Results: At 7th year, episodes onset rates of CMD in BL normal (n=832, CISR =<5) and BL subsyndromal (n=332, CISR 6–11) were 8.2% and 26.5% respectively. The corresponding figures were 7.9% and 22.3%. Remission rates of CMD from BL (n= 228) to 7th and 9th years were 39.9% and 50.4%. Repeated measure ANCOVA identified a significant time effect with increase in CISR scores at 7th ($p<0.001$) and decrease from 7th to 9th year ($p<0.001$). Women had higher CISR at all time points, interaction with time was not significant. Younger age groups (BL 18–44) reported more CISR symptoms at 7th year and greater drop at 9th year. Older adults with physical comorbidity had a trend for increase symptoms over time.
Conclusion: In this 9 year follow up study of adults in Hong Kong, episode onsets are related to baseline CISR scores, indicating that psychological symptoms confer long-term risks for deterioration. Conversely, a significant proportion of CMD improved with time. The time frames for assessments unintentionally fell into active COVID pandemic (7th) with social distancing measures, and late to post-COVID pandemic (9th) with lifting of COVID social distancing measures. Our repeated measures evaluation suggested that younger adults are possibly more reactive to environmental stresses. Primary care interventions should consider the age factor into design.

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.

Cost-Effectiveness of the Interventions for Severe Mental Illness (SMI) in Low and Middle-Income Countries (LAMICs): A Systematic Review

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Aims: Despite the high prevalence of mental illnesses, particularly Severe Mental Illness, there is limited literature on the cost-effectiveness of available interventions in low- and middle-income countries. Therefore this review aimed to assess the cost-effectiveness of the pharmacological and psychosocial interventions for Severe Mental Illness (SMI) in Low and Middle-Income Countries (LMICs).
Methods: Based on PRISMA guidelines through electronic searches (Medline, CINAHL, APA PsycINFO, Embase, Cochrane Central Register of Controlled Trials, and Global Index Medicus), we identified cost-effectiveness studies conducted between January1980 and April 2024. Studies included whether they focused on people with schizophrenia, bipolar disorders and depression with psychosis, assessed any interventions (pharmacological or psychosocial), and reported cost-effectiveness outcomes based on predefined criteria, specifically presented as incremental cost-effectiveness ratio (ICER) values. Screening and data extraction were performed using a pre-specified criterion. ECOBIAS and JBI tools were used for quality assessment.

The analysis was confined to a narrative synthesis due to the substantial variations in methods adopted for ICER calculations and the inherent complexity of model-based studies. Protocol was registered on the PROSPERO having registration # *CRD42024513743.*
Results: Out of the 6905 studies identified, 20 met the inclusion criteria for data extraction. Most of the studies (18/20) were based on the economic model, predominantly the Markov Model (11/18). Most of the studies were conducted in upper-middle-income countries (13/20). Atypical or second-generation antipsychotics were the major group evaluated in most of the studies. The cost-effectiveness of olanzapine was assessed in the highest number of studies (10/20), followed by risperidone. "Family intervention" was the predominant psychosocial intervention and was evaluated in three studies. Ten studies reported ICER in terms of cost/QALYs gained, while 6/20 studies reported cost/DALYs averted. The remaining studies assessed cost-effectiveness in the context of cost savings against the Positive and Negative Symptoms scale.

Cost-effectiveness was evaluated based on the quadrants of the cost-effectiveness plane in which the ICER values fell. In upper-middle-income countries, atypical such as amisulpride, lurasidone, aripiprazole orally disintegrating tablets (ODT) and olanzapine with any psychosocial interventions were cost-effective strategies. In contrast, risperidone with Family Interventions was reported as the cost-effective strategy in lower-middle-income countries.
Conclusion: Most studies have found that combining atypical antipsychotics with psychosocial interventions is a cost-effective approach. However, significant variations in ICER calculations, differences in methods used to assess QALYs/DALYs, and the complexity of model-based studies make it challenging to generalize these findings to other clinical settings.

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Cannabis-Based Medicinal Products in the Treatment of Post-Traumatic Stress Disorder in Children and Young People: A Literature Review

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Aims: Post-traumatic stress disorder (PTSD) is a condition that may develop following exposure to a highly threatening or horrific event or series of events. PTSD can affect people across all age groups with extensive impact on functioning and is often associated with psychoactive substance misuse. Cannabis is one of the most abused psychoactive substances worldwide, with users reporting anxiolytic benefits. Cannabis-based medicinal products (CBMPs) have gained more attention and interest over the past few years due to changes in the legislation around cannabis worldwide. Research has shown cannabis-based medicinal products to be effective in treating several medical conditions. Observational studies in adult populations indicate some therapeutic promise for CBMPs in PTSD, but these results are not generalizable to younger populations.

The authors aimed to complete a search of the literature for any evidence of the benefit of cannabis-based medicinal products in treating children and young people diagnosed with PTSD.
Methods: A comprehensive search of databases, including Medline, Embase, PsycINFO, CINAHL, Cochrane Library, and Google Scholar, from their inception until September 2024, was conducted using medical subject headings and keywords: "Post-traumatic stress disorder", "Medical Marijuana", "Cannab*", "Canab*", "THC*".

The authors limited their search to papers involving children and young people under 18 years of age. Three of the 105 papers