schizophrenia suggest that hormonal interventions must be tailored to their underlying pathophysiological mechanisms.
Conclusion: These findings challenge the current paradigm of psychosis treatment in menopausal women and underscore the urgent need for large-scale, longitudinal studies to refine dosing strategies, assess long-term psychiatric and cognitive outcomes, and explore potential synergies between hormonal and antipsychotic therapies. Expanding research in this area could redefine psychiatric care for midlife women, offering more personalised and effective treatment pathways.

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Celecoxib as an Adjunctive Therapy in Patients With Bipolar Mania and Its Correlation With Interleukin 6: An Open Label Case Control Study

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doi: 10.1192/bjo.2025.10797

Aims: Recent research has focused on the inflammatory cascade as a key culprit in the aetiology of Bipolar disorder. We hypothesized that celecoxib, via its anti-inflammatory properties, may have a therapeutic role in mood disorder. The present study was a 4 weeks, open label case-control trial of celecoxib in patients of Bipolar mania as an adjunctive therapy to mood stabilizer and antipsychotic and to see its effect on IL-6 levels to objectively validate the improvement caused by celecoxib using this inflammatory marker.
Methods: This was a hospital-based, prospective, case-control study using purposive sampling. The study consisted of 50 participants of over 18 years of age, of which 25 received celecoxib (200 mg/day) adjunctive therapy to sodium valproate and a second generation antipsychotic while the other 25 received treatment as usual for 4 weeks. 25 healthy controls were also taken to measure and compare baseline serum Interleukin 6 levels. The Young Mania Rating Scale (YMRS), Brief Psychiatric Rating Scale (BPRS) and Clinical Global Impression – Severity scale (CGI-S) were used to assess severity of symptoms at baseline and at 4 weeks. The serum Interleukin 6 level was measured at baseline and at 4 weeks using an ELISA kit.
Results: The patients in each of the groups were comparable with respect to the socio-demographic, clinical characteristics and laboratory parameters at baseline. Interleukin 6 levels in the patient groups were significantly elevated when compared with healthy controls. Repeated measures ANOVA showed significant effect on treatment × time interaction on YMRS [$F(1, 48) = 104.69$, $p<0.001$] BPRS [$F(1, 48) = 9.298$, $p = 0.004$] and CGI-S [$F(1, 48) = 65.774$, $p<0.0001$] scores. YMRS, BPRS and CGI-S scores significantly decreased at 4 weeks in Bipolar patients receiving celecoxib in comparison to Bipolar patients receiving treatment as usual. There was a significant decrease in the serum Interleukin 6 ($p<0.001$) while on treatment with celecoxib adjunctive when compared with treatment as usual. The baseline Interleukin 6 levels correlated significantly with the improvement in symptoms ($p<0.009$) and the baseline score on YMRS scale was a predictor of the improvement.
Conclusion: This study found that celecoxib used as an adjunctive therapy with sodium valproate and antipsychotic in the treatment of Bipolar mania shows improvement in the manic and psychotic symptoms. It also significantly lowers Interleukin 6 levels of participants which were raised when compared with the healthy controls.

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Acute Safety and Efficacy of Intranasal Esketamine Spray Plus an Oral Antidepressant in Patient With Treatment-Resistant Depression From a University Hospital in Korea

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doi: 10.1192/bjo.2025.10798

Aims: There is limited real-world evidence for patients with treatment-resistant depression (TRD) receiving esketamine nasal spray in Korea. This study is aimed to evaluate the acute safety and efficacy of intranasal esketamine in patients with TRD from a university hospital in Korea.
Methods: This open-label and prospective study used data collected from the Wonkwang University Hospital. Patients with TRD received esketamine plus an oral antidepressant during the treatment period. This study comprised a 4-week screening, 2-week induction and 2-week follow-up.
Results: A total of 22 TRD patients received esketamine April 2021–April 2023. This group was predominantly female, and have several psychiatric comorbidities and high exposure to psychiatric medications. We observed significant reductions ($p<0.001$) in average Hamilton Depression Rating Scale (HAM-D) and Clinical Global Impression severity (CGI-S) from baseline (HAM-D: 25.6+5.3, CGI-S: 5.1+1.5) to last available treatment(HAM-D: 19.6+3.9, CGI-S: 3.0 +1.2). Suicidal thought also significantly reduced from baseline(2.33 +0.7) to last treatment (1.37+0.6)($p<0.001$).

Compared with the baseline, 23% of HAM-D, 43% of CGI-S and 42% of suicidal thought of TRD patients reduced in the 4 weeks. There were no reports of serious adverse events.
Conclusion: The acute safety and efficacy of esketamine in the Korean patients was generally consistent with the international studies. There was no new safety signal and no indication for abuse. Acute efficacy occurred early during the induction phase.

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Psychiatry Trainees' Views of Relational Prescribing: A Mixed Methods Scoping Activity

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doi: 10.1192/bjo.2025.10799

Aims: Medicine-taking is a complex human behaviour. Psychiatry is returning to the Bio-Psycho-Social paradigm with a re-emphasis on

the relational aspects of prescribing. To improve knowledge/understanding of the key concepts of Relational Prescribing, three one-hour seminars each one week apart were delivered to clinicians at Leicestershire Partnership NHS Trust (September 2022). The overall aim was to understand the views of psychiatry trainees.

Methods: Seminars, delivered by a Senior Psychiatric Pharmacist and a Consultant Psychiatrist in Psychotherapy, included evidence and core concepts of relational prescribing.

Quantitative data was collected by pre- and post-seminar surveys consisting of Likert style questions. Ordinal analysis was applied, and findings reported as descriptive statistics.

A scoping activity consisting of an online group discussion using a semi-structured topic guide was used to collect qualitative data to get a more in-depth understanding. This was recorded, transcribed verbatim, anonymised and analysed using Framework Analysis (a type of Thematic Analysis) – chosen because it emphasises both a priori issues and themes identified.

Results: Forty-seven participants completed a pre-seminar survey, thirteen returning both pre- and post.

Six participants joined the online discussion (March 2023, lasting one hour and fifty-five minutes). Four themes were identified.

Clinician factors. Professional identity as "the prescriber", the clinician's conceptualisation of medication-as-object, and experience and confidence of the clinician.

Patient factors. The patient's expectations and the patient's experience of, and meaning attached to, medication.

Consultation factors. "Gentle dialogue" and the doctor-as-the-drug, and consultation dynamics.

Context factors. Clinical setting, brevity of appointments, lack of continuity, and service dynamics.

Conclusion: Quantitative data indicated increased confidence in Relational Prescribing (although not statistically significant). Trainees felt the most confident exploring experiences of and attitudes towards medication-taking, with less confidence in psychoeducation and patient ambivalence. Prescribing is a relational exchange involving action. Action provides relief for both parties, meeting the patient's expectations for a concrete response to their distress and the clinician's expectation of a powerful and impactful professional identity. Prescribing was often felt the only way to hold the anxiety. Internal and external pressures to prescribe were considered. Clinicians described the multi-layered meaning of a prescription, from the offer of an apology to an exertion of power. Clinicians felt trapped by lack of seniority and confidence. The rotational nature of training, brevity of appointments, and lack of continuity of care were felt to hinder a relational approach. The phrase "gentle dialogue" emerged de novo suggesting that non-pharmacological interventions may be felt less valid.

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https://doi.org/10.1192/bjo.2025.10799 Published online by Cambridge University Press