

In the future, we will continue to improve the RPP with further PDSA cycles and carry out an audit on the system on a regular basis to ensure standards are met.

Treatment resistant depression in the UK: sub-analysis of a European real-world evidence study

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Aims. Treatment resistant depression (TRD) affects $\leq 20\%$ of patients with major depressive disorder and is defined as failure to respond to ≥ 2 different antidepressants in the same major depressive episode (MDE). TRD patients' outcomes are poor and real-world data from the UK are limited. The Treatment Resistant Depression in Europe Cohort was established to study patients being treated in local, routine clinical practice. The analysis presented here aimed to compare UK-specific data with data from other European countries included in the study.

Method. A prospective, multicentre, observational cohort study of TRD patients in Italy, Germany, Spain, Portugal, the Netherlands, the UK and Belgium was conducted. Patients aged 18–74 years with current TRD, Montgomery-Åsberg Depression Rating Scale (MADRS) score ≥ 20 , and initiating a new treatment for depression, were eligible. Data from medical records, clinician assessments and patient-reported questionnaires were collected over time, with follow-up of ≥ 6 months.

Result. Data from 411 patients were analysed. At baseline, UK patients ($n = 49$) had similar depression severity to the whole European cohort (34.7% vs 32.6% of patients categorised as severe based on MADRS score, respectively). Patients had experienced the current MDE for a mean (standard deviation [SD]) of 6.1 (7.9) years vs 2.6 (3.9) years and 14.3% vs 4.9% had experienced ≥ 5 treatment failures during this time in the UK and whole cohort, respectively. Total mean (SD) Sheehan Disability Scale (SDS) scores of 24.5 (5.1) and 22.4 (5.5) were reported for the UK and whole cohort, respectively. Unemployment and long-term sick leave rates were 38.8% and 20.4% in the UK and 30.2% and 19.0% in the whole cohort, respectively. At 6 months, 8.9% of UK patients were in remission, and 82.2% had not responded to treatment, representing the lowest remission and highest non-response rates across all countries.

Conclusion. UK patients had been ill for longer and had more prior treatment failures than other countries in the study. They had high work and functional impairment, and the worst treatment outcomes of all the countries studied. UK TRD patients experience high disease burden; there is an unmet need for treatment strategies with better response rates.

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CAMHS Emergency Assessment Service (EAS): development & implementation during the COVID-19 crisis

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Aims.

- To provide emergency psychiatric assessment throughout the COVID-19 pandemic.
- To maintain patient and staff safety by minimising exposure to infection risk by reducing A&E contact.
- To alleviate pressures on the A&E department by enabling CAMHS patients be seen in an alternative setting.
- To provide a more appropriate environment for the assessment of young people in acute distress.

Method.

- Service live 8th April 2020 to 8th June 2020.
- Exclusion criteria: 1) confirmed/suspected overdose; 2) self-harm with injuries requiring medical attention; 3) acute psychotic episode; 4) drug/alcohol intoxication; 5) high risk of absconding (ASD/LD/LAC), 6) severe agitation/aggression; 7) eating disorders requiring medical intervention; 8) section 136 of the MHA; 9) break down of a social care placement; 10) medically unexplained symptoms.

Data reviewed of all young people who were referred to A&E during March–April 2020. Each case was assessed as to whether they were then seen within the EAS Service.

These cases were reviewed demographically looking at ethnicity, gender, while also reviewing the reason for referral.

Result.

- A total of 90 cases referred to Urgent Care Team
- Nineteen (21%) met criteria for assessment at EAS
- 80% of presentations between 12am and 9am.
- Commonest reasons for referral : low mood with suicidal ideation (42%), anxiety (26%)
→ 50% service users not previously known to CAMHS
- Majority of service users were female
- Mean age 15 years
- All but one of the young people assessed at the EAS, were discharged home with community follow-up

Conclusion.

- Average total no. monthly referrals to CAMHS Urgent Care Team (UCT) fell from approx. 90 to 45.
- Only a small proportion of referrals (21%) could be safely seen by the EAS, suggesting that the majority of young people required a joint assessment by A&E and CAMHS Urgent Care Team.
- When need arises, very rapid reconfiguration and implementation of CAMHS emergency services is achievable.
- EAS diverted a small number of young people from exposure to COVID-19 in A & E.
- The service was set up speedily without evaluation of parent/carer/young people views or evaluation of cost-effectiveness.
- If similar services are to be set up permanently, the balance between safety and the risk of division between mental & physical health services and potential to increase stigmatisation of mental illness should be considered.
- Adaptation to future outbreaks should be informed by this initiative.

