

benefit. The addition of non-pharmacological interventions is often essential for optimal symptom control. Music is a viable way to help patients communicate and improve quality of life. This study aims to find the most effective way to use music on a busy dementia ward.

Methods. 17 inpatients (aged 63–93 years) took part over a five-week period. Music with projected lyrics was individualised and based on their preferences. Instruments (e.g., maracas) were used in some group sessions. We used the Neuropsychiatric Inventory Questionnaire (NPI-Q) and Music in Dementia Assessment Scales (MiDAS) to evaluate patients' behaviour before and after musical intervention.

Results. Of NPI-Q scores, a significant difference between mean scores before and after the music intervention was found. Specifically, Delusion, Motor Disturbances, and Agitation scores were significantly reduced after music intervention. Of MiDAS, significant differences were found in Interest, Response, and Enjoyment during specific intervals.

Conclusion. A multisensory inpatient environment was effective in delivering music-based activities and managed behavioural symptoms in the short term to people with advanced dementia. Its use for inpatient wards must be further investigated as an economical and personalised non-pharmacological therapeutic tool for patients with dementia.

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The Emotional Experiences of Women Suffering From Premenstrual Dysphoric Disorder in the United Kingdom

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Aims.

- 1) To hear directly from women suffering from PMDD about their lived experiences of PMDD and the impacts that it has on their daily lives.
- 2) To raise awareness about the impacts that PMDD can have on patients' quality of life, relationships, and productivity, to improve clinicians' understanding of patients' needs.
- 3) To identify a gap in research into PMDD within the UK and highlight the need for further research.
- 4) To improve awareness of PMDD amongst diverse stakeholders, including women who are not yet diagnosed with PMDD, employers, and policymakers.

Methods. Participants were recruited from the UK's PMDD Patient Insight Group and screened using the Premenstrual Symptom Screening Tool (PSST) for PMDD. Eligible participants were purposively sampled, and 15 participants were invited to a semi-structured scheduled interview on Zoom. Interviews were transcribed using NVivo transcription software, and inductively analyzed using reflexive thematic analysis in NVivo 14.

Results. Thirteen subthemes were identified and organised around four main themes: Theme 1: 'Jekyll and Hyde', Life with PMDD, Theme 2: 'The Aftermath', The Impact of Living

with PMDD, Theme 3: 'Surviving PMDD', Coping Strategies, and Theme 4: 'Seeking Treatment', Experiences with Healthcare. The themes identified in this study highlight the negative experiences of women living with debilitating symptoms that appear during the luteal phase and disappear following the onset of menstruation. Themes also capture the immense burden PMDD places on a sufferer by uncovering how exactly these symptoms affect interpersonal relationships, career progression, quality of education received, and relationship with oneself. Theme 4 focuses on women's negative experiences with healthcare stemming from a lack of awareness of PMDD in the medical community.

Conclusion. The findings of this study highlight the critical importance of understanding the contextualized experiences of women living with PMDD in the UK and bringing to light the immense monthly burden sufferers face. To prevent women and Assigned Female At Birth (AFAB) individuals from experiencing severe and prolonged psychological distress which can have fatal consequences, there needs to be greater understanding and awareness of PMDD in both medical and lay communities. In addition to this, clinicians must be trained in PMDD assessment and research should be encouraged to introduce new treatments and to implement policies that minimize the burden of PMDD in the workplace.

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How Are FOMO and Nomophobia Linked to Symptoms of Depression, Anxiety and Stress Among University Students?

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Aims. Nomophobia, defined as the fear of being without one's mobile phone, and FOMO (Fear of Missing Out) are on the rise and are thought to be linked to increased mental health problems. In the information era, being separated from smartphones may cause anxiety, while the expectation of continuous updates on social media may increase feelings of inadequacy and distress when comparing one's life with selected highlights of others. The extent of nomophobia and FOMO in the Middle East and whether these experiences are associated with psychiatric disorders are yet to be ascertained. The purpose of this study was to determine the prevalence of nomophobia and FOMO among university students in the UAE and the relationship between these phenomena and depression, anxiety and stress levels.

Methods. 232 female and 103 male undergraduate students in four Emirates (Abu Dhabi, Dubai, Sharjah, and Ajman) took part in the study. An online questionnaire was developed and piloted. Nomophobia and FOMO were measured using validated questionnaires, namely NMP-Q and FoMoOs. Symptoms of depression, anxiety and stress were assessed using the DASS-21 scale. Data were analysed using SPSS 22. Significance level was set at $p < 0.05$.

