Development and Well-Being Assessment (DAWBA), that generate algorithm-based probable diagnoses from multi-informant symptom reports, could improve referral outcomes. However, thereal-world impact of these tools on referral outcomes remains underexplored. In this context, the current study aimed to examine whether diagnostic probabilities generated by the DAWBA predict referral acceptance in CAMHS. It also explored how the information available to triage team, including referral source, influences referral outcomes.

Methods: We conducted a secondary analysis of anonymised data extracted from a randomized controlled trial conducted across eight NHS Trusts in England. The sample included 483 participants aged 5–17 years with documented DAWBA diagnostic probabilities and referral outcomes. Sociodemographic characteristics and clinical variables were also examined.

Results: Overall, 54.5% (n=263) of referrals were rejected. There were no significant differences in referral acceptance by sex, ethnicity, deprivation, or referral source. Referral acceptance was associated with older age, higher Strength and Deficit Questionnaire (SDQ)parent-rated impact scores, history of previous CAMHS referral, and study recruitment site. Binomial logistic regression showed higher parent impact scores (OR=1.1, 95% CI: 1.01, 1.21) and previous CAMHS referral (OR=2.3, 95% CI: 1.38, 3.69) increased odds of referral acceptance. Referral acceptance also varied with recruitment site. However, a high to very high probability of DAWBA generated diagnoses did not increase chances of referral acceptance with 54% emotional disorders, 78.6% behavioural disorders, or 52.9% comorbid emotional and behavioural disorders being rejected.

Conclusion: This study highlights key gaps in the current CAMHS referral process. While previous CAMHS referral and parent-rated SDQ impact scores were associated with referral acceptance, DAWBA diagnostic probabilities were not. This suggests that children with clinically significant difficulties, identified via standardised assessment, may still face barriers in accessing care. Significant site-level variation in referral acceptance underscores the need for more equitable referral processes.

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How to Fix a Bad Trip? Hallucinogen Persistent Perception Disorder Treatment in Review

Dr Aleeha Batool and Dr Chaitanya Morey

Hampshire and Isle of Wight Healthcare NHS Foundation Trust, Southampton, United Kingdom

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Aims: Hallucinogen Persistent Perception Disorder (HPPD) is characterised by a recurrence of hallucinogen-induced perceptual symptoms after the cessation of hallucinogen use, leading to clinically significant impairment in functioning. It remains difficult to diagnose due to multiple comorbid diagnoses and poor understanding in psychiatry. For these reasons documented incidence also remains low. There are currently no established guidelines on treatment of HPPD which is a major gap in existing literature. This review aims to assimilate current evidence on treatment of HPPD, and suggest avenues for further systematised research into this complex disease.

Methods: Our inclusion criteria was any review article, meta-analysis, randomised control trial, case report, and letter to the editor on treatment of HPPD published in English until December 2025. Research databases PubMed and GoogleScholar were searched using the key words "Hallucinogen Persistent Perception Disorder" yielding 111 articles. These were then screened to meeting inclusion criteria and relevance to aim. 34 studies were included in our final review.

Results: Our review of studies on HPPD treatment found that several (n=9) advocate for α2 adrenergic agonists (particularly clonidine) orbenzodiazepines (particularly clonazepam) to be effective. These target the distress and anxiety associated with HPPD. The perceptual symptoms of HPPD have shown good response to anti-epileptic drugs (particularly lamotrigine) in case reports (n=5). Studies (n=5) on treatment with antipsychotic agents counterintuitively demonstrated poor response and worsening of perceptual symptoms. Two case reports (n=2) demonstrated improvement on combination therapy (olanzapine with fluoxetine and risperidone with escitalopram) however selective serotonin reuptake inhibitors alone (n=1) have not shown improvement.

Anecdotal treatments in literature include conservative measures, psychotherapy, eye movement desensitisation and reprocessing, onabotulinum toxinA, and naltrexone.

