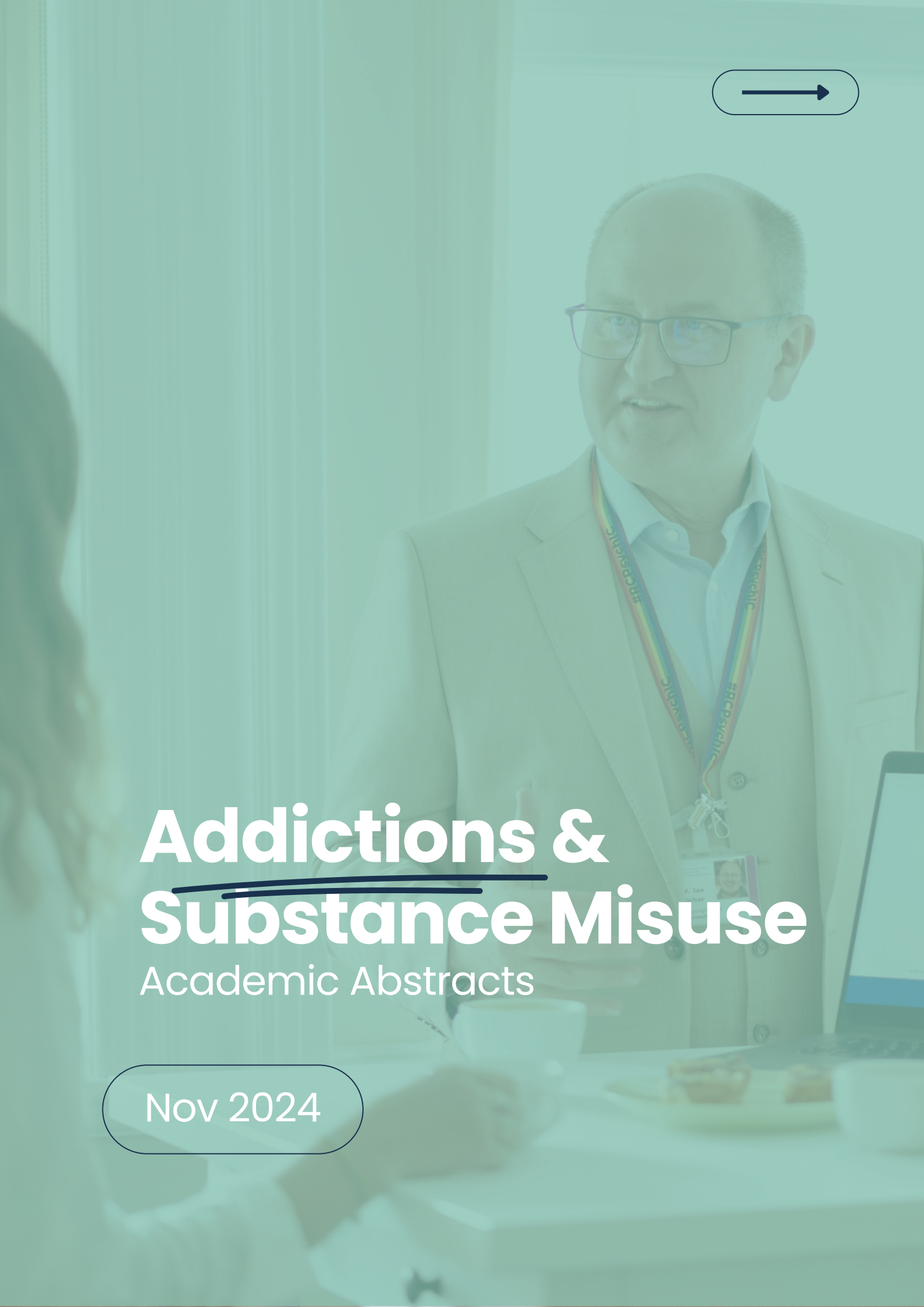

Addictions & Substance Misuse

Academic Abstracts

Nov 2024

About Dyfodol

The Dyfodol (meaning 'Future') programme offers several workstreams to both respond to challenges and opportunities across the health service, but also to model and design future services and pathways. This is achieved through an evidence-based, and informed approach, and through research collaborations with partners.

Dyfodol is hosted by National Collaborating Centre for Mental Health (NCCMH), working in partnership with RCPsych in Wales and NHS Wales' Joint Commissioning Committee (JCC).

This Report

This collection of selected Academic Abstracts has been compiled from the National Addictions Conference, held in November 2024 by the Royal College of Psychiatritsts Wales.

This briefing has been produced by Dyfodol.

Contents

Academic Abstracts

Evaluation of the Care Provided to Patients During a Substance Abuse Intervention

Jemma Lai *Stuart Fisher
Cardiff University *Cardiff & Vale UHB

Background
It is estimated that 24% of adults drink in a hazardous or harmful way. Continued harmful drinking can result in alcohol dependence. Those with substance abuse and alcohol dependence in Cardiff and Vale are admitted to the Pine ward in Hafan y Coed, UHL. According to NICE CG100, there is a need for improvement in research surrounding admission for acute alcohol withdrawal and assessment and monitoring post admission. Since substance abuse intervention remains a niche speciality of medicine, there is limited national guidelines on how care should be carried out. An Internal Review of Cardiff and Vale UHB Addiction Services was completed in 2020. It concluded that an evaluation of processes on the Pine ward should be completed to ensure appropriate standard of care is delivered to its patients. This project aims to identify the gaps in patient care and evaluate the services on Pine ward to increase patient satisfaction and successful substance abuse intervention.

