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Aims. The first medical textbook in Arabic, 'Firdaus as-Hikmah' (The Paradise of Wisdom) by Tabari (808–861) was composed in in year 848. Tabari's classification of insanity is simple and in term of psychosis, he talks about syndromes of '*Hearing voices in the head*' (hallucinatory psychosis), '*humm-al-hubbi*' (love fever) and '*humm-al-sehr*' (fever from enchantment). The first classification of 'junun' (psychosis) comes from Râzī (854–925), who in his '*Al-Hāwī fil Tib*' (The System of Medicine) divides 'insanity' (psychosis) into 'al-junun al-thābet' or 'permanent madness', and '*a'rāz tābea-tu leamrāz*' or 'symptomatic psychotic disorders'. The first medical textbook in Persian language, '*Dāneshnāma*' (Medical Encyclopaedia) by Hakim Maysarī, completed in 978–9 mentions only melancholia and 'rejā' (pseudocyesis/pseudopregnancy) and no other psychotic conditions. Prospective generations of Arabic-inscribing physicians, including Majūsī, also known as Haly Abbas (949–990), Avicenna (980–1037), and Persian-inscribing physicians such as Bokhârī (? –983) and Jorjânī (1040–1137) are strongly influenced by Râzī and use similar taxonomy of psychotic disorders. Moreover, the taxonomy introduced by Râzī and other mediaeval physicians has been used in Arabic and Persian speaking medical communities until the past century. Nevertheless, these were substituted by Latin-based language vocabulary reflecting the International Classification of Diseases (ICD).

The aim of this work is to review the input of Arabic and Persian schools in the development of psychiatric knowledge and classification.

Methods. Literature search of 'Firdaus-al-Hikmah' of Tabari, '*Kitāb al-Hāwī fī al-ṭibb*' of Râzī, '*Kitābu'l Malikī*' (The Royal Book) by Majūsī, '*Al-Qānūn fī al-Ṭibb*' (Canon of Medicine) of Avicenna in Arabic; and '*Hidâyat al-Muta'allemin fi al-Ṭibb*' (A Guide for Medical Students) of Al-Akhwayani Bokhârī and '*Zakhīra-i Khwârazmshâhī*' (The Treasure of Kwārazmshāh) and *Al- 'Aghrād'ul tibiyah wa'al-mabāhith'ul Ala'iyah*' (The Aims of Medicin) of Jorjânī in Farsi.

Results. 1. 'Transient' or symptomatic psychotic disorders, resulting from direct or indirect brain damage:

1.1. '*Ekhtelāt-ul-takhayyol*' (disorder of perception), 'when patients imagine perceptible things, such as seeing people, hearing sounds, or sensing smells that have no external reality'.

1.2. '*Ekhtelāt-al-fekr*' (thought disorder), when the perception is intact and patients perceive the outside reality as it is, however, their thinking is impaired.

1.3. 'Ekhtelāt-al-aqhl' ('corruption of the mind'), or 'junun (madness), defined as a condition when patients say things they should not say, like things they should not like, wish unreasonable things, demand what is not demanded, do things they should not do, or hate things that they normally do not hate.

1.4. '*Sobārā*', portrayed as a form of agitated madness resulting from 'sarsām' (meningitis/encephalitis).

2. 'Permanent' psychotic disorders also considered as primary 'brain' diseases:

2.1. Mania, described as the worst kind of insanity, presenting symptoms of paranoia, constant anxiety, agitation, hyperactivity, vindictiveness, insomnia, hostility, and ferocity.

2.2. '*Dâ-al-kalb*' ('dog's disease'), portrayed as a mixed psychosis with a fluctuating picture of anger and playfulness, as well as hostility mixed with gentleness.

2.3. '*Qutrub*', outlined as a psychosis when affected individuals dislike people's company and run away from society, rarely resting, and aimlessly moving as if they were in fear of running from someone. Patients become forgetful, and their behaviours disorganised.

Conclusion. The Arabo-Persian classification of mental disorder was progressive and generated a common nomenclature in the Arabo-Persian speaking medical communities, serving the mutual understanding of experts. Moreover, the taxonomy developed was relatively precise and stable, corresponding to modern classification systems. Psychoses were categorised into 'transient' and 'permanent' disorders, which were considered as a primary 'brain disease' of multifactorial aetiology, a concept introduced by Griesinger in the 19th century, known as the 'organic model' of mental illnesses.

Hidden Harm: Detection of Abnormal Urinary Analysis in Alcohol and Polysubstance Abuse

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Aims. This research study aims to identify the adverse effects of alcohol and polysubstance misuse on kidneys. The study also highlights the hidden harm caused by prescribed treatments such as PPI (Proton Pump Inhibitors) and other medications.

Methods. The study was conducted in the summer of 2022 at an outpatient addiction treatment service. 63 patients (10% of the total prescribers), 49 males and 14 females participated in the study. All participants gave their consent, and data were collected including demographic details, substance misuse history, physical and mental health history, and prescribed treatments. We used a Combur-7 urinary dipstick to analyze the results provided in the kit.

Results. Seven patients were not able to provide a sample. 60/63 patients' result showed abnormalities.

21 out of the 63 samples appeared dark and hazy. 7 samples were foul-smelling. 40 of the 63 patients were detected with a variable amount of leukocytes. 1 of the 63 patients was positive for nitrogen. The pH values range from 5 to 8. Specific gravity values were variable. 3/63 samples were positive for bilirubin. 58/63 samples were positive for protein. 19/63 samples detected variable amounts of red blood cells. 5/63 samples detected for ketones and glucose were negative in all samples.

