

systematically ascertain the literature on psychological interventions for young carers (aged 11-30 years), aimed to promote their mental health and well-being, thus mitigating the psychosocial impact of caring on their development.

Methods: A systematic literature search was performed in CINAHL, PsycINFO, PubMed and Scopus; in addition, reference lists from reviewed papers were used to identify additional relevant studies. A rigorous screening process was followed, and a checklist for qualitative and observational studies was used to assess the methodological quality of the studies. Narrative synthesis of the selected articles was carried out.

Results: Only 9 studies were included. Interventions had a different nature and mixed evidence on their efficacy emerged. Moreover, several methodological concerns limited study replicability.

Conclusions: Given the clinical relevance of this topic, it is important that these interventions and the new ones will undergo rigorous evaluation. Effective interventions for young carers may also lead to considerable savings in healthcare and societal costs.

P76: Agreement between nursing-home caregivers' observations of residents' depression, wellbeing, and quality of life

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Objective. In nursing home residents, outcomes are often assessed using proxies, especially in residents with severe cognitive problems. Although caregivers are commonly involved as proxies, studies assessing their agreement for proxy measures are scarce. Therefore, secondary analysis was performed on a dataset with proxy-reported scores of several scales in Dutch and Flemish nursing home residents with and without dementia.

Methods. To assess the agreement between the observations of 81 pairs of caregivers, we calculated Cohen's Kappa, Weighted Kappa, and Prevalence- and Bias-Adjusted Kappa (PABAK and PABAK- OS for ordinal data) coefficients for the items on the Nijmegen observer-rated depression scale for detection of depression in nursing home residents (NORD), the social wellbeing of nursing-home residents scale (SWON-3), and two subscales (i.e., "social relations" and "having something to do") of the QUALIDEM. In addition, coefficients were calculated for the item concerning subjective judgment of the residents' depressive symptoms ("no," "yes, mild or light," or "yes, severe") and for the item concerning whether the caregivers believed a depression diagnosis had been established ("yes," "no").

Results. In general, PABAK and PABAK-OS coefficients were higher than the Cohen's and Weighted Kappa coefficients, suggesting a considerable amount of prevalence or bias. For the total sample, most items were above .40, indicating acceptable agreement. The results showed higher levels of agreement for proxy scores of residents with lower levels of dementia, compared to residents with more severe dementia.

Conclusion. The general finding of different levels of agreement between coefficients with and without correction for prevalence and bias, suggest the importance of exploring both values to enable adequate interpretation of the reliability of these items. The result of limited levels of agreement between caregivers concerning residents with more severe dementia underscores challenges for measurements in this population. We believe that practitioners

and researchers should be aware of these challenges when using and interpreting scores derived from proxies. Moreover, understanding why different raters reach different conclusions regarding the same residents is important for interpreting the meaning of proxy-reported scores.

P81: Anticholinergic Burden of Patients Assessed by UK Memory Clinics: An Audit

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Objective: It is estimated that there are 55 million people living with dementias globally. With so few effective treatments available for dementias, it is vital that services optimise the management of risk factors for patients to slow their disease progression as much as possible. Commonly prescribed medications with anticholinergic effects can cause iatrogenic cognitive impairment and lead to faster decline in people living with dementia. United Kingdom (UK) national guidelines recommend minimising their use when assessing people with suspected dementia or during medication reviews of people with dementia. We proposed to audit how many people were being referred to memory assessment services in two UK locations with a significant anticholinergic burden, which medications were responsible, and whether this impacted on diagnosis.

Methods: We developed an audit tool based on national guidelines to gather data on the age, gender, medications, diagnosis and cognitive impairment of the first 50 patients assessed in the Memory Assessment Services in Wolverhampton and Walsall in 2022. We used the anticholinergic effect on cognition scale (AEC) to measure patients' anticholinergic burdens and identify the most frequently prescribed medications.

Results: We collected data from 30 patients from Wolverhampton and 20 patients from Walsall. Across the two locations, only 10% presented with a significant anticholinergic burden, with 24% having some anticholinergic burden that was not considered significant.

Every patient with a significant anticholinergic burden was later diagnosed with dementia.

Most of the anticholinergic medications that were prescribed are generally prescribed for psychiatric or neurological indications and the most frequently prescribed drug was amitriptyline.

Conclusion: The prescription of anticholinergic medications was not as prevalent as predicted in our sample. It may be that anticholinergic medication are less prescribed for physical illnesses as alternatives that do not cross the blood-brain barrier are available. Psychogeriatricians are well placed to review the anticholinergic medications that are commonly prescribed during the assessment of suspected dementia, due to their familiarity with these medications. In response to our findings, we plan to update our memory clinic assessment tools to highlight the need for clinicians to review patients' anticholinergic burden during assessment.

P87: A Case of Very-Late-Onset Obsessive Compulsive Disorder (OCD) comprising Religious and Somatic Obsessions... is the latter a distinct and overlooked phenotypic subtype of OCD?

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