Objective To review some of the psychological and neural mechanisms behind mindfulness practice in order to explore the unique factors that account for its positive impact on emotional regulation and health.
Aims Psychological and neural mechanisms behind mindfulness practice are reviewed.
Methods A literature review of the theme is surveyed. Several articles were searched on Medline with the keywords “mindfulness”, “meditation”, “neurobiology” and “neurocognitive”.
Results Mindfulness may achieve effective outcomes in the treatment of anxiety, depression, and other psychopathologies through the contribution of emotional regulation. Cognitive reappraisal has been suggested as a core cognitive control skill whereby mindfulness practice may regulate emotions. It seems that a neural circuit comprising the prefrontal cortex (PFC), the anterior cingulate cortex (ACC), the amygdala (A), and the insula (I) are involved in the unique processes of mindful emotion regulation.
Conclusions Recent models of mindfulness allow for more rigorous examination and operationalization of the method to guide research. Increasingly investigators are focusing on the impact that mindfulness has on emotional regulation, which accounts for the effects on mental health.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1415

Influence of clinical and organizational changes in the use of mechanical restraint. Eight-year retrospective analysis in Mental Health Hospital Unit of Jerez de Frontera

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Introduction Aggressiveness is a multidimensional phenomenon, characterized by many cognitive and emotional processes, which is often present in psychiatric disorders. Until the present time, mechanical restraint has been a tool used in order to avoid risks for patients or other people around them. It should be used as a last option, so new strategies to reduce the use of these measures favoring others are being developed.
Aim We try to analyze the influence of clinical and organizational changes in the frequency and duration of mechanical restraints, in order to provide new data and built hypothesis for future intervention plans.
Methodology This oral communication presents a retrospective analysis of mechanical restraints carried out in the Mental Health Hospital Unit of Jerez de la Frontera between 2007 and 2014, both inclusive, a sample of 950 episodes. Several variables will be analyzed and related to the different organizational events conducted in the Clinical Management Unit of Jerez de la Frontera.
Results There has been a gradual reduction in the duration of mechanical restraints carried out in the Mental Health Unit Hospital of Jerez de la Frontera over the eight years studied, specially after the implementation of the agitation protocol developed in 2011.
Conclusion In our experience, the implementation of a comprehensive clinical record, deep observation of the patient by the professionals and the development of protocols to regularize interventions performed during an episode of psychomotor agitation are useful strategies to reduce the duration of each mechanical restraint episode.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1416

Descriptive study of mechanical restraint in acute psychiatric inpatient unit of Jerez De La Frontera: Analysis of a risk profile

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Introduction Various medical and psychiatric conditions can determine the occurrence of disruptive behavior and aggression. Mechanical restraint is part of the strategies for managing these risks. Its use implies a multidisciplinary, phased and individualized for each case strategy, with attention to the ethical and legal issues surrounding this coercive intervention.
Objective The objective of this work is the analysis of the profile of patients who required mechanical restraint during hospitalization in a psychiatric inpatient unit.
Methodology Retrospective descriptive analysis by collecting data of patients, who required mechanical restraint during admission, between 2007 and 2014. The data sources were medical clinical history and nursing records. Variables analyzed were sex, age, clinical diagnosis at discharge and clinical state during the episode of mechanical restraint.
Results Of the total sample of patients requiring restraint (n = 266), 66.92% were men. The mean age of patients was 38.01 years. Distribution of clinical diagnoses based on ICD-10 coding: 30.23% F60 personality disorder (n = 289), 19.56% diagnosed with F31 bipolar disorder (n = 187) and 14.02% F20 schizophrenia. Regarding the clinical characteristics of the episode, 49.47% of patients had an agitation/violent state and in 23.11% risk of impulsive self-injury was evident, 13.47% had confusional syndrome.
Conclusion Data analyzed shows differences in frequency distribution because of patient profile and clinical diagnosis. Otherwise, organizational factors and appropriate amendments to this level appear to play a key role in minimizing the use of such coercive measures.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1417

New data of the theory of self-medication

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Objective The theory of self-medication in patients with severe mental illness has been exposed for years but to date has not been confirmed or ruled out. With this study, we intend to show the latest available evidence regarding this context.

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