

Conclusions: According to our findings the majority of the acutely admitted psychiatric patients shows no or only low level of aggression. There were also differences in the forms and extent of aggressive behavior between the diagnostic groups. Risk assessment is important because it provides an opportunity for early detection and prevention, and the development of personalized treatment plans.

Disclosure: No significant relationships.

Keywords: aggressive behavior; Mental Disorders; risk assessment; acute psychiatric ward

EPV0722

Hazards of administration of benzodiazepines in patients with adaptive hyperventilation: a case rapport

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Introduction: Only three population-based observational human studies provided evidence that benzodiazepines (BZD) are associated with clinically adverse respiratory outcome. Striking was the finding that BZD drug exposure was associated with a 32% significantly increased adjusted risk of all-cause mortality, including, of note, the subgroup of individuals with no comorbidities. Causation, however, cannot be inferred in observational study design and, highly likely, recipients received BZD's in these studies to help treating anxiety related to inter alia pre-existing respiratory symptoms.

Objectives: Based on one fatal particular case, authors of current rapport explain what can go wrong when BZD's are given in patient with respiratory impairment.

Methods: Authors provide a model on how an increase in carbon dioxide can lead to impaired cerebral autoregulation in a person with pre-existing respiratory decompensation. Discussion of integrative metabolic and vascular physiology.

Results: Case rapport of a 18 y.o. otherwise healthy man, who was hospitalized with a novel episode of diabetic ketoacidosis accompanied by profound hypocapnia and anxiety, and who deteriorated and died shortly after airway management because of a clinically important acid-base balance disturbance caused by increased carbon dioxide. All the blood tests and results of respiratory monitoring were collected and carefully assessed.

Conclusions: Current case suggests that the P(CO(2))--HCO(3) hypothesis is consistent with known data on impaired cerebral autoregulation in diabetic ketoacidosis, driven mainly by increased levels of pCO₂. In our opinion, it indicates the recommendation not to administrate BZD's in patients with pre-existing compensatory hyperventilation as it may counter to the logic of adaptive physiology.

Disclosure: No significant relationships.

Keywords: Benzodiazepines; Hypoventilation; Case rapport; Treatment

EPV0724

Early Community based Ayu-Emergency Intervention in Psychiatric Emergencies: A Community Based Participatory Research

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Introduction: Psychiatry emergencies in India is major challenge for emergency service providers due to rapid growth of various behavioural, higher morbidity and mortality rate. Despite, psychiatry conditions are neglected area related to stigma, share, lack of awareness, and superstitious beliefs. There is an urgent need for specialist psychiatric emergency services, which can fill the huge gap between policymakers and health service providers joined together.

Objectives: Present feasibility study has been undertaken to evaluate the safety and efficacy of combined emergency and Ayurveda medicine management of psychiatric emergencies in community-based settings.

Methods: Ayu-Emergency Care project was developed in partnership with policy makers, researchers and health care providers, a collaborative platform of emergency medicine and Ayurveda medicine (Indian Traditional Medicine) for developing whole-system perspective, where providers work in a coordinated and joined-up way. Twenty trained care providers in psychiatry emergency and Ayurveda management worked in partnership with community-based organisation.

Results: Patients with major clinical difficulties, in the acute phase were treated and managed by Ayu-Emergencypractitioners. Severe Agitation and violence relating to substance abuse, anxiety disorder and psychosis were the most common admission diagnoses. 2-weeks results indicate that Ayurveda intervention can reduce anxiety (p<0.01), aggression (p< 0.001) and agitation (p<0.01) significantly with no side effects reported. Intervention found to be clinically beneficial and cost-efficient alternative to out-of-home placements (i.e., Incarceration, psychiatric hospitalisation).

Conclusions: The study's findings highlight safety, efficacy and feasibility of intervention. Patients both prefer and seem to benefit from community-based ayu-psychiatric care, and early-intervention community program could be a good model for such care.

Disclosure: No significant relationships.

EPV0725

Neuroleptic Malignant Syndrome: A case report and a literature review.

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Introduction: Neuroleptic malignant syndrome (NMS) may be a life-threatening neurologic crisis primarily emerging as an idiosyncratic reaction to antipsychotic agent use, and characterized by a particular clinical syndrome of mental status alter, rigidity, fever and dysautonomia. Mortality results straightforwardly from the dysautonomic manifestations of the disease and from systemic complications.

