Introduction: The patient was a 34-year-old male admitted to the psychiatric inpatient unit for high anxiety and suicide ideation due to severe toothache.

Objectives: To show how the antipsychotic pimozide can be an effective option for the treatment of anxiety and obsessive symptoms around physical complaints within the spectrum of somatoform disorders

Methods: Case report and literature review

Results: The patient comes to the emergency room with high anxiety and active self-harming ideation. He reports that for months he has been experiencing mouth pain that is becoming more and more intense. He has seen multiple professionals without finding a cause that justifies the pain. In the past she has a history of multiple ailments (knee, abdominal pain…). He is being treated with sertraline 150, clonazepam 3 mg per day and olanzapine 5 mg at night. During admission, treatment with pimozide up to 4 mg per day was started. The patient is progressively less distressed and with more distance from the ideas about pain, being able to carry out more activities during the day. There is remission of suicidal ideation

Conclusions: There is evidence in the literature that the use of pimozide was effective in different psychotic disorders. It has been seen to reduce the intensity of symptoms in cases of delusional disorders with delirum of somatic type or those such as delusions by parasitization. The use of pimozide has also been effective in the treatment of complex tic disorder. In this case it is effective and could be explained by the close relationship of osbsesive symptoms with psychotic symptoms.

Disclosure of Interest: None Declared

EPV0082

The Effect of the Apollo Neuro Device on Anxiety Among Participants who Underwent Ketamine Assisted Therapy

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Introduction: The study aimed to evaluate the effectiveness of a device called "Apollo" in reducing anxiety, as compared to a control group. Participants were divided into two groups: the intervention group (receiving the "Apollo" device) and the control group (receiving no intervention).

Objectives: The primary outcome measure was the change in Generalized Anxiety Disorder 7-item (GAD-7) scores, calculated as the difference between post-GAD-7 and pre-GAD-7 scores.

Methods: Participants were recruited from two different cohorts, with the intervention group derived from the "Apollo" dataset and the control group derived from the "KaT Cohort 9" dataset. Matching was performed based on Age, Sex, and pre-GAD-7 scores to create comparable groups.

For those with full datasets, a total of 4 (out of 5) participants from the "Apollo" group were matched with 15 (out of 45) participants from the "Control" group, based on the selected criteria. Data cleaning was performed to handle missing values and non-numeric entries. Propensity score matching was used to match participants from the "Apollo" and "Control" groups based on Age, Sex, and pre-GAD-7 scores. An independent samples t-test was conducted to compare the mean change in GAD-7 scores between the two groups. Since propensity score matching requires complete data on matching factors (age, sex, pre-GAD-7), those without full datasets were excluded.

Results: The median change in GAD-7 scores in the "Apollo" group was −8.5, indicating a median reduction in anxiety symptoms. The independent samples t-test revealed no statistically significant difference in the change in GAD-7 scores between the "Apollo" and "Control" groups (t = -0.889, p = 0.387). Therefore, the study so far did cannot conclude a significant difference.

Conclusions: Ketamine assisted therapy remains a promising way to decrease anxiety among patients with generalized anxiety disorder and elevated GAD-7 scores. Ways to potentially improve these results are increasing the number of Apollo patients and having more balanced numbers between groups.

Disclosure of Interest: None Declared

EPV0085

Cannabis Use and Its Interaction with Anxiety Disorders

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Introduction: Cannabis use has been reported to cause a myriad of acute adverse reactions, including those linked to anxiety disorders, such as panic attacks and derealization. Notably, in the emergency department, anxiety makes up a significant proportion of the complaints related to cannabinoid consumption. Several reports show these symptoms can persist after the cessation of cannabis consumption. Consequently, some questions have arisen regarding the role of cannabinoids as precipitators for anxiety disorders in vulnerable individuals. Alternatively, it has been hypothesized that patients with anxiety disorders are more prone to using cannabis.

Objectives: We aim to understand whether there is an established relationship between anxiety disorders and cannabis use. Moreover, we intend to identify what are the factors which make an individual more likely to experience anxiety following cannabis consumption.

Methods: A search was conducted in the PubMed database using the MeSH terms "cannabis", "panic disorder", "anxiety", "panic" and "generalized anxiety disorder". Articles published in the last ten years were considered. Publications were selected after careful reading of their abstract. A non-systematic review of the selected articles was performed.

Results: Eight articles were included in this review. While a majority of these publications did not find a significant association between cannabis use and anxiety disorders, a small subset of analyzed articles found that cannabis use may increase anxiety severity in general, devoid of specific diagnostic association. Individuals who presented to the emergency department with anxiety complaints after cannabis use were likely to be young and to have ingested edible cannabis. History of psychiatric disease, especially substance use disorder, was common in this population.

Conclusions: Most available data suggest cannabis use is not clearly linked to anxiety disorders. However, information around this topic is scarce and heterogenous. Further research is needed focusing on the natural evolution of acute anxiety after cannabis use. Factors such as young age, presence of psychiatric comorbidities and