Results: Prevalence and Impact: 37.5% (6/16) of clinicians reported encountering climate-related anxiety in patients over the past year, with 43.8% (7/16) ranking it as affecting young people "very much" or "quite so". Conversely, 50% (8/16) deemed it "not a significant issue".

Clinical Consideration: 93.8% (15/16) admitted they do not routinely assess climate-related concerns during patient evaluations.

Local Industry Context: Qualitative responses highlighted that Aberdeen's status as an oil and gas hub may indirectly affect patients through familial job instability, frequent relocations, and eco-guilt (e.g., "Yes, the nature of the work means children face big changes and school moves").

Awareness Gaps: Clinicians acknowledged systemic oversight in addressing climate-related anxiety during assessments.

Conclusion: Climate-related anxiety is inconsistently recognised and addressed in CAMHS practice, despite emerging cases and contextual ties to local industry stressors. Clinician responses reflect uncertainty about its significance, compounded by a lack of structured assessment protocols. These findings underscore the need for training to integrate climate-related concerns into routine evaluations, particularly in regions with economic dependencies on environmentally impactful industries. Recommendations include developing evidence-based screening tools, fostering interdisciplinary collaboration with environmental health sectors, and addressing systemic gaps to ensure holistic, context-sensitive care for young people.

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Hypothalamic Structure and Function in Alzheimer's Disease and Lewy-Body Dementia: A Systematic Review and Meta-Analysis

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Aims: Changes to sleep, weight, and endocrine function are common in Alzheimer's disease (AD) and Lewy-body dementia (LBD). The cause of these is not known, but they may be related to hypothalamic neurodegeneration. Our aim was to assess whether hypothalamic volume is reduced in people with AD and LBD, and whether hypothalamic volume is associated with these common symptoms.

Methods: We performed a systematic search of MEDLINE and EMBASE for studies using structural magnetic resonance imaging to examine hypothalamic volume in AD or LBD. The Newcastle–Ottawa scale was used to assess the risk of bias. A random-effects meta-analysis was conducted using the standardised mean difference (SMD) in hypothalamic volume, and a narrative synthesis was used to examine the relationship between hypothalamic volume and sleep, weight, and endocrine function.

Results: We screened 6542 articles which identified 12 studies for inclusion, of which 10 had a low to moderate risk of bias. People with mild-moderate AD had a significantly smaller hypothalamus (−10.1%) compared with controls (pooled SMD= −0.49 (−0.86 to −0.13), p=0.018; I^2=67% (21.5–86.1%); n= 454 (AD), 715 (controls)). The only study in people with LBD found grey matter loss in the hypothalamus compared with controls using voxel-based morphometry. Hypothalamic volume loss in AD was more marked in men and was associated with plasma levels of sex hormones and reduced bone mineral density. Body mass index, appetite and sleep were not associated with hypothalamic volume in AD.

Conclusion: Reduced hypothalamic volume is seen early in AD and this may influence endocrine function. A better understanding of hypothalamic degeneration in dementia may help elucidate how pathology relates to symptoms in AD and LBD and reveal new targets for intervention.

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Is There ANA Risk? A Retrospective Analysis Assessing the Long-Term Psychiatric Outcomes in Patients Testing Positive for Anti-Nuclear Antibodies, in the Absence of an Autoimmune Disease diagnosis

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Aims: Antinuclear antibody (ANA) is a sensitive but non-specific blood test frequently undertaken as part of the clinical assessment for a number of autoimmune diseases. While ANA positivity is associated with a number of autoimmune diseases, such as systemic lupus erythematosus (SLE), approximately one fifth of the population will test positive without having or subsequently developing an autoimmune disease. While there is a growing body of evidence demonstrating that patients with an autoimmune disease are more likely to develop psychiatric disorders, such as schizophrenia, the risk in patients who test positive for ANA but who never develop an autoimmune disease has not been established.

Methods: We undertook a retrospective cohort analysis using TriNetX, a large real-world population database, consisting of anonymised health records of over 250 million patients across 19 countries. Patients aged 16–90 years, without a recorded ICD diagnosis of an autoimmune disease were identified and divided into two cohorts – those with at least one positive ANA blood test, matched against those with at least one negative ANA blood test in the absence of any positive ANA antibody results. Confounding risk factors were controlled through propensity score matching for age, sex, sociodemographics, clinical characteristics and psychotropic medication use. Primary outcome was the incidence of and hazard ratios for psychiatric diagnoses from 3 months–10 years after the ANA test result.

Results: 454,740 patients were included in the primary analysis, 227,370 in the ANA positive group, 227,370 in the ANA negative group. There was no statistically significant difference in the risk of diagnosis of overall F20–29 diagnosis (HR 0.939, p=0.0674) and specifically F20 Schizophrenia (HR 0.964, p=0.5870).

Conclusion: A positive ANA blood test in the absence of an autoimmune disease was not associated with an increased long-term risk of psychiatric disorders. This result suggests that clinical testing of ANA in patients presenting with psychiatric disorders without