

cross-network connectivity mirrors findings in first-episode psychosis with auditory hallucinations.

Conclusion: This study highlights significant CRP-modulated functional connectivity changes in psychosis, particularly hypoconnectivity within the temporal, insular, and motor regions, as well as the salience network. Hyperconnectivity between the salience and default mode networks was also observed. These findings suggest inflammation's role in neural dysregulation.

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Awareness of Voting Rights Among Psychiatric Inpatients – Patients Should Affect Policies

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Aims: Mental health inpatients are eligible to vote, whether they are detained under the Mental Health Act or not (except for those under a forensic section). It is essential that we do everything possible to facilitate patients being able to vote. Psychiatric inpatients not exercising their democratic right due to logistical failings would further implicate our mental health services in the systemic stigma that people with mental health difficulties face.

- 1) Assess patient's knowledge of their voting rights
- 2) Assess proportion of the inpatients currently registered to vote
- 3) Explore any misinformation patients have been given in the past with regards to their voting rights
- 4) Explore patient's willingness to advocate for future mental health policy changes as someone with lived experiences of mental health services.

Methods: Type of patients: Functional psychiatric inpatients who are both informal and under section in Cardiff and Vale University health board. Data time frame: 25/06/2024 to 04/07/2024 (prior to 2024 general election in UK). We received 67 responses in total from 8 wards.

Method of collection: A proforma filled out by consenting patients in all the adult psychiatry inpatient wards and functional ward of old age Psychiatry in University Hospital Llandough, Wales and community inpatient wards under Rehabilitation Psychiatry in Cardiff.

Results: Awareness of voting rights of patients is low, among patients and staff alike, on informal interactions. 76% of the responders were aware of the upcoming election and 64% were aware of their voting rights (2024 general election). There was a mixed response in patients wanting to vote in the recent general election as only 55% shared their intention to vote. 10 patients (14%) reported being told by someone that they were ineligible to vote. 60% of the patients were aware of the need for a photo ID to vote and 53% had a photo ID. 33 patients (around 50%) expressed willingness to advocate for future changes to policies.

Conclusion:

- 1) While there is interest in inpatient settings to influence change in the political setting, more work must be done to educate and inform the inpatient population of their voting rights.
- 2) Work should be done to make the process of registration for voting streamlined for inpatients, including supporting their access to a photo ID.

3) Arrangements should be made to allow voting by the most suitable method (i.e. in person, by post or by proxy).

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Choice of Treatment Used in a Patient With Antipsychotic-Induced Rhabdomyolysis

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Aims: Raised creatine kinase (CK) secondary to antipsychotics is often discussed in the context of neuroleptic malignant syndrome (NMS). However, it is documented that antipsychotic-induced CK can also result from rhabdomyolysis, with limited data available on the risk profile of specific antipsychotics.

Methods: We report the case of a 42-year-old woman with paranoid schizophrenia, maintained on olanzapine for years and recently started on a combination of olanzapine and lurasidone. She was admitted to an intensive care unit following seizures and severe hyponatraemia (sodium level 113). Both antipsychotics were stopped initially due to concerns about their role in hyponatraemia; later identified as secondary to psychogenic polydipsia. Upon olanzapine reintroduction, CK levels rose from 9,000 to 32,000 overnight, prompting immediate discontinuation. As there were no NMS symptoms, olanzapine was reintroduced but subsequently stopped again after CK levels peaked at 77,000 and liver function tests deteriorated.

The patient was reviewed by Rheumatology, who suggested olanzapine-induced eosinophilic myositis and rhabdomyolysis. This resulted in the patient developing compartment syndrome; hence a slower CK decline, and bilateral foot drop which was reflected on the nerve conduction studies.

Steroids were initiated for compartment syndrome, and antipsychotics were withheld until CK normalised. The patient was commenced on risperidone, but within a few days the CK increased to 1,000, necessitating its discontinuation. Aripiprazole was then trialled, but the CK rose to 737 after three doses and it was therefore ceased. Benzodiazepines were temporarily used to manage emerging psychotic symptoms until CK levels stabilised. The patient was then transferred to an inpatient psychiatric ward. Given CK elevation with three atypical antipsychotics, a typical antipsychotic, namely haloperidol, was cautiously introduced. It was successfully titrated to a therapeutic dose without CK elevation.

Results: The case recognises the potential occurrence of rhabdomyolysis secondary to antipsychotics and the medical complications as a result. It underscores the importance of close monitoring of CK when prescribing antipsychotics. More importantly, a pattern of atypical antipsychotics being the key factor for rhabdomyolysis was identified. Thus, trialling a typical antipsychotic could be beneficial in treating psychotic disorders in such cases.

Conclusion: This case has identified that typical antipsychotics may have a lower risk of causing rhabdomyolysis compared with atypical antipsychotics, but the mechanism behind this is unclear. This should be kept in mind, particularly in patients with a history of elevated CK who require treatment for their mental health.

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