Conclusion: This review adds support to the current literature of the potential of TCM therapies in treating AD. A search on the Chinese databases, investigating the mechanisms behind how these interventions work and using a combination of TCM therapies are potential future studies on alternate forms of treatment for patients with AD.

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.

Role of Ondansetron in Obsessive-Compulsive Disorder: A Systematic Review

Dr Neelam Choudhary[1] and Dr Nilamadhab Kar[2,3]

[1]Black Country Healthcare NHS Foundation Trust, Dudley, United Kingdom; [2]Black Country Healthcare NHS Foundation Trust, Wolverhampton, United Kingdom and [3]University of Wolverhampton, Wolverhampton, United Kingdom

doi: 10.1192/bjo.2025.10113

Aims: In obsessive-compulsive disorder (OCD), treatment non-response is common with recommended medications; hence there is a need to investigate the role of alternative agents. It was intended to evaluate the evidence base involving ondansetron as a treatment strategy for OCD in adults, considering its role as a 5-HT3 receptor antagonist primarily in the limbic system.
Methods: Various electronic databases (PubMed, CINAHL, EMBASE, PsycInfo, Cochrane, Clinical Trials Registers, and PROSPERO) were searched for articles with keywords of 'ondansetron', 'obsessive-compulsive disorder' or 'OCD', and 'clinical trial', in the English language, published up to October 2024.
Results: Nine studies were included in this systematic review. Studies used Yale–Brown Obsessive Compulsive Scale (YBOCS) scale for assessment and ondansetron mostly as an augmenting drug. More than half of the studies (five out of nine) had patients with treatment-resistant OCD, and serotonin reuptake inhibitors as the active drug. All trials reported improvement in OCD with ondansetron augmentation, except the study which involved chart review for treatment-resistant OCD. The improvement was observed as early as two weeks following ondansetron augmentation. The reported range of decrease in YBOCS score from baseline in various studies has been 23.2–55%. Treatment response was reported between 37–86.4%. Improvement was noticed in both OCD and treatment-resistant OCD groups. Discontinuation of ondansetron led to worsening of symptoms which was reported in two studies. Overall adverse effects of ondansetron were mild to moderate in degree, with no major clinical concerns, and were generally well tolerated. Commonly reported side effects were constipation, headache, diarrhoea, decreased appetite, dizziness, insomnia, anxiety, nervousness, sweating, dry mouth, muscle cramp and sexual dysfunction. Available studies have major limitations which are mostly small sample sizes and short duration of trials.
Conclusion: Current evidence suggests ondansetron may be beneficial in the treatment of OCD and treatment-resistant OCD, mostly as an augmentation agent; however the evidence is scarce to draw any firm conclusion. Further trials with adequate sample size and duration 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.

Artificial General Intelligence: Could It Suffer From a Mental Illness?

Dr Alistair Clarke

Cambridge University Hospitals, Cambridge, United Kingdom

doi: 10.1192/bjo.2025.10114

Aims: Could a hypothetical future Artificial General Intelligence (AGI) suffer from a mental illness? While this question may evoke differing intuitions, the following arguments propose that such an AGI could indeed experience mental pathology.
Methods: To prove that an AGI could suffer from a mental illness, the method of philosophical thought experiment using a priori deductive reasoning has been employed. The argument's premises are justified by known principles of computer science and psychiatry.
Results: Though AGI systems do not yet exist, exploring their potential nature can offer valuable insights into conceptualising the pathogenesis of psychiatric illness. Consider the following deductive inference: **Premise 1**: People can suffer from mental illness. **Premise 2**: A future AGI will be a person, i.e. a conscious entity capable of generating new knowledge. **Conclusion:** An AGI will be a person and therefore can suffer from a mental illness.
Conclusion: From computer science and physics, we know in principle that AGI must be possible. The intuition that an AGI would be conscious, and therefore susceptible to mental illness, finds support from the Church–Turing–Deutsch principle. That is to say, any Turing-complete system, which includes all modern computers, can simulate any physical system, including the human brain. The human brain is a known structure that supports general intelligence, minds and consciousness. While brains are not isolated systems and have internal and external environmental inputs and outputs, these could also be computationally simulated. The key question is whether such a simulated brain would actually be conscious or merely simulate consciousness. It seems logically incoherent to "simulate" consciousness, as a successful attempt to simulate a conscious brain would necessarily result in the creation of a conscious being. Therefore, like a human mind, it seems consistent to suggest the mind of an AGI can suffer from mental illness.

Unlike humans, an AGI will not have a biological brain. Instead, its mind will presumably run on a silicon-based substrate. This suggests that brains are not fundamental to the pathophysiology of mental illness. Rather, we can speculate that information and its aberrant processing play a more central role in the emergence of mental disorders.

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.

Functional Neurological Disorders in Children: A Clinical Case Series of 196 Patients in a National Specialist Service

Dr Isabella Conti[1], Mr Paul Harris[1], Dr Amin Elmubarak[1], Dr Joyita Sinha[1] and Dr Benjamin Baig[1,2]

[1]South London and Maudsley NHS, London, United Kingdom and [2]Kings College, London, United Kingdom

doi: 10.1192/bjo.2025.10115

Aims: Functional Neurological Disorders (FND) are common but poorly understood causes of disabling symptoms including limb weakness, seizures, fatigue and memory difficulties. Children as