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Aims. In a majority of low and middle-income countries, the mental health system is weakened due to poor resources as well as poorer recruitment and retention rates in psychiatry among junior doctors. The present study utilizes a mixed-methods approach to explore the factors associated with low recruitment and retention of junior doctors in Psychiatry.

Methods. This study utilized an online survey administered among medical students and postgraduate trainees in psychiatry in Pakistan. The survey was open for 5 weeks for data collection from Nov 21st to Dec 31st, 2022. The survey was distributed conveniently using social media platforms and supplemented by snowball sampling procedures. This survey explored common myths about mental illness and psychiatrists using close-ended questions. Open-ended questions were asked to probe the participants on solutions to improve recruitment into psychiatry be improved.

Results. A total of 103 responses were received on the online survey, with the majority (83, 80%) of respondents being females. A majority (66, 64%) of respondents were medical students and 37 (36%) were junior doctors. Most responses were received from the two largest government sector medical universities in Karachi Pakistan, Jinnah Sindh Medical University (67%) & Dow University of Health Sciences (23%).

A total of 62 (60%) respondents reported a lack of exposure to Psychiatry in medical students, to make it a career choice. A larger proportion 57 (55%) felt working in Psychiatry can affect their own mental health. A total of 43 (40%) were not sure if Psychiatry is fulfilling enough as a career and 58 (56%) felt that job satisfaction in psychiatry is difficult to achieve. Around 60% were concerned that mental health conditions are chronic and enduring psychiatrists may not have many options for treatment. In open-ended responses, several common themes emerged. Most respondents commented about their lack of exposure to psychiatry as medical students, which accounts for their reluctance to choose Psychiatry.

Conclusion. Psychiatry forms a very limited part of the medical school curriculum and students' placements. Myths and stigma around mental illness can lead to low recruitment in Psychiatry and stigma can be challenged with more exposure to psychiatry during medical university years. Early medical study years have an influence on career choice and Psychiatry should be introduced relatively early as clinical placement. Psychiatry conferences, seminars and workshops on the local and national level can help in inspiring Medical students and junior doctors.

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.

National Prescribing Patterns of Psychotropic Medications in Older Adults in Oman

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Aims. High rate of psychotropic medications use in elderly people has been reported in the literature. Potentiality inappropriate prescriptions (PIPs) is very common as well. This issue has not been investigated in Oman previously. The aim of our study was to assess the patterns of psychotropic medications prescribed for older adults in the psychiatry clinics in Oman, screen for PIPs and plan for future actions to minimize inappropriate prescriptions.

Methods. This is a cross sectional descriptive study using the information in patient's medical records. It was conducted in 12 health care institutions which equally represent all Governorates of Oman. All patients who aged ≥ 60 years old who attended psychiatry clinics from January 2019 to June 2021 and were prescribed psychotropic medications were included. All psychotropic drugs were evaluated including: antidepressants, antipsychotics, Mood stabilizers and hypnotics. STOPP criteria were applied to detect PIPs.

Results. 1409 patients (70%) out of 1995 elderly patients who attended the psychiatry clinics in the study period as a new case were prescribed psychotropic medications. Rate of polypharmacy in our study is 38.9%. The most common medications prescribed were risperidone (18.1%) from the antipsychotic category, citalopram (23%) from the antidepressant group and promethazine (30.1%) from the hypnotics group. Regarding the use of sedative medications, 18.5% of the patients were prescribed a benzodiazepine and 35.6% of them were prescribed an antihistamine. When assessed the pattern of medications prescribed in healthy people compared to people with different categories of major medical morbidities, no differences were observed. We found 130 (9.3%) potentially inappropriate prescriptions in our study based on STOPP criteria which included use of long-acting benzodiazepine (Diazepam), prescription of anticholinergic medication to treat extrapyramidal side effects (procyclidine) and use of tricyclic antidepressants in specific categories of medical diseases.

Conclusion. The patterns of psychotropic prescriptions for older adults in the outpatient setting in Oman raise concerns about 2 main issues: psychotropic polypharmacy and high rate of benzodiazepines and antihistamines use. This warrants further investigation of these issues in separate studies to identify risk factors. We also recommend implementing certain actions to minimize inappropriate prescriptions including reviewing the availability of appropriate psychotropic medications for this age group in Oman, creating a national guideline for prescribing and providing continuous medical education to the physicians in the primary and secondary health care institutions regarding this aspect.

