subtype), type of medication during pregnancy and immediate postpartum changes aOR 0.33 95%CI [0.03; 3.40], p = 0.35.
Conclusion. A high number of women with bipolar disorder are taking medication before delivery and in the majority, antipsychotics are prescribed. The postnatal recurrence rate in both medicated and unmedicated women is high. These results are in line with existing literature. Further work is needed in larger samples to provide clinical guidance for women and their clinicians.

Psilocybin: the magic medicine for depression?

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Aims. Depression is the single largest contributor to global disability. However, effective treatments are currently lacking, resulting in a significant burden of treatment-resistant depression (TRD). Psilocybin, a serotonergic psychedelic, found as the active compound in 'magic mushrooms', has been proposed as a novel therapeutic avenue for TRD. We aimed to evaluate the future feasibility and implications of psilocybin as a new antidepressant therapy.
Method. We reviewed and critically analysed the available literature on the efficacy and safety of psilocybin as a treatment for depression, and the potential pharmacological and psychological mechanisms of the therapeutic benefit. We discussed the relative contributions to this therapeutic effect of the pharmacological drug treatment, placebo effects, and the context and parameters of the psychotherapeutic experience. We reviewed legal, social, and economic barriers to primary research and clinical implementation.
Result. Psilocybin in combination with psychotherapy has been shown to be safe and effective in TRD. Its mechanism of action in TRD has not been fully elucidated, however reviewing functional neuroimaging studies demonstrated disparate short and long-term modifications of default mode network connectivity, suggested to represent a 'reset' mechanism of acute modular disintegration and subsequent reintegration which restores normal function, reviving emotional responsiveness.

Research suggests psychedelic treatment induces lasting personality, belief and attitude changes. The psychedelic drug itself, the context of the psychotherapeutic experience, and the post-drug integration therapy all appear to have a significant role. Preparation prior to treatment, the environment, context and support during the psychedelic experience itself, and the following long-term integration and support process must be considered.

Despite novel findings Psilocybin is a Schedule I drug; this imposes a persisting ethical barrier to clinical use. Prohibition of psilocybin results in high costs of drug supply, and potential for harmful drug-seeking behaviours. Therefore, complex socio-political factors currently limit wider implementation.
Conclusion. Psilocybin in combination with psychotherapy is safe and effective in TRD. The interacting and elusive therapeutic mechanisms have implications for clinical implementation. Preparation prior to treatment, the physical and social environment in which the psychedelic experience takes place, and long-term integration and support are considered to play a significant role. Optimisation of these parameters and cost-benefit analyses are required prior to this being feasible as a widely available therapy. Systemic legislative, political and social change will also be key to enable widespread clinical use. The promise of this therapy on a background of inadequate current antidepressant treatments indicates these must be a priority.

Buspirone in obsessive-compulsive disorder: a potential dark horse?

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Aims. Pharmacological management of Obsessive-Compulsive Disorder (OCD) presents a challenge in modern psychiatry. While most patients respond preferably to serotonin re-uptake inhibitors (SRI), the response is usually delayed by several weeks leading to an insufficient short term management of anxiety. It is also frequently inadequate and needs higher doses and augmentation in many instances. Investigating newer pharmacological strategies to address such treatment gaps has always been of interest. Buspirone is a novel anxiolytic medication with additional weak antidepressant and poor anti-psychotic effects. It is the only medication in its category, i.e. azapriones. It has comparable anti-anxiety efficacy to that of benzodiazepines without their sedating or habit forming effects, and has been demonstrated to moderate serotonin and other monoamine neurotransmission with a favourable safety profile.
Method. We reviewed the literature pertaining to the use of Buspirone in OCD for both as a primary anti-obsessive agent and for a potential secondary role in management of chronic anxiety and/or anxiety disorders comorbid to OCD.
Result. The results of a number of case reports and open trials have been positive while controlled trials have shown contradictory results. In a double blind RCT comparing clomipramine and buspirone, significant improvement was found in both groups with no differences between the two. Further two trials observing buspirone augmentation of clomipramine and fluoxetine treatment respectively, in a double-blind placebo controlled design reported significant improvement in the treatment as opposed to the placebo arm. Another double-blind placebo controlled study of buspirone augmentation of fluvoxamine resistant patients did not show significant benefits as an anti-obsessional agent, but notable anxiolytic effects were reported. In all the trials buspirone was largely well tolerated and did not pose any significant interactions with other psychotropic agents or dependence potential.
Conclusion. Buspirone is a pharmacologically unique agent with a good safety profile. Given the robust anxiolytic effects of this Peron along with complex neurotransmission modulatory effects coupled with a favourable tolerance and dependents profile might make buspirone an attractive novel pharmacological agent for augmentation in OCD . Further controlled studies to better establish effectiveness and deciphering if certain patients may respond to its use over others, are warranted

The links between the amount of antipsychotic medication prescribed at GP practice level, local demographic factors and medication selection

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