

The aim of this study is to explore the differences of frequency of each indication of mechanical restraint on patients on the psychiatry acute and dual pathology units.

**Material and methods** We reviewed retrospectively the informatics record of all the mechanical restraints made and the total discharges of the three acute care units and dual disorders of Neuropsychiatry and Addictions Institute of the Parc de Salut Mar de Barcelona, between January 2012 and January 2015. The episodes of mechanical restraint, the specific indications for them and the DSM-IV diagnostic were coded. Then, was calculated the frequency and proportion of mechanical restraints in the most common diagnostic groups. An ANOVA was performed:

- risk of self-aggressiveness;
- state of self-aggressiveness;
- risk of hetero-aggressiveness;
- state of aggressiveness;
- risk of psychomotor agitation;
- state of psychomotor agitation;
- acute confusional state;
- fall risk;
- risk reduction on therapeutic interventions;
- avoid pulling out of life support systems;
- facilitate administration of drug treatment;
- patient voluntarily requests it;
- high-risk of escape.

**Results** The number of discharges analyzed was 4659 from which 838 had an episode of mechanical restraint associated.

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

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#### EV634

### Psychiatric emergencies and admissions in Ciudad Real Area. Statistic study. A reflection on use of emergency resources and admission criteria

J. Martínez Arnaiz\*, C. García Blanco, B. Vallejo-Sánchez  
Santa Barbara Hospital, Mental Health Unit, Puertollano, Ciudad Real, Spain

\* Corresponding author.

**Introduction** Ciudad Real is an area of approximately 500,000 inhabitants, with a University Hospital and several district hospitals. Psychiatric services and emergencies are centralized in the University Hospital. We analysed the totality of area admissions during 2014, establishing different categories according to ICD 10 diagnosis.

**Objective** We want to compare different categories of patients who are admitted to hospital (severe mental illness versus non-severe mental illness), morbidity in different areas and readmission rates according to diagnosis.

**Aims** To establish a correspondence between attention and severity of psychiatric pathology, diagnostic criteria and how we manage both severe and non-severe mental illness and the repercussion in terms of assistance and pressure in psychiatric emergencies.

**Methodology** Initially, we made a simple statistic analysis of all admission (400 approximately) in 2014 based on ICD-10 diagnosis, socio-demographic parameters, area, admission stay, number of admissions. We compare both groups: severe and non-severe mental illness according to international criteria. We apply a Pearson correlation searching for relation between severity and attendance to psychiatric emergencies.

**Results** Around a 60% of admissions are not due to severe mental illness, these conditions have twice the readmission rate than

severe mental illness. We did not find a correlation between attendance to psychiatric emergencies and severity of the condition. Other factors seem to have an important role in re-admissions.

**Conclusions** Non-severe mental illness is consuming an important part of emergency psychiatric resources. Criteria of admission need to be reviewed or apply rationally.

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

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#### EV635

### Non-compliance in the emergency department: Is there a difference between medical and psychiatric patient's reasons and use of the emergency department

L. Zun

Mount Sinai Hospital, Emergency Medicine, Chicago, USA

**Background** It is estimated that on average up to 50% of patients are non-compliant with their medication, resulting in 28% emergency room visits costing about \$8.5 billion annually.

**Objectives** The purpose of this study was to examine, what, if any, differences there are between medical versus psychiatric non-compliant patients with regard to use of the emergency department (ED).

**Methods** A random sample of patients who present to the ED for medical or psychiatric illnesses and who state that they were non-compliant with their medicine were given the National Health Access Survey. They were asked about sources of medical care, drug compliance and reason for non-compliance.

**Results** There were a total of 300 participants in the study. There was no significant difference in the reason both medical and psychiatric patients gave for being non-compliant with their medications that resulted in their ED visit. Each group cited cost as the number one reason for not taking their medication as prescribed. The psychiatric participants who were more likely to get admitted disposition ( $P = .00$ ), not afford mental health care ( $P = .01$ ), were not able to get care from other places and used the ED for their psychiatric care ( $P = .02$ ).

**Conclusion** There was no difference between the two populations with regards to their reasons for non-compliance that brought them to the ED. Non-compliance of the psychiatric patients compared to the medical patients lead to a higher admission rate.

**Disclosure of interest** The author has not supplied his declaration of competing interest.

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## Epidemiology and social psychiatry

#### EV636

### Prevalence of ADHD in adult psychiatric outpatient clinics in Sligo/Leitrim Area, Ireland

D. Adamis<sup>1,\*</sup>, D. O'Neill<sup>1</sup>, O. Mulligan<sup>1</sup>, E. O'Mahony<sup>1</sup>, S. Murthy<sup>1</sup>, G. McCarthy<sup>1</sup>, F. McNicholas<sup>2</sup>

<sup>1</sup> Sligo Mental Health Services, Psychiatry, Sligo, Ireland

<sup>2</sup> University College Dublin, Child Psychiatry, Dublin, Ireland

\* Corresponding author.

**Introduction** The prevalence of ADHD in adult population has been estimated at 2.5%. Higher rates (23.9%) have been reported among adult mental health service (AMHS) users.