

cases. MAOIs are, however, more common in severe serotonin syndrome than in non-severe cases.

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Keywords: Serotonin syndrome; Serotonin toxicity

EPP0629

The convulsive syndrome in the structure of alcohol withdrawal syndrome with delirium

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Introduction: Withdrawal states with delirium, having convulsive syndrome in their structure, are one of the most severe emergency conditions in psychiatry.

Objectives: A total of 160 patients were examined with delirium alcohol withdrawal. Prognostic factors of occurrence of convulsive syndrome in the withdrawal syndrome of alcohol were studied.

Methods: Clinical, psychopathological, electrophysiological.

Results: It was found that the most significant prognostic factors seizures were: severe bloating condition, the duration of hard drinking, the total dose of drinking alcohol before the breakdown of consumption alcohol. Convulsive syndrome not always correlated with marked vegetative disorders in the state of withdrawal of alcohol. Convulsive syndrome that appeared after the development of delirious syndrome often indicated a more serious condition. It is suggested that the convulsive pattern of response to the severe condition of alcohol withdrawal is formed in some young patients under the influence of endogenous factors, but is realized under certain situational conditions - long binge drinking, massive consumption of alcohol before the break of the reception of alcohol, the use of psychoactive drugs with stimulating effect. In the electrophysiological examination, there were significant differences in the group of patients with convulsive syndrome in the current admission from the group of patients with convulsive syndrome in the past and the group without convulsive syndrome in the state of abolition of alcohol.

Conclusions: It is emphasized that when indicating the seizures in the state of abolition of alcohol in the past, the beginning of treatment is necessary to begin even in a state of binge drinking.

Keywords: alcohol withdrawal syndrome with delirium; convulsive syndrome

EPP0630

Trends in involuntary admissions for observation in Malta

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Introduction: Schedule II of the 2013 Mental Health Act is part of the legal framework for involuntary admission to a licensed mental healthcare facility in Malta (Mount Carmel Hospital) for observation.

Objectives: To identify trends in presenting features cited by registered specialists in psychiatry in Schedule II applications as well as impact of time of day on involuntary admission.

Methods: Schedule II forms relating to all involuntary admissions to Mount Carmel Hospital between 01 June 2018 and 01 June 2019 were retrieved from paper files (n=364). Details relating to reason for using this legal framework were recorded and processed through custom linguistic analysis. Timings of application were also assessed. Data Protection permissions to retrospectively access patient files were obtained. All data collected was de-identified at source.

Results: The commonest reason for use of Schedule II was psychosis (n=139). Substance abuse was recorded in 68 cases, with alcohol and cannabinoids the commonest substances cited. 155 instances relate to situations of increased risk, the commonest being aggressive behaviour (n=74). 61 cases recorded suicidal intent. Peak use of this schedule occurs between 17:00 and 18:00, which is outside normal working hours.

Conclusions: Predominance of psychosis as a reason for involuntary admission concurs with trends reported internationally, including recent German, Irish and Dutch reports, as does increased use of involuntary admission with out-of-hours presentations. Practices relating to involuntary admission to a mental healthcare facility in Malta appear to reflect general trends in other European cohorts, despite differing legal frameworks.

Keywords: Mental Health Act; psychosis; Involuntary Admission

EPP0631

Preliminary findings of a longitudinal follow-up study of the paediatric population and their families during and after the coronavirus pandemic and the confinement.

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Introduction: Pandemic are known to generate traumatic events, such as job losses or violence [1]. Several studies have shown that epidemics and related health measures (quarantine, confinement) lead to an increase of acute stress disorders (ASD), post-traumatic stress disorders (PTSD), anxiety and depression in the adult population [2]. In the pediatric population, few studies have been carried out on the psychiatric outcomes during and after epidemics and associated measures [3].

Objectives: The aim of this study was to explore ASD symptoms during stay-at-home and Covid 19 pandemic and its impact on children and adolescent mental health.

Methods: Sixty participants (53% girls and 47% boys; mean age= 9 years 5 months) were included in this longitudinal study [4]. The

measures consist in an emergency semi-directed interview designed to assess symptoms of ASD according to the age of children.

