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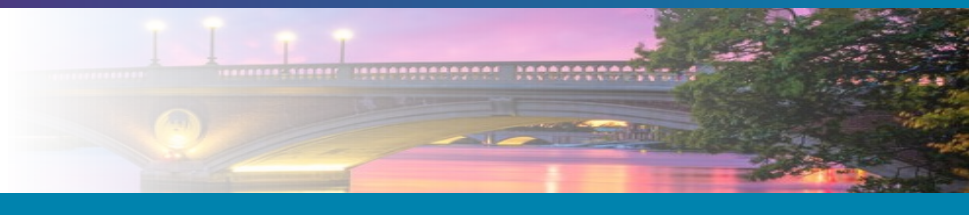
Psychiatry-East

The Eastern Division eNewsletter

Editorial



In this issue:

Ho! Ho! Ho!

Welcome to this winter newsletter edition. I hope the interesting articles below keep you cosy and warm in this crisp and frosty winter. Before I say any further, I would like to announce that my tenure as Eastern Division newsletter editor is coming to an end and I am handing over this baton to a very capable pair of hands, to my colleague Dr Sepehr Hafizi. May I please request you all to join me to give him a warm welcome. It has been my pleasure to serve the division and my people.

I also want to remind you all about our ongoing college presidential election. As you know we have three excellent candidates. If you have the right to vote, please use this right. Through your vote you can choose your candidate. So please look at the candidates' statement and depending on what matters to you most please vote.

Now, talking about this edition it starts with our divisional chair's column and you will hear about our successful first in person event since Covid. Following on we have an update from our new Head of School and then Dr Asma Ambreen gives us an insight into her journey on what inspired her to join Intellectual Disability speciality as a psychiatrist. I love the quote in her article 'it takes very special people to understand the person behind a patient, to listen to what is unsaid, see what is unapparent' which we all can appreciate. You will also come across an article on the usage of Benzodiazepine and Z drugs in an older adult population with anxiety symptoms which will take you through some interesting data and conclusion. Dr Hesham Abdelkhalek talks about 'the future of prevention, early detection, treatment of dementia'. Not only this, talking about older adult group there is a paper on QI project focussing on improving and safe prescribing in this population particularly with dementia. Dr Praseedom and Dr Rubinsztein have given valuable information on the college special interest group on the effects of suicide and homicide on psychiatrists which we all agree is a difficult subject to deal with. Towards the end there are brilliant reports from Dr Pathak on our successful StartWell Event and our first in person Eastern Division Autumn conference in three years, by Dr El-Maraghy.

Ok, so it's time for me say bye to you. I hope you all have a great Christmas with your loved ones. I would like to express my gratitude and sincere thank you to each one of you for the support and love you have showered on me as your editor. And I am sure my successor will receive the same.

Happy Christmas!

Dr Nita Agarwal, Editor, Psychiatry East

Chair's Column

By Dr Kallur Suresh

I wrote to you in the summer about restoring some in-person events as we progressed through 2022 and I am delighted that we hosted our first in-person event in the form of our Autumn Conference at the Wellcome Genome Campus Conference Centre in Cambridge in November. We attracted a record number of registrations too which was really heartening to see. I am sure colleagues and delegates who attended benefitted from the high quality academic talks but also from the ample networking opportunities. As usual, we had many trainees and medical students presenting their posters and it was a hard task to choose the winners. Well done to all!

We started off 2022 with two online AC Refresher Courses in March with great attendance. We ran our second Consultant Interview Masterclass in April and the 36 delegates who attended gave very good feedback. The 2023 Masterclass will be at the end of February and will for the first time include an opportunity for mock interviews. We have acted on the feedback we received. Before that in January 2023, there will be a short webinar on adult ADHD. Please keep an eye out on our webpage on how to register to hear the latest on this very topical clinical condition.

The online Spring Conference in May this year was well attended. We also ran a brand new event in September – Development Opportunities Midway Through Consultant Career which included topics like burnout, dealing with Coroner's Inquests, developing a research portfolio, and branching out into medical management, amongst others. We are hoping to repeat this next year too. Our StartWell Event was more interactive this year with breakout groups and was attended by number of delegates. The Eastern Division took part in the MindMasters Quiz at the International Congress and I thank the team for taking part.

I want to congratulate our Vice-Chair Dr Anna Conway-Morris who has recently been appointed the new Head of School. I wish to thank Dr Chris O'Loughlin, the outgoing Head who has worked with the Division to support our activities and has provided great leadership to Eastern region trainees.

I wish to congratulate the newly elected Fellows of the RCPsych from our Division: Drs Sepehr Hafizi, Hamideh Heydari, Rebecca Louise Horne, Indermeet Sawhney, Pranveer Singh and Obianuju Marie-Antoinette Ugochukwu. It is great to see their contribution to College work and mental health recognised through the Fellowship of the College.

We have a number of vacancies in the Division. We are looking to appoint in the following roles for the Division :

- SAS Committee Representative
- Liaison Regional Representative
- Child and Adolescent Regional Representative
- General Adult Regional Representative
- Perinatal Regional Representative
- Neuropsychiatry Regional Representative
- Rehab and Social Regional Representative

Please apply by contacting moinul.mannan@rcpsych.ac.uk if you are interested in these roles and follow the Eastern Division on Twitter @rcpsychEastern.

I wish you all a great festive season and a happy New Year 2023. I look forward to seeing you at our events next year.

Dr Kallur Suresh
Chair, Eastern Division

Autumn 2022 Poster Prize Awards

Medical Student Category

1st Prize - ***Natasha Treagust, Emad Sidhorn, Johnathan Lewis, Chess Denman, Olivia Knutson, Benjamin R Underwood***

2nd Prize - ***Abraham Tolley, Peter Swann, Daniel Zahedi, Heng Wong Chun, Theodoros Paschalis, Viveca Kirthisingha, Eladia Ruiz-Medoza, Judy Rubinsztein***

3rd Prize - ***Magda Przybylak, Anna Conway Morris***

Foundation Year Trainees Category

1st Prize - Jude Abu El Afieh
2nd Prize - Yzobelle Barcelos
3rd Prize - Kethaki Prathivadi Bhayankaram, Jeremy Meyer, Boby Sebastian, Justin Davies, James Wheeler

General Category

1st Prize - Joel Philip, Simon Taylor
2nd Prize - Chandranathan Magesh, Shareef Hashem
3rd Prize - Faisal Saleem, Sheeba Sarafudheem, Jo Saunders, David Middleton, Felix Clay

Multi Disciplinary Category

1st Prize - Pedro Ramos Barbosa, Kethaki Bhayankaram, Aruna Stannard, Esther Johnston, Venkata Gudi
2nd Prize - Catherine Dakin, Sophie Shardlow, Ami Osborne, Sophia Mody, Michelle High, Indermeet Sawhney

New Eastern Division Members

Dr Satnam Goyal - Deputy Regional Advisor
Dr Rana Moharam - C&A Regional Rep
Dr Alaa Martin - ID Regional Rep

Change at HEE East of England

By Dr Anna Conway-Morris

After 6 years our excellent Head of School Dr Chris O'Loughlin is standing down to take up a post as Deputy Dean.

