

statistically significant difference between the number of participants who have history of cognitive decline and the other group which demonstrated no decline in their cognitive function ( $p = 0.031$ ). On correlating medications variables with all domains of cognitive functions assessments done by using ACE-III, we found that participants who are taking statins as regular medications had higher mean scores for visuospatial subtest than the other group of participants who are not taking statins and this difference was statistically significant ( $p = 0.012$ ).

**Conclusion.** This study indicate that CR could potentially enable early detection of cognitive impairment, which could be either reversible or irreversible. However, a longitudinal study of larger scale is required for proper implementation of cognitive assessment in cardiac rehabilitation.

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### Attachment to Parents and Childhood Trauma in Adolescent Patients With Non-Suicidal Self-Injurious Behaviour

Dr Nessma Abdelhafez<sup>1,2\*</sup>, Professor Azza El-Bakry<sup>2</sup> and Dr Walaa Fakher<sup>2</sup>

<sup>1</sup>South London and Maudsley NHS Foundation Trust, London, United Kingdom and <sup>2</sup>Psychiatry and Addiction Hospital, Faculty of Medicine, Cairo University, Cairo, Egypt

\*Corresponding author.

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**Aims.** To explore the phenomenon of non-suicidal self-injury (NSSI) in adolescent patients and to assess adolescent-parent attachment and childhood trauma in relation to NSSI behaviour through a case control comparison between adolescents with and without NSSI.

**Methods.** NSSI group included 30 adolescent patients presenting to psychiatry outpatient clinic with history of NSSI. Controls were 30 non-psychiatric adolescent patients recruited from other specialties outpatient clinics. Tools applied were: Semi-structured Psychiatric Interview, Structured Clinical Interview for Diagnostic and Statistical Manual (DSM IV-TR) Axis I and II Disorders (SCID-I and II), Brief Non-Suicidal Self-Injury Assessment tool (BNSSI-AT), Inventory of Parent and Peer Attachment (IPPA)-Parent form, Parental Bonding Instrument (PBI) and Childhood Trauma Questionnaire (CTQ). Patient-rated tools were translated into Arabic language.

**Results.** Self-cutting was the primary method of NSSI in 86.7% followed by interference with wound healing in 73.3%. Of NSSI group, 60% met the criteria for diagnosis of borderline personality disorder (BPD) while 16.7% showed only traits. Moreover, 40% were diagnosed with depressive disorders. While 93.3% used NSSI to deal with anger, 80% used it to cope with uncomfortable feelings or to relieve stress and pressure. In addition, 73.3% reported self-injuring because of their self-hatred. The main motivation for initial NSSI was negative feelings such as being upset (90%), being angry at oneself (73.3%) or at someone else (53.3%). Also, 36.7% reported seeing it in media or reading about it while 40% of the motivations were found related to peer pressure. NSSI group scored significantly lower than controls in their attachment to parents (particularly to mothers). A positive correlation was found between perceived parental care and attachment to parents (mainly trust and communication). A statistically significant difference was found between both groups regarding severity of childhood trauma experiences. In NSSI group, emotional neglect was reported in 80%, emotional abuse in 63.3%, sexual abuse in 50% and physical abuse in 46.7%. Perceived emotional neglect was

positively correlated with sense of alienation from fathers and negatively correlated with trust in mothers.

**Conclusion.** Females constituted 80% of the NSSI group, primarily with the diagnosis of BPD. The most common method of NSSI was “self-cutting”. A significantly high percentage of adolescents with NSSI described their attachment to parents as insecure. The majority of NSSI patients perceived their relationship to both parents as “affectionless control”. A significant correlation was found between perceived parental care and security of attachment. Results also suggest that different types of child maltreatment might predict later NSSI.

