



from various populations to weather patterns, enabling us to conduct more thorough research.

Results: All four studies reported a rise in PTSD, anxiety, depression following extreme weather events like floods, heatwaves, and wildfires. A meta-analysis of surveys that targeted people who had been affected by floods in the previous 12 months found that the prevalence rates of anxiety (25.2%), depression (26.3%), and PTSD (30.4%) were generally higher in this group than in the overall population. The prevalence of anxiety (5.7%) and PTSD (7.8%) in the overall population was considerably lower than this. In contrast, depression did not experience such a large spike (20.6%). However, a cross-sectional analysis aiming to assess the relationship between flooding and psychological morbidity concluded that those experiencing cumulative and repeated exposure to extreme weather events such as flooding had a significant increased risk of developing depression but did not impact the levels of anxiety or PTSD. Two studies highlighted vulnerable groups including older adults and those with pre-existing mental health conditions are more susceptible to experience deteriorating symptoms.

Conclusion: Overall, there is sufficient evidence to highlight the strong association between extreme weather leading to an increase in prevalence of mental health conditions. These findings emphasize the urgent need for mental health support and early intervention strategies for the communities affected.

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.

Acute-Onset Cognitive Impairment Following COVID-19 Infection

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Aims: A recently published systematic review studying the link between COVID-19 and new-onset dementia (NOD) concluded that COVID-19 infection is likely to be a risk factor for developing NOD in older adults at 12 months, but no increased risk was noted at 3 or 6 month post-infection. We present a case of an elderly gentleman 'X' with no prior history of any cognitive deficit, who developed behavioural problems and cognitive decline within 6 weeks of a COVID-19 infection.

Methods: X is a 70-year-old gentleman with no previous history of psychiatric illness prior to March 2020, when he contracted COVID-19. Within 6 weeks of a positive swab, there was an acute change in his behaviour and cognition, wherein he was noted to be more talkative, disinhibited, presenting with grandiose ideas, sleeping very little at night and displaying intermittent episodes of confusion. X had never complained of problems with his memory and the family had never previously raised concerns about the same. However, cognitive testing carried out at 3 months post-infection revealed a significant decline in cognitive ability (Montreal Cognitive Assessment 17/30).

X was referred to the neurology team, which carried out a battery of tests including MRI scans, DAT scan, cerebrospinal fluid analysis and antibody screens. These largely came back negative and no organic cause could be determined for X's presentation. However, the screen for Neurofilament Light Polypeptide (NFL) was positive, which was reported to possibly indicate damage following COVID-19 infection. NFL is known to have links with Alzheimer's disease pathology. Cognitive tests repeated in 2024 have returned a MOCA

score of 16/30, indicating that X's cognitive impairment continues to persist.

Results: A retrospective cohort study by Taquet et al. which looked at the association between COVID-19 infection and psychiatric disorder found that there was a two to three times increased risk of dementia after COVID-19 infection. A subsequent larger study by the same authors published in *Lancet Psychiatry* which looked at 6-month neurological and psychiatric outcomes following COVID-19 infection confirmed the link between COVID-19 and risk of NOD. The presentation of our patient X is consistent with this finding.

Conclusion: Our case study highlights the increased risk of cognitive decline and NOD following COVID-19 infection in older adults.

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The Effectiveness of Traditional Chinese Medicine in Treating Alzheimer's Disease

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Aims: The prevalence of Alzheimer's disease (AD) is increasing across the world, yet extensive research has not yielded effective curative treatment. Traditional Chinese Medicine (TCM) has shown benefits and potential in treating AD. However, there were no recent systematic reviews of the different TCM modalities in treating AD specifically. The primary aim of this systematic review (SR) was to investigate the effectiveness of TCM either as a standalone or adjunct treatment alongside conventional medication for AD. The secondary aim was to provide recommendations for treating AD by exploring the addition of TCM in clinical practice.

Methods: A systematic review with meta-analysis was performed, following Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) guidelines. A search was performed on Medline, Allied and Complementary Medicine Database (AMED), Web of Science and Scopus, while grey literature was searched on Overton. There were no filters set on the date of publication, language, subject and author. The search terms of Traditional Chinese Medicine and Alzheimer's disease were searched till 27 July 2024. The studies were screened to target patients with AD, therapies and herbs that have corresponding names in TCM and are randomised controlled trials (RCTs). This led to eleven included RCTs for narrative review and meta-analyses. Study Risk of Bias Assessment and quality assessment were performed. A random effects model was used in the meta-analysis to assess the efficacy of treatments.

Results: A total of 11 randomised controlled trials that comprise 1155 patients with AD were included. The included studies showed that TCM therapies of saffron, cistanches herba, MLC601, and Shenfu or Shenmai with Deproteinized Calf Blood Injection (DCBI) had therapeutic benefits as stand-alone therapy for improving cognitive function in patients with AD. Combined with results from the meta-analyses, bushenhuatanyizhi, Guilingji and Jiannao Yizhi formula also showed potential as stand-alone therapy in improving cognitive function and activities of daily living. Two studies supported adding Dengzhan Shengmai or Huanglian Jiedu decoction as an adjunct to conventional treatment. Hachimijiogan showed some effect in slowing cognitive decline as an adjunct therapy, while Yokukansan can help with managing behavioural and psychological symptoms of dementia.