

EMBASE and PsycInfo) were searched for studies of clinician attitudes towards NEAD using pre-developed terms. These terms were optimised following familiarisation with the literature. Specific inclusion and exclusion criteria were applied, and studies were selected if they included data regarding the attitudes of healthcare professionals from any group towards NEAD. A data extraction template was used to synthesise study characteristics and outcomes. The Mixed Methods Appraisal Tool was used to appraise methodological quality of the included studies. Two reviewers independently completed the selection process and data extraction.

Results. The search strategy yielded 2885 citations, of which 76 were selected for review of the full publication based on the title and abstract. Inclusion/exclusion criteria were applied to full texts. The literature mainly included clinicians from general practice, neurology, emergency department and psychiatry. There was general negative stereotyping of people with NEAD and a lack of confidence in management. Attitudes differed between professions, particularly with respect to aetiology.

Conclusion. The literature highlighted that many clinicians held a negative attitude towards people with NEAD, and there was evidence of a general lack in confidence towards NEAD across all healthcare professional groups. There was a difference between healthcare professional groups, mostly related to views on aetiology. The review highlights the need for greater education related to NEAD with a focus on understanding aetiology and greater transparency in interdisciplinary working.

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A Comparative Study of Sleep Parameters in Opioid Dependent Patients on Opioid Substitution Therapy: Findings From India

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Aims. Sleep problems are common in opioid users and in patients receiving opioid agonist treatment. The aim of the present study was to study the pattern and prevalence of subjective sleep disturbances in opioid dependent subjects maintained on opioid agonist treatment (buprenorphine and methadone).

Methods: A cross-sectional observational study was conducted in a tertiary health care center in India. 106 adult opioid dependent male patients maintained on buprenorphine and 50 adult opioid dependent male patients maintained on methadone who were initiated on medication at least six months prior, on stable dose of medication for last one month and were adherent on medication for at least 50% occasions in last one month were included in the study.

Results. The mean age of the sample for buprenorphine-maintained group and methadone maintained group was 41.1 (SD: 14.3) years and 27.7 (SD: 7.8) years respectively. Tobacco, alcohol and cannabis were used by majority of the participants in both the groups. Most participants had used heroin by smoking before starting buprenorphine (n = 68, 64.1%) and methadone (n = 46, 88.5 %). The duration of use of illicit opioids was for median duration of 10 (IQR: 5, 22) years for buprenorphine group and 5 (IQR: 3, 7) years for methadone group.

In buprenorphine group, the participants had been on buprenorphine for a median duration of sixty (IQR: 17, 120) months. The mean current dose of buprenorphine was 10.2 (SD 3.8) milligram per day. The mean PSQI score was 6.6 (SD 3.4). About 63.2% (n = 67) of the participants have scores more than five (PSQI > 5) suggesting sleep problems. The mean subjective total sleep time of the sample was 403.5 (SD 94.8) minutes and median sleep latency was 35 (IQR 18.8, 62.5) minutes.

Similarly, in methadone group, the participants had been on methadone for a median duration of seventeen (IQR: 10, 22) months. The median current dose of methadone was 20 (IQR: 14, 36) milligrams per day. The mean PSQI score was 5.2 (SD 2.8). About 44.2% (n = 23) of the participants have scores more than five (PSQI > 5) suggesting sleep problems. The mean subjective total sleep time of the sample was 466.5 (SD 114) minutes and median sleep latency was 30 (IQR 15, 97.5) minutes. Subjective sleep problems were associated with past three months opioid use. **Conclusion.** The methadone group had relatively younger population with early onset of substance use. They were on relatively lesser dose of methadone. This group also had lesser sleep problems than the buprenorphine group.

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Are Opioid Receptor Antagonists Effective at Treating Antipsychotic-Induced Weight Gain? A Systematic Review and Meta-Analysis

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Aims.

Introduction:

Second-generation antipsychotics are widely used in psychiatry but are associated with weight gain. Obesity is more prevalent in mental illness and may contribute to the mortality gap. Non-pharmacological management of antipsychotic-induced weight gain (AIWG) has limited success whilst pharmacological treatment typically involves antidiabetic medications that psychiatrists have less experience with. Recent developments in the field have shown promise with using centrally-acting opioid receptor antagonists (CORAs) at treating AIWG.

Objective:

Review and synthesise the available RCT evidence on the efficacy of CORAs at treating AIWG.

Methods.

Methodology:

Four databases (Medline, Embase, PsycINFO, Cochrane) were searched, from database inception to present, for RCTs using CORAs (naloxone, naltrexone, samidorphan) to reduce AIWG. Our primary outcome sought was weight change in kilograms, with secondary outcomes of change in percentage of body weight, waist circumference and 7% or 10% weight change thresholds. We used random-effects meta-analysis due to study heterogeneity.