An Observational Study of the Mental Health Burden in Frail and Elderly Patients

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Aims. Psychiatric illnesses are common among older adults and are associated with increased mortality and physical comorbidities. It is suggested that patients with frailty have a higher prevalence of depressive symptoms. (1) The eFI (electronic Frailty Index) is a tool used to assess the severity of frailty in elderly frail patients using a cumulative deficit model based on routine interactions with their GP.
Methods. Patients were selected for annual frailty assessments by searching the electronic clinical system (SystmOne) using the eFI tool. Patients were assessed using the Comprehensive Geriatric Assessment (CGA) framework. In addition, all patients were screened for coexisting anxiety and depression using the Patient Health Questionnaire (PHQ-9) and Generalized Anxiety Disorder (GAD-7) questionnaire.
Results. Of the 118 patients who ranged from mild to severe frailty, we found there was a positive correlation of the frailty severity eFI scores with increased rates of anxiety and depression evidenced by higher scores on the PHQ-9 and GAD-7 scoring tools. We found a positive correlation of the eFI with the PHQ-9 depression scores of ($r = 0.819$ $p < 0.001$). Within the same data set, we found correlation coefficients of eFI and anxiety GAD-7 scores ($r = 0.651$ $p < 0.001$). Increasing frailty was found to be associated with a higher rate of depression and anxiety.
Conclusion. We found in this study higher (eFI) electronic frailty indices are associated with higher rates of anxiety and depression. We would recommend annual frailty assessments in patients with high electronic frailty indices and this should include screening for mental health deterioration. Early detection of deterioration will enable patient centered supportive measures and targeted treatment strategies. Health maintenance programs should ensure patient centered holistic assessment of both physical and mental health needs for early identification to avoid deterioration of both physical and mental health.

Metabolic Effects of Antidepressants; Is It Time to Change the Conversation?

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Aims. The incidence of depression has risen both nationally and internationally. The mainstay of management remains referral to IAPT and treatment with SSRI and SNRIs and the rates of prescribing are rising exponentially. During the COVID-19 pandemic, more people faced mental health challenges. In the last ten years, the incidence of SSRI prescribing rose from 6.8% to 100%. A known side effect of antidepressant medication is weight gain, dyslipidemia, increasing risk of impaired fasting glycaemia and diabetes. Our

study was conducted to assess the actual risk incurred in our population from the point of starting therapy till date.
Methods. Patients were identified from the GP clinical system (SystmOne) to identify those with a current prescription of antidepressants and antipsychotics. A retrospective analysis of 591 patients' case records was undertaken. Body weight, BMI, fasting glucose, HbA1c, fasting lipids and Q risk were analysed at the time of prescription initiation, post treatment and any rise in cardiovascular risk over a period of years. The data were analysed to see the trajectory of deterioration in metabolic risk. All patients were assessed to ensure they had been signposted and referred to weight management services.
Results. The data show a positive correlation between the onset of antidepressant and antipsychotic prescribing, worsening of BMI, increase of cardiovascular and metabolic risk. The data show an exponential rise in BMI and metabolic risk (cardiovascular Q risk, dyslipidemia, imparied fasting glycaemia, diabetes and ischaemic heart disease) for patients taking SSRI and SNRI within 12 months. This effect continues for the length of the prescribing interval. We also found that with the rise of BMI dose, escalation was common due to reduced effectiveness. The average rise in cardiovascular Q risk average was 14.05% over three years. Patients need careful counselling at the outset and need regular reassessment of metabolic risks at each medication review. Informed consent must be obtained - risks of SSRI, SNRI and antipsychotic risk should be stated.
Conclusion. A known iatrogenic risk of antidepressant medication is weight gain, dyslipidemia, increasing risk of impaired fasting glycaemia and diabetes. Careful counselling and metabolic risk assessment is required when initiating these medications. Throughout the length of prescribing patients need re-assessment of their cardiovascular and diabetes risk with timely referral to weight management services to counterbalance metabolic risks.

A Mixed Method Study of Indian Mothers Assessing Impact of Lockdown in the Understanding and Burden of ADHD in Their Child

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Aims. To study the impact of the lockdown (pandemic) in the mother's understanding of the child's disorder (ADHD) and the burden faced by her.
Methods. A mixed method design with a combination of a qualitative and quantitative approach. An in depth in-person semi structured interview with the participant mother was conducted as the qualitative part and the quantitative part of the study consisted of burden assessment by the Zarit Caregiver burden scale pre and post pandemic. The responses were transcribed and themes were identified
Results. As far as understanding of the disorder was concerned, the major themes identified were "Knew about the child's problems from teachers but online schooling made me see the child's issues in person" and "Knew about the illness but more time led to more bonding and more understanding". When questioned about the burden faced, the major themes that evolved were "Increased burden as I felt exhausted taking care of child 24/7" and "Increased burden as I felt angry and irritated with my child, the school and family". The Zarit caregiver questionnaire revealed a statistically significant difference in the burden before and after pandemic with more number of mothers falling in the