North West Medical Student and Trainee Presentations

Autumn 2018
Contents

Medical Student/FY1 Poster Presentations

**MSP1**  Ms Asha Nair Unnikrishnan  
Dorothy Currie

Role of Social Support in Adolescent Mental Well-being: A main effect or a stress buffer?

**MSP2**  Ms Danish Hafeez  
Alison Yung

Persistence of Psychotic like experiences in adolescents

**MSP3**  Ms Samuel Jacob Young  
Dr Andrew Boardman

Family intervention and carer-focussed education and support in an Early Intervention in Psychosis service.
## FY2/Trainee Oral Presentations

<table>
<thead>
<tr>
<th></th>
<th><strong>TO1</strong></th>
<th>Dr Faria Zafar</th>
<th>Andrew Cheney, Dawn McGowan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A literature review to identify if Lithium increases the Cognitive Side Effects of Electroconvulsive Therapy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th><strong>TO2</strong></th>
<th>Dr Faye Stanage</th>
<th>Sodi Mann, Neel Halder</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Developing accessible information within a deaf inpatient setting – medication leaflets</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th><strong>TO3</strong></th>
<th>Dr William Michael Davis</th>
<th>Rachel Lightstone, Zoe Brunswick</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The Management of Eating Disorders in Child and Adolescent Out Patient Department</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**FY2/Trainee Poster Presentations**

**TP1**  
**Dr Nosheen Kazmi**  
*Prof. Ashley Baldwin, Dr Shajahan Ismail, Sarah Hanmer*

Representation of RCPsych (Royal College of Psychiatrists) and NWBH (Northwest Boroughs Healthcare NHS Trust) at becoming a psychiatrist workshop

**TP2**  
**Dr Sadiya Faisal**

A study of higher trainees acting down during on calls from Feb 18 to April 18 in Wirral & West localities of Cheshire & Wirral Partnership NHS Trust

**TP3**  
**Dr Faria Zafar**  
*Andrew Cheney, Dawn McGowan*

Lithium monitoring in Later Life Patients (in acute hospital setting)

**TP4**  
**Dr Samuel J Brookfield**  
*James McCarthy*

Troponin monitoring with clozapine
Medical Student/FY1 Poster Presentations
Role of Social Support in Adolescent Mental Well-being: a main effect or a stress buffer?

Depression is a major contributor to the global disease burden among adolescents. A well-documented determinant of the onset of depression is stress with social support being thought of to play a stress buffer role in the protection against mental ill health. However, the association between stress and mental well-being has not been well-researched and the role of social support domains in the relationship between stress and mental well-being is unclear. This study aims to investigate the association between perceived stress and poor mental well-being as well as to determine the role of family, teacher and peer support within the relationship.

The goal of this quantitative study was achieved through a subset of data obtained from the Health Behavior in School-Aged Children (HBSC) Scotland 2014 survey data, which involved 2,983 Secondary 4 adolescents. Firstly, the role of socio-demographic characteristics was confirmed. Subsequently, multiple regression modeling strategy was used to evaluate each of the hypotheses of social support. The results reveal that females and low socio-economic status had greater odds of experiencing poor mental well-being but found no significant finding in relation to age. High levels of perceived stress were a significant predictor of poor mental well-being and support for the main effect hypothesis is observed in all three domains of support. Thus, demonstrating that social support is protective against poor mental well-being irrespective of stress. This study provides insights into the development of poor mental well-being, consequently, leading to the identification of at-risk adolescents from surpassing the threshold of clinical depression.
Persistence of Psychotic-like experiences in adolescents

Background:
Psychotic-like experiences (PLEs) have a high prevalence in the general population. However, most individuals with PLE’s do not progress to psychotic disorder. A factor that may confer increased susceptibility to psychotic disorder is the persistence of PLEs.

Method:
Five hundred and ninety Year 10 students were part of a longitudinal study measuring psychotic-like experiences, using the Community Assessment of Psychic Experiences, at baseline and at follow up 6-12 months later. In addition, using self-report questionnaires; depression, psychological distress and functioning were all measured at both baseline and follow up. Self-esteem, personality and suicidality were additionally measured at follow up.

