

## A systematic review of the prevalence of mental disorders, cognitive impairment and dementia amongst older adults populace in Egypt

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**Aims.** This study aims to review current evidence of the prevalence of mental disorders amongst the elderly populace in Egypt. This will be achieved by estimating the current prevalence and then identifying any sociodemographic correlates with mental disorders.

**Background.** Mental disorders are the leading cause of disabilities amongst the older adult populace worldwide. The population of the older adult in Egypt is fast growing. According to the Egypt, latest national census in 2014, the population of individuals aged 60 years and above is 6.9% and this is expected to nearly double by the year 2031, with a projection of 11.5% forecasted. In fact, it has been estimated that cost per person of mental health diseases such as dementia in low-income countries is approximately £686 (\$868) and £2456 (\$3109) in lower-middle income countries like Egypt.

**Method.** Electronic search of five key databases (MEDLINE, PsychINFO, EMBASE, AMED and PubMed) was carried from their date of inception. In addition, reference list scanning, key journal searching, citation searching and relevant internet resources were conducted. Papers were included, if they were published in English, point prevalence studies carried out on older adults Egyptians aged 60 years and above. In addition, mental disorders, cognitive impairment or dementia had to be ascertained using any validated diagnostic tools. Studies which did not meet any of the criteria detailed above were excluded.

**Result.** 16 studies were included in this review. Four main mental disorders were identified, these are: depression, anxiety, cognitive impairment and dementia. Reported prevalence of Depression, anxiety, dementia and cognitive impairment are 23.7-74.5%, 14.2-72%, 3.66-39.2%, and 1.74 to 51.4% respectively. Anxiety and depression was positively correlated with female gender, increasing age and lower educational status. Also, cognitive impairment and dementia was positively correlated with age, illiteracy or low education. However, there appears to be inconsistencies in the diagnostic tools used.

**Conclusion.** This research brings to the forefront the scale of mental disorders amongst the elderly in Egypt. This may help ensure evidence-based initiatives are put in place and also priority is given to resource allocation for geriatric mental disorders in Egypt.

## The use of coproduction to inform an evidence-based service delivery model for mental health service users with complex needs

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**Aims.** Co-production recognises that people who use social care services (and their families) and third sector organisations within community settings have knowledge and experience that can be used to help make services better for services users and those who care for them. This study shares the coproduction that took place in the design of a mixed methods study that aims to understand: the profile and history of service users currently defined as having complex needs; the decision-making processes by clinicians that lead to these individuals entering this complex group; service users and carers experience of service use; and, the associated costs. This study involves a comprehensive evaluation that aims to inform an evidence-based service delivery model for mental health service users with complex needs.

**Method.** A study stakeholder group, including clinicians, academics, service users, housing associations, health economists, and statisticians was formed from the outset to inform the mixed methods design, combining quantitative (in-depth analysis of patient records and economic evaluation) and qualitative (written medical notes and in-depth interviews with service users, carers, and clinicians) methods. The study included five components: (1) a quantitative description and analysis of the demographic clinical characteristics of the patient group; (2) an economic evaluation of direct medical costs, direct non-medical costs, and indirect costs for each patient; (3) semi-structured interviews about patients and carers experiences; (4) data from components 1-3 was used to co-produce vignettes jointly with the stakeholders group; and, (5) semi-structured interviews about clinical decision-making by clinicians in relation to this patient group by using the vignettes as example case studies.

**Result.** Coproduction took place at each stage of the study, including the design, development of data collection tools, data analysis and formation of the vignettes required for stage five. The results demonstrated how co-production and multiagency working have been evident throughout the process of designing the study, the continuous engagement throughout the analysis, dissemination and implementation of the findings.

**Conclusion.** The findings support the application of the core principles of co-production in the design, set-up and implementation of research within an NHS Trust as demonstrable by the acceptability and collaborative working within the study. The study's key outcomes were to: examine the resource use and cost impact associated with alternative care pathways to the NHS and other sectors of the economy (including social care); explore patient health and non-health outcomes associated with alternative care pathways; and, gain an understanding of a complex service user group and how decisions are made in their treatment to inform how services are delivered in the future and made more person-centred and consistent.

## Substance use determinants in Jamaican under-25s: family, peers, spirituality and maltreatment (literature review)

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**Aims.** Jamaica is undergoing rapid change in its attitudes and laws regarding substance use; understanding the reasons why under-25s use substances will help inform future interventions and policy decisions. This review will investigate the determinants of substance use in under-25s in Jamaica, aiming to identify key

sub-groups to target with interventions, and propose topics for further research.

