

EPP0326

A tale of excess: the curious case of the woman with 1447 emergency visits

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Introduction: Frequent attenders to emergency services are challenging and costly. We report the case of a woman in her mid-twenties who stands out for a total of 1447 emergency visits.

Objectives: Our primary objective was to describe the emergency visits of our patient. Secondary objectives were to assess her use of other healthcare services and to calculate her health expenditure.

Methods: This is a clinical case report. We reviewed the patient's electronic medical records for sociodemographic and clinical data. We obtained detailed information of psychiatric ED visits (length, most frequent times and days) regarding the second most-visited hospital. We assessed the efficacy of hospitalizations in reducing ED visits with a paired samples t Test, comparing the number of visits 30 days pre- and post-hospitalization. We estimated the health expenditure using the regional public health system prices, including three direct costs: emergency visits, hospitalizations and ambulance transportation. We obtained written informed consent from the patient's legal guardian.

Results: A 26-year-old woman from Barcelona (Catalonia, Spain), diagnosed with mild intellectual disability, made 1447 emergency visits between 2009 and 2021 (figure 1). 946 visits (65%) took place in psychiatric emergency departments (EDs), whilst 353 (24%) in non-psychiatric EDs and 148 (10%) in urgent primary care. She attended 24 hospitals (ranking number one the closest to the patient's home, with 387 visits) and seven primary care centers, distributed across 17 cities in Catalonia. Most visits were self-referred, being the main presenting problems anxiety and instrumental suicidal behaviour. Saturday was her favorite day for hospital visits (24,1%), while she sought care on Tuesdays much less often (4.5%). She made 73.5% of consultations between 1pm and 6pm, with a median length per visit of 2.8 hours (range 0.33-20.9 hours). Regarding other therapeutic approaches, she attended day hospitals, psychiatric rehabilitation programs and family therapy, among others (figure 2), for which she showed low adherence and scarce benefit. She had ten acute hospitalizations, interventions that did not reduce ED visits ($t=-0.9835$, $p=0.36$). Health expenditure reached 410.035€.

Image:

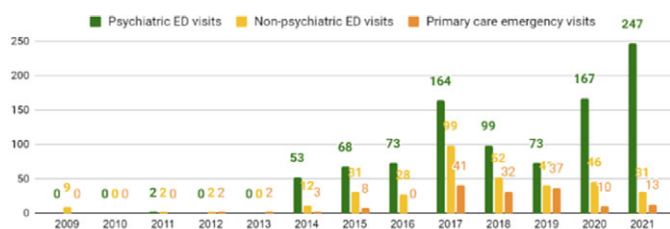


Figure 1. Emergency visits of the patient (2009-2021).

ED: Emergency Department.

Image 2:

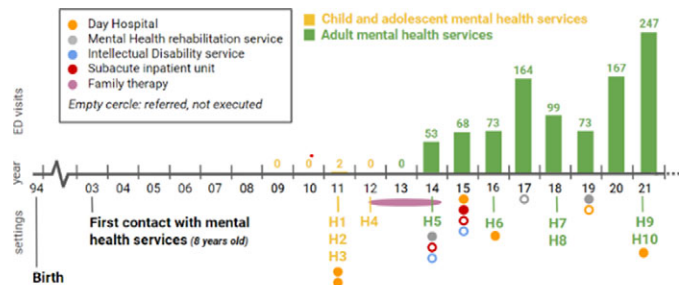


Figure 2. Timeline of mental health interventions between 1994 (year of birth) and 2021.

Standard outpatient follow-up not shown. Non-psychiatric emergency visits not shown. ED: Emergency Department. H: hospitalisation.

Conclusions: The most common definition of frequent attendance is a patient who has five or more visits per year. Many times, but not always, repeat visits are also inappropriate. The case we report is a grotesque example of both frequent and inappropriate attendance, which has been resistant to all kinds of interventions and has quality-of-care, financial and ethical implications. As of today, it is still a pending case. Maybe it is worth considering residential treatment?

Disclosure of Interest: None Declared

EPP0327

Prevalence and Correlates of Low Resilience: Aftermath of the Fort McMurray Wildfire Disaster

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Introduction: The Fort McMurray wildfire (2016) was one of the most expensive and devastating natural disasters that ever happened in the history of Canada. According to the Insurance Bureau of Canada (2016), the cost of this disaster was estimated at USD 3.6 billion in insured losses. Despite the fundamental role of resilience in the daily functioning of individuals in the form of a protective shield that ameliorates the devastating impact of disasters on their mental well-being, to date, the long-term impact of wildfires on resilience and its associated predictors of low resilience has not been well studied and evaluated.

Objectives: The study aimed to enhance the understanding of the psychological impact of wildfires through the evaluation of the prevalence and predictors of resilience among the affected residents of Fort McMurray five years after the devastating wildfires.

Methods: This study applied a cross-sectional survey design which was used to gather quantitative data through an online-based self-administered questionnaire. The surveys included standardized