EMBASE and PsycInfo) were searched for studies of clinician attitudes towards NEAD using pre-developed terms. These terms were optimised following familiarisation with the literature. Specific inclusion and exclusion criteria were applied, and studies were selected if they included data regarding the attitudes of healthcare professionals from any group towards NEAD. A data extraction template was used to synthesise study characteristics and outcomes. The Mixed Methods Appraisal Tool was used to appraise methodological quality of the included studies. Two reviewers independently completed the selection process and data extraction.

Results. The search strategy yielded 2885 citations, of which 76 were selected for review of the full publication based on the title and abstract. Inclusion/exclusion criteria were applied to full texts. The literature mainly included clinicians from general practice, neurology, emergency department and psychiatry. There was general negative stereotyping of people with NEAD and a lack of confidence in management. Attitudes differed between professions, particularly with respect to aetiology.

Conclusion. The literature highlighted that many clinicians held a negative attitude towards people with NEAD, and there was evidence of a general lack in confidence towards NEAD across all healthcare professional groups. There was a difference between healthcare professional groups, mostly related to views on aetiology. The review highlights the need for greater education related to NEAD with a focus on understanding aetiology and greater transparency in interdisciplinary working.

A Comparative Study of Sleep Parameters in Opioid Dependent Patients on Opioid Substitution Therapy: Findings From India

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Aims. Sleep problems are common in opioid users and in patients receiving opioid agonist treatment. The aim of the present study was to study the pattern and prevalence of subjective sleep disturbances in opioid dependent subjects maintained on opioid agonist treatment (buprenorphine and methadone).

Methods: A cross-sectional observational study was conducted in a tertiary health care center in India. 106 adult opioid dependent male patients maintained on buprenorphine and 50 adult opioid dependent male patients maintained on methadone who were initiated on medication at least six months prior, on stable dose of medication for last one month and were adherent on medication for at least 50% occasions in last one month were included in the study.

Results. The mean age of the sample for buprenorphine-maintained group and methadone maintained group was 41.1 (SD: 14.3) years and 27.7 (SD: 7.8) years respectively. Tobacco, alcohol and cannabis were used by majority of the participants in both the groups. Most participants had used heroin by smoking before starting buprenorphine (n = 68, 64.1%) and methadone (n = 46, 88.5 %). The duration of use of illicit opioids was for median duration of 10 (IQR: 5, 22) years for buprenorphine group and 5 (IQR: 3, 7) years for methadone group.

In buprenorphine group, the participants had been on buprenorphine for a median duration of sixty (IQR: 17, 120) months. The mean current dose of buprenorphine was 10.2 (SD 3.8) milligram per day. The mean PSQI score was 6.6 (SD 3.4). About 63.2% (n = 67) of the participants have scores more than five (PSQI > 5) suggesting sleep problems. The mean subjective total sleep time of the sample was 403.5 (SD 94.8) minutes and median sleep latency was 35 (IQR 18.8, 62.5) minutes.

Similarly, in methadone group, the participants had been on methadone for a median duration of seventeen (IQR: 10, 22) months. The median current dose of methadone was 20 (IQR: 14, 36) milligrams per day. The mean PSQI score was 5.2 (SD 2.8). About 44.2% (n = 23) of the participants have scores more than five (PSQI > 5) suggesting sleep problems. The mean subjective total sleep time of the sample was 466.5 (SD 114) minutes and median sleep latency was 30 (IQR 15, 97.5) minutes. Subjective sleep problems were associated with past three months opioid use.

Conclusion. The methadone group had relatively younger population with early onset of substance use. They were on relatively lesser dose of methadone. This group also had lesser sleep problems than the buprenorphine group.

Are Opioid Receptor Antagonists Effective at Treating Antipsychotic-Induced Weight Gain? A Systematic Review and Meta-Analysis

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Aims.

Introduction:
Second-generation antipsychotics are widely used in psychiatry but are associated with weight gain. Obesity is more prevalent in mental illness and may contribute to the mortality gap. Non-pharmacological management of antipsychotic-induced weight gain (AIWG) has limited success whilst pharmacological treatment typically involves antidiabetic medications that psychiatrists have less experience with. Recent developments in the field have shown promise with using centrally-acting opioid receptor antagonists (CORAs) at treating AIWG.

Objective:
Review and synthesise the available RCT evidence on the efficacy of CORAs at treating AIWG.

Methods.

Methodology:
Four databases (Medline, Embase, PsycINFO, Cochrane) were searched, from database inception to present, for RCTs using CORAs (naloxone, naltrexone, samidorphan) to reduce AIWG. Our primary outcome sought was weight change in kilograms, with secondary outcomes of change in percentage of body weight, waist circumference and 7% or 10% weight change thresholds. We used random-effects meta-analysis due to study heterogeneity.

