Prevalence and Risk Factors of Postpartum Depression in a Tertiary Care Centre, Puducherry

Dr Zarine Maria Punnoose* and Dr Pradeep Thilakan

Pondicherry Institute of Medical Sciences, Pondicherry, India
*Corresponding author.

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Aims. Postpartum depression (PPD) is the experience of depressed mood that begins anytime within the first four weeks after delivery. When left untreated, it can affect the infant's emotional and cognitive development and mother's health and family. South Indian studies on this topic are sparse. This study aimed at identifying the prevalence and risk factors of PPD in a tertiary care centre in Puducherry.
Methods. This was a prospective cohort study which included 140 antenatal women between 34 and 36 weeks' period of gestation, and followed up at 6 weeks postpartum. Tools used in the study were semi-structured questionnaire to collect the sociodemographic details, Postpartum Depression Predictive Inventory – Revised version and Edinburgh Postnatal Depression Scale.
Results. 10% were found to have antepartum depression and at the postpartum visit, 18.6% were found to have depression. The risk factors identified were inadequate spousal support, unsatisfactory marital relationship, poor relationship with in-laws, prenatal anxiety and depression, low self esteem, maternity blues, child care stress, infant temperament, health problems and frequent hospital visits. Among these, presence of maternity blues (OR = 30.370) and infant health problems (OR = 14.742) had the highest risk.
Conclusion. Majority of the women with PPD reported depressive symptoms in the third trimester itself, hence antenatal and postnatal women should be routinely screened for depression and managed promptly. Failing to attach significance to prolonged maternity blues and frequent infant health problems has been found to increase the risk for developing PPD significantly.

Health Care Professionals' Perspectives of Early Intervention in Psychosis Services: A Qualitative Study

Dr Michelle Rickett[1]*, Dr Tom Kingstone[1], Miss Veenu Gupta[2], Dr David Shiers[3], Professor Paul French[2,4], Professor Belinda Lennox[5] and Professor Carolyn Chew-Graham[1]

[1]Keele University, Keele, United Kingdom; [2]Manchester Metropolitan University, Manchester, United Kingdom; [3]Greater Manchester Mental Health NHS Foundation Trust, Manchester, United Kingdom; [4]Pennine Care NHS Foundation Trust, Ashton-under-Lyne, United Kingdom and [5]University of Oxford, Oxford, United Kingdom
*Corresponding author.

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Aims. An Early Intervention in Psychosis (EIP) service offers treatment in the community to people with a first episode of psychosis. EIP is meant to be given for three years; after this time, those who are well are discharged to their GP, while those with ongoing symptoms and care needs are transferred to a general community mental health team. People can become unwell at this time of change and might benefit from longer treatment with EIP. We also know that some people who are well could possibly have been discharged back to their GP earlier. The EXTEND programme aims to develop a more tailored approach to EIP services based on the needs of each individual and understand the health, social, and cost-benefits of this approach.
Methods. This qualitative study sits within a larger programme of work. Ethics and HRA approvals gained. Semi-structured interviews were conducted with health care professionals from primary and specialist care, managers and commissioners, to understand why and how decisions about duration of EIP care are made. Interviews have been transcribed and thematic analysis using principles of constant comparison is being conducted. Patient and public involvement is key to all stages of the study.
Results. Five interviews with General Practitioners and twelve interviews with EIP healthcare professionals, managers and commissioners have been conducted. Initial analysis suggests that access to EIP services can be challenging. Initial engagement is needed before therapy can begin. Decisions about duration of care can depend upon availability of access to Community Mental Health teams. Discharge planning rarely involves communication between primary and specialist care, and this can be a difficult transition, particularly when discharge is back to primary care. The pathway back into mental health care following discharge can be difficult. Trusting relationships between service users and EIP professionals are key to the success of EIP care. Healthcare professionals would value - and in some cases are given - flexibility to extend EIP care beyond 3 years.

We have developed a model to illustrate the patient journey through the EIP service which will be presented for the first time at the conference.
Conclusion. This research provides a framework to understand decision-making around duration of care, discharge planning and practices, and post-discharge support for EIP service users. The next phase of the study will be interviews with service users and carers to explore their experiences of EIP services, duration of care and discharge planning.

Comparative Effects of Antipsychotics on Metabolic and Endocrine Function in Children and Young People With Schizophrenia: A Systematic Review and Network Meta-Analysis

Dr Maria Rogdaki[1]*, Dr Robert McCutcheon[2], Professor Oliver Howes[1] and Dr Toby Pillinger[1]

[1]Institute of Psychiatry, Psychology and Neuroscience, London, United Kingdom and [2]Oxford University, Oxford, United Kingdom
*Corresponding author.

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Aims. Antipsychotic treatment is associated with metabolic disturbance, with clear differences observed between drugs in the adult population. However, the degree to which metabolic alterations occur with different antipsychotics in children and adolescents is unclear. As such, we aimed to compare and rank antipsychotics based on their metabolic and endocrine side-effects when used in the treatment of schizophrenia in this age population.
Methods. We searched MEDLINE, EMBASE, and PsycINFO from inception until October 30, 2022. We included double blinded, randomised controlled trials comparing 12 antipsychotics and placebo in acute treatment of schizophrenia in individuals aged <18 years. We performed random-effects network meta-analyses to investigate treatment-induced changes in body weight, BMI, total cholesterol, LDL cholesterol, HDL cholesterol,

triglycerides, glucose, and prolactin concentrations. We performed meta-regressions to examine the relationship between metabolic/endocrine change and age, sex, and ethnicity

