Individual differences (e.g., sex or novelty-seeking (NS) trait) also impact specific exploration strategies. Thus, we examined if anxiety manipulation in a task would influence different exploration strategies while also looking at sex, NS bias and trait anxiety.

Methods. 117 healthy subjects (58 female) completed online questionnaires (novelty-seeking dimension of the Cloninger's Tridimentional Personality Questionnaire (TPQ-NS), trait anxiety questionnaire (STAI)) and performed the Maggie's farm task. This task allows to review different exploration strategies, promoting exploration via the number of available choices (horizon). The threat of aversive stimuli (loud noises appearing at random times) was used to emulate anxiety, in a between-subject design. Comparing computational models of exploration, the best-fitting model (evaluated by Bayesian Information Criterion) in our data was a Thompson model with an ϵ-greedy element (random exploration) and a novelty bonus η (de-novo exploration). We used repeated-measures ANOVA, comparing the effect of horizon on the ϵ and η parameters with the anxiety category as a between-subject factor. We used partial Pearson's correlations of ϵ and η derivatives (mean and standardised-difference (SD) across horizon) with STAI and TPQ-NS measures correcting for participant's reported stress levels and anxiety category. Partial correlations analyses were repeated after splitting the data by sex.

Results. There was no between-subject effect of anxiety category on the horizon of either ϵ ($F_{(1,1)} = 0.253$, $p = 0.6$) or η ($F_{(1,1)} = 0.305$, $p = 0.58$). SD of ϵ was negatively correlated with TPQ-NS ($r = -0.184$, $p = 0.050$) but no other partial correlation was significant. When splitting by sex, SD of ϵ was negatively correlated with the STAI score ($r = -0.341$, $p = 0.01$) in females and the TPQ-NS score in males ($r = -0.275$, $p = 0.038$). The mean η positively correlated with the STAI score ($r = 0.318$, $p = 0.016$) in males.

Conclusion. While the experimentally modulated anxiety did not affect the exploration parameters, individual differences in NS and trait anxiety are suggested to affect random and de-novo exploration in a sex-dependent manner. Imaging research, or research into anxiety population could help further solidify these results in the future.

Telemedicine for Memory Service Assessments, a Literature Review

Mr Dominic Treloar*

Hull York Medical School, Hull, United Kingdom
*Corresponding author.

Aims. Memory clinic waiting times are at a record high, increasing from 13 weeks in 2019 to 17.7 weeks in 2022. This backlog is partially due to COVID-19 disruption. Staff are concerned that waiting times are resulting in missed diagnoses, particularly with early-onset memory loss, and that relatives of patients with challenging behaviours are not receiving adequate support. At the start of the pandemic, many Memory Service Assessments (MSAs) were done via teleconsultation to ensure patients could access services despite lockdowns. Telemedicine has continued to be used for MSAs and is a strategy proposed to tackle waiting times. This literature review explores whether using telemedicine for MSAs is evidence-based.

Methods. A search using the MEDLINE database was conducted, using the terms 'dementia', plus 'telemedicine', 'video calls', and 'telephone calls'. This identified one relevant systematic review and one clinical trial. The identified evidence was insufficient for a systematic review. A google search carried out with the same terms, identified a variety of non-academic papers: NHS Audits, Quality Improvement Projects, Clinical Network publications, and one governmental publication.

Results. Telemedicine was reported to reduce waiting lists. Appointments could be organised quickly, without infection risk, and without requiring transportation. At-home telemedicine consultations were relaxing for some patients and reduced demand for home visits. However, clinicians reported that some environments were cluttered and noisy, impacting the MSA.

Patients struggled with the complex telemedicine technology; carers were required to facilitate the calls, which increased the risk of an inaccurate assessment. Patients with sensory impairments disliked telemedicine, and clinicians struggled to distinguish between cognitive impairment and poor hearing. Financial inequalities at times prevented telemedicine. Some relatives felt that patients would mask their memory symptoms in teleconsultations, and not speak openly about their concerns. Clinicians felt adequate safeguarding assessments were not possible over teleconsultation. There was no inclusion of the long-term impact of these assessments. No distinction was made between dementia subtypes.

Conclusion. The National Audit of Dementia, RCPsych 2021, encourages the future use of telemedicine for MSAs. However, there is limited evidence to support its use. Telemedicine was essential during COVID-19 and may help reduce waiting times, but may also produce worse outcomes than face-to-face consultations. Only pilot studies without randomisation exist on the topic and none of these are UK based. Further research is required to produce NHS-specific data on the impact telemedicine has on: the quality of MSAs, the patients', carers', and clinicians' experiences, and memory service waiting times.

Patterns of Insomnia and Its Treatment in North Central London: Using Primary Care Data to Establish Unmet Needs and Health Inequalities

Dr Lauren Waterman[1,2]*, Ms Fleur Harrison[1], Mr Uche Osuagwu and Dr Sarah Dougan[1]

[1]North Central London Intregated Care Board, London, United Kingdom; [2]Camden and Islington NHS Foundation Trust, London, United Kingdom and [3]Camden and Islington Public Health Team, London, United Kingdom
*Corresponding author.

Aims. There is robust research evidence that insomnia is highly prevalent in the general population, with a significant adverse impact on physical and mental health and quality of life. There is also strong evidence of the cost-effectiveness of cognitive-behavioural therapy for insomnia (CBT-I), the first-line treatment for insomnia recommended by the UK's National Institute for Health and Care Excellence. However, data from primary care records has not been used in the UK to establish real-world impact, including local prevalence, treatment rates and inequalities. This study's aim was to establish these in North London.

Methods. Pseudonymised data were extracted from primary care records across three North London boroughs for 765,035 patients (aged 15+ years). Insomnia prevalence was determined by identifying patients with a code for insomnia in previous five years,