Neuromodulation has been successful at treating HPPD in two case reports using transcranial direct current stimulation and repetitive transcranial magnetic stimulation, with sustained responses at 4 weeks and 4 months respectively. More robust studies with longer term follow-up are needed.

Conclusion: Treatment modalities recommended for HPPD have a weak evidence base. The ambiguity of HPPD presentation, frequent comorbid conditions influencing pharmacological choice and variability in response to treatments make it difficult to draw large-scale conclusions from these results. Larger scale and case-controlled studies remain a challenge owing to diagnostic and ethical considerations. We propose that, given the safety and efficacy of neuromodulation, this should be explored further. Additionally, more research needs to be done for pharmacological treatments to confirm efficacy.

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Metabolic Parameters in Asian Patients Under the Early Intervention Service in Sheffield

Dr Eleanor Beard and Dr Hamna Tehniyyat

Sheffield Health Partnership University, Sheffield, United Kingdom

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Aims: There is a high prevalence of metabolic abnormalities in patients with severe mental illness. Metabolic abnormalities are more likely to be present among individuals of black, Asian or minority ethnic groups. This study aims to assess the ethnic breakdown of the Early Intervention Service (EIS) for first episode of psychosis in Sheffield Health Partnership University NHS Trust. We aim to assess the metabolic parameters (blood pressure, HbA1c, BMI, triglycerides and cholesterol) in Asian patients on the EIS caseload.

Methods: Data on ethnicity was collected for all patients on the EIS caseload in 2025 using electronic patient records. Data on BMI, blood pressure and blood results were collected for patients of Asian ethnicity. Data was analysed using descriptive statistics and presented on graphs using Microsoft Excel.

Results: Out of the 309 patients on the EIS caseload, 9.2% (29 patients) identified as Asian or Asian British.72% of Asian patients had a recorded BMI. Of these, the majority (71%) had a raised BMI. 13% of patients with recorded data had raised blood pressure. 83% of Asian patients had blood tests for lipids, cholesterol and HbA1c. The

mean HbA1c was 36.08mmol/mol and no patients had a HbA1c in the pre-diabetic or diabetic range. 29.2% of Asian patients had a raised TG:HDL ratio.

We used the diagnostic criteria of metabolic syndrome as at least 3 of: waist circumference >102cm for men or 89cm for women, triglyceride >1.7mmol/L, HDL <1.0mmol/L for men or <1.3mmol/L for women, BP >130/85 or fasting BM >5.6. This identified 20.7% of Asian patients as having metabolic syndrome. However, only 3 patients (10.3%) had all 5 parameters recorded, suggesting there could be unidentified patients with metabolic syndrome.

Conclusion: The majority of Asian patients on the EIS caseload had a raised BMI, highlighting a potential area of intervention to improve health outcomes. Some Asian patients have raised blood pressure, increased TG:HDL ratio and metabolic syndrome. This study identifies low rates of measurement of metabolic parameters; it is striking that 89.7% of patients did not have all the recorded data that is needed to make a diagnosis of metabolic syndrome. It is likely that there are unidentified patients with metabolic syndrome who are not able to access appropriate lifestyle support and medical treatment to improve health outcomes.

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Sleep and Cognition in Depression– A Feasibility Study

Dr Jennifer Burgess[1], Miss Alice Mitchell[1], Dr Kirstie Anderson[2], Dr Peter Gallagher[1], Prof Hamish and McAllister-Williams[1,3]

[1]Newcastle University, NewcastleuponTyne, United Kingdom; [2]Newcastle Hospitals NHS Foundation Trust, NewcastleuponTyne, United Kingdom and [3]Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust, NewcastleuponTyne, United Kingdom

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Aims: Over 90% of patients with depression report troublesome sleep-wake disturbances, and patients with depression are more likely to have comorbid sleep disorders such as insomnia. They also display small but significant deficits in a variety of cognitive domains, and both sleep and cognitive problems can persist into remission. Sleep disturbances also adversely affect cognition, however due to heterogeneity of methods and results in the extant literature, further research is required to assess how sleep disturbances affect cognition in depression.

