

the potential roles of mental health literacy and stigmatization in influencing treatment-seeking behaviors.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.814>

e-Poster viewing: Emergency psychiatry

EV0485

What is commonly missed in the suicidal risk assessments in the emergency room?

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Introduction Suicidal behaviour remains the most common reason for presentation to the emergency rooms. In spite of identifiable risk factors, suicide remains essentially unpredictable by current tools and assessments. Moreover, some factors may not be included consistently in the suicidal risk assessments in the emergency room by either emergency medicine physicians or psychiatrists.

Method Step 1 involved the administration of a survey on the importance of suicide predictors for assessment between psychiatry and emergency medicine specialties. In step 2 a chart review of psychiatric emergency room patients in Kingston, Canada was conducted to determine suicide predictor documentation rates. In step 3, based on the result of the first 2 steps a suicide risk assessment tool (Suicide RAP [Risk Assessment Prompt]) was developed and presented to both teams. A second patient chart review was conducted to determine the effectiveness of the educational intervention and suicide RAP in suicide risk assessment.

Results Significant differences were found in the rating of importance and the documentation rates of suicide predictors between the two specialties. Several predictors deemed important, have low documentation rates. Thirty of the suicide predictors showed increased rates of documentation after the educational intervention and the presentation of the suicide RAP.

Conclusion Though a surfeit of information regarding patient risk factors for suicide is available, clinicians and mental health professionals face difficulties in integrating and applying this information to individuals. Based on the result of this study suicide RAP and educational intervention could be helpful in improving the suicidal risk assessment.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.815>

EV0486

Antipsychotic drugs in pregnancy

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Background There has been significant increase in prescription of antipsychotic medication in the community for females in child-bearing age the problem is we do not have clear guidelines because we do not have a control group.

Objectives To evaluate maternal psychiatric, medical and perinatal outcomes associated with antipsychotic drugs in pregnancy.

Aim To use wisdom when the risk is minimal for both mother and child.

Method We study 3 pregnant women, one with a 6 years old, one with a 2 years old child and one still pregnant. We measure their blood sugar, blood pressure, fetal heart, movement, ultrasound using first generation antipsychotic (FGA).

Results Patient became less psychotic then back to normal and fetal development is normal till now, no diabetes mellitus or hypertension, no malformation or abortion.

Conclusion It is still too early to reach a clear and absolute use of safe antipsychotic drugs in pregnancy. A large sample is needed for a study and a control should be needed.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.816>

EV0487

Neuroleptic malignant syndrome: A rare, life-threatening and not fully understood condition

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Introduction Neuroleptic Malignant Syndrome (NMS) is a rare life-threatening idiosyncratic reaction associated with the use of neuroleptics. It is characterized by delirium, muscular rigidity, fever and autonomic nervous system dysregulation. Its diagnosis represents a significant challenge for clinicians and many aspects regarding its epidemiology, etiopathology and nosology remain controversial.

Objectives Summarize current knowledge to facilitate NMS diagnosis and allow a fast onset of therapeutic and life-saving interventions.

Methods Non-systematic review of the literature—scientific publications from Pubmed and a Psychiatry Textbook.

Results NMS typically develops during the first week after the neuroleptic is introduced, although it may also appear after years of treatment. Its incidence is of 0.02 to 3% in patients taking antipsychotics; the mean age of its patients is 50 years. Typical symptoms are muscle rigidity and temperature greater than 38°C in a patient on antipsychotic; however, recent reports indicate that these core symptoms may not always be present. Several risk factors have also been identified and must be addressed. NMS may be fatal in 10 to 20% of cases or may produce residual sequelae, like cognitive dysfunction or neurological deficits. NMS must be managed by aggressive use of supportive measures, as well as specific interventions. It recurs in 30% of patients, which can be diminished by specific measures.

Discussion NMS requires timely and accurate diagnosis and treatment. Antipsychotics should be used cautiously in patients at increased risk. When recognizing this condition, prompt withdrawal of the offending agent is the most important step. Wise approaches can diminish morbidity, mortality and recurrence.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.817>

EV0488

Evaluation of experts' clinical practice in crisis unit and psychiatric emergency technical and therapeutic principles to better intervene

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Introduction Clinical practice in emergency room and crisis unit is often fraught with pitfalls (Immediate demands, accelerated temporality, difficulties working with family and care network). This practice contains specific clinical therapeutic interventions based on recognized theoretical frameworks. These theoretical frameworks constitute “formal knowledge”. They help to diagnose but have got limitations. In fact, clinical competence requires also technical and interpersonal skills (“know-how”) as well as reasoning skills and clinical intuition (“Informal knowledge”). All these knowledge and skills are built over clinical experience based on trainings and supervisions, continued clinical reasoning and exchanges with colleagues.

