may also help to change the stigma of SMI reinforcing mental health patient's contributions to society.

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EW635

Cardiovascular risk assessment in psychiatric inpatient setting

E. Dahmer[1,2,3,*], N.C. Lokunarangoda[4,5,6], K. Romain[7,8], M. Kumar[9]
[1] *Health Education West Midlands, The Shrewsbury and Telford Hospital NHS Trust, Telford, United Kingdom*
[2] *South Staffordshire and Shropshire Healthcare, Former F1 Dr in General acute inpatient Psychiatry-St George's Hospital, Stafford, United Kingdom*
[3] *Health Education West Midlands, Former FY1-University Hospitals of North Midlands, Stafford, United Kingdom*
[4] *The Shrewsbury and Telford Hospital NHS Trust, Cardiology, Telford and Shrewsbury, United Kingdom*
[5] *Teaching Hospital Anuradhapura, Former Acting Cardiologist-University Medical Unit, Anuradhapura, Sri Lanka*
[6] *Rajarata university of Sri Lanka, Senior Lecturer in Medicine, Mihintale, Sri Lanka*
[7] *Health Education West Midlands, University Hospitals of North Midlands, Stafford-Stoke, United Kingdom*
[8] *South Staffordshire and Shropshire Healthcare, F1 Dr in General acute inpatient Psychiatry-St George's Hospital, Stafford, United Kingdom*
[9] *South Staffordshire and Shropshire Healthcare, Consultant Psychiatrist- General acute inpatient Psychiatry-St George's Hospital, Stafford, United Kingdom*
* *Corresponding author.*

Objectives To assess the general cardiac health of inpatients in acute psychiatric units and to evaluate the practice of ECG use in this setting.

Aims Overall cardiac risk is assessed using QRISK2. Clinically significant ECG abnormality detection by psychiatric teams are compared with same by cardiologist.

Methods Ten percent of patients ($n = 113$) admitted to five acute psychiatric wards during a period of 13 months across three hospital sites, covering a population of 1.1 million, were randomly selected. Electronic health care records were used to collect all data, in the form of typed entries and scanned notes. An experienced cardiologist, blind to the psychiatrist assessments, performed ECG analysis. The QRISK2 online calculator was used to calculate 10-year cardiovascular risk as recommended by NIHR, UK.

Results A score of 10% or more indicates a need for further intervention to lower risk.13.5% of patients had a QRISK2 score of 10–20%, 5.2% had a score of 20–30%, and 1 patient had a QRISK2 score > 30%. In total, 19.7% had a QRISK2 of 10% or greater. A total of 2.9% had prolonged QTC interval (> 440 ms), with 2.9% having a borderline QTC (421–440). A total of 34.3% of ECGs were identified by the ward doctors as abnormal, with action being taken on 41.6% of these abnormal ECGs. Cardiologist analysis identified 57.1% of ECGs with abnormalities of potential clinical significance.

Conclusions One in five patients admitted to psychiatry wards have poor cardiac health requiring interventions. Though QTC interval prolongation is rare, half of patients may have abnormal ECGs that require further analysis.

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The agitated patient; need for mechanical restraint and prevention measures in relation to psychiatric diagnosis

F. Dinamarca*, L. Galindo, M. Grifell, E. Perez, V. Chavarria, P. Salgado, S. Perez
Hospital Del Mar, Psychiatry service – INAD, Barcelona, Spain
* *Corresponding author.*

Introduction Psychomotor agitation is a common psychiatric emergency in our environment that can occur in a wide clinical spectrum. Both the agitation itself as the procedures for their control, carry an implicit risk to patient safety and health workers.

Objective To describe the prevention measures used in patients requiring mechanical restraint in relation to diagnosis of psychiatric disorders.

Material and methods This is a naturalistic descriptive study. Mechanical restraints made in brief psychiatric hospitalization units of "Hospital del Mar" between January of 2013 to March of 2015, were analyzed by diagnosis. Proportions of the prevention intervention performed by nurses in each episode were compared. The groups of prevention interventions done were: "verbal approach", "environmental measures", "psychopharmacological intervention", "observation increase" and "inability for applying any measure because unpredictability".

Results A total of 2986 mechanical restraints were done in brief hospitalization units. Among the results, we find that verbal approach measure was use in 77.23% of patient with personality disorders. Environmental measures were used in 40% of the total of restraints. The most of psychopharmacological intervention was done in alcohol intoxication (50%) and then in psychotic spectrum (42.01%). The inability for applying measures was greater in alcohol intoxication (45.4%).

Conclusion Some of the results of this study are interesting and consistent with clinical practice (for example, effectivity of pharmacological intervention in psychosis and bipolar disorders, as well verbal approach in anxiety, etc.), we can predict the usefulness of measures applied to prevent a mechanical restraint. Further research is needed in this topic.

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Interim results of remotely provided, one-on-one, tailored psycho-education and skills training to caregivers of patients with mental health difficulties

K. Ashcroft (BA MPhil D ClinPsy) (Consultant Clinical Psychologist)[1,*], B. Insua-Summerhays (BSc) (Research Assistant – MyHealios)[2]
[1] *London, UK*
[2] *Southampton, UK*
* *Corresponding author.*

In the past several decades, considerable evidence has emerged on the efficacy of caregiver and family interventions in the treatment of severe and enduring mental health disorders, particularly schizophrenia. Studies have demonstrated benefits of these interventions with regard to both reduced rates of burden in caregivers, and a reduction in relapse and improvement in symptoms of the person with psychosis. However, many caregivers who may benefit from such interventions are unable to access them, due to limited resources and geographical factors. Additionally, concerns about stigma and time constraints may deter caregivers from accessing