

## EPP0326

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

M. Sagué Vilavella<sup>1\*</sup>, A. Giménez Palomo<sup>1</sup>, A. Àvila-Parcet<sup>2</sup>, T. Fernández Plaza<sup>1</sup>, L. Navarro Cortés<sup>1</sup>, G. Oretaga Hernández<sup>3</sup>, M. Pons Cabrera<sup>1</sup>, L. Tardón Senabre<sup>1</sup> and M. Vázquez<sup>1</sup>

<sup>1</sup>Department of Psychiatry and Psychology, Hospital Clínic;

<sup>2</sup>Department of Psychiatry, Hospital de la Santa Creu i Sant Pau and

<sup>3</sup>Department of Psychiatry, Hospital Vall d'Hebrón, Barcelona, Spain

\*Corresponding author.

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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:**

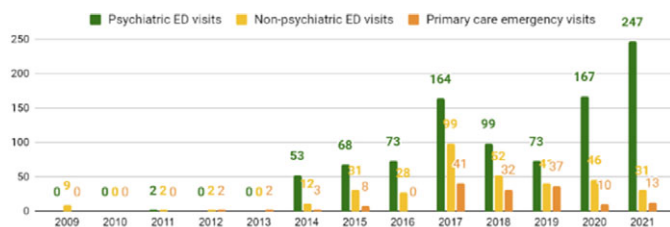


Figure 1. Emergency visits of the patient (2009-2021).

ED: Emergency Department.

## Image 2:

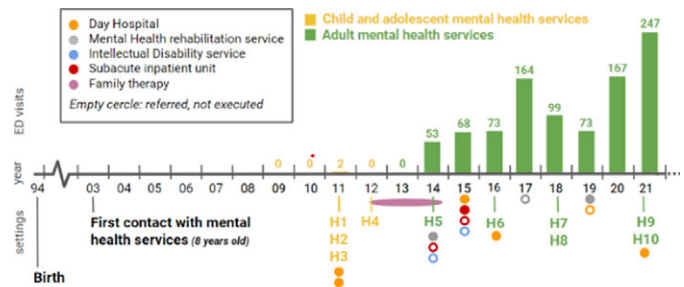


Figure 2. Timeline of mental health interventions between 1994 (year of birth) and 2021.

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?

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## EPP0327

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

M. K. Adu<sup>1\*</sup>, E. Eboime<sup>2</sup>, R. Shalaby<sup>2</sup>, A. Sapara<sup>2</sup>, B. Agyapong<sup>2</sup>, G. Obuobi-Donkor<sup>1</sup>, W. Mao<sup>2</sup>, E. Owusu<sup>2</sup>, F. Oluwasina<sup>2</sup>, H. Pazderka<sup>2</sup> and V. Agyapong<sup>1</sup>

<sup>1</sup>Psychiatry, Dalhousie University, Halifax NS, Halifax and <sup>2</sup>Psychiatry, University of Alberta, Edmonton, Canada

\*Corresponding author.

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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

rating scales for resilience (BRS), depression (PHQ-9), anxiety disorder (GAD-7), and post-traumatic stress disorder (PTSD) (PCL-C) was used to measure the prevalence of resilience and its demographic, clinical, as well as wildfire-related predictors. The data collection spanned between April and June of 2021. Data were analyzed using the Statistical Package for Social Sciences (SPSS) version 25 and univariate analysis with done using a chi-squared test and binary logistic regression analysis.

**Results:** A total of 249 residents accessed the online survey and 186 completed the survey. Therefore, there was a response rate of 74.7%. Most of the respondents were females (85.5%, 159), above 40 years of age (81.6%, 80), employed (94.1%, 175), and in a relationship (71%, 132). The study identified two variables, thus having PTSD symptoms (OR = 2.85; 95% CI: 1.06–7.63), and the age of respondents significantly predicted low resilience in our sample. The prevalence of low resilience in our sample was found to be about 37.4%.

