

## Study in the Emergency Department of Atypical Tranquilizer Efficacy (SEDATE)

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**Background:** For alleviation of acutely psychotic symptoms in the emergency department (ED), new atypical anti-psychotics may be less sedating and allow for more rapid evaluation and disposition when compared to older anti-psychotic medications.

**Objective:** Comparison of the use of the parenteral forms of Ziprasidone (Z) and Haloperidol (H), assessing the total time in the ED and the time between receiving medication to time of disposition.

**Methods:** The population studies were patients presenting to an urban tertiary care ED with acute psychosis between January 2004 and July 2007. This was an Institutional Review Board approved retrospective, case-matched review of 178 patients. Charts of all patients who had received Z from January 2004 to July 2007 were reviewed. After exclusion criteria, 32 females and 57 males who received Z qualified. They were case matched to patients who received H of the same gender, within five years of age, time of visit within eight months, and presence or absence of stimulants. Time from drug-to-door and total time in the ED were recorded.

**Results:** Among males receiving Z, total ED time had a mean of 6:45 +/- 4:04 and a median of 6:18. Total ED time for patients receiving H had a mean of 6:38 +/- 3:44 and a median of 5:40. The mean difference in drug-to-door time was 47 minutes in favor of Z and total ED time was seven minutes in favor of H in males. The confidence intervals (CI) for drug-to-door time were -1:56 to 0:22 and for total ED time were -1:22 to 1:36. Females receiving Z had mean total ED time of 6:44 +/- 3:09, with a median of 6:11. Female patients receiving H had mean total ED time of 7:09 +/- 4:09 and a median of 5:32. There was a mean difference in drug-to-door time of 16 minutes and total ED time of 30 minutes, both in favor of H in females. The CI for drug-to-door time were -1:29 to 2:02 and for total ED time were -1:16 to 2:18.

**Conclusion:** There is no significant difference in total length of ED stay or time from drug administration to disposition when comparing parenteral Z to H.