

To what extent does the COVID-19 pandemic impact patients with anorexia nervosa?

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Aims. This systematic review aims to discuss the extent to which the measures undertaken to control the COVID-19 pandemic in several countries have affected those with Anorexia Nervosa (AN). The coronavirus pandemic is still raging on in many countries and its effects will still be felt years from now and previous studies have shown that it has impacted other mental illnesses. AN cases are on the rise and the nature of the illness has deadly consequences, therefore it is paramount to discuss the relationship between the COVID-19 measures and symptomatology of AN to ensure appropriate services are in place to deal with potential outcomes.

Method. Systematic search of the PubMed database gave thirty-three total results with seven of these used in this review. These studies met the inclusion criteria; examples include primary studies and use of the English Language. The exclusion criteria involved literature reviews, studies with less than ten participants and studies not separating AN from other eating disorders.

Result. Many studies were cross sectional in nature except two longitudinal studies. Anorexic symptomatology increased in the majority of papers in this review. Specifically restricting intake has increased compared to before lockdown measures. Physical activity has varied on an individual level in most studies potentially due to compensatory behaviours. Co-morbid psychopathologies were also noted during these studies. There are many factors behind these changes such as food insecurity, the effect of media and social media, uncertainty and the lack of social interaction. A number of participants across the studies were dissatisfied with treatment services during lockdowns. Variability in study results may be due to the differences in measures between countries and the use of self-reported cases compared to those contacted through care services. Limitations of this review are largely due to the how current the topic is and recommendations for the future include reviewing new studies that are published and to review the situation once the full impact of COVID-19 is known.

Conclusion. Patients with AN have struggled more due to the COVID-19 measures and the true effect of the pandemic is yet to be felt. Further studies and reviews should be conducted. The appropriate services should be put into place to ensure patients are supported effectively.

Are drug consumption facilities an effective intervention to reduce drug related mortality?

A critical review of the literature

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Aims. To critically appraise the literature regarding the effect of Drug Consumption Facilities in reducing overdose mortality

Drug consumption facilities (DCF) are places where people can use illicit drugs in the presence of medically trained staff, they aim to reduce fatal overdose risk, reduce risky injecting practices, and to serve as a bridge for users into mainstream treatment, healthcare and social services. Increasing numbers of fatal overdoses due to illicit drug use are a significant public health concern. The UK's statutory independent advisory body (the Advisory Council on the Misuse of Drugs) has recommended DCFs as a mechanism to reduce fatal overdoses due to illicit drugs. However, current UK legislation prohibits their provision.

Method. Systematic extraction of relevant literature from PubMed, using a search string with a focus on observational cohort studies with fatal overdose as the outcome. Appraisal of identified papers using the CASP tool

Result. 184 papers were identified, two of these met the inclusion criteria. Quality was fair/good. Neither demonstrated a clear effect of DCFs in reducing overdose mortality

Conclusion. It is difficult to draw firm conclusions due to design weaknesses and potential confounding variables. Robust design is difficult in this research area, due to lack of suitability for RCTs. Despite the lack of a clear effect on overdose mortality, DCFs may exert other positive effects and are a pragmatic and humane response to reducing risk in this target population

Prognostic evaluation of suicidality and development of risk factors in victims of physical and emotional child abuse and emotional/psychological neglect

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Aims. To evaluate the effects of childhood maltreatment, specifically physical and emotional abuse and emotional/psychological neglect on the development of suicidal ideation, depressive symptoms and self-harm. It is hypothesised that there will be a strong causal link between the aforementioned types of maltreatment with suicidality, depression and self-harm.

Background. Child abuse is a major public health issue with profound developmental and mental health consequences towards victims and their contributions to society as a whole. The impact of sexual abuse is well-established, however non-sexual child maltreatment and its sequelae are not as well understood or studied.

Method. A literature search was carried out using the Pubmed, Cochrane, Scopus and Google Scholar databases. Articles were appraised according to set criteria and manually screened for relevance to the review.

Result. The results of this review demonstrate that there are statistically significant, potentially causal links between emotional and physical abuse, and emotional/psychological neglect with suicidal ideation, depressive symptoms and self-harm. More research is still required to elucidate the role of polyvictimisation in mental health outcomes and to further confirm these links between abuse and development.

Conclusion. Child maltreatment remains a large public health issue with major impact on the economy of the world. It has profound, potentially lifelong consequences on victims and is something that needs to lose its stigma so that it can be identified earlier and potential damage prevented as far as possible. The future may lie in working to remove the stigma surrounding it, standardise how it is studied and thus learn to recognise the signs earlier – ideally leading to implementation of policy to get victims to safety, preventing unnecessary harm.

How effective is clinical simulation in improving medical students' confidence when interviewing patients with mental health problems?: a comparison of pre-COVID and post-COVID medical student experiences

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Aims. Clinical Simulation sessions were started in April 2020 to supplement reduced patient contact for medical students at the University of Sheffield due to COVID-19 restrictions. These were run by Foundation Trainees in psychiatry with supervision and oversight from a senior psychiatrist. This study aims to review current literature on remote teaching as a learning resource and will evaluate the effectiveness of clinical simulation as an alternative to patient contact, with the focus being on improving students' confidence as well as developing clinical interview skills.

