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Goal of study Our aim was to examine whether cerebral frontal cortex O₂ desaturation may be related with the development of delirium symptoms' after cardiac surgery in the elderly during the intensive care unit (ICU) staying.

Materials and methods A prospective, before and after, longitudinal study in II-IV ASA class patients scheduled for cardiac surgery and undergoing intravenous general anesthesia with remifentanyl plus propofol was done. Clinical and surgical parameters, cardiopulmonary function, intraoperative cerebral oxygen saturation (rSO₂) and bispectral index were continuously recorded and corrected throughout the surgery. Severity of delirium was represented as a score of the Intensive Care Delirium Screening Checklist (ICDSC) during the patients' stay in the ICU under the assumption that higher ICDSC score indicated severe delirium.

Results and discussion Patients, $n = 44$, 77.3% male, aged 59.9 ± 1.9 years old, scheduled to coronary (36.4%), aortic valve replacement (18.2%), mitral valve replacement (13.6%), coronary plus valve replacement (13.6%) and others (18.2%) surgery, on pump 98.4% were enrolled. A reduction of the rSO₂ higher than 10% at the end of the surgery compared with basal values was detected in a 46.5% of the patients. Reduction of rSO₂ higher than 10% at the end of the surgery was related with significantly higher values of delirium symptoms' development during the intensive care unit post-surgery staying (rSO₂ higher $\geq 10\%$ 68.8 vs. rSO₂ higher $< 10\%$ 31.3%, $P < 0.05$).

Conclusion Delirium symptoms' development during the intensive care unit post-surgery staying is related with reduced intraoperative cerebral oxygen saturation in the elderly subjected to cardiac surgery.

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

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EW232

Detection and management of agitation in psychiatry: A Delphi expert consensus study

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Introduction The assessment and management of psychomotor agitation may result in the use of coercive or sedative treatments. In the absence of conclusive evidence, the consensus of experts can guide clinical decisions.

Objectives To seek consensus recommendations on the assessment and management of psychomotor agitation.

Methods An international expert task force in this field developed consensus using the Delphi method. Twenty-seven experts were invited to participate and 91% of them agreed. Initial survey items were gathered from the content of literature search (systematic review). This included open-ended questions inviting participants to add suggestions by e-mail correspondence. After this initial first round, the Delphi study was conducted online using Google Forms. Survey items were rated on a 5-point scale. Items rated by at least 80% of experts as essential or important were included. Items rated as essential or important by 65–79% of experts were included in the

next survey for re-rating. Items with consensus below to 65% were rejected and excluded.

Results The initial survey included 52 items. The second web-based survey included 33 items. The briefer third survey consisted of 6 items that needed rerating. Twenty-two of the initial 33 items were endorsed and formed the clinical recommendations on the assessment and management of the psychomotor agitation. The endorsed items were categorized into 5 domains forming the clinical recommendations.

Conclusions The panel expert generated 22 recommendations on the assessment and management of agitation. The Delphi method is a suitable formal iterative process for reaching consensus on relevant and controversial issues.

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EW233

Suicide attempts in emergency department

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Introduction The suicide attempt is a real challenge for the clinician who works at the emergency department in order to identify and propose an adequate care.

Aims To estimate the prevalence of the suicide attempts, to describe the sociodemographic and clinical characteristics and to identify the predictors of recurrence.

Methods Our cross-sectional study was conducted at the medical emergency department of the university hospital of Mahdia and lasted for 12 months. Data were collected using a questionnaire of 51 items exploring the general and clinical characteristics and providing information of the treatment.

Results Among the 513 consultants, 90 had attempted suicide (17,5%). We found an average age of 26 years old, a sex-ratio (M/F) of 0,3, a secondary education level (53,3%), an unemployment and a single status (38,9% and 75,6%). The presence of psychiatric personal history and/or suicide attempts was found in 31,1% and 33,3% of cases. Suicide attempts were taken place in all cases at home, between 18 and midnight (43,3%), without premeditation (82,2%), in the presence of triggering factor (95,6%), during the last 3 months of the year (34,4%). In 70,2% of cases, the type of the suicide attempts was a drug intoxication. 67,8% of the suicide attempters regretted and criticized their acts.

Conclusion A good assessment of the suicide risk determines the type of intervention that should be established and allows an adequate care.

