

(anterior cingulotomy) or entry to the DBS trial. OCD medication was kept constant throughout the trial. We tested the effects of DBS by comparing baseline, VC/VS, STN, both sites and CBT stages of trial on the following three assessments of function: GAF, SDS and CAOIC. An impairment focussed interview was done to quantify changes in function specific to OCD. Friedman's test was used to test for DBS effects during the double-blind crossover phases comparing baseline, amSTN and VC/VS. Post-hoc pair-wise Conover tests for significant effects were used with FDR corrections. All significant results are reported at $P < 0.05$.

Result. DBS had a significant effect across all phases for all above mentioned clinical measures. For all three measures of disability, there were significant improvements after both amSTN and VC/VS DBS. For all three measures of disability the effect of VC/VS DBS was significantly better than amSTN DBS. For all three measures of disability there was a non-significant trend ($p = 0.058$) for stimulation at both sites to have a better effect than stimulation of one site alone. For all three measures of disability, there were no significant difference between DBS alone and DBS and CBT.

Conclusion. This study is the first to have directly compared differential effects of STN versus VC/VS DBS stimulation in OCD patients whilst testing clinical, cognitive and disability outcomes. The results of this study indicate that although both sites are equally effective in reducing OCD, stimulating VC/VS leads to a significantly greater improvement on disability scores in severe OCD.

Review: Psychological & Behavioural Treatments of Nonepileptic Seizures in Children and Adolescents

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Aims. To systematically review Psychological and Behavioural treatments on NES in children and adolescents by reviewing the current literature.

Background. Non-epileptic seizures (NES) are associated with a high level of functional impairment for young people and their families. However, there are no UK guidelines for the management of NES in children and adolescents or adults. Though information from the limited studies in adults may be useful, the findings may not be generalizable to children and adolescents. To date, we are unaware of any published systematic review on this topic in children and adolescents.

Method. A systematic search of relevant electronic databases was conducted. Any study investigating the effectiveness of psychological and behavioural treatments on NES, in Children and Adolescents was included.

Result. Fifteen studies were identified, but only six studies had the primary aim of evaluating an intervention, and only one used a control group. The rest were observational studies that examined retrospective case notes.

CBT and psychoeducation were identified as the most common interventions. Eleven out of the fifteen studies used multiple treatments, four looked at one treatment only, three of these CBT and one was a natural history study.

Where individual therapy was provided, a common focus was management of anxiety, usually delivered in a flexible way, adapted to individual needs. Despite being identified as important in the literature, only one study demonstrated care that involved collaboration between physical and mental health teams.

Conclusion. It's difficult to conclude from this review that one treatment approach is superior to another. The findings of this review offer some insight into current practise and may help to inform future research in this area. CBT and psychoeducation with a focus on anxiety are frequently included in interventions for NES in young people, and further evaluation of these treatment modalities could be a helpful next step.

The experience of patient dropout from eating disorders treatment: a systematic review and qualitative synthesis

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Aims. Eating disorders are serious and debilitating mental health conditions associated with high relapse and mortality rates and significant psychiatric comorbidities. Research suggests approximately 50% of patients with an eating disorder dropout prematurely from treatment services, fostering poorer health outcomes and impacting significantly on patients, their families, health services and research quality. The aim of this review is to synthesise the current qualitative literature available on the patient experience of dropout from eating disorder services and understand the reasons motivating early treatment termination.

Method. A systematic search was carried out and articles selected from MEDLINE, PsycINFO, EMBASE and CINAHL. Studies were included if they explored eating disorder treatment dropout using qualitative data collection or analysis methods. Study quality was critically appraised using the Critical Appraisal Skills Programme qualitative research evaluation tool. Thematic synthesis was used to interpret and synthesise themes from the primary studies.

Result. Ten studies met the inclusion criteria for the systematic review. Five studies were scored as high quality and five as medium quality. 13 descriptive sub-themes encompassing the dropout experience were identified under four overarching analytical themes: inner conflict, connection and communication with others, experience of the treatment service, and factors related to progress in treatment.

Conclusion. The decision to drop out from eating disorder treatment is a complex, multi-faceted issue, involving an interplay between individual, social and service-level factors. This review highlights the need for further high quality qualitative investigation into dropout experiences, with an effort to increase representation across ethnic groups and gender identities. This review also identifies the need for a reconsideration of current clinical practice and services provision with an emphasis on the use of patient perspectives to guide decision making in eating disorder services delivery and research. Moreover, the findings emphasise the need for standardised dropout definitions, fostering a unified literature base.