Method. Feedback surveys were developed, focussing on confidence undertaking difficult aspects of psychiatric interviews, and distributed amongst two cohorts of medical students at the University of Sheffield. One cohort completed their face-to-face psychiatry placement in full pre-COVID, the other undertook placements consisting of virtual simulation sessions alongside reduced patient contact. Responses were collected online over 6 weeks between February and March 2021. As two medical students who completed face-to-face psychiatry placement prior to the pandemic, we have additionally submitted personal reflections as a comparator to current student experiences.

Result. A total of 8 students in the clinical simulation cohort, and a total of 13 students from the face-to-face teaching cohort completed the questionnaire. 62.5% of students that responded were female and the remaining percentage identified as male. Students in the face-to-face cohort reported being more confident in 6 out of 7 aspects of our feedback surveys determining confidence undertaking clinical interview skills in comparison to the virtual simulation cohort. Students attended varying numbers of simulation sessions and ultimately the main restrictions and barriers to the simulation teaching reported by students are the time constraints during the sessions, and unstable internet connection.

Conclusion. Overall confidence levels in medical students are undoubtedly higher in students that completed full face-to-face placements in comparison to those with combined teaching. Based on student responses and review of current literature, clinical simulation appears to serve as a useful adjunct to students with reduced face-to-face contact in psychiatry, particularly for increasing confidence when interviewing more challenging patients. Immediate facilitator feedback and exposure to more difficult patient scenarios seem to be the most beneficial aspects. We would not advocate it as an exclusive form of teaching for medical students, but it may be a useful resource post-pandemic for providing students with extra learning opportunities, specifically targeted at developing confidence and skills in more difficult situations which will hopefully benefit them in their later careers.

The haematological side effects of clozapine: literature review and meta-analysis

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Aims. This review and meta-analysis aim to estimate the cumulative incidence of clozapine induced agranulocytosis and leukopenia the impact of the associated factors such as dose of clozapine, duration of follow-up, gender and race on the cumulative incidence.

Background. Clozapine is the only medication licensed for treatment-resistant schizophrenia. There has been a renewed

interest in the role of Clozapine in the treatment of Schizophrenia based on strong evidence that favours its efficacy and safety. Despite the evidence that Clozapine has superior efficacy and has been recommended for treatment-resistant cases by the national guidelines, the drug is underutilised.

Method. We included all studies in which clozapine was used for a psychotic illness. We included studies which provided data on two primary indices; Leucopenia or agranulocytosis and neutropenia; defined according to the cut off used by CPMS for total WBC and neutrophil count. Additionally we included studies reporting another blood dyscrasia or death due to agranulocytosis. Studies were identified by searching AMED, BIOSIS, CINAHL, EMBASE, MEDLINE, PsycINFO, PubMed, and registries of Clinical Trials and their monthly updates, hand searches, gray literature, and conference proceedings from the first available date until 2nd February, 2015. The search was updated on 15th March, 2017. The Protocol was initiated and then registered with PROSPERO International prospective register of systematic reviews University of York, Centre for Reviews and Dissemination.

Result. The cumulative incidence of the agranulocytosis in all studies was 00.32 % (CI 00.1-0.63). The cumulative incidence in all studies for different types of blood dyscrasia were following: leucopenia 00.96 % (CI 0.39-1.70), neutropenia 2.93 % (CI 1.49-4.72), other blood dyscrasias 4.64% (CI 2.34-7.52) and any blood dyscrasia was 2.23 (CI 1.46-3.12).

Conclusion. The limitations of this review are mainly due to the nature of evidence from the included studies. We adopted a broad inclusion criteria to include all the available evidence. Number of patients started on Clozapine may be withdrawn from the Clozapine on the earliest signs of blood dyscrasias since the introduction of Clozapine monitoring services. This means that the true incidence of agranulocytosis and neutropenia may be higher and this may be a major bias in finding the true incidence of Clozapine induced neutropenia.

Dissection of neuroinflammation in schizophrenia

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Aims. Schizophrenia is notoriously becoming one of the world's most debilitating mental disorders, affecting 1 in 100 people. There is increasing evidence that neuroinflammation plays a part in the pathogenesis of schizophrenia and other psychotic disorders; microglial activity acting as a marker for neuroinflammatory reactions in the brain. Furthermore, cannabis is an illicit substance that also evokes a similar response in the neuroimmune activity. This project explores how cannabis exposure influences an elevation in neuroinflammatory responses through TSPO levels, and whether this information can help us determine if cannabis use and increased TSPO levels can be associated with a risk factor for developing psychosis.

Method. 55 participants (36 males and 19 females) were recruited from the community by the IRIS (Inflammatory Reaction in Schizophrenia) team at the IoPPN, King's College London, from which 34 patients with a diagnosis of schizophrenia and 21 healthy controls took part in the study. The eligible participants underwent clinical assessments and PET scanning, from which cannabis use history and PET data were collected. Participant neuroinflammatory levels are represented by [18F]DPA-714 volume and different regions of grey matter in the brain were analysed through multivariate analyses, the confounding variables being age and TSPO genotype.