

EPV0721

Psychiatric Causes of Bariatric Surgery Exclusion: A Descriptive Study

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Introduction: The psychopathological causes that advise against a bariatric surgical procedure include any state that puts at risk the modification of habits and beliefs regarding eating behavior, wick condition weight loss and health improvement.

Objectives: To Study the psychiatric profile of patients rejected for bariatric surgery at the Complejo Hospitalario Asistencial de León (León, Spain).

Methods: Retrospective observational study. All patients for whom bariatric surgery procedure has been contraindicated for psychopathological reasons are included. 145 patients were evaluated in the context of the protocol for bariatric surgery. The following diagnostic scales were used as support: Salamanca Questionnaire, Plutchik Impulsivity Scale, Attitudes towards change in patients with eating disorders (ACTA), Bulimia Investigatory Test Edinburgh e, and European Quality of Life-5 Dimensions.

Results: 41 Patients were rejected for psychiatric reasons (28.28%). The most frequent diagnoses are impulse control disorder (39%), followed by eating disorder (27%). Other diagnoses found are: depressive disorder (10%), adjustment disorder (5%), personality disorders, intellectual disability and generalized anxiety disorder (3%) 78% of them are women.

Conclusions: Uncontrolled psychiatric pathology is a contraindication to bariatric surgery. Impulse control disorder and eating disorder are related to overweight and obesity, so a diagnosis and treatment are necessary prior planning surgical procedure. Psychopathological variables determine the success of bariatric surgery procedures and it is mandatory to consider them in the process.

Disclosure: No significant relationships.

Keywords: bariatric; exclusion; surgery; impulsive

Emergency Psychiatry

EPV0720

Tunisian's largest Psychiatric emergency department in the context of the COVID-19 lockdown

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Introduction: General Lockdown was first declared in Tunisia from March 20th to May 4th 2020 to contain the spread of COVID19 pandemic, the last sanitary lockdown period was declared from July 12th to august 1st in 2021. Psychiatric emergency access and

consultation has been affected by the confinement. RAZI Hospital Emergency Department (RHED) is the only emergency department in Tunisia specialized in psychiatry. Thus making it the most representative psychiatric emergency health care service in Tunisia.

Objectives: To assess changes in patients flow and admission rates in RHED in the context of the COVID-19 lockdown

Methods: We examined emergency room records and the hospital's computer admission database during the first and the last COVID19 lockdowns and compared it to the same period of the previous year.

Results: The number of consultations was significantly lower in 2020 lockdown (N = 577) compared the same period in 2019 (N = 1525) ($p < 10^{-3}$). We observed a drop in RHED emergency hospitalization rate from 45.57% to 29.81% during this study period. The number of consultations per day was significantly lower during the first lockdown (N= 12.44) compared to the last lockdown (N=26.61) ($p < 10^{-3}$), the hospitalization rate rose from 29.81% during the first lockdown to 44.36% during the last.

Conclusions: Fear of COVID19 contamination and lockdown limitation had a huge impact on RHED visits and admissions. Medical team had to adjust in order to prevent further delay in acute psychiatric care.

Disclosure: No significant relationships.

Keywords: emergency; lockdown; Covid-19; confinement

EPV0721

Prevalence and forms of aggressive behavior among patients admitted to an acute psychiatric ward

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Introduction: Aggressive behavior is frequently associated with acute psychiatric admission. Several studies highlight the increased risk of aggression in certain psychiatric disorders.

Objectives: The aim of the study was to explore the extent of aggressive behavior, its various manifestations, and its association with gender, age, and diagnosis among patients admitted to an acute psychiatric ward.

Methods: Patients admitted to our acute psychiatric ward in a three months period were included and the Dynamic Appraisal of Situational Aggression - Inpatient Version (DASA-IV) questionnaire was administered in the first seven days after admission for all patients.

Results: A total of 290 patients, 153 men and 137 women, with a mean age of 46.9 years (SD=17.5) participated in the study. Men were overrepresented among patients who showed aggressive behavior ($p=.008$). There was no correlation between age and DASA-IV score ($p=.259$). 40% of patients (N=116) did not show aggression, while 60% (N=174) experienced some form of aggression. Of those who exhibited some form of aggressive behavior, 94% had only low, 4% had high, and 2% had extremely high levels of aggression. Aggression was most common in patients with intellectual disabilities, dementia, and bipolar disorder.

