scores doubles during ICU admission and does not significantly reduce prior to discharge. We were unable to link these scores to delirium with insufficient data collected, but investigations on possible links to mortality are ongoing.
Conclusion: This study demonstrated a significant rise in anticholinergic burden linked to ICU admission, persisting to hospital discharge. This places such patients at risk of drug-induced morbidity and mortality.

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How Do Individuals With Bipolar Disorder Experience Ecological Momentary Assessment and Mood Monitoring? A Systematic Review and Qualitative Meta-Synthesis

Miss Daljit Purewal[1], Ms. Georgina Shajan[1], Dr Goldie Momoh[1], Dr Shireen Patel[1,2,3,4] and Dr Laurence Astill Wright[1,5]

[1]Institute of Mental Health, Nottingham, United Kingdom.; [2]NIHR ARC East Midlands, Nottingham, United Kingdom.; [3]Nottingham NIHR Biomedical Research Centre, Nottingham, United Kingdom.; [4]NIHR MindTech Medical Technology Collaborative, Nottingham, United Kingdom. and [5]Centre for Academic Mental Health, Bristol, United Kingdom

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Aims: Advancements in smartphone technology and wearable devices allow for novel ways to monitor behaviour, mood, and mental state, as well as to develop new interventions. Understanding the perspectives and preferences of individuals with bipolar disorder (BD) is essential for the success of these mood monitoring interventions and for Ecological Momentary Assessment (EMA) as a data collection method.

This systematic review and meta-synthesis aimed to explore the user experience of mood monitoring and EMA, including the barriers and facilitators for both individuals with BD and clinicians, as well as the intended purposes of these tools.
Methods: A systematic review and meta-synthesis of qualitative studies were conducted (PROSPERO: CRD42023396473), focusing on the experiences of participants, users, and clinicians with mood monitoring and EMA in BD. Eight electronic databases were searched, and mixed-methods studies were included. A meta-synthesis approach was used to analyse the data, employing first-, second-, and third-order constructs, guided by Noblit & Hare's meta-ethnography framework. Studies were assessed for the risk of bias in qualitative research. Results were checked for coherence by individuals with lived experience and psychiatrists.
Results: The search identified 23,515 papers. A total of 20 studies using 12 different EMA protocols were identified and included in the meta-synthesis, from which nine overarching themes emerged: adverse effects, barriers to mood monitoring, facilitators of mood monitoring, the purpose of mood monitoring, negative experiences of data sharing, positive experiences of data sharing, clinician-related barriers and concerns, clinician-related facilitators and suggestions, and desired features.
Conclusion: This review highlights key factors that can enhance user experience, engagement, retention, usability, and acceptance of EMA and mood monitoring protocols for individuals with BD. A central finding is that users strongly value control over their data, with an emphasis on customisability and personalisation. Many users were sceptical about involving formal mental health services and preferred to use the tool as an aid for self-managing their condition in highly personal and iterative ways. We also report key adverse effects experienced by individuals with BD when engaging in mood monitoring, which may need to be addressed by incorporating additional therapeutic elements into the intervention — for example, subjective worsening of mood and the monitoring process serving as an unhelpful reminder of their mental illness.

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Sublingual Ketamine for Treatment Resistant Depression: Embracing the Change

Dr Ranjini Rao

The Geelong Clinic, Geelong, Australia

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Aims: 1. Examine efficacy and durability of antidepressant effects. 2. Identify specific symptoms of improvement. 3. Compare response rates and duration of antidepressant effects in failed to respond to previous treatments.
Methods: Prospective review study of patients who received off-label rapid dissolve wafer for SL delivery in hospital setting 2–3 times a week for 4 weeks. The study examined the effectiveness and safety of the clinical use on depression and anxiety symptoms. The regimen was determined by Psychiatrist experiential CME in ketamine therapy. Dosing increases were made based on patient's report, clinical response and side effects. Optimisation of maintenance dose based on pharmacokinetic modelling to achieve serum (2–2.5 mg/kg wt.). Clinician rated scales MADRS, MoCA and CADSS were completed to evaluate response & KSET protocol for side effects. Patient completed the online experience survey within 24 hours of dose administration.
Results: N=60 with no dropouts from treatment and no patients were hospitalized during treatment course. The mean patient age was 45.4, most common comorbid psychiatric diagnoses were Generalized Anxiety Disorder and mean of 3.6 previous psychotropic drug trials. Responders had > dissociation (mean CADSS 11.8). We found a moderately strong but not statistically significant correlation between the CADSS score during treatment and the reduction in MADRS from baseline to week 4 (r=0.52, p=0.059). Minor adverse events and side effects including nausea, dizziness, headache, loss of balance, were assessed and were self-limited and resolved without medical intervention.

Effectiveness – nearly 50% of patients with moderate to severe depression saw an improvement of MADRS and GAD-7 scores. This reduction rate improved to 60% in patients who completed a clinically recommended 12 ketamine course.
Conclusion: Increased dissociation correlated moderately strongly, but not significantly, with a decrease in depressive symptoms. Reductions in scores matched those with 6 vs 12 completed treatments and it is reasonable to speculate that there would be maintenance of improvement with additional treatments.

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