

- coordinating the work of specialists of the local, regional and federal level;
- interacting with non-governmental organizations;
- setting up a 24-hour “hotline” service (“HL”) on the basis of a medical institution;
- deploying facilities for providing care to victims, their relatives, and to “secondary victims”.

Principles of medical-psychological care:

- urgent care must be provided jointly with psychiatrists/psychotherapists at the places, where the victims are located;
- individuals with the most severe stress reactions must be identified and observed by psychiatrists/psychotherapists;
- appropriate and prompt intervention should be made to relieve acute stress disorders;
- therapeutic interventions should not be a hindrance to victims’ participation in the urgent evacuation and interrogation expedients as well as completing social tasks.

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EV0495

Anxiety disorder on acting people in emergencies

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Introduction Disasters and emergencies generate a psychological impact on both survivors and response teams. Traumatic events and his memory would be a risk factor for anxiety disorders.

Objectives Describe the most common post emergency anxiety signs in a sample of Spanish people who responded directly to emergencies.

Methods Study carried out by survey filled through Google Forms application; in this survey, we retrospectively value anxiety using the screening scale for generalized anxiety disorder of Carroll and Davidson.

Results The survey was answered by 20 people, of whom 60% were women 68.20% age range between 18–6 years and with university studies in the 70% of the interviewees. Four nurses, 2 doctors, 4 emergency assistants workers, 2 civil protection workers, 1 ambulance worker, 1 military, 3 policemen, 1 fire-fighter and 2 others. Sixty percent of cases did not received specific aid. The anxiety scale items that are most affected are musculoskeletal stress and sleep, with lower prevalence of psychological anxiety (Fig. 1). Women showed higher prevalence of psychological anxiety, muscle tension, and sleep disturbance.

Conclusions The data reveals that the staff responding to emergencies recalled experienced musculoskeletal problems or sleeping disturbance better than psychological anxiety which was relegated to the background. Post-emergency treatment should be provided to all participants in emergencies including specific interventions for musculoskeletal stress and insomnia.

Graph1. Scale for Generalized Anxiety Disorder of Carrol and Davidson results

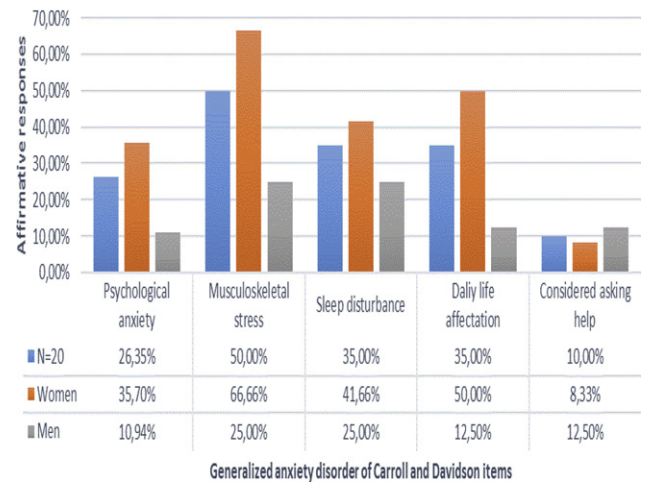


Fig. 1 Scale for generalized anxiety disorder of Carrol and Davidson results.

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Change with the times exploring psychiatric inpatients’ attitudes towards physical restraint

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Introduction When other options fail, physical restraint is used in inpatient psychiatric units as a means to control violent behavior of agitated inpatients and to prevent them from harm. The professional and social discourse regarding the use of restrictive measures and the absence of the inpatients’ attitudes towards these measures is notable. Our research therefore tries to fill this gap by interviewing inpatients about these issues.

Objectives and aims To assess the subjective experience and attitudes of inpatients who have undergone physical restraint.

Methods Forty inpatients diagnosed with psychiatric disorders were interviewed by way of a structured questionnaire. Descriptive statistics were conducted via use of SPSS statistical software.

Results Inpatients reported that physical restraint evoked an experience of loneliness (77.5%) and loss of autonomy (82.5%). Staff visits during times of physical restraint were reported as beneficial according to 73.6% of the inpatients interviewed. Two thirds of the inpatients viewed the use of physical restraints as justified when an inpatient was dangerous. Two thirds of the inpatients regarded physical restraint as the most aversive experience of their hospitalization.

