

**Results:** No statistical difference between groups HDLAI and OH was found. The HDLAI+OH group presented higher means of emergency visits and hospitalizations with statistical significance.

**Conclusions:** It suggests the use of HDLAI can be considered an alternative as effective as oral intake. Prolonged use of associated HDLAI and oral supplementation leads to worst outcomes.

**Disclosure:** No significant relationships.

**Keywords:** haloperidol decanoate; haloperidol; recurrence; Antipsychotics

## EPV0730

### Use of verbal de-escalation in reducing need for mechanical restraint in patients with psychotic disorders during non-voluntary transfers from home to the psychiatric emergency department.

E. Miranda Ruiz<sup>1\*</sup>, A. Gonzalez<sup>2</sup>, P. Samos<sup>2</sup>, M. Bellsola<sup>2</sup>, A. Sabate<sup>2</sup>, J. Leon<sup>2</sup>, M.A. Jerónimo<sup>2</sup>, V. Pérez-Solá<sup>3</sup>, L.M. Martín<sup>2</sup> and D. Corcoles<sup>1</sup>

<sup>1</sup>CST, Psychiatry, Barcelona, Spain; <sup>2</sup>Hospital del Mar, Psychiatry, Barcelona, Spain and <sup>3</sup>Parc de Salut Mar, Institut De Neuropsiquiatria I Addiccions, Barcelona, Spain

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1509

**Introduction:** Little is known about the need for mechanical restraint during non-voluntary transfers from patient's homes to the psychiatric emergency department in patients diagnosed with Paranoid Schizophrenia. Although there is no evidence of its efficacy, one of the main tools used for the reduction of mechanical restraints is verbal de-escalation training.

**Objectives:** The aim is to describe which symptoms predispose to mechanical restraint in patients with Paranoid Schizophrenia transferred in a non-voluntary manner from home to the psychiatric emergency department, and the effect on reducing mechanical restraints after receiving verbal de-escalation training.

**Methods:** All patients with Paranoid Schizophrenia who, after being visited by a home psychiatry team, have required non-voluntary transfer from their homes to the psychiatric emergency department were selected (N = 442).

**Results:** Young age, being male, having a poor adherence to treatment, higher scores for the following variables; Excitement, Grandiosity, Suspiciousness, Hostility, Abstract thinking, Motor tension, Uncooperativeness, Poor attention, Lack of insight and Poor impulse control as well as lower scores in motor retardation on the PANSS, are related to a higher frequency of mechanical restraint (P<0,005). Before the verbal de-escalation training, 43.9% of the transferred patients required mechanical restraint, after the training, the need for restraints was reduced to 25.5% (P<0.001).

**Conclusions:** Training in verbal de-escalation has allowed an important reduction in mechanical restraints in patients with schizophrenia who have required non-voluntary transfers from home to the psychiatric emergency department.

**Disclosure:** No significant relationships.

**Keywords:** Emergency psychiatry; Mechanical restraint; Verbal de-escalation; transfers

## EPV0731

### Ekbom's syndrome in an HIV man: a case report

D. Paiva Pajares<sup>1\*</sup>, C. Hernández Peláez<sup>2</sup>, A. Martínez Muelas<sup>1</sup>, M. López Isern<sup>1</sup> and T. Castelló Pons<sup>1</sup>

<sup>1</sup>Hospital Sagrat Cor, Hermanas Hospitalarias., Psychiatry, Martorell (Barcelona), Spain and <sup>2</sup>Hospital Clínico San Carlos, Intensive Care Unit, Madrid, Spain

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1510

**Introduction:** Ekbom's syndrome, also known as delusional parasitosis, is a neuropsychiatric disorder characterized by the delusional belief that the body is infested by parasites, small organisms or materials. Multiple etiologies have been described such as psychiatric and neurological disorders, substance intoxication or other medical conditions. We present a case of Ekbom's syndrome in an individual infected with the human immunodeficiency virus (HIV).

**Objectives:** To report a case of a patient with Ekbom's syndrome and HIV.

**Methods:** A 33-years-old man assists to the emergency unit in order to excessive drowsiness. During the evaluation an antihistamin overdose is confirmed. The patient justifies taking it by claiming to have parasites all over the skin, a fact that is ruled out. Medical history is reviewed presenting multiple visits to GP for thinking that he has parasites, performing medical examinations without alterations. Toxicological, hemogram, biochemistry, hormonal and vitamin study did not show alterations.

**Results:** Due to the symptoms presented, it was decided to start antipsychotic therapy. At the beginning, the patient is not aware of needing treatment other than antiparasitic. After optimizing the olanzapine dose to reach 20 mg / day, the patient denied experiencing tactile and visual hallucinations.

**Conclusions:** Ekbom's syndrome is a multifactorial neuropsychiatric disorder, individuals infected with HIV are at increased risk of psychotic disorders. The patient was diagnosed of psychotic disorder due to another medical condition because the history of HIV preceded the history of delusional content.

**Disclosure:** No significant relationships.

**Keywords:** psychiatry; Ekbom; HIV; emergency

## Epidemiology and Social Psychiatry

### EPV0734

#### Mental health in medical, dental and pharmacist students: a cross-sectional study

A. Frajerman<sup>1\*</sup>, B. Chaumette<sup>1,2,3</sup>, M.-O. Krebs<sup>1,4</sup> and Y. Morvan<sup>5,6</sup>

<sup>1</sup>University of Paris, INSERM, U1266 Institute Of Psychiatry And Neuroscience Of Paris, PARIS, France; <sup>2</sup>GHU Paris Psychiatrie et Neurosciences, Pepsit, Paris, France; <sup>3</sup>McGill University, Department Of Psychiatry,, Montréal, Canada; <sup>4</sup>GHU Paris Psychiatrie et