

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1638>

EV654

Comparative study between preferential consultations and most common diagnoses

C. Manso Bazús*, J. Valdes Valdazo, E. Garcia Fernandez, L.T. Velilla Diez, J. Min Kim, C. Martinez Martinez, M.Á. Heredero Sanz

Complejo Asistencial Universitario de León, Psiquiatria, León, Spain

* Corresponding author.

Introduction To the specialized attention arrives as preferred patients with minor diagnosis.

Objective We do a relation between the type (normal/preferential) derivation of the first consultations and their corresponding diagnosis.

Methodology Retrospective observational study with data gathered during 3 months, which handle 2 variables: on the one hand, type of derivation and on the other, effected diagnosis.

Results The most frequent diagnosis found are adaptative disorders and affective disorders, corresponding to 45.45% and 9.1%, respectively of preferred leads.

Conclusions Almost half of preferential queries (consultations) could be treated in first instance by primary care physicians releasing mental health care burden.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1639>

EV655

Most common diagnoses in first consultations on mental health centers

C. Manso Bazús*, J. Valdes Valdazo, E. Garcia Fernandez, L.T. Velilla Diez, J. Min Kim, C. Martinez Martinez, M.Á. Heredero Sanz

Complejo Asistencial Universitario de León, Psiquiatria, León, Spain

* Corresponding author.

Introduction It often happens that primary care teams sends to specialized care any type of demand without discriminating on many times.

Objective Study of diagnoses that get to the consultations.

Methodology Retrospective observational study with data gathered during 3 months of diagnosis carried out in the first consultations.

Results The study guides that there is much minor pathology in the first consultation.

Conclusions Currently, attention on mental health is overcrowded because there is an excess of derivation from minor pathologies. So, an adequate coordination and communication with primary care could improve patients' care.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1640>

EV656

Analysis of demand in the first visit to the mental health unit

B. Mata Saenz*, E. Lopez Lavela, T. Rodríguez Cano, L. Beato Fernández

Hospital General Ciudad Real, Psychiatry, Ciudad Real, Spain

* Corresponding author.

Introduction The first visit is crucial, since it is where a treatment plan is selected and the decision to refer or not the patient to a specialized unit is made. Mental care could be improved through the centralization of demand and the identification of patients' and psychiatrists' expectations.

Objectives Analyzing patients' and psychiatrists' demands and expectations in the first visit to use them as a starting point for the planning and coordination of treatment actions.

Aims To design a record system of the Minimum Basic Data Set of the Centralized Department of our Unit.

Methods This is an epidemiological, observational, prospective study of patients referred to our department. Following variables were collected:

- referral origin;
- reason;
- demographic data;
- diagnosis impression;
- destination of referral.

The Statistical Package for Social Science version 19.0 was used to analyze the data.

Results Table 1.

Conclusions The data obtained are consistent with those reported in the literature for this population. The high rate of wrong referrals reveals the necessity of improving coordination and establishing specific referral criteria. Some initiatives have been designed and will be prospectively evaluated in the future.

Table 1

n	321
Average age	48.23
Genre	62% female
Psychiatric history	49.6%
Origin	74.4% from primary care
Did not attend	17.3%
Wrong referral	34.7% (35.2% from primary care, 53.6% from other specialties)
Main reason of wrong referral	Low intensity of the disorder (22.34%), wrong speciality (21.28%), wrong course of the disease (20.21%)
Prevalent diagnoses	Depressive disorder (24.3%), reactive depression (20.1%), anxiety (14.2%)
Destination of referral	63.4% Mental Health Unit

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1641>

EV658

Epidemic of conversion disorder in Janaozen, the Northern Kazakhstan

E. Molchanova

American University in Central Asia, Psychology, Bishkek, Kyrgyz Republic

Janaozen, a small city in the Northern Kazakhstan is an oil town, where 8% of all Kazakh oil has been extracted since 1950s. Due to the harsh climate and uncomfortable living conditions on the one hand, and relatively high salaries on the other, the city became a “Mecca” for ethnic Kazakhs (oralmans), who migrated from the other countries of the former USSR. The strict division between “ours” and “oralmans” created a variety of predispositions for the existence of a recurrent intro-city conflict, which served as a background for the

tragic events of December 2011. The strike of oil workers ended in a bloody carnage with long-lasting consequences. The high level of traumatic stress, secondary gain of traumatization, and relative isolation of oralmans created plausible conditions for explosion of mass conversion disorder, which in social consciousness was associated with measles vaccination.

On 16th of February, 20 teenagers were hospitalized with seizures of unknown aetiology, 60 girls got sick during the next three days, and 195 were hospitalized during the next three weeks. More than 100 were receiving an outpatient treatment. Foggy diagnosis of “post-vaccine reaction” led to panic among citizens, and a small city hospital became overcrowded by relatives of patients. The diagnosis of conversion disorder had been supported according to the criteria of ICD-10.