Results:
The study found that 5.1% of participants had persistent PLEs over both time points but females had higher levels of persistence compared to males. Analysis revealed persistence was associated positively with depression and distress at both time points, neuroticism and openness at baseline and suicidality at follow up. Persistence was negatively associated with functioning at both time points, agreeableness at baseline and self-esteem at follow-up. Of these, only depression remained statistically significantly associated at both baseline and follow up when accounting for other variables. This indicates that depressive symptoms may account for changes observed in other domains and could be a predictor of persistence.

Conclusion:
Further research is required to investigate persistence over a longer time frame and whether the relationship with depression observed remains longitudinally. Persistence in different subtypes of PLEs and the specific phenotype of depression experienced by those with persistent PLEs are areas for further investigation.
Family intervention and carer focussed education and support in an Early Intervention in Psychosis service.

Early Intervention services play a crucial role in the prognosis of patients with psychosis. Existing literature recommends combining medication with psychological interventions to achieve best possible outcome. One such treatment is family intervention. By increasing families’ understanding of psychosis, the condition is better managed, and patients are less likely to require hospital admission.

Furthermore, not enough has been done to support carers of people with psychosis. They save the NHS millions of pounds a year in unpaid care, yet this has a significant impact on their own wellbeing.

However, whilst current NICE guidelines recommend both be implemented, a recent nationwide audit found that this isn’t being done well. At the Central and Eastern Cheshire Early Intervention service, we responded to previously poor audit results by employing a new team member, re-organising schedules and improving documentation. Upon re-auditing the service, we found increases in family intervention attendance and referrals to carer-focussed education and support programmes. In doing so, the service met targets set by the commissioner just over six months ago.

The next audit cycle in six months’ time should demonstrate a continued positive trend. However, better understanding the generally low attendance and referral rates to family intervention and carer-focussed education and support programmes may be required before their potential can be realised in clinical practice.
FY2/Trainee Oral Presentations
A literature review to identify if Lithium increases the cognitive side effects of Electroconvulsive Therapy

Background:

Lithium and Electroconvulsive therapy are often used concomitantly for the treatment of mood disorders. Some case reports suggest that lithium may increase the cognitive side effects of electroconvulsive therapy that can impact patient satisfaction and compliance.

Objective:

To identify if there is enough research evidence to support that lithium shall be avoided during the course of electroconvulsive therapy as it may lead to increased cognitive side effects of electroconvulsive therapy.

Method:

Psych info, Medline, CINAHL and EMBASE were searched using the search terms- Lithium and (ECT or electroconvulsive therapy), cognit*. The search strategy identified 168 articles; however only five articles satisfied the literature review objective. Foreign language studies and posters were excluded.

Results:

- Several case reports suggest that the combination of Lithium and electroconvulsive therapy is well tolerated with no evidence of increased postictal delirium. However, some case reports do suggest increased memory impairment.
- These case reports include different age groups with an age range of 19-78 and do not support the increased likelihood of cognitive side effects in elderly population.
- The case reports do not show any association between the lithium dose, plasma lithium levels and cognitive side effects. Lithium was used in a dose of 600mg to 1500mg. Plasma lithium levels were between 0.1-1.4.

Conclusion:

The literature supporting the safe use of combined electroconvulsive therapy and lithium is mainly based on retrospective case reports and case series. In the absence of a large prospective randomized controlled study, the combined electroconvulsive and lithium therapy shall be used with caution.
Developing accessible information within a deaf inpatient setting – medication leaflets

Background:
Access to health information is a problem for British deaf individuals, which has been shown to negatively impact on treatment and care. Legislation in the United Kingdom stipulates that people are given information in a way that they understand. This project was carried out at the John Denmark Unit, a specialist Mental Health and Deafness inpatient unit in the North West of England.

Objectives:
The authors were not aware of any freely and nationally available versions of accessible medication information leaflets, and so aimed to produce these for people who are deaf in written and pictorial form. They then obtained feedback from patients about improvements that could be made.

Method:
Accessible leaflets were developed for frequently used psychiatric medications. These were then presented to patients for their opinions. Staff were also asked for their opinions based on their knowledge of the patients.

