

Conclusion. Results suggest that VStore can discriminate between schizophrenia patients and healthy controls. In addition, VStore and MCCB seem to be strongly associated, suggesting that they tap into identical cognitive domains. VStore seems to be strongly correlated with FC, more so than the MCCB, and cause no measurable side effects. Taken together, this suggests that this novel VR task has the potential to reliably measure cognition and FC simultaneously.

The emerging role of acceptance and commitment therapy as a way to treat trauma and stressor related disorders

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doi: 10.1192/bjo.2021.770

Aims. The aim of this work is to gather and evaluate scientific evidence about the clinical effects of Acceptance and Commitment Therapy (ACT) in the treatment of patients with trauma-related Post-Traumatic Stress Disorder (PTSD).

Method. A literature search was conducted on PubMed platform, starting from the following MeSH terms: “Acceptance and Commitment Therapy”, “Trauma and Stressor Related Disorders”, “Psychological Trauma”. Studies obtained were analysed, corresponding to investigations based on an adult population with trauma and stressor related disorders.

Result. The search provided 13 results, of which 12 met the defined criteria. Different types of studies with variable samples were considered, including randomised clinical trials, longitudinal observational studies, narrative reviews and an analysis of case reports.

Globally, ACT has been showing a crescent role in the treatment of individuals with trauma histories by enhancing positive outcomes and by being associated with greater psychological flexibility. It is increasingly considered to be well-suited to the treatment of trauma by targeting avoidance, coping strategies with emotional disengagement and persistent dissociation, aspects associated with greater PTSD symptom severity and related psychopathology.

Furthermore, research suggests that acceptance-based treatments are helpful in promoting emotional, behavioural, and neural changes in psychological disorders characterised by disgust, shame and guilt that commonly co-occur with PTSD.

Among the various exposure factors, we found a growing production of recent literature in which ACT has been applied in the context of oncology life-threatening settings, demonstrating significant improvements in symptoms and quality of life, as well as reductions in emotional disturbances, physical pain and traumatic responses.

However, little is known about implementation and results of ACT in situations of trauma and psychiatric comorbidities. Data suggest that, when applied to individuals with psychosis and history of trauma, there is an improvement in overall severity and anxiety symptoms, emotion regulation strategies and a greater sense of engagement in care; nevertheless, reduction of specific trauma symptoms remains controversial. More mention is made about the growth of literature evaluating the application of ACT as a conjunctive therapeutic method for trauma and simultaneous addictive disorders.

Conclusion. Overall, despite limited published research currently available, some evidence starts to support ACT's promising role as an effective psychotherapeutic approach to trauma and stressor related disorders. Its application in situations where organic diseases represent stress factors has been growing. Future research

should focus on clarifying the role of ACT in psychiatric comorbidity scenarios, allowing this psychotherapy to help individuals find a meaningful and valuable life beyond trauma.

Pharmacological interventions for improving cannabis use and psychosis in dual diagnosis: a systematic review

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doi: 10.1192/bjo.2021.771

Aims. Many patients with psychosis symptoms and schizophrenia use cannabis as a recreational drug. Patients who use cannabis respond differently to antipsychotic treatment compared to those who do not. Despite this, there is a lack of evidence, and therefore clinical guidance, pertaining to the best pharmacological treatment to improve psychosis or cannabis use in this population. This systematic review was carried out to assess the current evidence base regarding the most effective pharmacological treatment for patients with psychosis who also have a background of using cannabis. Our specific question was: ‘in patients with a dual diagnosis of psychosis and cannabis use, which pharmacological interventions have the most efficacy in improving psychosis or reducing cannabis use?’.

Method. A search of EMBASE, PsychINFO, and MEDLINE(R) databases was carried out on September 30, 2020. Bibliographies of other studies were also searched for relevant articles. After exclusion of any articles which did not meet inclusion criteria for this review, eleven full texts remained; a qualitative analysis was carried out on these, but there was no meta-analysis. Only randomised control trials (RCTs) whose interventions and controls were pharmacological therapies, and which included patients with a background of cannabis use and psychosis, and which measured clinical outcomes, were included.

Result. We found 11 articles which analysed 10 RCT studies (n = 363) investigating risperidone, olanzapine, clozapine, haloperidol, ziprasidone and imipramine. 6/11 were double blind. The studies were small in size, varied in their methodology, exact inclusion criteria, exact outcomes, and all had a high risk of bias. Few significant findings were found. There is limited evidence for clozapine having anti-craving effect however whether this is associated with reduction in use remains to be demonstrated. We found no studies of adjunctive anticonvulsant agents, which are often used in psychotic disorders.

Conclusion. This review underlines the paucity of studies on which to make evidence-based decisions. No new studies have been undertaken since the last systematic review in this area in the last 7 years. Due to the lack of high-quality evidence found by this review, there remains a considerable need for interventional, high-quality RCTs in this comorbid patient group.