**Method.** A literature search was performed with Ovid on three databases, using wildcards and synonyms to increase the number of hits. This search produced 379 results, of which 41 remained after inclusion/exclusion criteria were applied. Additional sources were utilised as the review was written.

**Result.** Strong family relationships are protective against illicit substance use for under-25s, with conflicting results for licit substance use. Healthy peer relationships protect against substance use, particularly in the academically-stressful university environment. All Jamaican under-25s appear to be susceptible to peer pressure, which increases the likelihood of substance use. Spirituality is protective against substance use, although male Rastafarians are more likely to use cannabis. Certain forms of childhood maltreatment make use of particular substances more likely. University students and under-18s brought up in single-parent families are key sub-groups to target with interventions. Further research on mechanisms by which these determinants work, particular religions and which determinant has the greatest effect is recommended.

**Conclusion.** Various factors can protect against or predispose substance use in Jamaican under-25s. This review, and future research, can help inform policy decisions and intervention design for the key sub-groups found.

### Long admission waiting list at the Orchard clinic-why?

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**Aims.** The Orchard clinic is one of the three medium secure units in Scotland. This project was completed:

To gain an understanding of the causes of the Orchard clinic's long admission waiting list.  
To use this information to improve current clinical pathways, service development and further research and development.

**Method.** To study the longitudinal traffic flow through the clinic from January 2017 to December 2019, data were collected for this time retrospectively from electronic minutes of fortnightly bed management meetings at the Orchard clinic.

This was cross checked with the Orchard clinic's record of admissions and discharges during this time and approved by the Forensic Research and Audit Group, NHS Lothian.

**Result.** November 2018 onwards, a surge of 90% was observed in the admission waiting list.

Looking at the trends of traffic flow through the clinic during this time, the following observations were made:

1. More admissions than discharges, especially November 2018 onwards.
2. New referrals for medium secure care at the Orchard clinic peaked twice during this time.
3. Delayed discharges peaked in July 2018 and further in January 2019 running parallel to the surge in admission waiting list thereafter.
4. 42% patients on the delayed discharge list belonged to other health boards awaiting local low secure/community placements.

**Conclusion.** Delayed discharges were identified as a constant parallel to the long waiting list and hence identified as the main factor contributing to it. Out of area (non-NHS Lothian) admissions were noted to be linked to these delayed discharges.

Regular peaks in new referrals was also noted to be contributory.

### A randomised controlled trial to investigate the effectiveness of sustained photoprotective behaviour in xeroderma pigmentosum after intervention

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**Aims.** This study aimed to investigate whether an intervention designed to improve photoprotective behaviours is effective at changing behaviour and whether any change could be maintained.

**Background.** Xeroderma Pigmentosum (XP) is a rare condition in which patients are at risk of malignancies when exposed to ultra-violet radiation (UVR). Sufferers must take extra precautions to protect themselves from UVR. They must apply sunscreen to exposed skin, wear thick clothing, gloves, and a UVR-protective visor. Treatments include preventative photoprotective measures; the use of sunscreen and protective clothing. Additionally, frequent eye and skin examinations are required and swift removal of any premalignant lesions.

**Method.** In this randomised controlled trial, 16 participants with XP were given questionnaires at 4 time points; baseline, post-intervention, 5 months and 9 months post-intervention. The intervention involved 7 one-on-one counselling sessions, as well as telephone consultations. Counselling sessions encouraged photoprotection adherence, self-efficacy and discussions of any barriers to improving photoprotective behaviour. This study focused on psychosocial variables, attitudes and photoprotection. Questionnaires included the photoprotection self-efficacy questionnaire, Self-Reported Behavioural Automaticity Index, Short Warwick-Edinburgh Mental Wellbeing Scale, Quality of Life and Brief Photoprotection Adherence Questionnaire.

**Result.** The intervention was shown to have no significant effect on participants' questionnaire scores. Univariate ANCOVA revealed a group effect between follow-up 1 (FU1) and follow-up 2 (FU2);  $\eta^2 = 0.422$  for self-efficacy in wearing photoprotective clothing. A group effect was identified from BL to FU1 and FU1 to FU2;  $\eta^2 = 0.343$  and  $\eta^2 = 0.378$  respectively in how often participants reapplied sunscreen to their face when outside for longer periods. Univariate ANCOVA revealed no group or time effect for the other outcome variables; for example, sunscreen self-efficacy.

**Conclusion.** The intervention had no significant effect on photoprotective behaviour questionnaire scores. Future research could focus on recruiting more participants globally to generate more statistically powered results. Research should focus on producing a maintainable intervention so that any positive change would produce better long-term health outcomes. This study lays the foundations for future XP research, which will be vital to improve understanding and enhance photoprotective behaviour.