

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.

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

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doi: 10.1192/bjo.2024.248

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.

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

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doi: 10.1192/bjo.2024.249

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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Irritability and Risk-Taking Behaviour on the Cambridge Gambling Task (CGT) in Adolescents With a Family History of Depression

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doi: 10.1192/bjo.2024.250

Aims. Irritability is a common symptom in children and adolescents, often resulting in referral to mental health services and is associated with depression. Depression in adolescents and adults at familial risk of, and with depression, is associated with reduced risk-taking on the Cambridge Gambling Task (CGT) particularly when the chance of winning is high. However, little is known about risk-taking in irritability. This study tests the hypothesis that increased irritability is longitudinally associated with later risk-taking behaviour on the CGT; specifically, that increasing irritability is associated with lower risk-taking when the chance of a favourable outcome is high.

Methods. We conducted a longitudinal study of the biological offspring of parents of children with depression ($n=337$). Irritability, the exposure, was measured at wave one using the Child and Adolescent Psychiatric Assessment (CAPA). The primary outcome was risk-taking to obtain reward at varying probability ratios (6:4, 7:3, 8:2 and 9:1) measured by the Cambridge Gambling Task (CGT) at waves two and three. We investigated the longitudinal association between irritability at wave one and average risk-taking at each ratio across waves two and three using multi-level models. The extent to which risk-taking according to probability ratio varied with irritability was tested with interaction terms. We ran univariable models and then multivariable models.

Results. In univariable ($n=207$; Coef. 0.006, 95%CI $-0.011-0.023$, $p=0.470$), and fully adjusted (Coef. 0.011, 95%CI $-0.007-0.029$, $p=0.213$) models there was no evidence of a main association between irritability and risk-taking on the CGT. There was evidence of an interaction between irritability and risk-taking ratio ($p=0.019$). In fully adjusted models including the interaction, a one-point increase in irritability was associated with relatively higher risk-taking at the less favourable ratios (6:4 -0.018 (95%CI $-0.002-0.037$) and 7:3 -0.015 (95%CI $-0.005-0.035$)) relative to the more favourable ratios (9:1 -0.001 (95%CI $-0.019-0.021$) and 8:1 -0.011 (95%CI $-0.008-0.031$)).

Conclusion. We found no evidence of relationship between irritability and subsequent risk-taking on the CGT overall. However, there was some evidence that those with higher irritability were relatively more risk-taking when less likely to win compared with when a favourable outcome was more likely. These findings warrant further investigation of the association between prior irritability and later depression in a larger community cohort. If prior irritability and depression are both associated with risk-taking, this strengthens the case for focusing on risk-taking as a potential target for preventive intervention.

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Real-World Impact of Research Feedback Reports on CYP Mental Health for Families of Children With Rare Genetic Disorders and Intellectual and Developmental Disability

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doi: 10.1192/bjo.2024.251

Aims. Children and young people (CYP) with intellectual and developmental disabilities (IDD) of known genetic origin experience complex physical and mental health problems; IMAGINE-ID has followed a national UK cohort from childhood to early adulthood. Parents completed structured online psychiatric assessments on repeated occasions. From these assessments, semi-automated personalised reports were generated summarising each child's strengths and difficulties, in collaboration with IMAGINE ID participants and the charity UNIQUE.

We aimed to discover whether providing a structured summary of our mental health and behavioural assessments would be beneficial to families of children with rare genetic conditions and IDD. **Methods.** 574 of the CYP's caregivers completed an online 'impact' survey, five years after receiving their initial report, comprising four areas of potential benefit: Quality of Care (whether the report led to an improvement in the child's quality of mental and/or physical health care); Social Impact (whether the report was used as evidence to support an EHCP, disability benefits etc.), Psychological Impact (whether it led to any change in understanding of the child's condition), and Referrals (whether the report led to a referral for Autism/ADHD etc.). We also invited qualitative feedback.

Results. 82% of respondents rated the reports as helpful. 35% reported they had led to an improvement in their CYP's quality of care, 24% reported social impact using the report as supporting evidence, 99% reported a psychological impact – a change in their understanding of the child, and 17% used the report to initiate a referral for an assessment of ADHD and/or autism. In our qualitative analysis, families who found the report helpful mentioned it led to 'reflection' on their child's condition and that it provided 'access to benefits'. For those who did not find the report helpful, issues such as 'it lacked professional input' and 'forgetting the contents' of the report were identified.

Conclusion. Personalised summary reports, based on a structured assessment of their child's behavioural, social and emotional adjustment, are valued by families of children with rare genetic conditions and IDD and can bring about tangible benefits to the child and the family's access to resources.

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The Prevalence of Attention-Deficit Hyperactivity Disorder in Functional Neurological Disorder: An Integrative Literature Review

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