

Conclusion. The overall placebo effect in TRD studies was large ($g = 1.08$) and did not differ among treatment modalities. A better understanding of the placebo response in TRD will require: standardizing the definition of TRD, head-to-head comparisons of treatment modalities, an assessment of patient expectations and experiences, and standardized reporting of outcomes.

Mortality rates are higher in Lewy body and parkinson's disease dementia compared to Alzheimer's dementia in patients referred into a secondary care mental health service. Why?

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Aims. We compared survival in four cohorts of dementia patients– Lewy body (LBD), Parkinson's (PDD), Vascular (VD) and Alzheimer's dementia (AD) - in patients referred into Cambridge and Peterborough NHS Foundation Trust (CPFT) mental health services.

Additionally, we investigated reasons for variation in survival in the four cohorts.

Method. Using electronic records we identified retrospective cohorts of patients referred into services from 2013 onwards. Cases of LBD and PDD were identified using text searches, and comparison cohorts with AD or VD identified using ICD10 diagnosis codes ((F00.*) or (F01.*) respectively).

We collected referral (date of referral and service referred into), demographic (date of birth and gender) and diagnosis data on the patients in the four cohorts. Dates of death were available, through central NHS reporting to Trusts.

We used date of first referral as start of the follow-up and end of follow-up, death or 31/12/19. We used Kaplan-Meier and Cox survival analysis to compare survival in the four cohorts.

The cohorts were crossed with Hospital Episode Statistics (HES) data to extract hospital admission diagnoses. We extracted diagnoses of pneumonia due to aspiration and recurrent falls from hospital admissions data using ICD codes (J69.0 and R29.6 respectively). We calculated prevalence of these diagnoses in the dementia groups, in males and females separately.

Result. In Cox analysis (controlling for age at referral, gender and service referred into), the hazard ratio (HR) for death was highest for the PDD group (HR 2.0 (95% CI 1.7–2.4)), followed by LBD (HR 1.4 (95% CI 1.3–1.6)), then VD (HR 1.2 (95% CI 1.0–1.3)), with the AD group as reference. In the same analysis repeated separately for males and females, the highest HR was found in males with PDD (HR 2.3 (95% CI 1.8–2.8)).

Referrals to liaison psychiatry were associated with reduced survival compared to other mental health services (HR 1.7 (95% CI 1.5–2.0)).

The AD cohort showed the lowest rates of pneumonia due to aspiration and recurrent falls in males and in females. The highest rate of pneumonia due to aspiration was found in the male PDD group (27%).

Conclusion. In patients with dementia referred into mental health services, those with AD survive longer compared to other dementia groups, with PDD patients at highest risk of death. Physical frailty including risk of aspiration, is likely to account for some of this difference in survival.

Treatment of anorexia nervosa in young people with autism: a literature review

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Aims. The purpose of this review was to review existing literature relating to treatment of anorexia nervosa in young people with a diagnosis of autism. Hypothesis was that there would be a limited amount of literature in this age group. Previous research has suggested that there is over-representation of autistic traits in anorexia nervosa. There are implications for treatment outcomes for young people with anorexia nervosa and autism. Young people with autism may find it more difficult to engage in psychological treatments for anorexia nervosa, due to cognitive and behavioural inflexibility, or communication difficulties. Researchers are therefore looking at other options for treatment.

Method. This is a narrative review. Search was conducted in January 2020. Keywords used were “anorexia nervosa” combined with “autism” combined with “treatment”. Only published, peer-reviewed, full articles in English were included. Search of OVID (for MEDLINE, PsycINFO, EMBASE and ERIC databases) gave a result of 222 articles. 9 articles met the inclusion criteria. Search of CINAHL gave a result of 12 articles; 3 articles met the inclusion criteria but had been reviewed following OVID search.

Result. Themes identified for discussion were: cognitive remediation therapy; improving emotional identification; adaptations to communication; dietary, sensory and environmental considerations; recognising the role of autism; and pharmacological therapies.

Conclusion. Literature suggests that treatment targeting cognitive features, common to anorexia nervosa and autism, can be effective. There has been interest in the use of cognitive remediation therapy (CRT) and cognitive remediation and emotion skills training (CREST). However, more research is required in younger patient groups. Use of medication is in experimental stages, with studies considering a role for oxytocin from age 16. Qualitative studies provide information on modifications to treatment which could be helpful. The review highlights the need for a standardised, evidence-based treatment pathway for this patient group.

Attitudes and perceptions of parents towards child and adolescent psychiatric consultation, diagnosis and treatment

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Aims. The aim of the study was to assess the attitudes and perceptions of parents towards child and adolescent psychiatric consultation, diagnosis and treatment.

The hypothesis of the study was there are significant problems in the domains of attitude and perceptions of parents towards child and adolescent psychiatric consultation, diagnosis and treatment.

Background. Parents are an important stake holder in child and adolescent psychiatry and mental health care service models. There is scarce literature from developing countries regarding

attitudes and perceptions of parents towards child and adolescent psychiatric consultation, diagnosis and treatment.

