

barriers in receiving such diagnosis. Misdiagnosis is preventable by training clinicians, screening risk groups and developing dedicated autism services.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

### Real World Effectiveness of rTMS in Depression and Anxiety

Dr Milind Thanki<sup>1\*</sup>, Dr Paul Briley<sup>1</sup>, Ms Sarah Ottahal<sup>1,2</sup>, Dr Sudheer Lankappa<sup>1</sup> and Dr Mohammad Zia Ul Haq Katshu<sup>3,1</sup>

<sup>1</sup>Nottinghamshire Healthcare NHS Foundation Trust, Nottingham, United Kingdom; <sup>2</sup>Sheffield Hallam University, Sheffield, United Kingdom and <sup>3</sup>Institute of Mental Health, University of Nottingham, Nottingham, United Kingdom

\*Presenting author.

doi: 10.1192/bjo.2024.257

**Aims.** Repetitive Transcranial Magnetic Stimulation (rTMS) is a non-invasive brain stimulation recommended by NICE for treatment of depression with minimal side-effects and a high patient acceptability. Our aim was to assess the effectiveness of rTMS in real world clinical service in alleviating symptoms of depression and anxiety.

**Methods.** All patients receiving rTMS in our Centre for Neuromodulation Services (CNS) received 5 daily treatment sessions a week for a period of 5 weeks (25 sessions in total). All patients routinely completed PHQ-9, BDI-II and GAD-7 measures before and after the course of treatment. The scores on these measures were retrospectively analysed using paired-sample t-test.

**Results.** All 15 patients completed the PHQ-9 and GAD-7 scales while 10 patients completed BDI-II. Eleven patients (73%) had improved PHQ-9 scores post-treatment with average improvement of 5.5 points which was statistically significant [paired-sample t-test:  $t(14) = 3.019$ ,  $p = 0.009$ ]. Nine patients (90%) had improved BDI-II scores post-treatment with average reduction of 36% from baseline which was statistically significant [ $t(9) = 3.681$ ,  $p = 0.005$ ]. Eleven patients (73%) had improved GAD-7 scores post-treatment, with average reduction of 4 points. This reduction was also statistically significant [ $t(14) = 3.038$ ,  $p = 0.009$ ]. Improvement in all measures was also of a level that would be considered clinically significant for these measures. All patients tolerated the treatment well with no patients dropping out due to side effects.

**Conclusion.** With the limitation of relatively small sample size, our initial analysis indicates that rTMS treatment offered in real world clinical service is effective in treating symptoms of depression. Although our protocol was not intended to treat anxiety, our patients had remarkable improvement in anxiety symptoms as well.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

### Assault Profile and Psychiatric Morbidity in Children With Sexual Abuse: A Community Based Cross-Sectional Study From an Urban Law-Enforcement Centre in India

Dr Lakshmi Keerthana Thatavarthi<sup>1\*</sup>, Dr Sireesha S<sup>2</sup> and Dr Aparna M<sup>2</sup>

<sup>1</sup>St Johns Medical College and Hospital, Bangalore, India and

<sup>2</sup>Osmania Medical College, Hyderabad, India

\*Presenting author.

doi: 10.1192/bjo.2024.258

**Aims.** The extent and nature of child sexual abuse (CSA) and its consequences with respect to psychiatric morbidity is still poorly described in children. This was a community based cross sectional study to describe the social demographic profile and identify psychiatric morbidity in children with CSA and to further examine the association between the sexual assault profile and the psychiatric illness present.

**Methods.** This study includes 100 children aged between 6–17 years ascertained as sexually abused at the time. The setting was BHAROSA centre, which is a society for protection of women and at-risk children with funding from the Department of Women and Child Development Telangana state, India. Simple random sampling was used to choose the participants and a pre-tested semi structured questionnaire was used to assess the sexual assault profile. The Developmental Psychopathology Checklist (DPCL) which is the Indian adaptation of Child behaviour checklist was used to understand the associated psychopathology. The prevalence of psychiatric morbidity was discerned by the Diagnostic Statistical Manual Text Revision (DSM V-TR).

**Results.** The average age for the first CSA encounter was 10.87 years. Most often the perpetrator was found to be an acquaintance (66%) of the child's family. 'Vaginal/anal penetration' (55%) was the most common form of abuse. In half of the cases there was a significant delay of two days-two weeks between the last episode of abuse and its discovery. 12% attributed themselves fully responsible for the abuse. 23% reported unsupportive reactions from the caregivers such as being dismissed or being blamed themselves for the abuse. More than half (53%) had at least one psychiatric disorder with post-traumatic stress disorder (PTSD) being the most common (28%) followed by conduct disorder (21%) and depression (17%). 28% had quasi psychotic symptoms and 25% non-specific somatic symptoms. 12% reported suicidal thoughts/ideation. 5 children tested positive for HIV and 2 were pregnant. Children who experienced 'Vaginal/Anal penetration' and those who pretended the act did not take place were found to have statistically significant rates of depression, PTSD and suicidality.

**Conclusion.** All children and adolescents who have been sexually abused must be evaluated for psychiatric morbidity regardless of their social demographic and abuse profiles. Additionally, all parents and caregivers should be sensitised on the fact that the majority of the perpetrators are acquaintances to the subjects. Coping strategies of the children especially self-blame and poor social support exert direct negative effects on victims' adjustment.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

### A Pilot Study to Assess Suicidal Risk in Women Reporting Domestic Violence to a Law Enforcement Agency in South India

Dr Lakshmi Keerthana Thatavarthi<sup>1\*</sup> and Dr Hari Priya Chintala<sup>2</sup>

<sup>1</sup>St John's Medical College and Hospital, Bangalore, India and

<sup>2</sup>Border Security Force, Siliguri, India

\*Presenting author.

doi: 10.1192/bjo.2024.259