A Systematic Review of Catatonia Following Hypoxic-Ischaemic Brain Injury in Adults

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Aims: Catatonia is a treatable syndrome that can occur due to psychiatric and neurological pathology, such as hypoxic-ischaemic brain injury. Many neuroanatomical pathways may contribute to catatonia but no single pathway has been found to be the sole cause.

A systematic review assessing evidence of adult-only cases of catatonia after hypoxic-ischaemic brain injury and summarisation of the presentation, lesion location, treatment and outcome.

Methods: A PRISMA-2020 compliant PubMed/MEDLINE search of terms related to catatonia and hypoxia/ischaemia was carried out. Catatonia had to be explicitly diagnosed and must have been secondary to a hypoxic-ischaemic insult. Data were extracted based on lesion characteristics, timeline, treatment, and outcome.

Results: Seven studies met the criteria and they were all case reports. Lesions were heterogeneous and included bilateral parietal watershed infarcts, basal ganglia, thalamus,corona radiata, extensive white matter disease, pontine and cerebellar infarcts, and fronto-insular atrophy with inferred hypoxia. Presentations ranged from stuporous catatonia to delirium and affective disorders with catatonic features. Outcomes were generally good and catatonia resolved; however, post-neurological consequences of hypoxic-ischaemic insult remained in a few.

Conclusion: The evidence was limited to case reports and no single lesion causing catatonia was found.The findings supported the disrupted cortico-striato-thalamo-cortical motor pathway and the disconnection pathway as a possible cause for catatonia. There was also evidence for the involvement of neurochemical pathways such as GABA, dopamine and NMDA as a potential cause or treatment focus. Further studies with standardised catatonia measures and imaging are required.

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.

Evaluating Microsoft 365 Copilot for Mental Health Tribunal Report Generation

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Aims: Mental Health Tribunal reports are documents written by psychiatrists to reflect the patient's mental state and justifications for detention. They can be time-consuming and labour-intensive. Reports should include chronology, diagnosis, risk, statutory criteria and an actionable plan. Microsoft 365 Copilot may reduce drafting burden. Copilot-generated reports from clinical notes were assessed and scored to determine their performance.

Methods: Twenty-three questions were identified on a tribunal report which could be answered with an AI-generated response, such as forensic history, circumstances of admission and current progress. A scoring sheet was designed covering each question, scoring 0–5, with higher weights for critical domains. Prompts were refined after multiple runs until a prompt generating a comprehensive, accurate and human-like report was selected. Patient notes were supplied as uploaded Word files. Narrative quality was also scored separately to question performance across 8 domains (scoring 0–4 each) such as coherence, tribunal-appropriate tone and minimal redundancy. A combined final score weighted question performance (80%) and narrative quality (20%). A single clinician reviewer scored all reports.

Results: Five patients were evaluated; 1 patient was generated 3 times to assess repeatability. Seven drafts were scored. All 23 questions were answered in every draft. The mean score per question was 4.9/5. The mean weighted question score was 98%. The average narrative quality was 28/32 (88%). Mean combined final score was 96% and all drafts met the "minor edits" threshold. For the repeated patient, weighted question scores varied minimally. The average time taken to generate a report was 30 seconds. One of the repeated reports contained a single hallucination concerning date of admission.

Conclusion: Copilot consistently produced quick and comprehensive tribunal reports under a structured prompt, but hallucination was found and is a risk. Clinician verification is required. As the prompt was being refined, it became clear that the reports altered significantly based on the prompt used. The quality of the reports signified potential use in generating community treatment orders (CTO) and medical recommendations. Limitations are that narrative scoring has a high subjectivity burden and this pilot only contained 5 patients. Further trials with a larger cohort and multiple assessors are required for more reliable results.

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Characterising the Behavioural Determinants Associated with Developing Antipsychotic-Induced Metabolic Side Effects

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Aims: Antipsychotics are the mainstay of treatment for severe mental illness (SMI) but cause metabolic side effects, such as rapid and clinically significant weight gain, hyperglycaemia, and hypercholesterolaemia, increasing the risk of type 2 diabetes and cardiovascular disease. Metabolic side effects develop through physiological mechanisms (e.g. plasma glucose dysregulation), but also through behaviour changes (e.g. increased calorie intake, sedentary lifestyle). This study aimed to characterise the behavioural determinants associated with developing metabolic side effects by exploring people's experiences of taking antipsychotics for an SMI.

Methods: Participants (n=22) were recruited, as members of the public via Mental Health charities and an existing database of people who had been previously prescribed antipsychotic treatment for an SMI (n=20), and via National Health Service Trusts who were recently initiated on antipsychotic treatment for an SMI (n=2). Sociodemographic characteristics (age group, biological sex, ethnic group, index of multiple deprivation) were collected from participants to ensure a diverse sample. Individual, reflective