

Identification of specific contributing factors is beyond the scope of this preliminary study, however it will be important to conduct further research with a larger sample size that incorporates post-lockdown and post-pandemic scores to ascertain whether trends seen here are in fact maintained when normal social contact resumes.

The impact of rTMS on patients with dual diagnosis of depressive disorder and substance use disorders

Wael Foad*, Rami Alhawi, Samer Altamimi, Zahid Hussain, Hamdy Moselhy and Mohamed Fayek

Erada center for treatment and rehabilitation

*Corresponding author.

doi: 10.1192/bjo.2021.669

Aims. We aim to investigate the effectiveness of repetitive Transcranial Magnetic Stimulation (rTMS) in reducing consumption and craving among patients with Substance Use Disorder (SUD) and comorbid depressive disorder.

Background. Dorsolateral prefrontal cortex (DLPFC) is greatly involved in SUD evolution (1). Research has turned to targeting this brain area with rTMS; a non-invasive brain stimulation technique that modulates cortical excitability by sending pulsatile electromagnetic fields through the skull and into the brain (2). rTMS is an FDA approved and safe treatment option for treatment-resistant depression (TRD) (3).

Method. Fifty-four patients were admitted over six-month period of time (June 2019- December 2019) to the inpatient unit of Erada center for treatment and rehabilitation of SUD in Dubai. All patients who fulfilled ICD-10 diagnoses of Depressive disorder and SUD were screened for further assessment.

Positive drug screen was confirmed through urine analysis. Hospital Anxiety and Depression Scale (HADS) and Brief Substance Craving Scale (BSCS) were applied to all participants. Patients were contracted for 5-times weekly High frequency (10 Hz) rTMS for 4 weeks (total of 20 treatments). Those who managed to complete their contracted TMS sessions were matched for age and sex with similar number of patients who received standard treatment as usual (TAU). Stimulation was as per FDA clearance for rTMS application in TRD.

Result. Eight patients were excluded (previous head trauma). A total of 46 patients had TMS mapping; nine of whom completed 20 sessions.

Opioids was the most commonly used drug in almost 52% of patients (n = 14), followed by amphetamines in almost 30% (n = 8) and Cannabis in 18.5% (n = 5).

Among those who completed 20 rTMS sessions; HADS scores on anxiety and depression fell by 85% and 78% respectively. BSCS score fell by 98%. Relapse rate (defined by positive drug screen) at 3 months was 33%.

For those who completed 10 sessions; there was only 50% reduction on BSCS scores and 66% relapse rate. There were no data available on their HADS scores (only collected at baseline and at completion of 20 sessions).

Those who only had TAU; there were no reduction in their BSCS (average score of 7 at both baseline and after 2 weeks).

Conclusion. Our findings suggest that rTMS may be an effective and safe treatment for both depressive disorder and craving for SUD which is supported by other studies (3,4).

Our study is probably the first of its kind within Middle East population with addiction problems.

A meta-ethnographic review of people's experience of seeking asylum in the UK and its impact on psychological and social wellbeing

Christine Fullerton

Queen Mary University of London, Barts and the London School of Medicine and Dentistry

doi: 10.1192/bjo.2021.670

Aims. Ethnographic accounts of the everyday, lived experience of seeking asylum have been incredibly useful for shedding light on how the asylum process and UK policy influences health and wellbeing. However, there lacks an analysis which pulls together these voices and establishes common themes. This review aims to address this gap by synthesising published literature related to people's experience of seeking asylum in the UK and its impact on their psychological and social wellbeing.

Method. A systematic literature search was conducted in SCOPUS, PubMed and PsychINFO. Ten qualitative studies, capturing the accounts of over 190 people, were included in the review. The steps of meta-ethnography were used to synthesise the experiences of seeking asylum. Overarching themes which linked the studies were conceptualised and a framework of 'constructs' used to organise verbatim narratives and researcher interpretations from each study by theme and sub-theme. Finally, the constructs from each theme were translated to produce an overarching line of argument to the research.

