National Psychosis Conference

Academic Abstracts

April 2026

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 Psychosis Conference, held in April 2026, in partnership between Dyfodol and the Royal College of Psychiatrists Wales.

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Single Blind, Parallel-Group Randomised Sham-Controlled Trial to evaluate the efficacy of a single session 'Intervention for Caregiver Affiliate stigma REduction' (iCARE) in severe mental illnesses

Tanve Garg
Cardiff & Vale UHB

Background
This study aims to assess the effect of a single-session, multimodal, easy-to-use, and feasible mental healthcare intervention acronymed iCARE targeting affiliate stigma (AS) among the caregivers of people with severe mental illnesses (SMIs), using a randomized control study design.

Methodology
Following a comprehensive literature search and face validation from mental health experts and caregivers, as well as a preliminary pilot study, the caregivers' directed test intervention, iCARE, was designed to address AS in SMIs. It comprised a personalized introductory interaction, multi-media based audio-visual content, printed IEC material, and a one-on-one clarification session. The total duration of the test intervention was nearly 25 minutes, simple to use, feasible, scalable, and applicable across settings (outpatient, inpatient, or virtual) and delivery modalities (in-person or direct intervention, video consultation, or remote intervention), suitable for the North Indian cultural context. Sham intervention consisted of a similar duration session of general interaction and clinical evaluation. Of the 80 caregivers recruited, 57 followed up at three weeks. All the participants were blinded to the type of intervention. We allocated participants randomly in a ratio of 2:1 using online computer-generated tables. AS was assessed using the Affiliate Stigma Scale (ASS) - Hindi version applied before the intervention, immediately after intervention and at 3-weeks.

Results
Among the 54 participants in the active intervention group and 26 participants in the sham group, intention-to-treat analysis using mixed model ANOVA revealed a significant main effect of time with $p<0.001$, $\eta p2=0.09$, and a statistically significant time x intervention interaction with $p<0.001$, $\eta p2=0.14$. Further, a statistically significant reduction in AS scores from 48.57±14.52 (mean±sd) to 42.56±11.62 ($p<0.001$) among the active intervention group with an effect size of 0.44 and from 45.46±10.3 to 44.69±9.94 ($p<0.005$) among the sham intervention group, with an effect size of 0.08, was observed. At the 3-week follow-up, the improvement in ASS score was sustained. We observed no adverse events in any of the groups.

Conclusion
The iCARE for the caregivers showed promising results in reducing AS among the caregivers of people with SMIs. However, long-term assessments indicate the need to formulate interventions with adequate validity for more enduring improvements.

Brain on heart: The autonomic modulation of cardiac function in patients on antipsychotics using Heart Rate Variability (HRV) analysis – A prospective study

*Tanve Garg **Vikram Singh Rawat
*Cardiff & Vale UHB **NIMHANS, Bangalore, India

Background
Heart rate variability (HRV) assesses the autonomic nervous system (ANS) function of the human body. Schizophrenia and Bipolar disorder patients tend to exhibit lower HRV, indicating autonomic dysfunction. With antipsychotics, some studies have reported favourable changes in HRV, while others report further reduction in HRV, attributed to anticholinergic effects of these medications. This highlights the need for a deeper understanding of the interplay between psychiatric disorders, treatment interventions, and cardiovascular risk.

Aim
This study aims to compare the HRV of patients with psychiatric illness to that of the general population and to explore the cardiovascular risk/benefit associated with initiating antipsychotic treatment.

Methods
18-60 year old patients with a disorder requiring antipsychotic treatment were included from June 2023 to March 2024. 23 inpatients and 28 age- and sex-matched normal controls were selected from a tertiary care Hospital. A baseline HRV analysis of all the participants was done using an Electro-Cardiogram that used a PowerLab data recording system, and HRV analysis was repeated before the patient's discharge.

Results
A significant difference was noted in average Heart Rate, average and median R-R interval, Standard deviation of all the R-R intervals (SDRR), Root mean square of successive differences (RMSSD) on time domain parameters, and standard deviation of heart rate variability (SD1) and (SD2) on frequency domain parameters between patients and controls. On the contrary, the HRV parameters pre- and post-treatment with antipsychotics yielded non-significant results, indicating inconsequential effects on heart rate variability.

