Method. A scoping literature review was undertaken between January and March 2020. A single researcher searched OvidSP, psychinfo, relevant grey literature and undertook hand searches of key reference lists. Following PRISMA-SCR protocol, abstracts and articles were screened against inclusion/exclusion criteria to identify relevant papers. Papers were then subjected to critical appraisal and findings summarised using a narrative approach. Key data for blood pressure, pulse and body temperature were pooled and analysed in the context of wider findings.
Result. Data from 219 patients were included from 20 studies. 13 of these studies were case studies or case series, 5 were cross sectional and 2 were cohort studies. Cardiovascular compromise including bradycardia (61%) and hypotension (30.3%) were common and a single episode of cardiac arrest was documented in the literature. Bone density was reduced (Z score ≤1) in 36.7% of cases. A wide variety of single episodes of physical morbidity were also documented including pneumothorax, liver dysfunction, growth retardation and thyroid dysfunction.
Conclusion. This scoping review highlights the physiological compromise experienced by some male adolescents with AN. Guidelines for the identification, assessment and management of physical health complications - including MARSIPAN by the Royal College of Psychiatrists - continues to use data heavily drawn from female-biased populations. Given the evidence summarised, there is concern that in the absence of specific guidance, adolescent males may be at high risk of negative outcomes including acute cardiovascular compromise, osteoporosis and reduced linear growth.

An audit assessing the monitoring of SSRIS after initiation in children and adolescents

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Aims. To identify children and adolescents started on SSRIs to see if they are being followed up in accordance to NICE and Maudsley guidelines

Objectives

Has the patient been followed up after a week to check for adverse effects or improvement in their mental state?

Has the patient been re-evaluated every 4-6 weeks, if not is there an alternative plan?

If there is no improvement has the dose been increased?

If there is an adverse effect has the dose been lowered or the medication stopped?

Method. Paper case notes including clinic letters and handwritten notes were reviewed on the 19/10/2020. The following data were collected anonymously.

Age
Gender
Date seen / Date medication started
Name of medication
Date medication started
Date of Follow-up
Monitoring of improvement
Monitoring of adverse effects
Outcome of monitoring

Result. A total of 18 sets of cases were identified.

Follow-up occurred in 17 of the 18 cases.

The one case that had not been followed up had started the medication 8 weeks before the audit. The median follow-up time was 42 days (6 weeks). No cases were followed up within a week.

Monitoring of improvement was recorded in 88% of case notes reviewed.

Monitoring for adverse effects occurred in 36% of case notes and none of these patients had reported any side effects. 53% of cases did not have monitoring of adverse effects documented. There were two patients (11%) who did not take the medication as prescribed. One out of choice and one their parent had not collected it.

The medication dose was increased in 22% of patients without clear documentation of monitoring for adverse effects.

Conclusion. After discussion with the clinical lead it was decided it is impractical to follow up patients a week after starting medication. However, patients and their carers should be informed of the side effects and advised to contact CAMHS if adverse effects occur.

The area of practice that can be improved is the documentation of adverse effects at follow-up.

Recommendations:

All patients to be informed of the common side effects of the medication before it is initiated and advised to contact the CAMHS team if they have concerns

All CAMHS patients started on SSRIs should be followed up within 4-6 weeks

At follow-up any adverse events and clinical response should be discussed

An accurate record of the exchanges of the above information should be documented in the notes

Re-audit

Reward processing in autism spectrum disorder and psychopathy: a systematic review

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Aims. Emerging research suggests that aberrant reward processing may underpin much of the social dysfunction we see in psychiatric disorders. Two conditions associated with marked social dysfunction are Autism Spectrum Disorder (ASD) and Psychopathy. However, no review to date has directly contrasted reward processing in both conditions and incorporated literature on social and non-social rewards. This systematic review aims to: (i) identify and compare reward processing abnormalities in ASD and Psychopathy as demonstrated in task-based functional magnetic resonance imaging (fMRI) studies; and (ii) identify correlations between fMRI reward processing abnormalities and manifested symptoms, with a focus on those giving rise to social dysfunction.
Method. The electronic databases PubMed, PsycINFO and EMBASE were searched to identify studies satisfying the following criteria: (i) a validated measure was used to assess ASD or Psychopathy; (ii) the study was published in an English language peer review journal; (iii) the age of participants was 18 years or older; (iv) individuals participated in a reward-based experimental paradigm; and (v) the response to the reward was measure using fMRI.
Result. A total of 12 articles were identified that satisfied inclusion criteria. Six studies examined reward processing in ASD and six studies examined reward processing in Psychopathy. All studies in both conditions indicated some degree of abnormal reward-related neural response. The most replicated findings were aberrant responses in the Ventral Striatum (VS). Autism