Patient experiences of the pandemic; exploring the effect of COVID-19 on patients detained under the Mental Health Act

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Aims. The current pandemic and the restrictions on liberty that it has necessitated has had a huge impact on society as a whole. We were interested to learn how the constraints of sequential lockdowns and social distancing measures had affected inpatients in a mental health setting, many of whom were already contending with significant restrictions on their freedom.

Method. We conducted structured interviews with 24 service users across the Low Secure and Locked Rehabilitation Division at St Andrews Healthcare Northampton. We interviewed male and female inpatients with diverse diagnoses including emotionally unstable personality disorder, anorexia nervosa, schizophrenia and offending behaviours. All participants were detained under the Mental Health Act throughout the pandemic. Service users were asked the following questions:

How has the pandemic affected your mood?
 How has it affected your relationship with your family?
 How has it affected your treatment?
 How has the pandemic affected your leave?
 How has it affected how you use your free time?
 Are there any other ways the pandemic has affected you?
 We performed thematic analysis to identify ways the pandemic has affected service users.

Result. Four major themes were identified:

- 1) Mental health
 Participants reported a decline in mood.
- 2) Changing relationships

Service users reported that relationships with loved ones in the community had suffered from lack of contact and missing significant life events, however several participants felt that their relationships with peers had strengthened.

3) Delivery of care

Responses were split on the increased reliance on technology to replace face-to-face interaction between patients and team members, with some respondents reporting this as 'less intimidating', while others found this 'isolating'. Respondents reported reduced contact with MDT members and delays to recovery and step-down placements due to decreased leave.

4) Routine

Respondents reported an increase in free time throughout the pandemic. Some used this to develop hobbies whereas others reported becoming 'lazy' and expressed disappointment with the lack of exercise provision.

Conclusion. The pandemic has had significant emotional and psychological effects on society as a whole, but perhaps no group has been more affected than detained patients who have had their lives restricted to a massive degree. This group has been largely marginalised by government guidelines which often fail to consider individuals living in large group settings. By learning from the experiences of these service users we can adapt our practices to alleviate these issues in any future lockdowns and ensure our practices are the least restrictive possible.

Social cognition and major depressive disorder: impact on psychosocial function and therapeutic opportunities

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Aims. This poster aims to examine the impact of social cognitive deficits on psychosocial functioning in depressed patients, as well as summarise the utility of various evidence-based therapeutic interventions employed to target these deficits. The stated hypotheses were twofold: (1) that social cognitive impairment in major depressive disorder will correlate with poorer psychosocial functioning; and (2) that these deficits will respond to existing anti-depressant therapies.

Background. Social cognition is an important adaptive trait that incorporates the identification, perception and interpretation of socially relevant information from the external world. It is frequently affected in major depressive disorder such that depressed patients

Method. A review of the existing literature was performed in order to test the stated hypotheses. Pertinent sources were identified via the MEDLINE, EMBASE, PsycINFO, PubMed, Scopus and Google Scholar databases. A total of 107 studies met inclusion criteria for review.

Result. Impaired social cognitive performance in depressed patients correlated with poorer psychosocial functioning across the key domains of general cognitive functioning and quality of life. Many current anti-depressant therapies were found to have a normalising effect on the social cognitive abilities of depressed subjects, both at a neural and functional level. Anti-depressant medications, in particular citalopram and reboxetine, appeared to correct facial affect recognition deficits, while a psychotherapeutic approach demonstrated improvements in theory of mind and negative interpretive bias. Data relating to other common treatments, such as electroconvulsive therapy, are limited.

Conclusion. The impact and treatment of social cognitive deficits in major depressive disorder is an important emerging field. The social cognitive deficits evident in depressed patients are sometimes subtle, but afford a significant functional impact. Additionally, it appears these impairments are at least partially reversible using anti-depressants or psychotherapy.

Aripiprazole as a risk factor for impulse control disorders: a systematic review

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Aims. Aripiprazole is an anti-psychotic medication widely used for bipolar affective disorder and depression. Its primary mechanism of action is as a partial dopamine agonist. Aripiprazole's effect on dopamine signalling in the mesolimbic and mesocortical pathways may lead to impulse control disorders, as seen with other dopamine agonist medications. Aripiprazole is often chosen by prescribers because of its favourable side effect profile. There is a need to synthesise the available epidemiological literature on the potential association between aripiprazole use and impulse control disorders. This is needed to inform patients and prescribers of the best available evidence regarding this potential association. Our aim is to conduct a systematic review of the available non case-study evidence on the potential association between aripiprazole and impulse control disorders.

Method. Databases were searched using MEDLINE, PsychINFO, EMBASE, Cochrane Clinical Trials and Web of science. All