contains two general adult wards (42 beds), one IPCU (12 beds) and two Elderly wards (40 beds).
Methods Referral data was sourced across 4 consecutive months: April–July 2015 (initial audit) and October 2015–January 2016 (re-audit). These included all referrals from A&E to Psychiatry. Times were calculated for the 4 subprocesses listed in Table 1 below.
Conclusion/discussion Following the initial audit, interventions such as training A&E staff to better manage psychiatric patients and encourage earlier referrals, led to a positive response in the re-audit (Subprocess 1). Breach rates reduced to 28% (from 35%) on re-audit. Less breaches (81% compared to 88%) were referred after 2-hours by A&E. Overall, the breach rates have reduced and they are less attributable to the A&E referring patients late. The outcome of patients leaving A&E without being seen by a psychiatrist was unknown – adverse outcomes would strengthen the debate to enforce the 4-hour window.

Table 1

Initial audit = 222 referrals (35% breach rate)
Re-Audit = 348 referrals (28% breach rate)

Disclosure of interest The author has not supplied his/her declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.821

EV0492

Neuroleptic malignant syndrome: Case report and literature review

R. Martín Gutierrez [1,*], R. Medina Blanco [1], P. Suarez Pinilla [1], R. Landera Rodriguez [1], M. Juncal Ruiz [1], I. Madrazo del Río Hortega [1], M. Gómez Revuelta [1], O. Porta Olivares [1], J. González Gómez [1], J. Vázquez Bourgon [1], R. Hernando Fernández [2]
[1] *Hospital Universitario Marques De Valdecilla, Psychiatry, Santander, Spain*
[2] *Hospital Universitario Marques De Valdecilla, General Practicioner, Santander, Spain*
[*] *Corresponding author.*

Introduction Neuroleptic malignant syndrome (NMS) is an uncommon but potentially fatal adverse effect of neuroleptic, both classic and atypical drugs.
Objective To review the incidence, clinical characteristics, diagnosis and treatment of NMS.
Aim We have described the case of a man of 32 years of age diagnosed with bipolar disorder treated with lithium. He precised high-dose corticosteroids after having tonsillitis. Then, he presented manic decompensation requiring neuroleptic treatment (oral risperidone). After 72 hours, he presented an episode characterized by muscular rigidity, fever, altered mental status and autonomic dysfunction. Life support measures and suspension of neuroleptic treatment were required.
Methods A literature review of the NMS was performed using the PubMed database.
Results The frequency of NMS ranges from 0.02 to 2.4%. The pathophysiology is not clearly understood but the blockade of dopamine receptors seems to be the central mechanism. Some of the main risk factors described are: being a young adult, the concomitant use of lithium and metabolic causes, among others. NMS occurs most often during the first week of treatment or after increasing the dosage of the neuroleptic medication. Some issues of NMS are those related with diagnosis, treatment and reintroduction of antipsychotic treatment or not.
Conclusions NMS can be difficult to diagnose due to the variability in the clinical symptoms and presentation. Because of it diagnosis is of exclusion, clinicians should always take it into consideration when a patient is treating with neuroleptic, especially when the dosage has been recently increased. NMS is a clinical emergency.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.822

EV0493

The correlation between mood disorders and suicide attempts for the period 2013–2015 at "Mother Teresa" hospital center, Fatbardha Myslimaj, Psychiatrist, Mirela Gokaj, Deana Rama

F. Myslimaj [*], M. Gokaj , D. Rama
Mother Teresa Hospital, Psychiatry Adult, Tirana, Albania
[*] *Corresponding author.*

Background People, who have tried to commit self-injurers or suicidal attempts, refer symptomatic presence of disorders of humor and numerous problems social as factors precipitant to suicidal thoughts and actions. It is important recognition of the signs of suicide and self-inflicting behavior to help prevent suicide.
Materials and methods The study includes a period of 3 years of cases hospitalized in the psychiatric clinic UHC, since 2013–2015. The data are taken from the records of admissions at the Psychiatric Clinic at the University Hospital Center. Results are grouped and studied issued by mood disorders, sex, age, place of residence and social status.
Results The influence of mood disorders is recently estimated very important in causing suicide attempts compared with other mental illnesses, similar values with contemporary literature.
Conclusions The majority of suicide attempts do not result in death. Many of these efforts are made in a way that makes salvation possible. These efforts are often a cry for help. Suicide is a social phenomenon different cognitive aspect such as ethical, philosophical, legal, psychiatric, etc. Employees of psycho-social care should be informed about this phenomenon and finding the diagnosis, prevention and treatment of suicidal attempts by persons at risk of suicide.
Keywords Suicide attempt; Mood disorder; Self-infliction
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.823

EV0494

Peculiarities of providing care in various emergencies

S. Shport
V.P. National Research Center for Social and Forensic Psychiatry, administration, Moscow, Russia

Air crashes Attention is focused on providing care to the relatives (identifying the bodies of the perished, talking to investigators, filling out the requisite documentation, etc.), resolving social issues (organizing funerals, informing various services of what had happened, etc.).
Fires Special attention is paid to the victims with burns at the inpatient facilities of hospitals.
Terrorist acts Provision of care depends on the duration of the emergency and the number of people involved; in the case of a continual stress, in the phase of isolation the medical-psychological care is provided to victims' relatives. At later stages–it is provided to the victims and their relatives.
Natural disasters Are of a special nature, as they are always sudden and there exists a threat that a great number of people may become victims.
Organizational measures in the acute period of an emergency:

https://doi.org/10.1016/j.eurpsy.2017.01.824 Published online by Cambridge University Press