Conclusion
There is significant autonomic dysfunction occurs in psychiatric disorders, which does not appear to be altered with current antipsychotic treatment. Therefore, to offer cardioprotective benefits to people with psychiatric illnesses, alternative pharmacological and non-pharmacological therapies should be investigated.

Initial trends in recruitment for the Early Intervention Mission in Cambridgeshire & Peterborough NHS Foundation Trust

Marie Bowers
Cambridgeshire & Peterborough NHS Foundation Trust

Aims and hypothesis
We aim to assess representativeness of participants enrolled in an actively recruiting psychosis cohort study within Cambridgeshire & Peterborough (CPFT) NHS Foundation Trust. We also evaluate recruitment strategies and characteristics of recruitment visits with the aim to refine and optimise recruitment.

Background
The Early Intervention Mission is a national longditudinal cohort study that recruits individuals within the first three years of diagnosis with First Episode of Psychosis or At-Risk Mental State. The study aims to establish a representative dataset of clinical, biological, social and cognitive measures for this population to provide a foundation for future research in treatment and prevention. The study's broad inclusion criteria ensure most individuals receiving care from early intervention psychosis services are eligible for participation. Therefore, optimising recruitment strategies for this population is essential and may provide valuable insights to inform recruitment practices in other trusts.

Methods
All eligible patients in CPFT NHS Trust were identified (n=342) and divided into three groups "recruited" (n=83), "remain eligible" (218) and "declined" (n=41). Groups were compared by sex using chi-squared analysis and age using Kruskal–Wallis testing. For participants where recruitment data was available (n=32), descriptive statistics outline the frequency and method of invitation as well as communication method used to accept invitations. Equally, recruitment visits were reviewed to identify the proportion completed alongside arranged clinical appointments and visit location.

Results
No statistically significant difference in sex or age distribution was found between groups. 25% of recruits were invited on three occasions with the remaining recruits divided equally between one or two invitations with telephone and email accounting for 88% of acceptance method. Most recruitment visits (81%) were scheduled alongside existing clinical appointments and 38% of visits were conducted at patient homes rather than NHS premises.

Conclusions & Next steps
Our current recruited sample is representative of the eligible population by age and sex. Conducting recruitment alongside existing clinical appointments is successful but may reflect the current recruitment strategy. Telephone and email remain the common form of acceptance which likely reflects the common forms of invitation. Maintaining invitation variety is essential and postal invitation should be considered. Equally in-person invitations are underutilised and further efforts should be made to educate and inspire the wider clinical team to share research opportunities with patients. The value of offering location flexibility for recruitment is demonstrated by the proportion of home visits and should continue to be offered.

When Bipolar Disorder meets Breast Cancer: Complex psychopharmacological management during Chemotherapy

Rishabh Chormalle, A Oladosu
Lincolnshire Partnership NHS Foundation Trust

Background
Bipolar disorder is associated with risk of increased physical co-morbidity, premature mortality, and higher rate of certain malignancies. Epidemiological studies suggest that women with bipolar disorder have a higher risk of developing breast cancer, potentially related to shared biological mechanisms, lifestyle factors, metabolic disturbances, psychotropic medication effects among others. The co-existence of bipolar disorder and cancer presents with major clinical challenges, particularly when long term psychiatric stability relies on Lithium and Clozapine. Both medications require intensive monitoring and may interact with anticancer therapies through overlapping adverse effects. The psychological impact of cancer diagnosis may further destabilise mood and increase suicide risk in this vulnerable population.

Results
We describe the case of a middle-aged woman with long standing bipolar affective disorder, previously diagnosed with schizoaffective disorder, who developed high grade breast cancer requiring mastectomy followed by adjuvant chemotherapy, radiotherapy and hormonal treatment. Following the cancer diagnosis, previously reasonably stable patient, experienced significant emotional distress and a period of suicidal ideation and behaviours, necessitating intensified psychiatric input and multidisciplinary team liaison.
During the cancer treatment, overlapping symptoms such as fatigue, cognitive impairment, sedation and laboratory abnormalities complicated clear demarcation between psychotropic side effects and chemotherapy induced toxicity.
A gradual reduction in Clozapine with continuation of Lithium, with a close monitoring of renal, electrolytes, thyroid and other haematological parameters was undertaken. This was accompanied with relevant psychological support.