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### Prevalence and Psychological Correlates of Sexual Harassment in a Non-Clinical Sample of Nigerian Adolescents

Dr Ibidunni Oloniniyi<sup>1,2</sup>, Dr Aderopo Adelola<sup>2,3\*</sup>, Dr Tolulope Opakunle<sup>4</sup>, Dr Olutayo Aloba<sup>1,5</sup>, Dr Olakunle Oginni<sup>1,2</sup>, Dr Champion Seun-Fadipe<sup>6</sup> and Dr Febisola Olaiya<sup>7</sup>

<sup>1</sup>Obafemi Awolowo University, Ile-Ife, Nigeria; <sup>2</sup>Obafemi Awolowo University Teaching Hospitals' Complex, Ile-Ife, Nigeria; <sup>3</sup>Kent and Medway NHS and Social Partnership Trust, Canterbury, United Kingdom; <sup>4</sup>Department of Mental Health, State Specialist Hospital, Osogbo, Nigeria; <sup>5</sup>Black Country Healthcare NHS Foundation Trust, Wolverhampton, United Kingdom; <sup>6</sup>Nottinghamshire Healthcare NHS Foundation Trust, Nottingham, United Kingdom and <sup>7</sup>Priory Hospital, Preston, United Kingdom

\*Corresponding author.

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**Aims.** Sexual harassment among adolescents is a hidden epidemic with far-reaching consequences. This is because adolescence is a period of identity formation, exploration, and initiation of intimate relationships. Reviews have demonstrated causal associations between any type of victimization at school and adolescent well-being and later-life health, economic and social outcomes. The study was aimed at determining the prevalence of sexual harassment and identifying the psychological correlates of sexual harassment among a sample of Nigerian high school adolescents.

**Methods.** A multistage stratified sampling was used in this cross-sectional study to recruit 960 high school adolescents out of which 918 provided valid responses (mean age = 15.1 +/- 1.36 years). They answered questionnaires that assessed sociodemographic variables, sexual harassment (Sexual Harassment Questionnaire), overall well-being (General Health Questionnaire-12(GHQ-12), anxiety and depressive symptoms (Hospital Anxiety and Depression Scale (HADS), self-esteem (Rosenberg's Self-Esteem Scale (RSES), resilience (Connor-Davidson Resilience scale (CD-RISC) and positive ideation/negative suicide ideations (Positive and Negative Suicidal ideation Scale (PANSI-PI/NSI). Descriptive and inferential analyses were conducted with statistical significance set at  $p$ -value <0.05.

**Results.** Females constituted 51.4% of the sample. About a quarter (26.1%) of our participants reported that they had experienced sexual harassment in their lifetime. The mean total scores on the sexual harassment, overall well-being, anxiety and depressive symptoms, self-esteem, resilience, negative suicidal ideation, and suicide ideation scales were 32.64 (SD = 13.64), 1.91 (2.32), 17.01 (SD = 6.37), 18.76 (SD = 4.41), 21.78 (SD = 8.40), 13.14 (SD = 6.33) and 16.84 (SD = 6.23) respectively. Sexual harassment scores were positively correlated with GHQ-12 scores ( $r = 0.34$ ,  $p < 0.001$ ), HADS ( $r = 0.30$ ,  $p < 0.001$ ), and PANSI-NSI ( $r = 0.50$ ,  $p < 0.001$ ) and negatively correlated with RSES ( $r = -0.20$ ,

$p < 0.001$ ) however the correlation with resilience was not significant ( $r = -0.06$ ,  $p = 0.76$ ).

**Conclusion.** Sexual harassment is a pervasive problem among adolescents that is associated with low well-being, low self-esteem, the presence of depressive and anxiety symptoms, and increased suicidality. It is therefore essential for relevant stakeholders to develop and implement appropriate policies that would assist in identifying and addressing this menace among school students. Adequate psychological intervention should also be provided for affected individuals.

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### Lifestyle Interventions in Preventing Excess Weight Gain in First Episode of Psychosis (FEP): A Systematic Review

Dr Margret Adeoye<sup>1\*</sup>, Dr Arun Vincent<sup>1</sup>, Professor Sukhi Shergill<sup>1,2</sup> and Professor Rafeq Faruqi<sup>1,2</sup>

<sup>1</sup>Kent and Medway NHS and Social Care Partnership Trust, Maidstone, United Kingdom and <sup>2</sup>Kent and Medway Medical School, Canterbury, United Kingdom

\*Corresponding author.