Conclusions Our pilot study explored the subjective experience and attitudes of psychiatric inpatients towards the use of physical restraint. Inpatients viewed physical restraint as a practice that was sometimes justified but at the same time evoked negative subjective feelings. We conclude that listening to inpatients’ perspectives can help caregivers to evaluate these measures.

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The psychiatric emergency service in the Netherlands

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Every region in The Netherlands has got an emergency service. This is a team of people that immediately goes to see the psychiatric patient after an instruction of for instance the general practitioner or the police. This special team works 24 hours a day, 7 days a week. The patient is then visited by members of the team, a social worker accompanied by a psychiatrist, or the patient will go to the ambulant unit (the polyclinic) directly. This is a very effective procedure, because behind the two people that visit the psychiatric patient, is a whole team of people who have the opportunity to start an ambulant treatment the day after. Through this team we have the opportunity to treat patients intensively without a needed admission in the clinic. The basis of this team are social-nurse-therapists who are very skilled. These people take lead in the treatment and have a psychiatrist as a back-up. Suicidal patients are through a special procedure included in a clinic upon a juridical decision. If it is expected that the patient is dangerous, the police will accompany the emergency teams. If psychiatric medication is needed, the treatment will start directly. Other forms of treatment are psychotherapy, a short treatment by conducting 5 meetings with the patient, or intensive ambulant treatment. In my opinion it is a very good example of how ambulant treatment of psychiatric patients works and is effective for everybody involved.

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Algorithm-based protocol for the identification, management and treatment of psychiatric patients with acute psychomotor agitation

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Introduction Psychomotor agitation is the most common behavioural disorder observed in emergency and psychiatry departments. This syndrome is characterized by excessive or inappropriate motor or verbal activity and important emotional tension. Psychomotor agitation may be associated with medical conditions, substance intoxication/withdrawal and in a significant number of cases with schizophrenia or bipolar I disorder.

Objectives The objective of this protocol was to provide up-to-date guidance to identify, manage and treat patients with an episode of acute agitation, considering the consensus clinical knowledge, current ethical standards and available therapies. This protocol is aimed to be a patient-centric tool helping to anticipate and prevent the escalation of agitation symptoms.

Methods The method followed to elaborate this document was through a combination of comprehensive bibliographical review (compiled in the article "Assessment and management of agitation in psychiatry: expert consensus" by Garriga M. et al. (World J

Biol Psychiatry, 2016), interaction with patients, and the clinical experience in our centre.

Results The elaboration of this protocol resulted in a document that contains guidelines to identify, manage and treat patients efficiently, ethically and safely. One of the novelties of the protocol is the addition of dichotomies based on the patients' willingness to cooperate. The information is summarized in easy-to-use algorithms for non-specialized healthcare professionals.

Conclusions This protocol may provide the basis of a new standardized treatment paradigm for psychomotor agitation which may help improve the patient's experience and therapeutic alliance with the healthcare professional and optimize resources in healthcare centres.

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e-Poster Viewing: Epidemiology and social psychiatry

EV0499

Maladaptive and addictive Internet use in zagazig university students, Egypt

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Background Internet use has increased broadly worldwide. There are growing concerns about problematic Internet use (PIU) among youth. Among undergraduate students, excessive Internet use can adversely affect their interpersonal relations and academic achievements.

Aim To estimate the prevalence of PIU among Zagazig university students, and to identify the possible associations between sociodemographic and Internet-related factors and PIU.

Methods A cross-sectional study included a total of 732 undergraduate students, aged 17–34 years, from various colleges in Zagazig University. Participants were randomly selected and assessed for their internet use and abuse using the Internet Addiction Test (IAT), along with a semi-structured questionnaire for sociodemographic and Internet-related factors.

Results Maladaptive Internet use was found in 37.4% of respondents, and addictive Internet use was found in 4.1% of respondents. Logistic regression showed the predictors of PIU were: using the Internet throughout the day (OR 3.34, 95% CI: 1.75, 6.38), the number of hours spent daily using the Internet (OR 1.17, 95% CI: 1.10, 1.25), the number of days/week using the Internet (OR 1.28, 95% CI: 1.04, 1.58), accessing the Internet using multiple devices (OR 1.55, 95% CI: 1.21, 1.98), and accessing the Internet both indoors and outdoors (OR 1.57, 95% CI: 1.13, 2.19).

Conclusion This is the first prevalence study of PIU at an Egyptian university. PIU was common among university students.