

Abstracts

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Abstracts from the RCPsych International Congress 2024, 17–20 June

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Rapid-Fire Presentation

Arranged by the presentation category selected by the submitter and by order of presenting author surname.

1 Research

A Systematic Review of the Financial Impact of Living as an Autistic Person in the UK

Ms Mary Bowley* and Ms Mary Jordan

University of Warwick Medical School, Coventry, United Kingdom

*Presenting author.

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Aims. Being an autistic person in the United Kingdom (UK) is associated with a range of costs. This study reviews published literature which estimates the cost of living as an autistic person in the UK.

Methods. A systematic review of published peer-reviewed studies was undertaken. Search criteria included papers which were published after 2008, looked exclusively at costs of living as an autistic person in the UK and discussed quantitative data. Papers recovered during the literature search were screened by title and abstract independently by two reviewers. Papers included in the final review were critically appraised using the Critical Appraisal Skills Program (CASP) checklist. Four papers were selected for inclusion in this study. Following data extraction, results were compared in a narrative synthesis across six key domains defined in previous literature: Caregiver costs, Loss of productivity, Healthcare costs, Education costs, Accommodation costs, Therapeutic costs. During the data extraction process, analysis of cost inclusion criteria, data collection methods and cohort characteristics was conducted.

Results. Across the literature the following findings emerged: Costs for autistic people with co-occurring intellectual disability (ID) are higher per year than for those without a co-occurring ID. Costs of care vary with age, with different cost categories peaking at different points in a person's life. Loss of productivity is one of the greatest costs, with education and accommodation costs also proving significant. Data looking at a wide range of expenses however do not determine whether expenses are paid by the individual or by the Government. There is a lack of data regarding financial income, whether sourced from employment or government support, such as Personal Independent Payments or Universal Credit. A lack of consistency regarding cost inclusion criteria and differences in data collection methods severely limit direct comparison of outcomes across the literature.

Conclusion. Lack of consistency in the measurement of cost components and defined cohort characteristics makes comparison across the literature challenging, comparison cannot inform any meaningful economic evaluation. Despite this, the overarching theme across all studies in this review is that current service expenditure is higher for autistic people than non-autistic people. This is particularly clear when discussing accommodation, healthcare and costs due to loss of productivity. Both age and co-occurring conditions have an impact on overall cost. These findings form a strong basis for future research in this area to standardise cost calculations across specified age ranges and evaluate current government-centered financial support available to autistic people.

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The Chicken or the Egg? Understanding the Temporal Relationship Between Severe Mental Illness and Neurological Conditions in a UK Primary Care Cohort

Dr Ella Burchill*, Dr Jonathan Rogers, Professor David Osborn, Professor Joseph Hayes and Dr Naomi Launders

Division of Psychiatry, University College London, London, United Kingdom

*Presenting author.

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Aims. A significantly higher prevalence of neurological conditions has been found both before and after a diagnosis of schizophrenia, bipolar disorder and other psychotic illnesses compared with the general population.

We aimed to understand the cumulative prevalence of 16 neurological conditions in people with severe mental illness (SMI) from 5 years before to 5 years after their SMI diagnosis. We hypothesised that individual neurological conditions would have differential temporal relationships relative to SMI diagnosis.

Methods. In a longitudinal matched study, we identified a cohort of patients aged 18–100 years from Jan 1, 2000, and Dec 31, 2018, from the UK Clinical Practice Research Datalink (CPRD). Neurological conditions were classified using ICD–11 criteria into umbrella clusters of disease. Outcome of interest was a diagnosis of SMI. Each SMI patient was matched 1:4 to patients without SMI in the CPRD cohort, matching for sex, 5-year age band, primary care practice and year of practice registration. The cumulative prevalence of 16 neurological conditions was recorded cross-sectionally at 5, 3, 1 years prior to SMI diagnosis, at SMI diagnosis (index), and 1, 3 and 5 years after SMI diagnosis. Logistic regression modelling aided comparison of differential prevalence of neurological conditions, adjusting for sociodemographic variables, and with further adjustment for body mass index, smoking, alcohol and non-prescription drug use. Multiple imputation was applied in cases of missing data.

Results. We identified 68,789 patients with SMI, matched to 274,827 controls. The median age was 40.9 years, 49.05% of the overall cohort were female (33,783 SMI patients, 134,740 controls), and the majority were of White ethnicity (35,228, 51.2% SMI patients, 125,518, 45.7% controls). The most prevalent neurological conditions across seven timepoints were cerebral palsy, cerebrovascular disease, dementia, epilepsy, multiple sclerosis, paralysis and Parkinson's disease. Conditions with the highest fully adjusted odds ratios (ORs) for SMI diagnosis were

dementia 3 years after SMI diagnosis (5.32, 95% CI 4.95–5.71) and Parkinson's disease 5 years after SMI diagnosis (4.26, 95% CI 3.68–4.94).

Conclusion. All 16 neurological conditions have higher prevalence in the SMI cohort compared with controls, with different prevalence patterns observed over the 10-year study period. A consistently lower OR for schizophrenia compared with other SMI warrants further exploration, as neurological conditions risk being under-recorded.

A greater understanding of the temporal relationship between SMI and neurological conditions may help promote earlier diagnosis, increased screening and better holistic management of both conditions.

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Review of Melatonin's Effectiveness and the Side Effects on Alzheimer's Disease

Dr Sui Yung Chen^{1*}, Professor Farooq Khan², Dr Shoaib Talib¹ and Ms Suzanne Toft³

¹Black Country Healthcare NHS Foundation Trust, Sandwell, United Kingdom; ²Birmingham and Solihull Mental Health NHS Foundation Trust, Birmingham, United Kingdom and ³Black Country Healthcare NHS Foundation Trust, Walsall, United Kingdom

*Presenting author.

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Aims. People who have Alzheimer's disease (AD) often experience sleep disturbances due to the nature of the illness. Melatonin has been prescribed for sleep disturbance in individuals with AD, although there is a lack of national guidelines for pharmacological care for this presentation. Prolonged sleep disturbances for individuals with AD tend to lead to poor quality of life for the individual, behavioural challenges, carers' exhaustion and potential placement breakdowns.

The objective of this literature review is to determine whether the available evidence supports recommending melatonin to patients with AD for sleep, along with other benefits and adverse effects.

The hypothesis for this review is that melatonin is beneficial for sleep disturbances and has neuroprotection for individuals with AD.

Methods. Literature search on the online electronic database from 2010 to November 2023, using the title of "Melatonin's effectiveness and the side effects on Alzheimer's Disease". This literature review was done by screening the 125 searched titles. The inclusion criteria included systematic review (SR), meta-analysis, randomised controlled trial (RCT), animals and cell studies. Exclusion criteria included case studies, literature and peer reviews. A total of 12 papers are included in this review.

Results. The three SRs, two meta-analyses and one RCT showed the potential effect of melatonin on ameliorating cognitive decline, improving cognition, quality of life and sleep qualities, with the conclusion that further studies are required. One combined meta-analysis and SR showed melatonin might be an effective treatment for mild AD. One Cochrane review showed melatonin has no evidence of improving sleep for moderate-to-severe AD.

One animal study and two cellular studies showed a melatonin effect in the control progression of AD. One animal study and one cellular research study concluded that melatonin has potential treatment effects.