Many of you have worked with Chris during this time. His tenure as Head of School has been most successful. He has led us through the pandemic response and his engagement has led to expansion of psychiatric training with new training posts across the region. He has raised the profile of our school nationwide and has revamped the website. His tireless efforts to attract trainees to our region have been rewarded with near-full recruitment. Chris has also introduced new training for supervisors and expanded regional opportunities and teaching for trainees. Surveys show that the quality of training in the East has improved to the benefit of doctors and patients.

Chris has enriched this role with his personal interests. He has encouraged us to keep fit through his enthusiasm for triathlon and running and has hosted (with his wife) legendary parties and picnics with music.

I am delighted to have been appointed as the next Head of School. I will have big boots to fill and rely on your support and cooperation. For those who don't know me – I am a consultant in Eating Disorders Psychiatry in Cambridge. I am a child psychiatrist by training and now work with adults. I was Training Programme Director for Child Psychiatry for 5 years and am the vice chair of the Eastern Division. What are my hopes for our region?

I pledge to continue Chris' good work with regard to expansion of training posts to areas where trainees live. Some parts of our region are woefully underserved and this needs to change.

I pledge to continue to raise our profile within the deanery but also the RCPsych to attract the best trainees and make our region the best for training.

I pledge to support you whether you are a foundation trainee, an international graduate, a supervisor or a training programme director. My door will be open – but I can't promise the rapid email replies typical of my predecessor.

I will only be able to continue Chris' work with the help and support of you all. I am keen to hear feedback from trainees about current issues and conditions. Over the next months I am hoping to visit regional teaching and meet as many of you as possible. I know I will be well supported by our psychiatry board – my TPD and DME colleagues and our trainee and lay representatives. I look forward to working with you all starting in the new year.

Dr Anna Conway-Morris
Head of School, East of England

MindEd

MindEd is a free online educational resource covering mental health for children, young people, adults and older people.

MindEd web tools for those working with young people | Royal College of Psychiatrists (rcpsych.ac.uk)

Insight into Intellectual Disability

By Dr Asma Ambreen

Altruism, empathy and sympathy drove me towards the field of mental health. I have always been fascinated by the human mind and its diverse workings. It is a demanding job being a psychiatrist as it requires us to understand people's ideas and emotions when they may not even be able to phrase it themselves. Human beings are supreme yet complex creatures when it comes to emotions and thoughts.

I chose this field because I enjoy untangling thoughts and want to provide solace to the vulnerable people around me. My fascination began in the early years of my medical education when I felt an inclination towards people's feelings, emotions and relationships. My main aim so far has been to make a difference in society by playing my role as an independent citizen. My community has given me so much and I wish to play my part as a responsible member.

Being an overseas trained doctor and coming to work in the UK was not easy for me. Even as a specialty doctor or a core trainee I could not fully comprehend the concept of intellectual disability. I remember discussing it with those around me and the overall impression was negative. 'Challenging', 'difficult', and 'deranged' were a few of the terms used. Despite this, my interest continued to grow. I was enthusiastic as a core Trainee and made sure that I took any opportunities that came my way. I was fortunate to have my last rotation in an inpatient intellectual disability unit.

I must admit it was an overwhelming experience and I felt out of my comfort zone. In the beginning my belief about being able to help the vulnerable was shaken, I had to reconsider if I was the right person for the job. On the very first day on the ward, I was surrounded with uncontrollable screaming, aggressive behaviours, chilling moans, and families struggling to cope, seeing their beloved family members suffer. I felt overwhelmed and lost. Then the ward review with my supervisor and the multidisciplinary team started and a sense of calm took over me. I was impressed to see how skilled these professionals were and how big an impact they could make in the lives of these vulnerable people. The psychiatric world began to make sense to me again. I was inspired by the teamwork, dedication and commitment of my colleagues. I was mesmerised by how the team took patient and family concerns on board and it reminded me of some words I had heard elsewhere: 'it takes very special people to understand the person behind a patient, to listen to what is unsaid, see what is unapparent'.

As time passed my perceptions changed, I learned the importance of communication with the patient and treating them as a whole person. We know that people with comorbid intellectual disability and psychiatric illness often experience stigma and are not given the respect and importance they deserve. I realised that they were just like any other service user that we interact with. As my interactions improved, I realised that many of them were forthcoming and friendly. In this rotation, I realised how important it is to have effective communication skills. It was not easy to get information from these patients. We explored in detail presenting complaints and symptoms and explained to them how we went about making the diagnosis and treatment plan based on criteria and guidelines. Sometimes it was very emotional as these patients confided in me their experience of being maltreated by their own family members and the society at large. They expressed their gratitude to our team for listening to them patiently and for being kind and non-judgmental. It felt good that we had in some way contributed to their well-being.

This opportunity to work with individuals with intellectual disabilities opened another horizon for me and I just knew that this was my calling. Providing support, education and empowering these individuals to be independent and to participate and to be involved in community activities gave me a real sense of pride and fulfilment and for something to look forward to.

Dr Asma Ambreen
ST5, Psychiatry of Learning Disability, Barnet, Enfield and Haringey Mental Health NHS Trust

Usage of Benzodiazepine & Z-drugs in an Older Adult Population with Anxiety Symptoms

By Dr Katherine Witter, Dr Lauren Redding, Dr Rahul Tomar and Prof Tim Gale

Benzodiazepine and Z-drugs are widely used in the management of anxiety disorders and have effective anxiolytic, sedative and hypnotic properties (1). However, they also have a propensity for dependence and abuse, with older adults potentially at higher risk (1). Treatment guidelines for anxiety and insomnia thus caution against their use as first-line or long-term therapy and recommend uninterrupted use should not exceed 4 weeks (2-4).