Method
An audit of Cardiff and Vale admissions dating back from 30/01/2024 for alcohol dependence and substance abuse. Pine ward services were evaluated via an electronic record analysis via Paris. The data was collated in Excel and trends identified.

Results
As a service, the Pine ward proved significant for Cardiff and Vale as new medical problems were identified and treated. 54% of patients had a new medical problem identified. Of these medical problems, 38% were substance abuse related. Patients also accessed care from healthcare professionals that were not associated with the Pine ward, thus widening the access for care in Cardiff and Vale. Services provided for alcohol detox were largely successful with psychological and medical management being made available for patients if they were compliant with their stay on the Pine ward. Services continued to be available post discharge with 100% of keyworkers being contacted on discharge. Services provided for opiate abuse were compliant with the guidelines as 100% of patients underwent a Buvidal to Methadone conversion. However, improvement is required regarding BBV screens for intravenous drug users; only 31% of patients were offered a BBV screen if it had been >6 months since their last one. BBV screening is a new service which hopefully will be increased in the following years.

Conclusion
This project confirmed that the Pine ward can meet the national guidelines regarding substance abuse intervention. Its services were particularly efficient when regarding pharmacological management by providing opiate management plans and Pabrinex. The audit propagates the concepts highlighted by the Internal Review of Hafan y Coed; there are a variety of services available on the Pine ward. It is not limited to substance abuse management highlighting its importance as a healthcare service for Cardiff and Vale as it widens the access of care. Yet, this project highlights the need for integration between primary and secondary care in substance abuse intervention. Primary care assessments before admission and post-discharge appointments need to be increased to decrease the gap between primary and secondary care. Overall, this project emphasises the importance of the Pine ward as a healthcare service and highlights its ability to meet the national guidelines.

Enhancing Smoking Cessation Support: Audit of Nicotine Replacement Therapy in Psychiatric Inpatient Care

Nikhil Gauri Shankar, Wamiqur Rehman, Aanika Hoque, Ishraq Elahi, Charles Okwuchi, Rajkumar Reddy
Betsi Cadwaladr UHB

Introduction
Smoking remains a significant public health challenge, with roughly 1 in 7 UK adults being smokers. People with mental health disorders are disproportionately affected, smoking at higher rates and facing elevated risks for severe health conditions such as cardiovascular disease, cancer, and respiratory issues.

Aims
This audit aimed to evaluate the prescription practices of Nicotine Replacement Therapy (NRT) in adult psychiatry inpatient wards in the North Wales. Given the high prevalence of smoking among individuals with mental health disorders, the Welsh Government's legislation mandating smoke-free hospital grounds underscores the importance of effective NRT use to support smoking cessation and improve mental and physical health outcomes. Specifically, the audit assessed adherence to key standards, including timely provision of NRT, assessment of smoking status, and documentation of contraindications and drug interactions.

Methods
The audit reviewed all patients admitted to the inpatient psychiatry wards over one week, with no exclusion criteria. Data were collected from patients' paper records and drug charts using a standardized audit proforma. The standards evaluated included: (1) documentation of smoking status, (2) provision of NRT within four hours of admission, (3) documentation of contraindications, and (4) consideration of drug interactions. Compliance percentages were calculated to identify areas for improvement.

Results
The audit revealed that smoking status was assessed in 79% of patients, while NRT was offered within the four-hour target in 59% of cases. However, contraindications, and drug interactions were considered in just 14% of cases. While NRT was generally offered to most patients, significant gaps were identified in documenting contraindications and drug interactions.

Conclusion
This audit highlights the effective use of NRT in more than three-quarters of cases but underscores a need for improved compliance in documenting contraindications and drug interactions when prescribing NRT in psychiatric inpatient settings. Recommendations include enhancing clinician awareness and training on best practices for NRT documentation and developing a standardized tool to streamline and ensure adherence to these standards. Continued evaluation and refinement of NRT practices in psychiatric care can contribute to better health outcomes for patients with mental health disorders, aligning with public health efforts to create smoke-free healthcare environments.

Evaluation of inpatient conversion from high dose methadone to long-acting injectable buprenorphine (LAIB)

Stuart Fisher
Cardiff & Vale UHB

Background
Oral opiate substitution therapy (OST) for opiate dependence has been the mainstay of treatment in the UK since the 1980s and is effective. Methadone and buprenorphine are recommended by the National Institute for Health and Care Excellence (NICE) guidelines. However, buprenorphine has some distinct advantages in that it can be titrated more quickly than methadone and, due to its 'partial-agonist' effect, has a reduced risk of a fatal overdose and it's higher affinity for opiate receptors giving a ceiling effect. It causes less respiratory depression which may be helpful in patients with chronic lung conditions.
When converting from methadone to buprenorphine, NICE recommends reducing the dose of methadone down to 30mg/ day beforehand. However this can be very time consuming for those patients on high doses of methadone, carries an increased risk of relapse to illicit opiate use. On the inpatient unit, we have long offered an option for converting from relatively high doses of methadone to buprenorphine and this was adapted to include long-acting injectable buprenorphine (LAIB).

