

may also help to change the stigma of SMI reinforcing mental health patient's contributions to society.

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EW635

Cardiovascular risk assessment in psychiatric inpatient setting

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Objectives To assess the general cardiac health of inpatients in acute psychiatric units and to evaluate the practice of ECG use in this setting.

Aims Overall cardiac risk is assessed using QRISK2. Clinically significant ECG abnormality detection by psychiatric teams are compared with same by cardiologist.

Methods Ten percent of patients ($n = 113$) admitted to five acute psychiatric wards during a period of 13 months across three hospital sites, covering a population of 1.1 million, were randomly selected. Electronic health care records were used to collect all data, in the form of typed entries and scanned notes. An experienced cardiologist, blind to the psychiatrist assessments, performed ECG analysis. The QRISK2 online calculator was used to calculate 10-year cardiovascular risk as recommended by NIHR, UK.

Results A score of 10% or more indicates a need for further intervention to lower risk. 13.5% of patients had a QRISK2 score of 10–20%, 5.2% had a score of 20–30%, and 1 patient had a QRISK2 score > 30%. In total, 19.7% had a QRISK2 of 10% or greater. A total of 2.9% had prolonged QTC interval (> 440 ms), with 2.9% having a borderline QTC (421–440). A total of 34.3% of ECGs were identified by the ward doctors as abnormal, with action being taken on 41.6% of these abnormal ECGs. Cardiologist analysis identified 57.1% of ECGs with abnormalities of potential clinical significance.

Conclusions One in five patients admitted to psychiatry wards have poor cardiac health requiring interventions. Though QTC interval prolongation is rare, half of patients may have abnormal ECGs that require further analysis.

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The agitated patient; need for mechanical restraint and prevention measures in relation to psychiatric diagnosis

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Introduction Psychomotor agitation is a common psychiatric emergency in our environment that can occur in a wide clinical spectrum. Both the agitation itself as the procedures for their control, carry an implicit risk to patient safety and health workers.

Objective To describe the prevention measures used in patients requiring mechanical restraint in relation to diagnosis of psychiatric disorders.

Material and methods This is a naturalistic descriptive study. Mechanical restraints made in brief psychiatric hospitalization units of "Hospital del Mar" between January of 2013 to March of 2015, were analyzed by diagnosis. Proportions of the prevention intervention performed by nurses in each episode were compared. The groups of prevention interventions done were: "verbal approach", "environmental measures", "psychopharmacological intervention", "observation increase" and "inability for applying any measure because unpredictability".

Results A total of 2986 mechanical restraints were done in brief hospitalization units. Among the results, we find that verbal approach measure was use in 77.23% of patient with personality disorders. Environmental measures were used in 40% of the total of restraints. The most of psychopharmacological intervention was done in alcohol intoxication (50%) and then in psychotic spectrum (42.01%). The inability for applying measures was greater in alcohol intoxication (45.4%).

Conclusion Some of the results of this study are interesting and consistent with clinical practice (for example, effectivity of pharmacological intervention in psychosis and bipolar disorders, as well verbal approach in anxiety, etc.), we can predict the usefulness of measures applied to prevent a mechanical restraint. Further research is needed in this topic.

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Interim results of remotely provided, one-on-one, tailored psycho-education and skills training to caregivers of patients with mental health difficulties

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In the past several decades, considerable evidence has emerged on the efficacy of caregiver and family interventions in the treatment of severe and enduring mental health disorders, particularly schizophrenia. Studies have demonstrated benefits of these interventions with regard to both reduced rates of burden in caregivers, and a reduction in relapse and improvement in symptoms of the person with psychosis. However, many caregivers who may benefit from such interventions are unable to access them, due to limited resources and geographical factors. Additionally, concerns about stigma and time constraints may deter caregivers from accessing

support. The following study is among the first to address these barriers using a remotely delivered, one-on-one caregiver intervention. Caregivers ($n=93$) of patients with severe and enduring mental health difficulties took part in a tailored psychoeducation and skills training intervention, consisting of weekly 40 minute videoconference or telephone sessions with a trained clinician. Caregivers completed the Involvement Evaluation Questionnaire (IEQ) and General Health Questionnaire (GHQ-12) at baseline, and eight sessions (mid treatment). It was hypothesized that caregivers would show a reduction of distress and burden in response to the intervention. Interim comparison of pre- versus 8th session measures demonstrated a highly significant reduction in GHQ scores ($P<0.001$), as well as a highly significant reduction in IEQ scores ($P<0.001$). Results suggest that remotely provided, one-on-one, tailored psycho-education and skills training may be an effective and accessible intervention to improve the well-being of, and decrease burden in, caregivers of mental health patients.