Methods: Forty participants aged 18–65 with unipolar depression and 40 gender- and age-matched controls were recruited to this naturalistic observational study. Baseline measures of mood and sleep were completed, and participants then wore a triaxial accelerometer (actigraph) and completed a sleep diary. At the second study visit 14 days later participants completed a battery of neuropsychological tasks, including the Psychomotor Vigilance (PVT), Continuous Performance (CPT), Digit Symbol Substitution (DSST), and Trail-Making-Test (TMT).

Results: Following exclusions, 34 participants in each group were included in the final analysis. In the depression group the average age was 49.5, 53% were female, and 94% White British Ethnicity. 44.1% were diagnosed with comorbid disorders (e.g. anxiety) and were prescribed a median 2 psychotropic medications. Eight patients were not currently depressed as assessed by the Hamilton Depression Rating Scale. The depression group were significantly more likely to report insomnia symptoms than controls, and although there was no difference in the average hours of night-time sleep (depression=6.39, control=6.69), the depression group had a significantly lower Sleep Regularity Index and more nights of short sleep (depression=6, control=4). There were no significant group differences between the primary outcomes PVT and CPT, however the depression group demonstrated significantly slower DSST and TMT-A performance. There were few significant correlations between sleep and cognitive variables, with the strongest observed between insomnia symptoms and slower DSST performance. Multiple regression analyses showed that insomnia symptoms, but not actigraph-measured hours of sleep, moderated the relationship between depression symptoms and PVT performance.

Conclusion: In this study, participants with depression reported significantly more insomnia, and had a less regular sleep schedule than controls. There were no group differences on the primary outcome sustained attention tasks, but the depression group demonstrated significantly slower psychomotor processing. The relationship between depression symptoms and sustained attention was moderated by insomnia symptoms but not average hours of sleep.

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Stalking Threat and Violent Behaviours in Erotomania: A Scoping Review of the Literature

Miss Corinne Calkam[1], Prof Vaughan Bell[1], Dr Alan Underwood[2,3,4], Miss Kayla Gaw[5] and Dr Artemis Igoumenou[1,6,5]

[1]University College London (UCL), London, United Kingdom; [2]Queen Mary University of London (QMUL), London, United Kingdom; [3]North London Forensic Service, London,United Kingdom; [4]Stalking Threat Assessment Centre (S-TAC), London, United Kingdom; [5]Centre for Addiction and Mental Health (CAMH), Toronto, Canada and [6]University of Toronto, Toronto, Canada

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Aims: Erotomanic delusions involve the fixed false belief that another person (often of higher social status) is in love with the individual. Although rare, erotomania is clinically significant due to its association with stalking, harassment, and, in some cases, serious violence. Risk assessment framework deficits have contributed to fragmented understanding of factors associated with violent escalation. Existing evidence is largely confined to case reports and case series, limiting systematic synthesis of clinical and contextual risk factors. This scoping review aimed to synthesise published case-level evidence on erotomania associated with stalking and/or violent behaviour. The primary objective was to identify individual, clinical, and contextual factors linked to stalking or violence in people with erotomanic delusions. Secondary objectives were to describe the nature and severity of violence and to identify gaps in the literature.

Methods: A literature search was conducted in January 2026 using six databases. Eligible publications included case reports, case series, and observational or qualitative studies describing erotomanic delusions in connection with stalking or violence. Data were extracted using Covidence capturing socio-demographic, clinical and criminological factors. Results were synthesised descriptively and reported as frequencies and percentages overall and by sex. Fifty publications comprising 87 cases were included.

Results: The sample included 51 males (58.6%) and 36 females (41.4%), with a mean age of 36.0 years (SD 11.7). Most individuals were single, socially isolated and had unstable living arrangements. Erotomanic delusions were most commonly described in the context of a primary diagnosis of a psychotic illness (90.8%). Co-occurring delusional themes were common, particularly referential, persecutory, and grandiose delusions.