

the potential roles of mental health literacy and stigmatization in influencing treatment-seeking behaviors.

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e-Poster viewing: Emergency psychiatry

EV0485

What is commonly missed in the suicidal risk assessments in the emergency room?

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Introduction Suicidal behaviour remains the most common reason for presentation to the emergency rooms. In spite of identifiable risk factors, suicide remains essentially unpredictable by current tools and assessments. Moreover, some factors may not be included consistently in the suicidal risk assessments in the emergency room by either emergency medicine physicians or psychiatrists.

Method Step 1 involved the administration of a survey on the importance of suicide predictors for assessment between psychiatry and emergency medicine specialties. In step 2 a chart review of psychiatric emergency room patients in Kingston, Canada was conducted to determine suicide predictor documentation rates. In step 3, based on the result of the first 2 steps a suicide risk assessment tool (Suicide RAP [Risk Assessment Prompt]) was developed and presented to both teams. A second patient chart review was conducted to determine the effectiveness of the educational intervention and suicide RAP in suicide risk assessment.

Results Significant differences were found in the rating of importance and the documentation rates of suicide predictors between the two specialties. Several predictors deemed important, have low documentation rates. Thirty of the suicide predictors showed increased rates of documentation after the educational intervention and the presentation of the suicide RAP.

Conclusion Though a surfeit of information regarding patient risk factors for suicide is available, clinicians and mental health professionals face difficulties in integrating and applying this information to individuals. Based on the result of this study suicide RAP and educational intervention could be helpful in improving the suicidal risk assessment.

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Antipsychotic drugs in pregnancy

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Background There has been significant increase in prescription of antipsychotic medication in the community for females in child-bearing age the problem is we do not have clear guidelines because we do not have a control group.

Objectives To evaluate maternal psychiatric, medical and perinatal outcomes associated with antipsychotic drugs in pregnancy.

Aim To use wisdom when the risk is minimal for both mother and child.

Method We study 3 pregnant women, one with a 6 years old, one with a 2 years old child and one still pregnant. We measure their blood sugar, blood pressure, fetal heart, movement, ultrasound using first generation antipsychotic (FGA).

Results Patient became less psychotic then back to normal and fetal development is normal till now, no diabetes mellitus or hypertension, no malformation or abortion.

Conclusion It is still too early to reach a clear and absolute use of safe antipsychotic drugs in pregnancy. A large sample is needed for a study and a control should be needed.

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Neuroleptic malignant syndrome: A rare, life-threatening and not fully understood condition

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Introduction Neuroleptic Malignant Syndrome (NMS) is a rare life-threatening idiosyncratic reaction associated with the use of neuroleptics. It is characterized by delirium, muscular rigidity, fever and autonomic nervous system dysregulation. Its diagnosis represents a significant challenge for clinicians and many aspects regarding its epidemiology, etiopathology and nosology remain controversial.

Objectives Summarize current knowledge to facilitate NMS diagnosis and allow a fast onset of therapeutic and life-saving interventions.

Methods Non-systematic review of the literature—scientific publications from Pubmed and a Psychiatry Textbook.

Results NMS typically develops during the first week after the neuroleptic is introduced, although it may also appear after years of treatment. Its incidence is of 0.02 to 3% in patients taking antipsychotics; the mean age of its patients is 50 years. Typical symptoms are muscle rigidity and temperature greater than 38°C in a patient on antipsychotic; however, recent reports indicate that these core symptoms may not always be present. Several risk factors have also been identified and must be addressed. NMS may be fatal in 10 to 20% of cases or may produce residual sequelae, like cognitive dysfunction or neurological deficits. NMS must be managed by aggressive use of supportive measures, as well as specific interventions. It recurs in 30% of patients, which can be diminished by specific measures.

Discussion NMS requires timely and accurate diagnosis and treatment. Antipsychotics should be used cautiously in patients at increased risk. When recognizing this condition, prompt withdrawal of the offending agent is the most important step. Wise approaches can diminish morbidity, mortality and recurrence.

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Evaluation of experts' clinical practice in crisis unit and psychiatric emergency technical and therapeutic principles to better intervene

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