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

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EW234

Ensuring patient safety: Physical health monitoring in rapid tranquillisation for aggression and violence of adult acute inpatients

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Introduction Intramuscular (IM) medications used in rapid tranquillisation (RT) to manage violent/aggressive behaviour can cause

serious physical side effects including sudden death, therefore comprehensive physical health monitoring is advised.

Objectives To assess whether physical health monitoring of patients who received IM medication for RT was completed as per the Aggression/Violence NICE-guideline based local Policy.

Methods All patients that received IM benzodiazepines or antipsychotics for RT were identified amongst 822 discharges from February 2014 to February 2015. Demographics, diagnoses, non-pharmacological interventions, types/doses of medication, and associated seclusion/restraint episodes were recorded. Notes were examined to determine whether physical health monitoring protocols involving blood pressure, pulse, temperature, oxygen saturation, respiratory rate and level of consciousness were followed.

Results There were a total of 218 episodes where these medications were used, in which only 19 (8.8%) had any physical observations completed; only one case (0.5%) was completed fully as per the protocol. Of the cases that did not have observations taken, in 12 (5.5%) cases observations were attempted but the patient was too agitated/aggressive. A doctor was contacted in only 53 (24.3%) cases and an ECG was completed in 120 (55%) cases, of which only 11 were completed within 24 hours.

Conclusions The results show poor compliance (or at least recording) with the guidance, demonstrating the need for further education of nursing and medical staff on the potential dangers of RT and for better physical health monitoring of patients on RT. To improve patient safety, staff training and well-timed recording of physical observations on electronic tablets will commence.

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EW236

Survivors of gender-based violence and role of official psychiatry in recovery process

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Consequences of events in the Southern region of the Kyrgyz Republic continue to have impact on communities to the present day. One of the most significant is a number of undiagnosed cases of rapes and other types of gender-based violence (GBV), which happened during the events of 2010. Accurate prevalence rates of GBV cases is still unknown. According to official data of Ministry of Internal Affairs, there were only seven cases of rape, however, according to the crisis center reports, there were 325. Even more alarming, witnesses of the Osh events suggest one out of three women in Osh and Jalal-Abad were either raped or suffered from other types of GBV. Those acts included undressing and unveiling, and cutting women's hair to a shamelessly short length. Cultural stereotypes dictate women hide their 'shame', which is why only a small percentage of victims with PTSD symptoms that developed after GBV sought out services from professionals, such as from crisis centers, psychologists and psychiatrists and, of course, police. Author analyzed several cases of women raped during the Osh massacre and suffered from PTSD signs afterwards. The previous painful experience of GBV was uncovered during treatment. The problem is that mental health care specialists are the last stop for applying for help. This paper analyses several ways of solving the problem, including creating a number of normative documents in collaboration with Ministry of Internal Affairs and Ministry of Health of the Kyrgyz Republic.

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EW237

Presence of 2,5-dimethoxy-4-bromoamphetamine (DOB) among samples brought for drug checking in Spain

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Introduction New Psychoactive Substances (NPS) appear to be increasing in popularity because they mimic the effect of traditional drugs. DOB is a world-wide controlled phenethylamine, with agonist activity in 5HT_{2A} receptors. Its effects are comparable to those of LSD, with dosage range 1.0–3.0 mg and duration 18–30 h.

Objective To assess the presence of DOB in the substances submitted to, and analyzed by, energy control.

Materials and methods All samples presented to Energy Control (EC) from August 2009 to August 2015 were analyzed. EC is a Spanish harm-reduction non governmental organization that offers to users the possibility of analyzing the substances they intend to consume. Samples in which DOB was detected using gas chromatography-mass spectrometry were selected for this study.

Results From a total of 20,062 samples, 13 contained DOB (0.06%), with no clear variations among the years studied. The samples were mostly sold as DOC(8), DOB(2) and LSD(2). Nine out of total 13 samples presented as blotter.

Conclusion Results suggest that availability of DOB in the Spanish drug market is anecdotic. Nonetheless, a number of the samples containing DOB were not sold as such, increasing the possibility of side effects, as users may ignore which substance they are actually using. When a patient presents at an Emergency Department with persistent hallucinogenic symptomatology after ingesting a blotter, psychiatrist should be aware of long-lasting psychedelics such as DOB.

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EW238

Incidence and management of agitation in emergency medical services in Spain – “SOSEGA” Study

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Introduction Agitation is a frequent and complex emergency. Its early detection and adequate treatment are crucial to ensure the best outcomes. Pre-hospital management of agitation requires appropriate measures to preserve patients' safety, stabilize the