patients with organic brain disorders.

Carbamazepine is now the preferred drug for treating temporal lobe epilepsy and is increasingly recognized as a complement or alternative to lithium for certain types of disorders. It may also be beneficial in treating uncontrolled outbursts of rage. However, serious side effects have been reported.

Because all three of the above-mentioned drugs have a complex range of biological effects, Conacher notes that it has not been possible to correlate any of their particular properties with their behavioural efficacy.

Conacher also reinforces the idea that a pharmacotherapy approach is only effective if it complements other social and behavioural treatment. He adds that further research should not be limited to whether aggressive patients respond to pharmacotherapy. The question to be considered now is what kinds of aggressive patients respond to which medication.

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Conacher, N. (1988). Pharmacotherapy of the Aggressive Adult Patient. *International Journal of Law and Psychiatry* 11,205-212.