study, 1 withdrew early (due to an adverse event) and 11 remain on treatment. Baseline characteristics of randomised patients are: Age median 64 years (range 47–74), male (n=10) and PSPRS total score: mean 37.4 (range 11–61). To date safety has been good with no serious adverse events related to treatment.

Conclusion Recruitment is ongoing and is expected to complete in March 2024, with last patient last visit in June 2025.

2622 REFINING A HEREDITARY SPASTIC PARAPLEGIA QUALITY OF LIFE (HSPQOL) RATING SCALE USING CONSUMER CONSULTATION

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Background Patients with Hereditary Spastic Paraplegia (HSP), an inherited neurodegenerative condition leading to lower limb weakness and spasticity, have reported lower quality of life (QoL) indices compared to healthy controls, influenced by unique aspects of the condition. To explore this, we aimed to design a QoL survey specific to HSP (*HSPQoL)* by supplementing a widely used generic QoL scale, SF-36, with additional HSP-specific questions. The initial stage of question design involved a literature review and expert consensus using the modified Delphi method.

Objective To further refine the additional HSP-specific QoL questions with consumer consultation.

Method We recruited patients with HSP to participate in cognitive interviews using a think-aloud and verbal probing approach. Interviews were recorded, transcribed, and de-identified. Quotes were analysed according to themes: item comprehension, response options, wording clarity, and item relevance. The ten additional questions developed to date were revised based on patient views.

Results Five patients (F:M 3:2, mean age 61.8 years) with HSP were interviewed to explore ten questions during the sessions. Five questions were modified to improve clarity, item comprehension, response options and item relevance. Modifications included changes to wording and response options, and additional explanations to clarify purpose of question. Two questions were removed due to poor clarity and patient-identified concerns regarding suitability. A total of eight additional questions are to be included in the final HSPQoL.

Conclusions Validity and reliability of the HSPQoL rating scale will now be tested in a larger cohort of patients with HSP.

2623 PREVALENCE OF MOVEMENT DISORDERS IN AUTOIMMUNE ENCEPHALITIS: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Objectives Autoimmune encephalitis (AE) is an uncommon neuroinflammatory disorder requiring prompt diagnosis and treatment to improve patient outcomes. Movement disorders (MDs) occur in AE but their prevalence, classification and prognostic significance in AE is not well defined.

Methods We conducted a systematic review and random-effects meta-analysis to assess the prevalence of MDs as a whole as well as the different types of MDs (such as chorea, dyskinesia, ataxia and faciobrachial dystonic seizure) in AE and its subtypes. We included publications that had 10 or more cases, and focused on adults (18 years or older). We used the following four electronic databases: Medline (Ovid), EMBASE (Ovid), APA Psychinfo and Cochrane library.

Results A total of 1192 titles and abstracts were reviewed. Thirty-seven studies, comprising 2663 unique patients, were included in the final meta-analysis. At least one kind of movement disorder was present in 40% of the entire AE cohort, 53% in anti NMDA, 30% in anti LGI1, 33% in anti CASPR2, and 13% in anti GABAR antibody mediated AE. Dyskinesias were the commonest type of MD in anti NMDA antibody mediated AE and faciobrachial dystonic seizures were most prevalent in anti LGI1 antibody mediated AE. Patients with a movement disorder tended to have higher mortality.

Conclusion Movement disorders are often present in AE. Different AE subtypes have different MD profiles. The presence of MDs appears to have implications for patient outcome. Identifying MDs may assist the early diagnosis and management of AE.

2626 ^{18}F-FDG-PET HYPOMETABOLISM AS A PREDICTOR OF SURGICAL OUTCOME FOR DRUG RESISTANT FOCAL EPILEPSY: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Objectives ^{18}F-FDG-PET is commonly used in the pre-surgical evaluation of patients with drug-resistant epilepsy, however, the prognostic value of the detection of focal hypometabolism is uncertain and previous meta-analyses have been negative. We conducted a systematic review and meta-analysis to examine whether localisation with ^{18}F-FDG-PET hypometabolism predicts favourable outcome in epilepsy surgery.

Methods A systematic literature search of Embase, Medline and Web of Science was undertaken for publications that included evaluation with ^{18}F-FDG-PET prior epilepsy surgery, and which reported surgical outcome at $\geq$12 months. Random effects meta-analysis was used to calculate the proportion of patients achieving a favourable (Engel class I, ILAE class 1–2, or seizure-free) outcome. Sources of heterogeneity were investigated using meta-regression.

Results The database search identified 12917 studies. Of these, 101 studies (4067 patients in total) were included. A favourable outcome was achieved in 77% patients with localising ^{18}F-FDG-PET hypometabolism, compared to 53.5%