



Of the four candidates, aducanumab showed the highest rate in ARIA-E (30.7%) but the lowest rate in infusion reaction (1.2%). The overall ARIA-H rates appeared to be moderate for all drugs (17.3–19.7%).

The odds ratios in the forest plot were above 1 for all the outcomes suggesting increased adverse event risk. There was moderate to high heterogeneity in all the studies examined ($I^2 = 84.7\%$).

Conclusion: In essence, the risks and benefits of each drug are different. The ARIA-E risk associated with lecanemab is lower than with aducanumab; however, infusion reaction rates remain high. There is reason to believe that such an aggressive ARIA-E profile would ultimately restrict the value of aducanumab and lecanemab. However, donanemab does bring a kind of medium between the two. This review emphasizes the importance of individualized interventions in treating Alzheimer's dementia.

Future Directions: More research is thus needed to understand some of the factors that have confounded heterogeneity, and to find ways of managing some of the risks associated with ARIA. The current study indicates the importance of long-term safety data along with head-to-head comparisons regarding clinical decision-making.

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In Elderly Patients With Antipsychotic-Induced Hyperprolactinemia, Could Switching to a Prolactin-Sparing Antipsychotic or Adding a Dopamine Agonist, Rather Than Maintaining the Current Regimen, Normalize the Prolactin Levels Without Triggering Psychotic Relapse or Increasing the Risk of Life-Threatening Adverse Events? A Systematic Review.

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Aims: Elevated prolactin levels due to antipsychotic drugs are prevalent in elderly patients and may cause multiple complications. Hence, the purpose of the present study is to compare the effectiveness of changing existing antipsychotic treatments with prolactin-sparing antipsychotics or adding dopaminergic agents to the existing treatment in patients with clinically insignificant hyperprolactinaemia in later life.

Methods: The sample for this systematic review was identified using a broad search strategy in key electronic databases including Pubmed, SIGLE, CINAHL, Web of Science and OVID. To complete the search, only citations that included elderly or geriatric patient populations and hyperprolactinemia associated with antipsychotic medications were used. Normalization of prolactin levels, psychiatric status, and side effects were the main results measured.

Results: The review flagged several main studies: The efficacy of antipsychotic aripiprazole use in the treatment of schizophrenia is discussed about its impacts on prolactin levels in individuals of different ages and gender. There was no effect on prolactin plasma concentrations in postmenopausal patients with depression and a small but significant positive impact in schizophrenia patients.

An innovation that supplements the pattern of traditional Chinese medicine together with a low dose of aripiprazole can be useful for treating antipsychotic-induced amenorrhea. Prolonged exposure to prolactin-elevating antipsychotics was found to raise the risk of fractures, a finding that provided insight into other health risks.

Conclusion: The approach to the management of antipsychotic-induced hyperprolactinemia in older adults is beyond general management. Although studies that counter the aversive effects of antipsychotics with drugs like aripiprazole seem promising, its benefits are somehow relative across populations. Since there may be long-term health risks such as fractures in the future, it is taken fairly seriously and requires vigilance with a concrete individual management plan.

Regarding the limitation of the present study, it is recommended that future research incorporates different antipsychotics, follow-up outcomes longer, and provide strategies to avoid such risk factors among this population.

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Using Artificial Intelligence to Address Mental Health Inequalities in Low-Income, Urban Youth in North West England: A Digital Health Promotion Intervention

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Aims: This study aims to design and implement a digital health promotion intervention aimed at reducing mental health inequalities among low-income, urban youth in North West England. The intervention is grounded in the hypothesis that a combined approach – incorporating peer mentorship, digital technology, and community-driven initiatives – will enhance mental health awareness, reduce stigma, and increase engagement with mental health services in this vulnerable population.

Methods: The intervention consists of three key components: (1) Training 50 peer mentors to deliver mental health workshops in local schools, (2) Developing a culturally relevant digital mental health app that offers self-help tools and anonymous counselling, and (3) Hosting five community-based mental health awareness events to engage families and local leaders. The intervention is evaluated using a mixed-methods approach. A sample of 500 students will complete pre- and post-intervention surveys to assess changes in mental health literacy, stigma, and help-seeking behaviours. Focus groups will capture qualitative insights into participant experiences, while app analytics will track usage patterns, such as downloads, active users, and interaction with features. School attendance records will also be reviewed to assess the potential impact on student well-being. The evaluation will provide both quantitative and qualitative data to determine the intervention's effectiveness and acceptability.