Results. Of 6697 citations, we included 15 randomised controlled trials, consisting of 2501 patients. Antipsychotics included in analyses were aripiprazole, asenapine, blonanserin, clozapine, haloperidol, lurasidone, molindone, olanzapine, paliperidone, quetiapine, risperidone, and ziprasidone. Median treatment duration was 6 weeks (IQR 6-12). Mean age was 15.13 (SD 0.94) years. Mean differences for weight gain compared with placebo ranged from -2.04 kg (95% CI -4.24 to 0.17) kg for molindone to 4.11 kg (-0.55 to 8.77) for clozapine; for BMI from -0.55 kg/m2 (-1.37 to 0.27) for molindone to 1.92 kg/m2 (0.16 to 3.68) for quetiapine; for total cholesterol from -0.14 mmol/L (-0.70 to 0.41) for risperidone/paliperidone to 0.46 mmol/L (0.00 to 0.90) for quetiapine; for LDL cholesterol from -0.32 mmol (-0.76 to 0.12) for aripiprazole to 0.24 mmol/L (-0.15 to 0.63) for olanzapine; for HDL cholesterol from 0.10 mmol/L (-0.05 to 0.26) for aripiprazole to -0.23 mmol/L (-0.52 to 0.06) for risperidone/paliperidone; for triglycerides from -0.01 mmol/L (-0.21 to 0.34) for molindone to 0.62 mmol/L (0.04 to 1.2) for clozapine; for glucose from -0.33 mmol/L (-0.64 to -0.02) for ziprasidone to 0.81 mmol/L (0.28 to 1.34) for clozapine; for prolactin from -1.92 ng/mL (-15.37 to 11.53) for aripiprazole to 28.10 ng/mL (16.23 to 39.96) for risperidone/paliperidone. Higher baseline age predicted by greater increases in body weight ($p = 0.014$).

Conclusion. We found significant differences between antipsychotics in terms of metabolic and endocrine side-effects when used in children and adolescents. Treatment guidelines should be updated to reflect our findings. However, the choice of antipsychotic should be made on an individual basis, considering the clinical circumstances and preferences of young people, carers, and clinicians.

Understanding Pre-Hospital Care for Self-Harm: Views and Experiences of Yorkshire Ambulance Service Clinicians

Dr Daniel Romeu[1,2]*, Professor Elspeth Guthrie[1] and Professor Suzanne Mason[3]

[1]University of Leeds, Leeds, United Kingdom; [2]Leeds and York Partnership NHS Foundation Trust, Leeds, United Kingdom and [3]University of Sheffield, Sheffield, United Kingdom
*Corresponding author.

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Aims. Self-harm is a common presentation in emergency services, and ambulance clinicians are often the first professionals involved. The aims of this study were to explore the experiences of Yorkshire Ambulance Service (YAS) clinicians of caring for people who self-harm, and to seek their views of the care provided to this group in the pre-hospital setting.

Methods. This preliminary cross-sectional study involved a self-completed questionnaire using an online platform (Online Surveys, www.onlinesurveys.ac.uk). The questionnaire was designed by the research team, piloted by four academic paramedics, and shared with ambulance clinicians employed by YAS via social media and email bulletins. Multiple-choice answers were analysed using descriptive statistics, and two researchers (DR, EG) independently analysed free-text responses thematically. Participants could only proceed to the questionnaire if they agreed to an online consent statement. Ethical approval was granted by the University of Leeds.

Results. 26 clinicians responded to the questionnaire (1.0% response rate), of whom 17 (65%) were female and 16 (62%) were paramedics. 17 (65%) indicated that they had not received specific mental health training in their roles. Only nine (35%) respondents felt comfortable caring for this group, and four (15%) thought that their training had adequately prepared them.

Respondents identified the following as facilitators to high-quality clinical care for people who have self-harmed: previous clinical experience, training in mental health and injury management, availability of mental health advice and services, good communication skills, relevant online resources, and support from senior colleagues. Barriers identified included patient factors, a lack of mental health pathways, services and support and a lack of training and education in mental health. Suggested improvements to emergency services for self-harm were alternatives to emergency departments, greater availability of mental health support, more staff, mental health training for ambulance clinicians, and guidance for the management of patients declining to attend hospital.

Conclusion. Respondents generally felt unconfident and unprepared when called to assess and manage people who have harmed themselves. Improvements in mental health training for ambulance clinicians and greater availability of mental health services are needed to improve pre-hospital care for people who self-harm. Although the study was limited by a low response rate, it has begun to address the literature gap in paramedic care for self-harm. Questionnaire responses corroborate NICE recommendations that alternative services to emergency departments, where appropriate, could improve patient satisfaction and the quality of clinical care. This should be considered by commissioners and policymakers.

Assessment of Knowledge Regarding Alcohol Unit Conversion in Psychiatry Practitioners

Dr Saima* and Dr Laura Jayne Williams

Betsi Cadwaladr Health Board, Rhyl, United Kingdom
*Corresponding author.

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Aims. National health services are facing an increased burden of alcohol-related problems. Between 2019–2020, 280,000 hospital admissions were attributable to alcohol use (1). This was 2% higher than 2018–2019, and 8% higher than 2016–2017. The UK Government has taken some action by recommending a maximum weekly alcohol consumption limit in units; however it is unclear whether psychiatrists are aware of these recommendations. It can often be difficult to calculate accurately the units of alcohol consumed, due to differences in the alcohol concentration of apparently similar drinks (3). The aim of this online survey was to assess junior doctors' knowledge and their understanding of alcohol unit conversions.

Methods. This was a cross-sectional study, administered via an online questionnaire. We invited junior and middle grade doctors working in Psychiatric Inpatient Units and CMHTs in the North Wales region via e-mail. We have used the same questionnaire that was used in previous studies. The questionnaire captured respondents' training level, their current alcohol consumption and perception about their knowledge of alcohol unit conversions, as well as assessing their knowledge about alcohol unit conversions using four test scenarios. The data