

serious physical side effects including sudden death, therefore comprehensive physical health monitoring is advised.

Objectives To assess whether physical health monitoring of patients who received IM medication for RT was completed as per the Aggression/Violence NICE-guideline based local Policy.

Methods All patients that received IM benzodiazepines or antipsychotics for RT were identified amongst 822 discharges from February 2014 to February 2015. Demographics, diagnoses, non-pharmacological interventions, types/doses of medication, and associated seclusion/restraint episodes were recorded. Notes were examined to determine whether physical health monitoring protocols involving blood pressure, pulse, temperature, oxygen saturation, respiratory rate and level of consciousness were followed.

Results There were a total of 218 episodes where these medications were used, in which only 19 (8.8%) had any physical observations completed; only one case (0.5%) was completed fully as per the protocol. Of the cases that did not have observations taken, in 12 (5.5%) cases observations were attempted but the patient was too agitated/aggressive. A doctor was contacted in only 53 (24.3%) cases and an ECG was completed in 120 (55%) cases, of which only 11 were completed within 24 hours.

Conclusions The results show poor compliance (or at least recording) with the guidance, demonstrating the need for further education of nursing and medical staff on the potential dangers of RT and for better physical health monitoring of patients on RT. To improve patient safety, staff training and well-timed recording of physical observations on electronic tablets will commence.

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EW236

Survivors of gender-based violence and role of official psychiatry in recovery process

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Consequences of events in the Southern region of the Kyrgyz Republic continue to have impact on communities to the present day. One of the most significant is a number of undiagnosed cases of rapes and other types of gender-based violence (GBV), which happened during the events of 2010. Accurate prevalence rates of GBV cases is still unknown. According to official data of Ministry of Internal Affairs, there were only seven cases of rape, however, according to the crisis center reports, there were 325. Even more alarming, witnesses of the Osh events suggest one out of three women in Osh and Jalal-Abad were either raped or suffered from other types of GBV. Those acts included undressing and unveiling, and cutting women's hair to a shamelessly short length. Cultural stereotypes dictate women hide their 'shame', which is why only a small percentage of victims with PTSD symptoms that developed after GBV sought out services from professionals, such as from crisis centers, psychologists and psychiatrists and, of course, police. Author analyzed several cases of women raped during the Osh massacre and suffered from PTSD signs afterwards. The previous painful experience of GBV was uncovered during treatment. The problem is that mental health care specialists are the last stop for applying for help. This paper analyses several ways of solving the problem, including creating a number of normative documents in collaboration with Ministry of Internal Affairs and Ministry of Health of the Kyrgyz Republic.

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EW237

Presence of 2,5-dimethoxy-4-bromoamphetamine (DOB) among samples brought for drug checking in Spain

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Introduction New Psychoactive Substances (NPS) appear to be increasing in popularity because they mimic the effect of traditional drugs. DOB is a world-wide controlled phenethylamine, with agonist activity in 5HT_{2A} receptors. Its effects are comparable to those of LSD, with dosage range 1.0–3.0 mg and duration 18–30 h.

Objective To assess the presence of DOB in the substances submitted to, and analyzed by, energy control.

Materials and methods All samples presented to Energy Control (EC) from August 2009 to August 2015 were analyzed. EC is a Spanish harm-reduction non governmental organization that offers to users the possibility of analyzing the substances they intend to consume. Samples in which DOB was detected using gas chromatography-mass spectrometry were selected for this study.

Results From a total of 20,062 samples, 13 contained DOB (0.06%), with no clear variations among the years studied. The samples were mostly sold as DOC(8), DOB(2) and LSD(2). Nine out of total 13 samples presented as blotter.

Conclusion Results suggest that availability of DOB in the Spanish drug market is anecdotic. Nonetheless, a number of the samples containing DOB were not sold as such, increasing the possibility of side effects, as users may ignore which substance they are actually using. When a patient presents at an Emergency Department with persistent hallucinogenic symptomatology after ingesting a blotter, psychiatrist should be aware of long-lasting psychedelics such as DOB.

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EW238

Incidence and management of agitation in emergency medical services in Spain – “SOSEGA” Study

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Introduction Agitation is a frequent and complex emergency. Its early detection and adequate treatment are crucial to ensure the best outcomes. Pre-hospital management of agitation requires appropriate measures to preserve patients' safety, stabilize the

patient and alleviate suffering, and transfer to the hospital psychiatric services, including involuntary admission if needed.

