EPP0558

Delirium and dementia retrospective cohort study

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Introduction: Delirium is common and is associated with many adverse short-term consequences as increased hospital costs, health care complications, and increased mortality. Long-term cognition consequences on delirium have not been well synthesized and quantified.
Objectives: Our study aims to determine the relationship between an episode of delirium and subsequent dementia and death over five years.
Methods: Postoperative delirium, previous psychiatric disorders, *mental health* service use, and *death data* collected from a cohort of inpatients diagnosed with delirium that requires psychiatric attendance in a general hospital were analyzed. Between 2009 and 2011, we started a follow-up of 91 patients aged 65 years or older at baseline for 60 months.
Results: Five patients (5.4%) were diagnosed with dementia previously. During the first year, 35 patients without previous dementia (40.6%) died. More than half of the one-year survivors (27; 52.9%) were diagnosed with dementia at the follow-up. Differences in age (79,5 vs 80.3; Z=-0.07; p=0.93), survival time (54.8 vs 48.8;Z=1.30; p=0.19), postoperative delirium rates (74%vs66.6%; $\chi 2$=0.33, DF=1, p=0.56) and mental disorder antecedents were not found. Patients with dementia after delirium were more likely to be attentive in mental health services (48.1vs16.6%; $\chi 2$=5.666, DF=1, p=0.017).
Conclusions: In our study, delirium is an important risk marker for dementia and death and is significantly associated with the long-term cognitive decline in surgical and non-surgical patients. Subsequent follow-up in *mental health* service could help detect dementia after episodes of delirium and lead to fewer potentially harmful interventions such as hospitalization or antipsychotic medication. An important question to determine is whether delirium is simply a risk marker for dementia or whether the delirium could cause neuronal damage leading to dementia.

Disclosure of Interest: None Declared

EPP0559

Diphenhydramine-induced delirium on top of HIV-associated neurocognitive disorder

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Introduction: HIV-associated neurocognitive disorder has been less frequent in recent years due to the availability of anti-retrovials. However, in the Philippines, persons with HIV are diagnosed late resulting to cases of HIV-associated neurocognitive disorder. With higher incidence of depression and anxiety in this population, difficulty sleeping becomes a prominent symptom and diphenhydramine is a common non-prescription nighttime sleep aid being given.
Objectives: To present a case of diphenhydramine-induced delirium after a patient with HIV-associated neurocognitive disorder.
Methods: This a case report.
Results: Mr. JR., a 38-year-old person living with HIV and no past psychiatric history, presents with acute onset altered mental status, suicidal attempt, and jerking movements of the neck and extremities. He has been having bouts of diarrhea, fatigue, weight loss, and forgetfulness for a year before he was diagnosed with HIV-AIDS with CD4 count of 59 cells/mm3. At this time, he already had blurring of vision, poor sleep, weakness, poor concentration, and increasing severity of forgetfulness. He also started to have depressed mood and anhedonia but no suicidal ideations. He was eventually started on antiretroviral (ARVs) which are lamivudine, tenofovir, dolutegravir and antibiotics targeting opportunistic bacteria – Isoniazid, Moxifloxacin and Clindamycin. A few days after, he started to have jerking movements of the neck and extremities contributing further to poor sleep. Upon consult with a local clinic to address his sleep, he was prescribed with Diphenhydramine and after taking 50mg dose that evening, he started to have disorientation, paranoia, command auditory hallucinations resulting to a suicidal attempt, on top of the jerking movements, which prompted consult to the emergency room and subsequent admission. Initially assessed as central nervous system infection and focal seizure, CSF fluids studies and EEG were done showing normal findings. Started on Sodium Valproate + Valproic acid 500mg IV twice daily and Olanzapine 2.5mg twice a day, on top of his previously mentioned ARVs and antibiotics, the disorientation, auditory hallucinations, and myoclonic jerks mood resolved after five days. Five months on ARVs, he has no recurrence of myoclonic jerks, disorientation or psychosis, with memory and concentration improved, euthymic mood, and was able to resume work as an engineer.
Conclusions: Diphenhydramine is a common nighttime sleep aid. Due to its anticholinergic effect, cases of delirium were reported for doses 300mg to 1,000mg per day. For Mr. JR, the mere 50mg dose of diphenhydramine caused disorientation and psychosis as his co-occurring HIV-associated neurocognitive disorder made his brain "delirium-ready". Diphenhydramine is a relatively safe drug however not getting a thorough medical history may inadvertently cause harm to patients who are medically ill and frail.