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Identifying the Knowledge and Attitudes Towards Suicidal Warning Signs Among University Students in the UAE

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Aims. One of the top causes of death and injury among adolescents and young adults is suicidal behaviour. Indeed, suicide is the second leading cause of death among individuals aged between 15 and 24 years worldwide. Studies on the prevalence of suicide among university students in the UAE are scarce. Importantly, the extent of awareness and experience of suicidality among this group is still unknown. We aimed to ascertain the knowledge and attitudes towards suicidal warning signs and symptoms amongst university students in the UAE.

Methods. An online self-administered questionnaire platform was used to collect data from UAE university students in a quantitative cross-sectional study. In addition to demographics, experience regarding suicidal thoughts and behaviours, efficacy expectations, and outcome expectations and values were evaluated. Data were analysed using SPSS, setting a p-value of <0.05 as statistically significant.

Results. A total of 392 participants completed the questionnaire, 233 (59.4%) were males and 159 (40.6%) were females. Based on the knowledge scale, only 35.3% of total participants were identified as knowledgeable of the warning signs of suicide. Expectedly, out of the knowledgeable group, a vast majority of 83.3% were medical students. When they were asked about what they would do if a friend told them that they are thinking about ending their life, many of the students chose to talk to their friends without getting anyone else's help. There was no statistically significant correlation between being educated regarding suicide and being knowledgeable of suicidal signs and symptoms ($P = 0.1$). Surprisingly, the degree course students enrolled in was not found to play a significant role in their level of confidence regarding suicidal signs and symptoms.

Conclusion. To our knowledge this is the first study to investigate awareness and attitudes about suicidal thoughts and behaviours among university students in the UAE. Knowledge regarding suicidal signs and symptoms among university students in the UAE is notably low. According to the results, self-reported education did not play a major role in appropriately managing suicidal signs and symptoms. The nature of the education provided to students needs to be further investigated to explore the gaps in the knowledge provided.

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Exploring the Relationship Between the Menstrual Cycle and Women's Mental Health in a Female Inpatient Ward

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Aims. To explore the relationship between the menstrual cycle and mental health-related symptoms in women admitted as psychiatric inpatients. To explore the acceptability and feasibility of enquiry. Background: Despite the increasing global burden of mental disorder among women* of reproductive age, there has

been little focus in research or clinical practice on the role of reproductive hormones in the pathogenesis, maintenance and treatment of mental disorder in women. Yet a significant proportion of women are vulnerable to fluctuations in sex hormones (for example in the premenstrual or perimenopausal periods).

Methods.

- 21 patients were asked a series of questions about their menstrual cycle by ward doctors, during their inpatient admission. Descriptive statistics were generated. Data from free text questions were analysed using thematic analysis.
- A focus group was facilitated by the ward occupational therapist on 1st November 2021, involving seven patients.

Results. The project ran between November 2021 and February 2022. Mean age of respondents was 38 years and 57% ($n = 12$) were of Black ethnicity. 76% ($n = 16$) reported having a period in the last 12 months. Of these, 10 women felt their mental health changed throughout the month in relation to their menstrual cycle. Themes elicited from free text questions related to symptoms experienced during the pre-menstrual phase and included increased suicidality, anger, low mood and unusual experiences. Of the seven women who had not had a period in the last 12 months, over half ($n = 4$) reported menopausal symptoms. During the focus group those women who had gone through the menopause noted they had limited knowledge about it and how it may affect their mental health.

With regards to feasibility of enquiry, the focus group indicated that women would like to discuss their menstrual cycle, how it can affect their mood and additional support available. However, they would prefer this took place in a one-to-one setting outside of ward round, ideally with a female doctor.

Conclusion. A number of female psychiatric inpatients likely experience an increase in mental health-related symptoms pre-menstrually. Enquiry about menstruation is likely to be feasible in the inpatient setting, given it is done sensitively. Such enquiry could provide opportunities to discuss areas of concern to the patient and discuss specific issues such as menopause and pre-menstrual dysphoric disorder. It could also provide data for future research and guide the development of clinical practices that recognise the relationship between the menstrual cycle and women's mental health.

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An Analysis of Factors Associated With Readmission Within Ninety Days From a Community Mental Health Rehabilitation Team

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Aims. Frequent readmissions present a challenge to both community and inpatient mental health services and are frequently used as a quality indicator. Service users who are readmitted also tend to have a poorer prognosis and can be characterised as 'revolving door' patients. Determining modifiable factors that affect rates of readmission may allow mental health services to target interventions such as to improve outcomes and service users' experiences

Methods. The caseload of an inner-city NHS community rehabilitation team was examined for psychiatric admissions