

the diagnostic criteria for OCD. Both illnesses appear to have neurobiological similarities but a differing course and clinical response to pharmacological treatments.

Despite this, research into optimal management of adults with co-occurring TS or other tic disorders and OCD remains sparse. Comorbidities, are known to be poor predictor of response to selective serotonin reuptake inhibitors (SSRI) monotherapy in OCD and are often associated with treatment-refractory OCD. Similarly SSRI monotherapy in patients with OCD and comorbid TS can sometimes worsen motor tics (1 in 2000) and fail to improve OCD symptoms. In this review, we aim to evaluate evidence on the management of patients with co-occurring TS and OCD and address an important knowledge gap in clinical practice.

Method. This review was conducted in accordance with PRISMA Guidelines. We performed a search using PubMed, Cochrane Library and PsychINFO using the following Boolean Input “Tourette-OCD” OR “tic-related OCD” OR ((OCD OR “obsessive-compulsive” OR “obsessive compulsive”) AND (Tourette OR “Tourette’s” OR Tourettes OR tic)). The search was conducted until January 2020. We then screened the articles of systematic reviews to extract additional studies from their reference lists.

Result. 1888 studies were identified, of which 15 clinical trials were included in our systematic review. The presence of tics in patients with OCD are a major predictor for treatment-refractory OCD and a lack of improvement following monotherapy with SSRIs. Dual therapy with an SSRI and antipsychotics (particularly risperidone) are associated with improved outcomes in OCD patients with tics and TS patients with obsessive-compulsive symptoms. However, conjoint therapy with neuroleptics and SSRIs was only investigated when OCD burden was unsatisfactory following SSRI monotherapy.

Conclusion. There are clinical implications when a patient with OCD also has a chronic tic disorder. The findings indicate the need for further research, particularly in the form of a larger cohort in randomised controlled trials, to determine when it is best to initiate patients with OCD and comorbid tic disorders on a dual antipsychotic-SSRI management strategy. Further evidence should also be done to determine other characteristics that predict an improvement to conjoint SSRI/neuroleptic therapy for effective symptom reduction.

Obsessive compulsive disorder in coroners’ reports

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Aims. The frequency and burden of suicidality in obsessive-compulsive and related disorders have historically been under-reported, despite research pointing to a significant association between OCD and suicidality. Likewise, OCD is frequently undiagnosed or misdiagnosed. This study looks at coroners’ reports relating to suicides in UK, Australia and Canada in order to:

Explore characteristics of suspected or confirmed cases of OCD in coroners’ reports

Identify instances of possible undiagnosed or misdiagnosed OCD

Identify recurring themes in the reports

Method. 1869 publicly available coroners’ reports were accessed from England (n = 200), Scotland (n = 128), Canada (n = 680)

and Australia (n = 861). Reports were screened in order to identify individuals who had either a diagnosis of OCD (n = 16), a diagnosis of a related condition (n = 4), or indications of possible undiagnosed OCD (n = 12). Wherever possible, demographic and psychiatric characteristics were extracted for statistical analysis. Qualitative thematic analysis was carried out on selected reports.

Result. 32 cases of interest were identified from analysis of coroners’ reports of suicides that took place between the years of 2000 and 2020. Breakdown by country was as follows:

United Kingdom: n = 6 (1.8% of total reports analysed from United Kingdom)

Canada n = 3 (0.4% of total reports analysed from Canada)

Australia n = 23 (2.7% of total reports analysed from Australia)

Among those with possible undiagnosed OCD, common experiences were fear of causing harm, intrusive thoughts of guilt and shame, and compulsive checking and/or reassurance seeking. Further themes included: misdiagnosis, failings in mental health care, stigma and discrimination.

Conclusion. Individuals with OCD are thought to be up to ten times more likely to die by suicide, with this risk increasing in the presence of psychiatric comorbidities. However, OCD remains underdiagnosed, and this may be reflected in the relatively low number of suicides identified for this study where OCD was diagnosed before death. The low numbers may also point to a tendency among both coroners and healthcare professionals to underestimate the association between OCD and suicidality.

Qualitative analysis of the coroners’ reports identified a theme of intolerable distress. This distress was documented most extensively in reports where OCD was strongly indicated but never diagnosed, highlighting the impact of missed, late or incorrect diagnosis.

Notably, nearly all of the reports reveal repeated attempts by the individual to seek help. Despite this, many experienced stigma, mental health service failings and missed opportunities for help in the months preceding their deaths.

Disability and functional outcomes following STN, VC/VS, and combined deep brain stimulation in obsessive compulsive disorder

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Background. OCD severity scores mostly convey information within the domain of clinical conceptualisations. To capture the full impact of any new intervention it is crucial to measure its impact on disability. For this purpose we captured prospective data on changes in disability, function and impairments with multiple tools throughout the UCL-MRC trial of Deep brain stimulation (DBS) for Obsessive Compulsive Disorder (OCD) between 2013-2017. The clinical and cognitive outcomes from the trial have already been reported in 2019. We hypothesized a concomitant improvement in perceived and observed indicators of disability with clinical improvement in OCD symptoms. This is a preliminary report of the disability outcome data from the trial.

