ACT-Based Online Intervention for Obsessive-Compulsive Traits, Anxiety, and Depression in Medical Students: A Pilot Study

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Aims: It is estimated that the prevalence of obsessive-compulsive disorder (OCD) in the UK is 2–3%, with a lifetime prevalence of anxiety and/or depression being reportedly much higher (estimated at 20–25%). Prevalence rates within medical students have, however, been reported by numerous studies and systematic reviews to exceed those identified in the general population. The primary aim of the current pilot study was to investigate the efficacy of an Acceptance and Commitment Therapy (ACT)-based online intervention in reducing symptom severity within a sample of medical students screened for OCD, anxiety and depressive traits and symptoms. The hypothesis was that the ACT-based online intervention would reduce symptom severity in participants.
Methods: Participants were recruited from Cardiff University's School of Medicine and were required to complete baseline screening measures for OCD, anxiety, and depressive traits using the Obsessive-Compulsive Inventory-Revised version (OCI-R), the State Trait Anxiety Inventory (STAI), and the Beck Depression Inventory-Revised version (BDI-II), respectively. A total of 11 medical students were recruited following screening and completed two parts of an online ACT-based intervention over a two-week period. Participants were required to complete the same measures post-intervention and were debriefed following their participation. Ethical approval for this study was provided by the university's School of Medicine Research Ethics Committee.
Results: Data collated was analysed to measure for any differences pre and post intervention. A reduction in OCD symptom severity was reported, however with findings approaching significance ($z=-1.362$, $p>0.05$). A significant difference in pre and post intervention scores was not revealed for depressive traits, however a significant reduction in anxiety was revealed using the STAI measure pre and post intervention, ($z=-2.59$, $p<0.01$).
Conclusion: The findings of the current pilot highlight the efficacy of our ACT-based online intervention in significantly reducing anxiety in a cohort of medical students. Whilst a small sample was recruited for this pilot, the results warrant further investigation and consideration by university student services in adopting the intervention for students.

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.

Effects of Ashwagandha Supplements on Cortisol, Stress, and Anxiety Levels in Adults: A Systematic Review and Meta-Analysis

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Aims: *Withania somnifera* widely known as "Ashwagandha", is a key treatment herb in the Indian system of medicine that has been used for thousands of years. It has anti-inflammatory, neuro-protective, adaptogenic, and immunomodulatory activities.
Methods: From inception through September 8, 2024, we searched for randomized clinical trials investigating the effect of ashwagandha on adults. The literature search involved PubMed, Web of Science, Scopus, and Cochrane databases. We included all randomized controlled trials that met the following criteria: (1) conducted on adult participants with stress and/or anxiety; (2) investigated the effects of ashwagandha supplementation compared with a placebo or other active treatments; (3) reported outcomes using validated measures of stress and anxiety. Two reviewers independently extracted the relevant data from the included studies using an Excel sheet. The analysis was carried out using R (version 4.4.1) and the metafor package (version 4.6.0).
Results: A total of 15 studies were included with a combined sample size of 873 patients. We found that ashwagandha supplementation significantly reduced anxiety compared with placebo according to the Hamilton Anxiety Rating Scale (HAM-A) before $\mu=-1.55$ (95% CI: −2.45 to −0.65, $p=0.0007$) and at 8 weeks of treatment $\mu=-3.52$ (95% CI: −6.00 to −1.04, $p=0.0053$). It has also showed a signifacnt effect in reducing both stress (Perceived Stress Scale (PSS) $\mu=-4.88$ (95% CI: −7.84 to −1.91, $p=0.0013$)) and cortisol levels $\mu=-2.3626$ (95% CI: −3.2622 to −1.4629), $p<0.0001$) at 8 weeks of treatment. On the other hand, no improvement in the quality of life has been observed $\mu=-1.7618$ (95% CI: −5.6118 to 2.0881, $p=0.3698$).
Conclusion: Ashwagandha supplementation is safe and effective in reducing stress and anxiety in adult patients. In our study, it resulted in a statistically significant reduction of cortisol levels, PSS scale, and HAM-A scale. However, it showed no statistically significant improvement in the quality of life of participants receiving it.

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Are Sex and Gender Dimensions Accounted for in NICE and SIGN Psychiatry Guidelines? A Systematic Review

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Aims: Sex and gender are critical determinants in the diagnosis, progression, and management of psychiatric conditions, influencing disease epidemiology, symptom presentation, treatment responses, and access to care. However, the extent to which these factors are systematically incorporated into UK psychiatric clinical guidelines has been unclear. To date, no review has assessed how sex and gender considerations are addressed in guidelines produced by the National Institute for Health and Care Excellence (NICE) or the Scottish Intercollegiate Guidelines Network (SIGN).

This study aimed to evaluate the extent of sex and gender integration within psychiatric guidelines. It is the first to systematically assess these dimensions across NICE's "*Mental health, behavioural, and neurodevelopmental conditions*" category