Method
The cohort was made up of a case series - the first 20 consecutive patients admitted for an inpatient methadone to buprenorphine conversion.
The site was a specialist 12 bedded inpatient addiction unit.
Two methods were devised. The first was more straight-forward where the starting methadone dose was <80mg and the second was for those on higher doses of methadone, were anxious about the procedure or needed a managed medical withdrawal from additional substances such as alcohol. Endpoints included successful completion of the treatment, any adverse events and the time taken from admission to their first long-acting buprenorphine injection.

Results
95% (19/20) completion rate, no adverse events and an average number of days to their first Buvidal injection of 5.3. The average starting dose of methadone was 64mg. The proportion requiring multi-substance intervention was 40%.

Conclusions
This evaluation confirmed that the inpatient conversion from relatively large doses of methadone to LAIB is safe and well tolerated, with only 1/20 failing to complete the treatment, however that patient left the same day that they arrived.
There was an association between the starting dose of methadone and the first weekly dose of LAIB given (24mg v 32mg), with the boundary around 50-60mg of methadone. Those on higher doses of methadone took a few days longer to stabilise and receive their first LAIB.
Since we first started to offer this procedure, we have seen referral numbers rapidly increase. We have also seen dramatic improvements in some physical conditions that are adversely affected by large doses of methadone, such as severe COPD. And we look forward to studying that going forward.

Screening for ADHD in treatment-seeking adults with substance use disorder: a pilot study

Faith Browning, Harkanwar Singh, Karim Dar
Central and North West London NHS Foundation Trust

Background
Attention deficit/hyperactivity disorder (ADHD) frequently co-occurs with substance use disorders (SUD), with studies indicating that approximately 23% of individuals with SUD exhibit comorbid ADHD. This comorbidity often leads to earlier onset, greater severity of SUD, and poorer treatment outcomes. Barriers to accessing ADHD diagnosis and treatment can be particularly significant in SUD populations.

Method
This project aimed to ascertain the prevalence of ADHD symptoms within a small cohort of patients attending a community drug and alcohol misuse service in the London borough of Ealing. Patients attending routine appointments with the medical or psychology team over a four-month period were screened using part A of the Adult ADHD Self-Report Scale (ASRS-v1.1), which is a valid tool for screening ADHD symptoms in psychiatric outpatient settings. Those screening positive on part A were given psychoeducation by a member of the medical team, including discussion on the association between ADHD symptoms and substance use. Data was also collected on demographics and substance use history.

Findings
71.4% (n=28) of those screened had a positive screening score. The high percentage of positive screening scores suggests that prevalence of ADHD or subthreshold symptoms may be more common in treatment-seeking SUD populations than previously thought.

Conclusions
Despite a small sample size, these findings indicate the potential benefit of expanding ADHD screening in this population, as untreated ADHD may impede effective, person-centered care and impact long-term recovery from substance misuse. This pilot study illustrates the need for a larger-scale screening initiative to support this neglected patient group, potentially improving substance misuse outcomes through targeted ADHD symptoms-based intervention.

Service evaluation of engagement in alcohol relapse prevention in the community post discharge

Izzy Riddington
Cardiff University

Introduction
Pine Ward is a tier 4 alcohol detox centre located in Hafan Y Coed, Cardiff. Tier 4 centres are residential, where patients undergo inpatient detoxification in an environment away from external stressors and access to alcohol and drugs. This service evaluation aims to assess engagement in alcohol relapse prevention in the community post discharge from Pine Ward.

Considering:
- Relapse rate following alcohol detoxification (detox)
- Attendance rates at key worker outpatient appointments (KW appts) after alcohol detox
- Did the choice of relapse prevention (RP) medication affect outcome 1 and 2?
- Rate of Buvidal appointment attendance post methadone to Buvidal conversion

Methods
A retrospective service evaluation conducted at Pine Ward, Hafan Y Coed, Cardiff - a tier 4 residential substance detoxification unit. Patients were selected based on admission date, starting at 30/01/2024 and working back consecutively. Participants included inpatients who had been successfully detoxed i.e. they were abstinent of alcohol at point of discharge. Exclusion criteria included non Cardiff & Vale patients and those with unsuccessful discharge. Data was measured across 4 timeframes post discharge: at 2 weeks, 4-6 weeks, 8-12 weeks and 6 months. Sample size = 49 patients, mean age = 44, range of 27 years to 64 years.

Results
Thirty-nine of our 49 patients completed alcohol detox. Thirty patients attended their 2-week KW appts (77%), dropping to 19 patients (49%) at the 6-month mark.
Abstinence at 6 months was unknown for 14 patients (36%). Of the 25 patients we have abstinence data for, 11 had relapsed (44%) at 6 months, 10 of which had occurred by the 8-12 week appointment (91%).
Disulfiram was the most frequently prescribed (54%) RP medication and had lowest relapse rates (14%) in comparison to Acamprosate, Naltrexone, Baclofen or no RP medication. Thirteen patients completed methadone to Buvidal conversion. All patients attended their first monthly Buvidal injection in the community post discharge.

Conclusion
Relapse rates increase regardless of KW appointment attendance. A true comparison between relapse medication is difficult to establish due to difficulty in collecting follow up data. This could be rectified in the future by use of a standard pro forma. Nonetheless, RP medications are undoubtedly useful for maintaining abstinence in the community. The methadone to Buvidal conversion regime offered at Pine Ward is highly effective in terms of initial engagement in the community.

