

attendances/annum. FA are few in number but they produce a high number of attendances.

Aims To determine prevalence of FA, mean attendances/year generated by FA and frequency of visits by months.

Methods A retrospective study was performed on psychiatry's emergency department database from January until December 2013. FA was defined as those with ≥ 4 attendances at emergency services in a year.

Prevalence of FA, attendances' prevalence, diagnosis' prevalence, Mean attendances generated by FA and frequency of visits by months were analysed.

Results Among 4824 attendances we found 181 FAs (5.98%). Men represented 50.80% and women 49.20%. FA presented a mean of 6.33 attendances/year, while non-FA presented a mean of 1.29 attendances/year.

In accordance with frequency of visits by months, it was observed that number of attendances was increased in April and May, in both FA and non-FA.

Conclusion Prevalence of FA was 5.98%, FA generated a 23.74% of attendances. Most prevalent FA' diagnoses were: anxiety disorder, personality disorder non-specified and schizophrenia.

FA at emergency department contributes to overcrowd them. For this reason, it is important to take into account these results to develop new strategies to improve FA' attention and prevent its occurrence.

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

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EV626

Patients' characteristics related with risk of being restrained in acute psychiatric hospital in Romania

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Seclusion and restraining in acute psychiatry wards is used when patients tend to harm themselves, other patients or staff members. Seclusion and restraining decision-making is a complex process based on risk of aggressivity, patient's diagnosis, history of violent incidents, staff experience, hospital internal regulations and national mental health law.

The aim of this study is to evidenciate the patients' characteristics, which could be predisposed to restraining procedure in acute psychiatric setting in Romania.

Material and method This is a two years retrospective study conducted on a total of 1000 patients (56.9 females, 43.1 males) randomly selected, admitted in acute psychiatric hospital. From these on 100 patients restraining techniques were applied.

Results and discussions Out of the restrained patients male, younger usually suffering of personality disorder were more frequent restrained. Statistical analysis of restrained group characteristics comparing with larger group of the total patients admitted showed no significant differences between these two groups. Regressive analysis on different clusters found a higher risk to be restrained for patients with agitation and recurrent depressive disorder, male, from urban area. This study draws attention to the importance of a good study design and proper methodology.

Conclusion The factors which influence the risk of being restrained in acute psychiatric setting are more related with behavior characteristics than diagnosis or demographical items.

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

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EV628

The prevalence of the burnout syndrome among population examined at the psychiatric emergency department for attempted suicide

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Introduction The intention of this study is to show the frequency of the burnout syndrome among the population seen at psychiatric ER for the most severe complication of the burnout, the suicide attempt.

Objective (a) To demonstrate the frequency of burnout among the population examined at psychiatric ER for suicide attempt.

(b) To establish a correlation between the frequency of burnout and:

- the socio-demographic characteristics;
- the psychiatric follow-up;
- the type of personality found.

Methods Descriptive study on a sample of 92 patients examined at psychiatric ER between 01/02/2014 and 01/06/2014 after a suicide attempt, seen by a single doctor. The patients received the Maslach Burnout Inventory (MBI).

Results The frequency of burnout among the population consulted for suicide attempts is 8.7%. The limitations of this study were: the use of MBI questionnaire only by one doctor and a collection of data carried on a certain period of time.

I managed to characterize the population seen after the suicide attempt induced by the burnout: 88% women; 25% foreign population working in a context with many responsibilities; the predominance of obsessive personality – 50%, followed by anxious personality type – 25%; the suicide attempt was done by a population without psychiatric history and without psychiatric follow-up – 75%; the studied population is divided between patients working in a high responsibility environment – 36% and patients working in the social or the public environment – 63%.

Eighty-eight percent of patients were brought in after their first suicide attempt.

Conclusion Despite the fact that until now a unanimous definition has not been formulated on the CIM-10, the burnout syndrome is one of the most popular disorders.

The problematic is real, considering that this syndrome, which starts with a psychological distress, can escalate to a self-aggressive behaviour.