Nevertheless, there is a growing body of evidence that not all patients who take benzodiazepines for long periods become dependent (5). The purpose of our research was to examine prescribing for the older population with anxiety disorders in secondary care. We considered treatment guidelines with a focus on prescription duration and doses over a one-year period with an aim to find out:

A) What proportion of older people with anxiety disorders are prescribed benzodiazepines and Z-drugs?

B) How long benzodiazepines and Z-drugs are prescribed for, and if for longer than the recommended 4 weeks?

C) Are the doses of benzodiazepines and Z-drugs exceeding British National Formulary (BNF) recommended daily doses?

D) Are any clear patterns of prescribing supporting dependence observed?

We conducted a retrospective review of electronic patient records for all older adults open to the older adult service between 01/01/2019 and 31/12/2019, with a recorded ICD -10 diagnosis of F40-F48 (neurotic, stress-related and somatoform disorders). All data were cross-referenced against General Practice (GP) records using Shared Record Viewer. A total of 536 referrals were open to our service, which amounted to a sample size (*n*) of 251 cases once multiple referrals and patients aged less than 65 were excluded.

Of the 251 patients eligible for inclusion, 183 were female with a mean age of 80.2 years (age range 67-101 years, SD 7.6), 68 were male with a mean age of 77.5 years (age range of 67-98 years, SD 7.4), and 114 had two or more diagnoses recorded, resulting in a total of 369 diagnoses. Of these, 72.3% were for ICD-10 code F40-48.

Our research identified a number of interesting findings. Firstly, 153/251 (61.0%) of patients were prescribed benzodiazepines and/or Z-drugs. This is over five times higher than the 12% reported in the community sample by Johnson et al. in 2016 (6). Of these 99/251 (39.4%) were prescribed benzodiazepines and 45/251 (17.9%) were prescribed Z-drugs. Lorazepam and diazepam were the most commonly prescribed benzodiazepines, and 93.3% of Z-drugs prescriptions were for zopiclone.

Over three quarter of the patients (76.7%) prescribed benzodiazepines and over two thirds of the patients (66.7%) prescribed Z-drugs were prescribed these for ≥4 weeks. Indeed, in a large proportion of cases prescribing exceeded one year. Despite evidence of long-term prescribing, there were only a minority of cases where doses exceeded the maximum BNF recommended daily limit - 14 cases (14.1%) of benzodiazepine prescriptions and 5 cases (11.1%) of Z-drugs prescriptions.

In 87.5% of cases where benzodiazepines were prescribed, and 86.6% of cases where Z-drugs were prescribed, they were discontinued, reduced or unchanged in dose. A key component of dependence syndrome is tolerance (7). Tolerance results in increased doses of the substance being needed to achieve the effect originally produced by lower doses (7). If tolerance and dependence were developing, a reverse pattern of dose escalation might have been observed.

We acknowledge the multiple limitations of this study. Firstly, as we solely obtained doses of medications, which were converted to a percentage of BNF recommended daily dose, we are unable to comment on clinical aspects of other features of dependence or misuse. For example, we have not gathered detail on reported side effects, compulsion to take substances, withdrawal states or previous history of substance misuse.

Also, the study is limited by a small sample size. Despite starting with 536 referrals the total number of cases that met inclusion criteria was 251, with only 45 patients prescribed Z-drugs. Due to the small sample size, subgroup analysis exploring the impact of patient demographics or type of drug on prescribing pattern was not possible.

However, we do believe that our work adds to the body of evidence indicating that long-term benzodiazepine and Z-drug use may play an important role in managing anxiety disorders and is not always synonymous with dependence and tolerance. Individuals may be obtaining long-term prescriptions for ongoing therapeutic benefit without dose escalations, and so their use should not be stigma-

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tised. We do recognise that details of clinical consultations are needed in particular where benzodiazepine and Z-drug prescribing decisions are being made, and the drugs are being initiated, or increased in dose especially above recommended levels**.** The experience and perspectives of patients who use these drugs regularly would be important future work, to identify if negative aspects of the drugs are offset by an improvement in quality of life and explore why they continue to take these medications for long periods.

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Dr Katherine Witter,
Higher Trainee in Psychiatry, Hertfordshire Partnership University NHS Foundation Trust

Dr Lauren Redding,
Higher Trainee in Psychiatry, Hertfordshire Partnership University NHS Foundation Trust

The Future of Prevention, Early Detection and Treatment of Dementia

By Dr Hesham Abdelkhalek

Dementia is one of the major causes of disability and dependency among older adults and the seventh leading cause of death in the world according to the World Health Organization (WHO). Almost one million cases in the UK and £34.7 billion per year to cover the cost of health and social care needs. These figures are increasing with the increase in life expectancy (1). Other figures such as the impact on patients, families, carers and society cannot be measured. Dementia is indeed the next big challenge and no wonder why the government announced a new 10-year plan to tackle dementia (2). This article will try to highlight some of the ongoing developments and research in the field of dementia covering the three pillars that will shape the future of the disease: preventive measures, early diagnostic measures and new treatment modalities.

The first aspect is about the prevention of dementia as the old saying goes "prevention is better than cure". There is no doubt that aging is the biggest risk factor to developing dementia and anti-aging research is far from producing any promising results to stop or slow-down the aging process (3). But what about the other risk factors to developing dementia mainly the modifiable risk factors? A recently published systematic review and meta-analysis of 34 prospective cohort studies has identified five major risk factors to developing dementia. These factors are obesity, diabetes mellitus, current smoking, hypercholesterolaemia and hypertension (4). This research highlights that lifestyle modification is crucial along with rigorous management of physical health conditions and increasing public awareness towards smoking cessation. Also, the Mediterranean diet is backed with evidence that supports its role in healthy aging (5). Another systematic literature review examined the relationship between education and dementia and concluded that lower education was associated with a greater risk for dementia (6). However, it is still not clear what impact later life education has. Midlife hearing loss has also been estimated to account for 9% of dementia cases (7).

