

patient and alleviate suffering, and transfer to the hospital psychiatric services, including involuntary admission if needed.

Objectives To describe the management of agitation by the Emergency Medical Services (EMS) in Spain.

Methods Observational retrospective survey on the protocols and procedures used, the number of in-calls received and the resources dedicated to attend emergencies in 2013.

Results Seven out of the seventeen EMS in Spain provided information. All of them registered in a database in-calls and actions taken. Four of them had a specific protocol to attend psychiatric emergencies and agitation in-calls, and five coded the initial diagnostic with ICD-9. Paramedics attending emergencies register the diagnostic in 3/7 EMS. Nursing and Medical staff code the final diagnostic with ICD-9 in all. Emergency Coordination Centres received 4,437,388 in-calls (209/1000 inhabitants); 2.6% classified as psychiatric (6.2/1000 inhab.). Healthcare teams attended 2,028,467 emergencies, 84,933 (4.2%) were psychiatric (4.0/1000 inhab.) and 37,951 (1.9%) were patients with agitation (2.0/1000 inhab.). General practitioners attended 17% of all psychiatric emergencies, while ambulances attended 61%.

Conclusions The incidence of acute agitation accounts for almost half of the total psychiatric emergencies in the pre-hospital 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.

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EW239

Recognizing high-risk behavioural patterns in emergency psychiatry: From surveillance to technical assistance, insights into an innovative project* from the point of view of potential users

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Introduction After legal restrictions regarding coerced medication in Saxony, we monitored significant increases in aggressive behaviour and regarding the use of physical restraints at our closed psychiatric ward. Alternative measures for managing dangerous behaviour were discussed.

Objectives There are limitations regarding the use of treatment interventions in emergency psychiatry, e.g. the use of constant observation is limited in its efficiency generally and video surveillance is prohibited by law in high-risk areas (e.g. bathroom).

Aims To find appropriate solutions for patient safety improvement in emergency psychiatry including high-risk areas, prospects of the field of “technical assistance” entered the limelight of interest.

Methods In 2014, a cooperation of Chemnitz University of Technology, Intenta GmbH, Eckstein Design and the affiliated partner Klinikum Chemnitz started a project*, which focuses on the development of a technical assistance system for recognizing high-risk behavioural patterns (e.g. suicide attempt) in risk areas in emergency psychiatry. The system is based on a smart-sensor technology and waives a recording and storing of sound and vision.

Results In the 1st half of the project technical development and the design of the system were the focus of attention. Special requirements regarding use cases, user acceptance, data protection and ethical concerns were processed by our psychiatric department. Testing and further development of the system in clinical settings are planned.

Conclusions The development of the system must be seen as a big challenge in many regards. Further research is indispensable.

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EW240

Does psyche pain manifest as agitation in the emergency setting?

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Objectives The objective was to determine a patient's level of psyche pain when they present to an emergency department (ED) and whether there was a relationship between this psyche pain and the patient's level of agitation.

Methods This was a prospective study using a convenience sample of 300 patients presenting to an ED with a psychiatric complaint. This study was conducted in an urban, inner-city trauma center with 60,000 ED visits a year. After obtaining consent, a research fellow administered validated tools for assessing agitation, BAM, PANSS-EC, ACES, assessment of psyche pain, MBPPAS and a self-assessment of agitation at admission. SPSS version 22 was used for statistical analysis and the study was IRB approved.

Results A total of 74 patients were enrolled at this time. The most common ED diagnoses were depression, schizophrenia, or bipolar disorder. Majority of patients were African-American (59%), falling in the 25–44-year-old age range (56%). Fifty-two percent male and 48% female. Psyche pain was rated by MBPPAS as marked (18.9%) or moderate (67.6%). The self-reported tool demonstrated 20% none, 16% mild, 21% moderate and 42% marked level of agitation. The agitation rating varied by the tool with self-reported level of agitation having the highest correlation with level of psyche pain ($P < 0.05$).

Conclusions Psychiatric patients frequently present to the emergency department with a high level of psyche pain and high level of self-reported agitation. This correlation may signal the need to address a patients' level of agitation early in evaluation process.

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Epidemiology and social psychiatry

EW241

Health related quality of life in adults with ADHD symptoms: A population survey using 15D and AAQoL

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Introduction Health related quality of life (HRQoL) can be measured and compared, to give us an understanding of the impact different diseases have on health. The diagnostic tests for attention-deficit/hyperactive disorder (ADHD) in adulthood fail to catch the diversity of ways the condition affects one's life. Disease-specific quality-of-life scales try to reach beyond the typical symptoms of the condition, to find those specific difficulties a person subjectively grades as challenging.

