



Of the four candidates, aducanumab showed the highest rate in ARIA-E (30.7%) but the lowest rate in infusion reaction (1.2%). The overall ARIA-H rates appeared to be moderate for all drugs (17.3–19.7%).

The odds ratios in the forest plot were above 1 for all the outcomes suggesting increased adverse event risk. There was moderate to high heterogeneity in all the studies examined ($I^2 = 84.7\%$).

Conclusion: In essence, the risks and benefits of each drug are different. The ARIA-E risk associated with lecanemab is lower than with aducanumab; however, infusion reaction rates remain high. There is reason to believe that such an aggressive ARIA-E profile would ultimately restrict the value of aducanumab and lecanemab. However, donanemab does bring a kind of medium between the two. This review emphasizes the importance of individualized interventions in treating Alzheimer's dementia.

Future Directions: More research is thus needed to understand some of the factors that have confounded heterogeneity, and to find ways of managing some of the risks associated with ARIA. The current study indicates the importance of long-term safety data along with head-to-head comparisons regarding clinical decision-making.

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In Elderly Patients With Antipsychotic-Induced Hyperprolactinemia, Could Switching to a Prolactin-Sparing Antipsychotic or Adding a Dopamine Agonist, Rather Than Maintaining the Current Regimen, Normalize the Prolactin Levels Without Triggering Psychotic Relapse or Increasing the Risk of Life-Threatening Adverse Events? A Systematic Review.

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Aims: Elevated prolactin levels due to antipsychotic drugs are prevalent in elderly patients and may cause multiple complications. Hence, the purpose of the present study is to compare the effectiveness of changing existing antipsychotic treatments with prolactin-sparing antipsychotics or adding dopaminergic agents to the existing treatment in patients with clinically insignificant hyperprolactinaemia in later life.

Methods: The sample for this systematic review was identified using a broad search strategy in key electronic databases including Pubmed, SIGLE, CINAHL, Web of Science and OVID. To complete the search, only citations that included elderly or geriatric patient populations and hyperprolactinemia associated with antipsychotic medications were used. Normalization of prolactin levels, psychiatric status, and side effects were the main results measured.

Results: The review flagged several main studies: The efficacy of antipsychotic aripiprazole use in the treatment of schizophrenia is discussed about its impacts on prolactin levels in individuals of different ages and gender. There was no effect on prolactin plasma concentrations in postmenopausal patients with depression and a small but significant positive impact in schizophrenia patients.

An innovation that supplements the pattern of traditional Chinese medicine together with a low dose of aripiprazole can be useful for treating antipsychotic-induced amenorrhea. Prolonged exposure to prolactin-elevating antipsychotics was found to raise the risk of fractures, a finding that provided insight into other health risks.

Conclusion: The approach to the management of antipsychotic-induced hyperprolactinemia in older adults is beyond general management. Although studies that counter the aversive effects of antipsychotics with drugs like aripiprazole seem promising, its benefits are somehow relative across populations. Since there may be long-term health risks such as fractures in the future, it is taken fairly seriously and requires vigilance with a concrete individual management plan.

Regarding the limitation of the present study, it is recommended that future research incorporates different antipsychotics, follow-up outcomes longer, and provide strategies to avoid such risk factors among this population.

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Using Artificial Intelligence to Address Mental Health Inequalities in Low-Income, Urban Youth in North West England: A Digital Health Promotion Intervention

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Aims: This study aims to design and implement a digital health promotion intervention aimed at reducing mental health inequalities among low-income, urban youth in North West England. The intervention is grounded in the hypothesis that a combined approach – incorporating peer mentorship, digital technology, and community-driven initiatives – will enhance mental health awareness, reduce stigma, and increase engagement with mental health services in this vulnerable population.

Methods: The intervention consists of three key components: (1) Training 50 peer mentors to deliver mental health workshops in local schools, (2) Developing a culturally relevant digital mental health app that offers self-help tools and anonymous counselling, and (3) Hosting five community-based mental health awareness events to engage families and local leaders. The intervention is evaluated using a mixed-methods approach. A sample of 500 students will complete pre- and post-intervention surveys to assess changes in mental health literacy, stigma, and help-seeking behaviours. Focus groups will capture qualitative insights into participant experiences, while app analytics will track usage patterns, such as downloads, active users, and interaction with features. School attendance records will also be reviewed to assess the potential impact on student well-being. The evaluation will provide both quantitative and qualitative data to determine the intervention's effectiveness and acceptability.

Results: The intervention is expected to significantly increase mental health awareness and literacy, with an anticipated 20% reduction in self-reported symptoms of anxiety and depression. The app is projected to achieve 1,000 downloads and 300 active users within the first 18 months of implementation. The peer mentorship programme