Staff awareness of DVLA guidelines in psychiatric disorders

Jasleen Kaur
Central and North West London NHS Foundation Trust

Introduction
The Driver and Vehicle Licensing Agency (DVLA) plays a crucial role in ensuring road safety, especially concerning individuals with psychiatric disorders. This awareness not only helps in safeguarding public safety but also supports individuals in making informed decisions about their driving eligibility. Studies have shown that implementation of a single-session teaching programme can significantly improve guideline knowledge and awareness, serving as a cost-effective intervention.

Aims & Objectives
To identify the awareness of DVLA guidelines in psychiatric disorders before and after teaching session.

Methods
Pre-teaching questionnaire was sent out to 100 medical and psychiatry professionals and DVLA guidelines were sent and then post-teaching the same questionnaire was done.

Results
There were only 89% responders to the post teaching questionnaire. A substantial increase in the frequency of referring to DVLA guidelines post-teaching was observed. The frequency of consultations regarding fitness to drive showed minimal change, with no significant difference before and after teaching ($p = 0.262$). The majority did not consider fitness to drive in consultations, suggesting that while referral knowledge improved, actual practice in consultations may need further emphasis. Respondents rarely asked patients to notify the DVLA of their conditions, with no significant changes post-teaching ($p = 0.412$). There was a marked shift in the preferred source of advice regarding patient driving safety, with an increase in the use of guidelines post-teaching (48 respondents) ($p < 0.001$). Documentation of patient fitness to drive remained low, with no significant changes post-teaching ($p = 0.401$). Confidence levels regarding knowledge of DVLA guidelines significantly improved post-teaching, with more respondents reporting high confidence levels ($p < 0.001$). Similar to knowledge confidence, respondents' confidence in escalating concerns regarding driving ability increased significantly after the teaching ($p < 0.001$). Confidence in documenting the use of guidelines also saw a notable increase ($p < 0.001$). Confidence in understanding Section 4 of the Road Traffic Act significantly increased post-teaching ($p < 0.001$), demonstrating the effectiveness of educational efforts in clarifying legal aspects related to driving fitness. The number feeling adequately trained rose from 9 to 63, while those feeling inadequate dropped from 58 to 5 ($p < 0.001$). This highlights the training's success in enhancing self-perceived competency.

Conclusion
The data reflects a positive transformation in respondents' knowledge, confidence, and behaviours regarding DVLA guidelines and driving fitness following the educational intervention. Statistically significant improvements were noted in various areas, particularly in guideline referrals, knowledge confidence, and perceptions of training adequacy. However, areas such as consultation practices and patient notification need further attention to ensure comprehensive application of the knowledge gained. These findings underscore the critical role of targeted educational interventions in enhancing clinical practice and patient safety in driving contexts.

Barriers to accessing psychological treatments in opioid misuse populations: a systematic literature review Considerations for Buvidal Psychological Support Service

Imogen Charles *Rachael Davis *Jan Melichar,
Cardiff University *Buvidal Psychological Support Service

Introduction
Buvidal Psychological Support Service (BPSS) is a Cardiff-based service that offers people commencing Buvidal (Long-Acting Injectable Buprenorphine) a three-tied psychological treatment programme. In Cardiff and Vale, 2,151 patients are currently on Buvidal, with many reporting heightened perceptions of negative emotions and resurfacing of trauma after commencing Buvidal therapy - leading to the creation of BPSS. Unfortunately, between 30 and 60 per cent of patients referred to BPSS did not engage with Tier 1. While recognising that a proportion of these patients are inappropriately referred to BPSS, many patients would benefit from the service but are ultimately unable to engage due to a combination of complex factors. A preliminary literature review of 37 papers, investigating barriers within patients in a range of trauma-exposed populations, found that common challenges in accessing psychological therapy included stigma and shame, logistical barriers, mistrust in providers, fear of negative outcomes and lack of knowledge (2). This review gave some insight into barriers within patients across a variety of populations however, this focussed literature review aims to identify barriers within patients more specifically in the opioid misuse population, with the intent of providing BPSS with suggestions on how to improve its uptake.

Methods
A systematic literature review was conducted on the Ovid Medline database using the key words 'substance' AND 'barriers' AND 'opioid' AND 'psychology'. The papers were screened using the following criteria in figure 1, yielding 9 papers for analysis. The limitations of this literature review are the small data-sets of the review papers, potentially reducing the repeatability in the South Wales population as well as the strength of the recommendations.

Results
From this literature review, 5 broad themes were identified as targeted areas of improvement to increase the uptake of psychological intervention in opioid use populations. The themes were categorised into Fear, Identity, Logistics, Provider Trust and Service Limitations. Fear: Commonly cited fears included fear of dealing with negative emotions, fear of change, and fear of other's perceptions. Identity: Patients' identities were commonly described as being intertwined with opioid use making it difficult for patients to maintain recovery. Logistics: Services also have logistical barriers; patients can find it difficult to travel to the appointment due to the cost of transport and the timings of appointments. Provider Trust: Patients preferred staff that were compassionate. Reduced staffing turnover was preferred. Service Limitations: Services also lacked resources such as a peer-support network and signposting to services for life essentials such as housing, financial advice and life skills.