Objectives To assess the levels of general and disease-specific HRQoL in adults with ADHD-like symptoms.

Aims To understand the impact ADHD-like symptoms have on adults' HRQoL.

Methods A random, nationwide sample of 3000 Finnish speaking citizens (aged 18–44 years) was drawn from the national population register. A subsample of 171 people, 57 screener (Adult ADHD Self-Report Scale [ASRS]) positive cases and two age- and sex-matched controls for each case, participated in a telephone interview. General HRQoL was measured with 15D, and disease-specific HRQoL with Adult ADHD Quality-of-Life (AAQoL) scale.

Results The 15D score was 0.866 for the screener positives, 0.943 for the controls, and 0.945 for the Finnish population reference. The difference between the screener positives and controls was significant ($P < 0.001$). The AAQoL sum score was worse for the screener positives than controls (61.9 vs. 82.1, $P < 0.001$), and all the subscales were affected accordingly.

Conclusions Adults with ADHD-like symptoms have a lower quality of life, as measured both on the general and on the condition-specific quality of life scales.

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EW242

Psychiatric disorders in mass media and social networks: A media impact study

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Introduction Every year, 1 million people commit suicide in the world. Major Depressive Disorder is the first cause of loss of Disability-Adjusted Life Years (DALYs) in developed countries.

Objective To study the references to psychiatric disorders in the media and to measure their media impact compared with other topics such as politics, sports and tabloids.

Methods We focused on the top-six journals in terms number of readers in the USA. Our research strategy included the introduction of several terms of interest (ex: "anxiety") on each journal's Twitter account. The search was restricted to 2014, and yielded a database of 6296 news, which was categorized in four areas: health, politics, sports and tabloids.

Results Six hundred and eighty-one (10.8%) news dealt with psychiatric disorders. The term with the highest impact in mass media was "suicide", present in 1 of every 3 Psychiatric-related news. Anorexia was the psychiatric disorder with the lowest impact (just 1 tweet). We noticed certain peaks-patterns in the number of tweets coincidentally with the suicide of any famous person. Within the total of terms included in our study, suicide ranked the 8th position regarding media impact.

Conclusions Social networks can be a useful tool for the divulgation of mental disorders and their awareness among the general population. Despite psychiatric disorders are very prevalent and cause high morbidity, they have a relatively low media impact.

Despite the WHO recommendation of avoiding specific information regarding the suicide of famous people, for preventive reasons, suicide is the psychiatric disorder with the highest media impact.

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EW243

The Psychiatry consultation in primary health care setting at an Oporto Area: Sociodemographic and clinical data

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Introduction The Psychiatry consultation is a collaborative approach between primary health care services and community mental health teams. Our clinic provides support to three Oporto areas (Bonfim/Paranhos, Campanhã and Maia/Valongo) corresponding to a population of 350,000 inhabitants.

Objectives To analyze and collect Psychiatry consultation data of the first semester of 2015 in Maia/Valongo region. We aim to describe our population's sociodemographic characteristics, the most common referral motive, diagnosis and therapeutics, and orientation.

Methods Psychiatry consultation data of the first semester of 2015 were collected and analyzed using SPSS software (version 20).

Results One hundred and sixty-one patients were evaluated. A total of 26.09% were male and 73.91% were female. The mean age was 51.61 years old. The most frequent referral motives were depressive (47.82%) and anxiety (23.60%) symptoms. The two most common diagnostic groups according to the International Classification of Diseases (version 10) were F30–F39–Mood affective disorders (57.76%) and F40–F48–Neurotic, stress-related and somatoform disorders (18.63%). 22.36% of the patients were referred without medication, but only four were discharged drug-free, corresponding to bereavement situations. 34.16% of our population were previously prescribed two or more psychotropic drugs, increasing to 63.98% after assessment. Only 18.63% met criteria to hospital referral.

Conclusions The Psychiatry consultation selects the most severe patients and allows a faster evaluation of mentally ill patients awaiting hospital consultation, thus preventing unnecessary access to the emergency room. Authors consider that all the patients referred to a hospital consultation should be previously evaluated by a consultant psychiatrist on a primary health care setting.

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EW245

Unemployment and the rate of new contacts with mental health services in South London

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Introduction Unemployment is a risk factor for later development of mental health problems, but characterisation of this in real world clinical data is limited. This study aimed to investigate the associ-