EW0719

Referrals and outcomes of assessment for compulsory admission under the mental health act 1983 in Norfolk, England

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Introduction A significant number of people are not detained in hospital following assessment under the Mental Health Act 1983 (MHA) for possible detention. However, since amendments in 2007, some studies show an increase in total patient detentions. There is currently a lack of published research describing both outcomes and their affecting variables.
Objectives To determine rates, outcomes and affecting variables of MHA assessments in Norfolk, 2001–2011.
Methods This observational study involved data collection from all 11,509 referrals for detention assessment under the MHA. Data was collected by Norfolk Social Services from 2001–2011 including age, gender and marital status.
Results Following assessment, 6903 (60.0%) were admitted; of those, 1157 (16.8%) were voluntary and 5746 (83.2%) were detained; 4606 (40%) were not admitted. Admission rates for males (50.4%) and females (49.5%) were similar. Detention rates increased with age: 37.6% of < 18s; 47.1% of 18–64s and 61.4% of 65+. A greater proportion of married (57.5%) and widowed patients (58.2%) were detained, compared with patients who were single (48%). Accommodation status showed 52% of those living with other were detained versus 43.9% of those with no fixed abode.
Conclusions The finding that a higher proportion of married than single people, and of those living with others versus living alone, were detained following assessment is unexpected but significant and needs further investigation.
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EW0720

Dissociative symptoms are associated with neurocognitive dysfunction in patients with MDD

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Introduction It is widely reported that persons with major depressive disorder (MDD) show impaired performance on cognitive functioning, including frontotemporally mediated cognitive functions. The presence of cognitive dysfunction among patients with dissociative symptoms in trauma-related disorders may contribute to poorer treatment outcomes. Patients with major depressive disorder (MDD) frequently report dissociative symptoms. Here we investigate association of dissociative symptoms and neurocognitive dysfunction in patients with depression. We predicted that higher levels of dissociative symptoms among persons with MDD would be associated with lower scores on objective measures of frontotemporally mediated neurocognitive functions.
Methods Patients who met DSM-V diagnostic criteria for a primary diagnosis of recurrent MDD were recruited. The Hamilton Rating Scale for Depression (HAM-D) was administered to assess the severity of depressive symptoms. To assess dissociative symptoms participants completed the Multiscale Dissociation Inventory (MDI). Two groups of patients were selected and matched. One group consisted of 13 patients having MDD and dissociative symptoms and second group consisted of 12 patients having MDD only. To measure frontotemporally mediated cognitive functioning following tests were administered: Color Trails Test; Wisconsin Card Sorting Test; Conners' Continuous Performance Test (CPT). To examine group differences on clinical and neuropsychological scores, two-tailed independent samples *t*-tests was performed.
Results Group comparisons of performance on neuropsychological tests showed that participants with depression and dissociative symptoms performed worse on Color Trails Test Part 2 completion time, a measure of mental flexibility and processing speed. MDI depersonalization scores were correlated with measures of processing speed, mental flexibility and sustained attention. Specifically, Color Trails Test Part 2 scores were negatively correlated with depersonalization symptoms, where lower scores indicate slower completion time. Depersonalization symptoms on the MDI were also related to the CPT Hit Reaction Time Interstimulus Interval Change (a measure of vigilance), such that higher levels of depersonalization were related to better performance in a less active environment.
Conclusions Our results suggest that dissociation is related to specific subtle impairments in neurocognitive functioning. Dissociative symptoms should ideally be assessed before treatment, as they may influence MDD treatment response. The findings point towards the need to further examine the impact of dissociation on functioning in patients with depression.
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EW0721

Factors influencing the rate of incidents in a United Kingdom high secure psychiatric hospital: Weekend, ward round and diagnostic effect?

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Introduction Broadmoor is a high secure psychiatric hospital divided into personality disorder (PD) and mental illness (MI) pathways. Whenever an incident occurs, it should be recorded. To better understand which factors influence the rate of incidents, such as diagnosis or intervention by medical and psychological staff, we examined the difference in the number of incidents recorded on weekdays versus weekends, ward round (WR) versus non-WR days and the PD versus MI pathways.
Method All incidents recorded over a one-year period (3.11.2014–2.11.2015) were examined. Extraneous incidents were excluded, leaving subgroups of "aggressive" (physical and verbal) and "physical" (excluding verbal) incidents which were analysed. Data were adjusted for the difference in number of beds in each pathway.
Results Of the 2369 incident reports included, more were recorded per day on weekdays than weekends, with little difference on WR versus non-WR days. The rates of both types of incidents were similar on both PD and MI admission wards, although the rate of "physical" incidents was 2.6 times higher and "aggressive" incidents 3.3 times higher in PD compared to MI rehabilitation wards.
Conclusion The findings suggest the presence of medical and psychological staff during the week, and possibly the requirements

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they place on patients, may increase the rate of incidents within the hospital. Despite comparable rates on admission, MI rehabilitation wards have far fewer incidents than PD rehab wards, which may reflect the more intractable nature of PD versus MI. More work is required to confirm these findings.

