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Aims.
1) Identify the factors that shape alcohol consumption and accessing support for excessive alcohol consumption in the BSP community.
2) Establish the current provision of alcohol-related education in the UK medical school curriculum and analyse if this is suitable to address alcoholism in the BSP community.
3) Provide recommendations to be made to the curriculum to help medical students approach the issue of alcoholism in specific communities in a culturally competent manner.

Methods. Two narrative literature reviews were conducted. 37 studies were included. The first search underwent thematic analysis with reference to a Public Health England framework, and the second underwent inductive thematic analysis. Subsequently, the results from both searches were compared to produce appropriate recommendations.

Results. Factors Influencing Alcoholism in the BSP Community
- Experiences of racial discrimination result in psychological distress, and the need to acculturate to decrease this risk.
- Loneliness, mainstream Punjabi music, and a decreased self-reported importance of religion.
- The role of masculinity was emphasized, with both those who abstained and those who drink viewed as masculine.

Alcohol-related Education and Medical School
- Alcohol use has increased among UK medical students.
- The drinking habits of medical students are crucial to their own health, their clinical practice, and indirectly as role models in society for acceptable lifestyle behaviours.
- Approximately 14 hours are dedicated to alcohol and drug-misuse teaching over the 5-year medical school degree.
- Lack of alcohol-related-policies at UK medical schools.
- Doctors' negative attitudes towards patients with AUD were frequently reported.
- Medical students are eager to learn about AUD.

Recommendations for the Medical School Curriculum:
- Development of a comprehensive and supportive alcohol-related policy.
- Pre-clinical teaching: seminars with an individual who has recovered from an AUD.
- Clinical stage teaching: encourage students to write and present cases of patients with AUD.
- Encourage the use of non-judgemental labels.
- Lectures including speakers from voluntary AUD services.
- Encourage Alcoholics Anonymous attendance for students.

Conclusion. Overall, the BSP population fail to access treatment services due to fear of shame and stigma. Medical schools have immense potential to make changes to their alcohol-related education to ensure that future doctors provide holistic care, leading to earlier detection and management of alcohol-use disorders. Recommendations were made with the intention of providing culturally competent services.

Two Years Beyond COVID-19: Unveiling the Persistence of Neuropsychiatric Symptoms and Risk Factors in a Cross-Sectional Study

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Aims. The neuropsychiatric morbidities associated with post-COVID status are important public health issues. The range and severity of morbidity varies with the type of clinical setting and time of assessment. There are limited studies on the long-term persistence of the post-COVID neuropsychiatric symptoms (PCNS). Hence, this study aims to determine the proportion of persistent PCNS after approximately 2 years of COVID and to find any risk factors for persistent PCNS.

Methods. This study was a cross-sectional study of randomly selected 2,281 individuals aged 18–60 years, currently living in the community, who were RT-PCR positive for COVID-19 from the National Institute of Mental Health and Neurosciences (NIMHANS) laboratory (at least 4 weeks before intake) from a period of 1 June 2020 to 31 March 2022. Among them, 927 individuals who met the study criteria were screened for PCNS through telephone interviews using a validated PCNS screening tool comprising sociodemographic details, life events inventory and 20 questions to assess for PCNS. 196 individuals who came positive for PCNS were further evaluated by in-person or web-based interviews with Structured Clinical Interviews for DSM–5-Research Version and World Health Organization-Post-COVID Case Report Form for persistent PCNS. Descriptive statistics, Chi^2 test, Mann–Whitney U Test, and Binary logistic regression analysis were used for data analysis. The Institutional Ethics Committee approved this study.

Results. The median age of study participants was 34 years, and 51.3% were female. 68 out of 196 participants (34.7%) had persistent PCNS approximately 2 years (23.84 months) after COVID-19 infection. Chronic fatigue (10.2%), depression (6.1%), cognitive symptoms (4%), hyposmia (3.6%), hypogeusia (3.6%), anxiety (2.5%), panic disorder (2.5%) and insomnia (2%) are the main persistent symptoms. The median age of the participants with persisted PCNS (40 years) is higher compared with the median age of the participants without persisted PCNS (34 years) [Mann–Whitney U = 5,225.0, P = 0.021]. Even though significant associations were found between the development of PCNS after 4 weeks of COVID and female gender, symptomatic COVID-19, severity of COVID-19 (oxygen supplementation), hospital admission, total number of times of COVID-19, and presence of life events, this association were not found with persistence of PCNS at 2 years.

