

Results Overall, 477 patients were assessed by the psychiatric team over the 12 month period, comprising 230 (48.2%) males and 247 (51.8%) females. There was a fairly balanced distribution by age, ethnic background, and relationship status between the male and female patients. The majority of patients with a history of self-harm or childhood sexual abuse were female while male patients were significantly more likely to report medication non-compliance. A higher proportion of the female patients had depressive disorders and personality disorders while a higher proportion of male patients had anxiety disorders, bipolar and related disorders, schizophrenia spectrum disorders, and substance-related disorders. Approximately half of all the patients had an impaired clinical insight. Majority of the patients had a GAF score of 70 or less. Nearly one in five patients were admitted for inpatient treatment with a significantly higher proportion of male patients being admitted involuntarily.

Conclusion There are sex-specific differences in many of the demographic and clinical measures collected in our ER psychiatric sample.

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

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EV614

Preventing self-harm and reducing suicidal ideation through an expedited regular supportive psychotherapy and assertive case management – protocol for a three-arm partial randomised controlled trial

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Aim To conduct a three-arm partial randomised controlled trial to evaluate the effectiveness of expedited regular supportive psychotherapy and assertive case management for patients presenting with suicidal ideation or self-harm to the emergency department (ED).

Hypothesis We expect expedited regular supportive psychotherapy plus assertive case management will reduce the suicidality and/or suicidal behaviour in patients by at least 20% at 4 weeks compared to patients receiving only assertive case management or routine care and these differences will be sustained at 6 months.

Methods This will be a longitudinal, prospective, three-arm controlled single-rater-blinded partial randomized clinical trial with a recruitment period of 12 months and an observation period of 6 months for each participant. Patients in the intervention group will receive regular face-to-face or over the phone brief supportive psychotherapy during weekdays following presentation to the ED with suicidal ideation or self-harm until patients are actively enrolled in regular community mental health services with active case management by the therapist. Patients in the control and the assertive outreach arms will each receive the usual follow-up services offered routinely to regular patients and assertive outreach patients respectively who present to the ED with suicidal ideation or self-harm.

Results Recruitment will commence in February 2016 and we expect the results of the study to be available by September 2017.

Conclusion If our hypothesis is proved correct, our intervention will be a new model for caring for patients with self-harm and suicidal ideation and is expected to reduce suicide rates.

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

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EV615

Parasomnias and panic attacks: A case report

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Introduction Parasomnias are a category of sleep disorders in which abnormal events occur during sleep, due to inappropriately timed activation of physiological systems.

Case report We report the case of a 41-year-old female who has no psychiatric history. The patient went to emergency department because when she was starting to sleep, in the first state of sleep, she felt a sensation of paralysis in all her body, with incapacity for breathing, chest oppression and tactile hallucinations like something or someone was touching her entire body. Due to that, the patient awoke frightened, with high levels of anxiety, with heart palpitations, shortness of breath, trembling, choking feeling, sweating, nausea and fear of dying. When the patient arrived to the emergency department, she was suffering a panic attack, thinking that she could have some kind of neurological disease or she was suffering a heart attack. After treating the panic attack with 1 mg of lorazepam, all the symptoms subsided gradually.

Discussion In this case report, we present a patient with a new-onset parasomnia, with hypnagogic hallucinations and a panic attack at the awakening. It is known that stress factors are closely associated with parasomnias, as we can see in this case because the patient was moving and she was sleeping in a new place.

Conclusions Parasomnias are very frequently present in general population and they can trigger intense anxiety status that can lead to panic attacks.

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

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EV616

Hyperthyroidism and psychotic symptoms: A case report

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Introduction Hyperthyroidism may lead to high anxiety status, emotional lability, irritability, overactivity, exaggerated sensitivity to noise, and fluctuating mood, insomnia and hyporexia. In extreme cases, they may appear delusions and hallucinations as psychiatric symptoms.

Case report We report the case of a 53-year-old female who was diagnosed of hyperthyroidism and generalized anxiety disorder. The patient went to emergency department because of high levels of anxiety, with heart palpitations, trembling, shortness of breath and nausea. She was presenting auditory hallucinations and delu-

sions as psychiatric symptoms. An urgent thyroid profile was made and it was observed the next results: TSH <0.005; T4:4; T3:21. Due to a severe thyroid malfunction, the patient was admitted and treated with antithyroid agent, improving the psychiatric and somatic symptoms.