Conclusion
This case highlights the clinical complexity of managing bipolar affective disorder in a patient with breast cancer on active treatment. Lithium and Clozapine can be safely continued provided there is careful monitoring and close collaboration between psychiatry, oncology and primary care services. Improved awareness of cancer risk in bipolar disorder and integrated multidisciplinary care is essential to optimise both psychiatric and oncological outcomes.

Hormonal sensitivity and genetics: investigating postpartum psychosis, menstruation and menopause

*Jessica Mei Kay Yang *Ganna Leonenko *Antonio F. Pardiñas **Lisa Jones **Katherine Gordon-Smith ***Nicholas Craddock ***Ian Jones ****Veerle Bergink *Valentina Escott-Price *Arianna Di Florio

*Centre for Neuropsychiatric Genetics and Genomics **University of Worcester ***Cardiff University ****Icahn School of Medicine , Mount Sinai

Aims and hypothesis
This study aimed to understand more about the genetic architecture of postpartum psychosis. Considering the complex genetic background of other psychiatric disorders such as bipolar disorder and schizophrenia, we hypothesised that the genetic architecture of postpartum psychosis would be more strongly related to these conditions rather than markers of typical reproductive functioning such as menarche and menopause.

Background
Women face the greatest risk of severe mental illness during the postpartum period. The dramatic hormonal change that occurs immediately after childbirth provides a valuable window into how hormones influence psychiatric vulnerability and may shed light on mental illness risk across other reproductive transitions. This study investigated whether the genetic factors that increase susceptibility to severe postpartum mental illness overlap with those underlying other reproductive events, including the onset of menarche and menopause.

Methods
We performed the first genome-wide association study of 771 postpartum psychosis cases and 8,536 controls from two sources: the Bipolar Disorder Research Network in the United Kingdom and the Erasmus Medical Centre in the Netherlands. Control participants were healthy females recruited through the national UK Blood Services, the 1958 British Birth Cohort, and the UK Household Longitudinal Study. To examine shared genetic architecture, we estimated genetic correlations between postpartum psychosis and a range of phenotypes using the High Definition Likelihood method, including age at menarche, age at menopause, polycystic ovary syndrome (PCOS), preeclampsia, and major psychiatric conditions including bipolar disorder, schizophrenia, and major depressive disorder.

Results
A number of variants reached suggestive genome-wide significance ($p < 1 \times 10^{-5}$), mapping to 13 loci encompassing 30 genes. Genetic correlation analyses remain ongoing. Preliminary findings indicate no significant genetic correlation with either age at menarche or age at menopause. Among psychiatric phenotypes, the strongest genetic correlation was observed with bipolar disorder type-I, followed by moderate overlap with schizophrenia; correlations were weaker for bipolar disorder type-II and major depression, and not significant for both PCOS and preeclampsia.

Conclusion
These findings indicate that postpartum psychosis shares meaningful genetic architecture with bipolar disorder type-I and schizophrenia, but not with hormonal reproductive milestones such as age at menarche or menopause. Further research examining severe mental illness across reproductive transitions is needed to clarify both shared and disorder-specific biological mechanisms.

This study was funded by the European Research Council.

Improving Responses to Referrals in an Early Intervention Service

Joanne Hew, Raya Al-Bader, Ayesha Naveed, Elvan Akyuz
North East London NHS Foundation Trust

Aims and hypothesis
To assess whether responses to referrals to Redbridge Early Intervention in Psychosis Service (REIPS) are appropriate and timely with the aim of improving the Referral to Treatment (RTT) time percentage from 60% to 90%.

Background
EIP services should assess all patients and begin treatment within two weeks of receiving a referral, with a target of at least 60%. To meet this target, REIPS aim to screen and respond to referrals on the same day.

Methods
Baseline data collection took place over a four-week period from April-May 2025. This included whether referrals were screened according to criteria, if there were delays to response, and if appropriate staff were informed.
A driver diagram was created to determine contributing factors and areas for change. 2 PDSA cycles were completed with corresponding data collection. These included: 1) Creating a referrals flowchart and 2) Creating a live referrals document.
In the first PDSA cycle in October 2025, a referrals action flowchart was created and disseminated to all staff. Further data were collected from November-December 2025.
In the second PDSA cycle in December 2025, a live referrals document was created to replace the previous shared file. Data were collected December 2025-January 2026.
RTT data were also collected over the same time periods.

