Keywords Clinical practice guideline; Traumatic brain injury; Evidence-based practice; Rehabilitation
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Impact of clinical pharmacy on the psychotropic drugs prescription in neurological rehabilitation: A retrospective study

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Introduction Psychotropic drugs are frequently prescribed in neuro-rehabilitation. In our institution, they account for 18% of prescriptions. For several years, clinical pharmacy activities were developed in collaboration with physicians and psychiatrists. The aim of this study is to evaluate the impact of this approach by the retrospective measure of psychotropic drugs consumption over 4 years, and link them to the evolution of hospital stays recorded through the PMSI (Programme de médicalisation des systèmes d'information, France).
Methods The study took place over the period 2010–2013. It included three steps: 1/Monitoring of psychotropic drugs consumption (antipsychotics, anxiolytics, hypnotics and antidepressants) of 9 units (225 beds), by value and treatment days calculated from the daily average dosage (THERIAQUE); 2/Identification of hospitalised patients with at least one diagnosis code of either depression, anxiety, insomnia, and/or psychotic disorders; 3/ Analysis of patient data with regard to drug consumption.
Results From 2010 to 2013, the cost of psychotropic drugs was reduced by 24%, from 17,617 to 13,366 euros. The number of treatment days decreased by 30% from 84,765 to 59,466 days. The most significant decline was for hypnotic drugs (–62%) (28,110 to 10,623 days), and anxiolytic drugs (–37%) (28,958 to 18,343 days). The usage of antidepressant drugs increased by 21% (19,996 to 24,154 days), while the usage of antipsychotic drugs was stable (6346 days in 2013). During the same period, the overall number of patients with psychological diagnosis code hospital stays increased by 146% (213 to 523). It can be further detailed as follows: +380% for patients with an anxiety disorder (60 to 287), +71% for patients with depressive symptoms (78 to 133). Stays of patients with psychotic disorders remained stable.
Discussion This study illustrates that a clinical pharmacy action targeted on psychotropic drugs prescriptions in collaboration with physicians and psychiatrists has reduced their consumption in neuro-rehabilitation. This decrease concerns mainly anxiolytic drugs and hypnotic drugs, despite the rise in number of hospital stays of patients with anxiety disorders. These results follow the recent recommendations of the ANSM (Agence nationale de sécurité du médicament, France).
Keywords Psychotropic drug; Prescription; Clinical pharmacy; Impact
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Aggressive behaviours of brain-injured persons: Managing uncertainty by representations

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Introduction Aggressive behaviours of brain-injured persons put in difficulty care-work and are a source of uncertainty in the therapeutic relationship. These behavioural disorders are inherent to brain injuries, to the person and to the context (Eames, 1988). The contextualisation of the therapeutic relationship (Morin & Apostolidis, 2002) allows us to consider the role of psychosocial prebuilts whose caregivers use to structure and contain critical situations by directing their actions.
Objective This study seeks to highlight the role of social representations (Jodelet, 1989) of nurse aids about brain-injured person in the adjustments made by these caregivers to build and maintain a quality therapeutic relationship in a context of uncertainty.
Methods Semi-structured interviews were conducted with nurse aids (n = 23, 22 females, average age 37.5 years, average length of service 8.5 years) working in the host institution on the long time. The interviews were the subject of a thematic content analysis (Flick, 2014).
Results The content analysis shows that nurse aids perceive brain-injured persons with various disorders, multiple and changing. Caregivers have an organization of sequelae profiles incorporating a specific profile: the "frontals". The contents of these representations can explain the aggressive behaviour according to the personality of the brain-injured person, brain injury, cognitive impairments and the characteristics identified of its sequelae profile. This common knowledge allows caregivers to determine the status of "consciousness" of the person about his aggressive behaviour. The analysis shows that caregivers use specific care practices according to that state of "consciousness". These practices are oriented on the person, the environment or the caregiver himself.
Discussion In this context of care for brain-injured persons, caregivers explain aggressive behaviours by drawing on common theories and aetiologies allowing them to put meaning to care situations, adapt and ensure relational work. Training on and by the representations of caregivers can contribute to better care of brain-injured patients.
Keywords Aggressive behaviour; Social representations; Brain-injured person; Therapeutic relationship; Caregivers
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