

The potential to help vulnerable people who do not use conventional mental health services and people in regions with inadequate psychiatric facilities represents an attractive target with favourable perspectives for suicide prevention. Smartphone, apps, websites, avatar coach, and virtual suicidal subjects are important for both delivering help as well as to educate mental health professionals as in the case of role playing.

Conclusions Shadows and lights are emerging through the use of new technologies. If more people can be reached there are however concern for improper use of social network and pro-suicide websites.

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EW0130

Ecological momentary assessment of bipolar disorder episodes with a smartphone application: Study protocol

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Introduction Subclinical symptoms of depression or mania, present prior to clinical manic or depressive episodes in individuals with bipolar disease. Mobile applications that measure habitual behavioral patterns such as mobility, physical activity level and social engagement present an opportunity to identify state transitions preceding relapse. This could lead to earlier intervention and improved treatment outcome.

Aims To identify associations between changes in habitual behavioral patterns measured with smartphone usage and psychiatric emergency room visits or admissions for bipolar patients.

Methods In a case-crossover study, around 70 patients at a specialized outpatient clinic for bipolar disorder will be offered to install MoodMapper[®], an application that registers text message and calls (but not communication content or recipients), mobility (but not location), number of steps taken, screen-time, and battery level. A baseline level for each individual will be established. Deviations from baseline habitual behavioral patterns in the time preceding a psychiatric emergency room visits or admissions will be analyzed in order to establish predictor variables. The patients will be followed up to 18 months.

Results Preliminary results will be presented.

Discussion Smartphone-collected behavioral data can be used to predict worsening or improvement of a patient's condition. As smartphone ownership becomes more commonplace, mobile apps present a unique opportunity to detect digital real-time signatures of mental illness in a way that is minimally invasive to individual's daily life and privacy.

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EW0131

Reasons for using schizophrenia Internet forums in Croatia

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Searching the Internet is one of the main sources for obtaining health and medical information. When searching the Internet, users can find information published by various organizations, companies, agencies or institutions and also information posted by users on the user-oriented Internet platforms, such as forums, blogs, and various social networks. There are no single, standardized mechanisms to ensure the truthfulness, objectivity, credibility and comprehensibility of health information available on the Internet. Moreover, a very small proportion of medical content on the Internet is revised or moderated by health experts. The aim of this study was to examine the motives for using schizophrenia Internet forums in Croatia. The study sample consists of user-generated posts on the largest Croatian schizophrenia Internet sub-forum over a period of one year, analyzed using qualitative methodology-grounded theory. The results showed that the majority of users use schizophrenia Internet forums to receive emotional support from others with the same diagnosis. Other important reasons were to exchange information about medications, symptoms and prognosis of the illness. It was noted that a large number of entries, with information about drugs and symptoms of the illness, contain inaccurate information. Posts about treatment and symptoms of schizophrenia provided by Internet forums often contain unverified information and can potentially harm users of such forums and also undermine doctor-patient relationship. Expert moderation of these forums and better education of patients by their physician, could help patients receive better medical care and to strengthen the confidence of patients in their physicians.

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e-Poster walk: Emergency psychiatry and forensic psychiatry

EW0132

Structured risk assessment: Aggression and safety in ambulatory emergency service

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Introduction Discussing the threat of aggression is not always at the forefront in ambulatory care providers. A structured risk analysis model for ambulatory emergency psychiatry is currently not available, while aggression does occur regularly.

Objectives and aims The aim of this study is to evaluate the added value of a risk analysis model and implement the best available model in emergency outpatient practice.

Methods The study design is a mixed method model. Semi-structured questionnaires were administered by nurses and psychiatrists. A benchmark study took place at an outpatient

emergency service in South Netherlands. A literature search was performed using PubMed and CINAHL for the period 2000–2014.

Results From this research, we found a discrepancy between the perception and the actual occurred aggression. Care workers often do not discuss aggression related issues, however, case studies show that aggression does occur frequently. In literature studies we have found several risk assessment models, most of which are used within the inpatient psychiatry.

Conclusion To avert aggression incidents and prevent recurrence, it is important to maintain a solid risk analysis model. Introducing a checklist risk crisis service (CRC) can promote a critical reflection on the threat of aggression and bring awareness on the theme of aggression. Implementation of a CRC in daily practice can be of great value.

