

## Recommendations

To raise metabolic awareness of the impact of the lockdown restrictions on cardiometabolic risk in people with SMI and the general public.

## Who wants to be a psychiatrist? Northern Ireland foundation doctors (2006 - 2018) positive towards psychiatry as career choice

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**Aims.** Recruitment into psychiatry remains a major issue nationally despite recent progress with the #choose psychiatry scheme. Here we look to establish why Northern Ireland (NI) has been able to have 100% fill rates by speaking to the people who have work in the frontline of psychiatry. What is done differently in NI and are there lessons that could benefit other regions?

**Background.** NI presents itself as an anomaly – In a region that only attracts 31.8% of F2s to enter into any training programme, Core psychiatry has been consistently oversubscribed for many years. One difference is the allocation of trainees in the Foundation programme. NI offers psychiatry placements to 33% of F2 doctors with none in the F1 year.

**Method.** All doctors of any grade working in psychiatry who had been through the Foundation programme since 2006 were asked to complete a survey on their foundation experience and reasons for choosing a career in psychiatry using SurveyMonkey technology. Qualitative and quantitative data was collected and analysed.

**Result.** In total 67 doctors from CT1 to Consultant and SAS doctors responded, including over 60% of all current trainees, providing a huge amount of information. Remarkably, 45% of psychiatry doctors working in NI surveyed hadn't considered a career in psychiatry until their foundation placement. NI is the only region in the UK that does not have an F1 placement in Psychiatry. Over 80% of doctors here feel that this is a positive. White space answers revealed other aspects of training that positively influenced them to choose psychiatry including a reputation for high quality training, as well as close links between the local medical school, the local branch of the Royal College of Psychiatrists and the NI deanery.

**Conclusion.** This study is the first to examine the reasons behind psychiatry's success in NI. The quality of the training scheme locally and presence of an excellent training to service provision balance were also mentioned. This study supports the presence of psychiatry in the F2 year only.

## Anxiety levels among health care workers within Irish mental health services during COVID-19: a survey

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**Aims.** The aim of this survey was to assess any fluctuations in anxiety levels experienced by mental health workers during the

COVID-19 pandemic and the association between these changes and variables of information dissemination, risk management, and managerial support.

**Method.** A survey was created to assess variables of information dissemination, risk management, and managerial support. The GAD-7 was employed as measure for anxiety during and pre the pandemic. The survey was conducted online via an anonymised questionnaire and disseminated by management through the heads of various disciplines within the mental health work force, using the local email portal in the Cork region. It was made available for research participation for a period of one month (JULY).

Following this stage, the reported data were analysed utilizing paired samples t-test, Pearson's correlations, and a hierarchical regression. Demographic variables were controlled for during analysis.

**Result.** 102 mental health healthcare workers participated in the survey (81.2% Female, 18.8% Male). The mean GAD-7 total scores for Pre-COVID-19 doubled in the during COVID-19 condition. The largest effect can be seen on the GAD-7 facet of "feeling afraid as if something awful might happen" with pre-COVID-19 GAD-7 mean scores more than quadrupling during COVID-19 conditions.

Managerial support had a moderate negative relationship with GAD-7 scores during the COVID-19 pandemic. Information dissemination total scores also had a moderate positive correlation with managerial support total scores and perceived risk/safety total scores. There was no correlation found between the GAD-7 total scores during COVID-19 pandemic and Information dissemination total scores nor Risk/safety total scores. Childcare was a concern for 64% of staff that it was applicable to; 45% of these staff considered altering work hours; 17% reported issues from management regarding these requests.

**Conclusion.** Mental health workers have seen a dramatic increase in anxiety since the COVID-19 pandemic, particularly in the context of expecting something bad to happen. Managerial support appears to be a protective factor for increased anxiety levels in this population. Childcare has been a predominant concern and altering working hours to accommodate this has been problematic for almost 1 in 5 mental health workers. Staff satisfaction with information dissemination positively affects perceived managerial support and perceived risk management.

This study is limited by the utilization of a novel self-created measure for examining variables specific to the COVID-19 pandemic and to the employment of a retrospective measure to obtain baseline anxiety scores of staff members before the pandemic.

## Metabolic profiles differences of overweight patients on olanzapine, clozapine and risperidone

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**Aims.** We set out to examine the differences in metabolic profiles of at risk (overweight) patients across commonly used atypical antipsychotics (Olanzapine, Risperidone, Clozapine). We hypothesized that Olanzapine and Clozapine group will have more metabolic abnormalities compared to Risperidone.

