their bites. Then, they have started to restrict their food intake and the types of food consumed, which led to emaciation with health problems, interrupted daily routines, and social isolation; meeting the diagnosis of avoidant/restrictive food intake disorder (ARFID) in DSM-5. Due to traumatic experiences, EMDR therapy was applied.

Discussion   After five EMDR therapy sessions, patients turned back to healthy eating habits, normal BMI, and effective daily life. As expected, EMDR therapy made significant improvements in the treatment of ARFID.

Conclusion   EMDR can be useful to treat ED with traumatic background.

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

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EV0482

Sleep disturbances in anorexia nervosa

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Introduction   In clinical practice, insomnia is a common feature in anorexia nervosa (AN). Sleep self-reports in AN suggest that these patients report poor sleep quality and reduced total sleep time. Weight loss, starvation and malnutrition can all affect sleep. Patients with eating disorders who have sleep disturbances have more severe symptomatology.

Objectives   The authors intend to review sleep disturbances observed in AN, describe possible pathophysiological mechanisms and evaluate the clinical impact of sleep disturbances on the treatment and prognosis of the disease.

Methods   In this study, a non-systematic search of published literature from January 1970 and August 2015 was carried out, through PubMed, using the following keywords: 'sleep', 'anorexia nervosa' and 'insomnia'.

Results   These patients subjectively report having poor sleep quality, with difficulty falling asleep, interrupted sleep, early morning waking or reduced total sleep time. Sleep disturbances found in AN using polysomnography are: reduction in total sleep time, decrease in slow wave sleep, slow wave activity and reduced sleep efficiency.

Conclusions   Privation of adequate and restful sleep has a negative impact on the quality of life of patients, may contribute to the appearance of co-morbidities, such as depression and anxiety, and to a poor prognosis for AN.

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

EV0483

Eating disorders symptoms related to gestational BMI in breastfeeding mothers

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Background and aims   Research has shown that maternal obesity and underweight are major risk factors for reduced initiation, duration, and exclusivity of breastfeeding. This prospective, cohort study analysed the association between gestational body mass index (BMI) and symptoms of eating disorders (ED) in breastfeeding women.

Methods   The study involved 1318 consecutive, at term, healthy mothers, who delivered at the division of Perinatal Medicine of Policlinico Abano Terme, located in a North-Eastern Italy industrialized area, supporting advanced educational levels, good socio-economic status and low and late fertility. The day of discharge mothers completed the completed the eating disorder examination-questionnaire (Fairburn and Beglin, 2008), including four subscales, restraint (R), shape concerns (SC), weight concerns (WC), eating concerns (EC) and a global score (GS). Mothers' BMI groups were categorized as underweight, normal weight, overweight and obese, according to 2009 IOM guidelines.

Results   EDE-Q mean values ($\pm$SD) significantly increased with BMI increasing categories. Compared to normal weight mothers ($n = 290$, 22.0%), obese women ($n = 273$, 20.7%) had higher significant GS (0.6 ± 0.7 vs. 0.2 ± 0.3; $P = 0.006$), R (0.6 ± 0.9 vs. 0.3 ± 0.6; $P < 0.0001$), EC (0.4 ± 0.6 vs. 0.3 ± 0.5; $P < 0.0001$), SC (0.9 ± 1.0 vs. 0.3 ± 0.5; $P < 0.0001$) and WC (0.7 ± 0.8 vs. 0.1 ± 0.3; $P < 0.0001$). In addition, formula-feeding adoption at discharge significantly increased with BMI increasing categories (P per trend = 0.01).

Conclusions   We present evidence that gestational obesity is associated with reduced breastfeeding rates at discharge and higher ED symptomatology. Women need information and support to gain adequate weight during pregnancy.

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

EV0484

Bulimia nervosa in Singapore: Clinical profile, comorbidity and gender comparisons

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Introduction   Though eating disorder cases have been on the rise in Asia, little is known about them. Bulimia nervosa (BN) has been associated with poor treatment outcome and high mortality risk, and is the second most commonly diagnosed eating disorders in Singapore, after anorexia nervosa (AN), yet no report thus far has explored this condition.

Objectives   The current study seeks to describe the clinical population diagnosed with BN in our hospital treatment program, as well as to compare their clinical characteristics with a previously published local study on patients with AN.

Method   Retrospective medical records review was carried out for patients diagnosed with BN in our hospital's eating disorders treatment program. Patient records from 2003 to 2013 were retrieved and analyzed. We also further compared presenting characteristics across genders and with AN patients.

