

The Effect of Clozapine on Violence / Aggression in Adults With Mental Illness and Personality Disorders: A Systematic Literature Review

Dr Manar Shaheen*

Royal College of Psychiatrists, London, United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.236

Aims. Violence is not uncommonly seen in patients with mental illness and personality disorders. Various medications have been used to control aggression including antipsychotic medications. Clozapine has proven effectiveness in the treatment of resistant schizophrenia. Recently studies tried to explore its effectiveness as anti-aggression medication. The aim of the review is to explore the efficacy of Clozapine in controlling violence in adults with mental illness and personality disorders.

Methods. comprehensive psychiatric literature review was conducted. Screening of the relevant articles in the national and international databases covering the period between 1973 and 2012. Multiple data sources searched. The author used the Cochrane Library, Ovid on line and NHS Evidence journals and databases to access health care databases advanced search to find articles on EMBASE, MEDLINE, AMED, CINAHL, PsycINFO, Health Business Elite and HMIC. The studies narrowed down following a flowchart, based on the PRISMA statement. Studies including patients with brain injury, moderated/ severe learning disabilities were excluded. Quality assessment of literature completed.

Results. 52 robust studies were retrieved showing consistent evidence to support the use of Clozapine as anti-aggressive medications in patients with schizophrenia and schizoaffective disorders. Studies has shown that a dose of 500 mg daily has a superior effect on controlling aggression, A serum Clozapine level of 0.35 mcg/l can exert anti aggression effect. Some studies noted that its anti-aggression effect could be observed from 5 weeks onwards after treatment is initiated.

The evidence supporting its use in individual with personality disorders has been little. Neither randomized controlled trial nor prospective case controlled trials were conducted to support its anti-aggressive effect in this group. However, few studies reported some reduction in the aggressive behaviour when small dose of 100 mg daily was used in patients with emotionally unstable personality disorder.

Conclusion. There is sufficient evidence to support the use of Clozapine in controlling aggression and violence in patients with schizophrenia and schizoaffective disorders. Its use in personality disorders needs further exploration and support by robust studies. Studies has found anxiety disorders very common in borderline personality disorders, 88% of personality disorder patients involved in a study had co morbid Anxiety disorder. It is possible that the sedative effect of clozapine; may have lowered anxiety levels and subsequently contributed to the reduction in impulsivity and aggression.

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.

Assessing Prevalence of Post-Traumatic Stress Disorder Symptoms Following the 2015 Earthquake in Langtang, Nepal

Dr Rajasee Sharma^{1*}, Mr Ngawang Dorje Tamang² and Dr Gaurav Bhattarai¹

¹Black Country Healthcare NHS Foundation Trust, Dudley, United Kingdom and ²Rural Health and Education Service Trust, Kathmandu, Nepal

*Corresponding author.

doi: 10.1192/bjo.2023.237

Aims. Among the consequences of natural disasters, post-traumatic stress disorder (PTSD) has been one of the most prevalent mental health issue. Nepal has been categorized as a region prone to natural disasters including earthquakes and avalanches. However, mental health implications of such disasters have been rarely explored in Nepal especially in remote regions like Langtang. In this research, we have estimated the prevalence of post-traumatic stress disorders (PTSD) among the survivors 7 years after the mega earthquake and avalanche in 2015 in rural mountainous region of Langtang in Nepal. We also explored the association between sociodemographic parameters and PTSD scores.

Methods. A Cross sectional quantitative observational study was carried out in 2022. Study population included the residents of Langtang who are the survivors of 2015 earthquake. Simple random sampling was done and participants aged 18 years and above who consented to the study were included. Sociodemographic details were assessed using a predesigned structured questionnaire and PTSD symptoms were measured using the Nepali version of PTSD Symptom Checklist 5 (PCL-5). PCL-5 scores of >31 was used as cutoff for presence of PTSD. Data were analysed using SPSS software.

Results. A total of 124 participants were included in the study. PTSD symptoms score were above the cut off in 7.3%. Most respondents were males (60.5%), young adults aged 18–30 years (36.3%), with no formal education (53.2%), with at least loss of one family member (66.1), and majority rescued after a week (42.7%). Sociodemographic variables such as age group, education, occupation, location during the incident, rescue time and substance use were significantly associated with the PTSD scores. Middle aged respondents were observed to have significantly high PTSD scores followed by older age group ($p = 0.04$). Similarly, PTSD scores were significantly higher among the respondents with no formal education and who had agriculture/tourism as their main occupation ($p = 0.02$). Likewise, respondents who were in Langtang during the incident were found to have significantly higher scores ($p < 0.001$). Interestingly, PTSD scores were found higher among those respondents who were rescued within a week from the time of incident as compared to individuals who were rescued after a week ($p < 0.001$). Also, PTSD scores were higher among the respondents who consumed any type of substance ($p = 0.002$).

Conclusion. PTSD was prevalent even 7 years after the incident in the Langtang community. Certain sociodemographic parameters were identified to be associated with increased PTSD symptoms.

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Evaluating the Potential Benefit of Implementing the STAR (Socio-Technical Allocation of Resources) Methodology in Mental Health Commissioning Decisions

Dr Manu Sidhu^{1*} and Dr Renée Okhiria²

¹North West Anglia NHS Foundation Trust, Peterborough, United Kingdom and ²Cambridge University Hospitals NHS Foundation Trust, Cambridge, United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.238