

**Method** We audited all patients referred to the Liaison Geriatrician from 2008 to October 2015 from the Mount Hospital Leeds, which consists of 4 Old Age Psychiatry wards. Data was collected in October 2015 and included referral date, patients' age and sex, number of referrals, reason for referral and the outcome.

**Results** We assessed 339 (142 F, 197 M) patients with a mean age of 77 (range: 56–94). The cardiovascular problems constituted the majority (34%) of the referrals, central nervous system (11%), respiratory (8%), gastrointestinal (8%), infection (8%), musculoskeletal (7%), renal (3%), others (19%) and the reasons were unknown in (2%) of the 440 referrals. Some unusual problems were diagnosed including a spontaneous pneumothorax, primary biliary cirrhosis.

**Conclusion** The audit highlights the essence for more training in recognising and assessing medical problems in psychiatric settings - the simulation programme (RAMPPS) in Old Age Psychiatry. As a result of the service model, we are developing a simulation-training course tailored to the mental and physical health needs of the elderly.

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## EW228

### Indicators in psychiatric assessments: an evidence-based practice

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There are subtle signs and symptoms that can function as strong, significant and evidence-based indicators to improve upon diagnosis of mental illness as a primary clinical issue. With the well-being of patients at stake and services experiencing mounting pressure on their time and resources, the accuracy of such a diagnosis is critical. The data used in this study was obtained from the Hampshire Police of individuals arrested under Section 136 of the Mental Health Act 1983 (Amended 2007). Documented observations by the arresting officers were transferred onto a list of signs and symptoms, adapted for clinicians and non-clinicians. Answers to all 23 indicator questions were assigned a binary coding and became the input data. A logistic regression model (LRM), sensitivity and specificity analysis, analysis of maximum likelihood estimates, and confusion matrix, were applied. Three significant evidence-based indicators for primary mental illness diagnosis: "fixed stare/looking (possibly) confused" (perplexed), "calm/seemingly calm", and "poor attention and concentration, not able to follow instructions easily" (distracted). There was suggestion that when all three identified indicators are absent within the same assessment period, primary mental illness should not be diagnosed. A correlation was observed between the presence of one, two, or all three indicators and the increased chance of patients suffering from moderate-to-severe primary mental illness. The indicators would very likely be particularly helpful in cases where signs and symptoms of primary mental illness are less obvious and made more complex by actual underlying problems of drugs/alcohol, difficult personality traits, and/or criminal behaviour.

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## EW229

### Lessons from a Balint group scheme led by psychiatry trainees for year 3 bristol medical students on their medicine/surgery placements

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**Background** The UK General Medical Council highlights the centrality of effective communication, reflective practice and the doctor-patient relationship in medical practice. A decline in empathy has been documented as occurring within clinical and early postgraduate years, potentially affecting diagnostic processes and patient engagement. Access to Balint groups can enhance awareness of the patient beyond the medical model, but remains limited at many UK medical schools. This scheme offered Balint groups to Bristol medical students in their first clinical year, demonstrating that this method is relevant beyond psychiatry.

**Methods** Initial focus groups with medical students indicated that many felt unable to discuss distressing aspects of clinical encounters. During 2013–2014, a Balint scheme run by psychiatry trainees was started for 150 students in their psychiatry placements. During 2014–15, the scheme was introduced to all third-year medical students on their medicine/surgery placement. Balint leaders have group supervision with a psychoanalytic psychotherapist. Evaluation of the scheme was based on pre- and post-group questionnaires and leaders' process notes.

**Results** Sixteen groups led by 12 trainees were run twice over the year to serve 246 medical students. Two example cases are discussed here. Students appreciated the chance to discuss complex encounters with patients in a supportive peer environment, and work through a range of emotionally challenging issues.

**Conclusions** Novel aspects of this work include the implementation of Balint groups within medicine and surgery placements; the enrolment of psychiatry trainees as leaders with group supervision and leadership training workshops from the UK Balint Society; and the scale of the scheme.

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## Emergency psychiatry

### EW231

#### Delirium symptoms' development during the intensive care unit post-surgery staying is related with reduced intraoperative cerebral oxygen saturation in the elderly subjected to cardiac surgery

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**Goal of study** Our aim was to examine whether cerebral frontal cortex O<sub>2</sub> desaturation may be related with the development of delirium symptoms' after cardiac surgery in the elderly during the intensive care unit (ICU) staying.

