

Switching Antipsychotics to Support the Physical Health of People With Severe Mental Illness: A Qualitative Study of Patient and Caregiver Perceptions and Experiences

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Aims: People with Severe Mental Illness (SMI) have a reduced life expectancy of 15–20 years compared with the general population. This disparity is largely due to preventable health conditions like cardiovascular disease and diabetes. Certain antipsychotics (APs) can contribute to this increased burden due to their association with cardio-metabolic side-effects. Despite the availability of lower-risk APs, risperidone, olanzapine, and quetiapine remain the most prescribed APs in the UK. Switching to improve cardio-metabolic side-effects is rarely implemented in clinical practice. Improving the physical health of people with SMI is a key NHS priority. We conducted a qualitative study to explore the perceptions and experiences of patients and their caregivers surrounding switching APs for physical health benefits to inform the development of an educational intervention for clinicians to support switching APs.

Methods: Semi-structured interviews were conducted with patients who have experienced AP-induced cardiometabolic side-effects (ascertained by the treating clinician) and their caregivers. Participants were recruited through two NHS trusts and primary care. Interviews were by telephone or online and transcripts were thematically analysed using NVIVO. A patient advisory group contributed to all phases of the study.

Results: Seventeen interviews (16 one-on-one and one dyadic) were conducted with thirteen people with SMI (Bipolar Disorder [9], Schizophrenia [2], Psychosis [2]) and five caregivers.

We will present two themes:

(1) Managing the dual challenge of mental and physical health conditions: Managing this challenge can be overwhelming and impact their everyday life; patients often normalise side-effects of medication as a necessary trade-off for mental health stability.

(2) Enabling a change in medication: The possibility of medication changes was met with optimism as well as apprehension. Past experiences of medication adjustments, fear of relapse and concerns about new side-effects were important from both patient and caregiver perspectives; addressing these requires inviting patients and caregivers into decision-making. Carers play a crucial role in supporting patients, and recognising their contributions can ease the transition. Improving collaboration at the system level is equally important.

Conclusion: The study highlights the complex interplay between mental and physical health; patients and caregivers often face significant challenges in balancing mental and physical health. Switching medication is a challenge for patients and their caregivers. Addressing patients' concerns like fear of relapse, lack of support, and clear communication would help foster confidence in switching. Recognising the importance of caregivers is essential for effective patient support. Improving overall collaboration can foster a more patient-centred approach to managing the switching process.

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.

Prevalence of Cognitive Impairment and Mental Health Disorders in Peripheral Arterial Disease Patients: Implications for Surgical Outcomes

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Aims: Peripheral Arterial Disease (PAD) is linked to vascular cognitive impairment and vascular depression due to concurrent cerebrovascular disease. Cognitive impairment and mental health disorders in surgical patients lead to poorer recovery and rehabilitation. Awareness of these diagnoses in this population is important when considering suitability for surgical input – especially high-risk procedures such as limb revascularisation. In the UK population, evidence suggests that 33–42% of cognitive impairment and 26.5% of anxiety and depressive disorders remain undiagnosed. In this high-risk PAD population, this is likely an underestimate. We aim to determine the prevalence of cognitive impairment and anxiety and depressive disorders within this group while controlling for possible confounders.

Methods: 100 unselected PAD patients were identified pragmatically from a Vascular outpatient setting at Addenbrooke's Hospital. Inclusion criteria required patients to be >65, and have radiological or clinical evidence of PAD. Written consent was obtained for assessment. Patients came from a wide area in the East of England with a catchment of 1.8 million people, demonstrating significant socio-geographical variety for a single centre study. The assessment pack included the 6-CIT screening tool for cognitive impairment, HADS for anxiety and depression, 4AT for delirium, SASQ for alcohol use, and a brief clinical history covering memory, attention, visuospatial skills, speech, and personality.

Results: 100 patients were assessed over 6 months. 20.5% met the 6-CIT cut-off for memory clinic referral (mean score 12). The estimated general prevalence of cognitive impairment including dementia in those over 65 is 7.1%. 26.8% met the HADS cut-off for anxiety or depression (mean score 15). The prevalence of anxiety and depression in the general over 65 population is estimated to be around 9% and 12.5%, respectively. Hence, there appears to be a significant increase in possible prevalence of both diagnoses, compared with a general age matched population. No significant age or gender differences were found between those scoring above the cut offs and those not ($p=0.79$).

Conclusion: Cognitive impairment and anxiety/depression appear more prevalent in PAD patients. Given these conditions impact surgical outcomes, raising awareness of underdiagnoses is crucial. Future follow up will include memory clinic assessment, cerebral and peripheral imaging, and exploring surgical outcomes. Cost-effectiveness analyses are needed to assess the benefits of pre-operative screening.

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