

therefore essential that clinicians review resuscitation status as part of their routine practice. However, we are aware that advanced decision-making – to resuscitate or not to resuscitate – is not routine practice across older adult psychiatric wards in the UK. Our 2017 audit reflected this, demonstrating a very low rate of resuscitation decisions at NELFT.

This re-audit aimed to measure the frequency and quality of resuscitation decisions on an older adult psychiatric ward. We expected improvements in these areas, subsequent to changes implemented from the initial audit. We also sought to identify which patient factors influenced clinicians' decision-making on resuscitation.

Please note, this audit was completed prior to the COVID-19 pandemic.

Method. In June 2017, an audit of 25 patients admitted to two older adult psychiatric acute wards was completed. In December 2019, a retrospective analysis of the last 25 admissions to one older adult ward was undertaken. Electronic patient notes and DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) orders were examined. The audit measured frequency of resuscitation decisions and quality of documentation against current standards. DNACPR orders were analysed and clinicians were interviewed to identify the reasons for such decisions.

Result. There was an increase in the number of patients for which resuscitation decisions were made, from 4% in 2017 to 40% (n = 10) in 2019. The majority of patients with a DNACPR decision (n = 8) had a diagnosis of dementia. Prospective quality of life, with this diagnosis, was the most frequent determinant of DNACPR decisions (n = 7). Qualitative analysis indicated that clinicians were more likely to consider a resuscitation decision for patients with an organic disorder rather than functional disorder.

Adequate completion of DNACPR orders was seen in each case. Either the patient, a family member or carer was involved in every decision. The standard for recording decisions on the electronic patient record was not met.

Conclusion. It is good practice to consider resuscitation decisions for patients admitted to older adult psychiatric wards. This re-audit found an improvement in frequency of resuscitation decisions and also revealed differences in decision-making for patients with organic and functional disorders. Implementation of further change is indicated; decision-making can be improved through reflection, teaching, changes to practice, and technologies.

Maternal stress in pregnancy and child autism spectrum disorder: evaluating putative causal associations using a genetically informed design

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Aims. Prenatal adversity is hypothesized to increase risk of Autism Spectrum Disorder (ASD) via epigenetic changes. Maternal stress in late pregnancy may alter offspring neurodevelopmental outcomes by disrupting a unique period of rapid neurogenesis. Observational studies reporting an environmentally mediated programming pathway face challenges in drawing causal inferences including passive gene-environment correlation. This project aims to use a quasi-experimental genetically informed design to assess if reported correlations between maternal prenatal

stress and offspring ASD traits were due to maternally inherited factors or consistent with a potentially causal prenatal exposure effect. No previous cross-fostering studies have assessed the effects of prenatal stress on childhood ASD.

Method. This study used an in-vitro fertilization cross-fostering sample with pregnant mothers related (n = 365) or unrelated (n = 111) to their offspring (mean age = 9.84 years). Prenatal stress was assessed using a subjective Likert scale during pregnancy. Questionnaires examined maternally rated offspring ASD traits using the Social and Communication Disorders Checklist. Birth weight and gestational age from medical records were used as comparison outcomes to validate the measure of stress as evidence suggests they are influenced by environmental factors. Correlations from multiple regression models were examined in relation to magnitude of effect size as well as significance. This is partly due to small sample size and that cross-fostering designs rely on comparing magnitudes of associations between related and unrelated groups. An interaction term was used to test the difference in the strength of association between related and unrelated mother-child groups.

Result. Subjective assessment of prenatal maternal stress showed construct validity as it was associated with low birth weight ($\beta = -0.297$, $p = 0.005$) and reduced gestational age ($\beta = -0.320$, $p = 0.001$). Subjective late pregnancy stress was associated with increased offspring ASD traits in the whole sample ($\beta = 0.089$, $p = 0.073$) and in the related ($\beta = 0.045$, $p = 0.424$) and unrelated mother-child ($\beta = 0.233$, $p = 0.029$) subgroups. Non-significant interaction terms demonstrated that the mechanisms underlying the association between maternal stress and ASD and birth outcomes are likely to be similar and environmentally driven in the different conception groups.

Conclusion. Findings demonstrate the utility of genetically informed designs in disentangling inherited factors from environmental influences in the study of prenatal risk factors. Correlations between maternal prenatal stress and offspring ASD being present in both related and unrelated mother-child groups indicate an environmental link that is consistent with a potential causal effect. Associations detected are of imperative use for clinicians and policymakers, as they can guide the implementation of early psychosocial care for families at high liability.

A different perspective: using interactive virtual reality (IVR) for psychiatry training

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Aims. To evaluate the potential of interactive virtual reality in teaching and training Postgraduate Psychiatry Trainees in the Keele Cluster

Background. Face to face supervised clinical experience will always be the best way to train and learn, followed by using simulated patients in practice scenarios allowing a safe environment in which to practice and train without risk. However, the practicalities of a busy NHS often mean that the expense and time required for both of these are not possible and often PowerPoints and handouts in induction are used to prepare new starters in Psychiatry, which is clearly suboptimal.