**Materials and methods** A prospective, before and after, longitudinal study in II-IV ASA class patients scheduled for cardiac surgery and undergoing intravenous general anesthesia with remifentanyl plus propofol was done. Clinical and surgical parameters, cardiopulmonary function, intraoperative cerebral oxygen saturation (rSO<sub>2</sub>) and bispectral index were continuously recorded and corrected throughout the surgery. Severity of delirium was represented as a score of the Intensive Care Delirium Screening Checklist (ICDSC) during the patients' stay in the ICU under the assumption that higher ICDSC score indicated severe delirium.

**Results and discussion** Patients,  $n = 44$ , 77.3% male, aged  $59.9 \pm 1.9$  years old, scheduled to coronary (36.4%), aortic valve replacement (18.2%), mitral valve replacement (13.6%), coronary plus valve replacement (13.6%) and others (18.2%) surgery, on pump 98.4% were enrolled. A reduction of the rSO<sub>2</sub> higher than 10% at the end of the surgery compared with basal values was detected in a 46.5% of the patients. Reduction of rSO<sub>2</sub> higher than 10% at the end of the surgery was related with significantly higher values of delirium symptoms' development during the intensive care unit post-surgery staying (rSO<sub>2</sub> higher  $\geq 10\%$  68.8 vs. rSO<sub>2</sub> higher  $< 10\%$  31.3%,  $P < 0.05$ ).

**Conclusion** Delirium symptoms' development during the intensive care unit post-surgery staying is related with reduced intraoperative cerebral oxygen saturation in the elderly subjected to cardiac surgery.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EW232

### Detection and management of agitation in psychiatry: A Delphi expert consensus study

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**Introduction** The assessment and management of psychomotor agitation may result in the use of coercive or sedative treatments. In the absence of conclusive evidence, the consensus of experts can guide clinical decisions.

**Objectives** To seek consensus recommendations on the assessment and management of psychomotor agitation.

**Methods** An international expert task force in this field developed consensus using the Delphi method. Twenty-seven experts were invited to participate and 91% of them agreed. Initial survey items were gathered from the content of literature search (systematic review). This included open-ended questions inviting participants to add suggestions by e-mail correspondence. After this initial first round, the Delphi study was conducted online using Google Forms. Survey items were rated on a 5-point scale. Items rated by at least 80% of experts as essential or important were included. Items rated as essential or important by 65–79% of experts were included in the

next survey for re-rating. Items with consensus below to 65% were rejected and excluded.

**Results** The initial survey included 52 items. The second web-based survey included 33 items. The briefer third survey consisted of 6 items that needed rerating. Twenty-two of the initial 33 items were endorsed and formed the clinical recommendations on the assessment and management of the psychomotor agitation. The endorsed items were categorized into 5 domains forming the clinical recommendations.

**Conclusions** The panel expert generated 22 recommendations on the assessment and management of agitation. The Delphi method is a suitable formal iterative process for reaching consensus on relevant and controversial issues.

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## EW233

### Suicide attempts in emergency department

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**Introduction** The suicide attempt is a real challenge for the clinician who works at the emergency department in order to identify and propose an adequate care.

**Aims** To estimate the prevalence of the suicide attempts, to describe the sociodemographic and clinical characteristics and to identify the predictors of recurrence.

**Methods** Our cross-sectional study was conducted at the medical emergency department of the university hospital of Mahdia and lasted for 12 months. Data were collected using a questionnaire of 51 items exploring the general and clinical characteristics and providing information of the treatment.

**Results** Among the 513 consultants, 90 had attempted suicide (17,5%). We found an average age of 26 years old, a sex-ratio (M/F) of 0,3, a secondary education level (53,3%), an unemployment and a single status (38,9% and 75,6%). The presence of psychiatric personal history and/or suicide attempts was found in 31,1% and 33,3% of cases. Suicide attempts were taken place in all cases at home, between 18 and midnight (43,3%), without premeditation (82,2%), in the presence of triggering factor (95,6%), during the last 3 months of the year (34,4%). In 70,2% of cases, the type of the suicide attempts was a drug intoxication. 67,8% of the suicide attempters regretted and criticized their acts.

**Conclusion** A good assessment of the suicide risk determines the type of intervention that should be established and allows an adequate care.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EW234

### Ensuring patient safety: Physical health monitoring in rapid tranquillisation for aggression and violence of adult acute inpatients

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**Introduction** Intramuscular (IM) medications used in rapid tranquillisation (RT) to manage violent/aggressive behaviour can cause