Objectives Our research aims to capture therapeutic processes in clinical crisis intervention by illustrating what experts really do in their clinical practice and above all, how they do.

Aims Our study illustrates several crisis situations, moment-by-moment, by analyzed experts’ voices.

Method Our method is grounded in a first person epistemology and used a qualitative methodology focused on explication interview. Ten crisis interviews were analyzed in a micro and macro perception.

Results Our research based on experts’ voices has identified a series of therapeutic techniques and principles who are essential to better intervene in clinical crisis intervention. A model of intervention was developed to train debutant clinician.

Conclusion We believe that reflexivity is a powerful attitude to understand and transform practices in a lasting way.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.818>

EV0489

Interpersonal sensitivity in the at-risk mental state for psychosis in Karachi, Pakistan

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Introduction Interpersonal sensitivity can be explained as a personality trait in which there is an excessive and expanded awareness of the behavior and emotions of others. Individuals having high interpersonal sensitivity are sensitive to interpersonal relationships and self-deficiencies in comparison to others. Studies report that high interpersonal sensitivity can cause low self-esteem and feelings of insecurity.

Objectives The objective of this study was to examine the level of interpersonal sensitivity in individuals with an at-risk mental state (ARMS) for psychosis compared to the individuals not at risk for psychosis.

Methods A total sample of 50 individuals was recruited from Bahria University, Karwan-e-Hayat and Karachi Psychiatric Hospital: 25 with ARMS for psychosis and 25 participants who were not ARMS, according to scores on Schizophrenia Proneness Inventory-Adult (SPI-A). All of the participants then responded to self-report questionnaire on Interpersonal Sensitivity Measure.

Results Results showed that the group with ARMS had a significantly higher interpersonal sensitivity on average (112.5) as compared to healthy individuals (91.8). Results show significant difference in both of the groups ($t = -5.049$; $P < .0001$) indicating that interpersonal sensitivity in people with ARMS was relatively high compared to those who were not at risk.

Conclusion This study suggests that being ‘hypersensitive’ to interpersonal interactions is a psychological feature of the potentially prodromal phase of psychosis. Addressing difficulties in interpersonal relationships and offering early psychotherapeutic

interventions can be beneficial, not only in averting serious illness, but preventing loss to individual and national productivity.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.819>

EV0490

Reducing restraint with clozapine in involuntarily admitted patients with schizophrenia

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Introduction In the entire world, restraint and seclusion are common interventions in psychiatric in-patient settings due to aggressive behavior.

Objectives Our objective was to test for the immediate anti-aggressive property of clozapine compared to other antipsychotic treatments in an enriched cohort with high rates of restraint during early hospitalization.

Methods We present a retrospective chart review in all involuntary admissions with schizophrenia during 2011–2014 in Psychiatry and Neurology Hospital, Brasov, Romania. Timing and number of restraints in addition to clinical, demographic and treatment characteristics were extracted. Based on our earlier observation of clinical efficacy of early, fast titration of clozapine, we tested the hypothesis that clozapine treatment was associated with reduced use of restraint, and with longer restraint-free periods.

Results In 115 patients with schizophrenia (age = 39.7 ± 11.1 years; male = 59%) involuntarily admitted due to externalized (74.78%) or self-directed violence (25.22%), restraint was used in 89.6%; with a median duration of 3 hours until restraint past admission. Antipsychotics used immediately after hospitalization included haloperidol (70.4%), clozapine (11.3%), olanzapine (10.4%) and other second-generation antipsychotics (7.9%). Comparison of restraint characteristics favored immediate clozapine use with highly reduced rates of restraint (38.5% vs. 95.6%. $P < 0.001$) and significantly extended hours until restraint ([118 h, 24 h, 426 h] vs. [3 h, 0.25 h, 48 h]; median; 25th, 75th percentile; $P < 0.001$) relative to the remaining cohort. These effects remained highly significant after controlling for potential moderators of restraint use in multivariate models.

Conclusions These retrospective data suggest an early anti-aggressive effect of clozapine during the immediate use of clozapine in highly problematic patients.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.820>

EV0491

The 4-hour window: UK Government targets versus clinical priorities

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Introduction In 2002, the Department of Health (United Kingdom) introduced a 4-hour target due to long waiting times. It is expected that 95% of patients who attend the A&E (Emergency) Department should be registered and admitted/discharged within 4 hours. Exceeding this is termed a “breach”.

Objectives The aim of this re-audit was to assess for a response following recommendations after an initial audit with concerning results. Forth Valley Royal is an acute public hospital in Central Scotland with 860 in-patient beds, covering a population of 300,000. It