

over the period from January 2022 to January 2023. This was divided into an admission group and a readmission group. Readmission was defined as service users who were admitted within ninety days of the index admission. A variety of factors related to the index admission and subsequent discharge were examined and compared between the two groups to identify factors associated with readmission.

Results. The community rehabilitation team caseload comprised of 122 care-coordinated service users. The readmission rate to an inpatient psychiatric ward between 1st January 2022 and 1st January 2023 was 37.5%. Factors that appeared to be protective against readmission were positive engagement with therapies during the index admission, such as dual diagnosis team, psychology, and occupational therapy. Additionally, service users who were discharged on a Community Treatment Order had significantly reduced rates of readmission. A shorter index admission was also associated with reduced rates of readmission. Involvement of the Home Treatment Team and medication changes in the week prior to discharge were not associated with reduced rates of readmission.

Conclusion. The results of this study suggest that the provision of therapies by allied healthcare professionals should be prioritised in inpatient settings. Service users should be strongly encouraged to engage, and poor engagement may be considered an indication that the service user is not yet ready for discharge. Community Treatment Orders, where appropriate, should be considered to be protective against readmission. Longer inpatient stays may be associated with readmission since these service users are more likely to be severely unwell. Nevertheless, service users who require longer admissions are at high risk for readmission and interventions should be considered to mitigate this risk.

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Sex Differences, and Resulting Treatment Differences, in a Cohort of Harmful Gamblers

Dr Rosalind Baker-Frampton*

Gordon Moody, Dudley, United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.178

Aims. Gordon Moody offers Tier 4 treatment for harmful gambling. This poster will look at the differences between male and female harmful gamblers who apply for treatment with Gordon Moody between 2015 and 2022, and consider how treatment should reflect these differences.

Methods. An opportunity sample ($n = 3,241$) are analysed and discussed. Data are anonymised and men and women will be compared for: mental health diagnosis; years spent gambling; methods of gambling; average monthly amount spent gambling; and job/relationship loss due to gambling. Statistical tests are run to ascertain whether any differences are significant.

Results. Initial analysis found that on average females applying for treatment ($n = 769$) start gambling at 25.2 years old, and began gambling in a problematic way at 31.8 years old. In contrast, men ($n = 2,472$) began gambling on average at 17.5 years old, and began gambling in a harmful way at 22.7 years old. Younger women were more likely to gamble online (i.e. online casinos; online games), whilst older women preferred gaming machines in bingo halls, bookmakers, casinos or adult entertainment centres. Men were most likely to gamble at bookmakers, which does not differ with age. On average, men

estimated that they spend nearly £2,000 a month before applying for treatment (£1,980), whilst women estimated that they spend 15% less (£1,680). 14.8% of women and 58.5% of men had lost a job due to harmful gambling. 49.2% of women and 69.1% of men had lost relationships due to harmful gambling. These data will be further analysed in SPSS to ascertain any significant differences.

Conclusion. Men and women tend to gamble in different ways, and therefore treatment may need to be tailored for each sex. The poster will discuss differences implemented by Gordon Moody to account for sex differences. Whilst women tend to begin gambling at an older age, it still takes a similar length of time for at-risk people to develop harmful gambling practices. Women are less likely to lose jobs and/or relationships due to harmful gambling practices before they seek treatment. Key limitations of the study include the opportunistic nature of the sample, the different sample sizes, and the fact that there are insufficient applicants who identify as transgender/non-binary/other to include in analysis.

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Alcohol Use and Associated Risk Factors Among Female Sex Workers in Low- and Middle-Income Countries: A Systematic Review and Meta-Analysis

Dr Alicja Beksinska*, Ms Oda Karlsen, Dr Mitzy Gafos and Dr Tara Beattie

Department of Global Health and Development, Faculty of Public Health and Policy, London School of Hygiene and Tropical Medicine, London, United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.179

Aims. Due to its widespread use in the sex work industry, female sex workers (FSWs) in low- and middle-income countries (LMICs) are at high risk of harmful alcohol use and associated adverse health outcomes. This systematic review and meta-analysis aims to provide an estimate of the prevalence of harmful alcohol use among FSWs in LMICs and to examine associations with common health and social concerns.

Methods. The review protocol was registered with PROSPERO, number CRD42021237438. We searched three electronic databases for peer-reviewed, quantitative studies from inception to 24th February 2021.

Inclusion criteria:

- Any measure of prevalence or incidence of alcohol use among FSWs aged 18 years or older.
- Countries defined as LMIC in accordance with the World Bank income groups 2019.
- Study designs: cross-sectional survey, case-control study, cohort study, case series analysis, or experimental study with baseline measures for alcohol use.

Pooled prevalence estimates were calculated for:

1. Any hazardous/harmful/dependent alcohol use
2. Harmful/dependent alcohol use only, both overall and by region
3. Daily alcohol use.
4. Meta-analyses examined associations between harmful alcohol use and violence, condom use, HIV/STIs, mental health problems and other drug use.