– coordinating the work of specialists of the local, regional and federal level;
– interacting with non-governmental organizations;
– setting up a 24-hour "hotline" service ("HL") on the basis of a medical institution;
– deploying facilities for providing care to victims, their relatives, and to "secondary victims".
Principles of medical-psychological care:
– urgent care must be provided jointly with psychiatrists/psychotherapists at the places, where the victims are located;
– individuals with the most severe stress reactions must be identified and observed by psychiatrists/psychotherapists;
– appropriate and prompt intervention should be made to relieve acute stress disorders;
– therapeutic interventions should not be a hindrance to victims' participation in the urgent evacuation and interrogation expedients as well as completing social tasks.
Disclosure of interest The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.824

EV0495

Anxiety disorder on acting people in emergencies

S. Oller Canet [1,*], D. Madariaga Garcia [2], S. Castillo Magaña [1], S. Gasque Llopis [3], V. Adell Anglés [4]
[1] *Institut de Neuropsiquiatria i Addicions, Centre Emili Mira, Parc de Salut Mar, Centre de Salut Mental Martí Julià, Santa Coloma de Gramenet, Spain*
[2] *Parc Sanitari Sant Joan de Déu, Unidad Agudos, Sant Boi de Llobregat, Spain*
[3] *Institut de Neuropsiquiatria i Addicions- Parc de Salut Mar-, Centre de Salut Mental La Mina, Barcelona, Spain*
[4] *Parc Sanitari Sant Joan de Déu- Numancia, Unidad de Subagudos, Barcelona, Spain*
[*] *Corresponding author.*

Introduction Disasters and emergencies generate a psychological impact on both survivors and response teams. Traumatic events and his memory would be a risk factor for anxiety disorders.
Objectives Describe the most common post emergency anxiety signs in a sample of Spanish people who responded directly to emergencies.
Methods Study carried out by survey filled through Google Forms application; in this survey, we retrospectively value anxiety using the screening scale for generalized anxiety disorder of Carroll and Davidson.
Results The survey was answered by 20 people, of whom 60% were women 68.20% age range between 18–6 years and with university studies in the 70% of the interviewees. Four nurses, 2 doctors, 4 emergency assistants workers, 2 civil protection workers, 1 ambulance worker, 1 military, 3 policemen, 1 fire-fighter and 2 others. Sixty percent of cases did not received specific aid. The anxiety scale items that are most affected are musculoskeletal stress and sleep, with lower prevalence of psychological anxiety (Fig. 1). Women showed higher prevalence of psychological anxiety, muscle tension, and sleep disturbance.
Conclusions The data reveals that the staff responding to emergencies recalled experienced musculoskeletal problems or sleeping disturbance better than psychological anxiety which was relegated to the background. Post-emergency treatment should be provided to all participants in emergencies including specific interventions for musculoskeletal stress and insomnia.

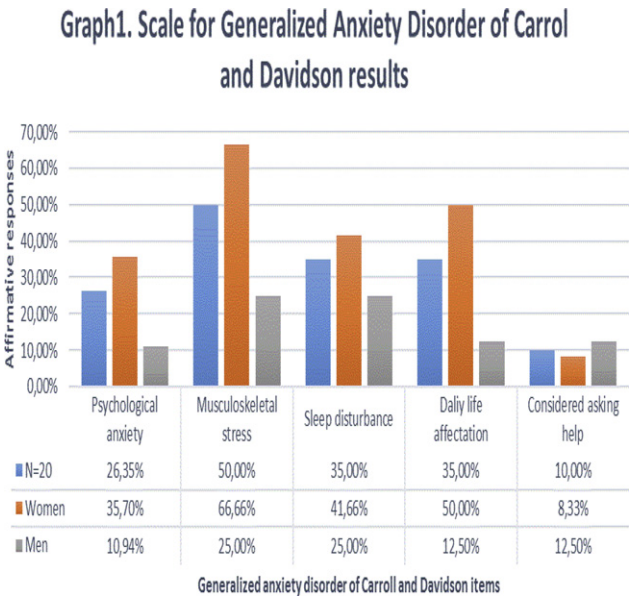

Fig. 1 Scale for generalized anxiety disorder of Carrol and Davidson results.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.825

EV0496

Change with the times exploring psychiatric inpatients' attitudes towards physical restraint

Y. Spinzy [1,*], S. Maree [1], A. Segev [2], G. Cohen-Rappaport [1]
[1] *Shalvata mental health center, A, Tel Vviv, Israel*
[2] *Shalvata mental health center, Emergency, Tel Aviv, Israel*
[*] *Corresponding author.*

Introduction When other options fail, physical restraint is used in inpatient psychiatric units as a means to control violent behavior of agitated inpatients and to prevent them from harm. The professional and social discourse regarding the use of restrictive measures and the absence of the inpatients' attitudes towards these measures is notable. Our research therefore tries to fill this gap by interviewing inpatients about these issues.
Objectives and aims To assess the subjective experience and attitudes of inpatients who have undergone physical restraint.
Methods Forty inpatients diagnosed with psychiatric disorders were interviewed by way of a structured questionnaire. Descriptive statistics were conducted via use of SPSS statistical software.
Results Inpatients reported that physical restraint evoked an experience of loneliness (77.5%) and loss of autonomy (82.5%). Staff visits during times of physical restraint were reported as beneficial according to 73.6% of the inpatients interviewed. Two thirds of the inpatients viewed the use of physical restraints as justified when an inpatient was dangerous. Two thirds of the inpatients regarded physical restraint as the most aversive experience of their hospitalization.
Conclusions Our pilot study explored the subjective experience and attitudes of psychiatric inpatients towards the use of physical restraint. Inpatients viewed physical restraint as a practice that was sometimes justified but at the same time evoked negative subjective feelings. We conclude that listening to inpatients' perspectives can help caregivers to evaluate these measures.