Result. Five key themes illustrating the experience of seeking asylum in the UK were identified. These were: a need for safety; distress; resilience and coping; sources of support; and looking to the future. The line of argument indicated that people seeking asylum in the UK experience a need for safety, high levels of psychological distress and social isolation, yet throughout exhibit extreme resilience. Analysis highlighted the need for increased governmental support and legal empowerment during the asylum process.

Conclusion. This synthesis illustrates the widespread impact, both direct and indirect, of a culture of deterrence and disbelief within the Home Office on the psychological and social wellbeing of people desperately seeking refuge and compassion. To achieve equitable and optimum health for those seeking asylum in the UK, we must urgently move away from the hostile environment which has been created. As we develop a more holistic and expanded notion of health, the concept of wellbeing provides a person-centred framework for understanding how the social context can result in certain outcomes. The global public health response to the health-needs of people seeking asylum, and the wider migrant community, must be informed by lived experiences if they are to create interventions which have benefit.

What can be found in the spam folder? a self-study from junior researchers in psychiatry

Nikhil Gauri Shankar^{1*}, Jashan Selvakumar², Jiann Lin Loo¹, May Honey Ohn³, Sze Hung Chua⁴, Asha Dhandapani¹, Manjula Simiyon¹ and Jawad Raja¹

¹Ysbyty Maelor Wrecsam, Betsi Cadwaladr University Health Board;

²St George's University of London; ³University Hospital Lewisham

and ⁴Hospital Bahagia Ulu Kinta

*Corresponding author.

doi: 10.1192/bjo.2021.671

Aims. Thriving on the pressure of “publish or perish” experienced by academicians, the industry of predatory publishers with dubious quality has mushroomed and gained their notoriety. The battle of uncovering predatory publishers, including Beall’s list, has proven to be tough given the huge monetary gain generated by the predatory publishers. It may be difficult for an inexperienced junior researcher to identify those predatory publishers’ soliciting emails, which may disguise as a reputable journal’s article-commissioning process. To date, there is a limited systematic approach to identify such emails. Hence, this research is aimed to describe the common features of soliciting emails from publishers which appeared to be predatory.

Method. This self-study involved reviewing the content of emails in the spam folder of authors, a team of junior researchers in psychiatry, for a month. Emails included in this study were soliciting emails relevant to publications and the following were reviewed: types of solicitation, sentences used, strategies used, and information available in the public domain of their webpages. Informative types of emails were excluded.

Result. The solicitation could include: 1) request for a manuscript to be published a journal article, 2) request for a thesis to be published as a book, 3) request to write for a book chapter, 4) invitation to be an editorial member or a reviewer with the offer of free publishing, 5) invitation to be a speaker for a conference, and 6) proofreading services. The publisher may cite a published article of the author from another journal, which was the source where they identified the author’s email. Common strategies used for solicitation included: 1) promising a fast-tracked and guaranteed publication, 2) using compliments that appeared to be inappropriate, 3) repetitive emails, and 4) using argumentum ad passiones to induce guilt. The common features of the webpages of those publishers included: 1) open access publishing as the only option, 2) extensive list of indexing services excluding well-established indexing agencies, and 3) the publisher has a huge collection of journals in different disciplines.

Conclusion. It is hoped that these findings will help junior researchers in psychiatry to stay vigilant to avoid falling into the trap of predatory publishers, which may result in financial loss and loss of work to plagiarism. Total eradication of those predatory soliciting emails is unlikely despite the advancement of spam filtering technology, which necessitates a more united effort from different stakeholders to come out with a probable solution.

