Out of 47 patients studied, 30 patients had data available to record cholesterol changes. Out of the 30 patients, 21 of them had increased cholesterol levels, with the average change being + 0.09mmol/l. The highest increase in cholesterol was 1.7mmol/l and the highest drop in cholesterol levels was 2.6.

Taken together, we show that anti-psychotic use has a negative effect on physical health parameters such as weight gain, BMI increase, HbA1c levels and cholesterol levels. This increases the patient's risk of developing diabetes/metabolic syndrome in the future.

Conclusion. Re-audit.

Delirium – are we doing enough prevention and basic management in acute settings?

Anna Watkins*, Remy Flechais and Shah Tarfarosh

The John Radcliffe Hospital, Oxford University Hospitals NHS Foundation Trust
*Corresponding author.

Aims. To identify the prevalence of delirium and/or dementia on complex medicine wards.

To assess the use non-pharmacological prevention and management options in these patients.

Background. Delirium, a common hospital syndrome, is often multi-factorial. So, the management needs not only treating a reversible cause but also minimising the factors that could increase the risk of developing delirium, or worsen its course.

The Scottish-Intercollegiate-Guidelines-Network (SIGN) and National-Institute-for-Health-and-Care-Excellence (NICE) guidelines outline non-pharmacological factors to reduce the risk of developing delirium, and for its management once established.

These factors include orientation, ensuring patients have their glasses and hearing aids, promoting sleep hygiene, maintaining optimal hydration and nutrition, early mobilisation, appropriate lighting and providing cognitively stimulating activities.

Method. SIGN, NICE and local guidelines were used to develop a checklist of core non-pharmacological factors that minimise the risk of developing delirium and help in its management. Adherence to recommendations from these guidelines was thus evaluated in 4 Complex Medical Units of The John-Radcliffe Hospital (Oxford University Hospitals NHS Foundation Trust), cross sectionally. The data were collected by interviewing nursing staff on the wards, assessing the ward environment, reviewing nursing charts and electronic patient records.

Result. There were 57 patients aged >65 years across all four wards, with average percentages of delirium and dementia patients being 46% and 34%, respectively. Nurses were unsure about their patients having hearing or visual aids in 41% and 29%, respectively. On all four wards there was no clear signage, no digital clock, no calendar, and earplugs were not offered. Overall, the use of non-pharmacological recommendations was sub-optimal across a number of items. After a month, when the notes were reviewed, it was found that 18 out of those 57 patients had passed away (32%) and the average length of stay for delirium/dementia patients was way more than the other patients during that admission.

Conclusion. We found high rates of delirium and dementia and a lack of consistent use of recommended non-pharmacological strategies for their management. Better adherence to these could help shorten length of stay and improve patient outcomes.

Recommendations for patients with/at risk of delirium:

– Bedside board for each patient with the name of the ward/hospital, picture of the named nurse.
– Ensuring visible clock/calendar.

– Non-pharmacological delirium management checklist to be added to the daily nursing notes.

Emphasis on visual/hearing aids and daily reorientation.

– Appropriate lighting in the bays.
– Offer earplugs if not sleeping at night.

COVID and early intervention: the impact of COVID-19 on referrals to an early intervention service

Adam Whyte* and Alastair Reid

Oxford Health NHS Foundation Trust
*Corresponding author.

Aims. COVID-19 has a demonstrable impact on the population's mental health and is associated with an increased incidence of psychiatric disorders, including patients experiencing psychotic presentations. The aim of this study was to explore whether referral rates within a county-wide Early Intervention (EI) service changed in response to the COVID-19 pandemic. The EI service provides NICE approved treatments and support for patients experiencing a First Episode Psychosis (FEP).

Method. Data were collected from all referrals to the EI service between March–December 2019 and March–December 2020. Clinical notes were reviewed to ascertain whether the referred patient was assessed and if they were subsequently accepted on to the team's caseload.

Result. During the March–December 2019 period 147 referrals were made to the EI service, with 66 patients being accepted for treatment by the service (44.9% of referrals). In March–December 2020, 127 referrals were made, a 13.6% reduction compared to the same period in 2019, however 70 referrals were accepted (55.1% of referrals).

Whilst the overall referrals declined during the COVID-19 period, there were notable increases in both April and August 2020, by 25.0% and 70.0% respectively.

Conclusion. Although overall referrals to the EI service reduced during the COVID-19 pandemic compared similarly to the previous year, there was a noteworthy increase in the proportion of patients accepted onto the team's caseload.

Potential explanations for this finding include the possibility of an increased incidence of first episode psychosis during this period, or that restrictions in accessing primary care and secondary mental health services during the COVID-19 pandemic reduced the number of patients being referred whose symptoms were not representative of First Episode Psychosis (FEP).

This study highlights that mental health services, such as EI teams, have experienced a persistent level of need over the past year and that ongoing investment in psychiatric services is warranted to meet this sustained requirement for support and interventions.

Old age liaison psychiatry: audit assessing adherence to referral pathway and referral characteristics including indications, interventions and outcomes

Alfred Wong[1]* and Kimberley Boyle[2]

[1]Dumbarton Joint Hospital and [2]Glasgow Royal Infirmary
*Corresponding author.