Results:
Of 8 patients, 5 patients chose to use the leaflets. Of the 3 who did not, 2 wanted British Sign Language (BSL) versions of the leaflets instead. Of the 8 patients, 7 indicated their preference for a BSL version. Improvements were also suggested and actioned.

Conclusion:
It appeared that the leaflets contained all essential information required. It was clear however that although information written in this way can improve access to medication information for people who are deaf, it is no alternative for information in BSL. The results of this project will therefore be used to aid development of BSL versions.
The management of eating disorders in Child and Adolescent Out Patient Department

Background:
Eating disorders are associated with significant mortality and morbidity, both physical and psychological. The majority of patients are managed in an outpatient setting this audit compared various aspects of their care to a gold standard, based on NICE, MARSIPAN and local guidelines.

Standards:
NICE and local standards were used. On application physical, psychological and social parameters along with completing a risk assessment for each child.

Method:
The eating disorder consultant lead identified all patients seen by the outpatient CAMHS between May 2015 and May 2017 with ICD-10 codes 50.0-50.9. This identified 21 patients. Two patients were excluded as their notes could not be accessed: one was currently receiving inpatient treatment at another hospital and the other could not be found on the patient database. This resulted in a total caseload of 19 patients.

Results/Impact:
There were several areas of good practice and several that needed improvement within the outpatient eating disorder service. Initial assessment adhered to NICE and local guidelines, including an assessment of physical, psychological and social needs and a TARA risk assessment for every patient. Moreover, provision of psychological therapies was of a good standard – with 100% of BN sufferers offered self-help, 95% offered individual therapy and 79% offered family therapy (FT)

There were several areas where adherence to standards was poor. The provision of psychoeducation was only recorded in 68% of cases and a dental review was only recommended in 25% of relevant cases
FY2/Trainee Poster Presentations
**Representation of RCPsych (Royal College of Psychiatrists) and NWBH (Northwest Boroughs Healthcare NHS Trust) at becoming a psychiatrist workshop**

**EVENT DETAILS:**

- The event took place in Manchester on 7 and 8 October 2017
- It was aimed at college students, pre-medical students and foundation year doctors (F1 and F2)
- We conducted a workshop at the conference in front of interested and well attended audience
- 2 sessions in total

**FORMAT:**

- On the 1\textsuperscript{st} day, the workshop included talk by Dr Nosheen Kazmi (Core trainee in psychiatry) motivating young audience and explaining why it is an excellent career choice, talk by Prof Ashley Baldwin explaining his career and experience in psychiatry followed by Dr Tessa Myatt and Dr Louise Sell on their psychiatry journey
- Played 2 videos prepared by UCLAN medical students in which they explained their reasons for interest in the field of psychiatry
- On the 2\textsuperscript{nd} day, Dr Shajahan Ismail and Dr Aravind Komuravelli gave talks explaining why they chose psychiatry and what makes psychiatry a unique field

**FEEDBACK:**

Audience were asked to give 3 reasons why they would choose psychiatry, which is then categorised into 3 groups:

- **Knowledge and Skills:**
  - Opportunity to study brain
Different factors in mental health illness
Comprehensive picture of patient’s life
Neuroscience projects

**Career choice:**
Research opportunities
Evolving
Broad and varied
Engaging
Diverse opportunities
Team work

**Personal rewards:**
Unique and inspiring speciality
Sharing journey
Helping patients holistically
Looking at patients getting better
Fascinating and rewarding
Rapidly growing field

**CONCLUSIONS:**

- Is there a typical day for a psychiatrist?
- Findings suggest helping patients gives rewarding opportunities
- Is there a role for College to Consultant initiative?
A study of higher trainees acting down during on calls from Feb 18 to April 18 in Wirral & West localities of Cheshire & Wirral Partnership NHS Trust.

BACKGROUND:
Asking Consultants and Higher trainees (HT) to cover for junior grades should be avoided except in the most extreme circumstances and only when all other arrangements have failed (Trust-policy). There were concerns among HT in the trust regarding step-downs, it’s impact on higher training experience & working very long hours.

AIMS:
To collect data regarding the number of step downs, check level of compliance with existing policy & to see if any other relevant issues.

