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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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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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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