The second aspect is the early detection of dementia. The early diagnosis of dementia opens the door for more measures to be put in place to support the individual and their families and carers. Dementia tends to have a progressive course and the best evidence for the use of anticholinesterase inhibitors is in the mild to moderate cases. Dementia patients who are in the mild stages benefit greatly from cognitive stimulation therapy and other psychological measures to maintain their cognitive reserve for a longer period of time (8). The sad reality about dementia is that with the progress of the disease, patients lose their capacity to make decisions for themselves so an earlier diagnosis ensures that they are still able to make decisions for their health and welfare. The previously mentioned preventive measures may play a role in slowing-down the progress of the disease and they work better in milder forms of dementia. There are several biomarkers that are being studied for their ability to diagnose dementia at its early stages. These include genetic profiling, cerebrospinal fluid (CSF) and plasma levels of beta-amyloid, tau protein, pro-inflammatory cytokines and other biomarkers. The hope is that one day we will be able to confirm the diagnosis of dementia with a blood test similar to what happens when diagnosing diabetes mellitus for instance (9,10). Another aspect of research focuses on the use of digital tools for the early detection of dementia. This entails using technology and artificial intelligence (AI) through a mobile phone application or an electronic device that administers tests to the individual and based on their responses, the AI can objectively calculate their processing speed and accuracy which may indicate a decline in cognitive functions. This may also be used as part of cognitive stimulation strategy to slow down the progress of the disease in mild cases of dementia or monitor the disease progression (11).

The third aspect is about the management of dementia including the use of medications. At present, there is no cure for dementia. The anticholinesterase inhibitors and memantine mainly slow down the progress of the disease. In 2021, the Food and Drug Administration (FDA) approved the use of aducanumab for the treatment of Alzheimer's dementia despite controversial results around its effectiveness. Aducanumab is a monoclonal antibody against amyloid deposits so it reverses the pathology of Alzheimer's disease (12). However, more robust evidence is required. There are also some logistical hurdles that may hinder mass production and use as aducanumab is administered via an intravenous infusion which takes about an hour and is given every 4 weeks plus it has a hefty price tag of over £48,000 ($56,000) per year. It is worth mentioning that aducanumab is not approved in the UK or Europe. The most recent figures show that there are more than 100 agents under trials for the treatment of Alzheimer's dementia (13). Many of these agents are novel and act as disease-modifying drugs to treat the underlying pathology in Alzheimer's dementia. There are also trials for repurposed drugs such as liraglutide which is an anti-diabetic agent and acts as a glucagon-like peptide-1 (GLP-1) reducing amyloid oligomers, with results of a study expected to be published in the near future (14). Lithium is another drug which has been widely used in psychiatric

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practice and is hypothesised to help in preventing dementia through its action as a glycogen synthase kinase 3 (GSK-3) inhibitor thus reducing the hyperphosphorylation of tau (15).

In general, it looks like the future of old age psychiatry and dementia may be an exciting one. With ongoing developments and research in different domains, it is likely that our approach to diagnosing and treating dementia will change over the next few decades if not years.

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Dr Hesham Abdelkhalek
Higher Trainee in General Adult and Old Age Psychiatry
Essex Partnership University NHS Foundation Trust

Using STOPPFRAIL Guidelines to Evaluate and Improve Deprescribing and Medication Rationalisation in Older People Approaching End of Life on an Inpatient Dementia Ward

By Dr Bharat Velani, Dr Katherine Witter and Dr Michael Walker

When I am re-writing drug charts on Friday afternoons, I can sometimes begin to wonder why an elderly patient with advanced dementia is prescribed so many medications. *Why is this person taking omeprazole? Are two anti-hypertensives really needed? Why am I prescribing statins for someone who may not have more than two years to live?*

Our aim in carrying out this quality improvement project was to create a formalised process to enable safe medication rationalisation. We achieved this aim, stopping roughly one third of all medications prescribed. We are writing this article because we feel it is important our work is more widely replicated.

Excessive polypharmacy in the elderly is common and carries a high burden of drug-related morbidity (1,2). It also contributes negatively to the environmental impact of health care systems. The Royal College of Psychiatrists' (RCPsych) position statement on sustainable care encourages safe deprescribing.

Many medications have not been extensively trialled in elderly people or people with dementia. When they are, they can show a lack of efficacy or unexpected adverse effects (3,4). Physiological parameters such as blood pressure and HbA1c may not have the same predictive value (5). Furthermore, some medications, such as statins, require years of treatment to gain significant benefit (6).
NICE guidelines recommend deprescribing in elderly patients using the STOPP/START criteria. For our project we used the STOPPFrail guidelines, developed in 2020 by the same research team. These are well validated, evidence-based and tested with a pragmatic design to assist physicians with deprescribing decisions (7).
The following three criteria must be present for the STOPPFrail guidelines to be applicable:

Activities of daily living (ADL) dependency (i.e washing, dressing, walking) *and/or* severe chronic disease *and/or* terminal illness.
Severe irreversible frailty (i.e. high risk of acute medical complications and clinical deterioration).
The treating physician would not be surprised if the patient died in the next 12 months.

The above criteria are not intended to capture patients on an "end of life" or palliative pathway. They will not capture all patients with dementia, and will not be limited to patients that only have weeks or months to live. Importantly, the third criterion should not be mistaken for a definitive prediction of prognosis. In contrast to the STOP/START guidelines, they are specifically targeted to a patient population *approaching* end of life, with severe irreversible frailty and high dependency on ADLs.

Of the 16 patients on our inpatient dementia ward, 10 patients met the criteria. Using the STOPPFrail guidelines, a process of deprescribing took place with the multidisciplinary team. Medical history and drug history were reviewed using electronic databases that are routinely accessed in clinical practice. Changes were discussed with the patient or family. Interventions were made to promote sustainable change: guidelines displayed in the ward round room, pharmacy team involved in the process, a section added to the ward round template, and deprescribing discussions are now formally included in all care plan meetings.

The total number of medications on all drug charts was 92 (mean 9, median 8, range 4 -18). The total number of medications stopped or reduced was 28 (30%) (mean 3, median 3, range 1 – 4) *(Fig. 1)*. The most common medications stopped were statins (n=5), proton pump inhibitors (n=5), Adcal-D3 (n=4) and anti-hypertensives (n=2) *(Fig. 2)*. The most common reasons for stopping were "symptoms resolved" (n=8) and meeting the specific criteria set out for stopping medications affecting the cardiovascular system (n=7) *(Fig. 3)*.