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Evaluation of suicide risk in psychiatric patients after discharge. A follow-up study

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Résumé

Introduction Several studies show that the first period after discharge has an higher suicide risk.

Objectives Following up psychiatric inpatients after discharge may be important in order to better understand the risk and the protective factors of suicide.

Aim The aim of our follow-up study is to evaluate the predictive factors of suicide in a sample of psychiatric inpatients after discharge.

Methods We analyzed the temperament and the levels of hopelessness, depression, suicide risk in a sample of 87 (54% males) inpatients at time T0 (during the hospitalization), T1 (12 months after discharge) and T2 (8 months after T1). We administered the following scales: BHS, MINI, TEMPS, GMDS, CGI.

Results A statistically significant difference on the risk of suicide with substance abuse was found among patients who were followed up and who refused to participate, respectively at T1 ($\chi^2_4=2.61$; $P<0.05$) and T2 ($\chi^2_4=1.57$; $P=0.05$). At T1, 4 patients attempted suicide and 18 showed suicidal ideation. In the second follow-up, 1 patient successful committed suicide, 1 subject attempted suicide and 10 patients showed suicidal ideation. Patients with suicidal ideation at T1 showed higher levels of hopelessness and a diagnosis of bipolar disorder type I ($\chi^2_4=10.28$; $P=0.05$). Sixty-seven percent of subjects with suicidal ideation showed higher scores in the BHS at T1. Significant differences were found on the anxious temperament at T2 between two groups.

Conclusions The follow-up could represent a significant strategy to prevent suicide in psychiatric patients.

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Tendency to stigmatization of mentally ill people by university students in the Czech Republic

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Introduction Mental illness is still surrounded by false myths, stereotypes and prejudices. Stigmatization is a social problem on a national and international level and may lead to discrimination.

Objectives Stigmatization has a negative impact on patient's life, treatment seeking, self-image, adherence and mental health recovery.

Aims The aim of the study was to examine the tendency to stigmatization of mentally ill people by university students in the Czech Republic.

Methods The constructed questionnaire called Tendency to stigmatization TTS (Cronbach's $\alpha=0.952$), demographic questionnaire and tentative shortened version of personality questionnaire NEO-PI-R were administered on Facebook offered to student groups.

Results The statistical analysis of data from 1350 students showed a relatively high tendency to stigmatization depending on age (stigma is lower with age), gender (women have a lower TTS than men), studied university, faculty, educational focus. The lowest rate of stigmatization had students of psychology. Students of economics, management, informatics and engineering disciplines stigmatize in a high degree. Social oriented students had the lowest TTS, technically orientated the highest. The TTS also depends on personal agreeableness (low-friendly students had a higher TTS) and neuroticism (mentally unstable students had slight TTS). Lower TTS had students who attended psychopathological/psychiatric subject at school, also students, who personally met or know somebody with mental disease and students with mental health problems (Table 1).

Table 1 Description of the sample, demographic data.

Table I: Description of the sample, demographic data

VARIABLE	MEAN AND STANDARD DEVIATION
Age	22 ± 3.79
Gender (M: F)	329 : 1021
Nationality	
Czech	1193 (88.4%)
Slovak	139 (10.3%)
Other	17 (1.3%)
Academic orientation:	
Arts focus	739 (54.7 %)
Science focus	375 (27.8 %)
Technical focus	178 (13.2 %)
Other	58 (4.4 %)
Field of study	
scientists and chemists	233 (17.3%)
teachers	166 (12.4%)
economists and managers	131 (9.7%)
sociologists, social workers, journalists	131 (9.7%)
medical students and health professionals	125 (9.3%)
linguists	104 (7.8%)
lawyers	99 (7.3%)
psychologists	110 (8.1%)
archaeologists, historians, philosophers, religionists and artists	84 (6.5%)
engineers and builders	78 (5.8%)
Marital Status:	
single	951 (70.4 %)
with partner	339 (25.1 %)
married	51 (3.8 %)
divorced with partner	3 (0.2 %)
divorced without partner	4 (0.3%)
Subject of psychopathology or psychiatry YES/NO	301 / 1049
Knowledge mentally ill nearby YES/NO	830 / 520
Personal contact with mentally ill YES/NO	987 / 363
Treatments for mental problems	239 / 1091