

P5: Anesthesia Nurses' Self-Perceived Roles and Competences and Their Recognition of Anesthesia Specialist Nurses' Roles and Competencies

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Objective: Older adults are vulnerable to postoperative delirium after surgery and anesthesia, which may affect their cognitive function and increase depressive symptoms. Anesthesia nurses are dominant in the number of anesthesia medical teams. This study aimed to examine the differences between anesthesia nurses' self-perceived roles and competencies and their recognition of the roles and competencies of anesthesia specialty nurses.

Methods: A cross-sectional study was conducted. A structured questionnaire based on a guideline of the International Council of Nurses was designed.

Results: The participated anesthesia nurses' (N=200) scale scores and mean scores for each question on the self-perceived role and competency scales were lower than the scores on their recognition of the roles and competencies of anesthesia specialty nurse scales. Regarding the self-perceived roles, the scholar domain received the lowest score (Mean= 2.99, SD= 1.00), while the self-perceived competencies, the management domain received the lowest score (Mean = 3.81, SD = 0.67). Similarly, the scholar domain received the lowest score (mean = 3.34, SD = 1.068) in recognition of the roles of an anesthetic specialist nurse, while the management domain received the lowest score (mean = 4.18, SD = 0.58) in the recognition of the competencies of an anesthesia specialist nurse. Anesthesia nurses' self-perceived roles were affected by their nursing ladder and the hospital level at which anesthesia nurses work. Their self-perceived competencies were affected by their nursing ladder and salary. In addition, their recognition of the roles as anesthesia specialist nurses was affected by the hospital level at which anesthesia nurses work. The nursing ladder affected their recognition of the competencies of an anesthesia specialist nurse.

Conclusion: This study has demonstrated that anesthesia nurses must improve their self-perceptions of their roles and competencies to satisfy the expectations of their roles and competencies as anesthesia specialty nurses. The findings of this study could be used to develop future anesthesia nurse education and training programs to provide better care to elderly patients.

P6: Brain alterations in patients with late-life major depressive disorder and amnestic type mild cognitive impairment during oddball performance: a longitudinal study

P7: Institutionalization and Psychotropics

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Introduction: Psychobehavioral symptoms are one of the main causes of institutionalization. After the first months of institutionalization, it could be a good opportunity to consider deprescribing psychotropics, at the same time person-centered non-pharmacological measures should be implemented. Also, if dementia stage is moderate or advanced, acetylcholinesterase-233oloph-inhibitor (AChEI) should be deprescribed.

Objectives: To evaluate the difference between the number of psychotropic drugs in institutionalized patients and those who are at home.

Materials and Methods: We selected all the patients admitted in the Acute Geriatric Unit of "Hospital Universitario de Navarra" during May and June of two consecutive years (2021 and 2022).

We collected demographic, administrative, functional and pathological variables, as well as delirium predisposing factors, drugs on admission and discharge and Drug-Burden-Index (DBI). A descriptive study was carried out and our hypothesis was analyzed.

Results: 658 patients were recruited with a medium age of 87.8, 55.6% were females, 44.5% had dementia and 22% were Institutionalized. The mean hospital stay was 5.8 days and 11.7% died. Functionally, the mean Barthel was 56.5 and Lawton 1.49. Regarding comorbidities: arterial hypertension (81%), Osteoarthritis (55%), heart failure (51%), dislipemia (47%), chronic kidney disease (42%), auricular fibrillation (39%), osteoporosis (33%) and diabetes (31%). Regarding geriatric syndromes: polypharmacy (87,5%), sleep disturbances (48%), hearing loss (43%), chronic pain (41,5%), visual loss and constipation (38%) and depression (33%). The main delirium predisposing factors were: age more than 80 (93.5%), 233olopharmacy, neurological disease (47%), altered senses, chronic pain and depression.

Comparing psychotropic use between institutionalized and non institutionalized: psychotropics (78%vs69%), night psychotropics (72%vs63%), neuroleptics (37%vs18,5%), AchEI (13%vs6,5%), antiepileptics (21%14%). All of them $p < 0.05$. However, there were no statistically significant differences in the use of benzodiazepines, antidepressant or antiparkinsonian.

Conclusion: Nowadays, institutionalized patients have more psychotropic drugs than non-institutionalized ones, especially neuroleptics. Moreover, they are more frequent in patients with severe dementia.

Maybe, the explanation is DEPRESCRIPTION AVOIDANCE due to an acute fear of a behavioral decompensation.

We recommend educating in non-pharmacological measures and insisting on an adequacy of pharmacological prescriptions periodically.

P8: Risk of Delirium According to Demintia and the Use of Psychotropics

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Introduction: Psychotropics are often used among dementia in order to reduce behavior problems. In patients with dementia, hospital admission is a stressful event, for hospitalization cause as well as for environment change. Consequently, delirium risk is high and this is proportional to dementia stage. In addition, it's known psychotropics promote delirium.