

Age-related changes in physiology in individuals with lifetime bipolar disorder

Julian Mutz^{1*} and Cathryn M Lewis²

¹Social, Genetic & Developmental Psychiatry Centre, Institute of Psychiatry, Psychology & Neuroscience, King's College London and

²Social, Genetic & Developmental Psychiatry Centre, Institute of Psychiatry, Psychology & Neuroscience, King's College London, Department of Medical and Molecular Genetics, Faculty of Life Sciences & Medicine, King's College London

*Corresponding author.

doi: 10.1192/bjo.2021.733

Aims. Individuals with bipolar disorder have reduced life expectancy and may experience accelerated biological ageing. In individuals with lifetime bipolar disorder and healthy controls, we examined differences in age-related changes in physiology.

Method. The UK Biobank study recruited >500,000 participants, aged 37–73 years, between 2006–2010. Generalised additive models were used to examine associations between age and grip strength, cardiovascular function, body composition, lung function and bone mineral density. Analyses were conducted separately in males and females with bipolar disorder compared to healthy controls.

Result. Analytical samples included up to 272,462 adults (mean age = 56.04 years, SD = 8.15; 49.51% females). We found statistically significant differences between bipolar disorder cases and controls for grip strength, blood pressure, pulse rate and body composition, with standardised mean differences of up to -0.238 (95% CI -0.282 to -0.193). There was limited evidence of differences in lung function, heel bone mineral density or arterial stiffness. Case-control differences were most evident for age-related changes in cardiovascular function (in both sexes) and body composition (in females). These differences did not uniformly narrow or widen with age and differed by sex. For example, the difference in systolic blood pressure between male cases and controls was -1.3 mmHg at age 50 and widened to -4.7 mmHg at age 65. Diastolic blood pressure in female cases was 1.2 mmHg higher at age 40 and -1.2 mmHg lower at age 65. **Conclusion.** Differences in ageing trajectories between bipolar disorder cases and healthy controls were most evident for cardiovascular and body composition measures and differed by sex.

The role of animal-assisted therapy in the management of people with dementia: a systematic literature review

Syed Nabeel Javaid
LYPFT NHSFT

doi: 10.1192/bjo.2021.734

Aims. The aim of this systematic literature review was to determine the evidence-based effectiveness of animal assisted interventions and to look at the factors that limit implementation of this intervention.

Background. Dementia is a major health issue worldwide impacting not only on the people diagnosed with dementia, but also on their families and caregivers, and the healthcare professionals. The symptoms of dementia include cognitive impairment that can range from mild to severe, and behavioural and psychological symptoms which have debilitating effects on functional capacity and quality of life. A number of non-pharmacological interventions are being developed to help people with dementia. Animal assisted therapy is one of those interventions that has demonstrated positive effects on various aspects of dementia (Filan and Llewellyn-Jones,

2006). However, there are limitations to its use and feasibility of animal assisted therapy programmes is unclear.

Method. Only randomised-controlled trials (RCTs) were to be included to evaluate high quality evidence. A systematic literature search was carried out to find using the PubMed and Cochrane databases and a search of the NICE website. Literature was screened according to inclusion and exclusion criteria. Eight randomised-controlled trials were selected to be used in this systematic review to assess the effectiveness of animal-assisted therapy.

Result. The results regarding the effectiveness of animal assisted therapy were variable. There was some improvement demonstrated in symptoms of depression, agitation, behaviour and cognitive impairment. Quality of life and activities of daily living also demonstrated positive outcomes. There was a reduction in the risk of falls in people with dementia. However, the studies conducted demonstrated limited methodologies. The factors limiting the use of animal assisted therapy were found to be concerns around adverse events to animals, issues of animal welfare and economic feasibility of animal assisted therapy programmes.

Conclusion. Further research needs to be done using properly conducted randomised controlled trials with larger sample sizes to formally assess people's perceptions regarding therapy animals and develop clear guidelines and protocols for integrating these interventions in healthcare.

The effects of the first wave of the COVID-19 pandemic on the presentation of adolescents to acute mental health services in NHS Lanarkshire

Youstina Nagiub* and Rekha Hegde
NHS Lanarkshire
*Corresponding author.

doi: 10.1192/bjo.2021.735

Aims. This project aimed to assess the effects of COVID-19 on the mental health of adolescents, reflected through their presentations to A&E departments in NHS Lanarkshire.

Method. The psychiatry liaison database was searched for referrals of 17 year olds and under from April until August 2020.

All referrals to all acute hospital sites in Lanarkshire received from any source were included. The only exclusion criteria applied were age over 17 and unavailable assessment information.

The sources searched for information were: patient's electronic notes, Mental Health Assessment forms, Mental Health Risk Assessment forms and electronic letters. The following information was gathered:

- patient's age
- date, source and reason for referral
- hospital site of assessment
- outcome of assessment

Result.

- Between April and August 2020, the number of CAMHS A&E referrals increased every month except in July.
- The age range of CAMHS patients presenting to A&E were 12-17 years, with 17 being the most common age seen.
- 87% of referrals were from A&E.
- The two most common reasons for referrals were drug overdose and suicidal ideation.
- The most common outcome of assessment was a CAMHS referral.
- COVID-19 was a trigger for an adolescent's presentation to A&E in 31% of cases, the most common cause being struggling with the lockdown/restrictions.

