

Queen Mary University of London, London, United Kingdom

\*Presenting author.

doi: 10.1192/bjo.2024.188

### Aims.

- 1) Identify the factors that shape alcohol consumption and accessing support for excessive alcohol consumption in the BSP community.
- 2) Establish the current provision of alcohol-related education in the UK medical school curriculum and analyse if this is suitable to address alcoholism in the BSP community.
- 3) Provide recommendations to be made to the curriculum to help medical students approach the issue of alcoholism in specific communities in a culturally competent manner.

**Methods.** Two narrative literature reviews were conducted. 37 studies were included. The first search underwent thematic analysis with reference to a Public Health England framework, and the second underwent inductive thematic analysis. Subsequently, the results from both searches were compared to produce appropriate recommendations.

**Results.** Factors Influencing Alcoholism in the BSP Community

- Experiences of racial discrimination result in psychological distress, and the need to acculturate to decrease this risk.
- Loneliness, mainstream Punjabi music, and a decreased self-reported importance of religion.
- The role of masculinity was emphasized, with both those who abstained and those who drink viewed as masculine.

Alcohol-related Education and Medical School

- Alcohol use has increased among UK medical students.
- The drinking habits of medical students are crucial to their own health, their clinical practice, and indirectly as role models in society for acceptable lifestyle behaviours.
- Approximately 14 hours are dedicated to alcohol and drug-misuse teaching over the 5-year medical school degree.
- Lack of alcohol-related-policies at UK medical schools.
- Doctors' negative attitudes towards patients with AUD were frequently reported.
- Medical students are eager to learn about AUD.

Recommendations for the Medical School Curriculum:

- Development of a comprehensive and supportive alcohol-related policy.
- Pre-clinical teaching: seminars with an individual who has recovered from an AUD.
- Clinical stage teaching: encourage students to write and present cases of patients with AUD.
- Encourage the use of non-judgemental labels.
- Lectures including speakers from voluntary AUD services.
- Encourage Alcoholics Anonymous attendance for students.

**Conclusion.** Overall, the BSP population fail to access treatment services due to fear of shame and stigma. Medical schools have immense potential to make changes to their alcohol-related education to ensure that future doctors provide holistic care, leading to earlier detection and management of alcohol-use disorders. Recommendations were made with the intention of providing culturally competent services.

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.

## Two Years Beyond COVID-19: Unveiling the Persistence of Neuropsychiatric Symptoms and Risk Factors in a Cross-Sectional Study

Dr Poulami Laha<sup>1\*</sup>, Dr Guru S Gowda<sup>1</sup>, Dr V Senthil Kumar Reddi<sup>1</sup>, Dr Harish T<sup>1</sup> and Dr Sydney Moirangthem<sup>1</sup>

<sup>1</sup>National Institute of Mental Health and Neurosciences, Bengaluru, India

\*Presenting author.

doi: 10.1192/bjo.2024.189

**Aims.** The neuropsychiatric morbidities associated with post-COVID status are important public health issues. The range and severity of morbidity varies with the type of clinical setting and time of assessment. There are limited studies on the long-term persistence of the post-COVID neuropsychiatric symptoms (PCNS). Hence, this study aims to determine the proportion of persistent PCNS after approximately 2 years of COVID and to find any risk factors for persistent PCNS.

**Methods.** This study was a cross-sectional study of randomly selected 2,281 individuals aged 18–60 years, currently living in the community, who were RT-PCR positive for COVID-19 from the National Institute of Mental Health and Neurosciences (NIMHANS) laboratory (at least 4 weeks before intake) from a period of 1 June 2020 to 31 March 2022. Among them, 927 individuals who met the study criteria were screened for PCNS through telephone interviews using a validated PCNS screening tool comprising sociodemographic details, life events inventory and 20 questions to assess for PCNS. 196 individuals who came positive for PCNS were further evaluated by in-person or web-based interviews with Structured Clinical Interviews for DSM-5-Research Version and World Health Organization-Post-COVID Case Report Form for persistent PCNS. Descriptive statistics, Chi<sup>2</sup> test, Mann-Whitney U Test, and Binary logistic regression analysis were used for data analysis. The Institutional Ethics Committee approved this study.

**Results.** The median age of study participants was 34 years, and 51.3% were female. 68 out of 196 participants (34.7%) had persistent PCNS approximately 2 years (23.84 months) after COVID-19 infection. Chronic fatigue (10.2%), depression (6.1%), cognitive symptoms (4%), hyposmia (3.6%), hypogeusia (3.6%), anxiety (2.5%), panic disorder (2.5%) and insomnia (2%) are the main persistent symptoms. The median age of the participants with persisted PCNS (40 years) is higher compared with the median age of the participants without persisted PCNS (34 years) [Mann-Whitney U = 5,225.0, P = 0.021]. Even though significant associations were found between the development of PCNS after 4 weeks of COVID and female gender, symptomatic COVID-19, severity of COVID-19 (oxygen supplementation), hospital admission, total number of times of COVID-19, and presence of life events, this association were not found with persistence of PCNS at 2 years.

**Conclusion.** This study revealed that one-third of the individuals with PCNS had persistent symptoms after 2 years. Chronic fatigue is the most common persistent PCNS. Middle-aged and above age groups were found to be a risk factor for persistent PCNS.

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.