being ADHD, anxiety and depressive disorders or intellectual disability. These comorbidities complicate the management of these patients, and may further increase their agitation and distress.
Objectives: The present study aims to determine whether adult patients with ASD who present with acute psychiatric illnesses receive more sedatives in the emergency department.
Methods: 43 adult patients with a previous diagnosis of ASD who were referred to the mental health team at a single, large emergency department in metropolitan Victoria over the year of 2021 were identified and matched with an equal number of controls within the same cohort. Sedative medications were converted to diazepam and chlorpromazine equivalent doses.
Results: There were 41.9% female participants among cases and controls. The mean age of patients with ASD was 26.7 (SD = 7.9), which was similar to the mean age of controls of 27.4 (SD = 7.6). The mean hospital length of stay was 13.4 hours (SD 8.6) among cases and 14.0 (SD 7.0) among controls.A higher proportion of patients with ASD received benzodiazepines at 60.5% compared to 46.5% among controls, with a difference that was not statistically significant. A lower proportion of 30.2% of patients with ASD received antipsychotics compared to 44.1% among controls, with a difference that was not statistically significant.
Conclusions: This study shows evidence that patients with ASD are more heavily sedated in the emergency department compared to patients who present similarly but do not have a prior diagnosis of ASD. While the observed increased dose of benzodiazepines was modest, it does represent a potentially increased degree of harm to patients with ASD. We strongly recommends that every attempt should always be made to reduce the use of sedative medications in favour of other techniques for behavioural management. These include verbal de-escalation, reducing sensory stimuli, one-to-one nursing, prompt security presence and the involvement of family or friends. Since patients with ASD are at a higher risk of receiving sedatives, efforts should be made to recognise their patterns of behaviour and difficulty, to understand them and formulate constructive and safe ways to manage their behaviour.

Disclosure of Interest: None Declared

EPV0774

Patterns in Psychiatric Emergency Care: a Three-Month Statistical Approach

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Introduction: Psychiatric emergencies represent a significant challenge for healthcare systems due to their impact on patients, families and also healthcare professionals. These emergencies often arise in crisis situations, requiring immediate and appropriate intervention. Effective management not only involves stabilizing the patient but attending to psychosocial factors and continuity of treatment. In recent years, there has been an increase in the demand for psychiatric emergency services attributed to various factors; this underscores the need to analyze the patterns of these emergencies in order to optimize available resources and improve patient care.
Objectives:
The present study provides information regarding demographic and clinical characteristics of the patients treated. The main goal is to identify trends, risk factors, and opportunities for improving critical situations management as well as and the effectiveness of procedures implemented in primary and specialized care.
Methods: Currently there is no standardized method for collecting data on urgent psychiatric care, thus depending on the specific methodology of each center. In our hospital, a written request from the General Emergency department (where patients are initially received and attended) is mandatory; without it, patients are not assessed. Therefore, there is a reliable computerized record of daily attendances, data that has been collected retrospectively on a weekly basis until the study period is completed (June, July, and August 2024).
The following items have been studied: time of request, age, sex, patient origin, reason for the request, prior follow-up, management in emergencies, and discharge referral. Telephone calls for specific consultations have not been included in the record or considered psychiatric care as such.
Results: There is a wealth of cross-referenced data that can be obtained form the collected information. In our opinion, the most interesting ones are those regarding referral reasons and discharging plans according to sex as well as age groups.

Image 1:

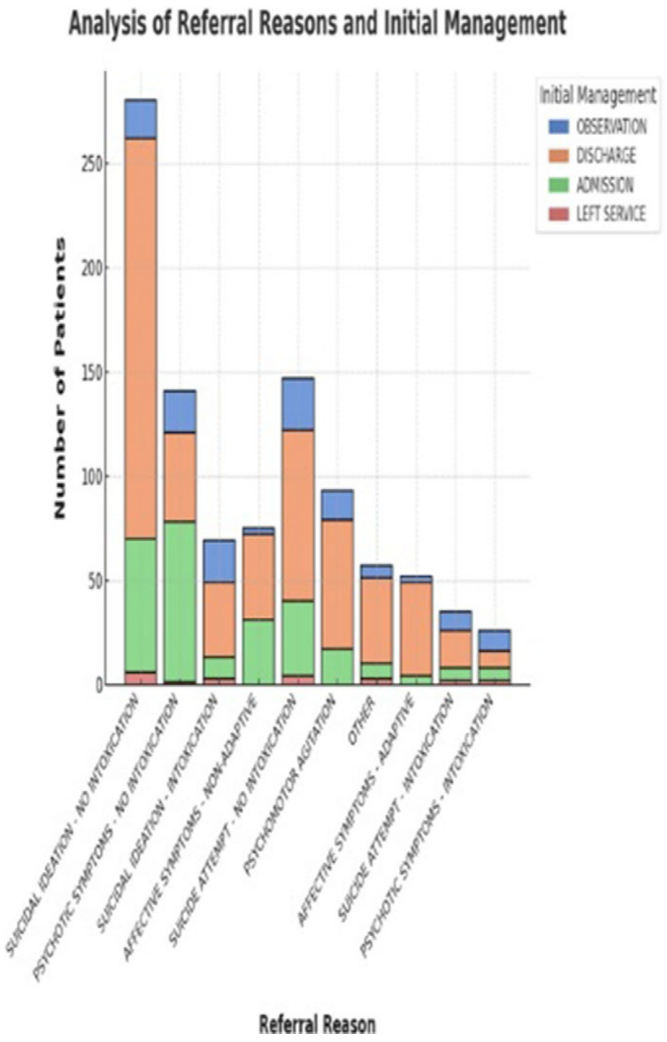


Image 2:

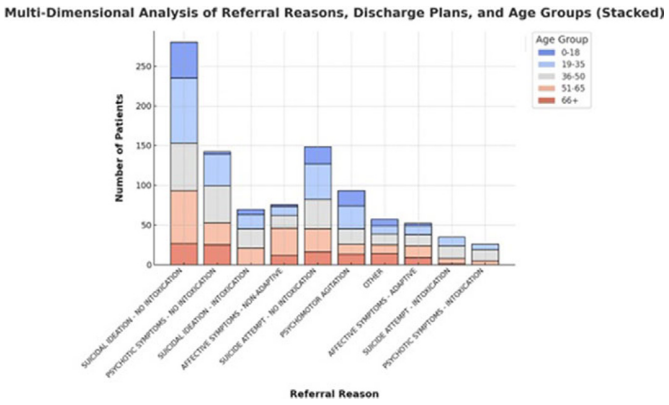
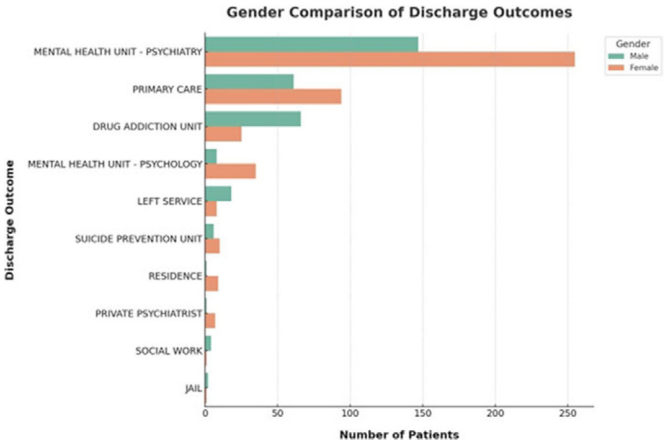


Image 3:



Conclusions: The main conclusions are:

(1) More than 55% of patients present voluntarily, which could be interpreted as a positive indicator of mental health awareness, although it may also indicate a lack of prior support to prevent these crises.
(2) Of the patients assessed, 64.3% are discharged and 22.1% are admitted, with a low rate of service abandonment (1.8%). 64.3% of the total number had prior follow-up, suggesting effective ongoing care.
(3) More than 56% of the attendances received are women. It is essential to investigate whether this gender difference is due to a greater predisposition to seek help or differences in the incidence of psychiatric disorders.
(4) Regarding the reason of consultation, there is a high prevalence of suicidal ideation without prior intoxication (22.1%), reflecting the importance of preventive strategies in mental health and early crisis intervention.

Disclosure of Interest: None Declared

EPV0775

Midazolam as a Sedative in Agitated or Aggressive Patients Before Psychiatric Admission

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Introduction: Managing agitated or aggressive patients prior to psychiatric admission is a critical challenge in clinical practice. When verbal de-escalation fails, effective pharmacological interventions, including benzodiazepines and neuroleptics, are necessary, either orally or via injectable forms. In some cases, physical restraint is inevitable, which is challenging and distressing for both patients and staff members Midazolam, a short-acting benzodiazepine, is well-known for its rapid sedative effects and potential to minimize the need for physical restraint in such patients.
Objectives: To evaluate the efficacy of oral midazolam in providing rapid sedation in agitated patients, facilitating their pre-admission management to psychiatric units.
Methods: A review of clinical practices and relevant studies was conducted to assess the use of midazolam for sedation in patients displaying aggression or agitation prior their admission to a psychiatric unit. The evaluation focused on the drug's pharmacological profile, including its onset of action, duration, and impact on patient care and staff workflow.
Results: Oral midazolam, due to its rapid onset and short duration of action, effectively provides sedation in acutely agitated patients. Its use significantly reduces the need for physical restraints or other invasive interventions, improving patient comfort and making the admission process smoother for the healthcare staff.
Conclusions: Midazolam presents a promising pharmacological option for pre-admission sedation of agitated or aggressive patients in psychiatric settings. Its rapid sedative effect, combined with its short duration, enhances patient management and minimizes the need for physical restraints, ultimately helping both patients and staff. Further research is needed to standardize its use in psychiatric emergencies.
Keywords: Midazolam, sedation, agitation, psychiatric admission, aggression, pre-admission management.

Disclosure of Interest: None Declared

EPV0776

Frequent Attenders in a Psychiatric Emergency Department: A Descriptive Analysis

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Introduction: Frequent attenders (FAs) are defined as patients who repeatedly visit emergency services, commonly characterized as those making ≥4 visits to the emergency department within a year (Pek et al. Ann Acad Med Singap 2022; 51:483-492). Their