about the accuracy of these scanners and the cost implications within the NHS.

Conclusion: While the technology will not mean the replacement of traditional MRI scans, LFMRI may have the potential to improve dementia diagnosis pathways. LFMRI may be a lower cost alternative to help to reduce wait times while improving access to pathways for those in underserved communities. This would be welcomed by people with dementia and their carers, if there was trust in the accuracy of the scans. Participants expressed willingness to be involved in further research using LFMRI scanners to support improvements in the dementia diagnostic pathways for others.

A Qualitative Research Study to Explore Perspectives From Individuals Involved in the ROCKET (Reading for Older People, Connecting With Kids and Enjoying Time Together) Intergenerational Reading Project

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Aims: Intergenerational programmes provide meaningful social contact for older people, and address negative stereotypes of ageing in children. Reading aloud improves language acquisition and literacy in children, however in regions of socio-economic deprivation, many children lack this opportunity. The aim of this qualitative research was to explore the experiences and perspectives of teachers and volunteers involved in an intergenerational reading project within a primary school in an area of high socioeconomic deprivation.

Methods: In the ROCKET project, senior volunteers (aged >75) were supported to join an established volunteer reading scheme in a primary school with the support of an existing volunteer. The students who took part in the project were those identified by teachers to have the greatest need for support with reading. This qualitative study incorporated semi-structured interviews with teachers and volunteers in June–August 2024, a year after the project began. Seven participants took part in an interview, including four teachers, an existing volunteer lead and two volunteers over the age of 75 years old. Videos were audio-recorded and transcribed before thematic analysis by two of the authors.

Results: Thematic analysis identified six subthemes: improved reading ability in children, children's social development, reduced loneliness, volunteers' sense of purpose/enjoyment and future potential of ROCKET and challenges to overcome.

Volunteers valued the social interaction, the sense of purpose, enjoyment and improved confidence that participating provided them. The teachers described students as benefiting from improved confidence and reading ability, and the positive impact of meeting people outside of their usual social sphere. Participants were optimistic about the future potential of ROCKET and felt it could expand beyond literacy to other subjects such as maths or comprehension, and include other year groups. They also felt that communication could be improved between teaching staff and volunteers involved within the project.

Conclusion: Data from this small qualitative study suggests that the ROCKET project has the potential to improve student's literacy skills and confidence, and to positively impact volunteers through reduced loneliness, a sense of purpose and being a part of a community. Participants felt that improved communication between volunteers and teacher would enhance its success, and that there was scope to broaden the project to include other school subjects and a wider range of students.

Antipsychotic Prescribing Trends for Autistic Adults with and without Intellectual Disability From 1997 to 2023: A Population-Based Cohort Study Using English Primary Care Records

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Aims: Concern that antipsychotic over-prescribing has been harmful for autistic adults has led to deprescribing initiatives, including NHS England's "Stopping the overmedication of people with ID, autism, or both" (STOMP) in 2015. It is unclear if there has been a subsequent change in prescribing rates or other possible aspects of over-prescribing. Thus, we sought to compare antipsychotic prescribing rates, recorded indications, mean doses and long-term use between autistic adults with and without intellectual disabilities (ID) and non-autistic adults in England from 1997 to 2023.

Methods: Using population-representative primary care records from the Clinical Practice Research Datalink Aurum, we identified adults 16–64 years old between 1997 and 2023 and stratified them into three groups: autistic adults with intellectual disability (ID), autistic adults without ID, and non-autistic adults. For each calendar year and group, we calculated (i) the proportion of adults prescribed an antipsychotic; (ii) the proportion of adults starting an antipsychotic; (iii) the proportion of first-time prescriptions with possible indications recorded 2 months either side; (iv) the mean daily doses for quetiapine, risperidone, aripiprazole and olanzapine; (v) the proportion of new courses that lasted over 1 year. We also performed analyses stratified by sex and age-group (16–29, 30–44, 45–64 years old).

Results: 45,143 autistic adults with ID, 121,071 autistic adults without ID, and 30,218,564 non-autistic adults entered the study. From 2001 to 2023 the percentage prescribed antipsychotics changed from 44% to 22% for autistic adults with ID, from 10% to 7% for autistic adults without ID, and from 1.1% to 1.2% for non-autistic adults. Over the same period, new prescription rates dropped from 5.2% to 1.6% for autistic adults with ID, from 2.0% to 1.1% for those without ID, and from 0.3% to 0.2% for non-autistic adults. Autistic adults with ID had consistently lower recording of possible indications: 40% in 2023 compared with 60% for the other two groups. They also had consistently higher proportions of courses