**Conclusions:** The study finding demonstrated that age and the presence of PTSD were the independent significant risk factors associated with low resilience in the affected population of Fort McMurray five years after the devastating wildfire disaster. This result further provides new information about the association between resilience, demographic, and clinical characteristics while adding to the rising body of evidence on the benefits of resilience in individuals during and after disasters. However, further research is needed to enhance understanding of the pathways to

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### EPP0329

#### Recurrence and profile of reconsultants: descriptive study of 162 patients

S. Brahim\*, W. BOUALI, K. Mohamed, K. Sabria, B. S. Rim, Y. Samira and Z. Lazhar

psychiatry, Taher Sfar, Mahdia, Tunisia

\*Corresponding author.

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**Introduction:** Emergency psychiatric consultation requests present certain specificities both in the situations encountered and in their management, due to a close relationship between the consultant and his environment. They do not only correspond to psychiatric emergencies, in the strict sense of the term, but also to psychological emergencies with their possible social dimension. They require an adapted response that can be decisive for the future

**Objectives:** To determine the epidemiological and clinical characteristics of patients reconsultants in the emergency medical department.

**Methods:** This is a cross-sectional study, conducted over a period of 12 months, from 01 April 2020 to 31 March 2021, in the emergency medical department of Mahdia University Hospital.

**Results:** During the study period, 162 reconsultations for psychiatric emergencies were recorded. the age ranged from 18 to 61 years with an average of 35 years. The level of education was primary or secondary in 78.8% of cases. The majority of reconsultants had single marital status (70%). The absence of professional activity and

social security coverage was found in 72.3 and 49% of cases respectively. The presence of family and personal psychiatric history was noted in 29.8% and 91.5% of reconsultants respectively. Heteroaggressiveness followed by instability were the most frequently encountered reasons for consultations with 23.4% and 12.8% of cases respectively. The presence of a triggering factor was found in 63.8% of cases where problems with the main support group followed by those related to the social environment and those related to access to health services were the most reported with 49.23 and 13% respectively. The syndromic psychiatric diagnoses were, in decreasing order of frequency, psychomotor excitement (23.4%), delusional syndrome (17%), dissociative syndrome (12.8%) and somatic conversion (12.8). For reconsultants, relational approach and/or injectable treatment were the most used therapeutic means immediately (49%). Neuroleptics and benzodiazepines were prescribed in 38% and 13% of cases, respectively. The decision to hospitalize in a psychiatric department concerned 45% of reconsultants.

**Conclusions:** Referral decisions favored the organization of ambulatory follow-up, with a decrease in the rate of hospitalization. These results make it possible to identify the evolutionary trends of the population consulting in emergency

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### EPP0330

#### Impacts of External Influences on Treatment in Emergency Psychiatry: Results of a Longitudinal Measurement in an Adult Psychiatry Clinic in Germany

T. Barth\* and S. Voigtlaender

Psychiatry and psychotherapy, Klinikum Chemnitz, Chemnitz, Germany

\*Corresponding author.

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**Introduction:** Regarding last years, in German psychiatry the effects of the changed statutory framework conditions for the use of physical restraints [1,2,3] and the COVID-19 pandemic on the treatment in emergency psychiatry were discussed.

**Objectives:** Against these background, changes in the severity of disease and regarding the use of coercive measures in our emergency psychiatry are to be analysed.

**Methods:** An internal retrospective study in the emergency psychiatry (2017=reference period; 2019=post changed statutory framework; 2021=post changed statutory framework and during the pandemic) was performed.

**Results:** - The socio-demographic patient data (exception: gender) and the distribution of the main diagnoses groups remained stable. There was a reduction in the treatment volume by 4% in the pandemic period compared to 2019.

- Both in 2019 and 2021, significant increases regarding the number of patient characteristics of the intensive treatment according to the OPS code 9-61 [7,8,9] were measured.

- During pandemic period 2021, a significantly rise in the percentage of involuntarily committed treatment cases [10] imposed.