

psychiatric disorders, while in host community 21% were diagnosed as MDD with/without psychosis, 24% as GAD, 12% as somatoform disorder, 10% as OCD, 8% as migraine, 7% as conversion disorder, 4% as BAD, 3% as Schizophrenia, 3% as MBD due to substance misuse and rest of 7% presented with other psychiatric disorders.

**Conclusions:** The conclusion of this study states that mental health disorders are more common among refugees than in other populations, the result of this study shows that there is a big difference in the prevalence of mental health disorders among displaced people and the rest of the population, some of the Mental health disorders are present in higher percentage among displaced people rather than among host community, while some other disorders are present in lower percentage among displaced people rather than among host community, this study also highlights that further studies are needed to determine, risk and protective factors within the host community.

**Disclosure of Interest:** None Declared

## Emergency Psychiatry 01

### EPP0323

#### Correlates of aggressive behavior in the moroccan context

A. Tounsi\*, Z. Bencharfa, F. Azraf, F. Laboudi and A. Ouanass

Arrazi university psychiatric hospital, Sale, Morocco

\*Corresponding author.

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**Introduction:** Violence among the mentally ill population has long been a subject of stigma, and controversy. Clinicians' ability to assess the violent potential is still limited.

**Objectives:** The objective of this work is to identify the positively correlated indicators of aggressive behavior in patients admitted to hospital emergency departments.

**Methods:** It is a retrospective and descriptive paper based on the records of patients admitted to the emergency department of Arrazi University Psychiatric Hospital in Salé during a one-month period. The psychiatric diagnosis was formulated using the DSM-5 diagnostic criteria and Violent behavior was assessed using the Modified Overt Aggression Scale (MOAS). The existence of aggressive behavior was defined by a MOAS score  $\geq 3$ .

We used SPSS 15 to analyse results

**Results:** Sixty-five case files were selected during the study month. The average age was 35.3 (19;64).

The mean of our sample MOAS aggression scale score was 31.5 [0; 79] and 90% of patients had a score  $\geq 3$  (image 1)

Among the 65 admissions, heteroaggressive risk was the most frequent reason for hospitalization (N=53), followed by psychomotor excitement. IMAGE 2

Statistical analysis revealed a significant association between high MOAS scores and substance use, history of suicide attempt, educational level and socioeconomic level

#### Image:

	(N, %)	MEAN (MOAS)
<b>Sexe</b>		
Male	44 (52,3)	33,7
Female	21 (47,7)	26,8
<b>Marital status</b>		
Single	42 (64,6)	31,8
Married	12 (18,5)	30,7
Divorced	11 (16,9)	31,4
Widowed	0 (0)	0
<b>Education level</b>		
Non educated	2 (3,1)	25,5
Primary	8 (12,3)	36,2
Secondary	34 (52,3)	37
University	21 (32,3)	21,3
<b>Professional status</b>		
Unemployed	52 (80)	34,03
student	2 (3,1)	8,5
Permanent job	6 (9,2)	22,3
Temporary job	3 (4,6)	26
Retired	2 (3,1)	23
<b>Socioeconomic status</b>		
Low	31 (47,7)	39,1
Average	26 (40)	24,8
High	8 (12,3)	23,6

#### Image 2:

	(N, %)	MEAN (MOAS)
<b>Diagnostic (DSM-5)</b>		
Schizophrenia	44 (67,7)	31,9
Schizoaffective Disorder	15 (23,1)	31,7
Bipolar disorder type I	3 (4,6)	22,3
Schizophreniform disorder	1 (1,5)	27
Major neurocognitive disorder	1 (1,5)	26
<b>Authorities required to admit the patient</b>		
Yes	17 (26,2)	32,3
NO	48 (73,8)	31,2
<b>Initial use of injectable treatments</b>		
YES	18 (27,7)	43,7
NO	47 (72,3)	26,8

**Conclusions:** In the current research, the prevalence of aggressive behavior was high among these patients, which may be due to the conditions of psychiatric hospitalization in our region, which is often reserved for the most serious and dangerous patients.

**Disclosure of Interest:** None Declared