Briggs Institute (JBI) tools were used to critically appraise articles. The total Positive and Negative Symptom Scale (PANSS) scores were synthesised using a meta-analysis.
Results. Of the studies obtained (n = 11), two used estrogen HT as an augmentation agent, and nine used the SERM Raloxifene. Quality review and critical appraisal found inconsistencies in data and publication bias favouring trials that include Raloxifene. Meta-analysis results indicate Raloxifene plus antipsychotic did perform better than placebo [Std diff in means total = 0.340 (95% CI) p = 0.001] with a small effect size (g = 0.3392).
Conclusion. Though research appears promising, recommendations for the use of estrogen agent augmentation cannot be made at this time as more clinical trials that include a diverse range of treatments are needed.

The Impact of Rare Copy Number Variants on Real-World Functional Outcomes in Individuals With Psychosis

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Aims. Individuals with psychosis experience impairments in real-world functional outcomes such as employment and health. Rare copy number variants (CNVs) are established risk factors for psychosis, neurodevelopmental disorders and cognitive impairment. However, little is known about their effect on real-world functional outcomes in individuals with psychosis.

I aimed to establish the effect of rare neurodevelopmental CNVs on real-world functioning in individuals with psychosis.
Methods. I identified 1,932 individuals with psychotic disorders (ICD–10 F20–F29) in the UK Biobank using first-occurrence data (from primary care, hospital inpatient and death register records and self-reported conditions). I mapped UK Biobank data to two domains of real-world functional outcomes – health deficits and vocational outcomes. We previously called CNVs using PennCNV, annotating them with 53 CNVs associated with autism spectrum disorder and developmental delay. I conducted regression analyses with neurodevelopmental CNVs as the predictor, real-world functioning as outcomes and with relevant covariates (e.g. age and sex).
Results. Out of 1,932 individuals with psychotic disorders, 2.5% (n = 49) carried a neurodevelopmental CNV.

Health Deficits

I used first-occurrence diagnosis data to establish comorbid psychiatric diagnoses. I summed these diagnoses and dichotomised them into one or more comorbid diagnoses versus no comorbid psychiatric diagnoses. I conducted a logistic regression analysis – neurodevelopmental CNV carrier status was associated with having at least one psychiatric diagnosis in addition to a psychosis diagnosis (OR 2.1, 95% CI 1.1 - 4.1, p 0.034). Post-hoc analyses revealed an increased rate of dissociative and conversion disorders in CNV carriers (OR 4.5, 95% CI 1.26 - 15.99, p 0.021).

I used first-occurrence physical health diagnosis data to establish the burden of the 20 most prevalent chronic non-cancer illnesses. Neurodevelopmental CNV carrier status was associated with chronic physical health multimorbidity in individuals with psychosis (59.2% vs 43.5%, OR 2.30, 95% CI 1.27–4.17, p 0.006), defined as the presence of two or more chronic physical health conditions.

Vocational Outcomes

I conducted an ordinal regression analysis, establishing that among individuals with psychosis, CNV carriers had a lower likelihood of achieving a higher qualification (OR 0.45, 95% CI 0.27–0.77, p 0.003).
Conclusion. Neurodevelopmental CNVs are associated with important real-world functional outcomes in individuals with psychosis. This work provides information that can guide the assessment and management of individuals with both psychosis and neurodevelopmental CNVs.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Phenomenology of Mood Disorders in Children and Adolescents

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Aims. Psychiatrists frequently diagnose mood disorders in children. However, there is a limited understanding of clinical history and phenomenology of mood disorders in these phases of lifespan, and phenomenological variations in those with and without neurodevelopmental disorders (NDD). The primary objective of the study was to study, comparatively, the phenomenology in children clinically diagnosed with mania, depression and mixed affective disorder. The second objective was to study the phenomenological differences in diagnosed cases of mood disorder children with and without neurodevelopmental disorders.
Methods. We conducted a semi-qualitative study of the clinical history and phenomenology in 120 children recruited from a tertiary care child and adolescent psychiatry service. Children with current diagnosis of depression, mania or mixed affective state, age less than 18 years, and appropriate consent/assent were included. Children with comorbid neurological disorders, any underlying organicity, or those currently in remission from their mood episode were excluded. Descriptive summaries were calculated for socio-demographic, clinical and phenomenological data. Chi Square test was used to examine statistical differences in prevalence of various phenomena across the clinical diagnostic groups.
Results. The most common clinical diagnosis was depression (58.3%) followed by mania (25.8%) and mixed affective state (15%). Irritable mood and emotional dysregulation were equally distributed among the three diagnostic groups. With a high prevalence of comorbid NDDs in the sample, we compared phenomena between groups with and without NDDs. In cases of depression, suicidal ideas and guilt feelings were expressed in 61% and 80% of these participants without comorbid NDD (n = 45) respectively, which was significantly high as compared with those with NDD (n = 67). The symptoms of disinhibition (78.9%), impulsivity

