

have been regular improvements in the administration of ECT, over the past two decades. Increases in the volume of the hippocampus and the amygdala have consistently been observed in ECT studies. Stigma has been the major barrier to patients receiving ECT in a timely fashion. The Royal College of Psychiatrists (RCPsych) Centre for Quality Improvement (CCQI) established the ECT Accreditation Service (ECTAS) back in 2006. ECTAS had the aim of standardising ECT practice through the production of evidence-based standards that all member ECT Clinics could use to support their practice.

**Method.** We looked at the minimum dataset of information collected from ECTAS Members within England for the following years; 2012/13, 2014/15, 2016/17, 2017/18, 2018/19. In 2012/13, 2325 adjusted courses of ECT treatment were given to patients in England. In 2014/15 it was 2302.

**Result.** Between 2012/13 and 2018/19; two thirds of ECT patients continue to be female. The modal age of patients has also remained the same at 70 years. The number of patients detained under the Mental Health Act 1983 receiving ECT has gone up by 12%; suggesting that the patients receiving ECT were more clinically unwell. After treatment, CGI scale scores (i.e. the very much improved and much improved scores) slightly reduced by 6% from 2012/3 to 2018/19.

**Conclusion.** The use of ECT in England notably declined from 2006 to 2012/13 and 2014/15. However, from 2012/13 to 2018/19, ECT use has remained relatively stable; suggesting that it is currently being used appropriately on patients, who are amongst the most severely unwell. The clinical effectiveness of ECT remains high however, it has slightly dipped by 6%.

### “Prevalence of orthorexia nervosa in a sample of patients attending Sligo/Leitrim mental health services with a diagnosis of eating disorder”

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**Aims.** The main aim of this study is to investigate its presence in a sample of patients already diagnosed with a canonical eating disorder and also to understand eventual overlaps with other clinical disorders in order to optimize treatment and follow-up. The ORTO-15 questionnaire, developed by an Italian team of researchers in 2005, was used to achieve the above aims: it is a tool comprehensive of 15 questions that assesses eating habits perceived as healthy. Really interesting and fascinating is to comprehend if people with a diagnosis of eating disorder present orthorectic behaviour and how this emerging reality fits in the Irish society with its peculiarities and uniqueness.

**Method.** Every patient was asked to complete a demographic grid (elaborated by the researchers, which includes information regarding: age, gender, race, weight, height, hours of weekly exercise, years of education, employment situation, medical illnesses, smoking habits, type of diet, average weekly alcohol intake) and the Orto-15 questionnaire

**Result.** The Point Prevalence obtained is 17.9%.

**Conclusion.** The results obtained from this study give a clear indication of the profile of the orthorexic patient, considered that the sample was obtained from a population of people with a diagnosis of Eating Disorder:

Caucasian woman in her 30s  
Exercising 5 hours per week  
Secondary education

Unemployed  
Non-smoker  
Diagnosis of Anorexia Nervosa  
No other comorbid psychiatric illnesses  
Standard pattern of eating  
Minimal or absent alcohol consumption  
Normal range BMI

According to previous Italian studies (Ramacciotti et al. 2011), the expected rates of Orthorexia Nervosa in the general population are between 6.9% and 57.6%, with a peak of 81.8% in specific populations, fact that places our examined sample in the lower side of the prevalence previously considered. It is very difficult to comprehend and explain the reasons behind this fact and probably this is due to an overshadowing of symptoms with the major eating disorders. It is also significant the absence of correlation found between OCD and ON and also the fact that ON is more linked to Bulimia Nervosa in our sample rather than Anorexia Nervosa.

### What happens to frequent attenders when they attend psychiatric liaison services? a clinical and demographic profile

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**Aims.** We aimed to describe the demographic and clinical profile, and management of frequent attenders to a psychiatric liaison service.

**Background.** Frequent Attenders to emergency departments contribute significantly to the burden on health services and by definition are subjectively highly stressed. It is therefore important that mental health services develop effective responses to this group of patients. A systematic literature search indicated a paucity of information on this group of patients.

**Method.** We conducted a case series of 49 frequently attending patients to the Psychiatric Liaison service in Tower Hamlets, East London NHS Foundation Trust.

We defined frequent attenders as seeing the Psychiatric Liaison Service 5 or more times in 2018. We excluded 4 patients aged <18 years or >65 years.

For each patient we collected data regarding their demographics; the details of each attendance to the Psychiatric Liaison Service; and their use of other psychiatric services.

We then conducted a multivariate analysis, including stratification of patients based on number of attendances to identify correlation between frequency of attendance and the other information.

**Result.** Demographic: The 45 patients reviewed had a mean age of 37 and a mean of 7 attendances during the study period.

Clinical: 89% had a history of emotional trauma, 71% of substance misuse, and 49% of any personality disorder. Only 9% of the patients were under the care of the locality Personality Disorder Service.

73% of the patients were under the care of any other psychiatric service. There was no correlation between being under other services and the frequency of attendance.

Only 31% had contact with the locality Frequent Attenders Service during the study period, as this was established recently.