Results
- 20 new referrals were received at baseline, 16 at 1st PDSA cycle and 35 at 2nd PDSA cycle. At baseline, 100% of the referrals were screened according to criteria, compared with 93% at 1st PDSA cycle and 100% at 2nd PDSA cycle.
- 1 referral was completely missed at baseline, none at 1st PDSA cycle and 2 at 2nd PDSA cycle.
- Delays to response were present in 5(25%) referrals at baseline, 5(31%) at 1st PDSA cycle and 4(12%) at 2nd PDSA cycle.
- Appropriate team members were not informed for 3(15%) referrals at baseline, 1(6%) at 1st PDSA cycle and 2(6%) at 2nd PDSA cycle.
- RTT was 65% from April to October, 60% and 0% in November and December 2025, 100% and 75% in January and February 2026 respectively.

Conclusions
Delays to response were reduced following the two PDSA cycles, and there were improvements in informing appropriate team members following the first PDSA cycle. Unfortunately, referrals continued to be missed and there was little impact on RTT. Ongoing work on contributing factors with further PDSA cycles is needed.

Exploring the prevalence of anxiety disorders in ADHD and identifying risk factors in a clinical sample

*Maryam Khan **Sharifah Shameem Agha ***Olga Eyre
*Cardiff University School of Medicine **Institute of Psychological Medicine & Clinical Neurosciences, School of Medicine, Cardiff University ***Wolfson Centre for Young People's Mental Health

Introduction
Attention deficit hyperactivity disorder (ADHD) is a common neurodevelopmental condition frequently associated with psychiatric comorbidities, particularly anxiety disorders. These comorbidities contribute to increased clinical complexity and functional impairment. Previous research has identified a range of demographic, familial and cognitive risk factors; however, findings remain variable, particularly within clinical ADHD populations.

Aim
To examine the prevalence of anxiety disorders in children with ADHD and identify associated demographic, clinical and familial risk factors within a clinical sample.

Methods
Data was obtained from a clinical sample of 664 children and adolescents aged 6–18 years with ADHD. Diagnoses of ADHD, anxiety disorders (generalised, social and separation), and comorbid conditions (including oppositional defiant disorder, conduct disorder, depressive disorders and tic disorders) were assessed using the Child and Adolescent Psychiatric Assessment (CAPA) based on DSM-IV criteria. Demographic data (age, gender, socioeconomic status) was collected via parent-report. IQ was assessed using the Wechsler Intelligence Scale for Children (WISC), and autism-related traits using the Social Communication Questionnaire (SCQ). Parental anxiety was measured using the Hospital Anxiety and Depression Scale (HADS). Binary logistic regression was conducted to examine associations with anxiety, reported as odds ratios (ORs) with 95% confidence intervals (CIs).

Results
Overall, 6.2% of participants met criteria for an anxiety disorder, with generalised anxiety disorder most prevalent (2.7%). The sample was predominantly male and demonstrated high rates of comorbidity, particularly oppositional defiant disorder.
Greater ADHD symptom severity (OR=1.172, 95% CI 1.015–1.354, p=0.031) and impairment (OR=1.424, 95% CI 1.004–2.021, p=0.048) were significantly associated with anxiety. Depressive disorders showed a strong association (OR=5.256, 95% CI 1.027–26.901, p=0.046), as did higher autism-related traits (OR=1.055, 95% CI 1.007–1.105, p=0.025). Participants with anxiety also had higher rates of depressive disorder and lower IQ. No significant associations were observed for age, socioeconomic status, or parental anxiety.

Conclusion
Anxiety in children with ADHD is more strongly associated with clinical characteristics, including comorbid depression, autism-related traits, and ADHD severity, rather than demographic or familial factors. These findings emphasise the importance of comprehensive clinical assessment for co-occurring psychopathology in ADHD populations. Limitations include a predominantly male sample and reliance on parent-reported measures.

Pulse Width Matter? Cognitive and Clinical outcome trial Comparing Brief and Ultra brief pulse width of ECT for schizophrenia

*Gulesh Kumar **Upasana Rai **Surendra Paliwal **Surjit Prasad
*Aneurin Bevan UHB **Central Institute of Psychiatry, Ranchi, Jharkhand, India

Aim and Hypothesis
To test if there is a significant difference between cognitive adverse effects and efficacy of ultra-brief pulse and brief pulse bitemporal Electroconvulsive therapy (ECT).

