measures consist in an emergency semi-directed interview designed to assess symptoms of ASD according to the age of children.

Results: Patients' age modulated psychiatric outcomes. Children under the age of six shown more developmental regressions and more restlessness than older ones. Children from 6 to 12 years were characterized by more oppositional behaviors than adolescents. Finally, adolescents were characterized by more social isolation than younger ones. Other symptoms appear to be more stable across ages: sleep disturbance, fear behavior and somatization.

Conclusions: Young children experienced more externalized symptoms (opposition and agitation) and developmental regressions than older children [5]. Thus, it appears necessary during pandemic to take into account the psychiatric consequences of confinement to reduce psychosocial long-term outcomes in particular in younger patients who appeared to develop specific and age-related psychiatric disorders.

Keywords: psychiatry; covid 19; Acute stress disorder; Paediatric

EPP0633

Psychiatric admissions from the emergency department: An observational, retrospective study and recommendations for improved patient care and use of resources

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Introduction: Psychiatric patients visiting the Emergency Department (ED) often require 'medical clearance'. We aim to review patient work-up in the ED to facilitate the management of these patients.

Objectives: - To identify common demographic variables, diagnoses and mental health legislative status of patients presenting to the ED requiring psychiatric admission - To assess whether patients underwent a medical work-up in the ED, and what investigations were carried out - To produce a hospital proforma for the management of psychiatric patients presenting at the ED

Methods: Data on adult psychiatric patients visiting the ED over a six month period was collected retrospectively, which was then analysed accordingly.

Results: 473 patient admissions were reviewed. 32.8% were admitted to a non-psychiatric specialty before being accepted to psychiatry, with the most common reasons being due to overdose (30.3%), alcohol-related problems (19.4%), and medical complaints (18.7%). 63.2% of all patients were investigated in the ED, including 23.5% undergoing CT Brain imaging. The majority had a final diagnosis falling under F10-19 (30.2%) and F30-39 (30.9%) chapter categories of the ICD-10, with the former having the highest absolute number of patients undergoing testing in the ED. The F20-29 group (13.7%) was highest in total patients investigated (75.4%), CT brain imaging (56.9%), and rate of involuntary admissions (33.8%), suggesting they are the most resource intensive group.

Conclusions: Patients with acute mental disorders present significant challenges to emergency physicians. Staff education and an inter-departmentally agreed upon proforma, taking into account

the results of this study, may facilitate management of these patients within the ED.

Keywords: Medical Clearance; emergency; Investigations; diagnosis

EPP0635

Crowding analysis for patients with mental disorders during the first pandemic wave of 2019 coronavirus epidemic (CoViD-19) at a lombardy ED

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Introduction: The 2019 coronavirus epidemic (CoViD-19) in Italy originated in Lombardy, on February 21, 2020. Crowding has been defined as a worldwide problem and causes reduced quality of care. It is due and identified by three orders of factors: those at the access (input); those related to the patient's process (throughput); and those at the exit from the ED (output).

Objectives: We evaluated all the population who went to ED for mental disorder. Due to the high level of care needed and the simultaneous exposure to risk factors, an excessive duration of ED process can be counterproductive.

Methods: We evaluated all patients accessing our ED for mental disorder from February 22 to May 1, 2020 and during the same period of the previous year.

Results: We enrolled 345 patients. The Crowding input factors are lower in the pandemic period: reduced attenders (142 vs 203) and reduced average waiting times (40 min vs 54 min). The Crowding throughput factors have instead worsened: LOS (length of stay) for both visit rooms (383 vs 271 min) and holding area (1735 min vs 797 min). The Crowding output factors also worsened: the percentage of access block is higher during the pandemic (100% vs 20%). The Total Access Block Time is significantly higher in the CoViD period for both the visit rooms (3.239 vs 649 min) and the holding area (590 vs 185 min).

Conclusions: The pandemic period presented a worsened crowding for these patients due to the Access Block.

Keywords: metal disorder; COVID-19 pandemic; Emergency department; crowding

EPP0636

Access to E.D. for mental disorders during the first pandemic wave of 2019 coronavirus epidemic (CoViD-19): Presentation and severity at a lombardy ED

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Introduction: The 2019 coronavirus epidemic (CoViD-19) in Italy originated in Lombardy, on February 21, 2020. The Fondazione IRCCS Policlinico San Matteo di Pavia has been involved in the management of the outbreak since its beginning. ED' psychiatric population is considered fragile, at risk of under triage.

