Aims. Evidence supports associations between polyunsaturated fatty acids (PUFAs) such as docosahexaenoic acid (DHA) and psychosis risk. However, longitudinal PUFA trajectories in the general population have not been characterised. The aims of this study were: 1) To describe longitudinal trajectories of plasma omega-6:omega-3 ratio and DHA levels in a large general population sample; and 2) To evaluate associations between these trajectories and psychosis-spectrum outcomes in early adulthood. Based on previous research, we hypothesised that trajectories characterised by higher omega-6:omega-3 ratio and lower DHA levels would be associated with increased odds of psychosis-spectrum outcomes.
Methods. We examined a large cohort in the Avon Longitudinal Study of Parents and Children (n = 3635, 2247 [61.8%] female). Plasma omega-6:omega-3 ratio and DHA % total fatty acids were measured by nuclear magnetic spectroscopy at 7, 15, 17 and 24 years, then standardised by sex. Trajectories were evaluated using curvilinear growth mixture modelling, contemporaneously adjusting for body mass index. Psychosis-spectrum outcomes were assessed at 24 years. Psychotic experiences (PEs), At-Risk-ental-State status, psychotic disorder and number of PEs were measured using the Psychosis-Like Symptoms interview. Negative symptoms score was measured using the Community Assessment of Psychic Experiences. Associations were evaluated using logistic, negative binomial or linear regression as appropriate, adjusting for sex, ethnicity, parental social class, smoking and alcohol use. Multiple imputation was used to impute missing exposure and covariate data across ten imputed datasets.
Results. A three-trajectory solution was optimal for both omega-6:omega-3 ratio and DHA. Relative to stable average, persistently high omega-6:omega-3 ratio and persistently low DHA trajectories were associated with increased odds of PEs and psychotic disorder, with these associations explained by included covariates. In fully adjusted analyses, the persistently high omega-6:omega-3 ratio trajectory was associated with number of PEs (adjusted β 0.41, 95% confidence interval [CI] 0.05–0.78) and negative symptoms score (adjusted β 0.43, 95%CI 0.14–0.72), as was the persistently low DHA trajectory (number of PEs: adjusted β 0.45, 95%CI 0.14–0.76; negative symptoms: adjusted β 0.35, 95% CI 0.12–0.58).
Conclusion. In this first description of plasma PUFA trajectories in a large general population cohort, trajectories characterised by persistently high plasma omega-6:omega-3 ratio and persistently low plasma DHA levels were associated with psychosis-spectrum outcomes in early adulthood. In the case of number of PEs and negative symptoms, these associations were not fully explained by included covariates. Optimisation of PUFA status during development warrants further investigation as a malleable protective factor in relation to specific psychosis symptom domains in early adulthood.

Comparison of the Legal Infrastructure Governing Psychiatric Practice and Its Implementation in Tanzania and the UK

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doi: 10.1192/bjo.2024.215

Aims. To examine the legal framework governing psychiatric practice, specifically focusing on the Mental Health Act, within a singular psychiatric centre in Moshi, Tanzania. The primary objective was to explore the intersection of culture and legalities in shaping ethical practice within this emerging unit. Drawing on a comparative analysis of contents and the implementation of the MHA in Tanzania and in the UK, the study aims to understand the ways in which cultural contexts influence the legal and ethical dimensions of psychiatric care.
Methods. This was a multi-method study that combined literature analysis, structured interviewing, and structured reflective practice.

1. Direct comparison of the UK and Tanzanian MHA.
2. Evaluation of clinician understanding of the MHA through structured interviewing of clinicians with respect to their knowledge of the MHA, its existence, and its key components.
3. Analysis of implementation of the MHA in liaison psychiatry in both centers. Compared through unstructured interviewing and reflective practice.

Results.

1. The most striking difference is the length of the documents. The Tanzanian MHA is 27 pages while the UK MHA is 173. This additional length covers: Admission and Discharge Procedures, explanation of the Roles and Powers of Professionals, and further discussion on Safeguards and Rights of Individuals.
2. When interviewed, only 15% of Tanzanian physicians could explain what the MHA is, compared with 100% of UK physicians (N = 40).
3. In the UK, all doctors use the MHA and implement DOLS. In Tanzania, this falls under the role of liaison psychiatrists. This is likely because, the MHA is included in the UK's medical curricula but not in Tanzania's.

Conclusion. Lack of understanding of the MHA and other key laws in psychiatry is a global issue, not limited to the UK or Tanzania. However, physicians with strong understanding are more scarce in Tanzania. This scarcity puts additional pressures on psychiatric services, as psychiatrists are called to assess issues of capacity or consent that could be assessed by any doctors in the UK. However, this means that the MHA and MCA are almost solely used by psychiatrists and therefore often assessed to a very high standard. It must be considered that on reflection, I have also observed physicians with limited understanding of the MHA, capacity and consent within the NHS. Imposing a higher standard on another culture would be unethical. Efforts into educating medical students and professionals is required in the UK and Tanzania.

