embedding IMG-led forums into quality improvement processes, and designing visa-aware governance.

Music: Supporting the Sense of Self in People Living with Alzheimer's Disease

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Aims: Alzheimer's disease (AD) is a progressive neurodegenerative disorder characterised by cognitive decline, disruption of autobiographical memory and behavioural and psychological symptoms of dementia (BPSD), including anxiety, agitation, apathy and social withdrawal. This significantly affects quality of life and ethical care delivery in clinical and residential settings. Pharmacological treatments provide modest, time-limited benefits and are associated with adverse effects. Consequently, there is growing interest in non-pharmacological, person-centred interventions like music. However, its impact on behaviour, well-being and identity is relatively unexplored.

This paper evaluates music as a person-centred intervention for improving emotional well-being, reducing agitation and supporting a sense of self-identity in people living with AD. It hypothesises that music actively facilitates autobiographical memory recall rather than merely reflecting passive preservation of musical pathways by AD pathology.

Methods: This narrative review synthesised neurobiological, neuroimaging and behavioural studies examining the relationship between music-evoked autobiographical memory, emotional processing and self-identity in AD. Particular attention was paid to disease severity, distinctions between episodic and semantic memory and implications for care homes, specialist services and community-based practice.

Results: Neuroimaging studies have shown involvement of the anterior cingulate cortex, medial prefrontal cortex and hippocampus in both music processing and autobiographical memory retrieval, supporting the existence of specific neural networks for self-identity activated by music. Evidence of music-related hippocampal activation, despite early atrophy in AD, suggests that music may actively preserve autobiographical memory pathways.

Music preferentially enhances episodic and self-defining memory recall, likely through emotional arousal, anxiety reduction and familiarity. Personalised interventions, including self-selected playlists or songs associated with positive emotions, resulted in stronger recall than researcher-selected music. In contrast, semantic memories were less influenced by music, which could create a dissociation between autobiographical memory and self-identity in advanced AD, limiting its effectiveness in later stages. Nevertheless, music reliably improves mood, reduces agitation and enhances social engagement across disease stages.

Conclusion: Music's effects on autobiographical memory in AD are likely multifactorial and severity-dependent. Although music may not restore self-identity in advanced AD, it improves emotional well-being, reduces agitation and enhances quality of life. Given its non-invasive nature, absence of adverse effects and clinical benefits, music represents an ethically justified and implementable intervention for individuals living with AD. Furthermore, thisresearch suggests the possibility of other sensory cues like sounds, smells, tastes and environments being able to trigger autobiographical memories, highlighting a promising avenue for future research into non-pharmacological, person-centred interventions in AD.

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.

Prevalence and Determinants of Depression Among Multi-Drug Resistant (MDR) TB Cases

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Aims: Multidrug-resistant tuberculosis (MDR-TB) is associated with prolonged treatment, significant psychosocial stressors, and poor treatment outcomes. Depression is a common but under-recognised comorbidity in this population and may negatively affect adherence and recovery. This study aimed to determine the prevalence of depression among patients with MDR-TB and to identify socio-demographic and clinical factors associated with depression. We hypothesised that depression would be highly prevalent among MDR-TB patients and associated with financial stress, family problems, longer treatment duration, and increasingage.

Methods: A descriptive cross-sectional study was conducted at a tertiary care hospital in Karachi, Pakistan. A total of 107 adult patients diagnosed with MDR-TB were recruited using non-probability consecutive sampling. Patients who had been receiving anti-tuberculosis treatment for more than two months were included. Pregnant patients, those receiving psychiatric treatment for conditions other than depression, and those unwilling to participate were excluded. Depression was assessed using the Patient Health Questionnaire-9 (PHQ-9). A score greater than 4 was considered indicative of depressive symptoms. Data were collected on age, gender, education, employment status, duration of treatment, financial difficulties, and family problems related to the TB diagnosis. Statistical analysis was performed using SPSS version 20. Associations between depression and potential determinants were analysed using the Chi-square test, with a p-value of ≤ 0.05 considered statistically significant.

Results: The mean age of participants was 32.1 ± 6.2 years, with a predominance of male patients (69.2%). Depression was identified in 52 patients (48.6%). Depression was significantly associated with increasing age (p=0.001), financial difficulties (p=0.01), family problems (p=0.01), and longer duration of MDR-TB treatment (p=0.01). Patients undergoing treatment for more than eight months demonstrated the highest prevalence of depressive symptoms. No significant associations were observed with gender, education level, or employment status.

Conclusion: Nearly half of patients with MDR-TB in this study experienced depressive symptoms, highlighting a substantial mental health burden in this population. Financial stress,family difficulties, prolonged treatment duration, and increasing age were key determinants of depression. These findings underscore the importance of routine mental health screening and integrated psychosocial support within MDR-TB treatment programmes to improve adherence, treatment outcomes, and overall quality of life.

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