

United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.75

Aims. Apathy is a complex clinical, neurobehavioural and neurobiological construct that occurs across a range of neuropsychiatric disorders. Apathy is defined as persistent, diminished motivation with impairments in goal-directed behaviour, thought, cognitive activity and emotions. Apathy negatively impacts on participation/engagement in rehabilitation and community reintegration, quality of life, and increased occupational and economic burden on families and traumatic brain injury (TBI) patients. Apathy is among the most common sequelae of TBI, with prevalence estimated to be in excess of 10%, and up to 60% in comorbid depression and apathy.

There is no standard treatment for apathy, although anecdotal evidence suggests that Modafinil may be effective. Current pharmacological management strategies focus on addressing the comorbidities associated with it: e.g. acetylcholinesterase inhibitors to treat both Alzheimer's disease and apathy; dopaminergic agonists for Parkinson's disease and apathy; and antidepressants for depression and apathy.

This literature review will assess the clinical evidence of Modafinil, and recommended use for treating post-TBI apathy.

Methods. An extensive search was conducted in the major databases, PsychInfo, Cochrane, Europe PMC, PubMed, EMBASE and MEDLINE, to evaluate Modafinil treatment for apathy in TBI patients. Additionally, the literature review included extra sources found in the citations. Out of 70 citations, only one was accepted for further analysis. The remaining citations were rejected due to their ineligible abstracts, absence of pharmacological interventions, inclusion of non-TBI apathy and being non-English language articles.

Results. The accepted paper did not meet Level III evidence or better following analysis.

The review however identified case reports suggesting the potential effectiveness of Modafinil in treating post-TBI apathy.

Although the exact mechanism of action of Modafinil remains unclear, it is associated with improvement in working memory, attention and prefrontal-dependent cognitive function. This improvement is linked to elevated levels of extracellular dopamine, norepinephrine, serotonin, glutamate and histamine, as well as decreased GABA levels. Modafinil activates the anterior cingulate cortex, and shows positive correlation with cognitive improvement. Neuroanatomically, there is a strong association between apathy and disruption of the cortico-basal ganglia loop, involving the dorsal anterior cingulate cortex, ventral striatum and connected brain regions. Modafinil possibly has unexplored benefits in improving apathy through activation of the anterior cingulate cortex.

Conclusion. There is limited empirical evidence for effective treatments for post-TBI apathy. This review emphasizes the urgent need for further research that aligns with underlying neuroanatomical pathology in order to determine the most effective psychopharmacological interventions for managing post-TBI apathy.

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.

Investigating History of Suicidal Ideation Among Patients Attending Early Intervention for Psychosis Services: A Retrospective Analysis Using Clinical Records

Dr David Mongan^{1,2*}, Dr Diego Quattrone³, Prof Ian Kelleher⁴, Prof Mary Cannon² and Prof David Cotter²

¹Queen's University Belfast, Belfast, United Kingdom; ²Royal College of Surgeons in Ireland, Dublin, Ireland; ³King's College London, London, United Kingdom and ⁴University of Edinburgh, Edinburgh, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.82

Aims. Previous population-based studies have identified suicidal ideation (SI) as a potential risk marker for psychosis. We aimed to investigate the prevalence of previous SI in a large sample of patients with first episode of psychosis accepted to early intervention services (EIS) in South London and Maudsley (SLaM) NHS Foundation Trust using clinical records. We further aimed to investigate differences in patients with and without recorded SI according to age at diagnosis, gender, ethnicity and neighbourhood deprivation.

Methods. We designed a retrospective cohort using the Clinical Record Interactive System. Included were patients who were accepted by SLaM EIS from 2015–2018 and received a psychotic disorder diagnosis (n = 1658). We used a natural language processing algorithm that searches deidentified textual clinical records, returning a binary variable indicating presence or absence of SI recorded at any time prior to acceptance to EIS. The algorithm has high precision (97%) and inter-rater reliability (Cohen's κ 92%). The t-test was used to compare mean age at first diagnosis in patients with and without recorded SI, while chi-squared tests evaluated differences according to gender, ethnicity and tertiles of index of multiple deprivation (based on 2015 postcode). The significance threshold was $p = 0.05$.

Results. The cohort included 1658 patients, of whom 656 (39.6%) were female. The natural language processing algorithm identified 600 patients (36.2%) who had SI recorded in their clinical records at any time prior to acceptance by EIS. On average, patients with recorded SI were younger at first diagnosis of psychotic disorder (mean 27.7 years, standard deviation 10.5) compared with patients without recorded SI (mean 30.1 years, standard deviation 11.2; $p < 0.001$). There was little evidence for differences on gender ($p = 0.950$), ethnicity ($p = 0.059$) or deprivation index ($p = 0.597$).

Conclusion. Approximately 1 in 3 patients attending SLaM EIS had evidence of SI recorded prior to acceptance by EIS. Consistent with previous studies, the current findings emphasise the high prevalence of SI in this clinical population. Compared with those without SI, patients with recorded SI were on average 2–3 years younger at diagnosis. This may reflect general population age differences in prevalence of suicidal ideation; increased severity of illness with earlier age of onset; or patterns of contact with services which facilitated earlier diagnosis. There was little evidence that patients with and without recorded SI differed significantly on gender, ethnicity or neighbourhood deprivation. Prospective studies would be helpful to assess whether SI is a risk marker for first episode of psychosis.

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.

Systematic Review of Referral and Care Pathways for Children and Young People of Black Ethnicity Through Child and Adolescent Mental Health Services Compared With Other Ethnic Groups: An International Comparison

Dr Babatunde Odebiyi^{1*}, Dr Cornelius Ani^{2,3}, Dr Rezina Sultana⁴, Mrs Eunice Ayodeji^{5,6} and Prof Bernadka Dubicka^{7,8}