(84.2%) and emotional dysregulation (10.5%) were more frequently seen in participants with neurodevelopmental disorder. Dissociative and obsessive phenomena were present in about a quarter of our study sample, similarly across mania, depression and mixed state.
Conclusion. Mental status examination of mood disorders in children suggests considerable phenomenological overlap with irritable mood, emotional and behavioural dysregulation, dissociative symptoms, obsessive symptoms, sleep disturbances, nightmares and hyperarousal seen in mania, depression and mixed states. These phenomena may, therefore, not be suitable in differentiating these clinical diagnoses. Children with NDDs may report lesser cognitive phenomena of depression, and the clinician may have to rely on the affective and behavioural manifestations of depression in clinical decision-making.

Gender Differences in the Emergence of Post-Traumatic Stress Disorder Following a Single Exposure to a Terrorist Related Crime: A Meta-Analysis

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Aims. To quantify and evaluate the gender differences regarding the development of PTSD. This meta-analysis calculates (a) the difference between males and females who develop PTSD, and (b) the difference in gendered relative risk of PTSD development.
Methods. Study selection criteria included participant mean age above 18 years, single and direct exposure to a terrorism related traumatic event, and a confirmed diagnosis based on Diagnostic and Statistical Manual of Mental Disorders 5th edition. Data extraction included year and location of terrorist event, the total number of participants in the study, the total numbers of males and females diagnosed with PTSD, and time (in months) of diagnosis following the traumatic event. The number of males and females affected by PTSD was pooled using random effects inverse variance weighted meta-analysis and relative risks (95% confidence interval) were calculated.
Results. Twenty-seven studies met the inclusion criteria of which five had significant information to be included in the meta-analysis. The total number of males in the pooled sample size was 328, and the total number of females was 354 out which a total number of 34 males and 66 females met the PTSD criteria. The mean average of males and females affected by PTSD was 6 and 11, respectively. An independent samples Mann Whitney U test rejected the null hypothesis ($p < 0.05$) and concluded that the distribution of PTSD between males and females was significantly different. The meta-analysis found an overall relative risk of a diagnosis of PTSD in females to be 1.82 (95% CI 1.25–2.65) compared with males.
Conclusion. This meta-analysis found females to have an elevated risk of developing PTSD following a single terrorism traumatic event. The results of our study are supported by previously published research, which has found females to be at higher risks of developing PTSD. However, such research has proposed gender differences secondary to the types of stressful events experienced, which does not apply to our meta-analysis given the uniformity of the traumatic event we explore. Other factors, therefore, need investigating to understand this phenomenon.

We acknowledge that researching psychological consequences in communities affected by terrorism is complicated and limited by lack of healthcare access, trained clinicians, cultural diversity in the expression and articulation of a community's traumatic experience and of course, the instability of the ground fabric. Other limitations of the included studies are the binary of gender reporting, which limits a fuller understanding of a minoritized community.

A Qualitative Analysis of Contributory Factors to Serious Incidents Involving Adults With Learning Disabilities Receiving NHS Mental Healthcare

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Aims. This study aimed to analyse contributory factors to serious incidents (SIs) involving adult patients with intellectual disabilities receiving NHS care in a mental health trust. People with intellectual disabilities face considerable preventable harm and disparities in care. In-depth analysis of contributory factors to incidents involving adults with an intellectual disability, using human-factors based frameworks is lacking. Individual SI reports contain useful data, but learning is often limited without aggregated analysis.
Methods. Thirty anonymized serious incident reports (2014–2023) from an NHS mental health Trust's intellectual disability service were analysed qualitatively using the Yorkshire Contributory Factors Framework, followed by reflexive thematic analysis (RTA) to identify patterns across the data. This enabled nuanced themes to emerge across errors at the sharp end and systems-level factors at the blunt-end.
Results. Across 30 reports, 606 discrete factors were identified. Situational factors such as behavioural escalations and staff competency gaps were most frequent (n = 187, 31%). Other factors included active failures, such as slips, lapses, mistakes, violations (n = 109, 18%), organisational influences (n = 107, 18%), communication breakdowns (n = 75, 12%), unfavourable working conditions (n = 62, 10%), cultural factors such as reluctance to voice safety concerns (n = 51, 8%), and external system factors (n = 15, 2%).

Using RTA, we identified recurring themes across incidents involving interactions between sharp-end human and blunt-end system factors, with broader issues shaping frontline performance. Patient marginalisation, excessive workloads, lack of resources, and cultures tolerant of shortcuts aligned to permit errors. Deficient coordination across fragmented healthcare systems and overdependence on non-permanent workers and bank staff obstructed comprehensive incident reviews. Failure to adequately probe cultural influences and external pressures further reflect the limited extent of investigational efforts.
Conclusion. Adults with intellectual disabilities are subject to serious incidents caused by interacting human and system-level

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