

diagnosis but also equally experience the symptomatic aspects and cinema should be able to embody that. An accurate portrayal can still maintain the appeal of cinema and at the same time help with reducing misunderstanding and stigma held by the public about dementia which can help improve health outcomes.

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.

TRAILBLAZER-ALZ 4: Topline Study Results Directly Comparing Donanemab to Aducanumab on Amyloid Lowering in Early, Symptomatic Alzheimer's Disease

Dr Stephen Salloway^{1,2}, Dr Elly Lee³, Dr Michelle Papka⁴, Dr Andrew Pain^{5*}, Dr Ena Oru⁵, Dr Margaret B. Ferguson⁵, Dr Hong Wang⁵, Dr Michael Case⁵, Dr Ming Lu⁵, Dr Emily C Collins⁵, Dr Dawn A. Brooks⁵ and Dr John Sims⁵

¹Department of Neurology and Department of Psychiatry, Alpert Medical School of Brown University, Providence, Rhode Island, United States of America; ²Butler Hospital, Providence, Rhode Island, United States of America; ³Irvine Clinical Research, Irvine, California, United States of America; ⁴The Cognitive and Research Center of New Jersey LLC, Springfield, New Jersey, United States of America and ⁵Eli Lilly and Company, Indianapolis, Indiana, United States of America

*Corresponding author.

doi: 10.1192/bjo.2023.227

Aims. To evaluate the potential superiority of donanemab vs. aducanumab on the percentage of participants with amyloid plaque clearance (≤ 24.1 Centiloids [CL]) at 6 months in patients with early symptomatic Alzheimer's disease (AD) in phase 3 TRAILBLAZER-ALZ-4 study. The amyloid cascade in AD involves the production and deposition of amyloid beta (A β) as an early and necessary event in the pathogenesis of AD.

Methods. Participants (n = 148) were randomized 1:1 to receive donanemab (700 mg IV Q4W [first 3 doses], then 1400 mg IV Q4W [subsequent doses]) or aducanumab (per USPI: 1 mg/kg IV Q4W [first 2 doses], 3 mg/kg IV Q4W [next 2 doses], 6 mg/kg IV Q4W [next 2 doses] and 10 mg/kg IV Q4W [subsequent doses]).

Results. Baseline demographics and characteristics were well-balanced across treatment arms (donanemab [N = 71], aducanumab [N = 69]). Twenty-seven donanemab-treated and 28 aducanumab-treated participants defined as having intermediate tau.

Upon assessment of florbetapir F18 PET scans (6 months), 37.9% donanemab-treated vs. 1.6% aducanumab-treated participants achieved amyloid clearance (p < 0.001). In the intermediate tau subpopulation, 38.5% donanemab-treated vs. 3.8% aducanumab-treated participants achieved amyloid clearance (p = 0.008).

Percent change in brain amyloid levels were $-65.2\% \pm 3.9\%$ (baseline: 98.29 ± 27.83 CL) and $-17.0\% \pm 4.0\%$ (baseline: 102.40 ± 35.49 CL) in donanemab and aducanumab arms, respectively (p < 0.001). In the intermediate tau subpopulation, percent change in brain amyloid levels were $-63.9\% \pm 7.4\%$ (baseline: 104.97 ± 25.68 CL) and $-25.4\% \pm 7.8\%$ (baseline: 102.23 ± 28.13 CL) in donanemab and aducanumab arms, respectively (p ≤ 0.001).

62.0% of donanemab-treated and 66.7% of aducanumab-treated participants reported an adverse event (AE), there were no serious AEs due to ARIA in donanemab arm and 1.4% serious AEs (one event) due to ARIA were reported in aducanumab arm. **Conclusion.** This study provides the first active comparator data on amyloid plaque clearance in patients with early symptomatic

AD. Significantly higher number of participants reached amyloid clearance and amyloid plaque reductions with donanemab vs. aducanumab at 6 months.

Previously presented at the Clinical Trials on Alzheimer's Disease - 15th Conference, 2022.

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.

Caring for Women Going Through Care Proceedings in the Perinatal Period While in Prison

Ms Lulu Streets, Dr Caroline Pontvert* and Dr Christy Pitfield
HMP Bronzefield, London, United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.228

Aims. This literature review aims to identify and understand the mental health needs of women in prison going through care proceedings in the perinatal period, in order for professionals to effectively care and support these women. Mental health difficulties in the perinatal period has been found to affect up to 27% of new and expectant mothers. The likelihood of experiencing these specific mental health issues is increased when there is past psychiatric and/or trauma history. Women in prison are more likely to have experienced childhood adversity and have psychiatric illnesses than the general population, which make them more susceptible to developing perinatal mental ill health. It has also been acknowledged that going through care proceedings can impact maternal mental health, which in prison brings specific and unique challenges. Therefore, the perinatal women in prison who are going through these proceedings have specific needs that have previously been overlooked, which this literature review aims to identify.

Methods. The databases searched for literature written since 2008 were: PubMed, PsychNet, Web of Science, Springer Link. Search strategy key words were: prison, perinatal, care proceedings and maternal mental health. Data were then collected and summarised thematically. 16 studies met the inclusion criteria.

Results. The negative effects of going through care proceedings during the perinatal period include: earlier rates of maternal mortality, increased trauma symptoms, lack of support and increase in shame and issues with self-esteem and identity. Additionally, literature that focused specifically on women in prison going through care proceedings, found additional effects such as increased self-harming behaviours and depressive mood symptoms.

In order to address these difficulties, the following interventions have been recommended: more trauma informed training for professionals, oppositional identity work, a focus on building Epistemic Trust and ensuring interventions are delivered within 18 months of removal as this has been identified as a window of opportunity to make meaningful impact.

Conclusion. Going through care proceedings in the perinatal period has been identified as a significant challenge for mothers, which has increased complexity for women in prison. This literature review highlights the need for specific trauma-informed support and specialist perinatal mental health interventions for this population. Future research should focus on identifying the needs of women in prison going through care proceedings further, as it has previously been overlooked.

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.