

Telemedicine in addictions feasibility RCT – staff and patient qualitative satisfaction

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Aims. Opioid dependence has high risks. Opioid substitution treatment (OST) improves outcomes. Addiction specialist prescribers prescribe OST and monitor safety, but nonattendance may lead to worse outcomes. Telemedicine can reduce travel and improve attendance at appointments. Before COVID-19, we started a telemedicine in addictions trial to see if this helped in addictions. We present the qualitative patient and staff experience results.

Method. Health Research Authority approval for randomized controlled feasibility trial of Telemedicine versus Face-to-Face (control) consultations at community addictions semirural service (2500km²) using a modified Hub-and-Spoke (outreach) model. Adult opioid dependent patients prescribed OST and attending outreach were recruited. Participants received two appointments in randomized group. Telemedicine was delivered using Skype-for-business videoconferencing. Patients attended outreach, saw keyworker for drug testing first, and telemedicine conducted via keyworker's laptop. Addiction prescribers located remotely at Hub. Post-trial research interview conducted assessing patient and staff experience of Telemedicine versus Face-to-Face consultations. Data transcribed, inputted to RedCap Cloud and free-text analysed using qualitative thematic analysis.

Result. Of fifty-nine patient participants, 58 completed a research interview. Patient participants reported similar levels of satisfaction between the Telemedicine and Face to Face groups. The themes generated in relation to Face-to-Face were no difference, easy, kind staff and liking being part of research. For Telemedicine, themes were less travel, good experience, easier to access, good communication, saves time and saves money. For instance, one patient stated 'Clear, easy to access less travel' and another patient stated 'I struggle with travel. I found it easier'. Of 19 staff participant research interviews completed, Staff reported Good or Very Good experience with telemedicine which was equivalent for Face-to-Face consultations. Eleven staff had experience of telemedicine consultations during the trial. They reported similar themes to patients with telemedicine leading to less travel, beneficial to patient care, improves attendance and was innovative technology. One staff member reported satisfaction with telemedicine due to 'Time, travel and money reduction'. When questioned on the downsides to telemedicine, technological issues were mainly related to connection issues and sound issues.

Conclusion. In the first known RCT of Telemedicine versus Face-to-Face consultations for patients with opioid dependence attending prescriber review, we found that both patients and staff were satisfied with telemedicine as compared to face-to-face consultations. Overall themes were reduced travel, saving time and more convenience. This will be very important given the impact of COVID-19 on access to addictions services.

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Resolving the discrepancies of suicide risk in obsessive-compulsive patients: a review of incidence rates and risk factors of suicide and suicide attempts in OCD

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Aims. Obsessive-Compulsive Disorder (OCD) describes a mental health condition in which affected patients experience persistent obsessions, which may often, but not always result in compulsions, causing major distress and anxiety. Obsessions are defined as intrusive thoughts with a high emotional valence, whereas compulsion are repetitive actions, which demonstrate the attempt to eliminate obsessive thoughts.

When speaking of OCD, risk of suicide is rarely a topic of concern. There is still no consensus about whether OCD and suicide are associated. Early schools of clinical sciences propose a low risk of harm, which was taught to most mental health practitioners currently working in health services. Moreover, the World Health Organisation currently classifies OCD as the 11th leading cause of nonfatal burden, indicating that despite the potential for causing significant disabilities, OCD does not pose any serious health risks. Contemporary evidence, however, suggests that the risk for suicide may be underestimated.

This literature review aims to cumulate evidence for the risk of suicide in OCD and its associated underlying factors to clarify and resolve the discrepancies that currently exist regarding this topic.

Method. To identify eligible studies, the databases MEDLINE(R), PubMed, and PsycINFO are used. Selected studies provide data on suicide rates, attempts, and risk factors. Grey literature is included in the review to consider results from studies which may not have qualified for publishing. This literature review is conducted according to the PRISMA guidelines.

Result. After deduplication, 653 studies could be found out of which 15 studies meet the inclusion criteria. Rates of suicide attempts appear to lie between 12% and 27%. Death-to-suicide rates in OCD are shown to range from 0.7% to 1.4%. Associated risk factors for suicide in OCD include, mistrust and unacceptable thoughts, depression, and comorbid substance use disorders. The strongest predictor for death caused by suicide is having a history of previous suicide attempts. Higher education and comorbid anxiety disorders act as protective factors. Lastly, gender differences remain unclear since some studies classify female sex as a protective, and some as a risk factor.

Conclusion. This review provides a good overview of the actual risk for suicide in OCD. Current evidence suggests high suicidality in patients with OCD, leading to suicide attempts in affected patients, but not necessarily resulting in death, as the death-to-suicide rates are low. Genetic heritage and comorbidities of further mental health disorders may increase the risk for suicide in OCD.

Pharmacological management of tourette's syndrome comorbid with obsessive-compulsive disorder in adult patients

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Aims. Tourette's Syndrome (TS) is a neurodevelopmental disorder, which often presents in childhood and is hallmarked by motor and vocal tics. Obsessive-Compulsive Disorder (OCD) is a chronic neuropsychiatric condition characterised by intrusive thoughts and time-consuming repetitive behaviours. Research suggests that 15-20% of adult patients with TS will also meet

the diagnostic criteria for OCD. Both illnesses appear to have neurobiological similarities but a differing course and clinical response to pharmacological treatments.