Conclusions
From the suggestions outlined above, a 'tier 0' to the BPSS model could be established. This could be in the form of key workers engaging with patients at their Buvidal injection appointments. This would allow patients to start considering psychological intervention in a low-pressure environment. Alongside this, a peer support system could be introduced and signposting to social prescribing could be widely encouraged. This could play a role in exploring patients' identities and general well-being. Systematic problems could be improved by investing in BPSS to fund staffing and training. To reduce the number of inappropriate referrals, specific criteria could be developed and distributed to primary care providers. This is a complex issue without a 'one size fits all' solution however the suggestions may help to improve the number of patients engaging with BPSS

The impact of psychological therapy for opioid users receiving Long-Acting Injectable Buprenorphine treatment: A Systematic Review

Samuel Webb, Nyle Davies, Darren Quelch, Bev John, Gareth Roderique-Davies *Lucie James
University of South Wales *Buvidal Psychological Support Service

Introduction
Buvidal is an extended-release subcutaneous injectable Buprenorphine, now available in Europe as an emerging drug to treat opioid addiction. Opioid misuse continues to rise in the UK and is the cause of several thousand deaths every year. LAIB allows users more flexibility for users in everyday life as opposed to alternative pharmacological treatments.

Method
This systematic review examined if psychological therapy improved long-term success for opioid users being treated with long-acting injectable Buprenorphine from 2014-2024. The effectiveness of psychological therapies was measured by assessing objective measures of relapse rates, e.g., urine, blood tests and affective improvements in participants. A narrative synthesis was employed following the SWiM guidelines and focuses on the impact of psychotherapy in conjunction with LAIB treatment.

Results
At the time of this review, no studies met the inclusion criteria resulting in an empty review. There was a lack of information detailed in studies identified through the screening process for the type of Buprenorphine administered to participants.

Conclusion
Current research implies LAIB can improve retention rates when pharmacological treatments are accompanied by effective psychological support, can further improve outcomes, lower internal and external stigma and help overcome trauma associated with addiction. There is a need for increased research to explore what psychological support is most effective for patients receiving LAIB, specifically to determine what benefits this will yield in practice and long-term recovery.

Audit of compliance of local prescriptive practice of Nicotine Replacement Therapy for smoking cessation with NICE guidelines

Muhammad Shaarikh Pasand, Noor Ul Ain Awan, Srinivasa Thirumalai, Farha Ghazal
St Matthews Healthcare

Aim
The aims of the audits are to evaluate the follow up of NRT prescription as per the NICE guidelines (CG209) and to be able to address the concerns related to NRT prescription according to the accepted national standards and to raise the awareness of the involved professionals so that accepted standards can be achieved.

Method
A retrospective review of current patient population admitted at Broomhill and prescribed NRT as part of their medication plan (n=29) at any point in their admission. This number also included 1 recently discharged patient for details of dosing, types, regular/PRN and follow up documentation.

Results
There has been no recorded quit date and follow up for Service users as recommended by NICE guidelines (CG209). Total results indicate that a total of 20.6% (6/29) service user at given time were on NRT with 16.67%(1/6) being on regular and 83.3% (5/6) on PRN basis. Of these 33% (2/6))were on dual prescription and 66%(4/6) were on single prescription. They have been prescribed variable forms of prescription including gums, lozenges , nasal and mouth sprays and patches with the most used form was gums that was 50 % (3/6) of all the NRT being used followed by 33% (2/6) lozenges being used and rest of 16.67% (1/6)being mouth, inhalation sprays and patches One significant finding was that the patients predominantly used NRT when they had limited access to grounds at night, this perhaps led to the augmentation of the NRT along with smoking rather than this being used for smoking cessation. Another interesting finding is that only 12.5% (1/8) of total females are on NRT and 23.8 % (5/21)of the total male population is on NRT, demonstrating the difficulty to achieve smoking cessation in women.

Recommendations
1. To revise current SMHC NRT policy and amend it in accordance with NICE Guidelines (CG209) and to accommodate follow-ups to improve the adherence.
2. Physical health team and staff to improve awareness about the follow up support in accordance with NRT policy.
3. Care plans should be synchronized with NICE guidelines (CG209) and local NRT policy and clearly state the rationale and purpose of such treatment plans along with agreed quit date.
4. Smoke cessation nurses/ Healthcare professional responsible to ensure that timely follow up takes place and to educate patients with information leaflets containing simple flow chart to help them understand the role of NRT in smoke cessation therapy and further support.
5. Any concerns related to smoking cessation should be discussed with dedicated professional so that they can be addressed efficiently and effectively.
6. Re-audit after new patients are started on NRT to complete to review the changes brought by recommendations

Neurological examination in psychiatric patients on admission

Bilal Raza
Aneurin Bevan University Health Board

Aim

- To assess whether the screening neurological examination was fully performed as part of the physical health assessment on patients admitted to acute mental health ward.
- To improve and modify the physical examination especially the neurological examination aspect in order to enhance patient outcome by ruling out any organic etiology.

