

Individual differences (e.g., sex or novelty-seeking (NS) trait) also impact specific exploration strategies. Thus, we examined if anxiety manipulation in a task would influence different exploration strategies while also looking at sex, NS bias and trait anxiety.

**Methods.** 117 healthy subjects (58 female) completed online questionnaires (novelty-seeking dimension of the Cloninger's Tridimensional Personality Questionnaire (TPQ-NS), trait anxiety questionnaire (STAI)) and performed the Maggie's farm task. This task allows to review different exploration strategies, promoting exploration via the number of available choices (horizon). The threat of aversive stimuli (loud noises appearing at random times) was used to emulate anxiety, in a between-subject design. Comparing computational models of exploration, the best-fitting model (evaluated by Bayesian Information Criterion) in our data was a Thompson model with an  $\epsilon$ -greedy element (random exploration) and a novelty bonus  $\eta$  (de-novo exploration). We used repeated-measures ANOVA, comparing the effect of horizon on the  $\epsilon$  and  $\eta$  parameters with the anxiety category as a between-subject factor. We used partial Pearson's correlations of  $\epsilon$  and  $\eta$  derivatives (mean and standardised-difference (SD) across horizon) with STAI and TPQ-NS measures correcting for participant's reported stress levels and anxiety category. Partial correlations analyses were repeated after splitting the data by sex.

**Results.** There was no between-subject effect of anxiety category on the horizon of either  $\epsilon$  ( $F(1,1) = 0.253, p = 0.6$ ) or  $\eta$  ( $F(1,1) = 0.305, p = 0.58$ ). SD of  $\epsilon$  was negatively correlated with TPQ-NS ( $r = -0.184, p = 0.050$ ) but no other partial correlation was significant. When splitting by sex, SD of  $\epsilon$  was negatively correlated with the STAI score ( $r = -0.341, p = 0.01$ ) in females and the TPQ-NS score in males ( $r = -0.275, p = 0.038$ ). The mean  $\eta$  positively correlated with the STAI score ( $r = 0.318, p = 0.016$ ) in males.

**Conclusion.** While the experimentally modulated anxiety did not affect the exploration parameters, individual differences in NS and trait anxiety are suggested to affect random and de-novo exploration in a sex-dependent manner. Imaging research, or research into anxiety population could help further solidify these results in the future.

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.

## Telemedicine for Memory Service Assessments, a Literature Review

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**Aims.** Memory clinic waiting times are at a record high, increasing from 13 weeks in 2019 to 17.7 weeks in 2022. This backlog is partially due to COVID-19 disruption. Staff are concerned that waiting times are resulting in missed diagnoses, particularly with early-onset memory loss, and that relatives of patients with challenging behaviours are not receiving adequate support. At the start of the pandemic, many Memory Service Assessments (MSAs) were done via teleconsultation to ensure patients could access services despite lockdowns. Telemedicine has continued to be used for MSAs and is a strategy proposed to tackle waiting times. This literature review explores whether using telemedicine for MSAs is evidence-based.

**Methods.** A search using the MEDLINE database was conducted, using the terms 'dementia', plus 'telemedicine', 'video calls', and 'telephone calls'. This identified one relevant systematic review

and one clinical trial. The identified evidence was insufficient for a systematic review. A google search carried out with the same terms, identified a variety of non-academic papers: NHS Audits, Quality Improvement Projects, Clinical Network publications, and one governmental publication.

**Results.** Telemedicine was reported to reduce waiting lists. Appointments could be organised quickly, without infection risk, and without requiring transportation. At-home telemedicine consultations were relaxing for some patients and reduced demand for home visits. However, clinicians reported that some environments were cluttered and noisy, impacting the MSA.

Patients struggled with the complex telemedicine technology; carers were required to facilitate the calls, which increased the risk of an inaccurate assessment. Patients with sensory impairments disliked telemedicine, and clinicians struggled to distinguish between cognitive impairment and poor hearing. Financial inequalities at times prevented telemedicine. Some relatives felt that patients would mask their memory symptoms in teleconsultations, and not speak openly about their concerns. Clinicians felt adequate safeguarding assessments were not possible over teleconsultation. There was no inclusion of the long-term impact of these assessments. No distinction was made between dementia subtypes.

**Conclusion.** The National Audit of Dementia, RCPsych 2021, encourages the future use of telemedicine for MSAs. However, there is limited evidence to support its use. Telemedicine was essential during COVID-19 and may help reduce waiting times, but may also produce worse outcomes than face-to-face consultations. Only pilot studies without randomisation exist on the topic and none of these are UK based. Further research is required to produce NHS-specific data on the impact telemedicine has on: the quality of MSAs, the patients', carers', and clinicians' experiences, and memory service waiting times.

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## Patterns of Insomnia and Its Treatment in North Central London: Using Primary Care Data to Establish Unmet Needs and Health Inequalities

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**Aims.** There is robust research evidence that insomnia is highly prevalent in the general population, with a significant adverse impact on physical and mental health and quality of life. There is also strong evidence of the cost-effectiveness of cognitive-behavioural therapy for insomnia (CBT-I), the first-line treatment for insomnia recommended by the UK's National Institute for Health and Care Excellence. However, data from primary care records has not been used in the UK to establish real-world impact, including local prevalence, treatment rates and inequalities. This study's aim was to establish these in North London.

