

Conclusions: According to our findings the majority of the acutely admitted psychiatric patients shows no or only low level of aggression. There were also differences in the forms and extent of aggressive behavior between the diagnostic groups. Risk assessment is important because it provides an opportunity for early detection and prevention, and the development of personalized treatment plans.

Disclosure: No significant relationships.

Keywords: aggressive behavior; Mental Disorders; risk assessment; acute psychiatric ward

EPV0722

Hazards of administration of benzodiazepines in patients with adaptive hyperventilation: a case rapport

S. Petrykiv^{1*}, M. Arts² and L. De Jonge³

¹GGZWNB, Psychiatry, Halsteren, Netherlands; ²GGZWNB, Psychiatry, Bergen op Zoom, Netherlands and ³Leonardo Scientific Research Institute, Neuropsychiatry, Bergen op Zoom, Netherlands

*Corresponding author.

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Introduction: Only three population-based observational human studies provided evidence that benzodiazepines (BZD) are associated with clinically adverse respiratory outcome. Striking was the finding that BZD drug exposure was associated with a 32% significantly increased adjusted risk of all-cause mortality, including, of note, the subgroup of individuals with no comorbidities. Causation, however, cannot be inferred in observational study design and, highly likely, recipients received BZD's in these studies to help treating anxiety related to inter alia pre-existing respiratory symptoms.

Objectives: Based on one fatal particular case, authors of current rapport explain what can go wrong when BZD's are given in patient with respiratory impairment.

Methods: Authors provide a model on how an increase in carbon dioxide can lead to impaired cerebral autoregulation in a person with pre-existing respiratory decompensation. Discussion of integrative metabolic and vascular physiology.

Results: Case rapport of a 18 y.o. otherwise healthy man, who was hospitalized with a novel episode of diabetic ketoacidosis accompanied by profound hypocapnia and anxiety, and who deteriorated and died shortly after airway management because of a clinically important acid-base balance disturbance caused by increased carbon dioxide. All the blood tests and results of respiratory monitoring were collected and carefully assessed.

Conclusions: Current case suggests that the P(CO(2))--HCO(3) hypothesis is consistent with known data on impaired cerebral autoregulation in diabetic ketoacidosis, driven mainly by increased levels of pCO₂. In our opinion, it indicates the recommendation not to administrate BZD's in patients with pre-existing compensatory hyperventilation as it may counter to the logic of adaptive physiology.

Disclosure: No significant relationships.

Keywords: Benzodiazepines; Hypoventilation; Case rapport; Treatment

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Early Community based Ayu-Emergency Intervention in Psychiatric Emergencies: A Community Based Participatory Research

M. Voegeli^{1,2*}, P. Sharma³, S. Sharma⁴, B. Sharma⁵, I. Goyal⁴, N. Sharma⁶, S. Lakshmanan⁴ and A. Venu⁶

¹SAMU and CESU, Emergency Department, Mayotte, France; ²AVP Research Foundation, Ayu-emergency, Coimbatore, India; ³Samata Ayurved Prakoshtha, Ayurveda, Jaipur, India; ⁴NMP Medical Research Institute, Integrative Therapies, Jaipur, India; ⁵D'Ultimate Life Sciences, Ayurveda, Bhilwara, India and ⁶Aarogyam (UK) CIC, Ayurveda Research, Leicester, United Kingdom

*Corresponding author.

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Introduction: Psychiatry emergencies in India is major challenge for emergency service providers due to rapid growth of various behavioural, higher morbidity and mortality rate. Despite, psychiatry conditions are neglected area related to stigma, share, lack of awareness, and superstitious beliefs. There is an urgent need for specialist psychiatric emergency services, which can fill the huge gap between policymakers and health service providers joined together.

Objectives: Present feasibility study has been undertaken to evaluate the safety and efficacy of combined emergency and Ayurveda medicine management of psychiatric emergencies in community-based settings.

Methods: Ayu-Emergency Care project was developed in partnership with policy makers, researchers and health care providers, a collaborative platform of emergency medicine and Ayurveda medicine (Indian Traditional Medicine) for developing whole-system perspective, where providers work in a coordinated and joined-up way. Twenty trained care providers in psychiatry emergency and Ayurveda management worked in partnership with community-based organisation.

Results: Patients with major clinical difficulties, in the acute phase were treated and managed by Ayu-Emergencypractitioners. Severe Agitation and violence relating to substance abuse, anxiety disorder and psychosis were the most common admission diagnoses. 2-weeks results indicate that Ayurveda intervention can reduce anxiety(p<0.01), aggression (p< 0.001) and agitation (p<0.01) significantly with no side effects reported. Intervention found to be clinically beneficial and cost-efficient alternative to out-of-home placements (i.e., Incarceration, psychiatric hospitalisation).

Conclusions: The study's findings highlight safety, efficacy and feasibility of intervention. Patients both prefer and seem to benefit from community-based ayu-psychiatric care, and early-intervention community program could be a good model for such care.

Disclosure: No significant relationships.

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Neuroleptic Malignant Syndrome: A case report and a literature review.

O. De Juan Viladegut*, M. Bioque, L. Ilzarbe, H. Andreu Gracia, L. Bueno Sanya and L. Olivier Mayorga

Hospital Clínic de Barcelona, Psychiatry And Psychology, Barcelona, Spain

*Corresponding author.

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