

they place on patients, may increase the rate of incidents within the hospital. Despite comparable rates on admission, MI rehabilitation wards have far fewer incidents than PD rehab wards, which may reflect the more intractable nature of PD versus MI. More work is required to confirm these findings.

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#### EW0722

### An analysis of emergency leaves of absence from a United Kingdom high secure psychiatric hospital with a view to identifying ways to reduce their number

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**Introduction** Emergency leaves of absence (ELOAs) from high secure psychiatric care are both costly and increase the risk posed to staff, patients and the general public. ELOAs were analysed to identify whether greater on-site physical health provision could reduce their number, and quantify the potential financial saving to the trust to do so.

**Method** All ELOAs from Broadmoor hospital between 15.5.15–14.11.15 were assessed by a team of psychiatrists and a GP to identify whether they were “avoidable”, “unavoidable” or “potentially avoidable” if measures were taken. For the “potentially avoidable” group, we then calculated the staffing cost of these LoAs to help ascertain whether these measures would be cost effective.

**Results** There were 30 ELOAs during the period assessed, costing £79,240 (Table 1). The table also shows which additional on-site services or training may have prevented these ELOAs, and the cost saving to the trust if they had.

**Conclusions** The number of ELOAs from the hospital could be reduced by increased on-site physical health provision and training. This would improve the quality of care patients receive, as well as reducing both the cost to the trust and the risk posed to staff, patients and the general public. We must also consider the large potential cost and risks associated with a patient absconding from an ELOA.

Table 1

	Percentage of total ELOAs (30)	Cost in 6 months (£)
Avoidable	7% (2)	3,973
Unavoidable	40% (12)	49,044
Potentially avoidable	53% (16)	26,223
<b>Of which</b>	<b>Preventing</b>	<b>Potential saving</b>
Watchful waiting	10% (3)	14,307
Onsite x-ray	30% (9)	8,326
Wound care/suturing	7% (2)	2,603
Equipment	7% (2)	2,271

Table to show number of emergency leaves of absence (LoAs) felt to be preventable, and the measures and potential savings associated with doing so

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#### EW0723

### The relationship between grief process and attachment styles in the cases with the treatment of complicated grief: A prospective study

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The attachment style is one of the significant factors affecting the grief process and complicated grief. This study aims to research the relation between the factors determining the sociodemographic features, the reactions of grief, the suicidal behaviour and the grief process on the patients who are followed and treated with the complicated grief diagnosis and the features of attachment. The study includes 45 patients directed to a therapy unit and meet the criterions of complicated grief diagnosis. 33 of those patients have completed their treatment. Sociodemographic and clinical data form applied to the patients at the beginning, to evaluate for comorbid psychiatric disorders structured clinical interview for DSM-IV axis I disorders, adult attachment style questionnaire (AASQ), grief scale, hamilton rating scale for depression (HDRS), suicide behaviors questionnaire (SBQ), suicide probability scale (SPS), experiences in close relationships inventory (ECRI) are applied on the participants and compared the results of the scales prior to and following the treatment. In the dimensional evaluation of attachment, ECRI avoidance score is high over the patients diagnosed with comorbid psychiatric disorders with complicated grief. During the first application of the treatment, while evaluating the attachment categorically, in the complicated grief patients attached with avoidance grief scale, behavioural base scale and SPS negative self base scale are higher compared to the group whose HDRS scores attached with secure. The results show that in complicated grief cases the avoidance attachment is both dimensionally and categorically related with the strength of grief reaction and additional psychiatric problems.

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#### EW0724

### Cognitive disturbances and mood disorders in ischemic stroke

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**Introduction** Ischemic stroke is in increasing incidence, so that long term sequels are of great importance for management of quality of life and economics issues.

**Objectives** To determine risk factors associated with cognitive disturbances, after ischemic stroke.

**Aims** Assessment of social and medical risk factors in outcome of cognitive disturbances.

**Methods** During 6 months, 268 patients with antecedents of ischemic stroke and associated cognitive disturbances installed in first year after major stroke, were assessed in neurology department. We performed neuropsychological tests as mini mental state examination, sunderland clock test and beck depression inventory. Patients and caregivers were also assessed for quality of life. 53% were males, from urban areas (69%) and mean age was 72.2 years. **Results** We found risk factors as hypertension (88%), dyslipidemia (63%), diabetes mellitus (22%), atrial fibrillation (11%), smoking (35%) and drinking (55%). According to DSM-5 criteria, 62.5% of our lot had major cognitive disorder and 37.5% had a minor one; most of the patients with major dysfunction had ischemia in left middle cerebral artery (31.71%) associated with language deficits and executive dysfunctions, and on the second place was the vertebro-basilar localization of stroke (29.86%). Ischemia in right middle cerebral artery was present only in 20.52% of the lot. 27%