Results. The data revealed that 28.6% of respondents exhibited severe, 47.7% moderate, and 23.7% mild nomophobia symptoms. 52.5% of participants reported moderate to extreme fear that others have more rewarding experiences than them, with the median FoMo score being (25.62). Higher nomophobia, stress,

anxiety, and depression levels correlated with elevated FOMO scores ($p < 0.001$). Variations in FOMO scores were noted across university, gender, and college. Strong associations existed between severe nomophobia and heightened stress, anxiety, and depression ($p < 0.001$). The findings underscored contextual influences on nomophobia intensity among diverse individuals.

Conclusion. The study identified a high prevalence of nomophobia and FOMO among UAE university students. Significant correlations were observed between these digital-related fears and mental health issues like depression, anxiety, and stress. Our results delineate the necessity for exploring and implementing interventions that address smartphone-related phobias to safeguard the mental well-being of UAE university students, considering their unique cultural context.

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The Neurobiology of Depression, Burnout and Resilience Among Healthcare Students

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Aims. Adapting to academic and social demands may be challenging for university students. Healthcare students are thought to be at high risk of burnout and Major Depressive Disorder (MDD) due to the demands of their training and emotional toll of caring for patients. This risk extends well into physician years, suggesting the persistence of an abnormal psychological state developed during training years. We aimed to investigate the prevalence and severity of depressive symptoms, burnout, and resilience in healthcare students, examine their correlation with salivary cortisol levels, and assess how these factors change during examination periods.

Methods. This longitudinal study investigated the mental health and salivary cortisol levels of medical, dental, or health science students in the UAE at two distinct periods, at the start of the academic semester, and within one week of the examination period. A total of 147 students (51% females) were included, and their demographics and education variables, including cumulative GPA (cGPA), were assessed. Depression, resilience, and burnout scores were measured using the Patient Health Questionnaire-9, Nicholson-McBride Resilience questionnaire, and Maslach Burnout Inventory-Student-Survey, respectively. Participants who met the criteria for MDD were identified. Time-dependent cortisol levels were modelled using functional data analysis and standardised cortisol levels were calculated. Data analysis was done using mixed effect models in R 4.1.2.

Results. Among participants, 12.2% screened positive for MDD at the beginning of the semester, increasing to 16.6% during the examination period. Depression scores were higher during the examination period ($p = 0.011$). Female gender was significantly associated with higher levels of depression (median difference = 3.00; $p < 0.001$) and burnout but lower levels of resilience (mean difference = 3.27; $p < 0.001$). cGPA below 75% ($p = 0.009$) and history of mental illness ($p = 0.015$) were associated with increased levels of depression. High cortisol

responders (z -value > 1) developed higher depression scores ($p = 0.033$) compared with low cortisol responders (z -value < -1). Participants with higher resilience were less likely to develop depression and burnout ($p < 0.003$).

Conclusion. This study shows relatively high levels of depression among healthcare students in the UAE, particularly in females, students with history of mental illness, students with low cGPA, and students with high cortisol levels. Efforts to promote culturally appropriate resilience skills need to be developed to reduce distress and depression in this population.

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Navigating ADHD in Higher Education: Evaluating Psychosocial Interventions for Student Self-Esteem, Well-Being, and Quality of Life

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Aims. Several studies have shown that individuals diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) have difficulties in maintaining their psychological well-being and are at risk of negative impacts on their psychological health during higher education. Consequently, it is crucial to introduce targeted interventions to promote self-esteem, quality of life, and overall well-being to minimise potential adverse outcomes. For this reason, the main objective of this systematic literature review was to identify and evaluate studies on the target population that explored the effects of psychosocial interventions on dimensions of psychological well-being, such as self-esteem, well-being, or quality of life.

Methods. A systematic literature review was conducted following the PICO approach and PRISMA guidelines. The electronic databases – MEDLINE, PsycINFO, Web of Science, PubMed, COCHRANE Central and Education Research Complete were searched for English-language studies published between 2013–2023 on interventions conducted in university-level ADHD students that impacted their psychological well-being. Exclusion criteria encompassed studies focusing on comorbid clinical diagnoses such as anxiety or depression outcomes and pharmacological interventions. Nine studies that met the inclusion criteria were identified.

Results. Cognitive-behavioural therapy (CBT), interpersonal group therapy, and coaching emerged as interventions with the strongest evidence base for improving psychological well-being in university students with ADHD. The ACCESS (Accessing Campus Connections and Empowering Student Success) intervention, a CBT and mentoring programme, demonstrated increased well-being over time ($p = 0.001$, $d = 0.45$). Interpersonal group therapy yielded significant improvements in global self-esteem ($p = 0.001$, $\eta^2 = 0.12$), with a significant difference from the control group ($p = 0.01$, $\eta^2 = 0.07$), while the coaching intervention revealed significantly higher well-being scores in participants compared with the control ($p = 0.05$, $R^2 = 0.11$).

Conclusion. This systematic review found psychosocial interventions focussing on CBT, interpersonal group therapy, and coaching were effective in improving the psychological well-being of university students with ADHD. Future intervention studies