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EW0722

An analysis of emergency leaves of absence from a United Kingdom high secure psychiatric hospital with a view to identifying ways to reduce their number

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Introduction Emergency leaves of absence (ELOAs) from high secure psychiatric care are both costly and increase the risk posed to staff, patients and the general public. ELOAs were analysed to identify whether greater on-site physical health provision could reduce their number, and quantify the potential financial saving to the trust to do so.

Method All ELOAs from Broadmoor hospital between 15.5.15–14.11.15 were assessed by a team of psychiatrists and a GP to identify whether they were "avoidable", "unavoidable" or "potentially avoidable" if measures were taken. For the "potentially avoidable" group, we then calculated the staffing cost of these LoAs to help ascertain whether these measures would be cost effective.

Results There were 30 ELOAs during the period assessed, costing £79,240 (Table 1). The table also shows which additional on-site services or training may have prevented these ELOAs, and the cost saving to the trust if they had.

Conclusions The number of ELOAs from the hospital could be reduced by increased on-site physical health provision and training. This would improve the quality of care patients receive, as well as reducing both the cost to the trust and the risk posed to staff, patients and the general public. We must also consider the large potential cost and risks associated with a patient absconding from an ELOA.

Table 1

	Percentage of total ELOAs (30)	Cost in 6 months (£)
Avoidable	7% (2)	3,973
Unavoidable	40% (12)	49,044
Potentially avoidable	53% (16)	26,223
Of which	***Preventing***	***Potential saving***
Watchful waiting	10% (3)	14,307
Onsite x-ray	30% (9)	8,326
Wound care/suturing	7% (2)	2,603
Equipment	7% (2)	2,271

Table to show number of emergency leaves of absence (LoAs) felt to be preventable, and the measures and potential savings associated with doing so

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The relationship between grief process and attachment styles in the cases with the treatment of complicated grief: A prospective study

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The attachment style is one of the significant factors affecting the grief process and complicated grief. This study aims to research the relation between the factors determining the sociodemographic features, the reactions of grief, the suicidal behaviour and the grief process on the patients who are followed and treated with the complicated grief diagnosis and the features of attachment. The study includes 45 patients directed to a therapy unit and meet the criterions of complicated grief diagnosis. 33 of those patients have completed their treatment. Sociodemographic and clinical data form applied to the patients at the beginning, to evaluate for comorbid psychiatric disorders structured clinical interview for DSM-IV axis I disorders, adult attachment style questionnaire (AASQ), grief scale, hamilton rating scale for depression (HDRS), suicide behaviors questionnaire (SBQ), suicide probability scale (SPS), experiences in close relationships inventory (ECRI) are applied on the participants and compared the results of the scales prior to and following the treatment. In the dimensional evaluation of attachment, ECRI avoidance score is high over the patients diagnosed with comorbid psychiatric disorders with complicated grief. During the first application of the treatment, while evaluating the attachment categorically, in the complicated grief patients attached with avoidance grief scale, behavioural base scale and SPS negative self base scale are higher compared to the group whose HDRS scores attached with secure. The results show that in complicated grief cases the avoidance attachment is both dimensionally and categorically related with the strength of grief reaction and additional psychiatric problems.

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Cognitive disturbances and mood disorders in ischemic stroke

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Introduction Ischemic stroke is in increasing incidence, so that long term sequels are of great importance for management of quality of life and economics issues.

Objectives To determine risk factors associated with cognitive disturbances, after ischemic stroke.

Aims Assessment of social and medical risk factors in outcome of cognitive disturbances.

Methods During 6 months, 268 patients with antecedents of ischemic stroke and associated cognitive disturbances installed in first year after major stroke, were assessed in neurology department. We performed neuropsychological tests as mini mental state examination, sunderland clock test and beck depression inventory. Patients and caregivers were also assessed for quality of life. 53% were males, from urban areas (69%) and mean age was 72.2 years.

Results We found risk factors as hypertension (88%), dyslipidemia (63%), diabetes mellitus (22%), atrial fibrillation (11%), smoking (35%) and drinking (55%). According to DSM-5 criteria, 62.5% of our lot had major cognitive disorder and 37.5% had a minor one; most of the patients with major dysfunction had ischemia in left middle cerebral artery (31.71%) associated with language deficits and executive dysfunctions, and on the second place was the vertebro-basilar localization of stroke (29.86%). Ischemia in right middle cerebral artery was present only in 20.52% of the lot. 27%