we piloted a new version of Imaginator extended to adolescents from age 12 after co-producing a new app with a diverse group of young people experts-by-experience.

We aimed to assess feasibility of delivering Imaginator in Children and Adolescent Mental Health Services (CAMHS) and adult secondary mental health services and gather young people's feedback on the intervention

Methods. Participants were recruited from West London NHS Trust Tier 2 CAMHS and adult Mental health Integrated Network Teams (MINT) teams. They underwent a baseline screening and were allocated to a therapist for three face-to-face FIT sessions in which the app was introduced followed by five phone support sessions. Outcome assessments were conducted after completing therapy, approximately 3-months post-baseline, including questionnaire measures and a qualitative feedback interview.

Qualitative data were analysed using a co-produced thematic analysis method with lived experience co-researchers.

Results. Thirty-four participants were referred (31 female, 2 male, 1 transgender; mean age = 18.4), of which 30 met inclusion criteria and completed screening. Out of 25 who started therapy 16 completed the intervention. Only 15 completed the quantitative outcome assessment, and 10 the interviews. There was an overall reduction in number of self-harm episodes over 3-months from pre- to post-intervention

Five main themes were identified: Imaginator therapy impact, mental imagery acceptability and efficacy, usefulness and usability of the app, integration of the app in therapy and need for improvements. Young people found Imaginator helpful at improving their mental health, in particular the use of mental imagery techniques. The app was overall well received but improvements were suggested.

Conclusion. Our study suggests that Imaginator can be extended to adolescents, is acceptable and has potential as a brief intervention reducing self-harm in young people under mental health services. A future RCT is needed to robustly test the intervention efficacy, after considering issues around high attrition in outcome measures.

Administration of Atropine Eye Drops Sublingually for Clozapine-Induced Sialorrhea in Bipolar Disorder

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Aims. The aim of this study is to explore the off-label use of atropine, administered sublingually, for the management of clozapine-induced sialorrhea in a patient who showed inadequate response to commonly used agents. The investigation stems from a clinical scenario where traditional approaches failed, prompting an exploration of alternative and cost-effective options to alleviate sialorrhea associated with clozapine therapy in a patient of lower socio-economic status.

Methods. Mr. A, a 29-year-old with bipolar affective disorder, experienced persistent sialorrhea during clozapine treatment, resistant to trials with trihexyphenidyl and glycopyrrolate. Following a brief discontinuation of clozapine, the patient relapsed into a manic episode, leading to hospitalization. Despite the re-initiation of clozapine, sialorrhea reoccurred. Various doses and combinations of trihexyphenidyl and glycopyrrolate were ineffective, with affordability issues limiting the latter. As sialorrhea persisted, clozapine dose reduction was necessary. Attempts with different antipsychotics were made, and valproate sodium was increased, but sialorrhea remained problematic.

Given the patient's unique case and previous medication failures, an off-label use of atropine via a sublingual route was done after obtaining informed consent. Quantitative measurement of sialorrhea was conducted using a sialometry machine. The patient underwent a trial with sublingual atropine drops, and the salivary rate significantly decreased, indicating a potential efficacy in managing clozapine-induced sialorrhea.

Results. The discussion encompasses the challenges faced in managing clozapine-induced sialorrhea in the presented case. Traditional agents, including glycopyrrolate and trihexyphenidyl, proved ineffective or were hindered by affordability issues. The subsequent reduction of clozapine dose compromised overall treatment efficacy. The introduction of atropine eye drops via sublingual administration emerged as a novel approach, demonstrating a reduction in salivary rate without notable adverse effects except elevated heart rate 2 hours after administration of atropine. The unique pharmacological properties of atropine, despite being an off-label use, provided a potential avenue for addressing persistent sialorrhea.

Conclusion. In conclusion, the off-label use of atropine via the sublingual route showed promise in alleviating clozapine-induced sialorrhea in this particular case. Despite demonstrable efficacy in pre and post-sialometry, the clinical challenges and practical considerations associated with atropine's use in this context raise concerns. The case underscores the need for alternative strategies in managing medication-induced side effects, especially when standard interventions fail. Further research is warranted to explore the broader applicability and safety of this approach in a larger cohort.

Diagnosis and Treatment of Anxiety Disorders in Autistic Patients: A Case Report

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Aims. Anxiety disorders are common in Autistic Spectrum Disorder (ASD) patients. There are limited resources dedicated to ASD and mental health services are not equipped to adapt assessment and treatment protocols to address their needs. Adaptations to diagnosis and treatment are discussed in a single case study of an autistic patient with anxiety disorders. In addition, effectiveness of providing adapted versus standard treatment is evaluated.

Methods. This study describes a 45-year-old, single, employed male diagnosed as autistic at age 37. He was referred for a second course of Cognitive Behavioural Therapy (CBT) for anxiety disorders consisting of agoraphobia with panic; blood injury phobia; needle phobia; dental phobia; claustrophobia. The duration of symptoms was 35 years. The main impairments to functioning were inability to use public transport; attending