hypercalcaemia in 2 patients resulted in improvement in their mental state.

We found that risk of PHPT in mental health inpatients aged over 40 years old was increased by 1.45% (95% CI: -0.0620% to 5.6256%, P = 0.0390) in females, and was increased by 1.52% (95% CI: 0.3573% to 5.5031%, P < 0.0001) in males. Hereby, testing for bone profile should be routinely recommended for mental health patients.

A Comparison of Cognitive Performance in Patients With Parkinson's Disease Psychosis According to Psychosis Severity: A Meta-Analysis

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Aims. People with Parkinson's disease psychosis (PDP) have reported cognitive and executive deficits. However, it is unclear whether these deficits are different depending on psychosis severity. Here, we aimed to compare cognitive performance between PDP patients with varying severity of their psychosis symptoms (such as delusions and hallucinations), relative to patients with Parkinson's disease without psychosis (PDnP), using a meta-analytical approach.

Methods. Searches were conducted on PubMed, MEDLINE, Web of Science, PsycINFO and SCOPUS. Standard mean differences between PDP and PDnP patients on cognitive and executive function tests were expressed as Hedges' g effect sizes from eligible studies (K = 23). PDP patients were classified based on the severity of their psychosis symptoms into formed and unformed hallucinations, and hallucinations with/without insights. Separate multi-level meta-analyses were conducted for symptom severity groups of PDP patients, and for different cognitive domains due to studies contributing to multiple cognitive domains. Meta-regressions were conducted to examine the effect of age. Analyses were conducted in R (version 4.2.2).

Results. Hedges' g effect sizes were negative in all analyses, suggesting that PDP patients with formed hallucinations (n = 317) showed a significantly worse performance than PDnP patients (n = 734) across all domains (global cognition, g=−0.853, p < 0.001; language, g=−0.602, p < 0.001; episodic memory, g=−0.899, p < 0.001; executive functions, g=−0.543, p = 0.007; processing speed, g=−0.698, p < 0.001). There was presence of significant heterogeneity across all the analyses (all p < 0.05), except for language (p = 0.053) and processing speed (p = 0.077). There was also presence of significant publication bias (assessed with Egger's regression test) in all analyses (all p < 0.001), except for global cognition (p = 0.656). PDP patients with unformed hallucinations (n = 135) performed worse relative to PDnP patients on the same domains but these results were not significant. Publication bias was not significant for global cognition for results of unformed hallucinations (p = 0.4054). Age was shown to be a significant moderator for all domains except global cognition (global cognition, b=−0.02, p = 0.13; language, b=−0.042, p = 0.037; episodic memory, b=−0.055, p = 0.001; executive functions, b=−0.098, p < 0.001; processing speed, b=−0.048, p = 0.022). Relative to PDnP patients (n = 322), both PDP patients with/without insights had worse scores on global cognition tests (no insights, n = 37, g=−2.747, p = 0.021; insights, n = 83, g=−0.942, p = 0.019). Due to the low number of studies (k < 7), Egger's test was not applied.

Conclusion. Decreased cognitive performance may underlie presence of impairments in PDP patients. Formed hallucinations and lack of insights are associated with greater cognitive deficits. In addition, older age could result in worse cognitive scores.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Racial Microaggressions in Healthcare Settings: A Scoping Review

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Aims. Racial microaggressions occur when subtle or often automatic exchanges of aversive and covert racism are directed towards people identifying as racialized groups. Consequently, affecting individuals' mental and physical health. Healthcare professionals are a vulnerable group to the effects of racial microaggressions, given the high prevalence of burnout. The aim of the review was to explore healthcare professionals and students' experience of racial microaggressions in healthcare settings

Methods. A PROSPERO registered scoping review was conducted using the PRISMA extension for scoping review guidelines. The literature search was undertaken in August 2020, of five databases, MEDLINE, EMBASE, CINAHL, PsycINFO, EMCARE and we also searched the 'grey literature.' Studies featuring primary data on racialized or migrant microaggressions towards professionals or students in healthcare settings were included. We excluded studies that were not in English. QDA Miner was used to analyse the data, using a non-essentialist perspective, which suggests that 'culture' is a movable concept used by different people at different times to suit purposes of identity, politics and science.

Results. Our search identified 8 papers (5 qualitative, 2 mixed and 1 quantitative) on the experience of microaggressions towards healthcare professionals and students (n = 602). Almost all (87.5%) were conducted in North America and only one (12.5%) in the UK. The primary themes were as follows:

Intersectionality: Individual and group social categorizations of race, class, and gender were described as interconnected, leading to interdependent systems of discrimination or disadvantage. Healthcare professionals indicated that increasing diversity and racial representation can reduce bias and thus microaggressions among stakeholders in the culture of work.

