Enhance well-being through learning
Create practical action sheets

The methodology involves role-playing aggression cases followed by debriefing for reflection and analysis, complemented by pre- and post-training questionnaires to evaluate outcomes.
Methods: The methodology consists of simulating, through role-playing, cases of aggression and then conducting a debriefing session for reflection and analysis. In addition, questionnaires were administered at the beginning and end of the training to assess the degree to which objectives were achieved.
Results: After analyzing the initial and final questionnaires, we observed a clear improvement in students' knowledge of how to act in cases of aggression.
The graph shows the percentage of students who answered affirmatively before (PRE) and after (POST) the training.
Main results:

- *Knowledge of the first action to take in an aggression situation:* 100% after training vs. 41% initially.
- *Familiarity with de-escalation techniques:* 97% vs. 31%.
- *Ability to respond to verbal assault:* 100% vs. 48%.
- *Feeling prepared to manage an aggression situation in hospital settings:* 88% vs. 12%.
- *Confidence in applying calming techniques with aggressive patients or relatives:* 79.4% vs. 34%.

Overall, the course significantly improved participants' preparedness, confidence, and ability to handle aggressive situations effectively.
Conclusions: Experiential training has made it possible to increase the perceived sense of safety among staff who face these situations, as well as to achieve improvement and greater knowledge regarding:

- Actions to take in the event of verbal or physical aggression
- De-escalation (calming) techniques
- The influence of staff behavior when facing aggression
- Internal reporting procedures

Disclosure of Interest: None Declared

EPV678

Analysis of Re-visits to the Psychiatric Emergency Department in a Tertiary Public Hospital in Spain According to Socioeconomic Status

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Introduction: Socioeconomic status plays a critical role in shaping mental health outcomes and access to care. Individuals with lower socioeconomis status may experience greater psychosocial stress and reduced availability of community resources, potentially increasing reliance on emergency psychiatric services. Re-visits to psychiatric emergency departments are an important indicator of care continuity and unmet needs. However, evidence linking socioeconomic status to psychiatric re-attendance within public healthcare systems remains limited. This study examines whether socioeconomic status is associated with re-visits to a psychiatric emergency department in a tertiary public hospital in Spain, aiming to identify potential disparities in service use.
Objectives: To examine whether individual socioeconomic status influences the number of re-visits to a public psychiatric emergency department.
Methods: Data from 1,800 emergency psychiatric visits between January and May 2024 from Basurto University Hospital (Bilbao) were collected. Each individual was assigned an approximate socioeconomic status based on the average disposable household income of their residential neighborhood within the hospital's catchment health region (999 cases, corresponding to 1,412 visits). A logistic regression model was then applied, considering visits by disposable household income as the dependent variable. The re-visit rate was calculated by dividing the number of re-visits by the total number of visits during the five-month study period, at 7 days, and at 72 hours following the initial presentation.
Results: A total of 27.1% of patients attended the psychiatric emergency department more than once during the study period; among them, 22% resided within the study's health region (the remainder corresponded to individuals without official census registration or residing in other health regions). Within this 22%, 7.2% re-attended the emergency department within 72 hours. Re-visits were more frequent among individuals with low income (24.7%) compared to those with middle (22.0%) and high income (14.1%) (p=0.01), both at 7 days and at 3 days. The likelihood of re-visit was 40% higher among patients from low-income neighborhoods (adjusted OR = 1.40; 95% CI: 1.02–1.92).
Conclusions: Lower socioeconomic status was associated with a significantly higher likelihood of re-visits to the psychiatric emergency department. Patients from low-income neighborhoods returned more frequently within both 72 hours and 7 days following initial assessment. These findings suggest potential disparities in continuity of care and access to adequate community mental health resources. Targeted interventions to strengthen outpatient support and follow-up for socioeconomically vulnerable populations may be needed to reduce emergency re-attendance and improve clinical outcomes.

Disclosure of Interest: None Declared

EPV679

Visual hallucinations and epilepsy: a case report.

