P-573 - ANALYSIS OF DIAGNOSTIC AGREEMENT AMONG PSYCHIATRIC ASSESSMENT IN EMERGENCY SERVICE AND INPATIENT SETTING

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Introduction: Psychiatric emergencies are usually complex processes rather than discrete events, in which most clinicians have only two tools to deal with: hospital admission or crisis intervention in the emergency department followed by referral to low-intensity outpatient treatment. The *triage model* for psychiatric emergency services (PES), described by Gerson and Bassuk in the 80s, advocated "rapid evaluation, containment and referral (...), minimizing subtle diagnostic considerations. This model has been replaced by more comprehensive services, capable of providing comprehensive assessment and a broader range of services. This *treatment model* highlights the importance of establish a diagnosis, even if provisional, that allows a plan for immediate treatment. The literature suggests that reliable diagnostic assessments can be performed in emergency settings.

Objectives: To evaluate the validity of psychiatric diagnosis made in the PES of an university hospital.

Method: Retrospective study, in which data from all the patients admitted to Psychiatry Service of Coimbra University Hospitals between January and June of 2010, from the emergency department, were analyzed for socio-demographic and clinical characteristics, namely the diagnosis before psychiatric inpatient hospitalization (PES) and at discharge.

Results: From the 4.537 psychiatric episodes observed in the PES during this period, 8.1% where admitted to inpatient treatment. The most frequent diagnostics at admission were Major Depression (17.2%), Affective Disorder (17.1%) and Schizophrenia (13.1%).

Conclusions: Although the study is still running, preliminary results point to a good level of agreement between the diagnostics made in the PES and those established in the inpatient assessment.