GAD-7 using the anxiety modules of the Mini International Neuropsychiatric Interview (MINI) as a gold standard.

Methods. We administered both GAD-7 and the anxiety module of MINI among 203 pregnant women who attended 4 randomly selected primary health centres in Southwest Nigeria. The data collected from these questionnaires were analysed using the Statistical Package for Social Sciences (SPSS).

The reliability of GAD-7 was assessed with Cronbach's alpha to estimate its internal consistency. The validity of GAD-7 was examined with an assessment of its concurrent validity, sensitivity, and specificity analysis and a receiver operator characteristic curve.Using Pearson correlations, we evaluated the concurrent validity of GAD-7 and the anxiety modules of the M.I.N.I. The sensitivity, specificity, positive predictive, and negative predictive values of GAD-7 were determined with the MINI as a gold standard. The predictive accuracy was further determined from receiver operating curve analysis using the area under the curve as a standard measure.

Results. The internal consistency value measured by Cronbach's alpha for GAD-7 was 0.709. GAD-7 correlated minimally with the anxiety modules of MINI with a coefficient score (r) of 0.393 at a p-value of 0.01. GAD-7 has a low sensitivity & negative predictive value of 14.1% and 57.8% respectively and a high specificity & positive predictive value of 97.3% and 81.2% respectively. The area under the curve using receiver operating curve analysis was above the chance line of 0.5 with a value of 0.0557 at p < 0.05.

Conclusion. GAD-7 is a reliable and moderately valid instrument to screen anxiety among pregnant women in Southwest Nigeria.

Integrating Cultural Awareness to Improve Mental Health Services in the Multi-Ethnic Community: A Systematic Literature Review

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Aims. The challenges in providing mental healthcare in an ethnically diverse society exist within the limited frameworks of psychopathologies. Ethnocultural communities suggest relative syndrome of beliefs and practices so that experiences of mental illness differ and may not fit into the concept of colonial psychiatry. This review examines the necessity to recognise these trends as social determinants in the effectiveness and accessibility of healthcare and in preventing disparities.

Methods. According to the Centre for Reviews and Dissemination (CRD), this abstract adopted the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Standards using a search strategy of major online databases. The published studies selected were based on inclusion and exclusion criteria surrounding cultural competency in clinical practice in the context of global mental health. The studies were analysed and synthesised with quality appraisal tools and reported in a narrative approach.

Results. The outcome from the pool of studies revealed the following common themes.

Culturally informed clinical practice/transcultural psychiatry: Integrating the perspectives of the client's explanatory model with the clinician lens in a shared narrative through ethnographic principles. The cultural consultation service (CCS) recommendations increased knowledge of the specific issues of the patient's background and improved empathy and communication.

The improvement of therapeutic alliance: A focus on the aspects of religiosity/spirituality on human life experiences and the implication in healing and psychotherapy for better positive clinical outcomes.

The impact of psychosocial stressors: The clinician highlights the significant contributing factor to the mental distress of the patient, which may include cultural stressors, to provide tailored care and solutions within a multidisciplinary team.

Conclusion. The research on cultural competency in the mental health setting is multifaceted. The ongoing discussion on transcultural psychiatry, integrating biomedical and traditional practices and specialised clinical formulations, can improve mental health service delivery in a global society.

Evaluation of Films That Depict People With Dementia

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Aims. Films are known to influence the public's perception about mental health conditions. Dementia's prevalence in society has been increasing due to the ageing population. Cinema has long struggled with its depiction of mental health as seen with the depiction of schizophrenia, autism and psychosis in many blockbusters and award winning films. However, the depiction of dementia in films has not been as widely explored. The aim of this paper is to evaluate the depiction of dementia in films to assess its clinically accuracy.

Methods. A systematic search of keywords related to dementia was completed on the Internet Movie Database. The search was conducted in May 2022. Non-foreign language feature films were used in this paper. Films from 2000 and onwards were used. The films were analysed on the type of dementia they portrayed. 8 themes and tropes were assessed for each film. The portrayal of healthcare was also assessed. Each film was measured against the Neuropsychiatric Inventory-Questionnaire.

Results. 42 films were used from an initial sample of 1,320. Alzheimer's was found to be the most frequently portrayed cause of dementia. Time-shifting was the most common theme. There was a predominantly negative portrayal of care homes with a positive portrayal of carers. The films, measured against the NPI-Q, produced on average a lower severity of neuropsychiatric symptom score and carer distress score.

Conclusion. The depiction of dementia was mild in comparison to dementia's clinical manifestation. Films showed a positive portrayal of healthcare workers which can be considered rare when looking at cinema's history with psychiatry. Overall, films did not accurately portray the clinical aspect of dementia as they tended to focus more on the early stages of the diagnosis. However, films were realistic in their depiction of the emotional challenges that comes with a diagnosis of dementia. Film's powerful role in influencing the public's perception could be used to help reduce stigma and misunderstanding. Filmmakers could work with clinicians to help produce accurate portrayals of dementia. Patients experience the emotive aspect of their

diagnosis but also equally experience the symptomatic aspects and cinema should be able to embody that. An accurate portrayal can still maintain the appeal of cinema and at the same time help with reducing misunderstanding and stigma held by the public about dementia which can help improve health outcomes.

TRAILBLAZER-ALZ 4: Topline Study Results Directly Comparing Donanemab to Aducanumab on Amyloid Lowering in Early, Symptomatic Alzheimer's Disease

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Aims. To evaluate the potential superiority of donanemab vs. aducanumab on the percentage of participants with amyloid plaque clearance ($\leq$24.1 Centiloids [CL]) at 6 months in patients with early symptomatic Alzheimer's disease (AD) in phase 3 TRAILBLAZER-ALZ-4 study. The amyloid cascade in AD involves the production and deposition of amyloid beta (Aβ) as an early and necessary event in the pathogenesis of AD.
Methods. Participants (n = 148) were randomized 1:1 to receive donanemab (700 mg IV Q4W [first 3 doses], then 1400 mg IV Q4W [subsequent doses]) or aducanumab (per USPI: 1 mg/kg IV Q4W [first 2 doses], 3 mg/kg IV Q4W [next 2 doses], 6 mg/kg IV Q4W [next 2 doses] and 10 mg/kg IV Q4W [subsequent doses]).
Results. Baseline demographics and characteristics were well-balanced across treatment arms (donanemab [N = 71], aducanumab [N = 69]). Twenty-seven donanemab-treated and 28 aducanumab-treated participants defined as having intermediate tau.

Upon assessment of florbetapir F18 PET scans (6 months), 37.9% donanemab-treated vs. 1.6% aducanumab-treated participants achieved amyloid clearance (p < 0.001). In the intermediate tau subpopulation, 38.5% donanemab-treated vs. 3.8% aducanumab-treated participants achieved amyloid clearance (p = 0.008).

Percent change in brain amyloid levels were $-65.2\% \pm 3.9\%$ (baseline: 98.29 ± 27.83 CL) and $-17.0\% \pm 4.0\%$ (baseline: 102.40 ± 35.49 CL) in donanemab and aducanumab arms, respectively (p < 0.001). In the intermediate tau subpopulation, percent change in brain amyloid levels were $-63.9\% \pm 7.4\%$ (baseline: 104.97 ± 25.68 CL) and $-25.4\% \pm 7.8\%$ (baseline: 102.23 ± 28.13 CL) in donanemab and aducanumab arms, respectively (p $\leq$ 0.001).

62.0% of donanemab-treated and 66.7% of aducanumab-treated participants reported an adverse event (AE), there were no serious AEs due to ARIA in donanemab arm and 1.4% serious AEs (one event) due to ARIA were reported in aducanumab arm.
Conclusion. This study provides the first active comparator data on amyloid plaque clearance in patients with early symptomatic AD. Significantly higher number of participants reached amyloid clearance and amyloid plaque reductions with donanemab vs. aducanumab at 6 months.

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Caring for Women Going Through Care Proceedings in the Perinatal Period While in Prison

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Aims. This literature review aims to identify and understand the mental health needs of women in prison going through care proceedings in the perinatal period, in order for professionals to effectively care and support these women. Mental health difficulties in the perinatal period has been found to effect up to 27% of new and expectant mothers. The likelihood of experiencing these specific mental health issues is increased when there is past psychiatric and/or trauma history. Women in prison are more likely to have experienced childhood adversity and have psychiatric illnesses than the general population, which make them more susceptible to developing perinatal mental ill health. It has also been acknowledged that going through care proceedings can impact maternal mental health, which in prison brings specific and unique challenges. Therefore, the perinatal women in prison who are going through these proceedings have specific needs that have previously been overlooked, which this literature review aims to identify.
Methods. The databases searched for literature written since 2008 were: PubMed, PsychNet, Web of Science, Springer Link. Search strategy key words were: prison, perinatal, care proceedings and maternal mental health. Data were then collected and summarised thematically. 16 studies met the inclusion criteria.
Results. The negative effects of going through care proceedings during the perinatal period include: earlier rates of maternal mortality, increased trauma symptoms, lack of support and increase in shame and issues with self-esteem and identity. Additionally, literature that focused specifically on women in prison going through care proceedings, found additional effects such as increased self-harming behaviours and depressive mood symptoms.

In order to address these difficulties, the following interventions have been recommended: more trauma informed training for professionals, oppositional identity work, a focus on building Epistemic Trust and ensuring interventions are delivered within 18 months of removal as this has been identified as a window of opportunity to make meaningful impact.
Conclusion. Going through care proceedings in the perinatal period has been identified as a significant challenge for mothers, which has increased complexity for women in prison. This literature review highlights the need for specific trauma-informed support and specialist perinatal mental health interventions for this population. Future research should focus on identifying the needs of women in prison going through care proceedings further, as it has previously been overlooked.