

**Table 4. Studies on forced treatment (n=4 SRs in Aragonés-Calleja, 2022)**

| Author, year        | Participants                                                               | Setting/context                                                                                                                                       | Interventions                                                                                                                                                                                                | N. included studies | Type of included studies                                                                                                                                                                                              | Analysis                                     | Country of origin of included studies                                                                                  | Results/ Findings                                                                                                                                                                        | Risk of Bias        |
|---------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Clausen, 2014       | People with anorexia nervosa.                                              | Inpatient units for eating disorders.                                                                                                                 | Involuntary treatment                                                                                                                                                                                        | N=10                | Naturalistic research designs.                                                                                                                                                                                        | N.R.                                         | Various: UK (3), Australia (2), Japan (1), Germany (1), USA (1).                                                       | Involuntary treatment is linked to longer durations, higher psychiatric burden, and more severe outcomes, but long-term effects compared to voluntary treatment remain unclear.          | <b>Risk unclear</b> |
| Muir-Cochrane, 2020 | People with mental health disorders.                                       | Any healthcare setting                                                                                                                                | Chemical restraint                                                                                                                                                                                           | N=48                | Retrospective audit                                                                                                                                                                                                   | Meta-synthesis/ meta-analysis (quantitative) | International study (Scotland, Greece, USA, UK, Finlandia, Australia, Wales, Japan, Norway)                            | The review found a median prevalence of 21.2% for restraint use, with a significant decrease over time, but no difference by healthcare setting or country.                              | <b>Risk low</b>     |
| Muir-Cochrane, 2020 | Adults (with mental health diagnoses and/or substance abuse issues) N=3788 | Pre-hospital (N=2), psychiatric emergency departments (N=8), general hospital emergency departments (N=8), PICU (N=2), acute psychiatric units (N=1). | Chemical restraint. Drugs used in chemical restraint included olanzapine, haloperidol, droperidol, risperidol, flunitrazepam, midazolam, promethazine, ziprasidone, sodium valproate, or lorazepam.          | N=21                | RCTs                                                                                                                                                                                                                  | Qualitative analysis                         | USA (5), India (2), Brazil (4), Iran (1), Australia (5), UK (1), Holland (1), Switzerland (1) and Israel (1).          | Chemical restraint, primarily haloperidol, is effective for rapid calming, with midazolam acting faster but causing more adverse events. Drug combinations showed inconclusive benefits. | <b>Risk low</b>     |
| Muir-Cochrane, 2020 | Adults with mental health disorders (with/without substance abuse).        | Various: acute psychiatric wards (23.3%), general psychiatric wards (21.6%), and general hospital emergency departments (19.0%).                      | Chemical restraint (CR) is the forced (non-consenting) administration of medications to manage uncontrolled aggression, anxiety, or violence in people who are likely to cause harm to themselves or others. | N=311               | 21 RCTs, 46 prospective observational studies, 77 crosssectional studies, 69 retrospective studies (mostly audits of practice), 67 opinion pieces, editorials, or statements of practice, and 31 qualitative studies. | Thematically analysed.                       | The USA, UK, and Australia contributed over half the research, whilst cross-country collaborations comprised 6% of it. | This review categorized 19 themes, with medication use, patient perspectives, and room policies being most common, showing increasing sophistication in research design over 22 years.   | <b>Risk unclear</b> |