

Introduction Mental ill health is common among doctors. Fast, efficient diagnosis and treatment are needed as mentally ill doctors pose a safety risk to themselves and to patients, yet they are often reluctant to seek help. Focusing on psychiatry, it is known that psychiatrists as a professional group are prone to stress burnout and suicide. Thus, it seems relevant and current to address on the burnout in this professional group.

Objectives/aim To analyze the burnout levels and the existence of psychopathology in a Portugal psychiatry department.

Methods Anonymous self-completion questionnaire, prepared by the Suicide Prevention Consultation (also using MBI-Maslach Burnout Inventory and QIS-Suicide Ideation Questionnaire) and distributed by e-mail and online submitted for all psychiatrists in the department.

Results Forty-two percent of psychiatrists responded, mostly women. Although the percentages of responses related to fatigue/amount of work are significant, there were not high levels of emotional exhaustion and depersonalisation, but before satisfactory levels of personal fulfilment.

Conclusions High levels of “burnout” are associated with high scores of emotional exhaustion and depersonalisation, but also with low scores of personal fulfilment. Despite the preliminary results of this study, it is important to remember important prevention strategies. Further studies directed to psychiatry trainees seem important, as this represents an important risk group, where an early intervention can make a difference.

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EV788

A retrospective study of the impact of antipsychotic medication on readmission in patients followed by a domiciliary care unit

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Introduction Domiciliary care services' patients have severe psychiatric disorders, challenging social contexts and physical comorbidities. These influence outcome but are difficult to modify. Conversely, antipsychotic medication is changeable and has been shown to be related to number of readmissions and length of stay.

Objectives To assess whether injectable or oral and first or second generation antipsychotics (FGAP and SGAP) are associated with readmission and contact with mental health services.

Aims To improve the quality of care in our domiciliary care unit (PreTrarCa) and its efficacy.

Methods Active patients in PreTrarCa in 2015 with schizophrenia, schizoaffective, delusional or bipolar disorders were included ($n = 64$). Information regarding medication and average number of hospitalizations, appointments and missed appointments per year was retrospectively collected.

Results Patients were mostly male (37), with mean age of 54, and mean follow-up of 41.20 months; 23 were prescribed injectable antipsychotics alone, 21 oral antipsychotics alone and 20 both; 36 were on injectable FGAP and 7 on SGAP. Oral medication was significantly related with missed appointments per year, but not with number of actual appointments. No other significant relation was found; although patients on SGAP had more hospitalizations (0.9

vs. 0.3 per year) and longer length of stay (21.9 vs. 6.3 days) these differences were not statistically significant.

Conclusion Type of antipsychotic was not associated with readmission rates or contact with mental health services. Confounding variables and clinical outcome measures were not included and the effect of medication changes during follow up was not addressed.

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Mental illness and sexual disease transmission. A case report

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Introduction Published rates of HIV infection among psychiatric patients are 3.1% to 23.9%, at least eight times higher than general population. (Nebhinan et al., 2013)

Aims Defects in judgment and insight in patients with psychosis is often associated with lot of anger and impulsiveness, risky behavior and lower treatment adherence. This often led to worsening of clinical status and prognosis. (Uruchurtu, 2013)

Methods A 31-year-old man diagnosed with schizophrenia and HIV four years ago. At the beginning of last year, the patient was hospitalized in the Acute Psychiatry Hospital Unit because of decompensation. Two years after diagnosis of HIV, he stopped taking his medications and was arrested several times because misdemeanours. Furthermore, patient was highly sexually active in the form of unprotected sex with multiple partners, as he had no concept of his disease. In addition to this, he made a delusional interpretation about HIV (known as VIH in Spanish) as Immortal human life (Vida Immortal Humana). He was admitted in the hospital for a month and was treated with medications and psychotherapy, which led to good stabilization, and he gained insight of both of his illnesses. At the moment, one year after this episode, the patient is stable, taking both medications regularly and followed up by his psychiatrist in the Mental Health team.

Conclusion It is of extreme importance that psychotic patients with HIV receive a good follow-up during life, as decompensation can affect the patients' health and health of others, with the implicit consequences that it carries. (Uruchurtu, 2013)

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EV790

Mindfulness, self-compassion and psychological distress in pregnant women

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Introduction Anxiety, depression, and stress in pregnancy are risk factors for adverse outcomes for mothers and children (Glover, 2014). There is good evidence showing a decrease in psychological distress when pregnant women participate in interventions comprising mindfulness and self-compassion practices (Dunn et al., 2012). However, there are few studies on the relationship between mindfulness, self-compassion and psychological distress variables in pregnancy, without being within the scope of intervention trials (Cohen, 2010; Zoeterman, 2014).

