

emergency service in South Netherlands. A literature search was performed using PubMed and CINAHL for the period 2000–2014.

**Results** From this research, we found a discrepancy between the perception and the actual occurred aggression. Care workers often do not discuss aggression related issues, however, case studies show that aggression does occur frequently. In literature studies we have found several risk assessment models, most of which are used within the inpatient psychiatry.

**Conclusion** To avert aggression incidents and prevent recurrence, it is important to maintain a solid risk analysis model. Introducing a checklist risk crisis service (CRC) can promote a critical reflection on the threat of aggression and bring awareness on the theme of aggression. Implementation of a CRC in daily practice can be of great value.

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### EW0133

#### **Incidence of Gamma-Hydroxybutyrate (GHB) abuse and dependence in a rural crisis resolution team in the Netherlands**

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**Introduction** GHB abuse and dependence are common in the Western region of Northern Brabant, a rural region in the south of the Netherlands.

**Aim** The main goal is to look at the incidence and management of GHB abuse and dependence seen by the CRT in a rural area.

**Method** This is a retrospective data analysis based on patient files of all assessments of the Western Northern Brabant crisis resolution team (CRT) from 2013 till 2015. Inclusion criterion was current or recent (<24 hours) use of GHB with or without alcohol and other drugs. Several parameters were studied: frequency, duration and dose of GHB use, reason for referral and treatment/policy, which is used (admission, prescribed medication).

**Results** On a total of 4093 cases 50 persons were included. It shows that the percentage over the years has remained about the same (resp. 1.13%, 1.54% and 1.02%). Of all cases 41.5% used GHB only, 39.6% also used other drugs, and 9.4% GHB with alcohol and other drugs. During the assessment in the emergency department 37.7% was treated with a benzodiazepine, while 43.4% received no psychotropic medication.

**Conclusion** GHB abuse and dependence are not commonly seen in the CRT, but the withdrawal symptoms can be challenging and GHB withdrawal is often accompanied by aggressive outbursts. Therefore, it is very important to make a decision whether outpatient or inpatient treatment is necessary and if psychotropic medication is needed.

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### EW0134

#### **Clinical effects of the suicide attempt with topiramate**

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**Objectives** We report the case of a 45-year-old male diagnosed with mixed personality disorder brought the hospital for strange behavior. He is being treated with fluoxetine, lorazepam and topiramate; and visited his psychiatrist 72 hours ago.

**Results** He has an adequate level of consciousness and describes retrograde amnesia of the last 72 hours. We found blocks of thought and abnormal behaviors such as dressing and undressing or sorting his belongings repetitively. Urine was only positive for benzodiazepines. In arterial blood gas analysis it performed highlights compensated metabolic acidosis. After ruling out neurological diseases and administering fluids i.v. the symptoms remitted, persisting only the amnesia, establishing the diagnosis of suicide attempt with topiramate.

**Conclusions** The use out-of-guidelines of topiramate in personality and eating disorders is an increasingly common habit in daily clinical practice, as well as suicide attempts with this drug. In therapeutic doses, over 40% of patients taking topiramate, have asymptomatic metabolic acidosis, which in stressful situations may have clinical relevance. In case of acute poisoning, metabolic acidosis is more frequent and severe, manifesting itself by hyperventilation, hypertension and varying degrees of impaired consciousness and cognitive functions. There is also a paradoxical increase in the frequency of seizures. Treatment is supportive and there is no antidote, being lethal cases exceptional. Gastric lavage and administration of activated charcoal have limited use. The determination of plasma concentrations of topiramate is not available for most centers and is not useful in acute poisoning.

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### EW0135

#### **How involuntary admission might have been avoided: An interview study of referring general practitioners**

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**Introduction** The legal criteria for involuntary admission in Norway are that the patient has a serious psychiatric disorder (i.e. psychosis) and is in need of admission to secure needed treatment or that there is a risk of danger. While there have been some studies focusing on coercion in hospitals, less is known about the processes leading up to involuntary admission and the reasoning of referring doctors. In Norway, it is primarily general practitioners (GPs) that refer patients.

**Aims** To study which factors that GPs who had recently referred patients to involuntary admission thought might have made their latest referral unnecessary.

**Methods** Seventy-four GPs were interviewed by phone. They had all recently referred patients involuntarily to a major Norwegian university psychiatric hospital. One central question concerned how their latest involuntary referral might have been avoided.

**Results** These are the main factors that the GPs thought could have been of importance in avoiding involuntary referral of their patients:

- that the patient took the prescribed medication (28%);
- that they personally had the opportunity to closely follow up the patient in the following days (22%);
- that other health care staff could follow up the patient closely in the patient's own home (i.e. home care nursing, etc.) (19%);
- that a family member of the patient could help the patient (8%).

**Conclusions** The GPs suggested that an increased availability of resources and more assistance from other parts of the health service

were some of the factors that could be of importance in reducing involuntary admissions.

