

EPP0457

Study Protocol: Gut microbiota profiles implicated in the onset of autism spectrum disorders in preterm infants: A two-year follow-up study.

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Introduction: Preterm infants are at high-risk of developing autism spectrum disorders (ASD). The underlying mechanisms that explain the link between prematurity and ASD are unclear. Perinatal environmental factors may disrupt the gut-brain communication, when the gut microbiome composition is established and brain programming occurs. Therefore, the disruption of the gut-brain axis communication in response to perinatal environmental events may shed light on the association between prematurity and ASD.

Objectives: To describe a new research project protocol which aim is to develop a dynamic model of gut microbiota variation in response to environmental factors that modulate the ASD risk in preterm infants.

Methods: A two-year prospective observational study will be carried out, in which preterm infants will be assessed at birth, 40th postmenstrual week, at 6, 12, and 24 months of corrected age. Two-hundred preterm infants will be recruited. A comprehensive assessment will be conducted by collecting data on sociodemographic characteristics, medical history, family functioning, neurodevelopment, ASD screening, and diagnosis. Microbiome composition and microbial activity will be determined from feces.

Results: The expected results are: i) to characterize ASD since its early manifestations in an at-risk population, allowing an early diagnosis and intervention to improve clinical outcomes; ii) to identify early microbiota biomarkers in order to find potential pathophysiological pathways; iii) to understand the protective and risk factors associated to ASD since perinatal period.

Conclusions: A two-year predictive model will be generated based on environmental and gut microbiota variables. This predictive model of ASD would allow prevention, early diagnosis, improvement of prognosis, and personalized treatments in preterm infants.

Disclosure: No significant relationships.

Keywords: Autism Spectrum Disorders; microbiota; prematurity; follow-up study

Emergency Psychiatry / Mental Health Care 02

EPP0456

Repeat Emergency Visits for Mental Health Patients: Before and during the Covid19 pandemic

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Introduction: Frequent users of Emergency Departments (EDs) are a diverse group accounting for disproportionate EDs visits. Psychiatric patients are more likely to visit EDs (Slankamenac, 2020). EDs utilisation by psychiatric patients increased by 4.4% during COVID-19 pandemic.

Objectives: to determine frequent users characteristics within an Ottawa University Hospital, and assess Covid19 impact on over-utilization of EDs compared to other hospitals.

Methods: Retrospective study of repeat visits characteristics, data extracted from EMR database. Repeat visits defined as no less than 30 days first visit to any EDs. Period of observation: March 1st, 2018 - February 28th, 2021 Results.

Results: 64% EDS visits for MH, 35% for addictions. More men (57%), age groups: 16-34 y.o. (41%), 34-64 y.o. (51%), 65 +y.o. (8%). Top presenting reasons: suicidality, self-harm, depression (40.5%). Anxiety, situational crisis (16%), bizarre behavior (12%).

Most prevalent diagnoses: schizophrenia (28.7%), stress and anxiety (25.2%), personality disorders (13.5%) and depressive episode (10.6%). Only 35.1% admitted after repeat ED visits, 35.1% came by ambulance. Increase during peak pandemic exceeding 20%. Clearly pandemic created more pressures for MH services needs.

Conclusions: Schizophrenia and personality disorders made most prevalent diagnostic groups. Even when patients are in acute needs, they do not always require hospitalization. Investigating what MH conditions that got more stressed by the Covid19 pandemic will be of interest.

Disclosure: No significant relationships.

EPP0457

Safety hazards in clinical practice of seclusion in psychiatric care

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Introduction: Seclusion is part of the clinical practice in European psychiatric hospital care with the aim to maintain the safety of patients and staff. Adverse events and harm have been reported for patients and staff resulting from seclusion. Safety hazards, which are the prerequisite of adverse events, can be identified using video observation methods. Identifying safety hazards can be used to prevent adverse events and improve the quality of psychiatric care.

Objectives: To identify safety hazards during seclusion in psychiatric hospital care.

