

Designing a Virtual Reality Café to Treat Eating Disorders: A Thematic Analysis of Stakeholder Viewpoints

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Aims. Eating disorders (ED) have significant physical and psychosocial impacts, and the highest mortality rates of any psychiatric illness. About a third of patients with Anorexia Nervosa or Bulimia Nervosa do not recover and develop persistent ED. Development of novel treatments is a priority to prevent adverse effects on young people's physical, relational and educational development. Virtual reality (VR) has shown promising efficacy as an innovative mental health treatment, and has potential therapeutic value within ED. People with lived experience (PWLE) and clinicians have demonstrated enthusiasm for a VR café intervention to practice social and food-related challenges. A VR café would enable gradual exposure to challenges in a protected environment, aiming to support people with ED to return to real-life cafés and social eating. This study aims to explore the opinions of key stakeholders to help inform the development of a VR café scenario as an adjunctive treatment for ED.

Methods. We conducted semi-structured focus groups and 1:1 interviews with PWLE aged 14–25 years ($n = 15$), parents/carers ($n = 4$), and clinicians ($n = 6$). Participants were recruited via social media, advertisement via ED charities, posters in public places, and snowballing. Following completion of an online screening survey, eligible individuals were invited to participate using purposive sampling to ensure diversity of ages, ethnicities, genders, ED diagnoses, and health professional roles. Data were analysed thematically.

Results. Preliminary analysis indicates that PWLE, parents/carers and clinicians expressed mostly positive opinions regarding a VR café adjunctive treatment. Expressed concerns related to themes of intervention efficacy, translation of learnt skills to real life, and use of VR technology. Most participants agreed a VR café intervention should be a repeated experience (many suggested graded exposure), realistic, and maximally individualised. All stakeholder groups identified a similar range of challenges to experience within a VR café, with themes including choosing food, other people, eating socially or alone, and the café environment. Differences in specific aspects of the scenario that might make challenges harder or easier reflected the unique experiences of individual participants.

Conclusion. These findings build upon previous research demonstrating support from PWLE, parents/carers, and clinicians for the development of a VR café adjunctive treatment for ED. Themes identified are largely consistent across stakeholder groups and relate to the design of a VR café scenario and its implementation as a treatment. This analysis enables the perspectives of key stakeholders to be incorporated into the design of a novel VR café intervention to optimise efficacy and acceptability.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Hatred Is a Mindset Triggered by Stressful External Events, Negative Personal or Group Interpretations and Unhealthy Social Environments

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Aims. To carry out systematic literature search on an international medical database to find what the emerging categories in which the word hatred is used in medical literature are, and to gather information regarding the generation of the emotion of hatred in human beings by thematically analysing the relevant collected data.

Methods. To identify the information on hatred relevant for mental health professionals, we performed a systematic review using a systematic approach and criteria.

Results. Six themes regarding generation of hatred identified.

Theme one: Targets of hatred.

Theme two: Self-hatred.

Theme three: Self-perceived hatred.

Theme four: Hatred towards inanimate objects.

Theme five: Reasons for hating other humans.

Theme six: Internal reasons for development of hatred.

Conclusion. The word 'hatred' is used in medical literature in a multiplicity of meanings that range from using it in its literal sense to describe a subtle attitude such as a phobia-philia relationship, or to describe a unique outcome that is generated as an interplay of several different kind of factors. These may include cognitions, behaviours, social interactions, attitudes, sentiments, developmental backgrounds, psychodynamic interactions with others in real and virtual worlds etc. Hatred is more like a mindset that people can develop towards themselves, towards others and towards inanimate objects or situations too. Fear, anger and disgust are primary emotions (that we are born with); human psyche is naturally prone to several inevitable cognitive errors; human thought is subjected to unavoidable logical fallacies; and human ego cannot avoid utilising unhealthy ego-defence mechanisms. Every child is born in a family and culture that has its own unique background and history. We humans are prone to the generation of the hateful mindset as an unavoidable outcome in a variety of scenarios. Keeping these generational patterns in view, it would be reasonable to say that an early detection and addressing the early warning signs towards development of the hateful mind-set would be helpful for ourselves and for others. As the word is used in several different meanings, the background information, context, and overall scenario of the discussion needs to be kept in mind whilst attempting to draw any meanings about the use of hate/hatred in a verbal or written expression. In each case where the word 'hatred' is used, needs to be approached with epistemic curiosity and in some instances, it may need detailed epistemic inquiry to fully comprehend the meaning of this word in any given expression.

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Arabo-Persian Perspective on Classification of Psychotic Disorders

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Aims. The first medical textbook in Arabic, 'Firdaus as-Hikmah' (The Paradise of Wisdom) by Tabari (808–861) was composed in in year 848. Tabari's classification of insanity is simple and in term of psychosis, he talks about syndromes of 'Hearing voices in the head' (hallucinatory psychosis), 'hum-al-hubbi' (love fever) and 'hum-al-sehr' (fever from enchantment). The first classification of 'junun' (psychosis) comes from Rāzī (854–925), who in his 'Al-Hāwī fil Tib' (The System of Medicine) divides 'insanity' (psychosis) into 'al-junun al-thābet' or 'permanent madness', and 'a'rāz tābea-tu leamrāz' or 'symptomatic psychotic disorders'. The first medical textbook in Persian language, 'Dāneshnāma' (Medical Encyclopaedia) by Hakim Maysarī, completed in 978–9 mentions only melancholia and 'rejā' (pseudocyesis/pseudopregnancy) and no other psychotic conditions. Prospective generations of Arabic-inscribing physicians, including Majūsī, also known as Haly Abbas (949–990), Avicenna (980–1037), and Persian-inscribing physicians such as Bokhārī (? –983) and Jorjānī (1040–1137) are strongly influenced by Rāzī and use similar taxonomy of psychotic disorders. Moreover, the taxonomy introduced by Rāzī and other mediaeval physicians has been used in Arabic and Persian speaking medical communities until the past century. Nevertheless, these were substituted by Latin-based language vocabulary reflecting the International Classification of Diseases (ICD).