Background

- Physical examination of psychiatric patients is an essential component linked to their mental health.
- Failure to conduct a physical examination of a psychiatric patient has potentially serious implications.
- A British study by Rigby and Oswald in 1986 reported the recording of physical examination carried out on admission by psychiatric trainees to be 'uniformly poor' (Rigby & Oswald, 1986). This study found that significant positive findings were unrecorded, especially in the neurological and locomotor systems.
- A more recent study by Hodgson and Adeyemoin 2004 reports 'variable' recording of physical examinations, showing little progress from the 1986 findings with less than 60% of patients having a comprehensive central nervous system (CNS) examination (Hodgson & Adeyemo, 2004).
- Physical examination should not be conducted in isolation from systemic enquiry. Just as a good psychiatric history informs our examination of mental state, so a good working knowledge of internal medicine, systemic enquiry and medical history helps in focusing the physical examination.
- The principle objective of a neurological examination is localization. A working knowledge of neuroanatomy greatly helps the clinician in conducting the examination.
- Neurological and mental state examination overlap, in that conscious level, orientation, memory, higher intellectual function and speech are common to both. Memory and intellectual function will influence the reliability of a history and ability to cooperate with further examination.
- People with functional neurological disorders are also at risk of misdiagnosis and mismanagement. This group often receives poor treatment because symptoms are not recognised for what they are, and underlying psychological issues are not addressed.
- Psychotropic drugs are known to cause many neurological side effects which can be picked up during a thorough physical examination and help alter the management plan if needed.

Method

- A cross-sectional review of all 22 inpatients at Talygarn unit, general adult acute psychiatric ward since January 2020 to April 2020.
- Patient records were explored using the Aneurin Bevan Health Board admission proformas to identify extent of neurological examination completion.

Conclusions

- From the above results it is evident that certain aspects of the neurological examination are not being performed on aregular basis
- One potential reason could be patient compliance given the challenging psychiatric presentation in acutely unwell patients on admission
- Another possible identifiable cause for in complete performa could be lack of availability of appropriate medical apparatus for conducting specific neurological tests such as reflexes.

Psychiatric comorbidities and concurrent substance use among people who inject drugs: a single-centre hospital-based study

Hadiya Kar, Abdul Majid Gania, Altaf Bandy, Nizam Ud Din Dar, Farhana Rafiq
Affiliation

The management of people who inject drugs (PWID) is compounded by the presence of psychiatric comorbidities leading to frequent relapses and poor treatment outcomes. Early identification and treatment of psychiatric comorbidities should be included in the management to enhance treatment outcomes.

The objective of this study was to estimate the prevalence of psychiatric comorbidities and concurrent substance use among opioid injectors. This hospital-based, cross-sectional study was conducted from March 2021 to August 2022 in SKIMS Medical College Srinagar, India.

This study included opioid injectors of all ages and both sexes. The Mini International Neuropsychiatric Interview-7 (MINI-7) and WHO-ASSIST were used to determine psychiatric comorbidities and concurrent substance use, respectively. Both crude and adjusted odds ratios were calculated to assess associations among demographic variables, concurrent substance use and psychiatric comorbidities.

Among the 328 opioid injectors, the overall prevalence of psychiatric comorbidities was 88.1%, with the majority (68.6%) having more than one comorbidity. The most common psychiatric comorbidities were panic disorder (41.2%), social anxiety disorder (40.5%), and antisocial personality disorder (39.3%). Concurrent use of alcoholic beverages doubled the risk of ASPD (odds ratio 2.14 (1.24-3.72)). Cocaine (odds ratio 2.36 (1.10-5.03)) and amphetamines (odds ratio 7.68 (2.21-26.65)) increased the risk of OCD. Daily heroin injections were negatively associated (odds ratio 0.18 (0.03-0.94)) with psychotic disorders. Younger age (adjusted odds ratio 0.20 (0.79-0.53)) and never married status (adjusted odds ratio 2.62 (1.06-6.47)) were the only significant variables in the regression analysis.

In conclusion, opioid injectors had a higher prevalence of numerous psychiatric comorbidities. The most common comorbidity was anxiety disorders. Concurrent use of tobacco, cannabis, cocaine, inhalants, etc., greatly increased the risk of psychiatric comorbidities.

The impact of oral ethanol administration on alcohol withdrawal symptoms in an acute care setting

Genevieve Griffiths, Ofunami Wilson Daodu, Nyle Davies, Bev John, Gareth Roderique-Davies, *Arlene Copland *Carol Appleyard *Sally Bradberry *Darren Quelch,
University of South Wales *Sandwell and West-Birmingham NHS Trust

Introduction
Alcohol withdrawal (AWS) is a life-threatening condition that can rapidly escalate to seizures and delirium tremens. Management of AWS typically involves benzodiazepine administration. However, some patients may not respond effectively to these medications. In April 2020 the Alcohol Care Team (ACT) at Sandwell and West-Birmingham NHS Trust (SWB) implemented an oral ethanol prescribing protocol to be used with patients at risk of severe AWS.

Aims
We sought to investigate the effects of oral ethanol on both subjective (patient experiences) and objective (CIWAR-Ar scores) measures of AWS.

Methods
Two cohorts of patients' data were reviewed: 29 for CIWA score, 49 for patient survey. Data were collected as part of routine clinical care. The following variables were collected: alcohol use history, demographics (age, sex, ethnicity), AUDIT scores and CIWA-Ar scores (including dates and times), and patient outcomes from a perspectives questionnaire (including perceived impact of AWS symptoms and future drinking goals). Data were analyzed using SPSS; content analysis was used to explore qualitative responses to gain a deeper understanding of patients' experiences.

