

of frequent handwashing in limiting the transmission of the virus. Whilst crucial in controlling transmission, such messaging may have an adverse effect on individuals with OCD. The primary aim of this study was to investigate any significant changes to handwashing behaviour, as well as other related hygiene behaviours, across all symptom dimensions of OCD. The frequency of engaging with pandemic-related media coverage was also considered across all symptom subtypes.

Method. A cross-sectional study was conducted, with a total of 332 participants recruited. Participants who scored above the optimal cut-off score on the Obsessive-Compulsive Inventory Revised edition (OCI-R) were included in the analysis ($n = 254$). Scores on the six subscales of the OCI-R were correlated with responses to a COVID-19 Impact measure.

Result. Factor analysis of the COVID-19 Impact measure revealed that items loaded on two components of the measure (handwashing and distress-avoidance). A significant correlation was revealed between the handwashing component and the OCI-R washing subscale ($r_s = 0.523$, $p = 0.0001$), as well as between distress-avoidance and the OCI-R washing and ordering subscales ($s = -0.227$, $p = 0.0001$; $r_s = -0.159$, $p = 0.006$). Content analysis revealed disruption to treatment delivery and worsening symptom severity in participants with contamination-related OCD.

Conclusion. The pandemic has had a significant impact on individuals with contamination-related OCD symptoms, in relation to symptom severity and treatment disruption. Consideration should be given to targeted support tailored to patients with this subtype of OCD.

Person centred approaches to learning hold a potential for a mature depth of understanding and engagement as opposed to the traditional 'transmission of knowledge' approach to learning

Catherine Hayes^{1*} and Adrian Heald²

¹University of Nottingham and ²University of Manchester, Salford Royal Hospital

*Corresponding author.

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Aims. Do students experience a person-centred experiential (PCE) approach to learning in a university context differently to transmitted knowledge learning from prior education, and if so, how?

Background. The person-centred approach, as defined and developed by Carl Ransom Rogers, remains on the margins of practice in the UK. The approach sustains a non-medical stance. All of the Improving Access to Psychological Therapies Person Centred Experiential Counselling (APT PCEC) workforce require a qualification in person-centred experiential counselling. In order to attune to Roger's hypothesis regarding the conditions required in order to facilitate psychological growth, person-centred learning is a principle stance.

Researching experiences of PCE learning through anonymous feedback from students attending different levels of training (BA, MA and post qualification PCE-Counselling for Depress (Cfd) License) is an initial test of the hypothesis.

Counselling education in the UK is increasingly highly standardised and driven by competency frameworks. This work begins to uncover person-centred students' evaluation of undertaking person-centred qualifications. Modules and continuing professional practice were constructed to facilitate a person-centred learning environment wherein the curriculum was designed by students or the experiential aspect of the learning drove the agenda

Method. The sample was made up of ($N = 30$) students. 8 students were studying for a Master's degree in person-centred experiential psychotherapy, 10 students were studying a BA in humanistic psychotherapy, 12 students were attending a mandatory IAPT Continuous Professional Development (CPD) training in PCE therapy. The evaluation responses were subject to a thematic analysis.

Result. The emerging themes parallel each other and indicate that degree students were very aware of the difference from their previous learning experience in education.

68% of MA Students experienced psychological maturation through the process of training.

83% of BA students became more agentic in their approach to learning.

83% IAPT therapists noticed the nurturing, compassion and humane approach to the learning, despite the mandatory nature of the offer and empowered them in regards to their non-medical stance within an NHS context.

Conclusion. Our findings point to the significance and impact of person-centred learning for person-centred psychotherapists' development during and post-qualification. Implications can be drawn in regards to engaging with person-centred learning in public sector and health contexts.

Person centred approaches to learning hold a potential for a mature depth of understanding and engagement as opposed to the traditional 'transmission of knowledge' approach to learning.

Reducing fatigue-related symptoms in Long COVID-19: finding an intervention that works

Adrian Heald^{1*}, Lisa Riste², Andreas Walther³, Mike Stedman⁴, Annice Mukherjee² and Ray Perrin²

¹Salford Royal Foundation Trust; ²University of Manchester;

³University of Zurich and ⁴Res Consortium

*Corresponding author.

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Aims. In the early days of the first global wave of the COVID-19 pandemic, the potential for a post-viral syndrome to manifest following COVID-19 infection was highlighted.

It was pointed out that an early intervention applying management techniques used in patients with CFS/ME appeared to help reduce the fatigue related symptoms of Long COVID.

Here we present an analysis of a consecutive case series of the first twenty patients' data collected. Our aim was to evaluate the potential of this mode of treatment for Long COVID.

Method. Face to face treatment sessions with the practitioners occurred once a week, involving effleurage and other manual articulatory techniques.

The individuals being treated also undertook a daily self-massage along with gentle mobility exercises and alternating warm and cool gel packs on the upper spine, to encourage a reduction of spinal inflammation and further aid lymph drainage of the brain and spine.

Symptom severity was recorded using the self-reported 54-item Profile of Fatigue Related States (PFRS).

Result. The mean age of the men was 41.8 years with a range of 29.1-53.1 years with the corresponding mean age for women being 39.3 years with a range of 28.3-50.4 years.

The average time interval between onset of Coronavirus symptoms and start of treatment for Long COVID was just over 20 weeks. The average number of treatment sessions was similar at 9.7 in men and 9.4 in women.

The change in Profile of Fatigue Related States (PFRS) score was similar in men with a significant decrease (-45%) as in women (-52%) ($F_{4,8}$, $p < 0.001$).

None of the individuals had any prior diagnosis of chronic fatigue syndrome.

All were new attendees to the clinic at the time of initial assessment.

