

## EPV0721

### Psychiatric Causes of Bariatric Surgery Exclusion: A Descriptive Study

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**Introduction:** The psychopathological causes that advise against a bariatric surgical procedure include any state that puts at risk the modification of habits and beliefs regarding eating behavior, wick condition weight loss and health improvement.

**Objectives:** To Study the psychiatric profile of patients rejected for bariatric surgery at the Complejo Hospitalario Asistencial de León (León, Spain).

**Methods:** Retrospective observational study. All patients for whom bariatric surgery procedure has been contraindicated for psychopathological reasons are included. 145 patients were evaluated in the context of the protocol for bariatric surgery. The following diagnostic scales were used as support: Salamanca Questionnaire, Plutchik Impulsivity Scale, Attitudes towards change in patients with eating disorders (ACTA), Bulimia Investigatory Test Edinburgh e, and European Quality of Life-5 Dimensions.

**Results:** 41 Patients were rejected for psychiatric reasons (28.28%). The most frequent diagnoses are impulse control disorder (39%), followed by eating disorder (27%). Other diagnoses found are: depressive disorder (10%), adjustment disorder (5%), personality disorders, intellectual disability and generalized anxiety disorder (3%) 78% of them are women.

**Conclusions:** Uncontrolled psychiatric pathology is a contraindication to bariatric surgery. Impulse control disorder and eating disorder are related to overweight and obesity, so a diagnosis and treatment are necessary prior planning surgical procedure. Psychopathological variables determine the success of bariatric surgery procedures and it is mandatory to consider them in the process.

**Disclosure:** No significant relationships.

**Keywords:** bariatric; exclusion; surgery; impulsive

## Emergency Psychiatry

## EPV0720

### Tunisian's largest Psychiatric emergency department in the context of the COVID-19 lockdown

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**Introduction:** General Lockdown was first declared in Tunisia from March 20<sup>th</sup> to May 4<sup>th</sup> 2020 to contain the spread of COVID19 pandemic, the last sanitary lockdown period was declared from July 12<sup>th</sup> to august 1<sup>st</sup> in 2021. Psychiatric emergency access and

consultation has been affected by the confinement. RAZI Hospital Emergency Department (RHED) is the only emergency department in Tunisia specialized in psychiatry. Thus making it the most representative psychiatric emergency health care service in Tunisia.

**Objectives:** To assess changes in patients flow and admission rates in RHED in the context of the COVID-19 lockdown

**Methods:** We examined emergency room records and the hospital's computer admission database during the first and the last COVID19 lockdowns and compared it to the same period of the previous year.

**Results:** The number of consultations was significantly lower in 2020 lockdown (N = 577) compared the same period in 2019 (N = 1525) ( $p < 10^{-3}$ ). We observed a drop in RHED emergency hospitalization rate from 45.57% to 29.81% during this study period. The number of consultations per day was significantly lower during the first lockdown (N= 12.44) compared to the last lockdown (N=26.61) ( $p < 10^{-3}$ ), the hospitalization rate rose from 29.81% during the first lockdown to 44.36% during the last.

**Conclusions:** Fear of COVID19 contamination and lockdown limitation had a huge impact on RHED visits and admissions. Medical team had to adjust in order to prevent further delay in acute psychiatric care.

**Disclosure:** No significant relationships.

**Keywords:** emergency; lockdown; Covid-19; confinement

## EPV0721

### Prevalence and forms of aggressive behavior among patients admitted to an acute psychiatric ward

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**Introduction:** Aggressive behavior is frequently associated with acute psychiatric admission. Several studies highlight the increased risk of aggression in certain psychiatric disorders.

**Objectives:** The aim of the study was to explore the extent of aggressive behavior, its various manifestations, and its association with gender, age, and diagnosis among patients admitted to an acute psychiatric ward.

**Methods:** Patients admitted to our acute psychiatric ward in a three months period were included and the Dynamic Appraisal of Situational Aggression - Inpatient Version (DASA-IV) questionnaire was administered in the first seven days after admission for all patients.

**Results:** A total of 290 patients, 153 men and 137 women, with a mean age of 46.9 years (SD=17.5) participated in the study. Men were overrepresented among patients who showed aggressive behavior ( $p=.008$ ). There was no correlation between age and DASA-IV score ( $p=.259$ ). 40% of patients (N=116) did not show aggression, while 60% (N=174) experienced some form of aggression. Of those who exhibited some form of aggressive behavior, 94% had only low, 4% had high, and 2% had extremely high levels of aggression. Aggression was most common in patients with intellectual disabilities, dementia, and bipolar disorder.