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EW0133

Incidence of Gamma-Hydroxybutyrate (GHB) abuse and dependence in a rural crisis resolution team in the Netherlands

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Introduction GHB abuse and dependence are common in the Western region of Northern Brabant, a rural region in the south of the Netherlands.

Aim The main goal is to look at the incidence and management of GHB abuse and dependence seen by the CRT in a rural area.

Method This is a retrospective data analysis based on patient files of all assessments of the Western Northern Brabant crisis resolution team (CRT) from 2013 till 2015. Inclusion criterion was current or recent (<24 hours) use of GHB with or without alcohol and other drugs. Several parameters were studied: frequency, duration and dose of GHB use, reason for referral and treatment/policy, which is used (admission, prescribed medication).

Results On a total of 4093 cases 50 persons were included. It shows that the percentage over the years has remained about the same (resp. 1.13%, 1.54% and 1.02%). Of all cases 41.5% used GHB only, 39.6% also used other drugs, and 9.4% GHB with alcohol and other drugs. During the assessment in the emergency department 37.7% was treated with a benzodiazepine, while 43.4% received no psychotropic medication.

Conclusion GHB abuse and dependence are not commonly seen in the CRT, but the withdrawal symptoms can be challenging and GHB withdrawal is often accompanied by aggressive outbursts. Therefore, it is very important to make a decision whether outpatient or inpatient treatment is necessary and if psychotropic medication is needed.

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EW0134

Clinical effects of the suicide attempt with topiramate

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Objectives We report the case of a 45-year-old male diagnosed with mixed personality disorder brought the hospital for strange behavior. He is being treated with fluoxetine, lorazepam and topiramate; and visited his psychiatrist 72 hours ago.

Results He has an adequate level of consciousness and describes retrograde amnesia of the last 72 hours. We found blocks of thought and abnormal behaviors such as dressing and undressing or sorting his belongings repetitively. Urine was only positive for benzodiazepines. In arterial blood gas analysis it performed highlights compensated metabolic acidosis. After ruling out neurological diseases and administering fluids i.v. the symptoms remitted, persisting only the amnesia, establishing the diagnosis of suicide attempt with topiramate.

Conclusions The use out-of-guidelines of topiramate in personality and eating disorders is an increasingly common habit in daily clinical practice, as well as suicide attempts with this drug. In therapeutic doses, over 40% of patients taking topiramate, have asymptomatic metabolic acidosis, which in stressful situations may have clinical relevance. In case of acute poisoning, metabolic acidosis is more frequent and severe, manifesting itself by hyperventilation, hypertension and varying degrees of impaired consciousness and cognitive functions. There is also a paradoxical increase in the frequency of seizures. Treatment is supportive and there is no antidote, being lethal cases exceptional. Gastric lavage and administration of activated charcoal have limited use. The determination of plasma concentrations of topiramate is not available for most centers and is not useful in acute poisoning.

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EW0135

How involuntary admission might have been avoided: An interview study of referring general practitioners

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Introduction The legal criteria for involuntary admission in Norway are that the patient has a serious psychiatric disorder (i.e. psychosis) and is in need of admission to secure needed treatment or that there is a risk of danger. While there have been some studies focusing on coercion in hospitals, less is known about the processes leading up to involuntary admission and the reasoning of referring doctors. In Norway, it is primarily general practitioners (GPs) that refer patients.

Aims To study which factors that GPs who had recently referred patients to involuntary admission thought might have made their latest referral unnecessary.

Methods Seventy-four GPs were interviewed by phone. They had all recently referred patients involuntarily to a major Norwegian university psychiatric hospital. One central question concerned how their latest involuntary referral might have been avoided.

Results These are the main factors that the GPs thought could have been of importance in avoiding involuntary referral of their patients:

- that the patient took the prescribed medication (28%);
- that they personally had the opportunity to closely follow up the patient in the following days (22%);
- that other health care staff could follow up the patient closely in the patient's own home (i.e. home care nursing, etc.) (19%);
- that a family member of the patient could help the patient (8%).

Conclusions The GPs suggested that an increased availability of resources and more assistance from other parts of the health service