Results: The intervention is expected to significantly increase mental health awareness and literacy, with an anticipated 20% reduction in self-reported symptoms of anxiety and depression. The app is projected to achieve 1,000 downloads and 300 active users within the first 18 months of implementation. The peer mentorship programme

is expected to foster a supportive environment in schools, helping to reduce mental health stigma and encouraging students to engage with available services. Additionally, the community-based events are predicted to engage over 300 young people and their families, further reducing stigma and promoting open conversations about mental health.

Conclusion: This intervention has the potential to significantly improve mental health outcomes for low-income, urban youth by addressing both systemic and individual barriers. The predicted results suggest that the model is feasible, scalable, and adaptable to similar socio-economic contexts. The next steps involve expanding the intervention to additional regions, enhancing collaboration with key stakeholders, and refining the digital components of the intervention based on user feedback. Acceptance of this study at this conference would offer an opportunity to share insights into community-driven approaches to tackling mental health inequalities and enhancing access to mental health resources.

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Prevalence of Neurodivergence in Neuropsychiatric Conditions

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Aims: The increasing recognition of neurodivergent conditions within healthcare frameworks highlights the necessity for better understanding and management in neuropsychiatric settings. These conditions often overlap with complex neuropsychiatric diagnoses, complicating both diagnosis and treatment. This study aims to investigate the prevalence and co-occurrence of neurodivergent conditions and traits among patients with neuropsychiatric conditions.

Methods: A descriptive, quantitative cross-sectional study was conducted at a tertiary regional neuropsychiatric outpatient clinic in London. Participants included 166 consecutive patients, assessed using the Comprehensive Autistic Trait Inventory (CATI) and the Adult ADHD Self-Report Scale (ASRS-v1.1), with demographic characteristics considered.

Results: The study identified significantly higher rates of ASD and ADHD traits among patients with various neuropsychiatric conditions, particularly in those diagnosed with Functional Neurological Disorder (FND). Statistical analyses reinforced the heightened prevalence of these traits compared with general population estimates.

Conclusion: The findings indicate a higher-than-expected prevalence of neurodivergent conditions in patients with Functional Neurological Disorder. Enhanced early identification and tailored treatment approaches are crucial for improving clinical outcomes and patient experiences in neuropsychiatric settings.

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Co-Producing a Survey on Prospective Acceptability of Neuromodulation for Mental Health Conditions with Lived Experience Experts

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Aims: Non-invasive brain stimulation (“neuromodulation”) techniques, including transcranial magnetic stimulation (TMS) and transcranial electrical stimulation (TES), are used to modulate brain excitability and connectivity. TMS is approved for treating depression in the United Kingdom and preliminary evidence suggests that combining TMS and TES may enhance therapeutic effects. While neuromodulation is generally well-tolerated in research settings, its acceptability among the broader patient population remains unclear due to limited exposure, awareness, and information accessibility. Understanding prospective acceptability, defined as the perceived appropriateness of an intervention before its application, is crucial for improving treatment uptake and addressing concerns about safety and feasibility. We aimed to co-produce a survey with lived experience experts to assess the acceptability of individual and combined neuromodulation techniques among potential service users.

Methods: The study was co-developed with our Neuromodulation Experts-by-experience Advisory patient and public involvement (PPI) group. We underwent three rounds of iterative feedback to refine the survey focus, structure, and questions. A scoping review of existing literature on prospective acceptability of neuromodulation techniques informed the content, alongside the Theoretical Framework of Acceptability. Given the novelty of combined (TMS +TES) neuromodulation, no prior informational materials exist. PPI members advised it was critical to produce accompanying videos and leaflets to briefly illustrate the different neuromodulation techniques. The video scripts and leaflet content were produced in collaboration with three PPI members who tried the neuromodulation techniques, to avoid rehearsed scripts and ensure honest reviews of the techniques.

Results: The final survey version was adapted to maximise clarity of questions, engagement, and completion rates. The survey incorporated questions on awareness, perceived effectiveness, ethical considerations, and practical burden of different neuromodulation techniques. Online and paper versions of the survey were created to ensure accessibility. We successfully produced three information videos within 90-second target duration featuring PPI members and lead researchers. We developed a supplementary infographic leaflet for enhanced comprehension and accessibility.

Conclusion: Engaging stakeholders through PPI was instrumental in developing the survey to ensure accessibility and relevance for diverse participants with lived experience of mental health conditions. End-user involvement in the design process improved survey comprehensibility, highlighting the importance of co-production in developing effective research tools. Findings from this survey will provide insights into the acceptability of novel neuromodulation techniques, ultimately informing future clinical implementation and patient-centred research strategies.

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