EPIDEMIOLOGY OF CATATONIA IN A LARGE DATASET

Jonathan P Rogers, Thomas A Pollak, Nazifa Begum, Anna Griffin, Rashmi Patel, Megan Pritchard, Matthew Broadbent, Graham Blackman, Anna Koliakou, Robert Stewart, Timothy RJ Nicholson, Anthony S David. King’s College London; South London and Maudsley NHS Foundation Trust, University College London

Objectives/Aims: Catatonia is an important neuropsychiatric disorder with a high morbidity and mortality. However, due to a perception that it is very infrequent and because of the acuity of the patients, it has remained poorly studied and research has often been confined to small groups. We aimed to establish the demographic, disease-related variables and blood-based biomarkers for catatonia in a large dataset.

Methods: We used the Clinical Records Interactive Search (CRIS) system hosted at the NIHR Maudsley Biomedical Research Centre to search the clinical records for patients with catatonia. An initial free-text search was refined by use of a natural language processing app. The results of the app were validated by three of the authors, who included patients in the analysis only if a clinician had made a diagnosis of catatonia and two or more items of the Bush-Francis Catatonia Screening Instrument were in evidence. Demographics, disease-related variables and blood-based biomarkers could then be extracted for these patients and compared, where relevant, to non-catatonic psychiatric patients.

Conclusions: This study demonstrates that catatonia is not very rare, even relying on clinician identification. The frequency of recurrence is interesting, as it suggests that catatonia might indicate an underlying trait, rather than merely a transient state.

RELATIONSHIP BETWEEN INTEROCEPTION AND STRESS IN PATIENTS WITH FUNCTIONAL NEUROLOGICAL SYMPTOM DISORDER

Isabel A Williams, Markus Reuber, Liat Leva. Department of Psychology, Academic Neurology Unit, University of Sheffield

Objectives/Aims: Self-report studies of alexithymic traits in individuals with Functional Neurological Symptom Disorder (FND), suggest that emotion dysregulation in this population is characterised by an impaired ability to detect and identify their own emotions (identification impairments). This regulatory deficit might be particularly problematic for a patient group with an increased incidence of stressful life events relative to healthy controls, for whom the ability to regulate emotions might therefore be more crucial. Examining sensitivity to changes in physiological cues associated with emotional experience (interoception) is a way of assessing one aspect of this impaired ability. In this study, we aimed to examine if patients with FND lack sensitivity to their heartbeat, a physiological cue associated with emotional experience - the heartbeat. Participants also completed a self-report measure of emotion dysregulation (The Emotional Processing Scale-25) which includes a subscale capturing 'a detached experience of one’s emotions due to poor emotional insight', and a measure of Major Depressive symptomatology (The PHQ-9).

Conclusions: Impaired HBDT performance suggests that patients with FND lack sensitivity to their heartbeat, both under normal and post-stress-induction conditions. Our findings therefore represent a form of identification impairment that may contribute to stress-vulnerability in this population. Raised levels of self-reported 'improved emotional experience' corroborate the suggestion that patients with FND have difficulty identifying and understanding their emotions. These findings have direct implications for understanding and treating emotion dysregulation in FND.

REFERENCES:
Predictors of carer burden in impulse control disorders in Parkinson’s Disease

Leigh Townsend*, Daniel Johnson, Anthony David, Sally Askey-Jones, Richard Brown, David Okie. Academic Foundation Doctor; University of Oxford; Oxford University Hospitals NHS Foundation Trust

Aims/Objectives Impulse control behaviors (ICBs) affect 15%–35% of Parkinson’s Disease patients. There is evidence of increased carer strain due to these behaviours; however, little is known about clinical variables mediating this effect. This study aims to investigate the factors predictive of carer burden within a cohort of Parkinson’s Disease patients with ICBs. Identification of such factors may allow for targeted therapeutic intervention.

Method Data was collected from 45 patients with clinically significant ICBs and their carers including levodopa equivalent daily dosage, assessments of motor and neuropsychiatric symptoms, cognitive function and ICBs. Carer burden was assessed using the Zarit Burden Interview (ZBI). Univariate analyses were performed using Spearman’s Rank Correlation Coefficient. A backward model was used to remove variables to create a final multivariate model using ZBI score as the dependent variable.

Results Univariate analysis identified significant correlations between ZBI and total NPI (rs=0.50, p<0.0005); four NPI sub-scores: agitation-aggression (rs=0.41, p=0.005), depression-dysphoria (rs=0.47, p=0.001), apathy-indifference (rs=0.49, p=0.001) and irritability-lability (rs=0.38, p=0.03); and carer GHQ (rs=0.52, p<0.0005). Multivariate linear regression retained total NPI and GHQ scores, collectively predictive of 36.6% of variance in ZBI.

Conclusions This is the largest study to date, looking at associations between carer burden and ICBs. Our findings indicate low mood, poor motivation, social disinhibition and neuropsychiatric symptom burden to be significant factors in carer burden. We also observe that carers reporting poorer health had increased carer strain. Further work should explore methods of physical and psychosocial support and coping strategies for carers.

26 MEDICAL STUDENT EDUCATION IN SLEEP AND ITS DISORDERS: HAS IT IMPROVED OVER 20 YEARS?

Felix May, Stephanie Romiszewski, Ben Norris, Michelle Miller, Adam Zeman. Royal Devon and Exeter NHS Foundation Trust; Warwick University; University of Exeter Medical School

Objectives/Aims There is growing recognition that sound sleep is a pillar of health, alongside adequate nutrition and exercise. Sleep problems are common and often treatable, improving lives. Twenty years ago, Stores' questionnaire investigating the details of sleep medicine, education on sleep disorders, with a median teaching time of 20 min: we investigate here whether this situation has changed.

Methods A cross-sectional survey of 34 medical degree courses in the UK, adapted from Stores’ questionnaire, including time spent on teaching sleep medicine, sub-topics covered, and forms of assessment. Responses were coded and analysed numerically where possible; free text was analysed thematically. We excluded responses not concerned with general undergraduate education.

Results Twenty-five (74%) UK medical schools responded to our survey. The time devoted to teaching sleep medicine during undergraduate training was median 1.5 hours, mode<1 hour, and mean 3.2 hours (standard deviation=2.6).

Only two schools reported a sleep medicine syllabus or dedicated compulsory module (8%), whilst two had optional student-selected sleep medicine modules (8%). Sleep medicine was generally described as being subsumed into other areas, primarily respiratory medicine, sometimes ENT, Psychiatry and Neurology; coverage of subtopics mirrored this pattern. Asked if enough time was allotted for teaching on sleep medicine, 50% said Yes, 38% No, 13% were unsure.

Free-text comments made by our respondents had recurring themes: sleep medicine is typically subsumed into teaching by other specialties, consequence course directors are uncertain about the details of provision, obstructive sleep-apnoea is often identified as the key or only relevant sleep disorder, knowledge of sleep disorders is regarded as optional, and there is inertia about the prospect of change. However, a substantial minority of respondents are enthusiastic about making