

contains two general adult wards (42 beds), one IPCU (12 beds) and two Elderly wards (40 beds).

Methods Referral data was sourced across 4 consecutive months: April–July 2015 (initial audit) and October 2015–January 2016 (re-audit). These included all referrals from A&E to Psychiatry. Times were calculated for the 4 subprocesses listed in Table 1 below.

Conclusion/discussion Following the initial audit, interventions such as training A&E staff to better manage psychiatric patients and encourage earlier referrals, led to a positive response in the re-audit (Subprocess 1). Breach rates reduced to 28% (from 35%) on re-audit. Less breaches (81% compared to 88%) were referred after 2-hours by A&E. Overall, the breach rates have reduced and they are less attributable to the A&E referring patients late. The outcome of patients leaving A&E without being seen by a psychiatrist was unknown – adverse outcomes would strengthen the debate to enforce the 4-hour window.

Table 1

Initial audit = 222 referrals (35% breach rate)
Re-Audit = 348 referrals (28% breach rate)

Disclosure of interest The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.821>

EV0492

Neuroleptic malignant syndrome: Case report and literature review

R. Martín Gutierrez^{1,*}, R. Medina Blanco¹, P. Suarez Pinilla¹, R. Landera Rodriguez¹, M. Juncal Ruiz¹, I. Madrazo del Río Hortegea¹, M. Gómez Revuelta¹, O. Porta Olivares¹, J. González Gómez¹, J. Vázquez Bourgon¹, R. Hernando Fernández²

¹ Hospital Universitario Marques De Valdecilla, Psychiatry, Santander, Spain

² Hospital Universitario Marques De Valdecilla, General Practitioner, Santander, Spain

* Corresponding author.

Introduction Neuroleptic malignant syndrome (NMS) is an uncommon but potentially fatal adverse effect of neuroleptic, both classic and atypical drugs.

Objective To review the incidence, clinical characteristics, diagnosis and treatment of NMS.

Aim We have described the case of a man of 32 years of age diagnosed with bipolar disorder treated with lithium. He presented high-dose corticosteroids after having tonsillitis. Then, he presented manic decompensation requiring neuroleptic treatment (oral risperidone). After 72 hours, he presented an episode characterized by muscular rigidity, fever, altered mental status and autonomic dysfunction. Life support measures and suspension of neuroleptic treatment were required.

Methods A literature review of the NMS was performed using the PubMed database.

Results The frequency of NMS ranges from 0.02 to 2.4%. The pathophysiology is not clearly understood but the blockade of dopamine receptors seems to be the central mechanism. Some of the main risk factors described are: being a young adult, the concomitant use of lithium and metabolic causes, among others. NMS occurs most often during the first week of treatment or after increasing the dosage of the neuroleptic medication. Some issues of NMS are those related with diagnosis, treatment and reintroduction of antipsychotic treatment or not.

Conclusions NMS can be difficult to diagnose due to the variability in the clinical symptoms and presentation. Because of it diagnosis is of exclusion, clinicians should always take it into consideration

when a patient is treating with neuroleptic, especially when the dosage has been recently increased. NMS is a clinical emergency.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.822>

EV0493

The correlation between mood disorders and suicide attempts for the period 2013–2015 at “Mother Teresa” hospital center, Fatbardha Myslimaj, Psychiatrist, Mirela Gokaj, Deana Rama

F. Myslimaj*, M. Gokaj, D. Rama

Mother Teresa Hospital, Psychiatry Adult, Tirana, Albania

* Corresponding author.

Background People, who have tried to commit self-injurers or suicidal attempts, refer symptomatic presence of disorders of humor and numerous problems social as factors precipitant to suicidal thoughts and actions. It is important recognition of the signs of suicide and self-inflicting behavior to help prevent suicide.

Materials and methods The study includes a period of 3 years of cases hospitalized in the psychiatric clinic UHC, since 2013–2015. The data are taken from the records of admissions at the Psychiatric Clinic at the University Hospital Center. Results are grouped and studied issued by mood disorders, sex, age, place of residence and social status.

Results The influence of mood disorders is recently estimated very important in causing suicide attempts compared with other mental illnesses, similar values with contemporary literature.

Conclusions The majority of suicide attempts do not result in death. Many of these efforts are made in a way that makes salvation possible. These efforts are often a cry for help. Suicide is a social phenomenon different cognitive aspect such as ethical, philosophical, legal, psychiatric, etc. Employees of psycho-social care should be informed about this phenomenon and finding the diagnosis, prevention and treatment of suicidal attempts by persons at risk of suicide.

Keywords Suicide attempt; Mood disorder; Self-infliction

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.823>

EV0494

Peculiarities of providing care in various emergencies

S. Shport

V.P. National Research Center for Social and Forensic Psychiatry, administration, Moscow, Russia

Air crashes Attention is focused on providing care to the relatives (identifying the bodies of the perished, talking to investigators, filling out the requisite documentation, etc.), resolving social issues (organizing funerals, informing various services of what had happened, etc.).

Fires Special attention is paid to the victims with burns at the inpatient facilities of hospitals.

Terrorist acts Provision of care depends on the duration of the emergency and the number of people involved; in the case of a continual stress, in the phase of isolation the medical-psychological care is provided to victims' relatives. At later stages—it is provided to the victims and their relatives.

Natural disasters Are of a special nature, as they are always sudden and there exists a threat that a great number of people may become victims.

Organizational measures in the acute period of an emergency: