

previous evidence. In addition, these findings suggest that the positive relationship between adiposity and depression is independent of lifestyle factors and disease conditions and is stronger in females. Targeted interventions for reducing depression should include better weight management population-level measures, particularly in the female population.

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Healthcare Practitioners' Views on Management Practices of Self-Harm in Older Adults: A Qualitative Study Conducted in Ireland

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Aims. To explore the views of healthcare practitioners from diverse clinical settings on management practices when supporting older adults with self-harm behaviour.

Methods. Semi-structured interviews were conducted with healthcare practitioners with previous experience supporting older adults who self-harm, including consultant psychiatrists, general practitioners, clinical psychologists, psychotherapists, clinical nurse specialists and social workers. Purposive sampling was used to recruit participants in the Republic of Ireland to ensure a varied representation of location and clinical area. Healthcare practitioners were recruited by advertising the study via professional and clinical research networks, social media and snowballing methods. Interviews were audio-recorded and transcribed verbatim. Transcripts were uploaded to QSR NVivo Software Version 12 to facilitate analysis. Themes were identified in the data using the steps of thematic analysis which involve data familiarization, coding, theme development and revision.

Results. Interviews were conducted with 20 healthcare practitioners from April to July 2023. Healthcare practitioners offered diverse perspectives across general practice, community mental health services, liaison psychiatry, emergency department settings and inpatient mental health units. Three main themes were generated:

1. Supporting older adults after self-harm: complex and challenging.
2. Multiple barriers to the management of self-harm: i) strained resources and unclear referral pathways, ii) limited awareness/health promotion, iii) unsuitable environments, iv) stigma and shame, and v) complexity of self-harm.
3. Risk assessment in older adults: increased risk and the importance of safety planning.

Relevant quotes from participants are provided to support these themes.

Conclusion. Healthcare practitioners viewed self-harm in older adults as complex, challenging and associated with high suicide risk. Increased mental health promotion and awareness of mental health and suicidal behaviour in this age group would help address current stigma and shame. Primary care was identified as a sector that older adults often access and where prevention, identification and support can be offered, with more complex

cases being promptly referred to more specialist services. Several supports and therapies that could help older adults were identified; however, due to the limited availability of services, supports were often restricted due to cut-off age criteria or disparity of care at a national level. Provision of care needs to be improved upon, with standardised supports still needing to be implemented across the country. Future research can address the perspectives of older adults on how they would prefer to be supported for their self-harm.

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Point-of-Care Blood Testing in Severe Mental Illness: A Mixed-Methods Evaluation

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Aims. There is a significant mortality gap between the general population and people with SMI. This is especially prominent in those with psychotic disorders, underpinned by an increased risk of cardiometabolic disease. Identifying patients at risk early in their psychotic disorder is of key importance to reduce this mortality gap. Despite the recognised importance of regular physical health assessments in this group, completion rates are sub-optimal. Point-of-care testing (POCT) to screen for diabetes and hyperlipidaemia, providing a result from a fingerprick sample in under 10 minutes presents a potential solution to enhance delivery of physical health checks and improve health outcomes in a proactive manner.

We introduced POCT across EIP teams in Southeast of England and evaluated the impact on physical health check completion rates and the quality of clinician-patient interactions in EIP teams.

Methods. A stepped wedge study was performed, introducing Abbot Afinion-2 machines across 30 EIP teams in all eight Mental Health Trusts in South East England (2021–2022). Numbers of completed physical health checks, and HbA1c and lipids blood tests completed in six months before and six months after introduction of POCT were collected from individual patients. Data were compared with those from the South West, which acted as a control region. Data were analysed from National Clinical Audit of Psychosis (NCAP) over comparable date range (2021–2022) to corroborate the findings. Clinician questionnaires were administered at three timepoints (after training, two-months, and eight-months), capturing training experiences, device usability and impacts on patient interactions.

Results. In Southeast England, the rate and quality of physical health checks increased after introduction of POCT HbA1c testing OR 2.02 (95% CI 1.17 to 3.49), lipids 2.38 (1.43 to 3.97), and total completed health checks 3.61 (1.94 to 7.94). These increases were not seen in the Southwest region that did not introduce the machines. A post-hoc review of national audit data also showed a greater improvement of health checks in the intervention group compared with the comparator group over an overlapping timescale. Findings from the questionnaires

evidenced improved patient engagement, clinician empowerment and the preference of POCT over traditional blood tests in this setting.

Conclusion. POCT is associated with improvements in the rate and quality of physical health checks, and this study emphasizes the potential of POCT in reducing health inequalities and enhancing holistic care for individuals living with severe mental illness.