Before the light fades, who blows the whistle? : a narrative review on sports dementia

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doi: 10.1192/bjo.2021.772

Aims. Traumatic brain injury is a leading risk factor for degenerative conditions. Although in the past this was believed to affect mostly boxers, recent studies have expanded the at-risk population to include American football players, rugby players, hockey players and other athletes involved in contact sports. Hence, there has been growing interest in the media and the public at large on the short and long term impacts of head trauma in sportspersons. The aim of this study is provide an overview of the impact of traumatic brain injury in contact sports and the link to early onset dementia.

Method. For the purpose of this study we conducted a literature search using PubMed electronic base and Google scholar. The search was made in February 2021 and using the following keywords 'early onset dementia', 'presenile dementia', 'traumatic brain injury', 'contact sports', 'sportsmen', and 'athletes'. The search words were used individually and in combination to gather relevant articles. Types of studies included were case reports, case series, cohorts, cross-sectional, editorial and newspaper articles.

Result. Most of the published studies have shown significant associations between repeated head trauma and brain morphological changes evidenced by the presence of myelinated axons, astrogliosis, perivascular neuroinflammation and formation of phosphorylated Tau proteinopathy. These contribute significantly to alterations in axonal functioning and synaptic transmissions which sets the stage for neuronal degeneration. These changes affect both the macroscopic and microscopic structures with consequent neurochemical disturbances and functional deficits which, manifest primarily as executive dysfunction.

Conclusion. Current evidence supports an association between participation in contact sports and neurodegenerative disease, despite the protective aspects of sporting activities. Overall the studies reviewed have shown that brain injury remains a potent risk factor for the early onset dementia seen in sportspersons. Consequently, it is prudent for more proactive and precautionary measures to be put in place to reduce impacts of head injury and to better identify and manage brain injury in sports.

Establishing prevalence of diagnosis of personality disorder across high secure forensic services using the ICD 10 and ICD 11 classification

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doi: 10.1192/bjo.2021.773

Aims. There has been an increasing recognition of the lack of clinical validity of different types of ICD10 personality disorder.

The prevalence was established among patients in a high secure hospital in England of those with either a primary or secondary diagnosis of personality disorder and its recorded type according to ICD10 and then ICD11.

The new ICD11 classification increased the validity of diagnosis of personality disorder as well as its severity.

Background. ICD 11 has proposed the dropping of the classification of personality disorder based on particular types of personality disorder and instead adopting a diathesis model based on 2 dimensions: presence of personality disorder and three levels of severity (Mild, Moderate and Severe) and the option of specifying one or more prominent trait domain qualifiers (Negative

Affectivity, Detachment, Disinhibition, Dissociality, and Anankastia) and also specify a Borderline Pattern qualifier.

Method. The electronic medical records were used to establish the presence and type of personality disorder using the criteria of ICD10 and ICD11.

The researchers assured reliability by rating some vignettes using the Schedule for Personality Assessment from Notes and Documents (SPAN-DOC) before rating actual cases.

Result. From a total population of 208 patients, 64(30.8%) were classified as having either a primary or secondary diagnosis of personality disorder according to the ICD 10.

30 (47%) had dissocial personality disorder (DSPD), 19(30%) emotionally unstable personality disorder (EUPD) and 8(13%) paranoid personality disorder. 20 (31%) had a comorbid diagnosis of mental illness and about a tenth had diagnoses of multiple personality disorders. These types of personality disorder diagnosed by the researchers using ICD 10 did not always match the types of personality disorder diagnosed by clinicians at the hospital.

All patients met the criteria of personality disorder under ICD 11 but the number with a borderline specifier was greater than those with an ICD10 diagnosis of EUPD. Using the trait domain qualifiers in ICD 11, patients with ICD 10 diagnoses of EUPD or DSPD showed dissociation and disinhibition, with those with a DSPD showing low and those with EUPD high negative affectivity.

Conclusion. The results confirm that while psychiatrists in a high secure hospital reliably diagnose the presence of a personality disorder, they are much less able to make an accurate diagnosis as to the actual type of personality disorder. The new ICD 11 classification will increase the clinical validity of the diagnosis of personality disorder and its severity.

A study of the reasons for prescribing and misuse of gabapentinoids in prison including their co-prescription with opioids and antidepressants

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doi: 10.1192/bjo.2021.774

Aims. Electronic medical case files of male prisoners in a category B prison in London was studied to establish a prevalence during an 8-month period of the use of and the reasons for prescribing gabapentinoids in prison.

In addition, the prevalence of co-prescription of gabapentinoids with opioids and antidepressants was also assessed in light of the increased risk of respiratory depression resulting in death when these drugs are used in combination.

Method. A retrospective, SystmOne electronic case-file based survey was undertaken searching by SNOMED CT supplemented by examination of free text, in a category B prison for males (Capacity 1500 prisoners; Average turnover of prisoners up to 6000 per year), including to establish practice standards related to the prescription of Gabapentinoids in the prison and determine the compliance with these.

Result. In total, 109 cases were identified of prisoners having been prescribed gabapentinoids, pregabalin in 66 cases (61 per cent) and gabapentin in 43 cases (39 per cent). In 36 cases (33 per cent) prescriptions were for unlicensed indications. This in fact represented 50 per cent of the cases where the indications were documented. Half of the cases were co-prescribed