

Rapid Review: Ascertaining the Type of Potentially Life-Threatening Cardiovascular Events and Eventual Cardiovascular Mortality From Antipsychotic Use in Clinical Practice

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doi: 10.1192/bjo.2024.190

Aims. According to the World Health Organization (WHO), there has been a 13% increase in mental health and substance abuse disorders within the last decade. Typical and atypical antipsychotics are the most common treatment mechanisms for mental health-related disorders such as schizophrenia, depression with psychotic symptoms and bipolar disorders. However, antipsychotic usage is associated with more than a 50% increase in CVD such as ischaemic heart disease, resulting in cardiovascular-related mortality.

This review aims to investigate the most common type of cardiovascular event causing mortality due to antipsychotic use.

Methods. A systematic search within PubMed and Medline was conducted on 3 October 2023. Selection criteria were limited to English, full-text studies excluding case reports. The time frame selected was up to 3 October 2023. All studies included adults only. Interventions of focus include typical and atypical antipsychotics licensed in the UK. Outcome measures include cardiovascular mortality/events post-antipsychotic prescription.

Results. 13 studies were included out of 1088 records. Studies originated from 4 nations with the most studies coming from the USA ($n = 7$), UK ($n = 2$), Taiwan ($n = 2$) and Canada ($n = 2$).

The most common antipsychotic reported in the records was risperidone ($n = 11$), followed by haloperidol ($n = 9$), olanzapine ($n = 8$) and quetiapine ($n = 8$).

From data extraction, the most common cardiovascular events leading to death were sudden cardiac death/arrest ($n = 6$), ventricular arrhythmias ($n = 6$), myocardial infarction ($n = 4$), and heart failure ($n = 2$).

Due to data heterogeneity, discrete outcome measures were extracted from each record. This included outcomes measuring: relative risk between various groups ($n = 9$), rate of cardiovascular event per 100 patient year ($n = 3$), and mortality post cardiovascular event ($n = 1$).

Conclusion. From this study, ventricular arrhythmias and sudden cardiac deaths were the most common cardiovascular events secondary to antipsychotic use leading to mortality. Owing to patient safety and benefits, patients with psychotic illness are unable to go untreated. They are consequently very vulnerable to the cardiovascular side effects of prescribed high-dose antipsychotic drugs. Despite current monitoring guidelines worldwide, cardiovascular-associated mortality in patients on antipsychotics is still elevated. This may indicate the potential inadequacy of current measures for these patients while demonstrating the need for more aggressive cardioprotective interventions and monitoring.

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.

Depression and the Risk Factors Among Elderly Residents in Gyeongsangbuk-Do

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doi: 10.1192/bjo.2024.191

Aims. The purpose of this study is to analyze the prevalence and factors of depression among the elderly population, a significant issue in Korea's aging society. By doing so, we aim to provide basic indicators for improving mental health and quality of life while efficiently managing healthcare costs.

Methods. From February to December 2021, a study was conducted on a population of 19,158 elderly individuals aged 65 and above residing in Gyeongsangbuk-do province. The severity of depression was evaluated using the Korean version of the Patient Health Questionnaire (PHQ)-9, which was adapted for use as a depression screening tool in clinical settings. In addition, demographic information such as place of residence, age, gender, and education level was collected to analyze factors that may influence depression. The data were analyzed using cross-analysis, two independent sample t-tests, one-way ANOVA, multiple regression analysis, and Scheffe's post-hoc analysis.

Results. In the PHQ-9 screening, the average score of the elderly population was 3.65. The results showed that 13,705 individuals (71.5%) were in the normal group with scores ranging from 0 to 4, 3,683 individuals (19.2%) were in the mild group with scores ranging from 5 to 9, 1,575 individuals (8.2%) were in the moderate group with scores ranging from 10 to 19, and 195 individuals (1.0%) were in the severe group with scores of 20 or higher. It was found that place of residence, education level, type of housing, top two difficulties in daily life, subjective economic status, desired services, subjective mental health, past and current history of mental health treatment, and medication for physical illness had statistically significant ($*p < 0.05$) effects on depression.

Conclusion. Various factors were found to have a significant impact on depression among the elderly population in Gyeongsangbuk-do. Proactive prevention and treatment tailored to the population characteristics of the region may be necessary.

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Nature and Prevalence of Long-Term Conditions in People With Intellectual Disability, a Study That Combines the Powers of AI, Big Data and Lived experience

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doi: 10.1192/bjo.2024.192