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Metabolic Syndrome, Sleep Quality and Lung Function in Persons With Schizophrenia: A Cross-Sectional Study

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Aims. Persons with schizophrenia typically have a 20% shorter lifespan and mortality rates two times higher than the general population. More than 2/3 of this is due to different forms of physical diseases, like cardiovascular and metabolic syndrome. Systematic meta-analyses and various studies in schizophrenic patients revealed the prevalence of metabolic syndrome to range from 11 to 69%, poor sleep quality 30% to 80%, and impaired lung function ~30%. Both in the general population and in persons with schizophrenia, poor sleep quality and impaired lung function are associated with a heightened risk of metabolic and cardiovascular diseases. Hence, this study aimed to look for the magnitude of metabolic syndrome, poor sleep quality, and impaired lung function, and any association among them, if proven, may be helpful in better management.

Methods. We included sixty cooperative patients through purposive sampling with an age range of 18 to 65 years, meeting the DSM-5 criteria for schizophrenia, and excluded patients with co-morbid substance use disorder except for smokeless tobacco and caffeine. Harmonized criteria were used to diagnose metabolic syndrome; the Pittsburgh Sleep Quality Index (PSQI) for sleep quality and lung function was interpreted as per the Spirometry for Health Care Providers, Global Initiative for Chronic Obstructive Lung Disease.

Results. 55% were found to have metabolic syndrome. Poor sleep quality (PSQI > 5) was found in 60% of cases, with the most common sleep abnormality being increased sleep latency (95%). Restrictive Lung Dysfunction (RLD) was found in 46.7% of cases. 66.7% of the participants with metabolic syndrome had RLD, whereas only 22.2% without metabolic syndrome had RLD. The difference was statistically significant. No statistically significant difference was found between metabolic syndrome and sleep quality or sleep quality and RLD.

Conclusion. From the results obtained, it is clear that the prevalence of metabolic syndrome in people with schizophrenia is twice that of the general population, which also contributes to their increased mortality. Thereby, early identification of metabolic disturbances and correcting poor sleep quality and impaired lung function that are associated with an increased risk of metabolic syndrome will lead to increased life expectancy and a decrease in the mortality rate. Since lung function is studied in only a

very few studies all over the world and ours being a novel approach in India showing significant association, it needs to be replicated in a larger sample size.

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A Systematic Review of the Perinatal Mental Health Outcomes of Women With Neurodevelopmental Disorders

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Aims. Neurodivergent women have different experiences during pregnancy, childbirth, and parenthood than neurotypical women. However, little is known about the perinatal mental health outcomes and parenting experiences in women with Neurodevelopmental Disorders (ND). The systematic review aimed to summarise the literature on perinatal mental health outcomes and parenting experiences among women with ND.

Methods. MEDLINE, Embase and PsycINFO databases were searched in October 2023 using the keywords related to pregnancy outcomes, perinatal period, mental health, neurodivergent, and neurodevelopmental disorders. Papers were also identified through citation and/or hand searching. Title, abstracts, and full-text articles were independently screened by two authors, and data were extracted using a custom data extraction spreadsheet. The Joanna Briggs Institute and the Mixed Methods appraisal tools were used for the critical appraisal. The heterogeneity across the included studies ruled out the use of meta-analysis. Therefore, results were summarised using a narrative synthesis.

Results. Fourteen studies were included in the final review; four cohort, four case-control, three cross-sectional and three qualitative studies across 940,354 participants. The studies investigated women with Autism, Asperger's syndrome and Attention-Deficit Hyperactivity Disorder (ADHD), who were either clinically diagnosed or scored appropriately on diagnostic questionnaires. Perinatal mental health outcomes covered anxiety and depression. These were measured using questionnaires such as the Edinburgh Postnatal Depression Scale, participant interviews and clinical diagnosis from qualified healthcare professionals. All fourteen studies found a correlation between Neurodevelopmental Disorders and perinatal anxiety and/or depression symptoms. Seven studies found that neurodivergent women had adverse pregnancy and early parenting experiences. Results suggested this correlation may be mediated by factors such as unsatisfactory healthcare, lack of maternal-infant bond, increased sensory overload, issues with emotional attachment, difficulty reading the facial expression of the baby and problems with breastfeeding. Overall, women with ND were more likely to feel anxious and overwhelmed during the perinatal period, a potential risk factor for perinatal mental illness.

Conclusion. Women with ND are at a higher risk of developing perinatal mental illness and adverse early parenting experiences. Abnormal physical and sensory challenges during pregnancy as well as difficulty with emotional connection and infant bonding during postpartum all contribute to the increased risk of perinatal mental illness. Adaptations to appointments and specialised perinatal care are required for women with ND yet are