

**Aims.** Individuals with intellectual disability (ID) exhibit elevated health needs when compared with the general population. There is a higher vulnerability to long-term conditions. A scoping review identified that individuals with ID exhibit a distinct pattern of multiple long-term conditions (MLTC) that is different to the general population. Findings highlight health challenges faced by individuals with ID, emphasising the need for targeted and early interventions to address their unique healthcare needs.

This study utilises a professional advisory panel (PAP) and patient and public involvement (PPI) group to form a consensus on relevant long-term conditions for people with ID. Machine learning algorithms are employed to identify long-term conditions in a large, population-based data repository covering the whole of Wales revealing a comprehensive range and prevalence of long-term conditions in a sample of 13,361 adults with ID.

**Methods.** A consensus on relevant long-term conditions for people with ID was formulated through iterative review followed by revision by PAP and PPI group. PAP comprised a multidisciplinary team with relevant expertise including General Practitioners, a Consultant Psychiatrist, nurses, pharmacists, and data analysts. The PAP worked in collaboration with a PPI group, comprising three groups of experts by experience: people with ID, family or informal carers of people with ID, and professional carers of people with ID.

This study utilises machine learning algorithms in the Secure Anonymised Information Linkage (SAIL) databank to identify the range and prevalence of long-term conditions in ID. SAIL is an anonymised, population-based data repository, comprising billions of anonymised records across Wales. This study included 13,361 ID adult patients.

**Results.** Following iterative review and revision by the PAP and PPI group, a consensus of 40 long-term conditions relevant for people with ID was identified. Prevalence rates for each condition were calculated. Ten most prevalent conditions were recorded as mental illness, reflux disorders, epilepsy, chronic airway diseases, hypertension, thyroid disorders, chronic arthritis, chronic kidney disease, diabetes, and anaemia.

**Conclusion.** Consensus on relevant long-term conditions for the general population developed through previous studies is not relevant for the ID population. This is the first effort at creating a full range of long-term conditions for individuals with ID, utilising a population-based data repository. It is possible to do this in partnership with PAP and PPI groups. Along with prevalence, impact of ageing and gender, and hospitalisation as outcome data, this study describes challenges associated with interpreting data captured by Read Codes and ICD-10 codes.

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.

## Neural Correlates of Disgust Processing in Childhood Maltreatment and Peer Victimization

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**Aims.** Childhood maltreatment (CM) and peer victimisation (PV) are common sources of early-life interpersonal stress. CM

is associated with atypical fronto-limbic emotion processing and regulation, and increased vulnerability for self-harm/suicide. However, few studies have compared the neurofunctional correlates between caregiver-inflicted versus peer-inflicted mistreatment. We compared the alterations of neurofunctional correlates of facial emotion processing in young people exposed to CM or PV and explored their associations with self-harm.

**Methods.** fMRI data were collected from 114 age- and gender-matched youths (39 CM, 37 PV and 38 controls) during an emotion discrimination task. Region-of-interest (amygdala, insula) and whole-brain analyses were conducted.

**Results.** Groups differed significantly during processing of disgust only. Both CM and PV groups had lower activation in right amygdala and bilateral posterior insula than controls, where the left insular underactivation was furthermore related to increased self-harm in maltreated youths. At the whole-brain level, both CM and PV groups also had underactivation compared with controls in a cluster of bilateral limbic-thalamic-striatal, precuneus/posterior cingulate, temporal, fusiform/lingual and cerebellar regions, which was negatively associated with emotional problems in controls, as well as a cluster of somatosensory regions associated with increased self-harm in maltreated youths.

**Conclusion.** Early-life interpersonal stress from caregivers or peers is associated with common underactivation of limbic-thalamic-striatal, precuneus/posterior cingulate and somatosensory regions during disgust processing. The hypoactivation of key emotion and sensory processing and self-referential brain regions could be a potential suppressive mechanism to cope with the aversive emotion; however, it may also entail increased risk of affective psychopathology in seemingly healthy youths.

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## Risk Factors for Burnout Among Doctors in a Tertiary General Hospital

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**Aims.** To study the risk factors for burnout among doctors in a tertiary general hospital in Singapore. We hypothesized that burnout would be associated with singles, young age, females, foreign born staff who had recently moved to this country unaccompanied by family, and those showing less resilience. We hypothesised perceived support and satisfaction with leisure would mitigate against burnout.

**Methods.** An anonymised survey was carried out, with questionnaires sent to all staff via email. Survey instruments included the Oldenburg Burnout Inventory, Connor Davidson Resilience Scale, Brief Form of Perceived Social Support Questionnaire, Patient Health Questionnaire-4 items (PHQ-4), Leisure Time Satisfaction Survey and the Demand Control Support Questionnaire (DCSQ). Descriptive statistics for normally-distributed numerical variables were presented as mean (SD or standard deviation), and for categorical variables, median and n (%). One-way ANOVA was performed to determine differences in total burnout scores across