Objectives: To describe an unusual clinical case in order to determine the management regarding medication and electroconvulsive therapy (ECT), and provide an overview of NMS for the general practitioner with the most up-to-date information on etiology, workup, and management.

Methods: We report a case involving a 55-year-old man with paranoid schizophrenia disorder who presented with hyperthermia, hemodynamic instability, miosis, muscular rigidity, urinary incontinence, catatonic signs and mutism after combining several antipsychotics at the same time: long-acting injectable form of paliperidone, aripiprazol and haloperidol.

Results: Guidelines for specific medical treatments in NMS are based upon case reports and clinical experience. Generally used agents are dantrolene, bromocriptine, and amantadine. A conceivable approach is to start with benzodiazepines along with dantrolene in moderate or severe cases, followed by the addition of bromocriptine or amantadine. ECT is generally reserved for patients not responding to other treatments.

Conclusions: NMS is an uncommon adverse drug reaction, with a multifactor pathophysiology and manifestation. Early diagnosis and interruption of antipsychotic therapy is the first-line treatment, followed by supportive care and pharmacotherapy. ECT is an effective treatment when supportive treatment together with pharmacotherapy fails. It could be considered first line in severe life-threatening situations. It is advisable to consider maintenance ECT due to the high risk of relapse.

Disclosure: No significant relationships.

Keywords: antipsychotic; Syndrome; malignant; neuroleptic

EPV0726

Mutism. What to expect?

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Introduction: Mutism is the inability or unwillingness to speak, resulting in an absence or marked paucity of verbal output. Mutism is a common manifestation of psychiatric, neurological, and drug-related illnesses. Psychiatric disorders associated with mutism include schizophrenia, affective disorders, conversion reactions,

dissociative states, and dementias. Neurological disorders causing mutism affect the basal ganglia, frontal lobes, or the limbic system.

Objectives: Outline the importance of setting a differential diagnosis of mutism in the Emergency Room.

Methods: Review of scientific literature based on a relevant clinical case.

Results: Male, 58 years old. He has lived in a residence for 3 months due to voluntary refusal to ingest. Diagnosed with paranoid personality disorder. He is referred to the Emergency Service due to sudden mutism. During this day, he has been stable and suitable with a good functionality. For 3 hours he is mutist, oppositional attitude and stiff limbs, refusing to obey simple orders. Hyperalert and hyperproxia. Not staring. After ruling out organic pathology: normal blood tests, negative urine toxins and cranial CT without alterations, he was admitted to Psychiatry for observation and, finally, he was diagnosed with Psychotic Disorder NOS.

Conclusions: Mutism most often occurs in association with other disturbances in behavior, thought processes, affect, or level of consciousness. The most common disorder of behavior occurring with mutism is catatonia. The differential diagnosis of mutism is complex. In some cases the diagnosis will be clarified only by careful observation and after a neurological evaluation. Published studies show neurological disorders presenting with mutism can be misdiagnosed as psychiatric.

Disclosure: No significant relationships.

Keywords: Catatonia; mutism; emergency room

EPV0729

Comparison between haloperidol decanoate and oral haloperidol on seeking psychiatric emergency care

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Introduction: Haloperidol is a first generation, high potency, low cost and widely used antipsychotic. There are inconsistencies in the literature about comparison of effectiveness between long-acting injectable haloperidol (HDLAI) with oral haloperidol (OH), as well as the combined use of both formulations (HDLAI+OH).

Objectives: To verify whether HDLAI reduces the number of emergency visits and hospitalizations when compared to oral OH, or in combination therapy HDLAI+OH.

Methods: Retrospective observational study on a Psychiatric Emergency department, including patients aged 18 to 60 years, both genders, under continuous treatment for at least 5 months with Haloperidol for any psychiatric illness, divided into 3 groups of patients (HDLAI, OH, HDLAI+OH). Dependent variables: visits and admissions. Independent variables: sex and age. Data were checked for normality (Kolmogorov-Smirnov test) and homoscedasticity (Bartlett test). For comparison of average number of visits and hospitalizations of patients Kruskal-Wallis test followed by Dunn's multiple comparison test was used. It was considered statistically significant if $p < 0.05$. This study was approved by the Ethics Committee of Maringá State University.