Conclusion: This service evaluation highlights that a well-structured in-house waiting list team has the potential to improve downstream flow to the core CAMHS service, reducing the secondary bottleneck and minimising repetition of work through clear, consultant-led care plans. Effectiveness is dependent on having the right staffing skill set and staff-to-patient ratio, as limitations in these areas impact throughput, consistency, and the ability to meet service expectations across teams. These findings suggest that appropriately resourced, consultant-led in-house services could provide sustainable improvements in assessment and care delivery, supporting the case for expanding the service.

A Migrant Health Package for Providing Psychiatric Care to People on the Move in Mexico and Central America

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Aims: There are significant challenges to providing psychiatric care to people on the migratory route in Central America, including the low probability of face-to-face follow-up. However, there is a clear need for psychiatric care, for both pre-existing psychiatric conditions, and new onset conditions, some related to stressors experienced on the migratory route.

There is no literature providing clear guidance as to how to provide psychiatric care to people on the move. Therefore, this quality improvement project had the following aims:

1. To provide clinicians with greater clarity as to whether to offer psychiatric medication to people on the move
2. To improve continuity of care for people on the move taking psychiatric medication

Methods: Through a consultation process, four Médecins Sans Frontières (MSF) psychiatrists created five flowcharts to aid clinicians in assessing the benefits and risks of providing psychiatric treatment to a person on the move, in collaboration with the person. The flowcharts were piloted by clinicians, evaluated, and improved in a second cycle of change.

In consultation with mental health teams and patients from MSF's projects across the region, a migrant health package was created, including psychoeducation leaflets, detailed medication labels, a regional map of clinics (MSF and non-MSF) providing psychiatric care on the migratory route, and a referral form. The package was implemented across four of MSF's project sites.

Results: A survey revealed that the flowcharts improved clinician confidence in deciding whether it was appropriate to prescribe psychiatric medication to people on the move.

In 2023, 78 patients were provided with the migrant health package. There were challenges in assessing whether the intervention increased continuity of care, as in many cases contact with the person was lost, and currently there is no regional patient database across MSF projects. However, of the 78 patients, 21% (16) were confirmed to successfully receive follow up at a clinic further along their route.

Conclusion: The project provided clarity for clinicians as to when it is appropriate to offer psychiatric medication to a person on the move. Further work is needed to evaluate whether the migrant health package improves continuity of care for people on the move receiving psychiatric care from MSF in Mexico and Central America. However, at least 21% of patients provided with the package were able to access face-to-face follow up following initial contact.

A Review of Cerebral Amyloid Angiopathy, Its Overlap With Alzheimer's Disease and Its Implications on a Memory Service

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Aims: Cerebral Amyloid Angiopathy (CAA) is a type of vascular disease present in more than 80% of confirmed Alzheimer's disease patients. It is characterized by the presence of Amyloid-β protein deposited within the walls of vessels which results in various clinical presentations including vascular rupture of fragile amyloid-β laden vessels. Over the past 5 years, there has been a reported significant increase in publication, diagnoses, and referrals of CAA.

Methods: In our memory service, features of CAA including peripheral microhaemorrhages and superficial siderosis were reported in 28% of MRI's requested in the past year, with CAA specifically mentioned in 50% of those. This therefore poses several challenges on a memory service regarding how these should be interpreted and how they may affect the patient's management plan, including how the patients stroke primary prevention should be reviewed in this setting, which will be outlined in this poster.

Results: CAA and Alzheimer's disease (AD) frequently co-occur due to their shared proteinopathy and both diseases share impaired clearance through perivascular drainage pathways as a primary pathogenic mechanism. However, they differ in location of protein deposition and peptide composition. Their clinical overlap is critical for memory services, as CAA accelerates cognitive decline through mechanisms such as white matter structural disconnection and microinfarction, even in the absence of acute haemorrhage.

The emergence of anti-Amyloid monoclonal antibodies also makes CAA awareness mandatory. These treatments can trigger Amyloid-Related Imaging Abnormalities (ARIA), which represent an iatrogenic form of CAA-related inflammation. Pre-treatment screening with MRI is essential and current guidelines suggest that patients with features of CAA including microbleeds and cortical superficial siderosis should generally be excluded from these AD therapies due to high ARIA risk.

For patients diagnosed with CAA, aggressive vascular risk factor control is paramount to reduce recurrent haemorrhage risk. In patients with probable CAA, clinicians should exercise caution with anticoagulants, statins, and regular NSAID use, as these may exacerbate haemorrhagic risk in high-burden, and antiplatelet treatment for primary prevention is not recommended. This suggests improved collaboration between stroke and cognitive specialists is necessary to manage the complex balance between ischaemic prevention and haemorrhagic risk.