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Introduction: Visual hallucinations are a clinically significant presentation in emergency settings, warranting careful consideration within both psychiatric and neurological domains. While they may arise in the context of primary psychotic disorders, toxic-metabolic states, or acute confusional syndromes, they are also a recognized manifestation of temporal lobe epilepsy. In this context, visual hallucinations can occur as part of the aura or during focal impaired-awareness seizures, offering valuable insights for the

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localization and characterization of epileptogenic networks. Accurate recognition and interpretation of these phenomena in the acute setting are essential to inform the differential diagnosis, ensure timely intervention, and guide the development of an appropriate therapeutic strategy.
Objectives: To address the importance and multidisciplinary approach of the presence of visual hallucinations in patients in the psychiatric emergency based on the presentation of the aforementioned clinical case.
Methods: Bibliographic search and description of a clinical case of a patient under follow-up by emergency psychiatry at the "Hospital Clínico Universitario de Valladolid".
Results: A 55-year-old male from Madrid was admitted to the Emergency Department with generalized seizures without loss of consciousness, which resolved after benzodiazepine administration. In the preceding days, he had experienced multiple episodes of structured visual hallucinations, causing significant distress. After excluding substance intoxication and acute organic pathology, his history of temporal lobe epilepsy, diagnosed in adolescence and under neurological follow-up, was considered relevant. Psychiatric history included mixed adaptive disorder and binge eating disorder, without psychosis, schizophrenia, or bipolar disorder. The visual hallucinations, in combination with the seizure episode, were likely related to his temporal lobe epilepsy diagnosis.
Conclusions: Visual hallucinations in the emergency setting are a clinically significant finding with potential psychiatric or neurological origins, particularly temporal lobe epilepsy. Timely recognition requires a comprehensive evaluation supported by a detailed clinical history, which is essential to guide the differential diagnosis and prevent misclassification. This approach is fundamental to optimize acute management, define appropriate therapeutic strategies, and improve patient outcomes.

Disclosure of Interest: None Declared

EPV680

Dynamics of Mental Disorders After Combat Brain Injuries in The Acute and Remote Periods

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Introduction: An accurate assessment of the mental state of the patient in the conditions of hostilities and in the remote period is a prerequisite for the timely provision of medical and rehabilitation assistance.
Objectives: The purpose of the study. Develop an algorithm for assessing the condition of a patient with traumatic brain injury and the course of mental disorders at different stages of a traumatic brain injury, taking into account the dynamic changes in the patient's condition. Materials. Patients with mental disorders who suffered a closed craniocerebral injury in the conditions of hostilities.
Methods: Clinical-psychopathological, anamnestic, study of medical documentation.
Results: The possibility of changes from non-psychotic variants of impaired consciousness to an acute psychotic state was established immediately after a craniocerebral injury. Most patients reported a period of imaginary wellbeing or psychomotor excitement in the conditions of hostilities after a craniocerebral injury. On the one hand, this made it possible to survive in the conditions of a combat encounter, on the other hand, it delayed the provision of qualified medical assistance. Factors studied in the development of psychotic forms of impaired consciousness in the acute period of craniocerebral injury. The general patterns characteristic of all types of traumatic brain damage are presented as follows. The acute period - the suddenness of the lesion, which causes a maximum of pathological changes immediately after the craniocerebral injury; the regression of the further development of painful phenomena (from severe to milder) in the acute and intermediate periods; the formation of new symptoms of the disease in connection with the growth of the scar (in case of contusion) or involving new foci in the process; persistence of psychopathological disorders in the remote period of craniocerebral injury. Thus, the main difference between the intermediate and remote period is the possibility of reducing the manifestations of brain damage and preventing the development of some cointermediate and distant period. They turned out to be the presence of a mental illness before the injury, addiction to psychoactive substances, acute stress, other accompanying somatoneurological diseases. In the long-term period of craniocerebral injury, depending on the severity, persistent various organic mental disorders were observed. Deterioration of the mental state (primarily cognitive abilities) in the remote period was associated with repeated craniocerebral injury, addiction to psychoactive substances, other toxic factors, accumulated diseases during life.
Conclusions: Mental disorders in craniocerebral injuries are dynamic, which must be considered during the initial assessment of the patient's condition and during further planning of treatment and rehabilitation.

Disclosure of Interest: None Declared

EPV681

Serotonin syndrome following intentional sertraline overdose with recent duloxetine exposure: Diagnostic considerations

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Introduction: Serotonin syndrome (SS) is a potentially life-threatening condition caused by excessive serotonergic activity. It typically results from overdose or drug interactions involving serotonergic antidepressants. SS is characterized by a triad of cognitive/behavioral (agitation, confusion), autonomic (hyperthermia, diaphoresis, hypertension, tachycardia), and neuromuscular symptoms (tremor, hyperreflexia, clonus, dystonia). Complications can include rhabdomyolysis, seizures, multi-organ dysfunction, and