Background
ECT is a widely used treatment for schizophrenia, particularly for acute psychosis, treatment resistance, severe self-harm, and catatonia. Modifying pulse width to a brief pulse (0.5 to 2.0 milliseconds (ms)) has emerged as a promising method to minimize adverse cognitive effects traditionally associated with ECT. Newer ECT devices allow shorter stimulus, termed ultra-brief pulse (<0.5 ms). However, the available literature lacks sufficient comparative trials assessing the differences in cognitive adverse effects and clinical efficacy between brief pulse and ultra-brief pulse ECT in patients with schizophrenia.

Methods
A prospective, hospital-based, randomized single-blind design was used. Forty-two patients diagnosed with schizophrenia were randomly allocated to ultra-brief pulse (0.3 ms) and brief pulse (0.5 ms) bitemporal ECT groups. ECT was administered thrice weekly under anaesthesia, at 2.5 times the seizure threshold. Clinical efficacy and cognitive functioning were assessed using Positive and Negative Syndrome Scale (PANSS), Clinical Global Impressions (CGI), and Calgary Depression Scale for Schizophrenia (CDSS), Hindi Montreal Cognitive Assessment (MoCA) and Mini-Mental State Examination (MMSE), both at baseline and following 1 to 2 days after the first and eighth ECT sessions. Statistical analysis was carried out using SPSS version 25.0. The level of significance was kept as $P<0.05$. A set of multi variate repeated measures analysis of variance (with sphericity correction by the Greenhouse-Geisser test) was employed to compare the overall effect of treatment over time for the 2 groups, with treatment as the between group factor and time as the within-subject factor.

Results
Out of 42 recruited patients, 40 patients completed the study; 20 in Brief pulse and 20 in ultra-brief pulse group, there were no significant differences observed between the 2 groups at baseline.. Both groups showed a significant reduction in PANSS subscale scores over time, with no significant difference between them. Similarly, while MoCA and MMSE scores changed significantly within each group, no group wise difference was found regarding cognitive side effects.

Conclusions
Ultra-brief pulse bitemporal ECT does not confer significant advantages over brief pulse bitemporal ECT in terms of cognitive side effects or efficacy in schizophrenia.

Genetic contributions to poor outcomes in psychotic disorders

Eilidh Fenner, Elliott Rees, James Walters
Centre for Neuropsychiatric Genetics and Genomics

Aims and hypothesis
To explore how genetic risk for schizophrenia influences long-term outcomes in people with psychotic disorders. We hypothesised that higher genetic risk would be associated with poorer social, functional, and clinical outcomes.

Background
Many people with psychotic disorders experience poor long-term outcomes, including repeated hospitalisations, unemployment, and difficulties maintaining relationships. These outcomes have been identified as key research priorities by individuals with lived experience of schizophrenia, as they contribute to low recovery rates and substantial personal and societal burden. Whilst the genetics underlying schizophrenia risk are increasingly understood, much less is known about how genetics impact outcomes in the disorder.

Methods
We analysed 3,686 individuals with psychotic disorders in the UK Biobank. Outcomes included educational attainment, employment, relationships, hospitalisations, and mortality, derived from questionnaires and health records. We examined two types of genetic risk: (i) rare damaging variants previously associated with schizophrenia; and (ii) schizophrenia polygenic risk, which reflects the cumulative effect of many common genetic variants. Regression models appropriate to each phenotype were used to test associations between genetic risk and outcomes.

Results
Damaging rare variants were associated with lower likelihood of achieving GCSE-level qualifications (odds ratio (OR)=0.71, p=0.0002) and increased mortality risk (hazard ratio=1.29, p=0.005). Higher schizophrenia polygenic risk was significantly associated with lower odds of being in a cohabiting relationship (OR=0.87, p=0.003). Nominal associations were also observed between damaging rare variants with reduced likelihood of employment, and increased hospitalisations, however, these associations did not survive correction for multiple testing.

Conclusions
Our findings suggest both rare and common genetic risk for schizophrenia contribute to clinically meaningful patient outcomes. These findings suggest that genetic factors may help explain variation in outcomes and could contribute to patient stratification and personalised approaches to care. This study forms part of the broader GENios project, which aims to illuminate the genetic basis of schizophrenia outcomes across international cohorts. Future work in larger samples as part of this project will enhance power to identify specific genetic contributions to outcomes in schizophrenia with the aim of uncovering the biology of poor outcomes, identifying novel therapeutic targets, and guiding stratification and precision medicine.

