

Methods. A pilot clinic was set up for patients referred within GOSH with a confirmed diagnosis of FND. The Multidisciplinary team consisted of a CAMHS psychiatrist, paediatric neurologist, physiotherapist and occupational therapist. Patients received a one-off outpatient consultation to discuss FND symptoms and background history. Clinicians provided psychoeducation for patients and families about the diagnosis and devised treatment plans including follow-up assessments, onward referral to local services and a consultation with teams where appropriate. A follow-up survey was conducted using semi-structured telephone interviews and patient satisfaction questionnaires. Questionnaires were scored using a Likert rating scale (1: very dissatisfied – 5: very satisfied). Parents were asked about their understanding of the FND diagnosis and about their experiences of support from local teams.

Results. 25 patients diagnosed with FND were referred to the clinic. Of those, 20 patients took up the consultation. Patients presented with range of functional syndromes. 15 families consented to follow-up interviews. Parents rated their experience at the FND clinic highly (median score 5 – very satisfied). They were very dissatisfied with follow up care (median score 1). Only one patient remained under CAMHS at the time of follow up. 3 families had sought support privately. Parents subjectively rated their children's symptoms at follow up as: much worse (3); a bit worse (1); the same (7); a bit better (2) and much better (2).

Conclusion. Patients and parents demonstrated high levels of satisfaction with the one-off therapeutic assessment. The majority of parents reported that the GOSH consultation helped them to understand the diagnosis of FND. All families felt they had received inadequate support from primary care, local CAMHS services and schools. Patients who struggled to access support from CAMHS/ school were less likely to experience any improvement in FND symptoms and had poorer levels of functioning.

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Enduring Benefits of Widespread TMS Implementation: Analysis of Data in Pennine Care NHS Foundation

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Aims. Transcranial Magnetic Stimulation (TMS), characterized by its non-invasiveness and absence of recovery time, emerges as an optimal intervention for treatment-resistant depression. Operating through the induction of a time-varying electric field in the brain, TMS elicits action potentials in cortical neurons, leading to long-term neural inhibition and excitation, fostering neuroplasticity. Despite its efficacy, TMS remains available in a limited number of National Health Service (NHS) hospitals. This study aims to evaluate the use of TMS for treatment resistant depression and its impact upon service utilisation within Pennine Care NHS Foundation Trust.

Methods. A retrospective analysis was conducted on 76 patients diagnosed with treatment-resistant depression. Responders (n = 54) and non-responders (n = 22) were identified based on baseline, midpoint and endpoint assessments using HDRS,

Beck's Inventory, PHQ-9, and GAD anxiety questionnaires. Patient data was extracted from PARIS, the Electronic Patient Record system of Pennine Care NHS Foundation, encompassing NHS service utilisation pre- and post-TMS treatment.

Results. Comparison between 12 months pre and post-TMS treatment revealed noteworthy findings:

12 responders (22%) were admitted to hospital in the year prior to starting treatment with a total of 1134 and mean of 94.5 days. In comparison to post-TMS where 11 (20.4%) patients had total of 913 and mean of 83 days.

8 non-responders (36.4%) were admitted to hospital in the year prior to starting treatment with a total of 285 and mean of 36.5 days. In comparison to post-TMS where 3 (13.6%) patients had a total of 276 and mean of 92 days.

Outpatient appointments reduced by 15.4% for responders and 27.2% for non-responders.

Number of A&E admissions reduced by 79.3% for responders and 65.5% for non-responders.

Admissions to Home Treatment Team (HTT) decreased by 62.7% for responders and 86.7% for non-responders.

Post-TMS discharge from services was 25.9% for responders and 18.2% for non-responders.

Conclusion. This study underscores a reduction in service utilisation among treatment-resistant depression patients following TMS treatment, with some indication that a greater reduction is seen for responders to treatment. While there was limited benefit seen when analysing outpatient appointments and HTT involvement, a greater reduction was seen when evaluating A&E attendance and days spent in hospital. In addition to exploring the possibility of late response to treatment and how this affects non-responder data, future studies are needed to compare results with patients who did not have TMS. These studies will require larger study numbers to better analyse the enduring benefits of widespread TMS implementation within the NHS.

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Outcomes of Treatment With Long-Acting Buprenorphine Injection in Individuals With Opioid Use Disorder Attending a Rehabilitation Center in the UAE

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Aims. Opioid use disorder (OUD) is a global burden with significant morbidity and mortality. Standard of care often includes integrated treatment programs combining psychosocial interventions and Medication Assisted Therapy (MAT) which includes methadone, Buprenorphine (BUP) and Naltrexone. BUP, a partial u-opioid receptor agonist, has shown to increase patient treatment retention, reduce relapse, and improve quality of life. BUP Oral formulations can be associated with misuse, diversion, and non-adherence. Despite availability, many individuals don't receive adequate MAT treatment or discontinue medications prematurely,