Despite this, research into optimal management of adults with co-occurring TS or other tic disorders and OCD remains sparse. Comorbidities, are known to be poor predictor of response to selective serotonin reuptake inhibitors (SSRI) monotherapy in OCD and are often associated with treatment-refractory OCD. Similarly SSRI monotherapy in patients with OCD and comorbid TS can sometimes worsen motor tics (1 in 2000) and fail to improve OCD symptoms. In this review, we aim to evaluate evidence on the management of patients with co-occurring TS and OCD and address an important knowledge gap in clinical practice.

Method. This review was conducted in accordance with PRISMA Guidelines. We performed a search using PubMed, Cochrane Library and PsychINFO using the following Boolean Input “Tourette-OCD” OR “tic-related OCD” OR ((OCD OR “obsessive-compulsive” OR “obsessive compulsive”) AND (Tourette OR “Tourette’s” OR Tourettes OR tic)). The search was conducted until January 2020. We then screened the articles of systematic reviews to extract additional studies from their reference lists.

Result. 1888 studies were identified, of which 15 clinical trials were included in our systematic review. The presence of tics in patients with OCD are a major predictor for treatment-refractory OCD and a lack of improvement following monotherapy with SSRIs. Dual therapy with an SSRI and antipsychotics (particularly risperidone) are associated with improved outcomes in OCD patients with tics and TS patients with obsessive-compulsive symptoms. However, conjoint therapy with neuroleptics and SSRIs was only investigated when OCD burden was unsatisfactory following SSRI monotherapy.

Conclusion. There are clinical implications when a patient with OCD also has a chronic tic disorder. The findings indicate the need for further research, particularly in the form of a larger cohort in randomised controlled trials, to determine when it is best to initiate patients with OCD and comorbid tic disorders on a dual antipsychotic-SSRI management strategy. Further evidence should also be done to determine other characteristics that predict an improvement to conjoint SSRI/neuroleptic therapy for effective symptom reduction.

Obsessive compulsive disorder in coroners’ reports

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Aims. The frequency and burden of suicidality in obsessive-compulsive and related disorders have historically been under-reported, despite research pointing to a significant association between OCD and suicidality. Likewise, OCD is frequently undiagnosed or misdiagnosed. This study looks at coroners’ reports relating to suicides in UK, Australia and Canada in order to:

Explore characteristics of suspected or confirmed cases of OCD in coroners’ reports

Identify instances of possible undiagnosed or misdiagnosed OCD

Identify recurring themes in the reports

Method. 1869 publicly available coroners’ reports were accessed from England (n = 200), Scotland (n = 128), Canada (n = 680)

and Australia (n = 861). Reports were screened in order to identify individuals who had either a diagnosis of OCD (n = 16), a diagnosis of a related condition (n = 4), or indications of possible undiagnosed OCD (n = 12). Wherever possible, demographic and psychiatric characteristics were extracted for statistical analysis. Qualitative thematic analysis was carried out on selected reports.

Result. 32 cases of interest were identified from analysis of coroners’ reports of suicides that took place between the years of 2000 and 2020. Breakdown by country was as follows:

United Kingdom: n = 6 (1.8% of total reports analysed from United Kingdom)

Canada n = 3 (0.4% of total reports analysed from Canada)

Australia n = 23 (2.7% of total reports analysed from Australia)

Among those with possible undiagnosed OCD, common experiences were fear of causing harm, intrusive thoughts of guilt and shame, and compulsive checking and/or reassurance seeking. Further themes included: misdiagnosis, failings in mental health care, stigma and discrimination.

Conclusion. Individuals with OCD are thought to be up to ten times more likely to die by suicide, with this risk increasing in the presence of psychiatric comorbidities. However, OCD remains underdiagnosed, and this may be reflected in the relatively low number of suicides identified for this study where OCD was diagnosed before death. The low numbers may also point to a tendency among both coroners and healthcare professionals to underestimate the association between OCD and suicidality.

Qualitative analysis of the coroners’ reports identified a theme of intolerable distress. This distress was documented most extensively in reports where OCD was strongly indicated but never diagnosed, highlighting the impact of missed, late or incorrect diagnosis.

Notably, nearly all of the reports reveal repeated attempts by the individual to seek help. Despite this, many experienced stigma, mental health service failings and missed opportunities for help in the months preceding their deaths.

Disability and functional outcomes following STN, VC/VS, and combined deep brain stimulation in obsessive compulsive disorder

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Background. OCD severity scores mostly convey information within the domain of clinical conceptualisations. To capture the full impact of any new intervention it is crucial to measure its impact on disability. For this purpose we captured prospective data on changes in disability, function and impairments with multiple tools throughout the UCL-MRC trial of Deep brain stimulation (DBS) for Obsessive Compulsive Disorder (OCD) between 2013-2017. The clinical and cognitive outcomes from the trial have already been reported in 2019. We hypothesized a concomitant improvement in perceived and observed indicators of disability with clinical improvement in OCD symptoms. This is a preliminary report of the disability outcome data from the trial.

Method. Six patients with severe treatment resistant OCD were recruited for this study from the NHS England OCD Specialist Service. Eligible participants were offered lesion surgery