

EV0880

Relationship between the risk of relapse and via of administration of treatment antipsychotic

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Introduction The income hospital represents a rupture in the continuity of life of the patient. It would be advisable to determine those variables that help to reduce them. Some studies are running to a paper protector of the treatment injection in the relapses and number of hospitalizations.

Objectives Compare the risk of decompensation, measured in terms of income hospital or consultations to emergency, between patients to treatment injection versus oral.

Aims/methods He is a descriptive study which assesses the number of hospital admissions and consultations to emergency departments in the period of one year (between September 2015 and September 2016) of a sample of 28 patients registered as TMS and the results are compared with the type used for antipsicótico treatment via.

Results We start from a sample of 28 patients, of which 17 are still a treatment intramuscular and 11 have all your guideline prescribed in oral. Patients injection treatment group needed to be admitted to a psychiatric inpatient unit at least on one occasion in the past year, 7 patients and 11 patients to oral treatment, only 2 patients were admitted and other 2 came once to your referral hospital emergency department.

Conclusions Of the 17 patients to treatment with injectable ingestion or needed care urgently a 41.18%, facing the 36.36% of those patients to treatment by via oral. These results do not have a protective role of injectable treatment compared with decompensation measures according to need hospitalization or urgent attention.

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Academic burnout and personality traits in Korean medical students

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Objectives Personality was shown to play an important role for well being under academic stress. The purpose of the present study was to evaluate how temperament and character traits predict academic burnout in Korean medical students.

Methods One hundred and seventy-eight Korean medical students completed the Cloninger's temperament and character inventory (TCI) at the beginning of semester and Maslach burnout inventory-student survey (MBI-SS) was also measured around the final exam when academic stress and burnout is at the highest. The correlation between TCI and MBI-SS was examined and stepwise regression analysis was performed to measure how well personality traits predict academic burnout level.

Results The MBI-SS total burnout score was correlated positively with harm-avoidance ($r = 0.247, P < 0.05$) and negatively with self-

directedness ($r = -0.296, P < 0.001$) and Cooperativeness ($r = -0.169, P < 0.05$) scores. The regression analysis showed that the harm-avoidance ($\beta = 0.269, P < 0.001$) accounted for exhaustion score and the self-directedness explained the Total burnout score ($\beta = -0.296, P < 0.001$) and Inefficacy score ($\beta = -0.284, P < 0.001$). The Cynicism score was accounted for high Novelty-Seeking ($\beta = 0.150, P < 0.05$) and low Cooperativeness ($\beta = -0.182, P < 0.05$).

Conclusion This study showed that the Cloninger's temperament and character might explain the burnout level from the stressful medical education. The temperament of novelty-seeking and harm-avoidance could provide the susceptibility to the academic burnout and the character of self-directedness and cooperativeness might determine the resilience to the negative influence of academic stress.

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Community behavioral health care linkages for youth

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Introduction and objective behavioral health (BH) agencies have care linkages for youth including juvenile justice (JJ). However, there are few studies on youth care linkages. This study focuses on six sites with the objective of examining BH and JJ staff perceptions about information exchange on screening, assessment and treatment.

Methods We developed an index to quantify BH and JJ staff perceptions of information exchange on youth screening, assessment and treatment. After Informed Consent, staff rated past year interactions from agree to disagree on a 7-point Likert scale. Chi-squares and T-tests were used.

Results All 64 staff consented 17 (26.5%) BH staff and 47 (73.5%) JJ staff. Significant differences included BH staff were more likely to be licensed ($P < .001$) and had a masters degree or higher ($P = < .01$). Professional experience ranged from 9.8 to 15.8 years. However, there were no statistically significant differences. BH staff was somewhat higher from 5.7 for "shared assessment results" to 6.8 for "been easy to talk to" while JJ staff were from 5.1 for "shared screening results" to 6.1 for "treated youth with respect".

Conclusions This pilot study found high rates of staffs agreement including ease of talking and listening, sharing screenings and assessments information, and helping begin, continue, and complete treatment. This high agreement was not expected with confidentiality restrictions and traditions. Future studies should target care linkages including letters of agreement, case conferences, and guidelines.

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The reality of domestic violence in the US

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