Discussion In this case, a patient diagnosed of hyperthyroidism and generalized anxiety disorder presented very severe psychiatric symptoms, with hallucinations and delusions. These symptoms may be produced by primary psychiatric disorders, but is very important to look for thyroid alterations, because if they are the cause, the acute treatment of thyroid malfunction is the correct management of the patient.

Conclusions Hyperthyroidism is very common in general population, being infradiagnosed most of times. In patient with anxiety or other psychiatric symptoms, it is very important to make a thyroid function tests before the diagnosis of a psychiatric disorder. In extreme cases, hyperthyroidism status may lead to severe psychiatric and somatic complications.

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EV617

Insight and aggressive behavior in acute schizophrenic patients

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Introduction Aggressive behavior in wards is associated to poor treatment compliance and low clinical insight. Most studies focused on the clinical and cognitive dimensions of insight, while the relationship between metacognitive dimension and aggressive behaviors was not investigated. Our aim was to understand what relationship occurs between dimensions of insight (metacognitive, cognitive, clinical), and specific aggressive behaviors in acute patients.

Methods We recruited 75 acute schizophrenic patients using: AQ; MOAS; IS; PANSS; BCIS.

Results A positive correlation between the IS score and the hostility, angry and physical aggression sub-scores of the AQ was highlighted, while no correlation between the score of IS and MOAS total score was found. No correlation between the score of the PANSS G12 item and the AQ scores and MOAS was found, and no correlation between BCIS scores, MOAS and AQ scores was found.

Conclusions In our patients, a higher level of metacognitive insight, but not clinical nor cognitive insight, was associated to higher levels of hostility. We suggest that a higher ability to monitor and appraise one's own altered processes of thought and related discomfort, feeling of destabilization and loss of control, could contribute to enhance resentment and suspiciousness. Findings help develop specific therapeutic strategies to enhance metacognitive and self-monitoring abilities, helping patient's understanding of the illness, improving compliance with treatment, and patient's quality of life. Our results support the multidimensional nature of insight in schizophrenia, confirming that clinical, cognitive and metacognitive dimensions are independent though related facets of the phenomenon of insight in schizophrenia.

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EV618

Loxapine for agitation in psychiatric patients who consult in emergency medical services

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Introduction The DSM-5 defines psychomotor agitation as excessive motor activity associated with a feeling of inner tension. The activity is usually nonproductive and repetitious and consists of behaviors such as pacing, fidgeting, wringing of the hands, pulling of clothes, and inability to sit still. This kind of behavior occurs in up to 25% of psychiatric patients who consult in emergency medical services.

Objective The main objective was to determine the efficacy of loxapine inhalation powder in acute agitation.

Methods Ten agitated psychiatric patients scored Positive and Negative Syndrome Scale – Excited Component (PANSS-EC) baseline and ten minutes after the administration of ADASUVE®.

Results The efficacy of loxapine 10 mg in the acute treatment of agitation was established in a short-term (10 minutes).

Conclusions Loxapine is the first and only orally inhaled medication for the acute treatment of agitation associated with psychiatric disorders, which is a tool easy-to-use in emergency medical services.

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EV619

Change of mood in relation with the seasons

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Introduction Emergency situations related to mental disorders represent a significant proportion of all medical emergencies. Over the last years we have been witness to an upturn in the incidence of psychiatry emergency service because to change of mood.

Objective To determine the profile of the patient who requires psychiatric attention with changing of mood in our area in different seasons.

Methodology This is a prevalence and prospective study in which the dependent variable is taken as change of mood and we also use three more independent variables that are age sex and seasonality. The seasonality (spring period and summer period) will be at the same time the form of divided the population in two groups to compare.

Results Out of all the consultations for changing of mood in the emergency service during the first period (113 patients), 34% were men and 66% were women. The age range of 36–50 years was more frequent for women and the age range of 51–65 years was more frequent for men. In the second period (with 162 patients), 137