

**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-