Result. There were 209 responses. This represents a response rate of approximately 10%. 89% of respondents had completed a CRAFT tool at some point but only 38% had received training. 15% reported that the CRAFT did not aid decision making about risk in clinical settings, whereas 37% said it did and 42% said it did sometimes. 46% report patients are consulted most of the time (34%) or always (12%). The qualitative impression was that the CRAFT was an improvement on its predecessor. However common themes from responders highlighted a lack of clinical relevance or impact decision making, lack of training in filling it out and cumbersome integration with the electronic case notes.
Conclusion. Staff perceptions of the CRAFT tool were generally negative with many feeling it was a box ticking exercise that had minimal real world impact on patient risk and its management. However many felt it was an improvement over the previous risk tool and the majority used it at some point to aid clinical decision making.

Medical comorbidities of patients presenting to an adult neurodevelopmental new case clinic in Singapore

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Aims. To describe the occurrence of medical comorbity in patients with neurodevelopmental disorders presenting to the Adult Neurodevelopmental Service (ANDS) multi-disciplinary new case clinic at the Institute of Mental Health (IMH) in Singapore. We hypothesize that patients with neurodevelopmental disorders have higher rates of medical comorbidity compared to those without a diagnosis of neurodevelopmental disorder.
Background. Medical comorbidities are common in patients with neurodevelopmental disorders. They may have difficulties managing their medical conditions which could in turn affect their well being, quality of life and life expectancy.
Method. A retrospective cohort study was conducted amongst patients who presented to the clinic from January 2015 to December 2016. The electronic case records of the assessments were de-identified and the medical conditions of patients were collected and analysed.
Result. 319 patients attended the ANDS new case clinic in the 2-year study period. 87.1% (278/319) were diagnosed with a neurodevelopmental disorder while 12.9% (41/319) did not receive any diagnosis of a neurodevelopmental disorder.

58.3% (162/278) of patients with a neurodevelopmental disorder had at least 1 medical comorbidity while only 31.7% (13/41) of patients with no neurodevelopmental disorder had at least 1 medical condition.

Patients with neurodevelopmental disorders had higher rates of epilepsy (12.2% vs 4.9%), cerebral palsy (3.2% vs 0%) but lower rates of having other neurological conditions (1.4% vs 7.3%) compared to those with no neurodevelopmental disorders.

Patients with neurodevelopmental disorders had higher rates of diabetes (6.1% vs 2.4%), hypertension (6.1% vs 2.4%), hyperlipidaemia (7.1% vs 2.4%) and cardiovascular conditions (2.9% vs 0%) than those without a neurodevelopmental disorder.

In terms of other medical comorbidities, patients with neurodevelopmental disorders had higher rates of thyroid abnormalities (4.7% vs 2.4%), respiratory problems (7.6% vs 2.4%), musculoskeletal conditions (5.8% vs 0%), eye issues (5% vs 2.4%) and hearing problems (2.9% vs 0%) but similar rates of dermatological conditions (10.1% vs 9.8%) and gastrointestinal conditions (4.7% vs 4.9%) compared to those with no neurodevelopmental disorders.
Conclusion. Patients with neurodevelopmental disorders have significantly highly rates of medical comorbidity than those without any neurodevelopmental disorders. This study highlights the need to raise awareness of the common medical comorbidities in patients with neurodevelopmental disorders and to ensure adequate screening and referral for follow-up medical care for them.

Interview skills – psychiatry reel to reality

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Aims. This reel analysis identifies quotes and actions of fictional characters from TV shows, namely: Hercules Poirot, Sherlock Holmes and House who can demonstrate learning points for clinical students to use within real psychiatric practice, using scientific theories such as the Hypothetico-deductive model, Empirical falsification and Occam's razor. This analysis explores what an ideal psychiatric interview consists of and what can be learnt from these characters and implemented within medical education.
Method. Each show was watched by one researcher over the period of March to August 2020. The researcher noted insightful quotes which were relevant to one of the three philosophical theories. Quotes were included if they demonstrated deduction skills, revealed a character's ethos and supported the Calgary-Cambridge model of interviewing such as building rapport. 32 quotations were collected in total and narrowed to 6 quotations. These were then analysed, learning points were made and linked to the Calgary Cambridge model.
Result. Dr House demonstrates objectivity when taking a patient's history. He utilises empirical falsification when diagnosing to avoid missing a differential diagnosis. Detective Poirot displays how empathic listening allows disclosure of details in the history, which would have otherwise been omitted. Additionally, he illustrates the importance of collateral interviewing which allows one to identify misinterpretations and inconsistencies. Sherlock teaches us the importance of perception regarding mismatching information which can help to gather new facts. All three characters interview beginning with open questions to more closed questions, supplementing with deductive reasoning in order to solve cases. Objectivity, empirical falsification, empathetic listening and deductive reasoning are the key skills displayed by these characters, that medical students can most use in their own practices.
Conclusion. The perfect interview discovers new information through synchronised collaboration, whilst adhering to the Hypothetico-deductive model of thought. A combination of the Calgary-Cambridge model of interviewing and skillset of the TV characters should be considered for implementation in some aspects of psychiatric interviewing. Medical education can utilise these TV shows to teach students how to conduct history-taking.

