

⁴ *Virgen de la Victoria University Hospital, Department of Anaesthesiology, Malaga, Spain*

* Corresponding author.

Goal of study Our aim was to examine whether cerebral frontal cortex O₂ desaturation may be related with the development of delirium symptoms' after cardiac surgery in the elderly during the intensive care unit (ICU) staying.

Materials and methods A prospective, before and after, longitudinal study in II-IV ASA class patients scheduled for cardiac surgery and undergoing intravenous general anesthesia with remifentanyl plus propofol was done. Clinical and surgical parameters, cardiopulmonary function, intraoperative cerebral oxygen saturation (rSO₂) and bispectral index were continuously recorded and corrected throughout the surgery. Severity of delirium was represented as a score of the Intensive Care Delirium Screening Checklist (ICDSC) during the patients' stay in the ICU under the assumption that higher ICDSC score indicated severe delirium.

Results and discussion Patients, $n = 44$, 77.3% male, aged 59.9 ± 1.9 years old, scheduled to coronary (36.4%), aortic valve replacement (18.2%), mitral valve replacement (13.6%), coronary plus valve replacement (13.6%) and others (18.2%) surgery, on pump 98.4% were enrolled. A reduction of the rSO₂ higher than 10% at the end of the surgery compared with basal values was detected in a 46.5% of the patients. Reduction of rSO₂ higher than 10% at the end of the surgery was related with significantly higher values of delirium symptoms' development during the intensive care unit post-surgery staying (rSO₂ higher $\geq 10\%$ 68.8 vs. rSO₂ higher $< 10\%$ 31.3%, $P < 0.05$).

Conclusion Delirium symptoms' development during the intensive care unit post-surgery staying is related with reduced intraoperative cerebral oxygen saturation in the elderly subjected to cardiac surgery.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.349>

EW232

Detection and management of agitation in psychiatry: A Delphi expert consensus study

M. Garriga^{1,*}, I. Pacchiarotti², D. Hidalgo², M. Bernardo³, E. Vieta²

¹ *Hospital Clínic, Department of Psychiatry- Barcelona Clinic Schizophrenia Unit and Bipolar Disorder Programme, Barcelona, Spain*

² *Hospital Clínic, Department of Psychiatry- Bipolar Disorder Programme, Barcelona, Spain*

³ *Hospital Clínic, Department of Psychiatry- Barcelona Clinic Schizophrenia Unit, Barcelona, Spain*

* Corresponding author.

Introduction The assessment and management of psychomotor agitation may result in the use of coercive or sedative treatments. In the absence of conclusive evidence, the consensus of experts can guide clinical decisions.

Objectives To seek consensus recommendations on the assessment and management of psychomotor agitation.

Methods An international expert task force in this field developed consensus using the Delphi method. Twenty-seven experts were invited to participate and 91% of them agreed. Initial survey items were gathered from the content of literature search (systematic review). This included open-ended questions inviting participants to add suggestions by e-mail correspondence. After this initial first round, the Delphi study was conducted online using Google Forms. Survey items were rated on a 5-point scale. Items rated by at least 80% of experts as essential or important were included. Items rated as essential or important by 65–79% of experts were included in the

next survey for re-rating. Items with consensus below to 65% were rejected and excluded.

Results The initial survey included 52 items. The second web-based survey included 33 items. The briefer third survey consisted of 6 items that needed rerating. Twenty-two of the initial 33 items were endorsed and formed the clinical recommendations on the assessment and management of the psychomotor agitation. The endorsed items were categorized into 5 domains forming the clinical recommendations.

Conclusions The panel expert generated 22 recommendations on the assessment and management of agitation. The Delphi method is a suitable formal iterative process for reaching consensus on relevant and controversial issues.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.350>

EW233

Suicide attempts in emergency department

K. Hajji*, I. Marrag, R. Ben soussia, L. Zarrouk, S. Younes, M. Nasr

Universitary Hospital of Mahdia - Tunisia, Department of Psychiatry, Mahdia, Tunisia

* Corresponding author.

Introduction The suicide attempt is a real challenge for the clinician who works at the emergency department in order to identify and propose an adequate care.

Aims To estimate the prevalence of the suicide attempts, to describe the sociodemographic and clinical characteristics and to identify the predictors of recurrence.

Methods Our cross-sectional study was conducted at the medical emergency department of the university hospital of Mahdia and lasted for 12 months. Data were collected using a questionnaire of 51 items exploring the general and clinical characteristics and providing information of the treatment.

Results Among the 513 consultants, 90 had attempted suicide (17,5%). We found an average age of 26 years old, a sex-ratio (M/F) of 0,3, a secondary education level (53,3%), an unemployment and a single status (38,9% and 75,6%). The presence of psychiatric personal history and/or suicide attempts was found in 31,1% and 33,3% of cases. Suicide attempts were taken place in all cases at home, between 18 and midnight (43,3%), without premeditation (82,2%), in the presence of triggering factor (95,6%), during the last 3 months of the year (34,4%). In 70,2% of cases, the type of the suicide attempts was a drug intoxication. 67,8% of the suicide attempters regretted and criticized their acts.

Conclusion A good assessment of the suicide risk determines the type of intervention that should be established and allows an adequate care.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.351>

EW234

Ensuring patient safety: Physical health monitoring in rapid tranquillisation for aggression and violence of adult acute inpatients

R. Talukdar, M. Ludlam, L. Pout, N.P. Lekka*

Sheffield Health and Social Care Foundation Trust, Acute Inpatient Services, Sheffield, United Kingdom

* Corresponding author.

Introduction Intramuscular (IM) medications used in rapid tranquillisation (RT) to manage violent/aggressive behaviour can cause