If there were to be a disagreement between medical staff and the patient/relative, we intended to take their views into account and have a low threshold to leave the medication in place. However, we found that most welcomed medication reduction and it was an opportunity to enhance therapeutic relationships.
We hope our work will reduce drug-related morbidity and improve medication compliance for patients. It will also contribute to achieving the RCPsych sustainability initiatives.

Using STOPPFRAIL Guidelines to Evaluate and Improve Deprescribing and Medication Rationalisation in Older People Approaching End of Life on an Inpatient Dementia Ward

By Dr Bharat Velani, Dr Katherine Witter and Dr Michael Walker

A call to arms….

The General Medical Council's *"Good Medical Practice"* guide emphasises making the care of our patient our *first* concern. Especially in people who may lack capacity, we have a duty to act in their best interests. The new RCPsych curriculum emphasises the importance of a person-centred holistic approach. The aim of this project is not to wage a war against medication, but to ensure we are embedding these principles in our everyday practice.

In a clinical setting, there are many understandable factors that may play a role in making decisions to stop medication: lack of perceived clinical experience or expertise, medico-legal concerns, lack of time and the agendas of patients/relatives. Our project serves to demonstrate the feasibility of safe deprescribing in practice.

We have started replicating the process in other dementia wards across our Trust. Our goal is to implement change across the country. If this article resonates, then we ask you to get in touch by email. We can share our resources and tools to help facilitate local implementation.

Fig.1

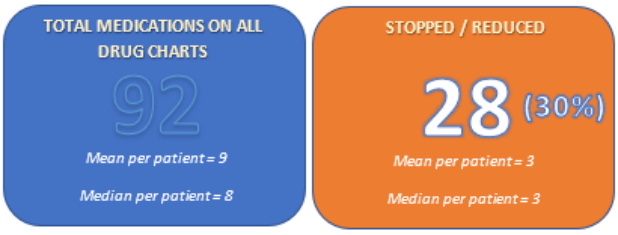


Fig. 2

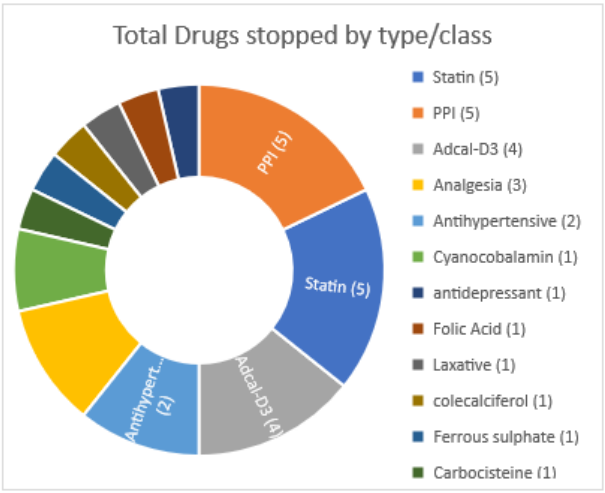
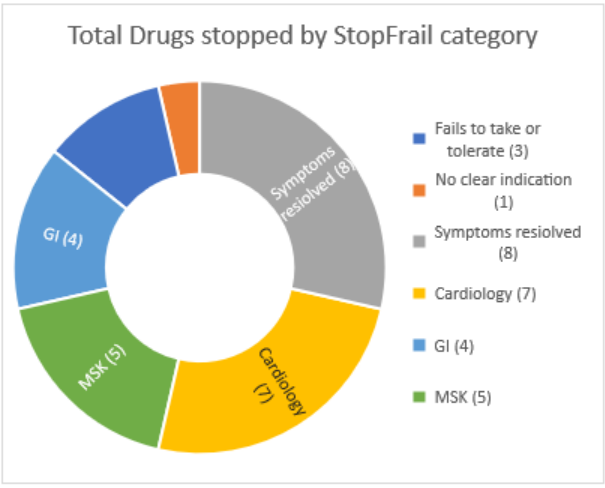


Fig 3.



Using STOPPFRAIL Guidelines to Evaluate and Improve Deprescribing and Medication Rationalisation in Older People Approaching End of Life on an Inpatient Dementia Ward

By Dr Bharat Velani, Dr Katherine Witter and Dr Michael Walker

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Dr Bharat Velani
Core Trainee in Psychiatry, Hertfordshire Partnership University NHS Foundation Trust

Dr Katherine Witter
Higher Trainee in Psychiatry, Hertfordshire Partnership University NHS Foundation Trust

College Special Interest Group on the Effects of Suicide and Homicide on Psychiatrists

By Dr Judy Rubinsztein and Dr Asha Praseedom

Question: After one of your patients died from suicide did you experience feelings of

- Sadness
- Anxiety
- Guilt
- Shame?

Well, you are not in a minority. Gibbons et al. (2019) surveyed a range of psychiatrists of all grades and branches of psychiatry (n=174) and found that 98% of psychiatrist reported a detrimental effect on clinical practice and their emotional wellbeing in the period after their patient's death by suicide. Women reported more sense of responsibility and greater effects on their clinical confidence than men. Forty percent of psychiatrists felt the effects on their practice and emotional wellbeing lasted for 1 week to 6 months and just over 20% felt the effects lasted for 6 months to 2 years. Some psychiatrists had ongoing effects beyond this.

Rachel Gibbons went on and founded the special interest group (SIG) in the Royal College of Psychiatrists on the effects of suicide and homicide on clinicians. This group has been working tirelessly to understand and address the issues clinicians face after such events. The SIG meets every few months with a full agenda. There are various subgroups addressing the different issues this subject raises. The ethos of this SIG is around working collaboratively in order to try and address the views of as many people as possible and to consider both viewpoints of all clinical professionals (not just psychiatrists) and the patient perspective in these subgroups.

The Royal College of Psychiatrists have endorsed a booklet freely available to all on the College Website called "If a patient dies by suicide" in which there is helpful advice for clinicians on how to help yourself in the short, medium and longer term. The booklet describes the formal processes following a patient death by suicide and gives helpful information on how to support the friends and family of the deceased. There is a great reference section of resources to help you and counselling services.

