

have been regular improvements in the administration of ECT, over the past two decades. Increases in the volume of the hippocampus and the amygdala have consistently been observed in ECT studies. Stigma has been the major barrier to patients receiving ECT in a timely fashion. The Royal College of Psychiatrists (RCPsych) Centre for Quality Improvement (CCQI) established the ECT Accreditation Service (ECTAS) back in 2006. ECTAS had the aim of standardising ECT practice through the production of evidence-based standards that all member ECT Clinics could use to support their practice.

Method. We looked at the minimum dataset of information collected from ECTAS Members within England for the following years; 2012/13, 2014/15, 2016/17, 2017/18, 2018/19. In 2012/13, 2325 adjusted courses of ECT treatment were given to patients in England. In 2014/15 it was 2302.

Result. Between 2012/13 and 2018/19; two thirds of ECT patients continue to be female. The modal age of patients has also remained the same at 70 years. The number of patients detained under the Mental Health Act 1983 receiving ECT has gone up by 12%; suggesting that the patients receiving ECT were more clinically unwell. After treatment, CGI scale scores (i.e. the very much improved and much improved scores) slightly reduced by 6% from 2012/3 to 2018/19.

Conclusion. The use of ECT in England notably declined from 2006 to 2012/13 and 2014/15. However, from 2012/13 to 2018/19, ECT use has remained relatively stable; suggesting that it is currently being used appropriately on patients, who are amongst the most severely unwell. The clinical effectiveness of ECT remains high however, it has slightly dipped by 6%.

“Prevalence of orthorexia nervosa in a sample of patients attending Sligo/Leitrim mental health services with a diagnosis of eating disorder”

Ignazio Graffeo*, Mary Harron and Edmond O’Mahony

Sligo/Leitrim Mental Health Services – HSE

*Corresponding author.

doi: 10.1192/bjo.2021.674

Aims. The main aim of this study is to investigate its presence in a sample of patients already diagnosed with a canonical eating disorder and also to understand eventual overlaps with other clinical disorders in order to optimize treatment and follow-up. The ORTO-15 questionnaire, developed by an Italian team of researchers in 2005, was used to achieve the above aims: it is a tool comprehensive of 15 questions that assesses eating habits perceived as healthy. Really interesting and fascinating is to comprehend if people with a diagnosis of eating disorder present orthorectic behaviour and how this emerging reality fits in the Irish society with its peculiarities and uniqueness.

Method. Every patient was asked to complete a demographic grid (elaborated by the researchers, which includes information regarding: age, gender, race, weight, height, hours of weekly exercise, years of education, employment situation, medical illnesses, smoking habits, type of diet, average weekly alcohol intake) and the Orto-15 questionnaire

Result. The Point Prevalence obtained is 17.9%.

Conclusion. The results obtained from this study give a clear indication of the profile of the orthorexic patient, considered that the sample was obtained from a population of people with a diagnosis of Eating Disorder:

Caucasian woman in her 30s
Exercising 5 hours per week
Secondary education

Unemployed
Non-smoker
Diagnosis of Anorexia Nervosa
No other comorbid psychiatric illnesses
Standard pattern of eating
Minimal or absent alcohol consumption
Normal range BMI

According to previous Italian studies (Ramacciotti et al. 2011), the expected rates of Orthorexia Nervosa in the general population are between 6.9% and 57.6%, with a peak of 81.8% in specific populations, fact that places our examined sample in the lower side of the prevalence previously considered. It is very difficult to comprehend and explain the reasons behind this fact and probably this is due to an overshadowing of symptoms with the major eating disorders. It is also significant the absence of correlation found between OCD and ON and also the fact that ON is more linked to Bulimia Nervosa in our sample rather than Anorexia Nervosa.

What happens to frequent attenders when they attend psychiatric liaison services? a clinical and demographic profile

Frederick Grose*, Tennyson Lee, Richelle Canlas, William Phung, Rikke Albert, Alana Ahmet and Jia Song

East London NHS Foundation Trust

*Corresponding author.

doi: 10.1192/bjo.2021.675

Aims. We aimed to describe the demographic and clinical profile, and management of frequent attenders to a psychiatric liaison service.

Background. Frequent Attenders to emergency departments contribute significantly to the burden on health services and by definition are subjectively highly stressed. It is therefore important that mental health services develop effective responses to this group of patients. A systematic literature search indicated a paucity of information on this group of patients.

Method. We conducted a case series of 49 frequently attending patients to the Psychiatric Liaison service in Tower Hamlets, East London NHS Foundation Trust.

We defined frequent attenders as seeing the Psychiatric Liaison Service 5 or more times in 2018. We excluded 4 patients aged <18 years or >65 years.

For each patient we collected data regarding their demographics; the details of each attendance to the Psychiatric Liaison Service; and their use of other psychiatric services.

We then conducted a multivariate analysis, including stratification of patients based on number of attendances to identify correlation between frequency of attendance and the other information.

Result. Demographic: The 45 patients reviewed had a mean age of 37 and a mean of 7 attendances during the study period.

Clinical: 89% had a history of emotional trauma, 71% of substance misuse, and 49% of any personality disorder. Only 9% of the patients were under the care of the locality Personality Disorder Service.

73% of the patients were under the care of any other psychiatric service. There was no correlation between being under other services and the frequency of attendance.

Only 31% had contact with the locality Frequent Attenders Service during the study period, as this was established recently.

Conclusion. Psychiatric Frequent Attenders have complex needs, which do not fit neatly into existing psychiatric diagnoses and services.

