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#### EV654

### Comparative study between preferential consultations and most common diagnoses

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**Introduction** To the specialized attention arrives as preferred patients with minor diagnosis.

**Objective** We do a relation between the type (normal/preferential) derivation of the first consultations and their corresponding diagnosis.

**Methodology** Retrospective observational study with data gathered during 3 months, which handle 2 variables: on the one hand, type of derivation and on the other, effected diagnosis.

**Results** The most frequent diagnosis found are adaptative disorders and affective disorders, corresponding to 45.45% and 9.1%, respectively of preferred leads.

**Conclusions** Almost half of preferential queries (consultations) could be treated in first instance by primary care physicians releasing mental health care burden.

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#### EV655

### Most common diagnoses in first consultations on mental health centers

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**Introduction** It often happens that primary care teams sends to specialized care any type of demand without discriminating on many times.

**Objective** Study of diagnoses that get to the consultations.

**Methodology** Retrospective observational study with data gathered during 3 months of diagnosis carried out in the first consultations.

**Results** The study guides that there is much minor pathology in the first consultation.

**Conclusions** Currently, attention on mental health is overcrowded because there is an excess of derivation from minor pathologies. So, an adequate coordination and communication with primary care could improve patients' care.

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#### EV656

### Analysis of demand in the first visit to the mental health unit

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**Introduction** The first visit is crucial, since it is where a treatment plan is selected and the decision to refer or not the patient to a specialized unit is made. Mental care could be improved through the centralization of demand and the identification of patients' and psychiatrists' expectations.

**Objectives** Analyzing patients' and psychiatrists' demands and expectations in the first visit to use them as a starting point for the planning and coordination of treatment actions.

**Aims** To design a record system of the Minimum Basic Data Set of the Centralized Department of our Unit.

**Methods** This is an epidemiological, observational, prospective study of patients referred to our department. Following variables were collected:

- referral origin;
- reason;
- demographic data;
- diagnosis impression;
- destination of referral.

The Statistical Package for Social Science version 19.0 was used to analyze the data.

**Results** Table 1.

**Conclusions** The data obtained are consistent with those reported in the literature for this population. The high rate of wrong referrals reveals the necessity of improving coordination and establishing specific referral criteria. Some initiatives have been designed and will be prospectively evaluated in the future.

Table 1

n	321
Average age	48.23
Genre	62% female
Psychiatric history	49.6%
Origin	74.4% from primary care
Did not attend	17.3%
Wrong referral	34.7% (35.2% from primary care, 53.6% from other specialties)
Main reason of wrong referral	Low intensity of the disorder (22.34%), wrong speciality (21.28%), wrong course of the disease (20.21%)
Prevalent diagnoses	Depressive disorder (24.3%), reactive depression (20.1%), anxiety (14.2%)
Destination of referral	63.4% Mental Health Unit

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#### EV658

### Epidemic of conversion disorder in Janaozen, the Northern Kazakhstan

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Janaozen, a small city in the Northern Kazakhstan is an oil town, where 8% of all Kazakh oil has been extracted since 1950s. Due to the harsh climate and uncomfortable living conditions on the one hand, and relatively high salaries on the other, the city became a “Mecca” for ethnic Kazakhs (oralmans), who migrated from the other countries of the former USSR. The strict division between “ours” and “oralmans” created a variety of predispositions for the existence of a recurrent intro-city conflict, which served as a background for the