Conclusions: According to our findings the majority of the acutely admitted psychiatric patients shows no or only low level of aggression. There were also differences in the forms and extent of aggressive behavior between the diagnostic groups. Risk assessment is important because it provides an opportunity for early detection and prevention, and the development of personalized treatment plans.

Disclosure: No significant relationships.

Keywords: aggressive behavior; Mental Disorders; risk assessment; acute psychiatric ward

EPV0722

Hazards of administration of benzodiazepines in patients with adaptive hyperventilation: a case rapport

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Introduction: Only three population-based observational human studies provided evidence that benzodiazepines (BZD) are associated with clinically adverse respiratory outcome. Striking was the finding that BZD drug exposure was associated with a 32% significantly increased adjusted risk of all-cause mortality, including, of note, the subgroup of individuals with no comorbidities. Causation, however, cannot be inferred in observational study design and, highly likely, recipients received BZD's in these studies to help treating anxiety related to inter alia pre-existing respiratory symptoms.

Objectives: Based on one fatal particular case, authors of current rapport explain what can go wrong when BZD's are given in patient with respiratory impairment.

Methods: Authors provide a model on how an increase in carbon dioxide can lead to impaired cerebral autoregulation in a person with pre-existing respiratory decompensation. Discussion of integrative metabolic and vascular physiology.

Results: Case rapport of a 18 y.o. otherwise healthy man, who was hospitalized with a novel episode of diabetic ketoacidosis accompanied by profound hypocapnia and anxiety, and who deteriorated and died shortly after airway management because of a clinically important acid-base balance disturbance caused by increased carbon dioxide. All the blood tests and results of respiratory monitoring were collected and carefully assessed.

Conclusions: Current case suggests that the P(CO(2))--HCO(3) hypothesis is consistent with known data on impaired cerebral autoregulation in diabetic ketoacidosis, driven mainly by increased levels of pCO₂. In our opinion, it indicates the recommendation not to administrate BZD's in patients with pre-existing compensatory hyperventilation as it may counter to the logic of adaptive physiology.

Disclosure: No significant relationships.

Keywords: Benzodiazepines; Hypoventilation; Case rapport; Treatment

EPV0724

Early Community based Ayu-Emergency Intervention in Psychiatric Emergencies: A Community Based Participatory Research

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Introduction: Psychiatry emergencies in India is major challenge for emergency service providers due to rapid growth of various behavioural, higher morbidity and mortality rate. Despite, psychiatry conditions are neglected area related to stigma, share, lack of awareness, and superstitious beliefs. There is an urgent need for specialist psychiatric emergency services, which can fill the huge gap between policymakers and health service providers joined together.

Objectives: Present feasibility study has been undertaken to evaluate the safety and efficacy of combined emergency and Ayurveda medicine management of psychiatric emergencies in community-based settings.

Methods: Ayu-Emergency Care project was developed in partnership with policy makers, researchers and health care providers, a collaborative platform of emergency medicine and Ayurveda medicine (Indian Traditional Medicine) for developing whole-system perspective, where providers work in a coordinated and joined-up way. Twenty trained care providers in psychiatry emergency and Ayurveda management worked in partnership with community-based organisation.

Results: Patients with major clinical difficulties, in the acute phase were treated and managed by Ayu-Emergencypractitioners. Severe Agitation and violence relating to substance abuse, anxiety disorder and psychosis were the most common admission diagnoses. 2-weeks results indicate that Ayurveda intervention can reduce anxiety (p<0.01), aggression (p< 0.001) and agitation (p<0.01) significantly with no side effects reported. Intervention found to be clinically beneficial and cost-efficient alternative to out-of-home placements (i.e., Incarceration, psychiatric hospitalisation).

Conclusions: The study's findings highlight safety, efficacy and feasibility of intervention. Patients both prefer and seem to benefit from community-based ayu-psychiatric care, and early-intervention community program could be a good model for such care.

Disclosure: No significant relationships.

EPV0725

Neuroleptic Malignant Syndrome: A case report and a literature review.

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