The Experience of Self-Diagnosing with Autism Spectrum Condition Amongst Adult Females: A Qualitative Study

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Aims: Autistic females are less likely to receive an autism diagnosis in childhood than autistic males. In recent years, increasing numbers of adults have come to identify as autistic prior to, or in the absence of, a formal diagnosis. While existing research has examined experiences of receiving an autism diagnosis in adulthood, comparatively little is known about how adults come to self-diagnose, the meanings they attach to this process, and how self-diagnosis shapes decisions about seeking formal assessment.
Methods: This qualitative study involved 30 female participants aged 18–43 who had, at some point, identified as autistic without holding a formal diagnosis. Participants took part in one-to-one, online, semi-structured interviews exploring their understandings of autism, pathways to self-diagnosis, perceived barriers and facilitators, attitudes towards both self- and professional diagnosis, and intentions regarding formal assessment. Interview transcripts were analysed using Framework Analysis.
Results: Framework Analysis identified six interrelated themes.

First, participants described self-diagnosis as *a prolonged sense-making process* involving extensive reflection and information-seeking, challenging portrayals of self-diagnosis as impulsive or trend-driven.

Second, accounts reflected *heterogeneous social representations of autism*: older, male-centred stereotypes were frequently rejected, while gender differences were instead mapped onto alternative frameworks such as high–low functioning distinctions.

Third, self-diagnosis was commonly experienced as *an "aha" moment* of epistemic and affective clarity following extended uncertainty, countering social contagion narratives.

Fourth, an *economy of legitimacy* shaped participants' experiences. Structural barriers to professional diagnosis, including gendered underdiagnosis and lengthy waiting lists, positioned self-diagnosis as a necessary substitute for institutional validation, while media discourses framing self-diagnosis as "trendy" or as social contagion undermined its credibility and generated self-doubt.

Fifth, participants adopted *a reflexive stance towards self-diagnosis*, emphasising its provisional status, distancing themselves from "frivolous" self-identification, and expressing ambivalence about the label; social media was viewed as both informative and epistemically suspect.

Finally, *attitudes towards professional diagnosis* were ambivalent: a strong desire for validation coexisted with fears of dismissal, misrecognition, or gendered misdiagnosis, shaped by material and emotional barriers and mediated by social relationships influencing disclosure and decisions about seeking assessment.
Conclusion: Self-diagnosis functions as a meaningful response to diagnostic exclusion rather than a trivial or trend-driven practice. Recognising its role has important implications for clinical practice, service access, and how autism is understood beyond traditional diagnostic pathways.

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.

Shades of Serenity: Evaluating Orange Light as a Non-Pharmacological Intervention for Dementia

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Aims: The purpose of this review was to methodically assess data from randomised controlled trials (RCTs) that looked at how orange-spectrum or circadian-relevant light interventions affected sleep, behaviour, and circadian outcomes in patients with dementia. Synthesising important findings and critically evaluating methodological quality using the Cochrane Risk of Bias 2 tool were secondary goals.
Methods: A systematic research of PubMed was conducted from database inception to the most recent search date, using Medical Subject Headings and free-text terms related to dementia and light-based interventions. Only human RCTs were included. Outcomes of interest included sleep quality, agitation, circadian rhythm measures, and neuropsychiatric symptoms. Data were extracted into standardised tables, and methodological quality was assessed using the RoB 2 tool.
Results: Five excellent RCTs satisfied the requirements for inclusion. People with moderate to severe dementia in residential care and community settings in the USA,UK and Europe were included in the study populations. Bright or circadian-effective lighting was the main intervention, though some studies also included less exposure to blue light in the evening. Agitation, sleep efficiency and circadian rhythm stability were the main results. The results showed mixed effects on agitation and behavioural symptoms, with only slight improvements in sleep and circadian outcomes. The overall risk of bias was rated as low to moderate, with blinding and selective outcome reporting being common issues.
Conclusion: Circadian-oriented lighting interventions showed potential advantages for sleep and behavioural regulation, even though no trials specifically assessed orange-spectrum light. A promising non-pharmacological strategy for treating sleep and behavioural issues in dementia patients may be circadian-friendly lighting interventions. To improve the body of evidence and guide clinical recommendations, high-quality RCTs that specifically look at orange-spectrum lighting are needed.