The work of the SIG has led to the development of a document for medical managers which has been widely accepted to help improve the support given to all clinicians involved in a patient suicide.

Members of the SIG have been engaging this year with the coroner's service and the GMC to improve the relationship between these professional groups and to guide them as to the issues faced by clinicians experiencing a suicide/homicide and how these can be improved. There are many more initiatives being taken on by this SIG with academic papers challenging some of the ethos in the zero tolerance of suicide approach, and the group is engaged in developing practical training and education in this area. There was a highly successful and well attended conference online in 2021 on the effects of suicide on psychiatrists looking at many of these issues and a further conference on the effects of homicide on psychiatrists in November 2022. The SIG led several sessions at the recent International Congress of the RCPsych to promote initiatives in this field. If you are interested do contact either of the authors of this paper or Dr Rachel Gibbons.

Reference

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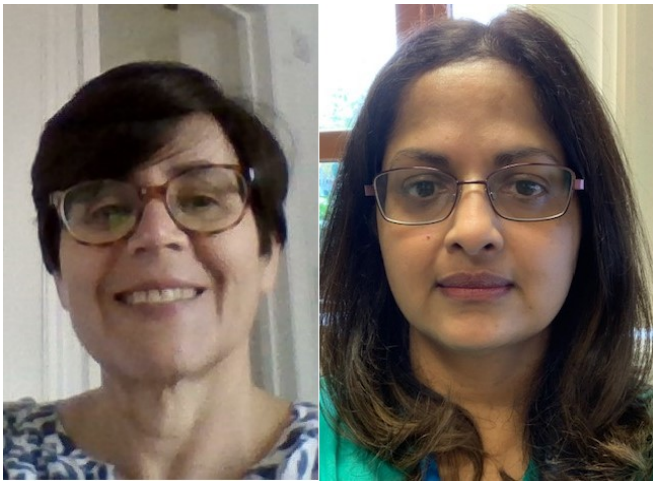

Dr Judy Rubinsztein
Old Age Consultant Psychiatrist, Cambridgeshire & Peterborough Foundation Trust.

Dr Asha Praseedom
General Adult Consultant Psychiatrist, Cambridgeshire & Peterborough Foundation Trust.

Eastern Division StartWell Event 2022 Report

By Dr Ashish Pathak

The Eastern Division of the Royal College of Psychiatrists conducted their Startwell Event for the new consultant psychiatrists this year on 13th October 2022 through the Zoom virtual platform.

Many of you who may be reading this article will be aware of the Startwell Event for new consultants but for those who are reading this for the first time, the Startwell Event is a consultant led programme for consultant psychiatrists in their first 5 years and final year senior registrars to support them in their career progression. In the Eastern Division we have for the last few years opened this Event for all the senior trainees and specialty doctors as we feel that this programme is vital for them to understand about the consultant role before they take over as a consultant in this current challenging NHS environment.

The Royal College of Psychiatrists has been promoting the transition from being a senior trainee to a new consultant through the Startwell programme since 2014 and have developed a guide to help with this transition. The hope is that this guide will go a long way in becoming a useful source for any new consultant psychiatrist and for nurturing tomorrow's medical leaders. Many new consultant and senior colleagues contributed to form this guide that is a framework for self-directed support and guidance. The idea is to promote excellence in the field of psychiatry and to promote mental health.

For this years programme, we took on board the feedback from the event from last year. Last year it was mentioned that the audience would like to have discussions about managing different aspects of consultant jobs, having breakout rooms to be able to share their experiences with other new consultants and if the programme could focus on challenges faced by new consultants like CPD, peer groups, mentorship, appraisals, pensions etc.

With a clear focus, we had three speakers for this year's Startwell programme. Our keynote speaker was Professor Nandini Chakraborty, National lead for Recruitment in Psychiatry, Health Education England who presented on Developing effective clinical medical leadership. The highlight of her presentation was talking about taking ownership and believing in yourself. The talk focused on having clarity of direction, having a plan for succession, taking care of yourself and family matters. She also gave some important management tips to the new consultants. The words which resonated with me the most was "who is the real you" and for me this is the most important aspect in someone's personal and professional development. Our next speaker was Dr Nita Agarwal who spoke about her personal journey and her transition from a trainee to a consultant. She spoke about her challenges in the NHS for International Medical Graduates and gave valuable advice to the new consultants. She stressed to everyone to look after themselves as self-care is a necessity and not an option. I was the last speaker of the day I briefly spoke about my consultant progression journey since 2016, about medical appraisal process, CPD submissions and then all possible opportunities at local and national level and few international opportunities. I informed the audience to choose their career progression in their clinical, professional and academic pathway. I also spoke about Fellowship of the RCPsych and I hope that the new consultants will contribute to the core purposes of the college and apply to become RCPsych Fellows in future.

I hope to continue leading this Startwell Event for our division however some of you may know that the whole Well initiative is under review by the training and workforce team at the college. This Startwell Event may be run differently in 2023. My hope still remains that all mental health Trusts continue to use this Startwell framework so that our new consultant colleagues feel supported in their personal and professional development. These Well initiative programmes are needed to address the issue of recruitment and retention of new consultants.

Dr Ashish Pathak
StartWell Lead, Eastern Division
Essex Partnership University NHS Foundation Trust

Eastern Division Autumn Conference 2022 Report

By Dr Manal El-Maraghy

I have pleasure in reflecting on the Autumn 2022 Conference. It was the first face to face event since the COVID restrictions were in order. The conference was held in the beautiful setting of the Welcome Trust Genome Campus Conference Centre.

The night before, the Executive members gathered for the quarterly committee meeting, the first in person after so many virtual ones. That was followed by a lovely dinner joined by some of the speakers who had come a long way. It was such an enjoyable relaxing evening to get us all ready for the full programme the next day.

The conference started with an introduction by Dr Kallur Suresh our Eastern Division chair. After summarising the division activities in the form of conferences and webinars, he called for all East of England members to engage, and share their views and contribute in various ways. He welcomed any thoughts through all forms of contact, including direct contact with him or any member as well as through social media on the active Twitter account (@rcpsychEastern). The division is particularly proud of the engagement and involvement of trainees and students.

