The prevalence of autism spectrum traits and autism spectrum disorders in children and adolescents with obsessive compulsive disorder: a systematic review

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doi: 10.1192/bjo.2021.194

Aims. Autism Spectrum Disorder (ASD) and Obsessive Compulsive Disorder (OCD) commonly co-occur in children and adolescents (C&A); evidence suggests functional impairment is increased in those diagnosed with both disorders. The aims of this systematic review were: 1) To review studies that report on the prevalence of ASD traits and/or diagnosis in C&A with OCD. 2) To review whether the severity of OCD symptoms is related to the severity of ASD traits in C&A with OCD. 3)To review whether the severity of comorbid ASD traits or diagnosis in C&A with OCD impact on their global functioning.
Method. This systematic review was registered in PROSPERO. Prisma guidelines were followed . Electronic searches were carried out on Pubmed, EMBASE and Psychinfo with the use of selected keywords. Inclusion criteria : 1) Participants up to the age of 18 who had an ICD or DSM diagnosis of OCD. 2) Journal articles published in the English, with no date specifications. 3) Papers evaluating ASD diagnosis or traits, or where data on this could be extracted. Exclusion criteria: 1) Papers looking at OCD related disorders such as body dysmorphic disorder, compulsive skin picking, trichotillomania and hoarding disorder. 2) Samples including adults where C&A data could not be extracted. 3) Posters, abstracts and dissertations.
Result. A total of 15 studies were included in the systematic review. Seven of these studies directly compared the prevalence of ASD traits (measured by questionnaires) or diagnosis in OCD to a control group or normative data, with all studies reporting a significant elevation in ASD trait scores and diagnosis in OCD. Ten of the studies reported on the correlation between ASD trait severity and OCD severity. Four studies identified a significant correlation between ASD and OCD total scores or specified subscales. In contrast, one study found significantly elevated OCD scores in an OCD only group when compared to a comorbid OCD and ASD group. Three studies reported on the correlation between ASD scores and functional impairment or compared an OCD only group to a comorbid group. All three studies demonstrated that the presence ASD or ASD traits are associated with elevated scores in global functional impairment.
Conclusion. In conclusion, this review suggests that there is an increased prevalence of ASD traits and diagnosis amongst C&A with OCD. Elevated ASD traits within this population are associated with a greater impact on global functioning.

Four-six year clinical follow-up of deep brain stimulation for obsessive compulsive disorder

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doi: 10.1192/bjo.2021.195

Background. Over the past 20 years a number of robust studies have established the clinical effectiveness and safety of Deep brain stimulation (DBS) in adults with profound multi-treatment-refractory obsessive-compulsive disorder (OCD). However long term (>12 months) outcomes with this novel neurosurgical intervention are still inadequately reported. Our group conducted the first UK study of DBS in OCD between 2013-2017. All participants in our trial achieved a responder status at 15 month endpoint and the main results were reported in 2019. A specialist multidisciplinary clinic was established after the trial to provide life-long aftercare in the form of scheduled clinical and hardware reviews. Here we are reporting a preliminary analysis of the long-term clinical, functional and social outcomes from this cohort.
Method. Long term follow-up clinical data (15–75 months, 2015 onwards) were prospectively collected from the participants who were enrolled in the original MRC-UCL pilot study of DBS for OCD. DBS parameters, battery health and status, social circumstances, mental state and medication adjustments were noted alongside the outcome measures of YBOCS at clinical follow-up encounters. Additional ratings of GAF, SDS and certain qualitative measures were recorded at least once every year since initial study completion.
Result. Five out of six participants continued with DBS treatment and kept responder status. One participant had his DBS switched off and hardware removed. One participant had multiple hospital admissions to manage comorbidity progression to primary condition. One participant had OCD severity scores revised upwards despite continuing gains in QoL. Secondary outcomes generally matched the 15 month end point of initial trial. All participants experienced minor to major changes in their relationships with partners or family. Qualitative feedback indicated that DBS was well tolerated by 5/6 subjects but the burden of specialist follow-up remained significant.
Conclusion. Our long term follow-up data indicate that DBS is safe and conferred a sustained long-term benefit in reduction of obsessive-compulsive symptoms. A non-trivial burden of checking and maintenance of implanted hardware, comorbidity-unmasking following successful OCD treatment, perceived 'burden of normality' by the participant, need for life-long follow-ups with specialist multidisciplinary team including DBS nurses, highly specialist psychiatrists from National OCD service, neuropsychiatrists, neurologists and neurosurgeons partially counterbalances the gains offered by this treatment. Overall DBS offers a safe, effective and enduring alternative to participants who do not respond to any other form of OCD treatment and do not wish to undergo ablation surgery.