Method. Six patients with severe treatment resistant OCD were recruited for this study from the NHS England OCD Specialist Service. Eligible participants were offered lesion surgery

(anterior cingulotomy) or entry to the DBS trial. OCD medication was kept constant throughout the trial. We tested the effects of DBS by comparing baseline, VC/VS, STN, both sites and CBT stages of trial on the following three assessments of function: GAF, SDS and CAOIC. An impairment focussed interview was done to quantify changes in function specific to OCD. Friedman's test was used to test for DBS effects during the double-blind crossover phases comparing baseline, amSTN and VC/VS. Post-hoc pair-wise Conover tests for significant effects were used with FDR corrections. All significant results are reported at $P < 0.05$.

Result. DBS had a significant effect across all phases for all above mentioned clinical measures. For all three measures of disability, there were significant improvements after both amSTN and VC/VS DBS. For all three measures of disability the effect of VC/VS DBS was significantly better than amSTN DBS. For all three measures of disability there was a non-significant trend ($p = 0.058$) for stimulation at both sites to have a better effect than stimulation of one site alone. For all three measures of disability, there were no significant difference between DBS alone and DBS and CBT.

Conclusion. This study is the first to have directly compared differential effects of STN versus VC/VS DBS stimulation in OCD patients whilst testing clinical, cognitive and disability outcomes. The results of this study indicate that although both sites are equally effective in reducing OCD, stimulating VC/VS leads to a significantly greater improvement on disability scores in severe OCD.

Review: Psychological & Behavioural Treatments of Nonepileptic Seizures in Children and Adolescents

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Aims. To systematically review Psychological and Behavioural treatments on NES in children and adolescents by reviewing the current literature.

Background. Non-epileptic seizures (NES) are associated with a high level of functional impairment for young people and their families. However, there are no UK guidelines for the management of NES in children and adolescents or adults. Though information from the limited studies in adults may be useful, the findings may not be generalizable to children and adolescents. To date, we are unaware of any published systematic review on this topic in children and adolescents.

Method. A systematic search of relevant electronic databases was conducted. Any study investigating the effectiveness of psychological and behavioural treatments on NES, in Children and Adolescents was included.

Result. Fifteen studies were identified, but only six studies had the primary aim of evaluating an intervention, and only one used a control group. The rest were observational studies that examined retrospective case notes.

CBT and psychoeducation were identified as the most common interventions. Eleven out of the fifteen studies used multiple treatments, four looked at one treatment only, three of these CBT and one was a natural history study.

Where individual therapy was provided, a common focus was management of anxiety, usually delivered in a flexible way, adapted to individual needs. Despite being identified as important in the literature, only one study demonstrated care that involved collaboration between physical and mental health teams.

Conclusion. It's difficult to conclude from this review that one treatment approach is superior to another. The findings of this review offer some insight into current practise and may help to inform future research in this area. CBT and psychoeducation with a focus on anxiety are frequently included in interventions for NES in young people, and further evaluation of these treatment modalities could be a helpful next step.

The experience of patient dropout from eating disorders treatment: a systematic review and qualitative synthesis

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Aims. Eating disorders are serious and debilitating mental health conditions associated with high relapse and mortality rates and significant psychiatric comorbidities. Research suggests approximately 50% of patients with an eating disorder dropout prematurely from treatment services, fostering poorer health outcomes and impacting significantly on patients, their families, health services and research quality. The aim of this review is to synthesise the current qualitative literature available on the patient experience of dropout from eating disorder services and understand the reasons motivating early treatment termination.

Method. A systematic search was carried out and articles selected from MEDLINE, PsycINFO, EMBASE and CINAHL. Studies were included if they explored eating disorder treatment dropout using qualitative data collection or analysis methods. Study quality was critically appraised using the Critical Appraisal Skills Programme qualitative research evaluation tool. Thematic synthesis was used to interpret and synthesise themes from the primary studies.

Result. Ten studies met the inclusion criteria for the systematic review. Five studies were scored as high quality and five as medium quality. 13 descriptive sub-themes encompassing the dropout experience were identified under four overarching analytical themes: inner conflict, connection and communication with others, experience of the treatment service, and factors related to progress in treatment.

Conclusion. The decision to drop out from eating disorder treatment is a complex, multi-faceted issue, involving an interplay between individual, social and service-level factors. This review highlights the need for further high quality qualitative investigation into dropout experiences, with an effort to increase representation across ethnic groups and gender identities. This review also identifies the need for a reconsideration of current clinical practice and services provision with an emphasis on the use of patient perspectives to guide decision making in eating disorder services delivery and research. Moreover, the findings emphasise the need for standardised dropout definitions, fostering a unified literature base.

Patient experiences of the pandemic; exploring the effect of COVID-19 on patients detained under the Mental Health Act

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