also aimed to establish the feasibility of gathering data on mechanistic measures, such as heart rate variability (HRV) and interoception, during floatation.
Methods. Participants were recruited via online advertisements and were screened to check they scored at least 36 on the Fatigue Severity Scale (FSS). Pertinent medication changes and previous float experience within the last 6 weeks were amongst the exclusion criteria. Baseline measures included: Modified Fatigue Impact Scale (MFIS); Body Perception Questionaire; hypermobility questionnaire and Tellegen Absorption Scale. Participants completed four 90 minute sessions of floatation-REST across a 2–6 week period with 1 week of ecological momentary sampling (EMS) before and after. Immediate pre and post float measures included testing interoceptive sensibility, accuracy and awareness. HRV was measured during floatation. Change in energy was measured by retrospective subjective assessment, changes in validated fatigue scales and EMS.
Results. Baseline MFIS scores (median = 67.5; range = 55–77) indicated a high degree of severity of participant fatigue. 15 participants were recruited to the study. 13 participants started the float intervention and 11 completed all four sessions. No drop out was due to poor tolerability. Most adverse events were mild, expected and related to the pre/post float testing. HRV data was successfully captured throughout all sessions. Participant surveys described improvements in energy levels, sleep and relaxation and 73% "strongly agreed" to an overall positive effect. Furthermore, both statistically and clinically significant reductions were noted in the mean FSS scores (56.9 to 52.6; $p = 0.044$) and the MFIS scores (67.0 to 56.4; $p = 0.003$). Detailed energy assessment was obtained by EMS with 37 to 86 data points per participant.
Conclusion. Floatation-REST appears to be a feasible intervention for people with severe fatigue. EMS, HRV data, interoceptive data and other measures were reliably recorded. Reported subjective benefits were supported by an improvement in objective fatigue scores, though the lack of a control group makes these improvements speculative at present.

Ethical Challenges in the Use of Digital Tools for Screening of Depression in India: A Scoping Review

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Aims. Depression poses a significant public health concern globally, characterized by prolonged periods of sadness, loss of interest, and impairment in daily functioning. With over 800,000 annual deaths attributed to suicide, it stands as the second leading cause of mortality among 15–29-year-olds worldwide. To address this growing crisis, various digital methods are being increasingly developed for screening depression efficiently in large populations. However, the ethical implications surrounding the use of these tools remain debated. This scoping review aims to explore the landscape of research on digital screening methods for depression in India, elucidating ethical challenges and identifying research gaps.

By synthesizing available evidence, this study seeks to contribute to the discourse surrounding the ethical use of digital tools for depression screening in India, ultimately striving for improved mental health outcomes in the population.
Methods. Using a pre-tested search strategy in January 2024, we searched PubMed and Google Scholar for studies regarding digital divide in the use of digital technology for mental health. Relevant studies were selected using a two phased screening process. Studies included in the review were synthesised qualitatively using a thematic synthesis approach.
Results. Out of 379 titles identified in our database search, only four were included in the qualitative synthesis. Two of these were cross-sectional, followed by a qualitative study and a pre-post evaluation. These studies were conducted in remote villages in the state of Andhra Pradesh, urban slums of Delhi, pan-Indian national survey and rural and under resourced urban areas.

The studies examined diverse aspects of the digital divide in India, revealing profound socio-economic disparities and gender inequities. Disparities in ownership of digital devices and usage were stark, with less educated, lower-income, and lower-caste groups facing marginalization due to limited access and skills. There were gender discrepancies in mobile phone ownership and internet access, with females significantly less likely to possess these technologies compared with males. However, there is a strong potential of mobile technology in increasing mental health service utilization in rural areas, fostering community awareness and stigma reduction.
Conclusion. Collectively, these findings illuminate the multifaceted challenges of the digital divide in India, emphasizing the urgent need for targeted interventions to promote equitable access to technology and bridge socio-economic gaps.

A Systematic Review of Studies of Attitudes and Beliefs of Healthcare Professionals Towards Non-Epileptic Attack Disorder (NEAD)

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Aims. Non epileptic attacks (also referred to as psychogenic non-epileptic seizures, functional seizures or dissociative seizures) are similar in appearance to epileptic seizures but are not accompanied by ictal electroencephalographic (EEG) discharges. NEAD is classified as either a conversion or dissociative disorder in DSM-V and ICD11 respectively, and is often associated with significant long-term disability. People with NEAD often access care across many different specialties and healthcare settings. Their experiences of doing so are frequently negative, based both on interactions with clinicians and integration of care.

The aims of this study were to review the existing literature on the attitudes of clinicians towards non-epileptic attack disorder (NEAD), and any differences that exist between professional groups.
Methods. The study followed PRISMA 2020 guidelines and was registered on the international prospective register of systematic reviews (PROSPERO). Three electronic databases (MEDLINE,

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.

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.

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.

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