The high frequency of emotional trauma, substance misuse and personality disorder indicates a need for training of clinicians in these services to manage these patients, as well as planning for referral pathways for this group of patients who provide services with major challenges in appropriate pathways to care and follow-up

How do people with dementia present to the services, and why do they present late? A descriptive study in a Tertiary Care Hospital in Sri Lanka

Malsha Gunathilake^{1*} and Chathurie Suraweera²

¹North East London Foundation Trust and ²Faculty of Medicine, University of Colombo

*Corresponding author.

doi: 10.1192/bjo.2021.677

Aims. To assess how patients with dementia present to services and reasons for delayed presentation among patients with dementia in Sri Lanka.

Method. A descriptive cross-sectional study was conducted among 83 newly diagnosed patients with dementia and their caregivers at the University Psychiatry Unit, National Hospital of Sri Lanka. They were interviewed using a semi-structured pre-tested questionnaire. Statistical Package for the Social Sciences (SPSS) was utilized for data analysis.

Result. The mean age of the patients was 71.53(SD = 7.595) years. The commonest type of dementia in the cohort was Alzheimer's disease(N = 49, 59%). The mean untreated duration before the first presentation was 16.33(SD = 16.13) months. A family member or the care-giver had initiated help-seeking in many (N = 65,78.3%). 84.33% of patients had behavioural and Psychological Symptoms of Dementia (BPSD) at first presentation. BPSD was the main reason for help-seeking in 40(48.2%) cases. Among them, psychosis (n = 18,45%), depression(n = 9,22.5%), disinhibition(n = 4,10%) and wandering(n = 3,7.5%) were common.

Lack of awareness on dementia (n = 70,93.3% and n = 68,86.1%) and considering cognitive impairment as a normal part of ageing (n = 39,52% and n = 43,54.4%) were the commonest reasons for delayed presentation reported by patients and care-givers respectively. Twelve patients misattributed the symptoms to their existing medical or psychiatric conditions. The mean untreated duration was significantly higher in the patient group with a family history of dementia (30.5 months) compared to those without a family history (12.8 months)(t = 3.818;p = 0.000). Similarly, the mean untreated duration was significantly higher when there is a family history of dementia among the care-givers (25.53months) compared to the group of care-givers without a family history (13.85 months)(t = 2.532;p = 0.013). Age, sex, education, occupation, income, knowledge on dementia of the patients and the care-givers, illness-related characteristics (type, severity, and presence of BPSD) or being in contact with medical services were not significantly associated with the timing of the first presentation.

Conclusion. There is a delay of more than one year for patients with dementia to present to services in Sri Lanka. The commonest reason for the presentation is BPSD. Lack of prior awareness of dementia and considering the cognitive impairment as a part of normal ageing by both patients and carers were the main reasons for delayed presentation. Patients with a family history of dementia present late than those without a family history. There is no significant association between the timing of presentation and the socio-demographic factors of the patients and care-givers, the presence of prior knowledge on dementia, illness-related characteristics, or contact with medical services.

Evaluating participant experience in Balint online sessions held during the COVID-19 pandemic – lessons learnt and moving forward

Nikhita Handa^{1*}, Romy Garbutt¹ and Sylvia Chudley²

¹East Lancashire Hospitals NHS Trust and ²The Balint Society

*Corresponding author.

doi: 10.1192/bjo.2021.678

Aims. From the outset of the COVID-19 global pandemic and the lockdown that subsequently ensued, a challenge was posed to reshape previously face-to-face meetings in all walks of life. One area that rose to this, with quick introduction of online sessions, was the Balint Group. We aimed to take a snapshot of the effect virtual Balint sessions have had and analyse the themes that members of virtual Balint groups have been identifying about their online group experience at this particularly challenging time for healthcare workers. We hope this will inform both leaders and participants of future online groups of the benefits and pitfalls found by these members reflecting on their first experiences of virtual Balint.

Method. Seven members of virtual Balint groups across the UK were randomly selected for interview from a pool of volunteers facilitated by the UK Balint Society after the first 6 months of their first virtual Balint experience. Interviews were conducted by two academic foundation doctors who were not members of the Balint groups. Qualitative thematic analysis was then conducted on these interview transcripts. Going forward, as Balint groups continue online, the researchers plan to interview further group members and leaders to look for change and development in the primary themes identified.

Result. Key positive themes identified when discussing virtual Balint were ease of access, increased anonymity, attention to facial expressions and interaction with participants from different parts of the country. The most common drawback themes were a lack of socialising and different group dynamic as well as the expected technical and environmental challenges. Interestingly all participants reported that 'silence' and 'sitting/stepping back' were still used in their online sessions. Core theme analysis indicates the virtual Balint descriptions draw out sentiments of safe, open and structured sessions. In these early sessions a frequent theme was the increased role of the leader.

Conclusion. All participants interviewed so far have felt their online experiences have had many positive aspects. They highlight areas they feel virtual Balint could develop to better replicate the original sessions. The fact some interviewees would prefer to maintain online Balint groups even when 'in person' options resume makes it likely this will not be a transient rise in virtual Balint and that the style may be here to stay. Based on this, the role for feedback and constant evaluation and improvement will be central to virtual Balint evolution.

The impact of the COVID-19 pandemic on symptom subtypes of obsessive-compulsive disorder: a cross-sectional study

Athanasios Hassoulas^{1*}, Katja Umla-Runge¹, Olivia Adams¹, Madeline Scurlock-Green¹, Abeer Zahid¹, Antonia Hassoulas¹ and Eliana Panayiotou²

¹Cardiff University School of Medicine and ²Swansea Bay University Health Board

*Corresponding author.

doi: 10.1192/bjo.2021.679

Aims. Since the COVID-19 outbreak was declared a global pandemic, public health messages have emphasised the importance