The prevalence of autism spectrum traits and autism spectrum disorders in children and adolescents with obsessive compulsive disorder: a systematic review

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Aims. Autism Spectrum Disorder (ASD) and Obsessive Compulsive Disorder (OCD) commonly co-occur in children and adolescents (C&A); evidence suggests functional impairment is increased in those diagnosed with both disorders. The aims of this systematic review were: 1) To review studies that report on the prevalence of ASD traits and/or diagnosis in C&A with OCD. 2) To review whether the severity of OCD symptoms is related to the severity of ASD traits in C&A with OCD. 3) To review whether the severity of comorbid ASD traits or diagnosis in C&A with OCD impact on their global functioning.

Method. This systematic review was registered in PROSPERO. Prisma guidelines were followed. Electronic searches were carried out on Pubmed, EMBASE and Psychinfo with the use of selected keywords. Inclusion criteria: 1) Participants up to the age of 18 who had an ICD or DSM diagnosis of OCD. 2) Journal articles published in the English, with no date specifications. 3) Papers evaluating ASD diagnosis or traits, or where data on this could be extracted. Exclusion criteria: 1) Papers looking at OCD related disorders such as body dysmorphic disorder, compulsive skin picking, trichotillomania and hoarding disorder. 2) Samples including adults where C&A data could not be extracted. 3) Posters, abstracts and dissertations.

Result. A total of 15 studies were included in the systematic review. Seven of these studies directly compared the prevalence of ASD traits (measured by questionnaires) or diagnosis in OCD to a control group or normative data, with all studies reporting a significant elevation in ASD trait scores and diagnosis in OCD. Ten of the studies reported on the correlation between ASD trait severity and OCD severity. Four studies identified a significant correlation between ASD and OCD total scores or specified subscales. In contrast, one study found significantly elevated OCD scores in an OCD only group when compared to a comorbid OCD and ASD group. Three studies reported on the correlation between ASD scores and functional impairment or compared an OCD only group to a comorbid group. All three studies demonstrated that the presence ASD or ASD traits are associated with elevated scores in global functional impairment.

Conclusion. In conclusion, this review suggests that there is an increased prevalence of ASD traits and diagnosis amongst C&A with OCD. Elevated ASD traits within this population are associated with a greater impact on global functioning.

Four-six year clinical follow-up of deep brain stimulation for obsessive compulsive disorder

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Background. Over the past 20 years a number of robust studies have established the clinical effectiveness and safety of Deep brain stimulation (DBS) in adults with profound multi-treatment-refractory obsessive-compulsive disorder (OCD). However long

term (>12 months) outcomes with this novel neurosurgical intervention are still inadequately reported. Our group conducted the first UK study of DBS in OCD between 2013–2017. All participants in our trial achieved a responder status at 15 month endpoint and the main results were reported in 2019. A specialist multidisciplinary clinic was established after the trial to provide life-long aftercare in the form of scheduled clinical and hardware reviews. Here we are reporting a preliminary analysis of the long-term clinical, functional and social outcomes from this cohort.

Method. Long term follow-up clinical data (15–75 months, 2015 onwards) were prospectively collected from the participants who were enrolled in the original MRC-UCL pilot study of DBS for OCD. DBS parameters, battery health and status, social circumstances, mental state and medication adjustments were noted alongside the outcome measures of YBOCS at clinical follow-up encounters. Additional ratings of GAF, SDS and certain qualitative measures were recorded at least once every year since initial study completion.

Result. Five out of six participants continued with DBS treatment and kept responder status. One participant had his DBS switched off and hardware removed. One participant had multiple hospital admissions to manage comorbidity progression to primary condition. One participant had OCD severity scores revised upwards despite continuing gains in QoL. Secondary outcomes generally matched the 15 month end point of initial trial. All participants experienced minor to major changes in their relationships with partners or family. Qualitative feedback indicated that DBS was well tolerated by 5/6 subjects but the burden of specialist follow-up remained significant.

Conclusion. Our long term follow-up data indicate that DBS is safe and conferred a sustained long-term benefit in reduction of obsessive-compulsive symptoms. A non-trivial burden of checking and maintenance of implanted hardware, comorbidity-unmasking following successful OCD treatment, perceived 'burden of normality' by the participant, need for life-long follow-ups with specialist multidisciplinary team including DBS nurses, highly specialist psychiatrists from National OCD service, neuropsychiatrists, neurologists and neurosurgeons partially counterbalances the gains offered by this treatment. Overall DBS offers a safe, effective and enduring alternative to participants who do not respond to any other form of OCD treatment and do not wish to undergo ablation surgery.

Prevalence of psychosocial distress in school going adolescents in rural Pakistan: findings from a cross-sectional epidemiological survey

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