The results of numerous focus groups, archival research and individual interviews showed up the precise connections between oil workers’ strike in 2011 and mass conversion disorder in 2015.

Disclosure of interest The author has not supplied his declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1643>

EV659

Mental and behavior disorders among combatants in Ukraine

B. Mykhaylov

Kharkov Medical Academy of Postgraduate Education, Psychotherapy, Kharkov, Ukraine

In Ukraine, the significant participants of the “anti-terroristic operation” (ATO) need to provide a system of psychiatric, psychotherapeutic assistance.

The 6 groups of disorders:

- non-pathological reaction (Z65.5);
- pathological reactions (F43.0);
- neurotic disturbances (F45);
- psychotic disturbances (F44);
- PTSD (F43.1);
- chronic personality changes (F62.0).

The system of complex assistant was provided. Step 1: emergency psychological assistance. It is carried out on the basis of crisis intervention, that is defined as the emergency and urgent medical and psychological first aid, aimed at the return of the victim to the adaptive level of functioning, preventing progredient development of mental disorders, reducing the negative impact of a traumatic event.

Step 2: medical and psychological support. The purpose is the relief of mental and behavioral disorders, prevention (secondary and tertiary), psychological maladjustment, progressive course of mental disorders, with the purpose, rational, suggestive, cognitive behavioral (CBT), and others. The aim of psychotherapy is to support the patient’s assistance, processing traumatic material reevaluation of the crisis, a change of attitude, increased self-esteem, develop realistic perspectives and active life position. It is important to restore a sense of competence and design future in which you can use a good past experiences. Step 3: the primary goal of treatment is relief of anxiety and fear, stress, adaptation to the human life and activity in conditions of continuing psychogenic. The most effective method of psychotherapy in these cases is CBT. Step 4: supportive. All steps developed by multimodal model of psychotherapy.

Disclosure of interest The author has not supplied his declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1644>

EV660

Community mental health: Description of the patients concerning the ULS Guarda department of psychiatry and mental health area

J. Nunes*, J. Feliz, D. Brigadeiro, T. Ventura Gil, A.F. Teixeira, P. da Costa

Hospital Sousa Martins, Department of Psychiatry and Mental Health of Sousa Martins Hospital, ULS Guarda, Guarda, Portugal

* *Corresponding author.*

The World Health Organization (WHO, 2004) stresses the importance of home patient visiting as an answer to the epidemiologic, demographic, social and economic challenges that the world is facing.

The severe psychiatric patients are a risk group and often need domicile consultation and visiting. The domicile consultation approach favors the clinical, social and familiar support as well as promotes the integration and the recovering of the patients with mental problems, preventing the relapses and the hospital admissions of these patients.

This study, of descriptive nature, is based on the observation and consultation of 287 clinical processes of patients inserted in the domicile consultation program designed by the Department of Psychiatry and Mental Health of Sousa Martins Hospital, ULS Guarda, which covers the 7th biggest district in Portugal (in a universe of 18), between July and September 2015.

The main goal of this study is to characterize and analyze the profile of the population, which is followed by the community mental health team of our Department, namely, the socio-demographic and clinic features, in order to improve the assistance practice in the future.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1645>

EV661

Social-stress disorder. What does it mean for the people?

O. Pityk^{1,*}, M. Pityk², I. Kuzhda³

¹ *Ivano-Frankivsk National Medical University, Department of Psychiatry, Narcology and Medical Psychology, Ivano-Frankivsk, Ukraine*

² *Ivano-Frankivsk National Medical University, Department of Neurology, Ivano-Frankivsk, Ukraine*

³ *Ivano-Frankivsk Regional Children Hospital, Department of Ophthalmology, Ivano-Frankivsk, Ukraine*

* *Corresponding author.*

In 90th of 20 Russian psychiatrist Y.A. Alexandrovsky expressed opinion of presence the group of so-called social-stress disorders that was determined like psychogenic-actual for most people in definite social, economic and political situation.

Used the method of clinic-psychopathological interview with patients who applied outpatient psychological consultation on the chair of psychiatry.

The main changes in psychic state include following behaviors and clinical implications: loss of the value of human life, which is manifested in indifference to death in lowering caution when hazardous situations, willingness to sacrifice lives without any ideals. There is unrestrained lost for pleasure and moral promiscuity, exacerbation of personality typological traits, development of hyperstenic reactions (to self-destructive non-expedient behavior), hypostenic disorders, panic reactions, depression, dissociative and conversive irregularities, loss of communicational plasticity, loss of the ability to adapt to what happens with the preservation prospects of targeted actions, manifestations of cynicism, the tendency to antisocial actions. Patients had complaints on increase anxiety, pes-