Prevalence of psychosocial distress in school going adolescents in rural Pakistan: findings from a cross-sectional epidemiological survey

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doi: 10.1192/bjo.2021.196

Aims. Early interventions are recommended in adolescents to prevent long-term psychiatric morbidity. However, in Low and Middle Income Countries (LMICs), where there are no child and adolescent mental health services, early identification of adolescents at-risk of mental health problems remains a challenge. Pediatric Symptoms Checklist (PSC) is used in preventive child healthcare services in a number of high income countries for early identification of children and adolescents in need of mental health services. The aim of this study was to assess the reliability and validity of self-rated, Urdu version of PSC to identify at-risk adolescents studying in the public schools of rural Rawalpindi in Pakistan.
Method. We did a cross-sectional epidemiological survey with all adolescents aged 13–15 years, studying in 41 public schools of Kallar Syedan sub-district in Rawalpindi, Pakistan. An adapted Urdu version of self-reported PSC was used to assess the psychosocial distress in adolescents in-terms of externalizing, internalizing and attention problems. Strengths and Difficulties Questionnaire (SDQ) was used as a gold standard measure. Youth version of PSC and SDQ were administered in classroom settings by trained research teams.
Result. The data were collected from 5856 adolescents (response rate 97%) between April-May, 2019. The mean age of the participants was 14.37 years (±1.06); 51% participants were female. The internal consistency reliability of Urdu version of PSC was good (Cronbach alpha 0.85). At the standard cut-off score of PSC ≥28, the prevalence rate of psychosocial distress in adolescents was 25.5% (27.4% in boys & 23.6% in girls). Using the SDQ total difficulties score ≥16 as a standard criterion; the area under the ROC curve was 0.85 (95% CI 0.82–0.88), with a sensitivity of 57.64% and specificity of 89.10% of PSC. If the sensitivity and specificity of PSC is optimized to 76% at the cut-off score of PSC ≥ 24, the prevalence rates of psychosocial distress in adolescents is increased to 41%.
Conclusion. In our study, 1 in 4 adolescents in public schools of rural Rawalpindi in Pakistan have been identified at-risk of poor socio-emotional development. Urdu version of PSC is a reliable and valid tool to identify adolescents in need of psychosocial interventions in public schools of rural Pakistan. While the standard cut-off score yields a better specificity; PSC with relatively lower cutoff score can be used a screening tool to identify at-risk adolescents in public schools of rural Pakistan.

A UK-wide survey of Balint, support groups and psychotherapy training opportunities for SAS (Specialty Doctors and Associate Specialists) Psychiatrists

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doi: 10.1192/bjo.2021.197

Aims. To investigate SAS Psychiatrists' opportunities for Balint-type, support groups and psychotherapy training opportunities nationwide, for which there is a lack of existing literature or established framework.
Method. An online questionnaire was sent to UK-wide SAS psychiatry doctors with the support of the RCPsych Speciality Doctors and Associate Specialist Psychiatrists Committee (SASC). The survey enquired about location, work experience, future plans, Balint-type groups, psychotherapy opportunities and support.
Result. 122 doctors completed the questionnaire, estimated to constitute approximately 8% of SAS psychiatry posts (or more if considering all vacancies), based on the RCPsych Census (2015), from across all UK nations.Time spent in an SAS role varied widely between months (10%) to over 20 years (5%), with the median and mode being 8–12 years (25%). Regarding future career plans 61% responded that they would be considering either the Certificate of Eligibility for Specialist Registration (CESR) route, or applying for future training or both.

24% reported being part of a Balint-type group whilst almost double this number (47%) said they would be interested to join but none were available. 31% were part of a reflective practice or support group whilst 44% reported that they were interested in joining but none were available. Only 7% said that they were not participating or not interested in either a Balint group or a reflective group. Free-response comments suggested these opportunities were usually reserved for trainees and service commitments prevented attendance.

76% of respondents reported access to an SAS Tutor, but only 21% confirmed access to a psychotherapy tutor.

Half of respondents indicated they did not have access to information and guidance they needed regarding accessing psychotherapy opportunities, with only 27% thinking they did.

24% reported managing to gain experience in at least one psychotherapeutic modality, 44% of whom received medical psychotherapist supervision; whilst 13% said they did not intend to pursue this.
Conclusion. The results highlight that interest in joining Balint and reflective support groups significantly exceeds local provision. As these groups are not mandatory requirements for CESR application, the interest expressed (including amongst those reporting to be SAS by choice) suggests that SAS Psychiatrists value these opportunities for their recognised professional developmental and clinical benefits; these include peer support, understanding doctor-patient interactions and having a space to reflect on the emotional impact of clinical work. Trusts should consider supporting SAS doctors wishing to join new or existing Balint-type or other supportive reflective clinician groups.

Sociodemographic, clinical and personal characteristics of patients with borderline personality disorder in a public general hospital in Lima, Peru during the first wave of the COVID-19 pandemic

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doi: 10.1192/bjo.2021.198

Aims. To describe the main characteristics of adolescent and adult patients with Borderline Personality Disorder (BPD) treated in Emergency and Hospitalization services of Villa El Salvador Emergency Hospital during the first wave of the COVID-19 pandemic in Lima, Peru.
Method. An analysis of 17 cases of patients with BPD according to DSM 5 criteria was carried out in SISGALEN PLUS software database that have been evaluated in the Emergency and Hospitalization areas during the first wave of the COVID-19 pandemic. Sociodemographic, clinical and personal variables were taken into account. A descriptive analysis of frequencies and proportions was carried out in SPSS 24.0 software.
Result. Regarding sociodemographic variables, the average age was 27.47 (SD = 11.242), 82.4% single, 88.2% female, 52.9% from Villa El Salvador, 82.4% catholics, 76.5% have completed secondary school and 47.1% were housewives. For clinical variables, 64.7%

https://doi.org/10.1192/bjo.2021.196 Published online by Cambridge University Press