

gabapentinoids with an opioid substitute and 17% with antidepressants. Only in 22% of the cases there was documentation of discussion with the prisoner about the potential risks of co-prescribing with these medications. In 14 cases (13 per cent), prescribed gabapentinoids were diverted to other prisoners.

Conclusion. For those prescribed gabapentinoids in prison, the indications for such use especially if off label should be reviewed and their use minimised where relevant.

The initiation of gabapentinoids in prison should be avoided.

For patients who are also receiving antidepressants and opioid substitutes or are abusing opiates, consideration should be given as to whether it is safe to continue on gabapentinoids, given the risks of misuse and death.

Issues raised by this study are likely to apply to other prisons, secure forensic psychiatric facilities and indeed community mental health and primary care as well.

From 1 April 2019, gabapentinoids have been classed as Class C controlled drugs in the UK.

Qualitative study: learning from recovery: what do people who have recovered from alcohol dependence have to teach those who are still struggling?

Anju Soni^{1*} and Ian Treasaden²

¹Broadmoor Hospital, West London NHS trust and ²West London NHS trust

*Corresponding author.

doi: 10.1192/bjo.2021.775

Aims. The aim is to tap into user experience in the UK and to analyse what lessons can be learnt from those who have recovered from alcohol dependence to help those who are struggling including to inform the delivery of alcohol services.

Method. The study was conducted in London, UK. 20 males in the age group 30–45 years were recruited. 10 of these participants had recovered from alcohol dependence and the other 10 were in treatment for alcohol dependency and diagnosed as dependent according to ICD-10 or DSM 5 criteria. In the former group, each participant had at least 2 years of complete sobriety. A semi structured questionnaire was developed and used to interview all the subjects.

Males 30–45 years were eligible as alcohol dependence is more common in this age group and purposive sampling drove the selection (i.e. if early analysis suggests the importance of a particular factor, subjects likely not to show that factor would be sampled for comparison).

Grounded analysis was the qualitative analysis method of choice and constant comparison was used, i.e., data were collected and analysed concurrently.

Result. The main “families” that arose grouped around relationships in both the recovered alcoholics (RA) and continued alcoholics (CA). A successful shift required a change in the relationship to self, from feeling empty or critical towards acceptance and this shift was facilitated by being accepted and respected by others.

Relationship as motivator to stop drinking

24% people had the insight to self-refer to voluntary organisations such as AA but 76% did so because of fear of losing either their relationship or their job.

Although 80% of recovered alcoholics had been ambivalent about coming off alcohol, the shift happened when they had a nurturing relationship elsewhere such as a key worker at the Alcoholics Anonymous.

Insight and Perception

Awareness of alcohol as an obstacle rather than a solution was key for change to occur. Although 75% people with insight into their

difficulties were more successful in maintaining sobriety, insight alone without action was insufficient. Moreover, action was possible without insight. Fear of death alone was a sufficient motivator.

Conclusion. Difference between support systems

As a result of comparing those patients with alcohol dependence who responded well to treatment compared to those who were very recalcitrant to treatment important characteristics of an effective service have been identified. It was clear that the quality of services offered to those with alcohol dependence who attended A&E departments could be improved by offering more time for the initial assessments and adopting a more individualistic approach for each patient.

Training sessions to the A&E staff about the differences required in management between those with alcohol dependence who are motivated to abstain compared to those who will only be able to reduce consumption should be offered rather than mere blanket exhortations to abstain from alcohol consumption. The importance of behavioural avoidance of situations where alcohol is excessively consumed is more helpful in terms of eventual outcome.

The A&E staff should be encouraged to employ individuals from Alcoholics Anonymous in their department as early involvement with AA improves engagement and outcome can greatly improve engagement with treatment programs subsequently and lead to significantly better outcomes.

Prevalence and associated factors of antenatal depression of women attending antenatal clinics in two tertiary care maternity hospitals in Sri Lanka

Chathurie Suraweera^{1*}, Iresha Perera¹, L.L. Amila Isuru² and Janith Galhenage¹

¹Professorial Psychiatry Unit, National Hospital of Sri Lanka and

²Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka

*Corresponding author.

doi: 10.1192/bjo.2021.776

Aims. To determine the prevalence of depression among antenatal mothers in two tertiary care maternity hospitals in Colombo and associated factors of antenatal depression.

Method. A descriptive cross-sectional study was conducted in antenatal clinics in two tertiary care maternity hospitals in Sri Lanka. Every second woman attending the clinic was recruited using systematic sampling until the calculated sample size was obtained. A structured questionnaire and Edinburgh Postnatal Depression Scale (EPDS) were used for data collection. Data were analysed using SPSS.

Result. A total of 536 pregnant women were participated in the study. Around one third (180, 33.6%) of pregnant women had depression according to the EPDS score (Mean = 7.66, SD = 5.17). The mean age was 29.65(SD = 9.30) years and among them 387(74.3%) had at least secondary education. The majority lived with parents or in-laws (329, 61.4%) in addition to nuclear family members and 266(49.6%) were in their third trimester. Most women were in first pregnancy (149, 39.5%) and 11 (2.1%) had a history of psychiatric illness. Sixty (11.2%) women and 156(29.1%) of partners used psychoactive substances. Verbal abuse and physical abuse were reported by 5 (0.9%) and 3(0.6%) respectively. Sixty one (11.4%) women have reported inadequate family support, and 226 (42.2%) had only support of the partner. Among them 346 (64.6%) reported excellent support from partner. One third (186, 34.7%) of pregnancies were unplanned, 328(61.2%) women reported a very