Conclusion. Our findings indicate that this intervention based on massage and mobility exercises significantly reduced fatigue related to Long COVID.

It may be that early intervention and supportive treatments at the end of the acute phase of COVID-19 can help overcome acute phase symptoms and prevent them becoming chronic/enduring.

Does food responsiveness change in people with first episode psychosis (FEP) over a period of 6 months after commencing antipsychotics? Preliminary results

Adrian Heald^{1*}, Mark Shakespeare², Kevin Williamson², Adrienne Close², Adrian Phillipson² and Suzanne Higgs³

¹Salford Royal Foundation Trust; ²RDASH and ³University of Birmingham

*Corresponding author.

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Aims. We here present preliminary results from our study to understand better the changes in people's experience of food in the months after diagnosis with first episode psychosis (FEP). Weight gain often occurs in the weeks/months after diagnosis and is related to an increase in appetite and food intake. Many drugs that are effective in treating psychosis are associated with changes in the way that people experience reward when they eat.

The aim of this project is to increase our understanding of exactly why this happens in terms of an individual's experience of food reward and reduced satiety – and therefore how we can help people with FEP to keep their weight down. At this stage we are looking at the feasibility of applying currently available evaluation tools to people in this situation.

Method. A convenience sample was used to recruit 10 service users from RDASH NHS FT Early Intervention Services. This is a feasibility study which will provide data to underpin a fully powered, larger trial.

Rating scales applied were:

Power of food questionnaire: measures responsiveness to the food environment.

Intuitive Eating Scale: measures an individual's tendency to follow their physical hunger and satiety cues.

The loss of control over eating scale (LOCES): measures a global sense of whether individuals experience LOC over eating.

Dutch Eating Behaviour Questionnaire (DEBQ): measures restrained eating, emotional eating and external eating.

Result. The ages of the participants ranged from 17–26 years. All were started on Olanzapine at the dose of 5 or 10 mg daily.

Baseline total scores for the Power of Food (2.47–3.80)/5 (higher score = more responsiveness) and Intuitive Eating scales (2.10–2.62)/5 (higher score = greater tendency to follow hunger and satiety cues) were in the mid-range, while the LOCES scores varied widely from 1.50–2.38/5.

The DEBQ restrained subscale score range was 2.40–2.80/5 (higher indicates greater restraint with food) while the DEBQ external subscale ranged from 2.70–3.00/5 (higher = greater tendency to overeat) and the DEBQ emotional subtotal score was 1.92–1.94/5, in keeping with a relatively low emotional drive to eat.

Conclusion. Our preliminary results reveal at the beginning of antipsychotic treatment a moderate responsiveness to food and tendency to follow hunger/ satiety cues, with scores for Loss of Control of eating in the low to moderate range and a low emotional drive to eat. The difference between these and the follow-up eating behaviour scores will provide important clues as to the precise changes in eating behaviour with anti-psychotic treatment in FEP.

Reduced motivation to work for financial reward associated with harmful alcohol use in a community sample of young adults

Jessica Henry*, Karen Ersche and Tsen Vei Lim

Department of Psychiatry, University of Cambridge

*Corresponding author.

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Aims. Neuroimaging research suggests that alcohol dependency is associated with impairments in anticipating monetary rewards, but not aversive or alcohol-related cues.

We sought to investigate if reinforcement sensitivity is altered in young adults, who regularly consume harmful levels of alcohol, using a monetary incentive reinforcement (MIR) task. In light of previous research suggesting reduced motivation to obtain reward, we hypothesized that young alcohol users would show reduced motivation for monetary gain, but unimpaired loss avoidance behaviour.

Method. We recruited 46 volunteers from the local community in Cambridge (UK), half of whom reported consuming alcohol at harmful levels, as reflected by the Alcohol Use Disorder Test. Participants completed a number of personality questionnaires, including the Barratt Impulsivity Scale (BIS-11) and Sensation-Seeking-Scale (SSS-V) and performed the MIR task, which measures participants' efforts in avoiding punishment and gaining rewards. Data were analysed using Statistical Package for Social Sciences (SPSS) version 25 (IBM, Chicago IL). Analysis of co-variance (ANOVA) were used to explore group differences in demographics, personality traits and task performance; age and gender were included as co-variables.

Result. The groups were well-matched in terms of socioeconomic status and education levels. As the alcohol group was significantly younger than the control group and dominated by females, age and gender were statistically controlled for. Alcohol users reported significantly higher levels of impulsivity ($F_{1,41} = 6.0$, $p = 0.019$) and sensation-seeking traits ($F_{1,42} = 36.7$, $p < 0.001$) and demonstrated normal sensitivity to monetary value ($F_{1,41} = 1.07$, $p = 0.307$). However, when challenged to on the MIR task to gain reward or avoid punishment, alcohol users were as equally motivated as control volunteers to take action to avoid financial loss ($F_{1,41} = 2.6$, $p = 0.112$) but showed less motivation to work towards financial reward ($F_{1,41} = 4.7$, $p = 0.036$). Especially for small rewards, alcohol users exerted significantly less efforts, as reflected by a reduced accuracy rate ($F_{1,41} = 6.6$, $p = 0.014$) and a significant increase in late responses ($F_{1,41} = 7.7$, $p = 0.008$). The lack of motivation to work for reward was negatively associated with the severity of alcohol use, as reflected by the AUDIT score ($r = -.48$, $p < 0.05$).

Conclusion. We observed reduced motivation to obtain financial reward, but not avoid loss in a community sample of heavy drinkers. As the observed effect was directly related to alcohol use severity, it may suggest changes in reinforcement sensitivity occur at an early stage of chronic alcohol use. Future research may want to monitor reward motivation in alcohol users longitudinally to evaluate whether it would be a suitable target for early intervention.