Results. A total of 450 articles were found (319 post-deduplication), of which seven met criteria (samidorphan = 4, naltrexone = 3, naloxone = 0) including n = 1,416 patients. On meta-analysis, change in body weight (kg) for CORAs as a class was statistically significant (RE = 1.37 kg; 95% CI: 0.51, 2.24). However, change in BMI was not statistically significant (RE = 0.61kg/m^2; 95% CI: −0.56, 1.78). Remaining analysis was only available for samidorphan, which showed statistically significant improvement in change in body weight (%) (RE = 1.81%; 95% CI: 1.07, 2.55), absolute risk of weight gain ≥7% (RE = 12.41%; 95% CI: 6.55, 18.27), absolute risk of weight gain ≥10% (RE = 10.83%; 95% CI: 5.46, 16.21), and change in waist circumference (RE = 1.50 cm; 95% CI: 0.32, 2.67).
Conclusion. Evidence is strongest for samidorphan, though CORAs as a class remains poorly researched and the benefits are modest. Additionally, samidorphan is currently only available in the combination medication olanzapine-samidorphan and the literature reflects this. Further research is needed to examine its efficacy in AIWG from other antipsychotics.

Correlation of Heart Rate Variability and Subjective Withdrawal Symptoms in Patients With Opioid Dependence, and Its Comparison in Patients Undergoing Detoxification With Patients Maintained on Opioid Agonist Treatment

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Aims. Patients with opioid dependence seek treatment for the discomforting withdrawal symptoms. Accurate clinical assessment is essential as medications are optimized based on these withdrawal symptoms. However, subjective reporting can present challenges. Heart rate variability (HRV) can enhance clinical assessment and has taxonomic and therapeutic implications. This study aimed to explore the correlation between HRV and subjective withdrawal in patients with opioid dependence and to compare the HRV parameters in patients undergoing detoxification to those maintained on opioid agonist treatment and healthy controls.
Methods. 3 groups of adult male participants were included. Group 1 included 40 patients with opioid dependence undergoing inpatient detoxification. Group 2 included 40 patients with opioid dependence receiving stable doses of buprenorphine on outpatient basis. Group 3 included 49 healthy controls. The Subjective Opiate Withdrawal Scale (SOWS) was used for withdrawal symptoms. For Group 1 and Group 2, HRV was assessed twice – before administration of morning dose of buprenorphine, and then 2 hours post administration. For Group 3 HRV was assessed once.
Results. At baseline, resting heart rate differed significantly between the 3 groups ($p < 0.001$), it was highest for Group 2 (92.4) and lowest for Group 3 (79.4). In time domain parameters of HRV, the beat-to-beat variability was highest for Group 1 with standard deviation of all normal RR intervals (SDNN) = 134.8, root mean square of successive differences between normal heartbeats (RMSSD) = 181.7 and RR tri index = 8.9 ($p < 0.005$). In frequency domain parameters of HRV, total power was highest for Group 1 (98334.1, $p < 0.001$) while relative power did not differ significantly among the groups. The SOWS had a weak negative correlation with RMSSD in Group 2 ($r = -0.312$, $p < 0.05$) but did not have any correlation with HRV parameters in Group 1. Post administration of morning buprenorphine, the HRV parameters did not show a significant change in either of the groups (except reduction in very low frequency percentage in Group 1 from 12.013 to 7.196, $p < 0.05$).
Conclusion. A higher degree of subjective withdrawal is associated with lower beat-to-beat variability in patients on stable doses of buprenorphine. However, this exploratory study did not find a robust relationship between HRV and subjective withdrawal symptoms. Higher RMSSD (representative of higher vagal tone) in patients undergoing detoxification may suggest greater physiological adaptation to withdrawal symptoms. This study provides additional insights into HRV in patients with opioid dependence.

Increases in Daily Defined Doses of Incident Benzodiazepine Prescriptions in the Netherlands During the Second and Third COVID-19 Lockdowns

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Aims. The aim of this study is to investigate incident and total benzodiazepine prescribing in the Netherlands during the COVID-19 pandemic, including the impact of lockdown periods.
Methods. A national Dutch pharmacological registry was used, investigating extramural psychiatric drug prescriptions, between March 2020 and March 2022. Data included incident and total prescriptions as well as daily defined doses (DDDs) of benzodiazepines. The data covered 96% out of a total Dutch population of 17.5 million people. This was compared with the previous calendar year as a reference expressed as a monthly risk ratio (RR) and was corrected for population growth. Changes over time will be discussed if the RR was above 1.1 or below 0.9.
Results. A total of 13.4 million prescriptions over a period of three years were included of which 5.8% were incident prescriptions. Three lockdown periods were identified during pandemic.

When analysing the total benzodiazepine prescription group, prescriptions and DDDs remained mostly stable throughout the pandemic. A brief relative increase in prescription DDD amounts was found during the second lockdown (RR: 1.11). When viewing the incident benzodiazepine prescriptions, there was a short period between the first and second lockdown when both prescription numbers and DDDs decreased (RR: 0.86 and RR: 0.83 respectively). The DDDs of incident prescriptions increased sharply during the second and third lockdown period and remained elevated between both, with an average RR of 1.13.
Conclusion. Total monthly benzodiazepine prescriptions and DDDs remained mostly stable during the COVID-19 pandemic in the Netherlands. COVID-19 related lockdowns seem to have mainly influenced incident benzodiazepine DDDs dispensed during the second and third lockdown. Increased incident DDDs, but

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