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#### EW0136

### Comparison of self-reported to observational agitation scales

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**Background** Increasingly, psychiatric patients are presenting to the emergency department (ED) with agitation. ED staff rarely, if ever, use scale to assess agitation or use any self-assessment tools to determine a patient's level of agitation.

**Objectives** To evaluate the relationship between a patient's self-reported level of agitation and other validated agitation assessment tools.

**Methods** This is a prospective study using a convenience sample of patients presenting to the ED with a psychiatric complaint. This study was conducted in an urban, inner-city trauma level 1 center with 55,000 ED visits a year. After obtaining consent, a research fellow administered observational tools, PANSS-EC and ACES and BAM and Likert scale self assessment tools on arrival to the ED. SPSS version 24 was used. The study was IRB approved.

**Results** A total of 139 patients were enrolled. The most common ED diagnoses were depression, schizophrenia, or bipolar. Majority of patients were African-American (59%), falling in the 25–44 year old age range (56%) 52% male. Self-reported agitation was rated as moderate to high in 72.4% of these patients on the Likert scale and 76.3% on the BAM. There was a significant correlation between the self-reported score versus the BAM ( $F = 11.2$ ,  $P = 0.00$ ). However, the self-reported scores were significantly different from the scores assessed by observational tools ( $P < 0.05$ ).

**Conclusions** ED providers should assess a patient's self-reported level of agitation because a patient could be feeling markedly agitated without expressing outward signs detected by observational tools.

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#### EW0137

### Intrafamilial homicide: A descriptive study of fratricide in Quebec

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**Introduction** Fratricide comprises approximately 2% of all intrafamilial homicides. Analyses of national data on fratricide show that adult males are considerably more likely to be offenders and victims or fratricide. A previous study suggested there were two main categories of fratricide: related to alcohol intoxication or associated with mental disorder.

**Objectives** Present and discuss the results of an original study comprising 28 cases of fratricide.

**Aims** To provide up-to-date scientific knowledge on fratricide.

**Method** This is a retrospective study of 28 cases of fratricides, extracted from a sample of over 1000 consecutive cases of

coroners' files of victims of domestic homicide occurring between 1990–2015.

**Results** Two victims out of three were males, most of adult age. There were only 2 female offenders in the whole sample. A majority of victims were Caucasians while 21% were aboriginals. Most victims were stabbed to death. The murders usually occurred at the residence of the victim. In total, 39% of offenders suffered from a major mental illness; 21% were acutely intoxicated at the time. In victims, 29% were under the influence of alcohol and 18% of offenders were free from mental problems.

**Conclusion** Our data indicates that fratricides are most often impulsive and lack preparation. The most common method was the opportunistic use of a knife, suggestive of impulsive killing, and this is consistent with the rest of the information including the high rate of alcohol use and intoxication at the time. The study confirmed two main categories of fratricide: impulsive killing in the context of alcohol and dispute and killing associated with psychosis.

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#### EW0138

### A residential psychiatric approach for forensic patients: The experience of "Tiziano" facility

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**Introduction** Italian forensic mental hospitals closed on March 31st, 2014 and offenders sentenced to need a psychiatric care are restrained in facilities. Since 2002, the residential psychiatric facility "Tiziano" (Aulla, Massa-Carrara) hosts forensic patients, on appointment with national health system and compulsorily admitted by the justice system.

**Methods** This descriptive and prospective study provides a thorough report on the main epidemiological, clinical, and criminological features of 60 mentally ill offenders hosted in the "Tiziano" facility between 2002 and June 2016.

**Results** Most forensic patients were male (90%,  $n = 54$ ; average age: 33 years). Sixty percent of subjects ( $n = 36$ ) had a clinical diagnosis of psychosis (19.4% affective psychosis, 72.2% non-affective psychosis, 8.4% organic psychosis), and about one third of them (31.6%,  $n = 19$ ) had a personality disorder (63.1%,  $n = 12$ , antisocial personality disorder, 42.1%,  $n = 8$ , borderline personality disorder, 21.0%,  $n = 4$  other personality disorders). Mental insufficiency was diagnosed in 11.6% ( $n = 7$ ) of subjects, while substance use disorder affected 35.0% ( $n = 21$ ) and alcohol use disorder 26.6% ( $n = 16$ ). Forty-nine patients (81.7%) had committed serious crimes against people; 15% ( $n = 9$ ) were murderers or attempted murderers, and 46.7% ( $n = 28$ ) had committed more crimes. The average length of stay is 22 months.

**Conclusions** To date, there are no data about long-term follow-up and clinical outcome of mentally ill offenders restrained in Italian psychiatric facilities. Additional studies are needed to assess psychopathology and differentiate treatment according to diagnosis, and to identify risk factors of relapse for criminal behavior relapse.

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