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Work, Stress and Hidden Alcohol Harm: A National Analysis of Stress-Driven Drinking in Full-Time Workers

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Aims: Alcohol use in the workplace is typically addressed through impairment-focused policies or reactive disciplinary responses. Yet

national data suggest a deeper, systemic relationship between work-related stressors and higher-risk alcohol consumption. The aim of this work is to quantify the prevalence of higher-risk alcohol use among full-time workers and investigate the role of work-related stressors and workplace-specific barriers in shaping drinking behaviour and help-seeking patterns.
Methods: Data from a population survey of 2,037 UK adults (mean age=48.77 years, standard deviation=17.74; 1,066 female [52.33%], 971 male [47.67%]) were analysed to examine the prevalence of higher-risk drinking among full-time workers, demographic distribution, attribution of drinking to life stressors, and work-specific barriers that inhibit help-seeking.
Results: Higher-risk alcohol use was substantially elevated among full-time workers (30.8%), second only to students, and distributed across all income levels, including 40% earning £50,000+. Only 9.6% of this group self-identified as heavy drinkers. Work-related pressures emerged as a core driver: 25.7% of higher-risk workers cited work stress, nearly double the rate among all drinkers (14.3%), with additional attribution to cost-of-living pressures, loneliness, and remote working (2.4× more common than in the general sample).These findings support a model in which alcohol use reflects a stress-response pattern rather than individual pathology. Workplace structures also shaped barriers to accessing support: concerns about career impact (17.8%) and difficulty taking time off work (17.1%) featured prominently among higher-risk adults, indicating that traditional clinic-based services are poorly aligned with the needs of working populations.
Conclusion: Workforce alcohol harm in the UK is widespread, socially invisible, and tightly linked to occupational and economic stressors. Reliance on self-disclosure, performance deterioration, or manager-led referral will systematically miss the majority of affected workers. These findings emphasise the importance of incorporating AUDIT-C screening into occupational health processes and routine workplace wellbeing assessments, ensuring that alcohol-related risk is identified proactively rather than reactively. Alcohol use should be recognised as a meaningful indicator of occupational mental health, considered alongside other markers such as workplace stress, sleep disruption, and burnout. It is also essential to commission flexible, digital, or remote care pathways that minimise career-related stigma and reduce the need for employees to take time away from work in order to access support. Finally, workplace alcohol interventions should be reframed away from an emphasis on individual responsibility and instead approached as part of a broader organisational mental health strategy, acknowledging the role of workplace conditions in shaping alcohol-related risk.

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The Association Between Maladaptive Daydreaming and Attention-Deficit/Hyperactivity Disorder Among Rwandan Medical Students, 2025–2026, Kigali, Rwanda

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Aims: Maladaptive daydreaming (MD) is a pattern of immersive and emotionally charged daydreaming that can significantly interfere with an individual's social functioning and daily activities. MD is not formally recognised as a mental disorder in the International Classification of Diseases (ICD) or the Diagnostic and Statistical Manual of Mental Disorders (DSM–5–TR). This study aimed to determine the prevalence of MD and attention-deficit/hyperactivity disorder (ADHD) among medical students, identify the association of the two conditions, and assess the impact of socio-demographic factors.
Methods: A cross-sectional analytical study was conducted among medical students enrolled at the University of Rwanda and the University of Medical Sciences and Technology, with participants primarily residing in Rwanda, Tanzania, and other countries. Respondents were classified into two groups–maladaptive day-dreamers (MDers) and non-maladaptive daydreamers (non-MDers)–based on the 16-item Maladaptive Daydreaming Scale (MDS-16). Data were collected using validated paper-based and online Google Forms self-administered questionnaires (MDS-16 and Adult ADHD Self-Report Scale [ASRS-v1.1]). Ethical approval was obtained, and data were analysed using Statistical Package for the Social Sciences (SPSS) version 23.
Results: Our study included 584 respondents (52.9% male, 47.1% female) with a mean age of 21.6 ± 1.7 years. The prevalence of probable MD was 22.9%, while ADHD was reported in 21.4% of participants. Among students with MD, 48% screened positive for ADHD,compared with 16.2% who did not meet criteria for ADHD. Both MD and ADHD were significantly associated with poor academic performance ($p < 0.003$ and $p < 0.001$, respectively). Using logistic regression, there was a strong positive correlation between MD and ADHD ($p < 0.001$; $R^2 = 0.168$).
Conclusion: MD and ADHD show a significant positive relationship, and their co-occurrence is associated with a measurable decline in academic performance as perceived by the participants. These findings underscore the need for early screening strategies, the provision of counselling and psycho-educational support for affected students. Future longitudinal and randomised studies are warranted to establish standardised diagnostic criteria and therapeutic guidelines for MD and to differentiate it from related attentional and behavioural disorders across diverse populations.

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Psychedelic-Informed Approaches in Forensic Psychiatry: A Systematic Review of Therapeutic Promise, Risk, and Feasibility Within UK Services

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Aims: To systematically review the literature on psychedelic-related mechanisms relevant to forensic psychiatry, examining potential therapeutic benefits linked to reduction in crime-related behaviour, associated clinical and legal risks, and the practical considerations