

**Aims.** Traumatic brain injury is a leading risk factor for degenerative conditions. Although in the past this was believed to affect mostly boxers, recent studies have expanded the at-risk population to include American football players, rugby players, hockey players and other athletes involved in contact sports. Hence, there has been growing interest in the media and the public at large on the short and long term impacts of head trauma in sportspersons. The aim of this study is provide an overview of the impact of traumatic brain injury in contact sports and the link to early onset dementia.

**Method.** For the purpose of this study we conducted a literature search using PubMed electronic base and Google scholar. The search was made in February 2021 and using the following keywords 'early onset dementia', 'presenile dementia', 'traumatic brain injury', 'contact sports', 'sportsmen', and 'athletes'. The search words were used individually and in combination to gather relevant articles. Types of studies included were case reports, case series, cohorts, cross-sectional, editorial and newspaper articles.

**Result.** Most of the published studies have shown significant associations between repeated head trauma and brain morphological changes evidenced by the presence of myelinated axons, astroglycosis, perivascular neuroinflammation and formation of phosphorylated Tau proteinopathy. These contribute significantly to alterations in axonal functioning and synaptic transmissions which sets the stage for neuronal degeneration. These changes affect both the macroscopic and microscopic structures with consequent neurochemical disturbances and functional deficits which, manifest primarily as executive dysfunction.

**Conclusion.** Current evidence supports an association between participation in contact sports and neurodegenerative disease, despite the protective aspects of sporting activities. Overall the studies reviewed have shown that brain injury remains a potent risk factor for the early onset dementia seen in sportspersons. Consequently, it is prudent for more proactive and precautionary measures to be put in place to reduce impacts of head injury and to better identify and manage brain injury in sports.

### Establishing prevalence of diagnosis of personality disorder across high secure forensic services using the ICD 10 and ICD 11 classification

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**Aims.** There has been an increasing recognition of the lack of clinical validity of different types of ICD10 personality disorder.

The prevalence was established among patients in a high secure hospital in England of those with either a primary or secondary diagnosis of personality disorder and its recorded type according to ICD10 and then ICD11.

The new ICD11 classification increased the validity of diagnosis of personality disorder as well as its severity.

**Background.** ICD 11 has proposed the dropping of the classification of personality disorder based on particular types of personality disorder and instead adopting a diathesis model based on 2 dimensions: presence of personality disorder and three levels of severity (Mild, Moderate and Severe) and the option of specifying one or more prominent trait domain qualifiers (Negative

Affectivity, Detachment, Disinhibition, Dissociality, and Anankastia) and also specify a Borderline Pattern qualifier.

**Method.** The electronic medical records were used to establish the presence and type of personality disorder using the criteria of ICD10 and ICD11.

The researchers assured reliability by rating some vignettes using the Schedule for Personality Assessment from Notes and Documents (SPAN-DOC) before rating actual cases.

**Result.** From a total population of 208 patients, 64(30.8%) were classified as having either a primary or secondary diagnosis of personality disorder according to the ICD 10.

30 (47%) had dissocial personality disorder (DSPD), 19(30%) emotionally unstable personality disorder (EUPD) and 8(13%) paranoid personality disorder. 20 (31%) had a comorbid diagnosis of mental illness and about a tenth had diagnoses of multiple personality disorders. These types of personality disorder diagnosed by the researchers using ICD 10 did not always match the types of personality disorder diagnosed by clinicians at the hospital.

All patients met the criteria of personality disorder under ICD 11 but the number with a borderline specifier was greater than those with an ICD10 diagnosis of EUPD. Using the trait domain qualifiers in ICD 11, patients with ICD 10 diagnoses of EUPD or DSPD showed dissociation and disinhibition, with those with a DSPD showing low and those with EUPD high negative affectivity.

**Conclusion.** The results confirm that while psychiatrists in a high secure hospital reliably diagnose the presence of a personality disorder, they are much less able to make an accurate diagnosis as to the actual type of personality disorder. The new ICD 11 classification will increase the clinical validity of the diagnosis of personality disorder and its severity.

### A study of the reasons for prescribing and misuse of gabapentinoids in prison including their co-prescription with opioids and antidepressants

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**Aims.** Electronic medical case files of male prisoners in a category B prison in London was studied to establish a prevalence during an 8-month period of the use of and the reasons for prescribing gabapentinoids in prison.

In addition, the prevalence of co-prescription of gabapentinoids with opioids and antidepressants was also assessed in light of the increased risk of respiratory depression resulting in death when these drugs are used in combination.

**Method.** A retrospective, SystemOne electronic case-file based survey was undertaken searching by SNOMED CT supplemented by examination of free text, in a category B prison for males (Capacity 1500 prisoners; Average turnover of prisoners up to 6000 per year), including to establish practice standards related to the prescription of Gabapentinoids in the prison and determine the compliance with these.

**Result.** In total, 109 cases were identified of prisoners having been prescribed gabapentinoids, pregabalin in 66 cases (61 per cent) and gabapentin in 43 cases (39 per cent). In 36 cases (33 per cent) prescriptions were for unlicensed indications. This in fact represented 50 per cent of the cases where the indications were documented. Half of the cases were co-prescribed

gabapentinoids with an opioid substitute and 17% with antidepressants. Only in 22% of the cases there was documentation of discussion with the prisoner about the potential risks of co-prescribing with these medications. In 14 cases (13 per cent), prescribed gabapentinoids were diverted to other prisoners.