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Exploring unusual bodily experiences, basic self disturbances and multimodal hallucinations in the non-clinical population: a cross-sectional study

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Aims. Psychosis research has largely focused on symptoms which are easier to define. Symptoms which are challenging to detect and articulate, including disturbances in the basic- and bodily-self, may not be volunteered by patients, despite causing significant distress. Increased understanding of such symptoms, which may present in the prodromal phase of psychosis and persist following the remission of positive symptoms, may allow patients who experience these to be better supported.

This study aims to explore how disturbances in the basic- and bodily-self relate to multimodal hallucinations. Through sampling a non-clinical population, this study takes the continuum approach to psychosis, where individuals experience sub-clinical psychotic symptoms which do not cause distress or functional impairment.

It is hypothesised that individuals with greater hallucination proneness will exhibit greater severity of ambiguous and imprecise mapping of bodily experiences, and will report greater levels of basic and bodily-self disturbance. This project also aims to evaluate Audiograph as a newly developed tool for creating representations of visual hallucinations.

Method. This is a two-stage cross-sectional study. In stage one, participants completed the Multi-Modality Unusual Sensory Experiences Questionnaire to assess hallucination-proneness. In stage two, all participants were invited to complete seven further validated questionnaires which assessed basic- and bodily self-disturbances alongside co-variates including anxiety and depression symptoms, delusion-proneness and loneliness. Participants also completed emBODY, a computer-based task which allows participants to map the bodily sensations they experience during 13 different emotional states. Participants with high-hallucination proneness also completed the Audiograph task. Hierarchical linear regression, conducted using Stata, will be used to model the influence of hallucination proneness on measures of basic- and bodily-self disturbance. MATLAB will be used to generate topographical maps of the data from emBODY; maps will be compared between different emotional states using linear discriminant analysis, and between high and low hallucination proneness groups using Spearman's test.

Result. Currently, 50 of the 104 stage one participants have completed stage two.

Since this project comprises a compulsory component of the presenting author's intercalated degree, data collection will cease on the 29th of March in advance of their poster and write-up submission deadlines in May.

Conclusion. Although basic- and bodily-self disturbances have been assessed in previous studies using various techniques, no single study has assessed these alongside multimodal hallucinations to link these concepts together as a whole, especially not in a general population sample. The added value of this project is to precisely address this gap in knowledge.

A systematic review of the effects of nicotine replacement therapy on agitation among nicotine-dependent psychiatric inpatients

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Aims. This systematic review aims to evaluate the effect of nicotine replacement therapies (NRTs) on measures of agitation amongst nicotine-dependent adult psychiatric inpatients.

Background. Since the introduction of the smoke-free policy for all psychiatric facilities, a psychiatric admission is likely to upset a nicotine-dependent individual's normal routine of nicotine consumption. In addition to the physiological effects of nicotine withdrawal (NW), the interpersonal dynamic which nurse-led guardianship of nicotine products constructs presents stressors to the nicotine dependent patient.

Several systematic reviews evaluating changes in objective measures of agitation amongst smoking patients in medical critical care units have found varied results, with some demonstrating worsening agitation with NRT use. We therefore believe that there is sufficient equipoise in the use of NRT to prompt a review of studies amongst psychiatric inpatients.

Method. This review identified English language studies through developed search strategies in PubMed/MEDLINE, EMBASE, PyschINFO, PSYCHLit, Cochrane databases, and Google scholar. The bibliographies of notable papers were explored. Hand searches of five major psychiatric journals were conducted. Peer reviewed studies of any study design were included if they reported primary data of adult psychiatric inpatients. Studies were extracted from 1990 – present, this was felt appropriate as nicotine replacement patches became available in 1992.

Search strategies were informed by MeSH search terms and included multiple conceptions of "agitation", including variations on; agitation, irritability, and arousal to capture the concept from broad academic constructions. The quality of studies was assessed with the Newcastle-Ottawa and Cochrane Collaboration tools.

This review follows PRISMA guidelines, and an application for PROSPERO registration has been submitted pending acceptance.

Result. Two studies were identified which matched inclusion criteria. A double-blinded randomised placebo-controlled trial of 40 nicotine-dependent inpatients from Allen et al. reported a significant 23% reduction in Agitated Behaviour Scores at 24 hours following NRT administration on admission compared to their matched placebo controls. Yet a retrospective cross-sectional analysis from Okoli using scores for NW identified more severe withdrawal symptoms including "restlessness" and "anger/irritability" than nicotine-dependent patients not provided with NRT.

Conclusion. Despite considerable commentary within literature there is presently only one study providing moderate evidence of a positive benefit to measures of agitated behaviour from the use of NRT amongst nicotine-dependent psychiatric inpatients. There is currently very low evidence whether NRT improves or exacerbates the agitation associated with NW amongst nicotine-dependent psychiatric inpatients.

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