METHOD:
An audit form was devised & emailed to trainees for their feedback. HR rota coordinators were also contacted to gather information.

RESULTS:
Among 7 regular higher trainees, each had 8-9 regular on calls during this time period. There were total 11 step-downs. 6 HT had 1, 1 HT had 3(which was 1/3rd of her total on calls) and locum HT had 2 step-downs .80% of the step-downs were on the weekends. 70% were in Wirral locality. During 5 step-downs HT worked 24 hours while in the remaining cases they worked only for the stepdown period. In 10 cases HT were notified by e-mail & in 1 case by the locality bleep-holder (on-call consultants not informed). All the HT were contacted by the individual wards & not by the bleep holder; contrary to the policy.

CONCLUSION:
Apart from one Higher-trainee, step-down did not have a big impact on higher training experience. There is a room for lots of improvement in terms of communication. Regular monitoring should be in place (currently in negotiation with medical education).
Lithium Monitoring in Later Life Patients (in acute hospital setting)

**Background:**

- Lithium has an important place in the management of Affective Disorders.
- Effective monitoring of lithium therapy is essential to ensure its safe use.

**Standards:**

**NICE Clinical Guideline (CG 185)**
Bipolar Disorder: the assessment and management of Bipolar Disorder

**Method:**

This audit was completed in later life liaison setting.
Three audit cycles have been completed:

- Original Audit - 2010/2011
- 1\textsuperscript{st} Re-Audit - 2015/2016
- 2\textsuperscript{nd} Re-Audit - 2017/2018

**Audit Sample:**

Sample was taken from patients presenting to acute hospital, on Lithium therapy.

- 2010/2011- 33 cases
- 2015/2016- 48 cases
- 2017/2018- 47 cases

**Data Collection:**

Retrospective Data Collection from electronic patient records.

**Results:**

A comparison of the results was made between the three audit cycles, where possible.
Lithium Toxicity was identified as the reason for admission:

- 2010/2011 - 9%
- 2015/2016 - 6%
- 2017/2018 - 0%

Possibility of Unrecognized Lithium Toxicity:

- 2015/2016 - 37.5%
- 2017/2018 - 6.38%

Plasma Lithium Levels Checked within 12 hours of presentation:

- 2010/2011 - 45%
- 2015/2016 - 42%
- 2017/2018 - 40%

Impact:

Following first re-audit presentation:

- The Medicines Safety Group flagged Lithium as a “high alert medicine”.
- Information was given on possible signs and symptoms of Lithium toxicity and the monitoring of plasma lithium levels, including the therapeutic range.

Following 2nd re-audit presentation:

- All the trust pharmacists have been made aware of Care Guidelines for Lithium.
- The chief pharmacist is working with the local mental health outreach team to improve the understanding of Lithium monitoring and to encourage staff to seek advice from mental health liaison team.
- Trust NICE compliance coordinator is also working on improving compliance percentage.
Troponin monitoring with clozapine

Background:

Clozapine is an effective medication for treatment resistant schizophrenia. Myocarditis is a rare but serious side effect of clozapine. Work in Australia developed a clozapine initiation regime including monitoring troponin (a cardiac muscle breakdown product) to detect myocarditis cases early. This audit intends to compare troponin monitoring to a trust physical health protocol introduced in 2016.

Standards:

With respect to troponin the standard recommends a baseline troponin, weekly monitoring for 5 weeks during initiation and repeating if there is clinical suspicion of myocarditis. If troponin result is above twice the upper limit of normal clozapine is recommended to be discontinued. If it is raised below this threshold enhanced monitoring is suggested.

Methods:

Review of laboratory results by based on a random selection of 100 the around 600 patients on clozapine over a year period June 2017-2018.

Results:

Of the 100, 50 had a troponin result within the year studied. There were 5 abnormal results, all of which appeared to have been reviewed. Four had a degree of enhanced monitoring with the other being on the reference range.

Impact:

The study did not unfortunately allow a percentage compliance as those that did not have blood testing would have been missed. The study does however show that monitoring was only rarely associated with additional investigation and did not interfere with clozapine prescription. Myocarditis is a rare event and was not seen in the data set. Study is limited to enhancing awareness of this standard due to limitations of data.