**Conclusion.** For those prescribed gabapentinoids in prison, the indications for such use especially if off label should be reviewed and their use minimised where relevant.

The initiation of gabapentinoids in prison should be avoided.

For patients who are also receiving antidepressants and opioid substitutes or are abusing opiates, consideration should be given as to whether it is safe to continue on gabapentinoids, given the risks of misuse and death.

Issues raised by this study are likely to apply to other prisons, secure forensic psychiatric facilities and indeed community mental health and primary care as well.

From 1 April 2019, gabapentinoids have been classed as Class C controlled drugs in the UK.

### Qualitative study: learning from recovery: what do people who have recovered from alcohol dependence have to teach those who are still struggling?

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**Aims.** The aim is to tap into user experience in the UK and to analyse what lessons can be learnt from those who have recovered from alcohol dependence to help those who are struggling including to inform the delivery of alcohol services.

**Method.** The study was conducted in London, UK. 20 males in the age group 30–45 years were recruited. 10 of these participants had recovered from alcohol dependence and the other 10 were in treatment for alcohol dependency and diagnosed as dependent according to ICD-10 or DSM 5 criteria. In the former group, each participant had at least 2 years of complete sobriety. A semi structured questionnaire was developed and used to interview all the subjects.

Males 30–45 years were eligible as alcohol dependence is more common in this age group and purposive sampling drove the selection (i.e. if early analysis suggests the importance of a particular factor, subjects likely not to show that factor would be sampled for comparison).

Grounded analysis was the qualitative analysis method of choice and constant comparison was used, i.e., data were collected and analysed concurrently.

**Result.** The main “families” that arose grouped around relationships in both the recovered alcoholics (RA) and continued alcoholics (CA). A successful shift required a change in the relationship to self, from feeling empty or critical towards acceptance and this shift was facilitated by being accepted and respected by others.

Relationship as motivator to stop drinking

24% people had the insight to self-refer to voluntary organisations such as AA but 76% did so because of fear of losing either their relationship or their job.

Although 80% of recovered alcoholics had been ambivalent about coming off alcohol, the shift happened when they had a nurturing relationship elsewhere such as a key worker at the Alcoholics Anonymous.

Insight and Perception

Awareness of alcohol as an obstacle rather than a solution was key for change to occur. Although 75% people with insight into their

difficulties were more successful in maintaining sobriety, insight alone without action was insufficient. Moreover, action was possible without insight. Fear of death alone was a sufficient motivator.

**Conclusion.** Difference between support systems

As a result of comparing those patients with alcohol dependence who responded well to treatment compared to those who were very recalcitrant to treatment important characteristics of an effective service have been identified. It was clear that the quality of services offered to those with alcohol dependence who attended A&E departments could be improved by offering more time for the initial assessments and adopting a more individualistic approach for each patient.

Training sessions to the A&E staff about the differences required in management between those with alcohol dependence who are motivated to abstain compared to those who will only be able to reduce consumption should be offered rather than mere blanket exhortations to abstain from alcohol consumption. The importance of behavioural avoidance of situations where alcohol is excessively consumed is more helpful in terms of eventual outcome.

The A&E staff should be encouraged to employ individuals from Alcoholics Anonymous in their department as early involvement with AA improves engagement and outcome can greatly improve engagement with treatment programs subsequently and lead to significantly better outcomes.

### Prevalence and associated factors of antenatal depression of women attending antenatal clinics in two tertiary care maternity hospitals in Sri Lanka

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**Aims.** To determine the prevalence of depression among antenatal mothers in two tertiary care maternity hospitals in Colombo and associated factors of antenatal depression.

**Method.** A descriptive cross-sectional study was conducted in antenatal clinics in two tertiary care maternity hospitals in Sri Lanka. Every second woman attending the clinic was recruited using systematic sampling until the calculated sample size was obtained. A structured questionnaire and Edinburgh Postnatal Depression Scale (EPDS) were used for data collection. Data were analysed using SPSS.

**Result.** A total of 536 pregnant women were participated in the study. Around one third (180, 33.6%) of pregnant women had depression according to the EPDS score (Mean = 7.66, SD = 5.17). The mean age was 29.65 (SD = 9.30) years and among them 387 (74.3%) had at least secondary education. The majority lived with parents or in-laws (329, 61.4%) in addition to nuclear family members and 266 (49.6%) were in their third trimester. Most women were in first pregnancy (149, 39.5%) and 11 (2.1%) had a history of psychiatric illness. Sixty (11.2%) women and 156 (29.1%) of partners used psychoactive substances. Verbal abuse and physical abuse were reported by 5 (0.9%) and 3 (0.6%) respectively. Sixty one (11.4%) women have reported inadequate family support, and 226 (42.2%) had only support of the partner. Among them 346 (64.6%) reported excellent support from partner. One third (186, 34.7%) of pregnancies were unplanned, 328 (61.2%) women reported a very