**Methods.** Pseudonymised data were extracted from primary care records across three North London boroughs for 765,035 patients (aged 15+ years). Insomnia prevalence was determined by identifying patients with a code for insomnia in previous five years,

sleeping tablet prescription in previous three months, or code for insomnia treatment. Data were aggregated upon extraction and analysed using descriptive statistics.

**Results.** Insomnia prevalence was 4.3%. Prevalence increased steadily with age, being highest in those aged 85–90 years (10.8%). There was significant variation by ethnic group and deprivation quintile, with highest prevalence in the most deprived quintile (5.2%) and those of Bangladeshi ethnicity (7.3%). Variation in insomnia prevalence, diagnosis and treatment occurred between GP practices. Prevalence was significantly higher in patients with comorbidities, including those with chronic obstructive pulmonary disease (17.5%), diabetes mellitus (11.8%), severe mental illness (16.6%), and depression (14.1%). 0.3% of people with an insomnia code had been referred for CBT-I.

**Conclusion.** Insomnia was found to be as common as other illnesses that receive high levels of focus and resourcing in the UK. Prevalence estimates were likely underestimates since patients were only counted as having insomnia if this could be identified from coded data or prescription information. Significant variation in prevalence and treatment rates by factors such as ethnicity and deprivation quintile may represent health inequalities. Additionally, insomnia was particularly common among patients with certain comorbid illnesses and of advancing age, meaning that those groups should be actively screened for insomnia. Concerningly, referral rates for CBT-I were extremely low. It is vital that clinicians receive training in diagnosing insomnia and local treatment pathways, and that culturally appropriate services are commissioned to address this unmet need and ensure equitable access. Although this study included data from only one locality, it is consistent with international research findings. Therefore, prevalence and unmet need is likely to be high in many other areas and should be investigated locally.

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## The Relational Institution: An Ethnographic Study of an Inpatient Psychiatric Rehabilitation Ward

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**Aims.** Inpatient psychiatric rehabilitation services for people with complex psychosis promote independent living and reduce readmissions through multidisciplinary recovery-based practice. Yet, little research has explored how these services are experienced by patients and staff, partly due to the difficulties of conducting qualitative research in such settings using interviews and focus groups. We therefore lack an in-depth understanding of how inpatient rehabilitation operates on the ground, including which aspects are experienced as helpful/unhelpful and which factors determine the feasibility/success of recovery-based practice.

**Methods.** We conducted an ethnographic study of a 16-bed inpatient rehabilitation ward in London comprising six months of participant observation followed by 20 semi-structured interviews with patients ( $n = 7$ ) and staff ( $n = 13$ ). For participant observation, over 200 pages of fieldnotes were taken contemporaneously. Semi-structured interviews were audio-recorded and transcribed verbatim. Data were analysed using grounded theory and situational analysis.

**Results.** Our analysis highlights the fundamental importance of relationality in inpatient rehabilitation. Specifically, complex psychosis is characterised by relational impairments and divergences that lead to significant disability. Working with this complex patient group therefore requires nuanced and specialist relational skills. On the ward, these skills were actively nurtured by staff, especially those at lower pay grades, to provide the essential scaffolding for recovery-based practice. Yet, ward staff were often prevented from prioritising therapeutic relations by prevailing structural and institutional arrangements. For example, greater importance was attached to completing technical and bureaucratic interventions; patient contact was reduced for more experienced staff; and staffing levels and material resources for rehabilitation activities were limited. Already feeling under-equipped, staff members described how their motivation to cultivate therapeutic relations was further reduced by experiences of structural inequalities inside and outside the ward and, more proximally, by limited psychological and occupational support structures. The consequent undermining of recovery-based practice led to patients experiencing treatment as more restrictive and less therapeutic than it could have been.

**Conclusion.** Relationality is a key determinant of the experience of treatment within psychiatric units, and yet the subversion of therapeutic relations identified in this study reflects prevailing currents in psychiatry and mental health systems nationwide and beyond. Recovery-based practice and the cultivation of rich therapeutic relationships have among the strongest evidence bases of any interventions for people with complex psychosis. Therefore, to fulfil its clinical potential, inpatient rehabilitation requires investment in the expertise, well-being, and availability of its frontline staff who make or break these relations. This must be facilitated by broader structural and institutional commitments.

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## Systematic Review of the Safety and Tolerability of Injectable Prolonged-Release Buprenorphine (Buvidal) in Adults With Opioid Dependence

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**Aims.** Widely available opioid substitute treatments have numerous limitations including the potential for non-compliance, misuse, diversion and accidental overdose. The advent of a prolonged-release, injectable form of buprenorphine may be the solution to overcoming these issues, as well as reducing the intrusion on the patient's daily life. Initial trials have shown success in achieving a significantly higher percentage abstinence compared to placebo. This systematic review and meta-analysis will examine efficacy, safety and tolerability data.

**Methods.** A systematic review and meta-analysis, including all randomised controlled trials reporting raw data on efficacy, safety and side effects of injectable buprenorphine. Included articles were identified using PubMed, Ovid (EMBASE and MEDLINE), Google Scholar and Cochrane Library.

Participants were either community outpatients or hospital inpatients, aged over 18 years, with opioid use disorder. Interventions were prolonged-release injectable buprenorphine of