

Introduction Clinical practice in emergency room and crisis unit is often fraught with pitfalls (Immediate demands, accelerated temporality, difficulties working with family and care network). This practice contains specific clinical therapeutic interventions based on recognized theoretical frameworks. These theoretical frameworks constitute “formal knowledge”. They help to diagnose but have got limitations. In fact, clinical competence requires also technical and interpersonal skills (“know-how”) as well as reasoning skills and clinical intuition (“Informal knowledge”). All these knowledge and skills are built over clinical experience based on trainings and supervisions, continued clinical reasoning and exchanges with colleagues.

Objectives Our research aims to capture therapeutic processes in clinical crisis intervention by illustrating what experts really do in their clinical practice and above all, how they do.

Aims Our study illustrates several crisis situations, moment-by-moment, by analyzed experts’ voices.

Method Our method is grounded in a first person epistemology and used a qualitative methodology focused on explication interview. Ten crisis interviews were analyzed in a micro and macro perception.

Results Our research based on experts’ voices has identified a series of therapeutic techniques and principles who are essential to better intervene in clinical crisis intervention. A model of intervention was developed to train debutant clinician.

Conclusion We believe that reflexivity is a powerful attitude to understand and transform practices in a lasting way.

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EV0489

Interpersonal sensitivity in the at-risk mental state for psychosis in Karachi, Pakistan

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Introduction Interpersonal sensitivity can be explained as a personality trait in which there is an excessive and expanded awareness of the behavior and emotions of others. Individuals having high interpersonal sensitivity are sensitive to interpersonal relationships and self-deficiencies in comparison to others. Studies report that high interpersonal sensitivity can cause low self-esteem and feelings of insecurity.

Objectives The objective of this study was to examine the level of interpersonal sensitivity in individuals with an at-risk mental state (ARMS) for psychosis compared to the individuals not at risk for psychosis.

Methods A total sample of 50 individuals was recruited from Bahria University, Karwan-e-Hayat and Karachi Psychiatric Hospital: 25 with ARMS for psychosis and 25 participants who were not ARMS, according to scores on Schizophrenia Proneness Inventory-Adult (SPI-A). All of the participants then responded to self-report questionnaire on Interpersonal Sensitivity Measure.

Results Results showed that the group with ARMS had a significantly higher interpersonal sensitivity on average (112.5) as compared to healthy individuals (91.8). Results show significant difference in both of the groups ($t = -5.049$; $P < .0001$) indicating that interpersonal sensitivity in people with ARMS was relatively high compared to those who were not at risk.

Conclusion This study suggests that being ‘hypersensitive’ to interpersonal interactions is a psychological feature of the potentially prodromal phase of psychosis. Addressing difficulties in interpersonal relationships and offering early psychotherapeutic

interventions can be beneficial, not only in averting serious illness, but preventing loss to individual and national productivity.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0490

Reducing restraint with clozapine in involuntarily admitted patients with schizophrenia

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Introduction In the entire world, restraint and seclusion are common interventions in psychiatric in-patient settings due to aggressive behavior.

Objectives Our objective was to test for the immediate anti-aggressive property of clozapine compared to other antipsychotic treatments in an enriched cohort with high rates of restraint during early hospitalization.

Methods We present a retrospective chart review in all involuntary admissions with schizophrenia during 2011–2014 in Psychiatry and Neurology Hospital, Brasov, Romania. Timing and number of restraints in addition to clinical, demographic and treatment characteristics were extracted. Based on our earlier observation of clinical efficacy of early, fast titration of clozapine, we tested the hypothesis that clozapine treatment was associated with reduced use of restraint, and with longer restraint-free periods.

Results In 115 patients with schizophrenia (age = 39.7 ± 11.1 years; male = 59%) involuntarily admitted due to externalized (74.78%) or self-directed violence (25.22%), restraint was used in 89.6%; with a median duration of 3 hours until restraint past admission. Antipsychotics used immediately after hospitalization included haloperidol (70.4%), clozapine (11.3%), olanzapine (10.4%) and other second-generation antipsychotics (7.9%). Comparison of restraint characteristics favored immediate clozapine use with highly reduced rates of restraint (38.5% vs. 95.6%. $P < 0.001$) and significantly extended hours until restraint ([118 h, 24 h, 426 h] vs. [3 h, 0.25 h, 48 h]; median; 25th, 75th percentile; $P < 0.001$) relative to the remaining cohort. These effects remained highly significant after controlling for potential moderators of restraint use in multivariate models.

Conclusions These retrospective data suggest an early anti-aggressive effect of clozapine during the immediate use of clozapine in highly problematic patients.

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EV0491

The 4-hour window: UK Government targets versus clinical priorities

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Introduction In 2002, the Department of Health (United Kingdom) introduced a 4-hour target due to long waiting times. It is expected that 95% of patients who attend the A&E (Emergency) Department should be registered and admitted/discharged within 4 hours. Exceeding this is termed a “breach”.

