EPP0324

Non-pharmacological interventions for people presenting in crisis to emergency departments and inpatient wards: a scoping, typology, and systematic review

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Introduction: People presenting to hospital in a crisis of mental ill-health usually present via Emergency Departments, and are often admitted for brief interventions. Unlike drug treatments, the evidence base for brief non-pharmacological interventions has not been systematically evaluated.
Objectives: 1. To describe brief non-pharmacological interventions used in Emergency Departments and inpatient psychiatric units, for those in a crisis of mental ill-health, and evaluate the study types and outcome measures used to evaluate them;
2. To conduct a systematic review of this evidence
Methods: We searched the Cochrane Central Register of Controlled Trials (CENTRAL), CINAHL, DARE, Embase, MEDLINE, PsycINFO, and relevant government and non-government organisation websites for peer reviewed journal articles, including both qualitative and quantitative articles. Interventions were sorted into Categories and Types to manage heterogeneity.
Results: We found 47 studies. Interventions were highly varied, and we created a taxonomy to understand this heterogeneity. Most studies were quasi-experimental trials (n=26; 55%) or qualitative studies (n=13; 27%) and only 8 RCTs (17%). Twelve were high quality (26%). Interventions were mostly found to have no effect on measured outcomes, though outcome measures may not have been best suited to expected domains of change.There was a broad range of outcome foci reflecting inconsistency in goals of interventions. No interventions were found to reduce the incidence of self-harm on the inpatient ward. One study suggests that inpatient safety planning may reduce readmission rates. Aggression-related outcomes for inpatient sensory modulation rooms were equivocal. Brief admissions with psychotherapy may reduce suicide attempt repetition and re-hospitalization, whereas brief admissions without psychotherapy may improve function but not re-hospitalization rates. Face-to-face psychoeducation for panic in the ED was associated with a reduction in ED presentation rates, but brochure-only psychoeducation may *increase* ED presentation rates.
Conclusions: This review found little evidence to guide much of what clinicians do for people in crisis in hospital. There is a need to develop a framework for brief non-pharmacological interventions, address the quality and size of studies, and identify consistent outcome measures for non-pharmacological interventions. The data is insufficient to make clear recommendations for appropriate brief non-pharmacological interventions for people in crisis in Emergency Departments and Psychiatric Inpatient Units. Multiple promising interventions are available for further study, however there is a dearth of research and more rigorous testing is needed.

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EPP0325

Neuropsychiatric presentations of hypocortisolaemia - a literature review

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Introduction: Patient populations in psychiatry can have low cortisol for many reasons such as adrenalitis, secondary adrenal insufficiency and poor compliance with glucocorticoid replacement therapies. A literature review in 2005 highlighted the prevalence of neuropsychiatric features in those with low cortisol. Unfortunately, this has received little to no attention in the wider literature and hypocortisolaemia is often overlooked as a cause of neuropsychiatric presentations in clinical practice.
Objectives: Review the literature to understand what psychiatric features hypocortisolaemic patients present with and any themes between cases.
Methods: A literature review on neuropsychiatric presentations of hypocortisolaemia was performed using PUBMED and Google Scholar. English language studies from 2005 to October 2022 were included and searched for using the following term: (Hypocortisolaemia* OR "Low-cortisol" OR Addisons OR Adrenal-crisis OR "Adrenal insufficiency") AND (Psychiatric OR Hallucination OR Neuropsychiatric OR "Neuropsychiatric symptoms" OR Pyschosis*). Citations in relevant papers were also reviewed.
Results: 7 case reports were identified, 5 male (71%) and 2 female (29%) with an average age of 42 (28-63). The cause was identified as Addisons' disease in 4 patients (57%) and secondary adrenal insufficiency in 3 patients (43%). Hallucination or delusion was the most prevalent symptom with 86% of patients initially presenting with it, followed by depression (43%) and speech abnormality (14%). In all cases, basic blood sets (Full blood count, urea & electrolytes and liver function tests) were done in an initial assessment. 6 patients presented with hyponatraemia, and 4 of these patients had hyponatraemia as their only abnormality within their U&E profile. In one patient this delayed their diagnosis by several years. One patient developed psychosis again when being treated with glucocorticoid therapy. In 4 patients, adrenal pathology was not suspected and cortisol was not tested until initial differentials were investigated and ruled out.
Conclusions: Further case reports highlight psychosis being a key feature of hypocortisolaemia that presents initially with neuropsychiatric symptoms. Cortisol levels should be considered in initial investigations of psychosis if hyponatraemia is discovered even in the absence of hyperkalaemia to help aid an earlier diagnosis. A rebound psychosis may be seen once starting glucocorticoid therapy. Additionally, there should be consideration of neuropsychiatric monitoring in stable psychiatric patients undergoing cortisol treatment.

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