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

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EV629

Case report of autointoxication with nutmeg committed by a suicide attempter

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Introduction Autointoxication with nutmeg in an emergency setting is a rare, but potentially a life-threatening event. Despite the low incidence of 'tentamen suicidii' (TS) with nutmeg, this substance is cheap and readily available. Early recognition of a suicide attempt with nutmeg poisoning can be extremely difficult, especially when nobody witnessed the nutmeg intake. Worldwide there are only a few cases reporting TS with nutmeg.

Objectives To present a case of TS with nutmeg committed by a suicide attempter.

Aims To review available literature on TS with nutmeg.

Methods A case report is presented and discussed, followed by a literature review.

Results Five published cases of suicide attempts with nutmeg were found while searching through PUBMED and Embase. Our case describes a 57-year-old female, diagnosed with borderline personality disorder, who has been admitted to the emergency department in a state of agitation, diminished cognition, respiratory difficulties and hemodynamic instability. Electrocardiography showed a fast sinus arrhythmia with no uschemic or hypertropic changes. Blood sampling, serum and urine toxicology did not reveal any abnormalities. In view of the complexity of her condition, she admitted to have taken a large dose of nutmeg. The patient was kept for observation, offered reassurance, and rehydration.

Conclusion The presentation of inexplicable clinical state accomplished by disturbances of central nervous, respiratory and hemodynamic systems in the population of patients with attempting suicide should alert the physician to the rare but probably underreported possibility of nutmeg autointoxication.

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

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EV630

Inhaled loxapine for the treatment of agitation in borderline personality disorder

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Introduction Inhaled loxapine has shown efficiency in the treatment of the mild-moderate agitation syndrome of schizophrenia and mania patients. Its rapid response and calming effect non-sedative allow to hypothesize reasonable efficiency and tolerability in borderline personality disorder diagnosed patients.

Aims Analyze the efficiency and tolerability of inhaled loxapine as a pharmacological approach in the treatment of agitation in borderline personality disorder (BPD) clinical diagnosed patients.

Materials and method An application was administered for every agitation episode in BPD patients treated with inhaled loxapine in the emergency room or the psychiatric ward, which included BARS and CGI-S scales for the evaluation of each episode and its severity, before and after its use. Other secondary measures of efficiency were taken into account, such as requirement of physical restraint.

Results In the majority of evaluated episodes inhaled loxapine decreased notably initial BARS and CGI-S values and no serious clinical side effects attributable to this medication were observed.

Conclusion In our sample, inhaled loxapine was efficiency and well tolerated pharmacological intervention for agitation in BPD patients.

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

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EV631

Psychiatric emergency prehospital: Incidence and management of agitation in Valladolid (Spain)

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Introduction Agitation is a frequent and complex emergency. Pre-hospital management of agitation requires appropriate measures to preserve patients' safety, stabilize the patient and alleviate suffering, and transfer to the hospital psychiatric services, including involuntary admission if needed.

Objectives To describe the incidence and management of agitation by the emergency medical service of Castilla y León (SACyL) in an area of Valladolid.

Methods Retrospective study of all psychiatric emergencies attended by a prehospital emergency medical service in 2014.

Results One hundred and twenty-one emergencies were attended over a catchment area that covered 170,000 inhabitants (1.4/1000 inhab.). Overall, 55% were men, mean age was 45 years, 60% were considered psychiatric, 29% organic and 11% mixed. However, men had a higher frequency of organic (39%) compared to psychiatric (48%) agitation than women (16% and 75%, respectively), and most of them were related to alcohol or drug use. Among patients with psychiatric or mixed agitation 81% had psychiatric history and the pharmacologic treatment most frequently used was intramuscular midazolam.

Conclusions The incidence of acute agitation accounts for almost half of the total psychiatric emergencies in the prehospital setting. Since there are different healthcare providers in charge, specific protocols as well as treatment procedures are needed to provide the most adequate management, in order to ensure the best psychiatric emergency chain.

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EV632

Do we know why we indicate a mechanical restraint?

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Introduction and objectives Mechanical restraint is a therapeutic procedure commonly applied in acute units in response to psychomotor agitation. Its frequency is between 21 and 59% of patients admitted. These patients represent a risk to both themselves and for health workers. There are not clinical studies that compared if there are differences of the frequency of the specific indication for the mechanical restraint.