Workplace culture and lack of senior support: The healthcare curriculum, and the manner of its delivery were found to propagate ideas encouraging racial microaggressions. Seniors behaving as role-models by challenging microaggressions could encourage an open and accountable environment. Supervision was a tool for allyship that reduced the threat of negative race-related incidents.

Intervention: Acknowledging racial microaggressions within healthcare, as well as quantifying their presence with tools, encouraged a stronger and more effective response from institutions. Teaching curriculum also served as a useful platform to teach and address microaggressions.

Conclusion. Racial microaggressions were experienced as having a detrimental impact on healthcare professionals' well-being and mental health. Consequently, this affected the efficiency, the workplace culture, patient outcomes and job satisfaction. Given the multifaceted nature of racial microaggressions, tackling them requires a complex and wide-ranging response from institutions.

What Factors Influence the Outcome of Psychiatry Postgraduate Written Exams, MRCPsych Paper a and B? a Qualitative Analysis From Trainees' Perspective in West Midlands School of Psychiatry in UK

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Aims. Analysis of the Annual Report of Examination Results published by General Medical Council (GMC, 2020) revealed that trainees of West Midlands School of Psychiatry didn't perform well in written components of MRCPsych exams and showed pass rate between 2014 and 2019 as 54.6%. Therefore, this qualitative study was conducted to assess West Midlands School of Psychiatry core psychiatry trainees' perception of factors that influence the outcome of MRCPsych Paper A and Paper B.

Methods. Qualitative research methodology with a grounded theory approach was used to systematically analyse the data and to evolve the theory rather than appraising the existing theory. The purposive and theoretical sampling strategies were used. Study population included all core psychiatry trainees in the West Midlands School of Psychiatry in 2021 who were invited via email for a semi-structured focus group interview. The participants' information sheet and consent forms were sent with the interview invite. A total of 38 participants contributed. The data were collected through 3 focus groups and 2 one-to-one interviews. The interviews were recorded using the recording and transcription feature of Microsoft Teams. The transcription was checked manually for accuracy. The data were collected and analysed simultaneously till the point of theoretical saturation, thereafter a thematic analysis was conducted.

Results. Themes emerged were grouped under challenges faced by the participants such as work and time pressures, financial constraints, and lack of family support. Other challenges were related to virtual learning, a mismatch between local teaching course and exam schedule and lack of contextualisation in local course content. Most of the trainees had to rely on private courses which were adding financial burden. The majority felt that social isolation due to COVID-19 had a negative impact on their well-being. Participants suggested various recommendations for their local course content and delivery.

Conclusion. The study highlighted the need for the local course content to be contextualised and tailored to the examination course. This could be achieved by including a variety of multiple-choice questions, case-based discussion, and small group teaching for the purpose of preparing and practising examination questions/scenarios. It also highlighted trainees' need to utilise the study leave budget for private courses to ease financial burden. The International Medical Graduates (IMG) cohort identified that they need extra support and feedback about the examination preparation from the early beginning of the training to overcome differential attainment.

The Prevalence of Traumatic Brain Injury and ADHD in Secure Settings

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Aims. Traumatic brain injury (TBI) is highly prevalent in prison populations, with an estimated prevalence of 51%-82% according to a 2018 review. TBI has been linked to higher rates of interpersonal violence, recidivism, suicide, higher drop-out rates in rehabilitation programmes, and lower age of first conviction. Attention deficit hyperactivity disorder (ADHD) has been shown to be associated with an increased risk of interpersonal violence, and previous TBI. Little is known about prevalence of TBI or ADHD amongst inpatients in secure psychiatric settings in the UK. We aimed to estimate the prevalence of TBI and ADHD in inpatients admitted to a psychiatric intensive care unit (PICU) and to low and medium secure units across three London mental health NHS trusts.

Methods. 60 male participants were identified through prospective purposive sampling. Three questionnaires were administered: the Brain Injury screening Index (BISI); Adult ADHD Self-Report Scale v1.1 (ASRS); and the Brief-Barkley Adult ADHD Rating scale (B-BAARS). We also reviewed medical records of participants, age, psychiatric diagnoses, level of education, and convictions for violent and/or non-violent offences, number of admissions, and length of current admission. Ethical approval was granted by the local research ethics committee

Results. 67.8% of participants screened positive for a history of head injury, and 68.3% and 32.2% screened positive on the ASRS and B-BAARS respectively. 38.33% recorded greater than one head injury on the BISI. The most commonly recorded psychiatric diagnoses were schizophrenia (43.33%), schizoaffective disorder (23.33%), Bipolar Affective Disorder (11.67%), and Unspecified Non-Organic Psychosis (10.00%). Screening positive on ASRS was associated with screening positive for previous head injuries BISI ($p = 0.01$, □2). No other statistical associations were identified.