disordered eating behaviours between Muslim and non-Muslim females. Studies that did not report prevalence data on these outcomes or included male participants were excluded. Following PRISMA guidelines, a comprehensive search was conducted across Medline, Embase, PsycINFO, and Scopus up to August 18, 2024, supplemented by references and grey literature. Methodological quality was assessed using the ROBINS-E and JBI Prevalence tools. Relevant data were extracted and analysed through quantitative and narrative syntheses.

Results: Eleven studies met the eligibility criteria. Overall, findings indicated lower rates of body dissatisfaction and disordered eating behaviours among Muslim females, particularly among those practising veiling, compared with non-Muslim females. However, conflicting results were noted in several studies, possibly due to acculturation and sociocultural stressors. The heterogeneity in study methodologies and cultural contexts limited the generalizability of these findings. While religiosity appeared to be a protective factor, the variability in results underscores the need for more robust, longitudinal studies to better understand the complex interplay of religious, cultural, and psychosocial factors.

Conclusion: This review highlights the importance of integrating cultural and religious contexts into effective interventions and prevention strategies for body dissatisfaction and disordered eating in Muslim populations.

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Pharmacogenomics-Guided Antidepressant Therapy as a Solution to Treatment-Resistant Depression: A Systematic Review

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Aims: Treatment-resistant depression (TRD), defined as failure to achieve remission despite adequate antidepressant trials, remains a pervasive clinical conundrum, linked to reduced quality of life, increased mortality, and higher healthcare costs. Pharmacogenomics-guided treatment (PGT) offers a potential solution to the ongoing challenge of TRD by using genomic testing to identify genetic factors influencing drug metabolism and response. This systematic review aimed to assess whether PGT improves symptom remission in adults with TRD compared with treatment as usual (TAU). Secondary objectives included evaluating the impact of PGT on treatment response and overall symptom improvement.

Methods: A systematic review of clinical studies published up to 8 July 2023 was conducted across PubMed and Cochrane Library databases based on Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Search terms were defined using the 'Population, Intervention, Comparison, Outcome' (PICO) framework. Studies were selected using predefined inclusion and exclusion criteria. Clinical trials or observational studies evaluating the efficacy of PGT for TRD in at least 10 adult participants were included. The quality of the included studies was assessed using the Critical Appraisal Skills Program (CASP) checklist.

Results: The systematic literature search identified 307 records, 15 of which were included in a qualitative synthesis. Among 14 studies evaluating remission, 13 (92.9%) reported improvements with PGT compared with TAU, with 8 (57.1%) showing significant gains. For treatment response, 12 out of 13 studies (92.3%) demonstrated enhancements with PGT, 8 (61.5%) of which were significant. All 8 studies assessing symptom improvement reported benefits with PGT, with 5 (62.5%) showing significant results. Notable findings included more consistent effects in patients with fewer prior antidepressant failures and improved response rates even in the absence of remission. However, variability in study designs, scoring systems, and definitions of TRD limited the generalisability of results.

Conclusion: PGT demonstrates promise in enhancing remission, treatment response, and symptom outcomes in TRD. By tailoring treatment to individual genetic profiles, this approach may reduce the trial-and-error process associated with antidepressant therapies, thereby improving patient well-being and alleviating healthcare burdens. Nevertheless, further studies, including meta-analyses and cost-benefit evaluations, are warranted to establish the clinical and economic viability of PGT for widespread implementation in healthcare systems like the NHS.

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Understanding Subgenual Cingulate Functional Connectivity in Major Depressive Disorder Using 7T Fmri

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Aims: We aimed to determine differences in subgenual anterior cingulate cortex (sgACC) resting-state functional connectivity (rsFC) in Major Depressive Disorder (MDD) *vs.* healthy volunteers (HV) using 7-Tesla functional magnetic resonance imaging (fMRI). Abnormalities in the sgACC are linked to MDD, but the sgACC is anatomically and functionally diverse, including Brodmann area (BA) 25 (Cg25) and the subgenual portion of area 32 (Cg32). The differences in rsFC between Cg25 and Cg32 in MDD compared with HVs have not been directly examined. High-resolution 7T fMRI offers an unrivalled opportunity to measure differences in rsFC between these two subregions which otherwise suffer from signal dropout.

Methods: We used resting state 7T fMRI to compare rsFC between Cg25 and Cg32 in 40 patients with MDD, and 38 HVs. Within the MDD group, we correlated rsFC changes with anhedonia (SHAPS) and anxiety (STICSA) scores together with baseline high-sensitivity C-reactive protein (hsCRP) measures.

Results: Across all 78 participants, Cg25 and Cg32 showed regionally distinct rsFC patterns despite their proximity. Cg25 had increased rsFC to the orbitofrontal cortex, amygdala, hippocampus and dorsolateral (dl)PFC/BA46, while Cg32 showed increased rsFC to the perigenual (pg) and dorsal (d)ACC, dlPFC/BA9, posterior cingulate cortex (PCC), ventral striatum, and ventral tegmental area. When comparing MDD patients to HV, both Cg25 and Cg32 exhibited increased rsFC to the anterior (ant)PFC/BA10, amygdala and hypothalamus, together with key nodes of the default mode network (DMN), including pgACC, rostral ventromedial prefrontal