institutions, being twice that of non-show in other medical specialties, and is associated with a greater risk of morbidity and mortality.
Aims and objectives Our study was conducted to assess the rate and factors associated with missed first appointments in an outpatient mental health clinic, in order to find correlates between the various factors and the probability of non-show among newly referred patients.
Methods This was a retrospective study of 400 consecutive outpatients referred to a single regional mental health clinic in northern Israel during 9 months. Data was collected on sociodemographics, attendance rates, source of referral, the presence of chronic physical illnesses and time elapsed between referral to appointment. The findings were statistically analyzed to identify factors associated with patient non-show rate.
Results Of the 400 patients included in the study, the non-show rate was 39.6%. Patients who missed appointments were significantly more likely to be younger, to belong to the Arab sector and to wait longer for their appointment. They were less likely to be physically ill. Gender, marital status and source of referral were not significantly associated with the non-show rate.
Conclusions Given the problematic potential outcome of non-show to mental health clinics, it is important to identify high-risk factors associated with non-show and unique to the population in question, so that interventions can be targeted at them, thus improving treatment outcome and reducing risk to patients.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1104

Establishing a physical health monitoring service for patients on depot antipsychotic medication

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Introduction Patients with major mental illness are recognised to be at risk of premature death for a multitude of reasons. Those with schizophrenia and bipolar disorder are at highest risk.
Objectives International best practice recommends monitoring of blood tests, physical parameters such as weight, BMI, waist circumference and blood pressure, and side effects of patients prescribed antipsychotic medication. A clinic was established to target these interventions.
Aims This initiative aimed to improve the physical health monitoring of patients prescribed depot antipsychotic medication in a catchment area of approximately 36,000 in Ireland.
Methods A twice-yearly, multidisciplinary monitoring clinic was established. A protocol was drawn up, following a literature review and inspection of current international guidelines, and a proforma assisted as an aide-mémoire. A self-report questionnaire, the Glasgow Antipsychotic Side Effect Scale, was used to enquire about side effects.
Results Evaluation took place in descriptive form with audit used to examine outcomes. Full blood test monitoring improved from 9% of patients to 61% in one year, with 78% of patients having had at least one blood test recorded. Prior to the clinic's establishment, only one patient had had any physical parameters recorded, but this improved to 96% recorded after the clinics were run. Side effect documentation also improved.
Conclusions The clinic was well-received and led to improved teamwork. Future recommendations include organising the clinic so as to include simultaneous blood testing. A similar project is being planned to target all patients attending who are prescribed antipsychotic medication.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1105

How much longer will a patient stay in acute unit if mechanical restraint is required?

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Introduction Mechanical restraint is a therapeutic procedure commonly applied in acute units in response to psychomotor agitation. Its frequency is between 21 and 59% of patients admitted. These patients represent a risk to both themselves and for health workers. In order to implement measures to prevent agitation and therefore mechanical restraint, it is important to quantify the effects and costs of those procedures. The aim of this study is to determine whether the application of mechanical restraint in psychiatry acute unit is related to a longer stay in hospital.
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 our institution, between 2012 and 2015. For every discharge, the presence of at least one mechanical restraint was coded, resulting in two groups. The length of stay of the groups was then compared performing a *t*-test.
Results The number of discharges analyzed was 4659 from which 838 had an episode of mechanical restraint associated. There are significant differences between the length of stay of admissions with and without episode of mechanical restraint. The episode of mechanical restraint during an admission is associated with 5 to 9 more days of stay in the unit ($P < 0.001$).
Conclusions The performance of a mechanical restraint is associated with a statistically significant and clinically relevant higher length of stay. These results suggest that preventing agitation, and therefore mechanical restraint, would be possible to decrease length of stay, and therefore costs related to hospitalization.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1106

Predictors and rate for one-year inpatient readmission in the psychiatric hospital of Sarajevo Canton

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Introduction Number of patients who are again unexpectedly admitted to hospital after a previous hospitalization are used to evaluating the quality of hospital care. Readmission can be represented by the total number and by readmission rate.