Results
Objective measures: 20 patients' data were included (75% between 25 and 49 years, 25% between 50 and 64 years, 90% were male). The median number of units consumed per day were 30-40. CIWA-Ar scores decreased or remained the same in 90% of patients with 83.3% recording a decrease between the first and last doses of ethanol administration. All those who received between 8 and 10 doses of ethanol showed a decrease in CIWA-Ar score.
Subjective measures: 93.9% of patients reported symptom relief, and 91.8% would be willing to be treated with ethanol again. Of those who had been treated in the past with benzodiazepines, 69.5% of patients preferred ethanol. 56.8% reported an ongoing aim of abstinence and 34.1% reported intentions reduce alcohol use. Among those who disliked receiving ethanol 32% felt they were not given enough and 24% felt they had to wait too long before receiving ethanol. 78.7% felt confident or very confident with the team administering the ethanol and 95.5% felt the intervention was well explained to them.

Discussion and future directions
Oral ethanol led to effective objective and subjective reductions in AWS. Whilst limited in sample size this data suggests that oral ethanol could be an effective AWS management strategy, with high patient satisfaction, in certain individuals. Further research is needed in a greater number of patients improve our understanding of the impact of oral ethanol prescribing practice on AWS.

‘I’m learning to live again’. Clients’ experience of long-acting injectable buprenorphine and a Buvidal Psychological Support Service in Wales

Chioma Nwozo, Hannah Jones, Bev John, Gareth Roderique-Davies, Darren Quelch, Nyle Davies, *Lucie James
University of South Wales *Buvidal Psychological Support Service

Background
Opioid use disorder (OUD) is a significant public health concern, traditionally treated with daily supervised opioid substitution treatments (OSTs) such as Methadone. Whilst effective in reducing opioid-related harms, many clients experience such regimens as stigmatising and punitive; re-enforcing the “addict” identity and hindering recovery (Woo et al., 2017). Buvidal is a long-acting injectable buprenorphine which reduces dosing frequency while enhancing treatment adherence (Neale & Strang, 2024), but may expose unresolved psychological and trauma-related difficulties. The Cardiff and Vale University Health Board (CAVUHB) Buvidal Psychological Support Service (BPSS) works with patients receiving Buvidal, providing tiered interventions grounded in Herman’s (1998) model of trauma recovery.

Objectives
The objective of this study was to explore clients’ experiences of engaging in the BPSS novel trauma-informed psychological support pathway alongside Buvidal treatment.

Methods
Ethical approval for the study was granted by the School of Psychology and Therapeutic Studies at the University of South Wales, and Research and Development at CAVUHB. Semi-structured interviews were conducted with nine clients (5 males, 4 females; aged 31-55 years) between March and June 2024, focussing on accessibility, acceptability, and therapeutic impact. All were part of a Buvidal programme and had received a minimum of 8 weekly therapy sessions from the BPSS. Audio-recordings were transcribed and analysed using reflexive thematic analysis. Guided by Braun and Clarke’s (2022) methodology, data immersion and coding cycles were undertaken to develop themes which reflected salient patterns of experience across clients’ narratives.

Results
Experiences of Buvidal were favourable, particularly in the mitigation of daily treatment burden, however the need for clients’ to confront the psychological and trauma-related difficulties underlying their OUD was a prominent theme. Clients described how “the reasons [they] took drugs in the first place hadn't gone away, the only thing that changed was [they] weren’t taking drugs anymore, so could remember it”. The BPSS was well-received by clients, empowering them to manage symptoms of distress and realise their aspirations for recovery beyond abstinence. This was achieved through reconnecting with the self, family and wider society. The importance of service culture, the client-practitioner relationship and access to trusted treatment information were further key findings.

Conclusion
This study demonstrates the transformative potential of the delivery of psychological support alongside Buvidal in the management of OUD. Findings are of value to NHS providers upholding NICE guidance (2019) by offering Buvidal within a framework of psychological care, particularly those seeking to implement a dedicated pathway.

Esketamine-Induced Unpredicted Hypotension: A Case Report of a 27-Year-Old Female with Treatment-Resistant Depression

Moustafa Elgammal, Sultan Al-Subaie, Ibrahim Al-Shaikhi, Mohammed Al-Mathami, Ahmed Khattab
*H Barkouk *J Melichar
Armed Forces Hospital, Saudi Arabia *Aneurin Bevan UHB

Esketamine Nasal Spray: An Emerging Treatment
Esketamine, a derivative of ketamine, has gained attention as an innovative treatment option for patients with treatment-resistant depression (TRD). Unlike traditional antidepressants that primarily target serotonin, norepinephrine, and dopamine systems, Esketamine acts on the glutamatergic system, particularly as an N-methyl-D-aspartate (NMDA) receptor antagonist. Its unique mechanism of action offers rapid onset of antidepressant effects, which is crucial for individuals for those who have not responded to conventional treatments.
Administered via nasal spray, Esketamine is typically used as an adjunct to oral antidepressants in patients with TRD. The administration in a healthcare setting allows for close monitoring due to its potential for acute side effects and the need to ensure safety during the post-administration period. While Esketamine offers hope for individuals with severe depression, it is not without risks. The most commonly reported side effects during clinical trials include:

- Nausea and vomiting; particularly shortly after administration.
- Dissociation; a sense of detachment from reality or oneself, which can be unsettling for some patients.
- Dizziness and vertigo; as well as an overall feeling of sedation or light headedness.
- Increased blood pressure; typically occurring transiently post administration, which requires regular monitoring during treatment sessions.

These side effects are generally known and manageable with appropriate patient care during and after treatment sessions. However, serious cardiovascular side effects such as hypotension (low blood pressure) have not been widely reported in clinical practice or the literature.

