

parenting and shared attention). Assessments may identify at-risk families for early intervention, but further work is required to develop and validate reliable methods for risk stratification in community-based practice.

Factors in psychiatric admissions: before and during the COVID-19 pandemic

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Aims. The COVID-19 pandemic has impacted community mental health, but the effect on psychiatric admissions is unknown. We investigated factors contributing to acute psychiatric admissions, and whether this changed during the first UK lockdown.

Method. A retrospective case-note review study with an exploratory mixed-methods design was used to examine factors in psychiatric admissions following the first UK 2020 lockdown compared to the same time periods in 2019 and 2018.

Result. Themes of psychopathology, risk, social stressors, community treatment issues, and physical health concerns were generated. The mean number of codes per case was 6.19 (s.d. = 2.43), with a mean number of categories per case of 3.73, (s.d. = 0.98). Changes in routines and isolation were common factors in the study year; accommodation and substance abuse were more prominent in the control year. Relationship stressors featured strongly in both groups. There were significantly more women ($\chi^2(1, N = 98) = 20.80, p < 0.00001$) and older adults ($\chi^2(1, N = 98) = 8.61, p = 0.0033$) in the study group than the control. Single people, compared to those in a relationship ($\chi^2(1, N = 45) = 4.46, p = 0.035$), and people with affective disorders compared to psychotic disorders ($\chi^2(1, N = 28) = 5.19, p = 0.023$), were more likely to have a COVID-19 related admission factor.

Conclusion. The COVID-19 pandemic amplified pre-existing psychosocial vulnerabilities with a disproportionate psychiatric admissions impact on the mental health of women, the elderly and those with affective disorders.

Vive la difference! Celebrating and supporting autistic psychiatrists with autistic doctors international

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Aims. We aim to raise awareness of the existence and value of autistic doctors in psychiatry and to also signpost psychiatrists

who are or suspect they might be autistic towards peer support.

Method. Autism refers to a lifelong difference in how people communicate and interact with the world. These differences lead to strengths and challenges with individual profiles which include special interests, hyper-focus, and often sensory differences and anxiety. Autism has an estimated prevalence of 1-2%, which is likely an underestimate. It was noted that there was little in the way of advocacy for autistic doctors around the world. Anecdotal evidence also suggested possible issues of misunderstanding and stigmatisation of autistic doctors. As such, there was a need to tackle this to promote positive change. MD founded the group Autistic Doctors International (ADI) in 2019 to foster camaraderie, advocacy and support. ADI has flourished with 250+ members currently. In a recent member poll, 24 of 180 respondents identified themselves as psychiatrists – second only to general practice (n = 54). Several other consultant psychiatrists are known to self-identify as autistic but have not formally joined due to the fear of disclosure. The group has additionally supported multiple doctors to tackle prejudice and discrimination in the workplace / training environment. It has also brought together autistic doctors with academic interests and has generated multiple academic outputs in the form of publications, research grants and conference posters/papers regarding autism.

Result. Psychiatrists, and doctors in general, are a self-selecting group for many autistic strengths such as hyper-focus, curiosity, self-motivation, a desire to study social communication, attention to detail, pattern recognition, problem solving and empathy, which, contrary to prevailing stereotypes, can be marked in autism. The increasing numbers of doctors joining ADI supports the assumption that autistic individuals are safe and effective clinicians. It is worth noting that many members are not 'doctors in difficulty'. Those who have been able to achieve suitable accommodations, often without realising why they were needed, have flourished. Such accommodations and outcomes are in line with the neurodiversity movement, which promotes a view of autism as difference, rather than pure disability or disorder. This aims to challenge stereotypes and the tragedy narrative surrounding autism.

Conclusion. Autism awareness is increasing amongst doctors but more open discussion is still needed in order to facilitate appropriate peer and workplace support. This is likely to improve mental wellbeing and resilience for autistic psychiatrists.

Physical morbidity and mortality in male adolescent anorexia: a scoping review

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Aims. Anorexia Nervosa (AN) mimics a state of starvation as a result of extreme calorific restriction, often with associated extreme exercise or purging behaviours. The physiological demands are known to lead to a number of health complications and contribute to a significantly increased mortality compared to the general population. Although males account for 10% of the AN population, they are often underrepresented in research. There is a particular gap in evidence for males under 18 despite the unique physiological requirements of adolescence including growth, puberty and achieving peak bone mass.

This review aims to bring together current research on physical health complications in male adolescent anorexia and help understand the knowledge gaps which exist.