Results: Patients' age modulated psychiatric outcomes. Children under the age of six shown more developmental regressions and more restlessness than older ones. Children from 6 to 12 years were characterized by more oppositional behaviors than adolescents. Finally, adolescents were characterized by more social isolation than younger ones. Other symptoms appear to be more stable across ages: sleep disturbance, fear behavior and somatization.

Conclusions: Young children experienced more externalized symptoms (opposition and agitation) and developmental regressions than older children [5]. Thus, it appears necessary during pandemic to take into account the psychiatric consequences of confinement to reduce psychosocial long-term outcomes in particular in younger patients who appeared to develop specific and age-related psychiatric disorders.

Keywords: psychiatry; covid 19; Acute stress disorder; Paediatric

EPP0633

Psychiatric admissions from the emergency department: An observational, retrospective study and recommendations for improved patient care and use of resources

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Introduction: Psychiatric patients visiting the Emergency Department (ED) often require 'medical clearance'. We aim to review patient work-up in the ED to facilitate the management of these patients.

Objectives: - To identify common demographic variables, diagnoses and mental health legislative status of patients presenting to the ED requiring psychiatric admission - To assess whether patients underwent a medical work-up in the ED, and what investigations were carried out - To produce a hospital proforma for the management of psychiatric patients presenting at the ED

Methods: Data on adult psychiatric patients visiting the ED over a six month period was collected retrospectively, which was then analysed accordingly.

Results: 473 patient admissions were reviewed. 32.8% were admitted to a non-psychiatric specialty before being accepted to psychiatry, with the most common reasons being due to overdose (30.3%), alcohol-related problems (19.4%), and medical complaints (18.7%). 63.2% of all patients were investigated in the ED, including 23.5% undergoing CT Brain imaging. The majority had a final diagnosis falling under F10-19 (30.2%) and F30-39 (30.9%) chapter categories of the ICD-10, with the former having the highest absolute number of patients undergoing testing in the ED. The F20-29 group (13.7%) was highest in total patients investigated (75.4%), CT brain imaging (56.9%), and rate of involuntary admissions (33.8%), suggesting they are the most resource intensive group.

Conclusions: Patients with acute mental disorders present significant challenges to emergency physicians. Staff education and an inter-departmentally agreed upon proforma, taking into account

the results of this study, may facilitate management of these patients within the ED.

Keywords: Medical Clearance; emergency; Investigations; diagnosis

EPP0635

Crowding analysis for patients with mental disorders during the first pandemic wave of 2019 coronavirus epidemic (CoViD-19) at a lombardy ED

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Introduction: The 2019 coronavirus epidemic (CoViD-19) in Italy originated in Lombardy, on February 21, 2020. Crowding has been defined as a worldwide problem and causes reduced quality of care. It is due and identified by three orders of factors: those at the access (input); those related to the patient's process (throughput); and those at the exit from the ED (output).

Objectives: We evaluated all the population who went to ED for mental disorder. Due to the high level of care needed and the simultaneous exposure to risk factors, an excessive duration of ED process can be counterproductive.

Methods: We evaluated all patients accessing our ED for mental disorder from February 22 to May 1, 2020 and during the same period of the previous year.

Results: We enrolled 345 patients. The Crowding input factors are lower in the pandemic period: reduced attenders (142 vs 203) and reduced average waiting times (40 min vs 54 min). The Crowding throughput factors have instead worsened: LOS (length of stay) for both visit rooms (383 vs 271 min) and holding area (1735 min vs 797 min). The Crowding output factors also worsened: the percentage of access block is higher during the pandemic (100% vs 20%). The Total Access Block Time is significantly higher in the CoViD period for both the visit rooms (3.239 vs 649 min) and the holding area (590 vs 185 min).

Conclusions: The pandemic period presented a worsened crowding for these patients due to the Access Block.

Keywords: metal disorder; COVID-19 pandemic; Emergency department; crowding

EPP0636

Access to E.D. for mental disorders during the first pandemic wave of 2019 coronavirus epidemic (CoViD-19): Presentation and severity at a lombardy ED

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