Objectives The aim of this re-audit was to assess for a response following recommendations after an initial audit with concerning results. Forth Valley Royal is an acute public hospital in Central Scotland with 860 in-patient beds, covering a population of 300,000. It

contains two general adult wards (42 beds), one IPCU (12 beds) and two Elderly wards (40 beds).

Methods Referral data was sourced across 4 consecutive months: April–July 2015 (initial audit) and October 2015–January 2016 (re-audit). These included all referrals from A&E to Psychiatry. Times were calculated for the 4 subprocesses listed in Table 1 below.

Conclusion/discussion Following the initial audit, interventions such as training A&E staff to better manage psychiatric patients and encourage earlier referrals, led to a positive response in the re-audit (Subprocess 1). Breach rates reduced to 28% (from 35%) on re-audit. Less breaches (81% compared to 88%) were referred after 2-hours by A&E. Overall, the breach rates have reduced and they are less attributable to the A&E referring patients late. The outcome of patients leaving A&E without being seen by a psychiatrist was unknown – adverse outcomes would strengthen the debate to enforce the 4-hour window.

Table 1

Initial audit = 222 referrals (35% breach rate)
Re-Audit = 348 referrals (28% breach rate)

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Neuroleptic malignant syndrome: Case report and literature review

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Introduction Neuroleptic malignant syndrome (NMS) is an uncommon but potentially fatal adverse effect of neuroleptic, both classic and atypical drugs.

Objective To review the incidence, clinical characteristics, diagnosis and treatment of NMS.

Aim We have described the case of a man of 32 years of age diagnosed with bipolar disorder treated with lithium. He presented high-dose corticosteroids after having tonsillitis. Then, he presented manic decompensation requiring neuroleptic treatment (oral risperidone). After 72 hours, he presented an episode characterized by muscular rigidity, fever, altered mental status and autonomic dysfunction. Life support measures and suspension of neuroleptic treatment were required.

Methods A literature review of the NMS was performed using the PubMed database.

Results The frequency of NMS ranges from 0.02 to 2.4%. The pathophysiology is not clearly understood but the blockade of dopamine receptors seems to be the central mechanism. Some of the main risk factors described are: being a young adult, the concomitant use of lithium and metabolic causes, among others. NMS occurs most often during the first week of treatment or after increasing the dosage of the neuroleptic medication. Some issues of NMS are those related with diagnosis, treatment and reintroduction of antipsychotic treatment or not.

Conclusions NMS can be difficult to diagnose due to the variability in the clinical symptoms and presentation. Because of it diagnosis is of exclusion, clinicians should always take it into consideration

when a patient is treating with neuroleptic, especially when the dosage has been recently increased. NMS is a clinical emergency.

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EV0493

The correlation between mood disorders and suicide attempts for the period 2013–2015 at “Mother Teresa” hospital center, Fatbardha Myslimaj, Psychiatrist, Mirela Gokaj, Deana Rama

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Background People, who have tried to commit self-injurers or suicidal attempts, refer symptomatic presence of disorders of humor and numerous problems social as factors precipitant to suicidal thoughts and actions. It is important recognition of the signs of suicide and self-inflicting behavior to help prevent suicide.

Materials and methods The study includes a period of 3 years of cases hospitalized in the psychiatric clinic UHC, since 2013–2015. The data are taken from the records of admissions at the Psychiatric Clinic at the University Hospital Center. Results are grouped and studied issued by mood disorders, sex, age, place of residence and social status.

Results The influence of mood disorders is recently estimated very important in causing suicide attempts compared with other mental illnesses, similar values with contemporary literature.

Conclusions The majority of suicide attempts do not result in death. Many of these efforts are made in a way that makes salvation possible. These efforts are often a cry for help. Suicide is a social phenomenon different cognitive aspect such as ethical, philosophical, legal, psychiatric, etc. Employees of psycho-social care should be informed about this phenomenon and finding the diagnosis, prevention and treatment of suicidal attempts by persons at risk of suicide.

Keywords Suicide attempt; Mood disorder; Self-infliction

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Peculiarities of providing care in various emergencies

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Air crashes Attention is focused on providing care to the relatives (identifying the bodies of the perished, talking to investigators, filling out the requisite documentation, etc.), resolving social issues (organizing funerals, informing various services of what had happened, etc.).

Fires Special attention is paid to the victims with burns at the inpatient facilities of hospitals.

Terrorist acts Provision of care depends on the duration of the emergency and the number of people involved; in the case of a continual stress, in the phase of isolation the medical-psychological care is provided to victims' relatives. At later stages—it is provided to the victims and their relatives.

Natural disasters Are of a special nature, as they are always sudden and there exists a threat that a great number of people may become victims.

Organizational measures in the acute period of an emergency: