sleeping tablet prescription in previous three months, or code for insomnia treatment. Data were aggregated upon extraction and analysed using descriptive statistics.

Results. Insomnia prevalence was 4.3%. Prevalence increased steadily with age, being highest in those aged 85–90 years (10.8%). There was significant variation by ethnic group and deprivation quintile, with highest prevalence in the most deprived quintile (5.2%) and those of Bangladeshi ethnicity (7.3%). Variation in insomnia prevalence, diagnosis and treatment occurred between GP practices. Prevalence was significantly higher in patients with comorbidities, including those with chronic obstructive pulmonary disease (17.5%), diabetes mellitus (11.8%), severe mental illness (16.6%), and depression (14.1%). 0.3% of people with an insomnia code had been referred for CBT-I.

Conclusion. Insomnia was found to be as common as other illnesses that receive high levels of focus and resourcing in the UK. Prevalence estimates were likely underestimates since patients were only counted as having insomnia if this could be identified from coded data or prescription information. Significant variation in prevalence and treatment rates by factors such as ethnicity and deprivation quintile may represent health inequalities. Additionally, insomnia was particularly common among patients with certain comorbid illnesses and of advancing age, meaning that those groups should be actively screened for insomnia. Concerningly, referral rates for CBT-I were extremely low. It is vital that clinicians receive training in diagnosing insomnia and local treatment pathways, and that culturally appropriate services are commissioned to address this unmet need and ensure equitable access. Although this study included data from only one locality, it is consistent with international research findings. Therefore, prevalence and unmet need is likely to be high in many other areas and should be investigated locally.

The Relational Institution: An Ethnographic Study of an Inpatient Psychiatric Rehabilitation Ward

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Aims. Inpatient psychiatric rehabilitation services for people with complex psychosis promote independent living and reduce readmissions through multidisciplinary recovery-based practice. Yet, little research has explored how these services are experienced by patients and staff, partly due to the difficulties of conducting qualitative research in such settings using interviews and focus groups. We therefore lack an in-depth understanding of how inpatient rehabilitation operates on the ground, including which aspects are experienced as helpful/unhelpful and which factors determine the feasibility/success of recovery-based practice.

Methods. We conducted an ethnographic study of a 16-bed inpatient rehabilitation ward in London comprising six months of participant observation followed by 20 semi-structured interviews with patients (n = 7) and staff (n = 13). For participant observation, over 200 pages of fieldnotes were taken contemporaneously. Semi-structured interviews were audio-recorded and transcribed verbatim. Data were analysed using grounded theory and situational analysis.

Results. Our analysis highlights the fundamental importance of relationality in inpatient rehabilitation. Specifically, complex psychosis is characterised by relational impairments and divergences that lead to significant disability. Working with this complex patient group therefore requires nuanced and specialist relational skills. On the ward, these skills were actively nurtured by staff, especially those at lower pay grades, to provide the essential scaffolding for recovery-based practice. Yet, ward staff were often prevented from prioritising therapeutic relations by prevailing structural and institutional arrangements. For example, greater importance was attached to completing technical and bureaucratic interventions; patient contact was reduced for more experienced staff; and staffing levels and material resources for rehabilitation activities were limited. Already feeling underequipped, staff members described how their motivation to cultivate therapeutic relations was further reduced by experiences of structural inequalities inside and outside the ward and, more proximally, by limited psychological and occupational support structures. The consequent undermining of recovery-based practice led to patients experiencing treatment as more restrictive and less therapeutic than it could have been.

Conclusion. Relationality is a key determinant of the experience of treatment within psychiatric units, and yet the subversion of therapeutic relations identified in this study reflects prevailing currents in psychiatry and mental health systems nationwide and beyond. Recovery-based practice and the cultivation of rich therapeutic relationships have among the strongest evidence bases of any interventions for people with complex psychosis. Therefore, to fulfil its clinical potential, inpatient rehabilitation requires investment in the expertise, well-being, and availability of its frontline staff who make or break these relations. This must be facilitated by broader structural and institutional commitments.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Systematic Review of the Safety and Tolerability of Injectable Prolonged-Release Buprenorphine (Buvidal) in Adults With Opioid Dependence

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Aims. Widely available opioid substitute treatments have numerous limitations including the potential for non-compliance, misuse, diversion and accidental overdose. The advent of a prolonged-release, injectable form of buprenorphine may be the solution to overcoming these issues, as well as reducing the intrusion on the patient's daily life. Initial trials have shown success in achieving a significantly higher percentage abstinence compared to placebo. This systematic review and meta-analysis will examine efficacy, safety and tolerability data.

Methods. A systematic review and meta-analysis, including all randomised controlled trials reporting raw data on efficacy, safety and side effects of injectable buprenorphine. Included articles were identified using PubMed, Ovid (EMBASE and MEDLINE), Google Scholar and Cochrane Library.

Participants were either community outpatients or hospital inpatients, aged over 18 years, with opioid use disorder. Interventions were prolonged-release injectablebuprenorphine of

any preparation or dosing schedule, compared to a control such as sublingual buprenorphine or placebo.