Conclusion. Long-term alcohol abuse can compromise the ability to manage fluid volume and electrolyte balance. Extreme serious abuse can also impact acid-base balance, homeostasis, and even hormonal control regulated by the kidneys could be affected. This situation further complicates the presence of liver disease.

Cocaine abuse can cause acute kidney injury (AKI), malignant hypertension, and vasculitis and can lead to chronic kidney disease (CKD). Heroin-associated nephropathy (HAN) can lead to nephrotic syndrome and could progress to end-stage renal failure.

Tobacco, solvents, amphetamines, and ecstasy can aggravate a wide range of kidney diseases by their direct or indirect effect on kidney functions.

Long-term use of proton pump inhibitor and other medications such as NSAID, pregabalin, and diuretics, may affect kidney functions.

The Opiate substitute treatment dose needs to be adjusted in the presence of poor kidney functions to reduce morbidity and mortality. Early screening is required for all patients on long-term OST and other medications for comorbid illnesses.

The Role of Cognitive Behavioural Therapy, Family Therapy and Psychopharmacological Interventions in Internet Gaming Disorder: A Systematic Review

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Aims. Internet gaming disorder (IGD) is a recognised mental health condition characterised by impulsive gaming, where gaming takes precedence over all other activities and negatively impacts the life of a person. IGD has an estimated prevalence of 2–5% of all mental health disorders. Limited research exists on the treatment effects of various therapeutic interventions for gaming disorder, highlighting the need for comprehensive investigations of evidence-based approaches and to improve intervention strategies.

This systematic review aims to identify most of the intervention studies on internet gaming disorder using a control group, to determine the effect of the interventions and to examine moderators for these interventions.

Methods. We reviewed available treatment interventions for children and adolescents. A search on Pubmed central, PsycINFO, Embase, MEDLINE, Cochrane, CINAHL and Google Scholar Library was conducted. Various interventions, whether individual or group-based, incorporate Cognitive Behavioural Therapy (CBT), family therapy and pharmacological treatments for gaming disorder and these were selected for this review among all the other interventions examined. Some exclusively use CBT, while others combine it with different treatments. This includes both online and in-person CBT, encompassing behavioural including limited exposure and cognitive elements.

The comprehensive search resulted in 113 studies from 2018–2023 and we ended up with 25 studies by excluding studies according to the exclusion criteria.

Results. This systematic review identified a total of 113 studies, of which 25 studies were finally selected and were included. It examined interventions for internet gaming disorder (IGD). Cognitive Behavioural Therapy (CBT), Family Therapy, and Psychopharmacological treatments were assessed across diverse studies.

Findings indicate significant improvements post-intervention, with CBT and family therapy showing promising results in reducing IGD symptoms. Pharmacotherapy combined with psychotherapy emerged as the most effective treatment option. The study underscores the need for multifaceted approaches in addressing IGD, contributing valuable insights for future treatment strategies.

Conclusion. The review highlights promising outcomes for Internet Gaming Disorder interventions, with Cognitive Behavioural Therapy and Family Therapy demonstrating effectiveness. Combining pharmacotherapy with psychotherapy is most beneficial, emphasising the importance of comprehensive treatments needed for IGDs.

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.

Changes in Early Childhood Irritability and Risk-Taking on the Cambridge Gambling Task (CGT) at 11 Years

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Aims. Irritability is common and easily identified in childhood. It is transdiagnostic and a common reason for referral to mental health services. Irritability which does not decrease during early childhood is associated with adolescent depression. We hypothesised that irritability would be associated with increased risk-taking overall but reduced risk-taking in response to loss.

Methods. We used data from the Millennium Cohort Study, a population-based cohort of 18,552 children born in 2000–02. We examined whether irritability at 3, 5 and 7 years is associated with risk-taking on the CGT using multilevel mixed effect generalised linear models (MEGLMs). We also calculated the change in irritability between 3–7 years for each participant using multilevel mixed models. We then examined the association between this change measure and risk-taking on the CGT using MEGLMs. Analyses were adjusted for a broad range of confounders.

Results. We found that children whose irritability did not decrease as would be expected from 3 to 7 years were more likely to stake a higher number of points per trial on the CGT at 11 years. This increase was most evident when the previous trial had been won. Irritability at 7 years was associated with staking a higher number of points per trial on the CGT (coefficient 0.52, 95%CI −0.04–1.08, $p = 0.067$) in fully adjusted model, whereas irritability at 3 and 5 years were not (3 years – coefficient 0.02, 95%CI -0.62–0.65, $p = 0.961$; 5 years – coefficient 0.14, 95%CI −0.45–0.73, $p = 0.641$). There was evidence of an interaction between irritability at seven years and whether the previous trial was won ($p = 0.014$). Childhood irritability which did not decrease between 3–7 years was associated with staking a higher number of points per trial on the CGT (coefficient 1.36, 95%CI 0.44–2.28, $p = 0.004$); there was evidence of an interaction between change in irritability and whether the previous trial was won ($p = 0.056$).

Conclusion. This is the first longitudinal population-based study examining the relationship between changes in irritability during early childhood and risk-taking behaviour measured by the CGT. Our findings illustrate that irritability in children is characterised by an increase in risk-taking at age 11 years, reflecting differences in how children behave in relation to rewards and losses based on prior irritability. Further understanding of how the processes such as risk-taking which link childhood phenotypes such as irritability, relate to future mental health, may enable the development of new interventions focussing on reactions to rewards and losses.

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