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**Aims.** Weight gain, cardiometabolic complications and psychosis are implicated in significant reduction in life expectancy. While there is current research to uncover a shared aetiology for mental illness and metabolic diseases, people with FEP are especially vulnerable to rapid weight gain during the early stages of treatment due to the side effects profile of many antipsychotic medications. Physical exercise along with lifestyle and dietary modifications have proven efficacy in weight reduction, improving metabolic profile and mental well-being and may be valuable interventions during the early stages of a psychotic illness. Our aim was to find evidence to support the use of non-pharmacological interventions in managing weight gain in people with FEP.

**Methods.** We conducted a systematic review of electronic databases; MEDLINE, EMBASE and PsycINFO on 06/01/2023. We included all studies that looked at non-pharmacological interventions in the management of weight gain for people diagnosed with FEP. Findings are reported in line with Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). Two authors independently assessed the included studies' methodological quality using The National Institute of Health (NIH) quality assessment tool for cohort and cross-sectional studies and all included studies were rated as good.

**Results.** Our search identified 221 studies and 5 met our inclusion criteria. All studies had a control group that received treatment as usual (TAU) and a test group with Interventions such as dietetic support and exercise programs. Four of the studies demonstrated reduced weight gain on follow up with lifestyle interventions that were statistically significant while the remaining one study did not show a significant difference between groups. One study showed sustained improvement in diet quality with no significant weight change at 2 year follow up. The essential lifestyle interventions that led to reduced weight gain included psychoeducation on healthy lifestyle, dietary modifications and exercise.

Three studies included cardiovascular risk factors such as lipid profile and blood glucose. One of them demonstrated increased cardiometabolic risk factors at baseline which worsened initially but improved after 1 to 2 years of intervention. Another study found increased cholesterol in the intervention group and

increased glucose levels in the TAU group and the third study did not find a significant difference between the groups.

**Conclusion.** Lifestyle weight-management interventions have the potential to reduce weight gain in patients with FEP receiving anti-psychotic treatment, but research evidence is very limited at present.

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### Study on Concordance of ICD-11, ICD-10, and DSM-5 Diagnostic Guidelines for Alcohol and Opioid Use Disorders

Dr Omar Afroz\*, Dr Alok Agrawal and Professor Atul Ambekar  
All India Institute of Medical Sciences (AIIMS), New Delhi, India

\*Corresponding author.

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**Aims.** To study the implications of proposed changes in guidelines in ICD-11 in Alcohol and Opioid Use Disorder patients. To evaluate the concordance of ICD-11 with ICD-10 and DSM-5. To compare endorsement of various criteria for dependence between ICD 11 and other systems. To examine the agreement between ICD-11 and other systems with regard to the severity of dependence. To compare the application of WHO ASSIST in screening across systems.

**Methods.** A cross-sectional study among newly registered, adult male patients attending NDDTC OPD, or community clinics and using the substance in the last week. N = 200 (100 each of Alcohol and opioids). Instruments: Semi-structured proforma, CIDI 3, ASI-lite, WHO-ASSIST, AUDIT. Items of CIDI were used to make the diagnosis according to various systems. The diagnostic agreement was assessed by Kappa. Endorsement frequencies of the criteria were compared across diagnostic systems. Scores of scales across systems were compared using Two Independent sample t-test.

**Results.** The highest prevalence of Dependence was found using ICD-11. Almost perfect agreement between ICD-11 and ICD-10 for both Use Disorder and Dependence for all substances (kappa >0.8) except Inhalants. Agreement for AUD, CUD, and IUD between ICD-11 and DSM-5 was substantial but less than almost perfect. Similar findings for ICD-11 Dependence and DSM-5 Moderate-Severe Use Disorder in Benzodiazepines and Inhalants (kappa ranging from 0.693–0.790). High endorsement frequencies of Salience for Alcohol and Opioids, and Craving and Tolerance for all substances (ICD Dependence); Inability to cut down or control, Craving, and Tolerance (DSM-5 UD). Mean scores of AUDIT and ASSIST were generally lower in participants who received the diagnosis according to ICD-11 (sig. difference for CUD and Cannabis Dependence).

**Conclusion.** There are significant implications of the changes in ICD-11, and further testing of the impact of these changes needs to be done.

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### Barriers to Choosing Psychiatry as a Career in Pakistani Medical Students and Junior Doctors – Survey Study

Dr Raja Adnan Ahmed<sup>1\*</sup>, Dr Samrah Zahid<sup>2</sup> and Miss Bisma Shahab<sup>3</sup>