Conclusions The under-prescription of amoxicillin highlights the low compliance with national and international guidelines on pharyngotonsillitis management. More must be done to improve rational use of antibiotics in the ED setting, and educational interventions are strongly needed.

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Background Scant evidence is available regarding the pharmacological management of acute episodes of mental disorders in children and adolescents attending emergency departments (ED). In this regard, we performed a retrospective study with the aim to evaluate the pattern of psychotropic drug use in an ED of a large hospital.

Methods A retrospective chart review of adolescents (13–17 years) visited in the ED of San Paolo University Hospital in Milan for a mental disorder between January and June 2018 was conducted. In particular, information concerning age, gender, type of mental disorder, psychotropic drugs administered in the ED and outcome of the visit were extracted and analysed, using an anonymous patient code.

Results A total of 1,298 adolescents 13–17 years old were visited during the observation period, 56 (4%) of whom had a diagnosis of mental disorder (35 females and 21 males).

The most common disorder was predominant psychomotor disturbance (International Classification of Diseases 9 (ICD9) revision code 308.2; 12 patients), followed by anxiety disorder in conditions classified elsewhere (293.84, 8 patients) and anxiety states (300.0, 7 patients).

Ten adolescents were hospitalised, while 16 (29%) received a psychotropic drug in the ED: 14 patients received a benzodiazepine (8 delorazepam, 3 lorazepam), and 2 an antipsychotic drug (risperidone+olanzapine; promazone). Five out of 12 adolescents with psychomotor disturbance received a psychotropic drug (3 delorazepam, 1 lorazepam, 1 risperidone+olanzapine).

Although no randomized controlled trial has evaluated the safety and effectiveness of benzodiazepines in the paediatric population, delorazepam was identified as the first choice pharmacological treatment for agitation in children and adolescents in a local protocol.

Conclusion Nearly all children received drugs for which no controlled trials have been performed in the paediatric population and for which the appropriateness is debatable. More evidence is needed to guide the pharmacological management of acute episodes of mental disorders.

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