**Background.** Cardiovascular diseases remain the leading cause of morbidity and mortality among people with schizophrenia. Since

the introduction of atypical antipsychotics, there is cumulative evidence of their association with metabolic abnormalities. Clozapine and Olanzapine are known to constitute the highest metabolic risks amongst atypical antipsychotics.

**Method.** This study is based on the data of 67 subjects recruited into a 12-week open-labelled trial looking at the effects of adjunctive Aripiprazole in atypical antipsychotics for weight reduction and improvement in metabolic profile. Metabolic profiles including weight, waist circumference, fasting blood glucose, HbA1c, serum total, HDL and LDL cholesterol levels and triglycerides were measured at baseline. The measurements were then compared across the different subgroups of atypical antipsychotics. The definition of metabolic syndrome proposed by the Third Report of the National Cholesterol Education Program Expert Panel (Adults Treatment Panel III) was used.

**Result.** The atypical antipsychotics were grouped into Olanzapine ( $n = 27$ ), Risperidone ( $n = 24$ ) and Clozapine ( $n = 16$ ). More than 50% of clozapine-treated and Olanzapine-treated overweight patients were demonstrated to have metabolic syndrome at baseline. There was a statistically significant difference in serum triglycerides ( $p = 0.012$ ), LDL ( $p = 0.046$ ) and HbA1c ( $p = 0.045$ ) across the three groups as demonstrated by one-way ANOVA. A Tukey post hoc test showed that both the Olanzapine ( $p = 0.032$ ) and Risperidone ( $p = 0.013$ ) groups demonstrated statistically significant lower serum triglycerides when compared to Clozapine. Interestingly, the mean serum HbA1c was significantly lower in Clozapine when compared to Olanzapine group ( $p = 0.045$ ), perhaps reflecting the closer monitoring of fasting blood sugar in clozapine patients. When controlled for age and BMI, the significant differences in serum triglycerides remain between Clozapine and Risperidone groups [but not for serum HbA1c]. There were no statistically significant differences across the groups with respect to other metabolic parameters.

**Conclusion.** At baseline, metabolic dysregulation was demonstrated in all subgroups of overweight patients. As hypothesized, patients on Olanzapine and Clozapine groups fared worse than Risperidone. Further studies examining long term effects of atypical antipsychotics in a larger sample of patients are warranted to confirm these findings. These findings have clinical significance in terms of choosing the first antipsychotic for drug naïve patients or where there is no clinically significant difference in efficacy.

### Metabolic profiles differences of overweight patients on olanzapine, clozapine and risperidone

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**Aims.** We set out to examine the differences in metabolic profiles of at risk (overweight) patients across commonly used atypical antipsychotics (Olanzapine, Risperidone, Clozapine). We hypothesized that Olanzapine and Clozapine group will have more metabolic abnormalities compared to Risperidone.

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**Conclusion.** At baseline, metabolic dysregulation was demonstrated in all subgroups of overweight patients. As hypothesized, patients on Olanzapine and Clozapine groups fared worse than Risperidone. Further studies examining long term effects of atypical antipsychotics in a larger sample of patients are warranted to confirm these findings. These findings have clinical significance in terms of choosing the first antipsychotic for drug naïve patients or where there is no clinically significant difference in efficacy.

### The effect of schizophrenia-associated CNVs on other psychiatric disorders

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**Aims.** Schizophrenia is a highly heritable disorder, sharing genetic roots with other psychiatric disorders from both common and rare genetic variants. Copy number variants (CNVs) are one of the rare causes which increase the risk of a variety of psychiatric, medical and physical phenotypes. The role of schizophrenia-associated CNVs is becoming of increasingly scientific and clinical importance in the field of psychiatry, with new CNV-phenotype relationships opening perspectives for understanding the aetiology of psychiatric disorders. This paper aims to investigate whether 13 schizophrenia (SZ)-associated CNVs or any SZ-CNV-carrier status increase the risk for 9 psychiatric phenotypes, reduce levels of happiness, change duration of sleep, and increase the index of multiple deprivation.

**Method.** The study includes 421,268 participants of British or Irish descent (aged 40–69 years), containing 418,036 controls and 3232 schizophrenia-associated CNV carriers. The data are secondary from the UK Biobank, an online resource containing