

<sup>4</sup> UMC Groningen, Old Age Psychiatry, Groningen, Netherlands

\* Corresponding author.

**Introduction** Autointoxication with nutmeg in an emergency setting is a rare, but potentially a life-threatening event. Despite the low incidence of 'tentamen suicidii' (TS) with nutmeg, this substance is cheap and readily available. Early recognition of a suicide attempt with nutmeg poisoning can be extremely difficult, especially when nobody witnessed the nutmeg intake. Worldwide there are only a few cases reporting TS with nutmeg.

**Objectives** To present a case of TS with nutmeg committed by a suicide attempter.

**Aims** To review available literature on TS with nutmeg.

**Methods** A case report is presented and discussed, followed by a literature review.

**Results** Five published cases of suicide attempts with nutmeg were found while searching through PUBMED and Embase. Our case describes a 57-year-old female, diagnosed with borderline personality disorder, who has been admitted to the emergency department in a state of agitation, diminished cognition, respiratory difficulties and hemodynamic instability. Electrocardiography showed a fast sinus arrhythmia with no uschemic or hypertropic changes. Blood sampling, serum and urine toxicology did not reveal any abnormalities. In view of the complexity of her condition, she admitted to have taken a large dose of nutmeg. The patient was kept for observation, offered reassurance, and rehydration.

**Conclusion** The presentation of inexplicable clinical state accomplished by disturbances of central nervous, respiratory and hemodynamic systems in the population of patients with attempting suicide should alert the physician to the rare but probably underreported possibility of nutmeg autointoxication.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1614>

## EV630

### Inhaled loxapine for the treatment of agitation in borderline personality disorder

R. Puente\*, M.F. Rabito Alcon, S. García Jorge, H. Dolengevich Segal, M. Benítez Alonso, J. Gómez-Arnau Ramírez, A. Garrido Beltrán, J. Rodríguez Quirós, B. Unzeta Conde, O. Pecero García, J. Correas Lauffer

Hospital Henares, Psychiatry, Madrid, Spain

\* Corresponding author.

**Introduction** Inhaled loxapine has shown efficiency in the treatment of the mild-moderate agitation syndrome of schizophrenia and mania patients. Its rapid response and calming effect non-sedative allow to hypothesize reasonable efficiency and tolerability in borderline personality disorder diagnosed patients.

**Aims** Analyze the efficiency and tolerability of inhaled loxapine as a pharmacological approach in the treatment of agitation in borderline personality disorder (BPD) clinical diagnosed patients.

**Materials and method** An application was administered for every agitation episode in BPD patients treated with inhaled loxapine in the emergency room or the psychiatric ward, which included BARS and CGI-S scales for the evaluation of each episode and its severity, before and after its use. Other secondary measures of efficiency were taken into account, such as requirement of physical restraint.

**Results** In the majority of evaluated episodes inhaled loxapine decreased notably initial BARS and CGI-S values and no serious clinical side effects attributable to this medication were observed.

**Conclusion** In our sample, inhaled loxapine was efficiency and well tolerated pharmacological intervention for agitation in BPD patients.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1615>

## EV631

### Psychiatric emergency prehospital: Incidence and management of agitation in Valladolid (Spain)

R. Rodríguez Calzada<sup>1,\*</sup>, M. Siesto Marcos<sup>2</sup>, P. Roset Arisso<sup>3</sup>, M.A. Suarez Fuentes<sup>3</sup>, L. Delgado Alonso<sup>4</sup>, M. Rodríguez Calzada<sup>5</sup>, R. Rodríguez Calzada<sup>5</sup>, E. Calzada Amorrotu<sup>5</sup>

<sup>1</sup> Gerencia de Emergencias Castilla Y Leon, Prehospital Emergency Ume 1 Valladolid, Valladolid, Spain

<sup>2</sup> Valladolid University, Nursing Department, Valladolid, Spain

<sup>3</sup> Ferrer, Medical Department, Barcelona, Spain

<sup>4</sup> Gerencia Atencion Primaria Valladolid Oeste, Medical Department, Valladolid, Spain

<sup>5</sup> Rc Clinic, Psychology, Valladolid, Spain

\* Corresponding author.

**Introduction** Agitation is a frequent and complex emergency. Pre-hospital management of agitation requires appropriate measures to preserve patients' safety, stabilize the patient and alleviate suffering, and transfer to the hospital psychiatric services, including involuntary admission if needed.

**Objectives** To describe the incidence and management of agitation by the emergency medical service of Castilla y León (SACyL) in an area of Valladolid.

**Methods** Retrospective study of all psychiatric emergencies attended by a prehospital emergency medical service in 2014.

**Results** One hundred and twenty-one emergencies were attended over a catchment area that covered 170,000 inhabitants (1.4/1000 inhab.). Overall, 55% were men, mean age was 45 years, 60% were considered psychiatric, 29% organic and 11% mixed. However, men had a higher frequency of organic (39%) compared to psychiatric (48%) agitation than women (16% and 75%, respectively), and most of them were related to alcohol or drug use. Among patients with psychiatric or mixed agitation 81% had psychiatric history and the pharmacologic treatment most frequently used was intramuscular midazolam.

**Conclusions** The incidence of acute agitation accounts for almost half of the total psychiatric emergencies in the prehospital setting. Since there are different healthcare providers in charge, specific protocols as well as treatment procedures are needed to provide the most adequate management, in order to ensure the best psychiatric emergency chain.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1616>

## EV632

### Do we know why we indicate a mechanical restraint?

E.J. Pérez\*, L. Galindo, M. Grifell, F.N. Dinamarca, V. Chavarria, P. Salgado, V. Pérez

Institut de Neuropsiquiatria i Addiccions, Psychiatry, Barcelona, Spain

\* Corresponding author.

**Introduction and objectives** 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. There are not clinical studies that compared if there are differences of the frequency of the specific indication for the mechanical restraint.

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.

**Acknowledgements** L. Galindo is a Rio-Hortega-fellowship-(ISC-III; CM14/00111).

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1617>

#### 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.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1619>

#### 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.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1620>

## 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.