Association Between Problematic Online Gaming and Subsequent Psychotic Experiences in Adolescents: A Birth Cohort Study

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doi: 10.1192/bjo.2024.216

Aims. There is still little information available on the negative impact of online activities on psychotic experiences. This limitation is further compounded for online gaming, where even a beneficial impact has been suggested via the evocation of positive emotions. We aimed to examine how problematic online gaming (POG) is associated with subsequent psychotic experiences in adolescents.
Methods. This birth cohort study employed randomly sampled adolescents born between September 2002 and August 2004. The eligibility criterion was those who did not have psychotic experiences at age 14. We analyzed the association between POG at age 14 and subsequent psychotic experiences at age 16. Adolescents were categorized into the no, low, and high POG groups based on the behaviors and emotions related to online gaming at age 14. Missing data were handled using random forest imputations.
Results. A total of 1722 adolescents without psychotic experiences at age 14 were analyzed. At age 16, 55 adolescents exhibited psychotic experiences, while 225 showed potential psychotic experiences. Compared with the no POG group, a higher risk of psychotic experiences was shown in both the low (RR 1.93, 95% CI 1.74–2.15) and high (RR 2.81, 95% CI 2.50–3.15) POG groups. Findings were consistent when analyzing potential psychotic experiences.
Conclusion. POG appears detrimental to the development of psychotic experiences in adolescents. Our findings provide public health implications in the context of policymaking.

Is Body Dissatisfaction a Risk Factor for Diabulimia and How Is It Assessed? A Rapid Systematic Review

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doi: 10.1192/bjo.2024.217

Aims. Diabulimia is an increasingly used term referring to "an eating disorder (ED) with type 1 diabetes". It is difficult to detect and presents in multiple ways, which can potentially include feelings of body dissatisfaction (BD), which in itself is a complex symptom to quantify clinically.

This rapid systematic review aimed to identify whether feelings of BD are a risk factor for diabulimia by researching if and how BD is assessed in patients with the condition.
Methods. A rapid systematic review was undertaken. A literature review was performed on Ovid Medline (all) and Ovid Embase databases using search terms for Type 1 Diabetes, ED, and BD and looked at cross-sectional studies only. One reviewer performed the literature search and screened titles and abstracts. Out of 589 papers screened, four papers met the inclusion criteria. These papers then went through critical appraising using the Appraisal tool for Cross-Sectional Studies, with all papers showing mid-level quality clearing 16 to 17/20 questions. Therefore, data was extracted from all of them.
Results. All four papers came from different countries and used a wide range of sample sizes (43–477).

There was widespread heterogeneity between the data collected in each study due to the various tools used to identify BD, paired with differences in analysing extracted data.

To ensure transparency and quality of the results provided, the Synthesis Without Meta-analysis tool was used. Three studies looked at effects on adolescents and three had a higher proportion of females. All papers used previously established and tested BD screening methods. Two papers found female diabetics were more likely to have BD symptoms, and one paper saw that males were more at risk. All four papers concluded that BD had some correlations with one or more aspects of diabetes and/or other ED symptoms related to diabulimia. Two commented on positive correlations between BD and HbA1c levels and one commented on BD symptoms and insulin restriction trending together. Two papers also saw BD symptoms and depressive symptoms correlating in patients as well.
Conclusion. All four studies showed that BD was related to diabulimia, both from a psychological and diabetic perspective, and most highlighted how BD manifested between the different sexes of diabetics. This review highlights the need for more standardised and comprehensive BD questionnaires to draw out key signs of EDs in diabetics that could improve screening, detection and management of diabulimia.

Cognitive Behavioural Therapy Versus Psychodynamic Therapy for Medically Unexplained Symptoms: A Retrospective Study of Healthcare Utilisation and Cost Analysis

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doi: 10.1192/bjo.2024.218

Aims. Patients experiencing Medically Unexplained Symptoms (MUS) are some of the costliest in both primary and secondary care. Psychotherapy is one of the most efficacious ways of treating them although the most superior modality is unclear. Cognitive Behavioural Therapy (CBT) has the greatest evidence base, but a growing number of studies have investigated the role of Psychodynamic Psychotherapy (PPT). This is the first study to compare the two modalities concerning their impact on healthcare utilisation and cost to the NHS.
Methods. Patients referred to the Oxford Community Psychological Medicine Service in 2021 and who went on to complete a course of psychotherapy for MUS were included. 78 patients were referred, 66 patients were assessed, 16 patients began treatment and 9 patients completed treatment. 4 received CBT and 5 received PPT based on a 'best fit' assessment. Their healthcare utilisation (GP appointments, health investigations, A&E attendances, inpatient admissions and outpatient appointments) was assessed during the 6 months prior to their initial assessment and compared with the 6 months after therapy had ended using data from 'Health Information Exchange'.
Results. Overall, psychotherapy reduced primary care use but our data was insufficiently powered for this to be statistically significant. There was a significant reduction in outpatient appointments after psychotherapy, mostly representing mental health consults.

Significant differences between pre-therapy and post-therapy were only observed for the number of health investigations in the PPT group which, surprisingly, increased with a large effect size ($d = 1.19$ 95% CI 1.12–2.88, $P = 0.03$). The same trend towards increased utilisation were observed for every outcome measure in PPT besides outpatient appointments. Conversely, all outcome measures showed an improvement after CBT apart from the number of health investigations which marginally increased.

https://doi.org/10.1192/bjo.2024.216 Published online by Cambridge University Press