

**Objectives:** This study was conducted to investigate the levels of depression and interdependence in caregivers of patients with chronic heart failure and to examine the relationship of the patient's depression level with caregiver depression and co-dependence scores.

**Methods:** The sample of the research, which is descriptive and relationship seeking, consists of 219 volunteer patients with chronic heart failure and caregivers who meet the research criteria. The data were collected using Personal Information Form, Beck Depression Scale and Co-Dependency Assessment Tool, and were evaluated with descriptive statistical analyzes, Kolmogorov-Smirnov, student-t, one-way ANOVA, Pearson correlation analysis and Mann Whitney U Test.

**Results:** The average age of caregivers was  $47.36 \pm 12.46$  and 60.3% were women. The average age of the patients is  $60.70 \pm 16.30$  and 57.1% are male. Depression was found in 85.8% of patients according to the Beck depression scale score. The presence of depression in the patient and the total depression score of the caregiver ( $p < 0.001$ ), total co-dependency score ( $p < 0.001$ ), self-value ( $p = 0.001$ ), medical problem ( $p < 0.001$ ) and self neglect ( $p = 0.005$ ) subscale scores were higher than those who did not have depression. Co-dependence and depression scores are related in caregivers ( $r=0.367$ ).

**Conclusions:** There was a positive and significant correlation between the depression levels of the patients and caregivers and the codependence levels of the caregivers, and according to the presence of depression, the mean scores of co-dependence in the caregiver differ.

**Disclosure of Interest:** None Declared

#### EPP0815

### Psychological meanings of access to guidance on family relationships in prenatal consultations of a public primary health care service in the context of the COVID-19 pandemic: a clinical-qualitative study on reports of pregnant adolescents in Brazil

E. R. Turato\*, P. E. Ortolan, R. A. Bastos, M.-P. P. Lipi, M. S. Borges and D. B. Vale

Laboratory of Clinical-Qualitative Research, State University of Campinas, Campinas, Brazil

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1100

**Introduction:** In prenatal clinical consultations, what do adolescents talk about, in addition to physical and affective conditions and acquiring information about the general state of the evolution of pregnancy? The symbolic psychological elements that emerge during consultations are important for the handling of family guidelines with the clinical team.

**Objectives:** To interpret emotional meanings attributed by pregnant adolescents, with the possibility of accessing public health care service in a Brazilian metropolitan city, about talking and listening about Family relationships with the clinical team in prenatal consultations.

**Methods:** Clinical-qualitative design by Turato. Semi-directed interviews with open-ended questions in-depth conducted online during the pandemic. Sample closed by theoretical information saturation according to Fontanella. Interview material, fully transcribed, was treated by Clinical-Qualitative Content Analysis of Faria-Schützer, with Balintian psychodynamic concepts from Medical Psychology to generate categories of discussion after free-floating readings. Findings were validated by peers from the Laboratory of Clinical-Qualitative Research, at the State University of Campinas.

**Results:** The sample was closed with 10 pregnant adolescents. Three categories emerged from the analysis: (1) emotional meanings of the non-use of the access to health service as a listening space; affective obstacles and social shame; (2) the relationship of complicity with the maternal figure in "competition" with a possible broad psychological relationship with the clinical team; (3) recurrence of teenage pregnancy in the family as a possible obstacle.

**Conclusions:** The finding so far that the adolescent's personal reference is reported as the mother figure is also accentuated because the affective relationship with the doctor figure is more fragile. The bond of adolescents is established with the health institution and not with the reference health team.

There is a mismatch between the psychic maturation, still evolving, to the adult identity and the demands of social roles of the pregnant teenager already demanded as an adult. The teenager captures it, and the medical consultation becomes an act that occurs by inertial force. There is a perception of access to the health service and not access to the doctor as someone qualified for the adolescent to talk about relevant personal matters.

**Disclosure of Interest:** None Declared

#### EPP0816

### Are We Adequately Assessing Delirium? An Analysis Of Liaison Psychiatry Referrals

E. Tripp\*, M. Aremu Falade, M. Alves, M. Davies, J. H. Tan and L. Premalatha

Croydon Liaison Psychiatry, Croydon University Hospital, London, United Kingdom

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1101

**Introduction:** Delirium is characterised by an acute, fluctuating change in cognition, attention and awareness (Wilson et al. Nature Reviews 2020; 6). This presentation can make the diagnosis of delirium extremely challenging to clinicians (Gofton., Canadian Journal of neurological sciences. 2011; 38 673-680). It is commonly reported in hospitalised patients, particularly in those over the age of sixty five (NICE. Delirium: prevention, diagnosis and management. 2010).

**Objectives:** Our aim is to identify which investigations and cognitive assessments are completed prior to a referral to the liaison psychiatry services in patients with symptoms of delirium.

**Methods:** Referrals (N = 6012) to the liaison psychiatry team at Croydon University Hospital made between April and September 2022 were screened. Search parameters used to identify referrals related to a potential diagnosis of delirium were selected by the authors. The terms used were confusion; delirium; agitation; aggression; cognitive decline or impairment; disorientation; challenging behaviour. Data was collected on the completion rates of investigations for delirium as advised by the NICE clinical knowledge summaries. Further data was gathered on neuroimaging (CT or MRI), cognitive assessment tools (MOCA/MMSE) and delirium screening tools (4AT/AMTS).

**Results:** The study sample identified 114 referrals (61 males and 53 females), with 82% over 65 years at the time of referral. In 96% of referrals, U&E and CRP were performed. Sputum culture (1%), urine toxin screen (4%) and free T3/4 (8%) were the tests utilised the least. Neuroimaging was completed in 41% of referrals (see Graph 1 for a full breakdown of results).