

triglycerides, glucose, and prolactin concentrations. We performed meta-regressions to examine the relationship between metabolic/endocrine change and age, sex, and ethnicity

Results. Of 6697 citations, we included 15 randomised controlled trials, consisting of 2501 patients. Antipsychotics included in analyses were aripiprazole, asenapine, blonanserin, clozapine, haloperidol, lurasidone, molindone, olanzapine, paliperidone, quetiapine, risperidone, and ziprasidone. Median treatment duration was 6 weeks (IQR 6–12). Mean age was 15.13 (SD 0.94) years. Mean differences for weight gain compared with placebo ranged from -2.04 kg (95% CI -4.24 to 0.17) kg for molindone to 4.11 kg (-0.55 to 8.77) for clozapine; for BMI from -0.55 kg/m² (-1.37 to 0.27) for molindone to 1.92 kg/m² (0.16 to 3.68) for quetiapine; for total cholesterol from -0.14 mmol/L (-0.70 to 0.41) for risperidone/paliperidone to 0.46 mmol/L (0.00 to 0.90) for quetiapine; for LDL cholesterol from -0.32 mmol (-0.76 to 0.12) for aripiprazole to 0.24 mmol/L (-0.15 to 0.63) for olanzapine; for HDL cholesterol from 0.10 mmol/L (-0.05 to 0.26) for aripiprazole to -0.23 mmol/L (-0.52 to 0.06) for risperidone/paliperidone; for triglycerides from -0.01 mmol/L (-0.21 to 0.34) for molindone to 0.62 mmol/L (0.04 to 1.2) for clozapine; for glucose from -0.33 mmol/L (-0.64 to -0.02) for ziprasidone to 0.81 mmol/L (0.28 to 1.34) for clozapine; for prolactin from -1.92 ng/mL (-15.37 to 11.53) for aripiprazole to 28.10 ng/mL (16.23 to 39.96) for risperidone/paliperidone. Higher baseline age predicted by greater increases in body weight ($p = 0.014$).

Conclusion. We found significant differences between antipsychotics in terms of metabolic and endocrine side-effects when used in children and adolescents. Treatment guidelines should be updated to reflect our findings. However, the choice of antipsychotic should be made on an individual basis, considering the clinical circumstances and preferences of young people, carers, and clinicians.

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.

Understanding Pre-Hospital Care for Self-Harm: Views and Experiences of Yorkshire Ambulance Service Clinicians

Dr Daniel Romeu^{1,2*}, Professor Elspeth Guthrie¹ and Professor Suzanne Mason³

¹University of Leeds, Leeds, United Kingdom; ²Leeds and York Partnership NHS Foundation Trust, Leeds, United Kingdom and

³University of Sheffield, Sheffield, United Kingdom

*Corresponding author.

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Aims. Self-harm is a common presentation in emergency services, and ambulance clinicians are often the first professionals involved. The aims of this study were to explore the experiences of Yorkshire Ambulance Service (YAS) clinicians of caring for people who self-harm, and to seek their views of the care provided to this group in the pre-hospital setting.

Methods. This preliminary cross-sectional study involved a self-completed questionnaire using an online platform (Online Surveys, www.onlinesurveys.ac.uk). The questionnaire was designed by the research team, piloted by four academic paramedics, and shared with ambulance clinicians employed by YAS via social media and email bulletins. Multiple-choice answers were analysed using descriptive statistics, and two researchers (DR, EG) independently analysed free-text responses thematically. Participants could only proceed to the questionnaire if they agreed

to an online consent statement. Ethical approval was granted by the University of Leeds.

Results. 26 clinicians responded to the questionnaire (1.0% response rate), of whom 17 (65%) were female and 16 (62%) were paramedics. 17 (65%) indicated that they had not received specific mental health training in their roles. Only nine (35%) respondents felt comfortable caring for this group, and four (15%) thought that their training had adequately prepared them.

Respondents identified the following as facilitators to high-quality clinical care for people who have self-harmed: previous clinical experience, training in mental health and injury management, availability of mental health advice and services, good communication skills, relevant online resources, and support from senior colleagues. Barriers identified included patient factors, a lack of mental health pathways, services and support and a lack of training and education in mental health. Suggested improvements to emergency services for self-harm were alternatives to emergency departments, greater availability of mental health support, more staff, mental health training for ambulance clinicians, and guidance for the management of patients declining to attend hospital.

Conclusion. Respondents generally felt unconfident and unprepared when called to assess and manage people who have harmed themselves. Improvements in mental health training for ambulance clinicians and greater availability of mental health services are needed to improve pre-hospital care for people who self-harm. Although the study was limited by a low response rate, it has begun to address the literature gap in paramedic care for self-harm. Questionnaire responses corroborate NICE recommendations that alternative services to emergency departments, where appropriate, could improve patient satisfaction and the quality of clinical care. This should be considered by commissioners and policymakers.

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Assessment of Knowledge Regarding Alcohol Unit Conversion in Psychiatry Practitioners

Dr Saima* and Dr Laura Jayne Williams

Betsi Cadwaladr Health Board, Rhyl, United Kingdom

*Corresponding author.

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Aims. National health services are facing an increased burden of alcohol-related problems. Between 2019–2020, 280,000 hospital admissions were attributable to alcohol use (1). This was 2% higher than 2018–2019, and 8% higher than 2016–2017. The UK Government has taken some action by recommending a maximum weekly alcohol consumption limit in units; however it is unclear whether psychiatrists are aware of these recommendations. It can often be difficult to calculate accurately the units of alcohol consumed, due to differences in the alcohol concentration of apparently similar drinks (3). The aim of this online survey was to assess junior doctors' knowledge and their understanding of alcohol unit conversions.

Methods. This was a cross-sectional study, administered via an online questionnaire. We invited junior and middle grade doctors working in Psychiatric Inpatient Units and CMHTs in the North Wales region via e-mail. We have used the same questionnaire that was used in previous studies. The questionnaire captured respondents' training level, their current alcohol consumption and perception about their knowledge of alcohol unit conversions, as well as assessing their knowledge about alcohol unit conversions using four test scenarios. The data