The first keynote address was delivered by Dr Elaine Lockhart, chair of the Faculty of Child and Adolescent Psychiatry. Dr Lockhart came all the way from Glasgow where she practices as the Consultant for LD CAMHS team. She raised questions about "How to deliver specialist mental health services for infants, children and young people which are fit for purpose". Her inspiring talk started by a recorded video message from a young person, nothing more inspiring than a lived experience. Dr Lockhart shared a number of figures, the disappointing one was the fact that less than £1 for every £100 spent in the NHS goes to children. If you think mental health: 1 in 9 children aged 5-15 suffers with mental illness. To face the crisis: we need to think retention as well as recruitment, we need to look at new models to develop in the integrated care system, we need to improve the transition to adult care when need be. Her lovely talk was enhanced by illustrative slides, some came up from children stories, my favourite was about Rapunzel in her tower. It provoked discussion and interest.

The second talk was delivered by Dr Annabel Price, the Chair of Faculty of Liaison Psychiatry RCPsych. Dr Price is a Consultant Liaison Psychiatry working with the Older Adult on Addenbrooke's Hospital in Cambridge. Her inspiring talk was about Mental Health at the end of life: Psychiatry in Palliative care. Dr Price – to start with – took us through her personal journey through training and how she developed the interest in the clinical world of palliative care. She then shared with us some current work as she is providing clinical input to Arthur Rank Hospice in Cambridge. There are enough grounds to consider prescribing antidepressants at the end of life. We learned that there are major gaps in psychological input for

Eastern Division Autumn Conference 2022 Report

By Dr Manal El-Maraghy

Poster Presenters at the conference

palliative services, and only 4% of hospices in UK have access to psychiatrists. NICE guidelines are probably in need of review, latest was in 2004. In her interest and ambition about the care to end of life, Dr Price wants to see more services and interests: she would like to see CAMHS Palliative Care, she wants to offer special interest sessions for higher trainees, and she is taking a lead role in palliative care undergraduate teaching in University of Cambridge. Dr Price threw the light on PELICam: Palliative and End of Life research in Cambridge. Dr Price concluded her talk with questions from an inspired and interested audience.

The first break was an opportunity for all to view the posters which were all of good quality and nicely presented work. More so the judging team used the time to make their decisions. The next session was chaired by our newly appointed Head of School, Dr Anna Conway Morris who first introduced Dr Albert Michael to announce the potential poster winners. Then she introduced Dr Chloe Beale, Consultant Liaison Psychiatrist, East London Foundation Trust. She delivered her thought provoking talk about "Exclusion Culture". Dr Beale has particular interests in mental capacity and legal and ethical aspects of suicide. Before she got on to the exclusion mind she brought in the topic of "Moral Injury". She backed her talk with reference to an article titled "working in health care right now means being to do the impossible" as you have to balance patient's care against resources and policies. She went on to talk about the language used for exclusion, looking like the right thing to say but in truth, the care of patient is not the first concern, creating some form of cognitive dissonance. In her summary, we better rely on real honesty while being realistic. Rely on co-production, challenge the status quo and continue to self reflect. What a deep heavy talk just before lunch. A break was definitely needed afterwards.

It was nice sunny weather for the day, good for a relaxing walk after a varied delicious lunch in the lovely setting, catching up with colleagues from across the region and poster viewing, could have lasted for a lot longer but for keeping the time, we all got back in time for an amazing afternoon session.

The conference speakers for the afternoon included the three presidential candidates from the college to give talks about their regular day to day practice and interest. That was after the poster presentations.

The student and trainee presentations have always been "the icing on the cake" for the division conferences. We are always proud of the quality of topics presented. All reflected on excellent work they have within their teams and choosing the best was a hard job for the judges.

The session was chaired by Dr Raoof, newly appointed Associate Dean RCPsych, who has always had an interest in trainees and training. He warmly introduced the first speaker for the afternoon: Dr Kate Lovett. Dr Lovett who is a Consultant General Adult Psychiatrist in Devon Partnership, travelled a long way to come to the conference. She is the presidential lead for recruitment in the RCPsych after having been the immediate past Dean RCPsych when she was behind the successful #Choose Psychiatry campaign. Her talk titled "Building the workforce" took us through the data collected about current work force mostly from NHS Digital. At present there are 570 posts vacant, with potential 494 additionally required for when the MHA review will be concluded. Current focus is on retaining psychiatrists and ensure better ST recruitment. In East of England the fill rate is 84.85%. Dr Lovett, in addressing the issue across the

Eastern Division Autumn Conference 2022 Report

By Dr Manal El-Maraghy

nation, calls for OST approach: Objective – Strategy – Tactic. She wants to ensure high quality training, have an easier portfolio for CESR applicants and to smoothen the process and expand their development. Dr Lovett's talk provoked lengthy discussion that had to come to a closure for the last coffee break.

Dr S Bhandari, a past Division chair, Consultant Psychiatrist Hertfordshire, chaired the last session. Particularly impressive that most of the audience stayed and only few had to catch up with their transport. We had an amazing session listening to the two other Presidential candidates. First was Dr Lade Smith CBE. Dr Smith is a consultant psychiatrist at the South London and Maudsley, the lead for the Acute Forensic Pathway at SLaM. Alongside so many roles and innovation, Dr Smith is the joint presidential Lead for Race and Equality at the RCPsych. Her talk "Health inequality and the MHA" was extremely interesting bringing in the details and the impact of poverty and MH on the population, particularly ethnic minorities. However, more detailed analysis meant it was not all just the same under the title of BAME. Further understanding of differences will help to tackle inequalities. Poverty reduces life expectancy by 20 years, if you live with ill health it gets worse. Dr Smith also spoke about modernising the MHA, at the moment there is 40% increase in detention. There is a need to improve community Mental Health, accepting that continuity of care will make a difference. Community MH Framework and ring fence money was open for discussion.

Professor Russell Razzaque gave the last talk of the enriching and stimulating day. Prof Razzaque is a visiting Prof LSBU and works as a Consultant Psychiatrist General Adult in North East London NHS Foundation Trust. He served on a number of bodies for the RCPsych and has particular interest in research about models of care in Acute Mental Health. He particularly promotes for Mindfulness and Open Dialogue. The Presidential candidate, Prof Razzaque's talk was titled: "Next Step for Psychiatry, Bringing relationships back to care". The talk brought back the concept of "therapeutic relationship": the stronger the therapeutic relationship, the better the outcome. He addressed the number of obstacles affecting it: capacity, bureaucracy, the functional pathway. It was really close to heart for all to hear about "the electronic medical record related burnout in health care providers". Interesting statement: "we have a team for everything and a place to no one". We are spending more time in front of the computer and for risk assessment than building rapport with patients. There is a new culture believing that psychiatrists are just the prescriber, dismissing the understanding of psychopathology. The conclusion of the stimulating talk was that we need to work "patient centred" rather than "service centred". It is possible. It felt like the emphasis on the messages across the day. What a day!! A wonderful scientific and thought provoking day.