Conclusion. The mental health charity YoungMinds carried out several surveys throughout the COVID-19 pandemic's first wave. They demonstrated a detrimental effect on young people's mental health in the UK.

YoungMinds surveys revealed that 32% and 41% of young people experienced "much worse" mental health due to COVID-19. The findings of NHS Lanarkshire were similar, with 31% of adolescents presenting to A&E as a result of COVID-19.

No adolescent included in this review had contracted COVID-19 at any point. Their mental health was therefore impacted by the indirect effects of COVID-19 rather than the direct effects of infection. For the 31% of CAMHS presentations to A&E which were due to COVID-19, most young people struggled with the lockdown/restrictions.

The number of presentations to A&E increased every month between April and August 2020 except for July. This could be due to people's initial fear of coming to hospital and catching COVID-19. However, as infection and death rates decreased towards the summer, people may have regarded hospitals as safer. The general increase in referrals every month may also be a reflection of the worsening of young people's mental health the longer the pandemic extended.

Falling through the cracks' – the role of assertive alcohol outreach teams in treating comorbid mental health problems in people with addictions

E. Naomi Smith*, Emily Finch and Colin Drummond

South London and Maudsley NHS Foundation Trust

*Corresponding author.

doi: 10.1192/bjo.2021.736

Aims. Input from Assertive Alcohol Outreach Teams (AAOTs) reduces the 'burden' on already overstretched community mental health teams (CMHTs).

AAOTs are specialist addictions services. This project focuses on an AAOT based in the London, which engages with people with severe alcohol and illicit substance misuse problems.

Previous research has shown that input from AAOTs reduces hospital admissions. This project examined the impact of AAOT input on reducing the 'burden' on CMHTs.

Method. The full caseload of the Southwark-based AAOT was reviewed, including mental health records, general practitioner notes, hospital notes and discharge summaries. We collected data on diagnoses and previous hospital admissions. Patients were assessed to determine whether they met criteria to be open to a CMHT (the presence of complex or serious mental health problems, in addition to addictions).

Result. The caseload was made up of 39 patients, 85% of patients were deemed to meet criteria for being under the care of a CMHT. Only 15% of patients are currently under the care of a CMHT. 87% of patients had at least one comorbid psychiatric diagnosis. 72% of patients had had at least one emergency department or medical hospital admission due to mental health-related problems. 39% had previous admissions to mental health wards. 21% of patients has been admitted under Section of Mental Health Act.

Conclusion. The majority of AAOT patients have severe mental health problems in addition to addictions. The patients are complex and often have a history of disengagement from standard mental health services. Formal diagnosis and treatment of comorbid mental health problems is challenging in the presence of protracted drug and alcohol misuse. AAOT input appears to address a serious 'gap' in supporting patients with complex

mental health needs who are often ineligible for CMHT input or disengage from CMHT support.

Use and understanding of functional cognitive disorder terminology in United Kingdom clinical practice - a survey

Alexandra Nash*, Jon Stone, Alan Carson, Craig Ritchie and Laura McWhirter

Centre for Clinical Brain Sciences, University of Edinburgh

*Corresponding author.

doi: 10.1192/bjo.2021.737

Aims. This study aimed to explore the terms used by old-age psychiatrists and psychologists to describe subjective and mild cognitive impairment and functional cognitive disorders (FCD) in clinical practice.

Method. Participants were selected from across the United Kingdom based on their clinical involvement in the assessment of cognitive complaints. 9 old-age psychiatrists and 4 psychologists were interviewed about their use of terminology in clinical practice and their awareness and understanding of FCD terminology via semi-structured interview questions and case vignettes. Interviews were conducted between December 2020 and February 2021 using online platforms Zoom and Microsoft Teams. Participants were recruited by email and Twitter. All questions were asked verbally; however, the four case vignettes were displayed via screen-share. All discussions and answers were transcribed and transcripts were coded manually using the exploratory case study methodology in order to identify themes in participants' responses.

Result. This study has highlighted the variable use of terms used to describe and diagnose patients presenting with symptoms of cognitive disorders. The terms 'mild cognitive impairment', 'subjective cognitive decline' and 'functional cognitive disorder' were used most commonly amongst participants, though the terms 'subjective cognitive impairment' and 'pseudodementia' were also presented. This theme of language discontinuity is underscored by participants' varying use of terminology when describing or presenting their diagnoses for the case vignettes. The data also reveals a sub-theme of variability in application of the term FCD. Whilst all participants gave similar definitions for this term, the application of FCD as a diagnosis in practice was inconsistent. Six participants described FCD as associated with or secondary to other functional or psychiatric conditions, four participants viewed FCD as an isolated diagnosis, and one participant considered FCD to be either part of another illness or a separate diagnosis. Two participants neither used nor recognised the term FCD.

Conclusion. It is evident that there is varied use of terms describing or diagnosing forms of cognitive symptoms. The findings of this study highlight the need for a clear, adoptable definition of FCD in practice as well as implementable management plans for FCD patients. This is critical in order to avoid misdiagnosis and mismanagement, which may have harmful effects on patients living with debilitating cognitive symptoms.

Length of hospital stays in patients with psychosis before and after starting on lurasidone

Uyen Nguyen* and Debasis Das

Leicestershire Partnership Trust

*Corresponding author.

doi: 10.1192/bjo.2021.738