

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

S. Campi<sup>1,\*</sup>, C. Esposito<sup>2</sup>, P. Andreassi<sup>3</sup>, P. Bandinelli<sup>3</sup>, P. Girardi<sup>4</sup>, G. Ducci<sup>5</sup>, C. Cannizzaro<sup>5</sup>, C. Cacciari<sup>2</sup>, G. Spalletta<sup>6</sup>

<sup>1</sup> Rome, Italy

<sup>2</sup> IRCCS Santa Lucia Foundation, Neuroscience, Rome, Italy

<sup>3</sup> SPDC San Filippo Neri ASL RmE, Mental Health Department, Rome, Italy

<sup>4</sup> Sant'Andrea hospital Sapienza University, Mental Health, Rome, Italy

<sup>5</sup> SPDC San Filippo Neri ASL RmE, Mental Health, Rome, Italy

<sup>6</sup> IRCCS Santa Lucia foundation, Neuroscience, Rome, Italy

\* Corresponding author.

**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.

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

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#### EV618

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

M.Á. Carrillo\*, M.J. Martínez, P. Botías, I. Imbernón, M. Martínez-Carlón, M. Fueyo, C. Calero, N. Megias, S. Pina, M. Gavilan, M.P. Sanchez, J. Sanchez, P. Chacon  
University Hospital of Murcia Virgen Arrixaca, Psychiatry, Murcia, Spain

\* Corresponding author.

**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

R. de la Mata Hidalgo<sup>1,\*</sup>, M. de la Mata Hidalgo<sup>2</sup>, I. Valriberas Herrera<sup>1</sup>, O.E. Ana<sup>1</sup>, L. Al Chaal Marcos<sup>1</sup>, C. González Soria<sup>1</sup>, L. Sánchez Pernas<sup>1</sup>, C. Exposito Montes<sup>2</sup>

<sup>1</sup> Instituto de Investigación Biomédica de Salamanca, Psychiatry, Salamanca, Spain

<sup>2</sup> Facultad Medicina Córdoba, Psychiatry, Córdoba, Spain

\* Corresponding author.

**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