Objectives: We evaluated all the population who went to the ED for mental disorder to assess the severity of cases evaluated as exit code and rate of hospitalization.

Methods: We evaluated all patients accessing our ED for mental disorder from February 22 to May 1, 2020 and during the same period of the previous year.

Results: We enrolled 345 patients. There was a severe reduction in the total number of accesses for mental disorder: 142 in the CoViD period and 203 in 2019. The vital parameters, age (mean about 40 years) and sex were overlapping without statistically significant differences. The priority codes for the medical examination were not different. CoViD pandemic patients have higher discharge severity codes (yellow and red) more frequently than in the reference period (9.9% vs 5.9%) and more frequently need hospitalization (25.3% vs 18.6%).

Conclusions: The epidemic has led to a reduction of accesses for mental disorder. Patients had more frequent hospitalization needs and more severe exit codes. the data may be due to the fact that during the pandemic only the most serious patients access the E.D., but also to the fact that a pandemic has contributed to destabilizing this class of fragile patients.

Keywords: COVID-19 pandemic; Emergency department; metal disorder severity; Triage in mental desorder

EPP0637

Crowding analysis for patients with intossication and substance abuse during the first pandemic wave of 2019 coronavirus epidemic (COVID-19) at a lombardy ED

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Introduction: The 2019 coronavirus epidemic (CoViD-19) in Italy originated in Lombardy, on February 21, 2020. Crowding has been defined as a worldwide problem as cause of reduced quality of care and patient satisfaction. It is due and identified by three orders of factors: those at the access (input); those related to the patient's process (throughput); and those at the exit from the ED (output).

Objectives: We evaluated all the population who went to ED for intossication and substance abuse. Due to the high level of care needed by these, an excessive duration of LOS (length of Stay) can be counterproductive.

Methods: We evaluated all patients accessing our ED for intossication and substance abuse from February 22 to May 1, 2020 and during the same period of the previous year.

Results: We enrolled 142 patients. The Crowding input factors are lower in the pandemic period: reduced attenders (41 vs 101) and reduced average waiting times (59 min vs 86 min). The Crowding throughput factors have instead worsened: LOS for both the visit rooms (810 vs 544 min) and the holding area (1205 min vs 947 min). The Crowding output factors also worsened: the percentage of access block is higher during the pandemic (10% vs 5%). The Total Access Block

Time is significantly higher in the CoViD period for the holding area (1053 vs 930 min).

Conclusions: The pandemic period presented a worsened crowding for these patients due to the Access Block.

Keywords: COVID-19 pandemic; Emergency department; crowding; intossication and substance abuse

EPP0638

Between the first and second wave of the 2019 coronavirus pandemic (COVID-19): Presentation and crowding of attenders for mentale disorder and intossication/substance abuse.

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Introduction: During the 1st wave of CoViD-19 pandemic there was a drastic reduction in total number of accesses, with more serious cases and a exorbitant increase in crowding, due to access block.

Objectives: evaluate population who went to ED for (1) mental disorders requesting a psychiatric visit and for (2) intossication and substance abuse, between the first and second wave of the coronavirus pandemic

Methods: We enrolled all patients who went at our ED from May 1 to October 20, 2020 and during the same period of 2019. We analized: vital parameters, age, sex, exit severity codes, hospitalization rate, Crowding input factors (number of access, waiting time, priority time to doc), Crowding throughput factors (LOS: Length Of ED Stay), Crowding output factors (percentage of access block; Total Access Block Time).

Results: The results are shown in table 1

Table 1	Mental-disorder		intossication/ substance-abuse	
	May1-October 20,2020	May1-October 20,2019	May1-October 20,2020	May1-October 20, 2019
number of ED access	543	564	182	254
higher (yellow and red) priority time to doc (%)	28%	29%	50%	39%
worse exit severity codes (%)	10%	6%	16%	11%
rate of hospitalization (%)	26%	20%	16%	9%
average waiting times (min)	60	64	76	79
LOS lenght of stay (min)	369	326	629	506
access block (%)	3%	2%	5%	4%
Total Access Block Time: examination rooms (min)	11.538	8.384	8.059	8.889
Total Access Block Time: holding area (min)	8.382	3.963	182	254