electronic pro-forma for patients notes to assist with completing the relevant legal steps when implementing an EDC.

Conclusion. Our study identified a lack of confidence in understanding the MHA and completing an EDC. Our educational materials will provide an invaluable source of information for junior doctors, in particular those with little experience of the MHA. Importantly, our resources will ensure the legal aspects of implementing an EDC are both complied with and documented appropriately.

Prevalence, associated factors and prevention of burnout in psychiatry trainees in Central and North West London NHS Foundation Trust

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Aims. To assess burnout, resilience, professional quality of life and coping mechanisms in Central and North West London psychiatry trainees

Objectives. To determine Key factors associated with stress and burnout in workplace Effects of burnout on patient care and doctors Coping mechanisms used by trainees

Background. Burnout is a well established condition that has been recently reported to affect a third of doctors. Psychiatrists in particular represents a high risk group among doctors for experiencing burnout, alcohol and drug use, posing suicide risk and other forms of work related stress.

Method. The study comprised of a cross sectional questionnaire survey which included measure of stress (General Health Questionnaire), burnout (Maslach Burnout Inventory), and satisfaction with medicine as a career and personality (Big Five). During October to December 2019, core trainee and specialty trainee doctors in CNWL were asked to complete an online survey via emails.

Result. We collected data from 50 CNWL psychiatry trainees. The sample consisted of 20 females (40%) and 30 males (60%). Ages varied from 26–58 years old, with a median age of 28. Core trainees (CT1–3) were recorded as 72% and specialty trainees at 28%.

Of those who responded, around half of the trainees (52%) experienced high levels of stress outside of work in their personal life. The most common causes that trainees felt makes psychiatry a stressful profession were violence and fear of violence, limited resources, dealing with confrontational patients, inability to affect systemic change and increasing culture of blame. Around half of respondents (54%) felt that they have experienced burnout but only 26% of respondents knew where to go to find resources to help cope with burnout. Physical exercise and speaking to colleagues were the most common coping mechanisms used by trainees to deal with stress.

Free text responses on what can be improved in workplace to enhance a positive experience of work included improving multidisciplinary interactions, easily accessible resources and increasing staffing levels. 74% of respondents felt they continued to care about what happens to patients regardless of working conditions.

Conclusion. Half of CNWL trainee doctors who responded have experienced burnout. Some factors associated with stress and burnout in doctors are unique to psychiatry profession. Free text responses were useful in identifying areas for improvement in work places and useful coping mechanisms, which can be used to inform prevention and implement interventions to tackle burnout.

Suicidality in patients with bipolar depression: findings from a lower middle-income country

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Aims. Among low- and middle-income countries (LMICs), bipolar disorder is recognized as one of the leading causes of disease burden for adults and is associated with marked suicide risk. There are limited data on suicidal ideation in bipolar disorder from LMICs. This study presents cross-sectional data on the prevalence of suicidality and associated patient characteristics among patients with bipolar depression in Pakistan, a lower-middle income country and the fifth most populous country in the world.

Method. Participants were recruited through outpatient psychiatric clinics in between 2016–2019 in Karachi, Lahore, Hyderabad and Rawalpindi between 2016–2019. Participants were aged 18 to 65 years with a known diagnosis of bipolar disorder and currently in a depressive episode. Suicidality was assessed using the suicide item of the 17-item Hamilton Depression Rating Scale (HAM-D) and levels of severity were categorized as absent, mild/moderate, or severe. Biometric data and biomarkers were obtained. Descriptive statistics were used to describe prevalence and proportional odds regression models were applied to establish correlates to suicidal ideation.

Result. Among the 266 participants, 67% indicated suicidality of any level and 16% endorsed severe suicidality. Lower body mass index (BMI) (OR = 0.93, 95% CI = 0.88–0.98), higher HAM-D score (OR = 1.29, 95% CI = 1.16–1.43), lower C-reactive protein (CRP) level (OR = 0.53, 95% CI = 0.40–0.70), and increased number of inpatient hospitalizations (OR = 1.16, 95% CI = 1.03–1.31) were identified as significant predictors of suicidality in the fully adjusted regression model. No patient demographic data, including age, gender, marital status, socioeconomic status, and years of education were associated with severity of suicidality.

Conclusion. There exists a high prevalence of suicidal ideation among patients with bipolar depression in Pakistan. Our findings add to the limited literature on suicidality in bipolar disorder in the LMIC context and suggest roles of biological variables such as BMI and CRP level in predicting suicidal ideation and potentially suicidal behaviours in bipolar depression. More studies are needed to see whether such findings can be replicated in other similar LMIC settings, and to explore potential physiological pathways linking BMI, inflammatory biomarkers and suicidality in bipolar disorder.

Implementation of treatment escalation plans in a community psychiatric hospital

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