Conclusion. This study revealed that one-third of the individuals with PCNS had persistent symptoms after 2 years. Chronic fatigue is the most common persistent PCNS. Middle-aged and above age groups were found to be a risk factor for persistent PCNS.

Rapid Review: Ascertaining the Type of Potentially Life-Threatening Cardiovascular Events and Eventual Cardiovascular Mortality From Antipsychotic Use in Clinical Practice

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Aims. According to the World Health Organization (WHO), there has been a 13% increase in mental health and substance abuse disorders within the last decade. Typical and atypical antipsychotics are the most common treatment mechanisms for mental health-related disorders such as schizophrenia, depression with psychotic symptoms and bipolar disorders. However, antipsychotic usage is associated with more than a 50% increase in CVD such as ischaemic heart disease, resulting in cardiovascular-related mortality.

This review aims to investigate the most common type of cardiovascular event causing mortality due to antipsychotic use.

Methods. A systematic search within PubMed and Medline was conducted on 3 October 2023. Selection criteria were limited to English, full-text studies excluding case reports. The time frame selected was up to 3 October 2023. All studies included adults only. Interventions of focus include typical and atypical antipsychotics licensed in the UK. Outcome measures include cardiovascular mortality/events post-antipsychotic prescription.

Results. 13 studies were included out of 1088 records. Studies originated from 4 nations with the most studies coming from the USA (n = 7), UK (n = 2), Taiwan (n = 2) and Canada (n = 2).

The most common antipsychotic reported in the records was risperidone (n = 11), followed by haloperidol (n = 9), olanzapine (n = 8) and quetiapine (n = 8).

From data extraction, the most common cardiovascular events leading to death were sudden cardiac death/arrest (n = 6), ventricular arrhythmias (n = 6), myocardial infarction (n = 4), and heart failure (n = 2).

Due to data heterogeneity, discrete outcome measures were extracted from each record. This included outcomes measuring: relative risk between various groups (n = 9), rate of cardiovascular event per 100 patient year (n = 3), and mortality post cardiovascular event (n = 1).

Conclusion. From this study, ventricular arrhythmias and sudden cardiac deaths were the most common cardiovascular events secondary to antipsychotic use leading to mortality. Owing to patient safety and benefits, patients with psychotic illness are unable to go untreated. They are consequently very vulnerable to the cardiovascular side effects of prescribed high-dose antipsychotic drugs. Despite current monitoring guidelines worldwide, cardiovascular-associated mortality in patients on antipsychotics is still elevated. This may indicate the potential inadequacy of current measures for these patients while demonstrating the need for more aggressive cardioprotective interventions and monitoring.

Depression and the Risk Factors Among Elderly Residents in Gyeongsangbuk-Do

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Aims. The purpose of this study is to analyze the prevalence and factors of depression among the elderly population, a significant issue in Korea's aging society. By doing so, we aim to provide basic indicators for improving mental health and quality of life while efficiently managing healthcare costs.

Methods. From February to December 2021, a study was conducted on a population of 19,158 elderly individuals aged 65 and above residing in Gyeongsangbuk-do province. The severity of depression was evaluated using the Korean version of the Patient Health Questionnaire (PHQ)-9, which was adapted for use as a depression screening tool in clinical settings. In addition, demographic information such as place of residence, age, gender, and education level was collected to analyze factors that may influence depression. The data were analyzed using cross-analysis, two independent sample t-tests, one-way ANOVA, multiple regression analysis, and Scheffe's post-hoc analysis.

Results. In the PHQ-9 screening, the average score of the elderly population was 3.65. The results showed that 13,705 individuals (71.5%) were in the normal group with scores ranging from 0 to 4, 3,683 individuals (19.2%) were in the mild group with scores ranging from 5 to 9, 1,575 individuals (8.2%) were in the moderate group with scores ranging from 10 to 19, and 195 individuals (1.0%) were in the severe group with scores of 20 or higher. It was found that place of residence, education level, type of housing, top two difficulties in daily life, subjective economic status, desired services, subjective mental health, past and current history of mental health treatment, and medication for physical illness had statistically significant (*p < 0.05) effects on depression.

Conclusion. Various factors were found to have a significant impact on depression among the elderly population in Gyeongsangbuk-do. Proactive prevention and treatment tailored to the population characteristics of the region may be necessary.

Nature and Prevalence of Long-Term Conditions in People With Intellectual Disability, a Study That Combines the Powers of AI, Big Data and Lived experience

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