The Role of Perceived Birth Trauma in the Onset of Postpartum Psychosis

Kareena Ratti, Arianna Di Florio, Jessica Yang
Cardiff University

Aims and Hypothesis
This project aimed to identify a link between perceived birth trauma and postpartum psychosis and investigate the factors associated with PPP and 'traumatic' birth. Our hypothesis: Mothers who experience Postpartum Psychosis are significantly more likely to report their birth experience as "traumatic" compared to mothers with other postpartum mental health outcomes or no psychiatric history.

Background
Postpartum Psychosis (PPP) is a severe psychiatric emergency. Despite its severity, little evidence exists on the role that obstetric factors play in its onset. Perceived birth trauma, a theme that emerged strongly from our focus groups with people with lived experience of PPP, remains largely unexplored.

Methods
We analysed data from 335 mothers (103 with PPP and 232 without) recruited as part of the MaM study. The mothers were recruited via national maternal mental health networks and social media. PPP status was ascertained through self-reported symptom clusters validated against clinical criteria.

Results
Mothers with PPP were revealed to be 1.77 times more likely to report a traumatic birth experience. Factors significantly associated with the reporting of birth trauma included a lack of perceived support from clinical staff and increased levels of pre-existing mental health difficulties outside of pregnancy. These stressors were significantly more prevalent in the PPP cohort, suggesting that the psychological experience of birth, combined with prior psychiatric vulnerability, acts as a trigger for the onset of psychosis.

Conclusion
Our study identifies perceived birth trauma as a factor associated with the development of PPP. Moving beyond exclusively biological and hormonal explanations, we demonstrate a link between birth trauma and psychosis. Our research suggests that trauma-informed care should be evaluated as a part of treatment and support for women who experience PPP. Trauma-informed obstetric care and psychiatric screening may be the key to early identification for women at risk of PPP.

Monitoring of Prolactin in Patients Prescribed Depot Antipsychotics: A Clinical Audit Against NICE and Local Guidance

*Alexander Hoskins **Gulesh Kumar
*Cardiff University School of Medicine **Aneurin Bevan UHB

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.

Diagnostic Algorithm for Clozapine-Induced Myocarditis: A Systematic Review

Yassir Mahgoub, Rawan Alhau, Yumna Magzoub, Aya Ali, Eptihal Nour, Mustafa EE Saeed, Sameera GM Mohamed, Ahmed OS Hassan, Omaima Ali
Penn State College of Medicine; University of Khartoum; Shendi University; National Ribat University; University of Bahri; Cairo University

Background
Clozapine, the gold standard for resistant schizophrenia, is underused due to risks like clozapine-induced myocarditis (CIM). Non-specific biomarkers and inconsistent imaging, and the significant overlap with clozapine-induced pneumonia (CIP) lead to misdiagnosis and premature discontinuation.

Aim and hypothesis
The aim is develop a diagnostic algorithm for CIM to enhance accuracy, differentiate from CIP, and guide safe clozapine rechallenge.

Methods
A systematic review of 119 PubMed studies (1990 to April 2025) was conducted according to PRISMA guidelines. The review analyzed CIM diagnosis and rechallenge outcomes, focusing on biomarkers, imaging, and collaboration with cardiology.

Results
CIM diagnosis relies on troponin and C-reactive protein; electrocardiography and echocardiography are inconsistently applied, and cardiac magnetic resonance imaging (CMR) is underused. Rechallenge was successful in 64.7%-68.9% of 136 cases, with 2.9% resulting in fatal failures. Up to 65% of presumed CIM cases lack confirmation. A proposed protocol integrates chest computed tomography to exclude pneumonia and CMR for CIM confirmation, with echocardiography as an alternative.

Conclusion
A protocol involving multidisciplinary collaboration among computed tomography, CMR, and cardiology improves CIM diagnosis. Slow titration prevents CIM; adjust the dose for CIP and discontinue for confirmed CIM

An Audit of Metabolic Syndrome Monitoring and Management in Patients Treated with Antipsychotic in Primary Care

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.