Method. This study was conducted at the Child and Adolescent Psychiatry Clinic, Department of Psychiatry at a Tertiary Care Institution. Eligibility criteria comprised of parents of children and adolescents who had come for consultation. The parents were provided information of the study and those willing to participate were included in the study. A convenience sample of 100 parents was considered for the study. The parents were interviewed using a specially designed survey comprising 30 questions with Yes/No response developed by the authors for the purpose of the study. Informed consent and Institutional Ethics Committee Clearance was obtained. Data were analysed using SPSS.

Result. We found that the majority of parents were from urban area (72%) and mothers comprised 68%. We found that 46% of parents did not want a psychiatric diagnosis and 35 % parents felt stigmatized for seeing a psychiatrist for their child. Sixty nine percentage of parents preferred counseling as the first line of treatment and 31% preferred medicines as the first line of treatment. We found that 33 % felt additional psychological tests could be useful and 54% of parents felt brain imaging and blood tests could be useful for their child. Majority of parents expected basic improvement for their child within 1 week(32%) and expected full improvement by 1 month(82%). Fifty three percent of parents had searched online information prior to consulting and found useful information. However, 38% of the parents felt confused after reading online information and 69 % of parents were more worried about giving medications after referring online information.

Conclusion. Our study provides useful key insights from parent's perspective in child and adolescent psychiatric services. Implications exist for future research as well as policy perspectives on the role, attitudes and expectations of parents as vital stake holders in child and adolescent psychiatry.

A retrospective observational study of vitamin D levels in patients within the Tameside and Glossop early intervention in psychosis team

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Aims. Growing evidence indicates that Vitamin D deficiency is associated with psychotic symptoms. Although evidence suggesting a causal relationship is limited, theories regarding neuro-inflammatory modulation are promising. Alternatively, deficiency may signify chronic illness or poor functioning. Nevertheless, Vitamin D levels below 50nmol/L increase the risk of osteoporosis, muscle weakness, falls and fractures, thus identification and treatment are important.

The association between Vitamin D levels in patients within the Tameside Early Intervention in Psychosis Team (EIT) was studied, hypothesising a strong correlation.

Method. The records of all patients in the EIT as of 01/07/2020, over the age of 16 years old (n = 183), were studied. The first Vitamin D level taken while under the EIT and the CGI scores closest to the date of this level were recorded. Vitamin D levels of 25nmol/L and under were classified as deficient, levels of 25.1 - 50nmol/L were insufficient.

Result. 45.90% (n = 84) of patients did not have their levels recorded. Of the 55% (n = 99) patients who had Vitamin D levels

recorded, 49.50% (n = 49) were insufficient and 22.22% (n = 22) were deficient. Therefore, only 28.28% (n = 28) had either optimal or sufficient Vitamin D levels. The majority of Vitamin D levels were taken in Autumn (36.46% n = 36).

75.76% (n = 75) of patients had both vitamin D levels and CGI scores recorded, with an average of 35.65 days between date level and score recorded. A weak negative correlation between overall CGI scores and vitamin D level was calculated, producing Spearman R Correlation Coefficient of -0.15.

Conclusion. Almost 3/4 of the studied patients being assessed for psychotic symptoms had either insufficient or deficient levels of Vitamin D. The correlation between symptom severity and Vitamin D level was weak however. While we cannot comment on the causality of the relationship, it appears that there is an association between our studied patient group and Vitamin D insufficiency.

The evidence to suggest that supplementation can reduce psychotic symptoms is limited however, supplementation can reduce the risk of osteoporosis and falls, therefore would improve patient care. Only 55% of the patients within the EIT had their Vitamin D levels tested. As a result of this study, the authors recommend that all patients in the EIT have their Vitamin D levels tested as part of their psychosis assessment.

The study is limited due to low numbers of patients studied and the fact that recorded CGI scores were often recorded at a later date to Vitamin D levels.

Experiences of children who have been separated from a parent due to military deployment: a systematic review of reviews

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Aims. To conduct a systematic review of reviews to investigate how military deployment of a parent affects his/her child, and the extent to which the child's own perspectives have been documented.

Background. Lengthy but finite disruptions to parenting in any form may affect child development and mental and physical health.

Military deployment means weeks or months of separation from one parent.

2016 figures for the U.S. military showed that 40.5% of military personnel have children, and of these 1.7 million children the largest percentage are aged between 0–5 years (37.8%).

Method. Seven databases were searched: AMED, Web of Science, Scopus, EMBASE 1947, Joanna Briggs Institute EMP database, Ovid MEDLINE 1946 and PsycINFO 1806 from the inception of each electronic database until 31st March 2018.

Inclusion criteria:

Child and young adults aged 0–24 years

English language papers only

All papers being systematic reviews or meta-analyses

A focus on documenting the effects on child outcomes

Data extracted included the review methods and child outcomes reported, including educational attainment; physical symptoms; mental illnesses or disorders; changes to behaviours, and effects on peer and parental relationships.

Result. The eight reviews identified included 32 common and relevant studies.

Across the various studies, only about 20% of data came directly from children.