Objective To explore the association between mindfulness, self-compassion and psychological distress/PD in pregnant women.

Methods Four hundred and twenty-seven pregnant women (mean age: 32.56 ± 4.785 years) in their second trimester of pregnancy (17.34 ± 4.790 weeks of gestation) completed the Facets of Mindfulness Questionnaire-10 (FMQ-10; Azevedo et al., 2015; to evaluate Non-udging of experience/NJ, acting with awareness/AA and observing and describing), Self-Compassion Scale (SCS; Bento et al., 2015; to evaluate self-kindness/SK, self-judgment, common humanity, isolation, mindfulness and over-identification) and Depression Anxiety and Stress Scale-21 (DASS-21; Xavier et al., 2015). Only variables significantly correlated with the outcomes (Total DASS-21, Stress, Anxiety and Depression) were entered in the multiple regression models.

Results FMQ-10 and SCS Total scores were both significant predictors of DASS-21 ($B = -.335, -.296$). Stress predictors were NJ, AA, SK and isolation ($B = -.164; -.196; -.087; .353$); Anxiety predictors were NJ, SK and isolation ($B = -.198; -.124; .268$); depression predictors were NJ, SK and Isolation ($B = -.277; -.128; .232$) (all $P < .01$).

Conclusions Mindfulness and self-compassion dimensions, particularly non-udging of experience and self-Kindness are protective for PD in pregnancy. Isolation is a correlate of PD in pregnancy.

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EV792

Non-Attendance at initial appointments in an Outpatient Mental Health Centre

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Introduction Non-attendance at initial appointments is an important problem in outpatient settings and has consequences, such as decreased efficient use of resources and delayed attention to patients who attend their visits, and that compromises quality of care.

Objectives To identify and describe the characteristics of patients who do not attend the first appointment in an adult outpatient mental health center, located in Barcelona.

Method Retrospective study. The sample was made up from all patients who had a first appointment during 2014 in our outpatient mental health centre. Socio-demographic and clinical data (type of first appointment, reason for consultation, origin of derivation, priority, history of mental health problems) were described. The results were analyzed using the SPSS statistical package.

Results A total of 272 patients were included. Twenty-six per cent did not attend their first appointment; with mean age 39.75 years and 51.4% were male. Most frequent problems were anxiety

(41.7%), depression (26.4%) and psychosis and behavioural problems (11.2%). The origin was primary care (83.3%), social services (4.2%) and emergencies (2.8%). Most of them were not preferent or urgent (86.1%). The 51.4% of non-attendees had history or psychiatric problems and 13.9% nowadays are patients of our mental health centre.

Conclusions It is important to develop mechanisms that can reduce the incidence of first non-attended appointments. In our case, most of them are attended by primary care so we can establish better communication with our colleagues and try to contact to the patients prior to the date of the appointment.

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Medical comorbidity related risk factors for hospital-based mortality in psychiatric disorders of ICD-10 classes F1–F4: A comparative overview of five studies in general hospital admissions

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Introduction Up to 60% of the non-suicide related premature mortality of individuals with major psychiatric disorders is said to be mainly due to medical diseases.

Objectives and aims Based on five representative studies in general hospital admissions over 12.5-year observation, we will represent a comparative overview of medical comorbidity related risk factors for general hospital-based mortality in prevalent psychiatric disorders of ICD-10 major classes F1–F4.

Methods In the original studies, medical comorbidities that increased the risk for hospital-based mortality were identified using multivariate forward logistic regression analysis. In secondary analysis, independent risk factors for general hospital-based mortality were compared between studies using the OR and the 95% CI.

Results A total of fifteen medical comorbidities represented independent risk factors for general hospital-based mortality in more than one psychiatric disorder of ICD-10 major classes F1–F4. Infectious lung diseases and chronic obstructive pulmonary disease were mortality risk factors in all diagnostic classes. Type 2 diabetes mellitus represented a risk factor for general hospital-based mortality in individuals with schizophrenia (SCH), bipolar disorder (BD), and major depressive disorder (MDD). Atrial fibrillation was a mortality risk factor in individuals with MDD, anxiety disorder (ANX), and alcohol dependence (AD). In addition, nineteen medical comorbidities represented independent mortality risk factors in only one of the diagnostic classes, i.e. two in individuals with SCH, three in individuals with MDD, three in ANX, and eleven in AD.

Conclusions In general hospitals, the pattern of medical comorbidities that explain the outcome of in-hospital deaths differs considerably between psychiatric disorders of ICD-10 major classes F1–F4.

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