The primary outcome measure was treatment efficacy, specifically treatment retention and negative urine drug screen results. The secondary outcomes measures were drug related adverse events, severe adverse events, nonfatal serious adverse events, mortality, discontinuation, and drug overdose.

Six articles were selected for inclusion following assessment using our exclusion criteria. Study quality was assessed using the CASP tool and Cochrane Risk of Bias 2. Review Manager 5.4.1 was used for data synthesis.

Results. Our primary endpoint was efficacy, using treatment retention and negative urine samples as surrogate markers. Regarding treatment retention there was a statistically significant increase in the 'Buvidal' group compared to the control group (OR = 1.46, 95% CI = 1.12 to 1.89, P = 0.005). There was also a statistically significant increase in negative urine samples in the 'Buvidal' group compared to the control group (OR = 1.38, 95% CI = 1.26 to 1.52, P < 0.00001).

We examined a number of secondary outcomes which focussed on safety and tolerability data. These showed no statistically significant differences between the two groups (drug overdose (OR = 0.09), drug related adverse events (OR = 1.75), severe adverse events (OR = 0.93), nonfatal serious effects (OR = 0.65), mortality (OR = 1.63) and discontinuation (OR = 1.52)).

Conclusion. The studies have shown the efficacy of 'Buvidal' was statistically significant in comparison to the control groups, with no difference in their side effect profiles.

To our knowledge, this is the first systematic review and meta-analysis of its kind, and our results support the hypothesis that 'Buvidal' is an effective and safe treatment for opioid use disorder.

Esketamine Nasal Spray Improves Rate and Time to Remission Versus Quetiapine Extended Release in Subgroups of Patients With Treatment Resistant Depression and Two or Three Plus Prior Treatment Failures: Results From ESCAPE-TRD, a Randomised Phase IIIb Trial

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Aims. For patients with depression, the likelihood of remission decreases with each subsequent treatment failure. Per European Medicines Agency guidance, treatment resistant depression (TRD) is defined as nonresponse to ≥2 consecutive treatments at adequate dosage and duration in the current depressive episode. In ESCAPE-TRD (NCT04338321), esketamine nasal spray (NS) increased the probability of achieving remission and remaining relapsefree, compared with quetiapine extended release (QXR) in patients with TRD. Here, we report the efficacy of esketamine NS vs QXR in patient subgroups with 2 or ≥3 consecutive prior treatment failures (PTFs).

Methods. ESCAPETRD was a phase IIIb trial comparing the efficacy of esketamine NS with QXR in patients with TRD. Patients (N = 676) were randomised 1:1 to esketamine NS (n = 336; 56/84 mg; twice weekly, weekly, or every 2 weeks [wks]) or QXR (n = 340; 150–300 mg daily, both in combination with an ongoing selective serotonin reuptake inhibitor/serotonin norepinephrine reuptake inhibitor. Randomisation was stratified by age (18-64 years; 65–74 years) and PTFs (2; ≥3).

The primary endpoint of remission (Montgomery-Åsberg Depression Rating Scale total score ≤10) at Wk8 and the secondary endpoint of remaining relapse-free through Wk32 after remission at Wk8, were analysed in PTF patient subgroups and compared between study arms, with treatment discontinuation considered as a negative outcome. The effect on time to remission was assessed using hazard ratios (HR) from a Cox regression model.

Results. Of the randomised patients, 415 (61.4%; esketamine NS: 204, QXR: 211) had experienced 2 PTFs and 261 (38.6%; esketamine NS: 132, QXR: 129) had experienced ≥3.

Of patients with 2 PTFs, 54/204 (26.5%) esketamine NS-treated patients and 46/211 (21.8%) Q-XR-treated patients achieved remission at Wk8 (p = 0.267). Of patients with ≥3 PTFs, 37/132 (28.0%) and 14/129 (10.9%) patients achieved remission at Wk8 in esketamine NS and Q-XR arms, respectively (p < 0.001). Of patients with 2 and ≥3 PTFs, 49/204 (24.0%) and 24/132 (18.2%) of esketamine NS-treated patients and 38/211 (18.0%) and 10/129 (7.8%) of Q-XR-treated patients achieved remission at Wk8 without relapse to Wk32 (p = 0.133 and p = 0.013), respectively.

Esketamine NS significantly improved time to remission, with a greater effect in the ≥3 PTF subgroup (2 PTFs: HR = 1.547 [95% confidence interval (CI) 1.210–1.976]; p < 0.001 vs ≥3 PTFs: HR = 2.066 [95% CI 1.469–2.907]; p < 0.001).

Conclusion. Esketamine NS demonstrated a significantly superior remission rate versus QXR at Wk8 in patients with ≥3 PTFs, and significantly shorter time to remission versus Q-XR in both subgroups.

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Quality Improvement

Compliance With Nice Policy on Ecg in Patients on Psychotropic Medications: Frays Ward August 2020 to January 2021

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Aims. 1. The need to ensure ECG is done before commencing Psychotropic medications. 2. The need to ensure both medical