Disclosure of Interest: None Declared

EPP0560

Consultation Liaison (CL) Psychiatry and Division of Medicine: Collaborating to Pilot a Behaviours of Concern Rapid Response Team (BoC RRT)

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Introduction: Acute clinical deterioration in hospital inpatients can be caused by a range of factors including dementia, delirium, substance withdrawal and psychiatric disturbance, creating challenges in diagnosis, often requiring a management plan with input from multiple disciplines. Staff forums and broader literature have confirmed that healthcare staff working in non-mental health settings, may not be as skilled in recognising and managing early signs of emerging and/or escalating clinical agitation. The BoC RRT

is a consultation service within the Division of Medicine and CL Psychiatry. Staffed by Medical Registrars and Mental Health Nurses, the collaboration provides a unique healthcare response to acute general wards. The BoC RRT has been implemented to address the rising number of incidences whereby staff and patient safety are compromised. Using evidence-based skills the team aimed to: respond to episodes of clinical agitation that require an internal security response, assist ward referrals by exploring biopsychosocial contributants to behaviour, develop individual patient support plans and review and reduce restrictive intervention practices.
Objectives: To determine if the rapid response model has influenced:
- The impact on staff/patient safety
- Frequency of emergency responses for aggression
- Frequency of restrictive intervention use
Methods: This project was approved as a quality assurance project (QA2022018). The patients within scope of the BoC RRT include inpatients in medical and surgical wards. It excludes patients in Emergency Departments, mental health units, outpatient clinics, and visitors. The evaluation of the pilot has used a PDSA (Plan, Do, Study, Act) cycle when implementing new improvements. A mixed methods approach explored the impact of the BoC RRT. Staff consultation will identify challenges in responding to scenarios whereby there is risk of harm to staff and patients. Staff feedback and the emergency response data was monitored.
Results: In 2021, there was approx. 720 code greys per month, requiring a security response. Since the implementation of BoC RRT, these numbers have reduced to 527. Reviewing restrictive intrvention practices has identified areas for policy review and need for education. Staff consultation found that nurses were confident caring for those patients exhibiting clinical agitation associated with delirium and dementia. However, caring for people with mental health or substance use disorders were more challenging.
Conclusions: These interim results indicate that BoC RRT has been generally well received by clinical staff. The decline in code grey responses indicates that it is likely having a positive impact in early identification and management of clinical agitation for hospital inpatients. There is support for this response model to continue beyond the pilot phase and further area for research.

Disclosure of Interest: None Declared

EPP0561

Descriptive analysis of unfavorable mental health opinions of candidates for bariatric surgery

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Introduction: In recent years, there has been an increase in the number of candidates for bariatric surgery and a decrease in psychiatric contraindications.
Objectives: We aim to make an descriptive evaluation of unfavorable feedback concerning mental health of the candidates for bariatric surgery of the Local Health Unit of Matosinhos (Porto, Portugal).
Methods: Descriptive analysis of unfavorable feedback of mental health of candidates for surgical treatment of obesity.
Results: From March 2017 to August 2022, the Mental Health Service of the Local Health Unit of Matosinhos issued 347 pre-surgical feedback. In 63 cases the initial opinion issued was unfavorable: 11 cases due to a psychiatric contraindication (not meeting conditions for intervention) and 52 cases had a conditional opinion (requiring pre-surgical interventions in order to become eligible for the intervention). Regarding contraindications, these were due to alcohol use disorder (n=3), binge eating (n=3), intellectual development disorder (n=2), purgative behavior (n=1), psychotic disorder (n=1) and mood disturbance (n=1). In terms of conditional opinions, the issues mencioned were lack of motivation for surgery (n=22), psychopathology (n=20), doubts about informed consent (n=8) and need for multidisciplinary discussion/coordination (n= 7).
Conclusions: There was an increase in eligibility of candidates for surgical treatment as most of the initial unfavorable opinions were conditional. This could be explained by the decline of complications associated with bariatric surgery, but also because psychiatric disorders are now being viewed as treatable. Notably people with eating disorders are now fit for surgery after a medical or psychotherapeutic intervention.

Disclosure of Interest: None Declared

EPP0562

Delirium, Antipsychotics and Death in the time of COVID-19

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Introduction: Delirium is an acute, transient, global organic disorder of CNS functioning resulting in impaired consciousness, attention, and other cognitive functions. Causes of delirium are multifactorial and can be unrecognized in 2/3 of cases. It is recommended to use as few psychotropic medications as possible because many of them can worsen delirium. Antipsychotics are not recommended as a drug of first choice.
Objectives: To present rate of delirium regarding to treatment and outcome.
Methods: A retrospective observational study was conducted in the department of consultative psychiatry of the University Clinical Center Tuzla during the one-year period of the COVID-19 pandemic.
Results: 761 calls from different clinics of the University Clinical Center Tuzla were received in one year period. Delirium was diagnosed in 213 patients (28%). The total number of deaths was 147 (19.3%), the number of deaths in patients with delirium was 88 (41.3%). Antipsychotics were used in 137 (64%) patients with delirium. Death as an outcome was more common in patients treated with antipsychotics (64%) $p< 0.05$. The most used antipsychotic was Promazine 94 (44.1%). Number of deaths in patients with delirium treated with Promazine was 42 (44.7%) $p < 0.05$.
Conclusions: In patients with delirium mortality is significantly higher in those treated with antipsychotics, especially when treated with Promazine. The choice of antipsychotic medications should be made according to pharmacological properties and the clinical context.

Disclosure of Interest: None Declared