Method. A scoping literature review was undertaken between January and March 2020. A single researcher searched OvidSP, psychinfo, relevant grey literature and undertook hand searches of key reference lists. Following PRISMA-SCR protocol, abstracts and articles were screened against inclusion/exclusion criteria to identify relevant papers. Papers were then subjected to critical appraisal and findings summarised using a narrative approach. Key data for blood pressure, pulse and body temperature were pooled and analysed in the context of wider findings.

Result. Data from 219 patients were included from 20 studies. 13 of these studies were case studies or case series, 5 were cross sectional and 2 were cohort studies. Cardiovascular compromise including bradycardia (61%) and hypotension (30.3%) were common and a single episode of cardiac arrest was documented in the literature. Bone density was reduced (Z score ≤ 1) in 36.7% of cases. A wide variety of single episodes of physical morbidity were also documented including pneumothorax, liver dysfunction, growth retardation and thyroid dysfunction.

Conclusion. This scoping review highlights the physiological compromise experienced by some male adolescents with AN. Guidelines for the identification, assessment and management of physical health complications - including MARSIPAN by the Royal College of Psychiatrists - continues to use data heavily drawn from female-biased populations. Given the evidence summarised, there is concern that in the absence of specific guidance, adolescent males may be at high risk of negative outcomes including acute cardiovascular compromise, osteoporosis and reduced linear growth.

An audit assessing the monitoring of SSRIs after initiation in children and adolescents

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Aims. To identify children and adolescents started on SSRIs to see if they are being followed up in accordance to NICE and Maudsley guidelines

Objectives

Has the patient been followed up after a week to check for adverse effects or improvement in their mental state?

Has the patient been re-evaluated every 4-6 weeks, if not is there an alternative plan?

If there is no improvement has the dose been increased?

If there is an adverse effect has the dose been lowered or the medication stopped?

Method. Paper case notes including clinic letters and handwritten notes were reviewed on the 19/10/2020. The following data were collected anonymously.

Age

Gender

Date seen / Date medication started

Name of medication

Date medication started

Date of Follow-up

Monitoring of improvement

Monitoring of adverse effects

Outcome of monitoring

Result. A total of 18 sets of cases were identified.

Follow-up occurred in 17 of the 18 cases.

The one case that had not been followed up had started the medication 8 weeks before the audit. The median follow-up

time was 42 days (6 weeks). No cases were followed up within a week.

Monitoring of improvement was recorded in 88% of case notes reviewed.

Monitoring for adverse effects occurred in 36% of case notes and none of these patients had reported any side effects. 53% of cases did not have monitoring of adverse effects documented. There were two patients (11%) who did not take the medication as prescribed. One out of choice and one their parent had not collected it.

The medication dose was increased in 22% of patients without clear documentation of monitoring for adverse effects.

Conclusion. After discussion with the clinical lead it was decided it is impractical to follow up patients a week after starting medication. However, patients and their carers should be informed of the side effects and advised to contact CAMHS if adverse effects occur.

The area of practice that can be improved is the documentation of adverse effects at follow-up.

Recommendations:

All patients to be informed of the common side effects of the medication before it is initiated and advised to contact the CAMHS team if they have concerns

All CAMHS patients started on SSRIs should be followed up within 4-6 weeks

At follow-up any adverse events and clinical response should be discussed

An accurate record of the exchanges of the above information should be documented in the notes

Re-audit

Reward processing in autism spectrum disorder and psychopathy: a systematic review

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Aims. Emerging research suggests that aberrant reward processing may underpin much of the social dysfunction we see in psychiatric disorders. Two conditions associated with marked social dysfunction are Autism Spectrum Disorder (ASD) and Psychopathy. However, no review to date has directly contrasted reward processing in both conditions and incorporated literature on social and non-social rewards. This systematic review aims to: (i) identify and compare reward processing abnormalities in ASD and Psychopathy as demonstrated in task-based functional magnetic resonance imaging (fMRI) studies; and (ii) identify correlations between fMRI reward processing abnormalities and manifested symptoms, with a focus on those giving rise to social dysfunction.

Method. The electronic databases PubMed, PsycINFO and EMBASE were searched to identify studies satisfying the following criteria: (i) a validated measure was used to assess ASD or Psychopathy; (ii) the study was published in an English language peer review journal; (iii) the age of participants was 18 years or older; (iv) individuals participated in a reward-based experimental paradigm; and (v) the response to the reward was measure using fMRI.

Result. A total of 12 articles were identified that satisfied inclusion criteria. Six studies examined reward processing in ASD and six studies examined reward processing in Psychopathy. All studies in both conditions indicated some degree of abnormal reward-related neural response. The most replicated findings were aberrant responses in the Ventral Striatum (VS). Autism