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Pathologic aerophagia in patients with intellectual disability: A review of its pathophysiology, clinical features and management

S. Sajith*, W. Wong

Institute of Mental Health, General Psychiatry, Singapore, Singapore

* Corresponding author.

Background Pathologic aerophagia is characterised by excessive swallowing of air resulting in significant abdominal distension or belching. This is a relatively rare condition in general population but has been reported in up to 8.8% of institutionalized patients with intellectual disability (ID). In severe cases, this can cause volvulus and ileus, and even intestinal perforation. Currently, there is limited information on this potentially life-threatening condition, particularly for people with ID.

Aim To review the up to date literature on the pathophysiology, clinical features and management strategies of pathologic aerophagia in relation to people with ID.

Methods A literature search of electronic database was performed using specific keywords. Review articles were selected using pre-defined criteria.

Results Apart from a few small controlled trials on pharmacotherapy, most of the studies were case series or uncontrolled studies. The understanding on pathophysiology is incomplete but is thought to involve a reflex-induced movement of upper oesophageal sphincter and may be associated with anxiety or stress. A comprehensive history and physical examination as well as an abdominal radiograph may be helpful in diagnosis. The mainstay of treatment is reassurance and behaviour therapy. Medications that are helpful include antacids, anti-reflux drugs and benzodiazepines. Surgical treatment is recommended for patients who do not respond to conservative treatment.

Conclusions Pathologic aerophagia is not uncommon in people with ID and can present with severe challenges in the assessment and management. Further studies are necessary to provide evidence-based treatment guidelines for the management of this condition particularly in patients with ID.

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Mental Health Care

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Psychosocial factors associated with frequent rehospitalization of patients with mental health disorders

T. Amirejibi*, N. Zavrashvili

Iliia State University, Faculty of Arts and Sciences, Tbilisi, Georgia

* Corresponding author.

International research, which focuses on frequent users of the psychiatric services and on the psychosocial factors that are associated with frequent rehospitalization, emphasize that the problem of revolving door patient still stands and is severe. Research concerning the above mentioned issue has not been conducted in Georgia, therefore, this study aimed to explore the revolving door patients and psychosocial factors that contribute to their relapse and frequent readmission to acute psychiatric unit. Study was conducted at psychiatric department of Ghudushauri National Medical Center. Qualitative and quantitative analysis based on medical files of 34 adult patients with psychotic disorders, rehospitalized in acute

psychiatric unit 60 days after their last discharge in 2012–2014 years, was conducted. Results of the study are in line with international research findings concerning the psychosocial factors that contribute to frequent rehospitalization of patients with psychotic disorders, such as: unemployment (97%), lack of support system (76.5%), non-compliance with treatment (91.2%), emotional reactivity to stressful life events, etc. However, according to the study, family atmosphere turned out to be the central problem which influences the index of conflict and expressed aggression in the family, has impact on the size of patient's support system, on substance abuse, on patient's relapse and on their emergency rehospitalization. According to the results of the study, family atmosphere is one of the most active and multifaceted factors that contribute to patient's relapse and frequent rehospitalization in Georgia. Therefore, implementing and developing interventions discussed in the research paper that will target this factor is essential.

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A three-month follow-up study evaluating changes in clinical profile and attitudes towards involuntary admission

E. Bainbridge^{1,*}, B. Hallahan², D. McGuinness³, A. Higgins⁴, K. Murphy⁵, P. Gunning⁶, J. Newell⁶, C. McDonald³¹ Galway, Ireland² National University of Ireland, Department of psychiatry, Galway, Ireland³ National University of Ireland, Psychiatry, Galway, Ireland⁴ Trinity College Dublin, School of nursing and midwifery, Dublin, Ireland⁵ National University of Ireland, Nursing and midwifery, Galway, Ireland⁶ National University of Ireland, Biostatistics Department, Galway, Ireland

* Corresponding author.

Introduction Involuntary admission and treatment is often a traumatic experience for patients and there is a wide variation in attitudes towards care even when patients are recovered.

Objectives/aims The purpose of this large prospective study was to identify clinical predictors of attitudes towards care during involuntary admission.

Methods Three hundred and ninety-one consecutively admitted involuntarily patients to three psychiatric inpatient units over a 30-month period were invited to participate in the study. Comprehensive assessments at admission and 3 months after discharge were attained including measures of symptoms, insight, functioning, attitudes towards involuntary admission and coercive experiences. Multiple linear regression modelling was used to determine the optimal explanatory variables for attitudes towards care.

Results Two hundred and sixty-three individuals participated at baseline and 156 (59%) successfully completed follow-up assessments. Individuals improved significantly over time clinically and in their attitudes towards their care. At baseline greater insight ($P < 0.001$) and less symptoms ($P = 0.02$) were associated with more positive attitudes towards care as was older age ($P = 0.001$). At follow-up, greater insight ($P < 0.001$), less symptoms ($P = 0.02$) and being older ($P = 0.04$) were associated with more positive attitudes towards care. More positive attitudes towards care at follow-up were associated with greater improvements in insight over time ($P < 0.001$) and having a diagnosis of an affective psychosis ($P = 0.0009$).