Briggs Institute (JBI) tools were used to critically appraise articles. The total Positive and Negative Symptom Scale (PANSS) scores were synthesised using a meta-analysis.
Results. Of the studies obtained (n = 11), two used estrogen HT as an augmentation agent, and nine used the SERM Raloxifene. Quality review and critical appraisal found inconsistencies in data and publication bias favouring trials that include Raloxifene. Meta-analysis results indicate Raloxifene plus antipsychotic did perform better than placebo [Std diff in means total = 0.340 (95% CI) p = 0.001] with a small effect size (g = 0.3392).
Conclusion. Though research appears promising, recommendations for the use of estrogen agent augmentation cannot be made at this time as more clinical trials that include a diverse range of treatments are needed.

The Impact of Rare Copy Number Variants on Real-World Functional Outcomes in Individuals With Psychosis

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Aims. Individuals with psychosis experience impairments in real-world functional outcomes such as employment and health. Rare copy number variants (CNVs) are established risk factors for psychosis, neurodevelopmental disorders and cognitive impairment. However, little is known about their effect on real-world functional outcomes in individuals with psychosis.

I aimed to establish the effect of rare neurodevelopmental CNVs on real-world functioning in individuals with psychosis.
Methods. I identified 1,932 individuals with psychotic disorders (ICD–10 F20–F29) in the UK Biobank using first-occurrence data (from primary care, hospital inpatient and death register records and self-reported conditions). I mapped UK Biobank data to two domains of real-world functional outcomes – health deficits and vocational outcomes. We previously called CNVs using PennCNV, annotating them with 53 CNVs associated with autism spectrum disorder and developmental delay. I conducted regression analyses with neurodevelopmental CNVs as the predictor, real-world functioning as outcomes and with relevant covariates (e.g. age and sex).
Results. Out of 1,932 individuals with psychotic disorders, 2.5% (n = 49) carried a neurodevelopmental CNV.

Health Deficits

I used first-occurrence diagnosis data to establish comorbid psychiatric diagnoses. I summed these diagnoses and dichotomised them into one or more comorbid diagnoses versus no comorbid psychiatric diagnoses. I conducted a logistic regression analysis – neurodevelopmental CNV carrier status was associated with having at least one psychiatric diagnosis in addition to a psychosis diagnosis (OR 2.1, 95% CI 1.1 - 4.1, p 0.034). Post-hoc analyses revealed an increased rate of dissociative and conversion disorders in CNV carriers (OR 4.5, 95% CI 1.26 - 15.99, p 0.021).

I used first-occurrence physical health diagnosis data to establish the burden of the 20 most prevalent chronic non-cancer illnesses. Neurodevelopmental CNV carrier status was associated with chronic physical health multimorbidity in individuals with psychosis (59.2% vs 43.5%, OR 2.30, 95% CI 1.27–4.17, p 0.006), defined as the presence of two or more chronic physical health conditions.

Vocational Outcomes

I conducted an ordinal regression analysis, establishing that among individuals with psychosis, CNV carriers had a lower likelihood of achieving a higher qualification (OR 0.45, 95% CI 0.27–0.77, p 0.003).
Conclusion. Neurodevelopmental CNVs are associated with important real-world functional outcomes in individuals with psychosis. This work provides information that can guide the assessment and management of individuals with both psychosis and neurodevelopmental CNVs.

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.

Phenomenology of Mood Disorders in Children and Adolescents

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Aims. Psychiatrists frequently diagnose mood disorders in children. However, there is a limited understanding of clinical history and phenomenology of mood disorders in these phases of lifespan, and phenomenological variations in those with and without neurodevelopmental disorders (NDD). The primary objective of the study was to study, comparatively, the phenomenology in children clinically diagnosed with mania, depression and mixed affective disorder. The second objective was to study the phenomenological differences in diagnosed cases of mood disorder children with and without neurodevelopmental disorders.
Methods. We conducted a semi-qualitative study of the clinical history and phenomenology in 120 children recruited from a tertiary care child and adolescent psychiatry service. Children with current diagnosis of depression, mania or mixed affective state, age less than 18 years, and appropriate consent/assent were included. Children with comorbid neurological disorders, any underlying organicity, or those currently in remission from their mood episode were excluded. Descriptive summaries were calculated for socio-demographic, clinical and phenomenological data. Chi Square test was used to examine statistical differences in prevalence of various phenomena across the clinical diagnostic groups.
Results. The most common clinical diagnosis was depression (58.3%) followed by mania (25.8%) and mixed affective state (15%). Irritable mood and emotional dysregulation were equally distributed among the three diagnostic groups. With a high prevalence of comorbid NDDs in the sample, we compared phenomena between groups with and without NDDs. In cases of depression, suicidal ideas and guilt feelings were expressed in 61% and 80% of these participants without comorbid NDD (n = 45) respectively, which was significantly high as compared with those with NDD (n = 67). The symptoms of disinhibition (78.9%), impulsivity