pathways tailored to their local needs and available resources. These quality improvement (QI) projects mark a significant step toward embedding sustainable change in routine care.
Conclusion: This work has emphasised the need for a novel preventative pathway to mitigate the risks of antipsychotic weight gain. Future research will work alongside these organisations to examine real-world implementation, identifying facilitators and barriers to integrating preventative pathways into everyday clinical practice. By doing so, this initiative aims to bridge the gap between physical and mental healthcare, improving long-term health outcomes for individuals living with SMI.

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In Adults With Severe Psychiatric Disorders, How Does the Option of Assisted Dying Compared with Standard Psychiatric Care or Palliative Care Impact Patient Autonomy, Quality of Life, and Ethical Considerations: A Comprehensive Meta Review

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Aims: This systematic review sought to compare the effect of assisted dying options on self-determination, patients' quality of life, and specific/ethical concerns including suicidality for adults with severe psychiatric disorders and psychiatric or palliative care.
Methods: The data sources gathered for this review were PubMed, EMBASE, CINAHL and Cochrane databases. The search terms consisted of different forms of assisted dying to which various forms of psychiatric and mental health-related terms were added. The papers were restricted to systematic reviews and meta-analyses as these give high-quality evidence. Out of 343 studies after strict criteria such as ROBINS 1, ROB2 and AMSTAR, only 3 studies qualified for the review. The review centred on adults with severe psychiatric disorders, specifically patients with eating disorders who had assisted dying between 2012 and 2024.
Results: The present review estimated that at least 60 individuals with eating disorders who received assisted dying between 2012 and 2024 were reported across 10 peer-reviewed studies and 20 government reports. Clinical rationales for granting assisted dying requests fall into three main domains: non-treatability, prognosis and request of the patient. Most of the reports highlighted two aspects: that the patients had a terminal or untreatable disease, as well as sufficient decision-making abilities. Still, only a few reports were available for the government and many of them failed to provide adequate data on psychiatric conditions.

The review showed that there were significant gaps in reporting assisted deaths for psychiatric patients and ministers questioned accountability and patient safety. Some clinical justifications were void of rigour or evidence indicating the plausibility of the irremediability or lack of decisional capacity in psychiatric relatedness.
Conclusion: The findings of this systematic review can be concluded as indicating the lack of procedural clarity and strengthened precaution measures for assisted dying in the field of psychiatry. The results imply the applicability of the ethical principles as well as clinical considerations call for incremental case-by-case analyses. The study should be extended to propose improved reporting systems for assisted dying and to confirm clinical justification for several patients who received help in psychiatric practices, with the consideration of patient rights and safety.

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Management of Postnatal Depression: A Systematic Review of Clinical Practice Guidelines

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Aims: Postnatal Depression (PND) is the most prevalent mental health disorder during the postpartum period. Evidence suggests that clinical practice guidelines (CPGs) have the potential to improve the mental well-being of these women. A systematic review of the CPGs for PND, addressing both pharmacological and non-pharmacological recommendations, is currently lacking in the literature. We aim to identify the existing CPGs for the management of PND and to collect the specific recommendations reported by them.
Methods: We conducted this review following the guidance of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). A comprehensive search was performed in 5 electronic databases (Medline, Embase, PsycINFO, TRIP, and Epistemonikos) and guideline-specific websites (GIN, NICE, SIGN, and WHO) to identify the currently available English language CPGs for the management of PND, published between 2012 and 2023. General characteristics of the CPGs, as well as reported pharmacological and non-pharmacological recommendations, were extracted. The AGREE-II instrument was used to assess the methodological quality of CPGs based on a cut-off point of 70% and above.
Results: The search strategy identified 1096 records of which 71 were assessed for full text. We identified 19 CPGs: with only one from a lower-middle-income country (Lebanon). All CPGs recommended cognitive-behavioural Therapy (CBT) as the preferred psychological therapy based on level 1 evidence (Systematic review and meta-analysis). Pharmacological interventions were included by 17 CPGs with Selective Serotonin Reuptake Inhibitors (SSRIs) being the most recommended medication based on level 2 evidence (Randomized control trial). Nine CPGs used the "GRADE Criteria" for the determination of the strength of the recommendations. Only three CPGs incorporated Patient and Public Involvement and Engagement in the form of an advisory group. Six CPGs matched the criteria of adequate quality by achieving an overall score of ≥70%.
Conclusion: This review highlights the lack of evidence-based CPGs in lower-middle-income countries (LMICs), which have the largest burden of disease. The application of CPGs from higher-income countries in LMICs is challenging due to significant cultural differences and the availability of evidence from their own settings. CBT and SSRIs were the most common pharmacological and non-pharmacological interventions reported in these CPGs.

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