"Love sickness" as a somatic delusion with erotomanic features in schizophrenia: a case of delusional physical incapacity

Laiba Khalid, Faisal Muhammad
Glasgow University

Objectives and hypothesis
The aim of this case report is to present a unique case of a psychotic condition involving delusional ideas of romantic attachment, followed by delusions of physical illness. It is hypothesized that the psychotic condition in question should be classified as somatic delusions with erotomania characteristics rather than a simple erotomanic delusion.

Background
Erotomaniac delusions refer to a fixed delusion of romantic involvement when a patient believes in someone else's feelings towards him/her. Somatic delusions are characterized by false beliefs about having an abnormal or diseased body. In this patient's case, the idea of "love sickness" resulted in deterioration of his eyesight and legs functioning, self-neglect, and social isolation. This case is interesting due to combining the two types of delusions.

Methods
A longitudinal clinical history was analysed including the history of past admissions, community assessments, mental state examinations, patient's treatment response, collateral history, investigations performed on the patient and their outcome, and the course of inpatient and rehabilitation treatment.

Results
The patient presented with severe self-neglect, long-lasting bed stay, tendency to keep eyes taped or shut, as well as the idea of "love sickness" causing problems in his visual acuity and locomotion. Although he sometimes misinterpreted brief interactions with women as signs of mutual love, the main delusional theme was that "love sickness" had caused bodily dysfunction. Clinical assessment showed preserved mobility and no neurological abnormality. He also displayed poor insight, probable auditory hallucinations, and a history of other psychotic beliefs. Clozapine led to partial improvement in engagement and self-care, but core delusional beliefs persisted.

Conclusions
This case is best understood as schizophrenia with prominent somatic delusions and erotomanic features. It highlights how delusional beliefs can cross traditional categories and produce marked functional disability.

Developing a systematic approach to adverse drug reaction and physical health monitoring in patients prescribed clozapine

G Elms, G Hughes, R Williams, N Skyrme, S Jordan, R Jones
Hywel Dda UHB

Background
Clozapine possesses the strongest evidence for efficacy in treating schizophrenia that is refractory to standard antipsychotic medicines; however, it is associated with significant adverse effects, including sedation, hypersalivation, GI obstruction, myocarditis, agranulocytosis, and weight gain. Patients with long-term mental health conditions often fail to report these symptoms. Previously, the Hywel Dda University Health Board Mental Health services lacked a consistent, uniform approach to monitoring clozapine. Furthermore, existing electronic recording systems made it difficult for clinicians to find information or identify concerning clinical trends.

Aim
To capitalize on routine clinic attendance at Community Mental Health Centres by developing a systematic, holistic review process to monitor adverse drug reactions (ADRs) and the physical health of patients prescribed clozapine, while providing signposting for other health promotion opportunities.

Methods
A baseline audit of clozapine monitoring was conducted using the Royal College of Psychiatrists National Clinical Audit of Psychosis tool, supplemented by a review of local and national evidence-based policies. In collaboration with an academic group, a clozapine-specific monitoring profile was developed based on an existing evidence-based Adverse Drug Reaction profile (ADRe). The clozapine ADRe profile prompts regular monitoring of critical areas, including vital signs, blood tests, ECGs, weight, diet, and smoking. The profile was piloted at two sites, where mental health specialist pharmacists completed the assessments with patients.

Results
Introducing the ADRe profile into regular clozapine monitoring clinics provided clinicians with a clear, evidence-based tool to recognize and action problems in a timely manner. Feedback indicated that the profile was intuitive and easy to use. Key improvements included:

- Easy monitoring of vital signs and visibility of clinical trends, allowing for early escalation to prescribers and GPs.
- Improved visibility of key information, enabling clinicians to identify and request overdue annual bloods and plasma levels.
- Enhanced detection and treatment of physical health issues, such as identifying elevated HbA1c levels that led to new diagnoses and treatments.
- Proactive management of side effects (e.g., hypersalivation and constipation) that patients had previously denied or under-reported.
- Prompt monitoring and targeted interventions for cardiovascular symptoms, including hypertension and tachycardia.

Conclusion
The implementation of the clozapine ADRe monitoring profile successfully improved the accuracy of clinical recording and the visibility of patient health trends, reducing the potential for serious adverse effects. Consequently, the profile is now being implemented consistently across all community mental health teams within the Hywel Dda University Health Board