Results   Between 2003 and 2013, 348 patients were diagnosed with BN by psychiatrists based on the Diagnostic and Statistical Manual of Mental Disorders (DSM IV-TR). BN patients presented with high rate of self-harm behaviors (37.1%), previous suicide attempts (19.0%) and psychiatric comorbidities (67.5%), many of which require inpatient treatment. Significant differences were found between genders and in comparison with the AN patients.

Conclusion   Our results suggest that many patients with BN present with severe psychiatric comorbidities, in some aspects more severe than the AN population. The current study appeals for the development of more effective detection and treatment of vulnerable populations in Singapore. We further discuss about

the potential roles of mental health literacy and stigmatization in influencing treatment-seeking behaviors.

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

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e-Poster viewing: Emergency psychiatry

EV0485

What is commonly missed in the suicidal risk assessments in the emergency room?

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Introduction   Suicidal behaviour remains the most common reason for presentation to the emergency rooms. In spite of identifiable risk factors, suicide remains essentially unpredictable by current tools and assessments. Moreover, some factors may not be included consistently in the suicidal risk assessments in the emergency room by either emergency medicine physicians or psychiatrists.

Method   Step 1 involved the administration of a survey on the importance of suicide predictors for assessment between psychiatry and emergency medicine specialties. In step 2 a chart review of psychiatric emergency room patients in Kingston, Canada was conducted to determine suicide predictor documentation rates. In step 3, based on the result of the first 2 steps a suicide risk assessment tool (Suicide RAP [Risk Assessment Prompt]) was developed and presented to both teams. A second patient chart review was conducted to determine the effectiveness of the educational intervention and suicide RAP in suicide risk assessment.

Results   Significant differences were found in the rating of importance and the documentation rates of suicide predictors between the two specialties. Several predictors deemed important, have low documentation rates. Thirty of the suicide predictors showed increased rates of documentation after the educational intervention and the presentation of the suicide RAP.

Conclusion   Though a surfeit of information regarding patient risk factors for suicide is available, clinicians and mental health professionals face difficulties in integrating and applying this information to individuals. Based on the result of this study suicide RAP and educational intervention could be helpful in improving the suicidal risk assessment.

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

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EV0486

Antipsychotic drugs in pregnancy

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Background   There has been significant increase in prescription of antipsychotic medication in the community for females in child-bearing age the problem is we do not have clear guidelines because we do not have a control group.

Objectives   To evaluate maternal psychiatric, medical and perinatal outcomes associated with antipsychotic drugs in pregnancy.

Aim   To use wisdom when the risk is minimal for both mother and child.

Method   We study 3 pregnant women, one with a 6 years old, one with a 2 years old child and one still pregnant. We measure their blood sugar, blood pressure, fetal heart, movement, ultrasound using first generation antipsychotic (FGA).

Results   Patient became less psychotic then back to normal and fetal development is normal till now, no diabetes mellitus or hypertension, no malformation or abortion.

Conclusion   It is still too early to reach a clear and absolute use of safe antipsychotic drugs in pregnancy. A large sample is needed for a study and a control should be needed.

Disclosure of interest   The author has not supplied his/her declaration of competing interest.

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EV0487

Neuroleptic malignant syndrome: A rare, life-threatening and not fully understood condition

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Introduction   Neuroleptic Malignant Syndrome (NMS) is a rare life-threatening idiosyncratic reaction associated with the use of neuroleptics. It is characterized by delirium, muscular rigidity, fever and autonomic nervous system dysregulation. Its diagnosis represents a significant challenge for clinicians and many aspects regarding its epidemiology, etiopathology and nosology remain controversial.

Objectives   Summarize current knowledge to facilitate NMS diagnosis and allow a fast onset of therapeutic and life-saving interventions.

Methods   Non-systematic review of the literature–scientific publications from Pubmed and a Psychiatry Textbook.

Results   NMS typically develops during the first week after the neuroleptic is introduced, although it may also appear after years of treatment. Its incidence is of 0.02 to 3% in patients taking antipsychotics; the mean age of its patients is 50 years. Typical symptoms are muscle rigidity and temperature greater than 38°C in a patient on antipsychotic; however, recent reports indicate that these core symptoms may not always be present. Several risk factors have also been identified and must be addressed. NMS may be fatal in 10 to 20% of cases or may produce residual sequelae, like cognitive dysfunction or neurological deficits. NMS must be managed by aggressive use of supportive measures, as well as specific interventions. It recurs in 30% of patients, which can be diminished by specific measures.

Discussion   NMS requires timely and accurate diagnosis and treatment. Antipsychotics should be used cautiously in patients at increased risk. When recognizing this condition, prompt withdrawal of the offending agent is the most important step. Wise approaches can diminish morbidity, mortality and recurrence.

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EV0488

Evaluation of experts' clinical practice in crisis unit and psychiatric emergency technical and therapeutic principles to better intervene

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