

A thematic analysis of the top 100 most popular uploaded videos featuring the #CAMHS was conducted. The number of likes, views and shares of the videos featuring each theme was recorded. **Result.** Videos with the hashtag #CAMHS had 203.9 million views, followed by: #camhsmeme(s) totalling 43.1 million views, #camhsjokes with 21.4 million views and #camhskids, 12.5 million views. The top 100 most popular videos represented 24% of total viewed videos with the hashtag #CAMHS.

The most popular recurrent themes associated with the hashtag #CAMHS in our sample were: raising awareness of mental health symptoms and management (40% of videos), reference to self-harm (27% of videos) and negative perception of CAMHS (27% of videos).

Raising awareness of mental health symptoms and management had the most likes (3,694,700) and views (17,435,900). This was followed by videos with themes of reference to self-harm (3,006,300 likes and 14,382,700 views). The most shared themes were: reference to suicide (shared 56,763 times) and videos which portrayed a theme of negative perception of CAMHS (40,628 shares). Videos with themes of a negative perception of CAMHS also garnered 1,762,500 likes and 8,666,900 views.

**Conclusion.** CAMHS is actively represented on TikTok through freely accessible unregulated videos. Videos with themes of raising awareness of mental health symptoms and management can potentially allow young people to share their experiences. Nonetheless, popular hashtags such as #CAMHSmemes and #CAMHSjokes, as well as videos featuring themes of negative perception of CAMHS, could potentially undermine the reputation of CAMHS to existing and future service users. The content of these videos should be taken seriously by CAMHS clinicians as it can potentially provide an insight into service users' experiences of CAMHS on a scale that has not been observed before. Presently these videos are not screened or modulated by the NHS CAMHS service.

### Case series suggesting an association between sertraline and urinary side effects in a Sheffield child and adolescent mental health services (CAMHS) population

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**Aims.** To suggest a link between sertraline and urinary side effects in a Sheffield Child and Adolescent Mental Health Service population.

**Background.** Evidence suggests that Serotonin has an important role in bladder control through central and peripheral neurological pathways. Increased serotonergic activity leads to parasympathetic inhibition, which results in urine retention. It is through this mechanism of action and their effect on pre-synaptic serotonin 1A and peripheral 5-HT<sub>3</sub> receptors that SSRIs were observed to have anti-enuretic effect. At low 5-HT concentrations, micturition is inhibited whereas at high levels, an excitatory effect is achieved. This may suggest a dose-dependent relationship between Sertraline and urinary side effects.

**Method.** Inclusion criteria:

Under 18 years of age

On Sertraline

Reported urinary side effects

Exclusion criteria:

Above 18 years

Not on Sertraline

Associated urinary problems

Did not report urinary side effects

Clinical records of eligible patients were accessed to gauge temporal relationship between initiation of sertraline and reported urinary side effects.

**Result.** Three cases were identified in the authors' clinical practice at Sheffield CAMHS that were suggestive of a link between sertraline and urinary side effects.

**Conclusion.** It's important for clinicians to bear in mind the genitourinary side effects of SSRIs, which may be debilitating for patients in the CAMHS population. It's equally important for us as clinicians to educate young people and their parents about these potential side effects and how they can be managed. It has also been observed that higher doses of Sertraline have shown a possible link between onset of urinary side effects.

### Impact of psychiatric comorbidities on emergency surgical patients' outcomes

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**Aims.** Psychiatric disorders are increasingly prevalent and present as a comorbidity in many hospitalized patients. Studies have demonstrated that the presence of comorbid psychiatric conditions (CPC) is associated with worsened inpatient outcomes. Emergency surgical admissions and the impact of CPC on their outcomes has not been studied in Ireland to date. This study aims to provide a comprehensive analyses of the relationship between a wide range of psychiatric comorbidities and surgical presentations.

**Method.** The Hospital In-Patient Enquiry (HIPE) and prospectively maintained electronic patient records were used to identify all surgical emergency admissions between 31st August 2019 and 1st September 2020 to Mayo University Hospital, Ireland. Patient demographics, comorbidities, primary diagnoses, length of stay (LoS), discharge destination, and surgical interventions were recorded. Subgroup analyses were performed examining LoS variation in the type of surgical presentation. Physical comorbidities were scored using the Charlson Comorbidity Index (CCI). Statistical calculations were performed using SPSS.

**Result.** A total of 995 admissions were recorded. The presence of CPC increased the overall mean LoS by 1.9 days ( $p = .002$ ). This trend was observed in both operative and conservative management. Significant increase in LoS was noted in patients with a comorbid depression (2.4 days,  $p = .003$ ), dementia (2.8 days,  $p = .019$ ), and intellectual disability (6.7 days,  $p = .007$ ). Subgroup analysis revealed greater LoS in patients with CPC diagnosed with non-specific abdominal pain (1.4 days,  $p = .019$ ), skin and soft tissue infections (2.5 days,  $p = .040$ ), bowel obstruction (4.3 days,  $p = .047$ ), and medical disorders (18.6 days,  $p = .010$ ). The odds of nursing home or convalescence as a discharge destination was 2.44 (95% CI: 1.37–4.35,  $p = 0.002$ ) in patients with CPC and the odds of self-discharge against medical advice in this population was 4.89 (95% CI: 1.43–16.70,  $p = 0.005$ ). No significant difference was observed in mortality and readmission rates.

**Conclusion.** Psychiatric comorbidities significantly impact length of hospital stay and influence discharge planning in surgical inpatients. Greater vigilance is required in providing care for patients