Presenters and speakers ranged from ambitious impressive students across the career pathway to presidential candidates of the Royal College of Psychiatrists. I as the Academic Secretary closed the day with little to add. I just encouraged attendees to fill in the feedback form with constructive criticism and to look forward to 14th December 2022 to cast votes for the presidential elections. I thanked the audience and speakers but had a special thanks to the organisers behind the scenes, Jennifer Edwards, Gareth Edwards and Moinul Mannan.

Eastern Division Exec Committee Dinner the night before the conference

Dr Manal El-Maraghy
Academic Secretary, Eastern Division

DO YOU HAVE VACANT PSYCIATRY TRAINING POSTS IN YOUR EMPLOYING BODY?

If you have:

- vacant CT3 psychiatry training posts,
- converted ST posts,
- trust grade posts with sufficient educational and training content

the RCPsych Medical Training Initiative (MTI) could be for you.

RCPsych can match you with a qualified psychiatrist from a low or middle income country, looking to experience training in the UK for two years. We will support you every step of the way, provide GMC sponsorship and coordinate your application to the Academy of Medical Royal Colleges (AoMRC) for visa sponsorship. Applications for employing bodies are now open for posts beginning from August 2023.

For more information, visit **rcpsych.ac.uk/training/MTI** or email **mti@rcpsych.ac.uk**

RCPSYCH PSYCHIATRISTS SUPPORT SERVICE

The Psychiatrists' Support Service provides free, rapid, high quality peer support by telephone to psychiatrists of all grades who may be experiencing personal or work-related difficulties.

Our service is totally confidential and delivered by trained Doctor Advisor College members.

For information about the Coronavirus, please visit our **information hub**, you can also find specific **guidance for clinicians here.**

Get in touch with the support service

Call our dedicated telephone helpline on 020 8618 4020
Email us in confidence at **pss@rcpsych.ac.uk**

The service is available during office hours Monday to Friday

Upcoming Eastern Division Events 2023

ADHD in Adult Women Webinar 24th January 2023

For upcoming information please keep an eye on our webpage:
Eastern Division events (rcpsych.ac.uk)

Eastern Division Consultant Interview Masterclass Thursday 28th February 2023

For upcoming information please keep an eye on our webpage:
Eastern Division events (rcpsych.ac.uk)

Eastern Division Spring Conference Thursday 18th May 2023

Our annual Spring Conference suitable for Psychiatrists of all grades. The event will run face to face again with excellent speakers, Poster Awards and Medical Student Essay Prize competition.

Free Entry for Foundation Year and Medical Students through 'Enhancing Foundation Experience in Psychiatry' initiative of HEEoE School of Psychiatry.

For upcoming information please keep an eye on our webpage:
Eastern Division events (rcpsych.ac.uk)

Development Opportunities Midway Through Consultant Career Friday 29th September 2023

For upcoming information please keep an eye on our webpage:
Eastern Division events (rcpsych.ac.uk)

Eastern Division AC/Sec 12 Course Live Q&A Webinars TBC September and November 2023

For more information please see the central webpage:
Mental Health Act Training (rcpsych.ac.uk)

Eastern Division Autumn Conference Friday 17th November 2023

For upcoming information please keep an eye on our webpage:
Eastern Division events (rcpsych.ac.uk)

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Royal College of Psychiatrists, Eastern Division

Royal College of Psychiatrists
21 Prescot Street
London
E1 8BB

Phone: 0208 618 4000
Email: moinul.mannan@rcpsych.ac.co.uk

The Royal College of Psychiatrists is the professional body responsible for education and training, and setting and raising standards in psychiatry.

The Eastern Division is made up of members from Essex, Hertfordshire, Cambridgeshire, Bedfordshire, Norfolk and Suffolk.

We would like to thank all members for their contributions towards Eastern Division activities throughout the year.

Eastern Division Medical Student Essay Prize Summer

The Eastern Division has established this prize in order to raise the profile of the Division and to encourage medical students to pursue further study and professional training in Psychiatry.

Prize: £200
Eligibility: All medical students training in Medical Schools located within the Eastern Division.
Where Presented: Eastern Division Spring Conference 18th May 2023

Regulations:

1. Eligible students are invited to submit an original essay of up to 5000 words on any aspect of psychiatry. The essay should be illustrated by a clinical example from medical or psychiatric practice relevant to mental health and should discuss how the student's training and awareness has been influenced as a result. The essay should demonstrate an understanding of the Mental Health issues pertinent to the clinical problem and should include a discussion of the effects and consequences of the condition for the individual, their family and the wider healthcare system.
2. The essay should be supported by a review of relevant literature and should be the candidate's own work.
3. The Eastern Division Executive Committee will appoint three examiners to judge the entries. Criteria for judging merit will include: clarity of expression, understanding of the literature and evidence, cogency of argument and the overall ability to convey enthusiasm and originality. The Division reserves the right not to award the prize if no entry reaching the agreed minimum standard is received.

Closing date: 12th May 2023
Submissions should be made to:
Moinul Mannan
Divisions Committee Manager
moinul.mannan@rcpsych.ac.uk

Deadline for next edition
Submit your articles for Summer edition by 12 May 2023 at psychiatry.east@rcpsych.ac.uk

Royal College of Psychiatrists - Eastern Division E-Newsletter

Editorial Team: Dr Nita Agarwal, Norfolk and Suffolk NHS Foundation Trust
Dr Sepehr Hafizi, Cambridgeshire and Peterborough NHS Foundation Trust (Co-Editor)
Chair: Dr Kallur Suresh, Essex Partnership University NHS Foundation Trust
Review Board: Eastern Division Executive Committee, Royal College of Psychiatrists
Production: Moinul Mannan, Divisions Committee Manager, Royal College of Psychiatrists,