Objectives To describe the management of agitation by the Emergency Medical Services (EMS) in Spain.

Methods Observational retrospective survey on the protocols and procedures used, the number of in-calls received and the resources dedicated to attend emergencies in 2013.

Results Seven out of the seventeen EMS in Spain provided information. All of them registered in a database in-calls and actions taken. Four of them had a specific protocol to attend psychiatric emergencies and agitation in-calls, and five coded the initial diagnostic with ICD-9. Paramedics attending emergencies register the diagnostic in 3/7 EMS. Nursing and Medical staff code the final diagnostic with ICD-9 in all. Emergency Coordination Centres received 4,437,388 in-calls (209/1000 inhabitants); 2.6% classified as psychiatric (6.2/1000 inhab.). Healthcare teams attended 2,028,467 emergencies, 84,933 (4.2%) were psychiatric (4.0/1000 inhab.) and 37,951 (1.9%) were patients with agitation (2.0/1000 inhab.). General practitioners attended 17% of all psychiatric emergencies, while ambulances attended 61%.

Conclusions The incidence of acute agitation accounts for almost half of the total psychiatric emergencies in the pre-hospital setting. Since there are different healthcare providers in charge, specific protocols as well as treatment procedures are needed to provide the most adequate management, in order to ensure the best Psychiatric Emergency Chain.

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EW239

Recognizing high-risk behavioural patterns in emergency psychiatry: From surveillance to technical assistance, insights into an innovative project* from the point of view of potential users

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Introduction After legal restrictions regarding coerced medication in Saxony, we monitored significant increases in aggressive behaviour and regarding the use of physical restraints at our closed psychiatric ward. Alternative measures for managing dangerous behaviour were discussed.

Objectives There are limitations regarding the use of treatment interventions in emergency psychiatry, e.g. the use of constant observation is limited in its efficiency generally and video surveillance is prohibited by law in high-risk areas (e.g. bathroom).

Aims To find appropriate solutions for patient safety improvement in emergency psychiatry including high-risk areas, prospects of the field of “technical assistance” entered the limelight of interest.

Methods In 2014, a cooperation of Chemnitz University of Technology, Intenta GmbH, Eckstein Design and the affiliated partner Klinikum Chemnitz started a project*, which focuses on the development of a technical assistance system for recognizing high-risk behavioural patterns (e.g. suicide attempt) in risk areas in emergency psychiatry. The system is based on a smart-sensor technology and waives a recording and storing of sound and vision.

Results In the 1st half of the project technical development and the design of the system were the focus of attention. Special requirements regarding use cases, user acceptance, data protection and ethical concerns were processed by our psychiatric department. Testing and further development of the system in clinical settings are planned.

Conclusions The development of the system must be seen as a big challenge in many regards. Further research is indispensable.

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EW240

Does psyche pain manifest as agitation in the emergency setting?

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Objectives The objective was to determine a patient's level of psyche pain when they present to an emergency department (ED) and whether there was a relationship between this psyche pain and the patient's level of agitation.

Methods This was a prospective study using a convenience sample of 300 patients presenting to an ED with a psychiatric complaint. This study was conducted in an urban, inner-city trauma center with 60,000 ED visits a year. After obtaining consent, a research fellow administered validated tools for assessing agitation, BAM, PANSS-EC, ACES, assessment of psyche pain, MBPPAS and a self-assessment of agitation at admission. SPSS version 22 was used for statistical analysis and the study was IRB approved.

Results A total of 74 patients were enrolled at this time. The most common ED diagnoses were depression, schizophrenia, or bipolar disorder. Majority of patients were African-American (59%), falling in the 25–44-year-old age range (56%). Fifty-two percent male and 48% female. Psyche pain was rated by MBPPAS as marked (18.9%) or moderate (67.6%). The self-reported tool demonstrated 20% none, 16% mild, 21% moderate and 42% marked level of agitation. The agitation rating varied by the tool with self-reported level of agitation having the highest correlation with level of psyche pain ($P < 0.05$).

Conclusions Psychiatric patients frequently present to the emergency department with a high level of psyche pain and high level of self-reported agitation. This correlation may signal the need to address a patients' level of agitation early in evaluation process.

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Epidemiology and social psychiatry

EW241

Health related quality of life in adults with ADHD symptoms: A population survey using 15D and AAQoL

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