Methods: Descriptive design with non-participant video-observation of seclusion care practice. Data consisted of video recordings (n = 36) from six wards of one psychiatric hospital in Finland. The data were analysed with inductive thematic analysis.

Results: Clinical practice of seclusion included safety hazards stemming from the actions of patients and staff. Patients' actions were as follows: aggressive behaviour, attempting to escape, precarious movements, preventing the visibility of staff, exposing themselves to contamination, and falls during seclusion. Staff actions included: leaving dangerous items to seclusion, issues in the administration of medication, performing physical and mechanical restraints in unsecure way, and precarious movements and postures.

Conclusions: According to our results, the use of seclusion has safety hazards that can result in harm for patients and staff. To improve the quality and safety of seclusion in clinical practice, the guidelines, practices, and staff training need to consider the various safety hazards. While the work in Europe to abolish the use of seclusion is still in progress, this topic requires attention in clinical practice, education, and policymaking.

Disclosure: No significant relationships.

Keywords: Safety and Security; Safety Hazards; seclusion

EPP0458

Emergency Psychiatry before and during COVID-19 pandemic

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Introduction: The COVID-19 pandemic had a significant impact worldwide. Consultations in the Emergency Service of the Hospital Clínic of Barcelona varied in terms of reasons for consultations, psychopathology, and other aspects, before and after the pandemic.

Objectives: To examine changes in the profile of patients admitted before and during the COVID-19 pandemic to our Psychiatric Emergency Service.

Methods: All children, adolescent and adult psychiatric inpatients admitted from December 4th 2019 to March 31st 2021 to the Psychiatric Emergency Service of Hospital Clínic of Barcelona, Spain, were retrospectively included for analysis and divided into two groups –groups 1 or 2- including the first one all patients who attended before lockdown and the second group those who attended during the pandemic.

Results: A total of 1991 patients were included -1224 in the first group and 767 in the second group. The majority of patients were male (52.08%), with a mean age of 41.21 years (SD 16.53). A proportion significantly higher of men was found in the second group ($p<0.05$). The proportion of patients consulting with substance use disorders was significantly higher in the second group ($p<0.05$). Patients from the second group presented a significantly higher proportion of admissions in an acute psychiatric ward ($p<0.05$), and also a significantly higher proportion of consultations of patients with dementia ($p<0.05$).

Conclusions: The COVID-19 pandemic lead to a significant reduction in the overall consultations, with a higher proportion of severe cases. The lack of availability of caregivers and telework might have influenced the increase in consultations of patients with dementia.

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Keywords: Emergency Service; substance use disorders; psychiatry; Coronavirus

EPP0459

Towards patient engagement in violence risk assessment and management: a patient perspective

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Introduction: In current clinical practices, there exist very few methods that allow patients to be truly engaged in violence risk assessment and management. This may hinder an individual's experience of basic psychological needs; autonomy, competence, and relatedness.

Objectives: To describe patients' ideas on how they would develop current violence risk assessment and management practices.

Methods: The data collection took place as part of a larger project in one PICU unit specialized in the treatment of patients with psychosis and violent behavior in Finland. Individual interviews were conducted with patients ($n=13$) and were guided to focus on the development of violence risk assessment and management. The data were analyzed using inductive content analysis.

Results: Patients' ideas focused on themes related to developing patient engagement and violence risk management methods. Developing patient engagement involved noticing patient's individuality and collaboration between a patient and staff: for instance, by shared risk assessment and individualized risk management. Developing violence risk management methods included themes about providing alternative risk management methods and developing nursing staff's work. Suggestions were, for example, related to providing ways how to calm down, having meaningful activities during treatment days, and ensuring the realization of patient's rights.

Conclusions: Patients having treatment in the PICU unit have clear and concrete ideas on how violence risk assessment and management methods could be developed further. These findings indicate, that patients need to be given a more active role in their care and thus ensure that basic psychological needs are promoted. Funding by Academy of Finland (316206) and TYKS foundation.

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Keywords: patient engagement; violence; risk assessment; risk management