Focus of the Case Report
Unreported Hypotension In this case report, we present an unexpected and severe episode of hypotension following Esketamine administration in a 27-year-old female with treatment resistant depression. While hypertension is a recognised side effect, the sudden onset of hypotension observed in this case is atypical and has not been clearly documented in current literature or product information. This report aims to bring attention to this potential risk, prompting healthcare professionals to consider it when administering Esketamine and closely monitor for cardiovascular instability in susceptible individuals.

Case Description
27-year-old Saudi female, married, non-smoker, medically free, no substance use history.
Severe major depression without psychotic symptoms, diagnosed 5 years ago. The patient had initial successful treatment with Escitalopram and Mirtazapine. The patient experienced relapse with subsequent non-response to Paroxetine and Desvenlafaxine. As per guidance this was followed by augmentation with Lamotrigine, Clonazepam, and Quetiapine. A trial of ECT followed suit and there was partial response to ECT before relapse of suicidal ideations. The patient has Refused further ECT sessions.

Treatment Course with Esketamine

The patient administered the prescribed doses in accordance with the pre-dose precautions outlined in the treatment protocol and the manufacturer's recommendations.

- First session: 56 mg dose, resulting in nausea and vomiting (expected side effect).
- Second session: Sudden onset of hypotension (85/50 mmHg) after first device, requiring cessation of treatment and intervention.
- Blood pressure monitored and stabilised before discharge.
- Further consultations (cardiac and neurological) ruled out other medical causes.

Discussion: Possible Mechanisms of Esketamine-Induced Hypotension:

1. Vasodilation as a Possible Cause
Esketamine, like its parent compound ketamine, has a complex profile that includes both sympathomimetic and depressant effects on the cardiovascular system. While it is more commonly associated with increases in blood pressure, vasodilation can occur due to Esketamine's interaction with the NMDA receptor. This interaction may influence the balance between sympathetic and parasympathetic activity, potentially causing peripheral vasodilation. This vasodilatory effect can lower systemic vascular resistance, leading to a sudden drop in blood pressure. Although vasodilation is not a typical side effect reported with Esketamine, it is plausible that individual sensitivity to the drug's pharmacological action may result in such an outcome. Given that the patient was not on any other medications, Esketamine's direct effects on her cardiovascular system are likely responsible for the sudden hypotension.

2. Patient-Specific Sensitivity to Esketamine
In this case, it is possible that the patient had an idiosyncratic reaction to Esketamine. Even in the absence of additional medications, certain patients may have heightened sensitivity to Esketamine's effects. Factors such as genetic variability in drug metabolism, particularly enzymes like cytochrome P450, may alter how the drug is processed in the body, leading to unexpected outcomes such as hypotension.
Additionally, underlying autonomic nervous system dysregulation may play a role. Patients with major depressive disorder, especially those with treatment resistant depression, may experience changes in their autonomic tone, which affects blood pressure regulation. Even if the patient had no prior cardiac issues, this dysregulation could make them more susceptible to a sudden drop in blood pressure in response to Esketamine.

3. The patient's ongoing treatment with multiple psychotropic medications could have further contributed to the hypotensive episode. The combination of these medications, particularly those that influence the cardiovascular system, may have potentiated Esketamine's effects. Notable interactions include:

- Quetiapine (Seroquel): This antipsychotic is known for its risk of orthostatic hypotension due to its alpha-adrenergic blocking properties. When used alongside Esketamine, which can cause both sympathomimetic and vasodilatory effects, the risk of hypotension may be heightened.
- Paroxetine: Although selective serotonin reuptake inhibitors (SSRIs) like Paroxetine are generally well-tolerated, they can occasionally cause autonomic dysregulation, leading to rare cases of orthostatic hypotension. This may have made the patient more susceptible to cardiovascular instability during Esketamine administration.
- Lamotrigine: While not typically associated with blood pressure changes, Lamotrigine's role as a mood stabiliser could have interacted with the overall neurochemical environment in which Esketamine was administered, contributing indirectly to the patient's hypotensive episode.

4. Patient-Specific Sensitivity to Esketamine

In addition to potential drug interactions, individual sensitivity to Esketamine may have played a role. Some patients, due to genetic variability or pre-existing autonomic imbalances, may have heightened sensitivity to the drug's effects, resulting in more profound cardiovascular reactions. This could explain the unexpected hypotensive response even though Esketamine is more commonly associated with transient increases in blood pressure.

5. Rapid Nasal Absorption and Acute Cardiovascular Effects

The method of administration—nasal spray—allows for rapid absorption of Esketamine into the bloodstream, which may contribute to more acute and intense systemic effects. In this patient, the rapid onset of action could have triggered a pronounced drop in blood pressure shortly after the first device was administered, as her body may have been unable to compensate for the sudden vasodilation.
While nausea and vomiting are known side effects of Esketamine, which were also observed in this patient, the accompanying hypotension suggests an unusual reaction that warrants further investigation. The rapid systemic effect of the drug may have overwhelmed the patient's cardiovascular regulatory mechanisms, causing transient but severe hypotension.

Conclusion
The hypotensive episode observed in this patient during Esketamine treatment suggests that, although rare, hypotension can occur as an unreported side effect, possibly due to vasodilation, rapid absorption, or individual sensitivity. This case emphasises on the need for close monitoring during and after Esketamine administration and encourages further research into the cardiovascular effects of this medication in sensitive populations.