Virtual reality exposure therapy in panic disorder: a pilot study

Clara Gitahy Falcão Faria^{1*}, Veruska Andrea Santos¹, Marcos Fidry Muniz¹, Mariana Costa do Cabo¹, Antonio Egidio Nardi² and Rafael Chistophe da Rocha Freire³

¹Institute of Psychiatry, Federal University of Rio de Janeiro;

²Institute of Psychiatry, Federal University of Rio de Janeiro, Full Professor of Psychiatry, Federal University of Rio de Janeiro and

³Associate professor, Queen’s University

*Corresponding author.

doi: 10.1192/bjo.2021.672

Aims. To ascertain if virtual reality exposure therapy (VRET) is an effective add-on tool in the treatment of Panic Disorder (PD).

Background. The exposure to virtual stimuli has been studied as a useful treatment for PD. However, the studies with PD are still scarce and use dissimilar protocols, with effectiveness varying according to the protocol applied.

Method. Eight PD patients received VRET as an add-on treatment to pharmacotherapy. The treatment protocol consisted of

eight sessions. The first session is for the patient to understand the treatment and to answer the questionnaires. The second and third sessions were to prepare the patients for exposures with breathing training using diaphragmatic breathing and others breathing techniques to manage anxiety. From the fourth to eighth sessions, the patients followed a hierarchy of tasks during virtual reality exposure. Clinicians rated the Clinical Global Impression Scale (CGI) and the Panic Disorder Severity Scale (PDSS). The patients rated the Diagnostic Symptom Questionnaire (DSQ); the Mobility Inventory (MI), the Anxiety Sensibility Index (ASI-R), the Beck Depression Inventory (BDI), the Beck Anxiety Inventory (BAI) and the WHOQOL-BREF before and after the protocol. After all exposures, the Igroup Presence Questionnaire (IPQ) was applied to measure the sense of presence experienced in the virtual environment. The virtual environment simulated the subway of Rio de Janeiro.

Result. There were no statistically significant improvements in the CGI-S, PDSS, BAI, MI or WHOQOL. There was a significant improvement in the BDI scores ($P = 0.033$). There was a trend towards improvement of anxiety measured by the ASI-R ($P = 0.084$) and of panic symptoms measured by the DSQ ($P = 0.081$) scores. There was also a significant improvement of sense of presence (IPQ – general presence) through the exposure sessions.

Conclusion. Our study demonstrated that VRET as an add-on to pharmacological therapy could benefit PD patients. Despite the lack of significant differences in the means, the dispersion of PDSS and BAI scores were smaller after treatment compared to before treatment, suggesting that patients with more severe anxiety, panic and agoraphobia symptoms benefited more of the VRET protocol so, at the end of the treatment, differences were found in important measures of panic. Randomized controlled clinical trials are warranted to confirm the efficacy of VRET.

This study was funded by the Brazilian National Council for Scientific Development (Cnpq). The authors report no conflicts of interest.

ECT practice in England from 2012/13 to 2018/19: a retrospective analysis

Mohan Gondhalekar^{1*}, Robert Chaplin², Sinead Rogers³ and Oriana Delgado⁴

¹Royal College of Psychiatrists, Consultant Old Age Psychiatrist and Clinical Fellow, Older Adult Mental Health Team Auckland District Health Board; ²Royal College of Psychiatrists, Research Fellow and Consultant General Adult Psychiatrist; ³Deputy Programme Manager ECTAS CCQI RCPsych and ⁴Royal College of Psychiatrists

*Corresponding author.

doi: 10.1192/bjo.2021.673

Aims. The purpose of this study was to look longitudinally at ECT practice in England over the past 7 years: namely over the following key time periods; 2012/13, 2014/15, 2016/17, 2017/18, and 2018/19. A previous study by Chaplin et al, published in 2016, found that there had been a striking decline observed in the number of courses of ECT prescribed to patients from 2006 to two time points i.e. 2012/13 and 2014/15.

In this study we investigated whether or not this trend had continued. Hence we looked at the change in frequency of ECT use, the length of ECT courses, patient demographics and clinical outcomes; between 2012/13 and 2018/19.

Background. Electroconvulsive therapy (ECT) is an effective treatment for Major Depression, Treatment-Resistant Depression, Catatonia, and Clozapine-resistant psychosis. There