The aim of this work is to review the input of Arabic and Persian schools in the development of psychiatric knowledge and classification.

Methods. Literature search of 'Firdaus-al-Hikmah' of Tabari, 'Kitāb al-Hāwī fi al-ṭibb' of Rāzī, 'Kitābu'l Maliki' (The Royal Book) by Majūsī, 'Al-Qānūn fi al-ṭibb' (Canon of Medicine) of Avicenna in Arabic; and 'Hidāyat al-Muta'allemin fi al-ṭibb' (A Guide for Medical Students) of Al-Akhwayani Bokhārī and 'Zakhira-i Khwārazmshāhī' (The Treasure of Khwārazmshāh) and Al-'Aghrād'ul tibiyah wa'al-mabāhith'ul Ala'iyah' (The Aims of Medicin) of Jorjānī in Farsi.

Results. 1. 'Transient' or symptomatic psychotic disorders, resulting from direct or indirect brain damage:

- 1.1. 'Ekhtelāt-ul-takhayyol' (disorder of perception), 'when patients imagine perceptible things, such as seeing people, hearing sounds, or sensing smells that have no external reality'.
- 1.2. 'Ekhtelāt-al-fekr' (thought disorder), when the perception is intact and patients perceive the outside reality as it is, however, their thinking is impaired.
- 1.3. 'Ekhtelāt-al-aql' ('corruption of the mind'), or 'junun (madness), defined as a condition when patients say things they should not say, like things they should not like, wish unreasonable things, demand what is not demanded, do things they should not do, or hate things that they normally do not hate.
- 1.4. 'Sobārā', portrayed as a form of agitated madness resulting from 'sarsām' (meningitis/encephalitis).

2. 'Permanent' psychotic disorders also considered as primary 'brain' diseases:

- 2.1. Mania, described as the worst kind of insanity, presenting symptoms of paranoia, constant anxiety, agitation, hyperactivity, vindictiveness, insomnia, hostility, and ferocity.
- 2.2. 'Dā-al-kalb' ('dog's disease'), portrayed as a mixed psychosis with a fluctuating picture of anger and playfulness, as well as hostility mixed with gentleness.
- 2.3. 'Qutrub', outlined as a psychosis when affected individuals dislike people's company and run away from society, rarely

resting, and aimlessly moving as if they were in fear of running from someone. Patients become forgetful, and their behaviours disorganised.

Conclusion. The Arabo-Persian classification of mental disorder was progressive and generated a common nomenclature in the Arabo-Persian speaking medical communities, serving the mutual understanding of experts. Moreover, the taxonomy developed was relatively precise and stable, corresponding to modern classification systems. Psychoses were categorised into 'transient' and 'permanent' disorders, which were considered as a primary 'brain disease' of multifactorial aetiology, a concept introduced by Griesinger in the 19th century, known as the 'organic model' of mental illnesses.

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Hidden Harm: Detection of Abnormal Urinary Analysis in Alcohol and Polysubstance Abuse

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Aims. This research study aims to identify the adverse effects of alcohol and polysubstance misuse on kidneys. The study also highlights the hidden harm caused by prescribed treatments such as PPI (Proton Pump Inhibitors) and other medications.

Methods. The study was conducted in the summer of 2022 at an outpatient addiction treatment service. 63 patients (10% of the total prescribers), 49 males and 14 females participated in the study. All participants gave their consent, and data were collected including demographic details, substance misuse history, physical and mental health history, and prescribed treatments. We used a Combur-7 urinary dipstick to analyze the results provided in the kit.

Results. Seven patients were not able to provide a sample. 60/63 patients' result showed abnormalities.

21 out of the 63 samples appeared dark and hazy. 7 samples were foul-smelling. 40 of the 63 patients were detected with a variable amount of leukocytes. 1 of the 63 patients was positive for nitrogen. The pH values range from 5 to 8. Specific gravity values were variable. 3/63 samples were positive for bilirubin. 58/63 samples were positive for protein. 19/63 samples detected variable amounts of red blood cells. 5/63 samples detected for ketones and glucose were negative in all samples.

Conclusion. Long-term alcohol abuse can compromise the ability to manage fluid volume and electrolyte balance. Extreme serious abuse can also impact acid-base balance, homeostasis, and even hormonal control regulated by the kidneys could be affected. This situation further complicates the presence of liver disease.

Cocaine abuse can cause acute kidney injury (AKI), malignant hypertension, and vasculitis and can lead to chronic kidney disease (CKD). Heroin-associated nephropathy (HAN) can lead to nephrotic syndrome and could progress to end-stage renal failure.

Tobacco, solvents, amphetamines, and ecstasy can aggravate a wide range of kidney diseases by their direct or indirect effect on kidney functions.

Long-term use of proton pump inhibitor and other medications such as NSAID, pregabalin, and diuretics, may affect kidney functions.