

Conclusion. The overall placebo effect in TRD studies was large ($g = 1.08$) and did not differ among treatment modalities. A better understanding of the placebo response in TRD will require: standardizing the definition of TRD, head-to-head comparisons of treatment modalities, an assessment of patient expectations and experiences, and standardized reporting of outcomes.

Mortality rates are higher in Lewy body and parkinson's disease dementia compared to Alzheimer's dementia in patients referred into a secondary care mental health service. Why?

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Aims. We compared survival in four cohorts of dementia patients– Lewy body (LBD), Parkinson's (PDD), Vascular (VD) and Alzheimer's dementia (AD) - in patients referred into Cambridge and Peterborough NHS Foundation Trust (CPFT) mental health services.

Additionally, we investigated reasons for variation in survival in the four cohorts.

Method. Using electronic records we identified retrospective cohorts of patients referred into services from 2013 onwards. Cases of LBD and PDD were identified using text searches, and comparison cohorts with AD or VD identified using ICD10 diagnosis codes ((F00.*) or (F01.*) respectively).

We collected referral (date of referral and service referred into), demographic (date of birth and gender) and diagnosis data on the patients in the four cohorts. Dates of death were available, through central NHS reporting to Trusts.

We used date of first referral as start of the follow-up and end of follow-up, death or 31/12/19. We used Kaplan-Meier and Cox survival analysis to compare survival in the four cohorts.

The cohorts were crossed with Hospital Episode Statistics (HES) data to extract hospital admission diagnoses. We extracted diagnoses of pneumonia due to aspiration and recurrent falls from hospital admissions data using ICD codes (J69.0 and R29.6 respectively). We calculated prevalence of these diagnoses in the dementia groups, in males and females separately.

Result. In Cox analysis (controlling for age at referral, gender and service referred into), the hazard ratio (HR) for death was highest for the PDD group (HR 2.0 (95% CI 1.7–2.4)), followed by LBD (HR 1.4 (95% CI 1.3–1.6)), then VD (HR 1.2 (95% CI 1.0–1.3)), with the AD group as reference. In the same analysis repeated separately for males and females, the highest HR was found in males with PDD (HR 2.3 (95% CI 1.8–2.8)).

Referrals to liaison psychiatry were associated with reduced survival compared to other mental health services (HR 1.7 (95% CI 1.5–2.0)).

The AD cohort showed the lowest rates of pneumonia due to aspiration and recurrent falls in males and in females. The highest rate of pneumonia due to aspiration was found in the male PDD group (27%).

Conclusion. In patients with dementia referred into mental health services, those with AD survive longer compared to other dementia groups, with PDD patients at highest risk of death. Physical frailty including risk of aspiration, is likely to account for some of this difference in survival.

Treatment of anorexia nervosa in young people with autism: a literature review

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Aims. The purpose of this review was to review existing literature relating to treatment of anorexia nervosa in young people with a diagnosis of autism. Hypothesis was that there would be a limited amount of literature in this age group. Previous research has suggested that there is over-representation of autistic traits in anorexia nervosa. There are implications for treatment outcomes for young people with anorexia nervosa and autism. Young people with autism may find it more difficult to engage in psychological treatments for anorexia nervosa, due to cognitive and behavioural inflexibility, or communication difficulties. Researchers are therefore looking at other options for treatment.

Method. This is a narrative review. Search was conducted in January 2020. Keywords used were “anorexia nervosa” combined with “autism” combined with “treatment”. Only published, peer-reviewed, full articles in English were included. Search of OVID (for MEDLINE, PsycINFO, EMBASE and ERIC databases) gave a result of 222 articles. 9 articles met the inclusion criteria. Search of CINAHL gave a result of 12 articles; 3 articles met the inclusion criteria but had been reviewed following OVID search.

Result. Themes identified for discussion were: cognitive remediation therapy; improving emotional identification; adaptations to communication; dietary, sensory and environmental considerations; recognising the role of autism; and pharmacological therapies.

Conclusion. Literature suggests that treatment targeting cognitive features, common to anorexia nervosa and autism, can be effective. There has been interest in the use of cognitive remediation therapy (CRT) and cognitive remediation and emotion skills training (CREST). However, more research is required in younger patient groups. Use of medication is in experimental stages, with studies considering a role for oxytocin from age 16. Qualitative studies provide information on modifications to treatment which could be helpful. The review highlights the need for a standardised, evidence-based treatment pathway for this patient group.

Attitudes and perceptions of parents towards child and adolescent psychiatric consultation, diagnosis and treatment

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Aims. The aim of the study was to assess the attitudes and perceptions of parents towards child and adolescent psychiatric consultation, diagnosis and treatment.

The hypothesis of the study was there are significant problems in the domains of attitude and perceptions of parents towards child and adolescent psychiatric consultation, diagnosis and treatment.

Background. Parents are an important stake holder in child and adolescent psychiatry and mental health care service models. There is scarce literature from developing countries regarding