guidance. Atomoxetine was the medication of choice for a patient with a previous history of stimulant intolerance. 74% (n = 95) of patients were started on lisdexamfetamine, 20% (n = 25) were started on methylphenidate long-acting formulations and five patients on short-acting methylphenidate agent.

Of the 95 patients initiated on lisdexamfetamine, 78 (82.1%) were continued on lisdexamfetamine until the point of publication of their Shared Care Policy (SCP), nine (9.5%) patients switched medication, 10 patients initiated additional fast-acting dexamfetamine tablets and two had a second agent added to their therapy (atomoxetine n = 1, methylphenidate n = 1).

Of 25 patients initiated on methylphenidate long acting, 18 (72%) continued this medication at the point of publication of SCP. Of 25 patients initiated on methylphenidate long acting, seven (28%) patients switched medication and two patients were initiated on an additional fast acting methylphenidate.

To successfully stabilise and publish 134 patients on a SCP, 404 brief follow up appointments of 15-minute duration were utilised, which totals 6060 minutes of patient facing time. Of 134 patients, most n = 41 (30.6%) had 2 brief follow-up appointments; 32 (23.9%) had 3 brief follow up appointments and 22 (16.4%) had 4 appointments. Two patients did not attend a follow up appointment, and one patient had 11 brief follow up appointments.

Conclusion. Stimulant medications were typically used as first line treatment however, of these 74% were started on lisdexamfetamine while only 20% were initiated on long acting methylphenidate. Those started on lisdexamfetamine were more likely to continue on this medication to the point shared care agreement than those started on methylphenidate, 28% of whom switched to an alternative, for a variety of reasons. Mean time to reading a shared care agreement was longer for those initiated on methylphenidate long acting compared to lisdexamfetamine.

The data show that for most patients the journey from initiation of a stimulant medication to a shared care agreement was a straightforward one, with the majority having either two or three follow up appointments.

More research is needed to better understand the apparent differences in pathway for those commenced on lisdexamfetamine and long acting methylphenidate.

Trajectories of Psychotropic Medications Before and After an Autism Diagnosis Vary by Age and Sex

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doi: 10.1192/bjo.2024.698

Aims. Interventions to support people with autism are multidimensional, but primarily psychosocial in nature. These interventions include behavioural, educational and support therapies. Some psychotropic medications are used to manage medical and psychiatric comorbidities associated with autism, which interfere with daily social and occupational functioning or limit the implementation of psychosocial interventions. The aim of this study is to describe the trajectories of psychotropic medications in people newly diagnosed with autism according to sex and age.

Methods. This is a retrospective cohort study based on medico-administrative data from the Régie de l'assurance santé du Québec. The cohort included all people living in the province of Quebec (Canada) with a first diagnosis of autism (incident cases) recorded during hospitalisation or during a medical visit between January 2012 and December 2016 (index date: first diagnosis). Only individuals covered by the public prescription drug insurance plan one year before and one year after the index date were included. A patient was considered exposed to a drug from the date a prescription was claimed at a community pharmacy and for the time the drug was provided. However, as no information was available on inpatient drug, the drug trajectory represents the outpatient drug trajectory. The five classes of psychotropic drugs considered were: 1) anticonvulsants and mood stabilisers; 2) antipsychotics; 3) antidepressants; 4) anxiolytics/hypnotics; and 5) psychostimulants. Drug trajectories are represented using state sequence analyses.

Results. The study cohort included 3284 people, of which 867 (26.4%) were females and 2417 (73.6%) were males. Overall, 51.6% of the cohort claimed a psychotropic medication in the year preceding diagnosis and 61.1% in the following year, with higher proportions among females and increasing with age. Psychostimulants were the most prescribed medications among people diagnosed at ages ≤12 years, while antipsychotic use increased considerably with age, becoming the most commonly prescribed medication among those diagnosed in adulthood (≥18 years), with use rates reaching as much as 80% among those diagnosed between 36 and 60 years. State sequence analyses demonstrate slight variations in the use of psychotropic medications over time, but significant variations by age category and sex.

Conclusion. Although psychosocial interventions are recognised by clinical practice guidelines as the cornerstone of interventions for people with autism, the use of psychotropic medications is widespread. This highlights a significant gap between the recommendations of these guidelines and what is observed in the real world.

Prescription Patterns in Adolescent Patients With Depressive Disorder at a Tertiary Care Centre in Singapore

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doi: 10.1192/bjo.2024.699

Aims. We aim to examine the prescription patterns of local psychiatrists for adolescent patients with depressive disorder, treated on an outpatient basis, as part of an integrated programme for management of mood disorders in adolescent patients (IPMDA) in Singapore.

Methods. An longitudinal cohort observational study was carried out at a psychiatry out-patient department in the National University Hospital of Singapore, as part of a specialised programme for the treatment of adolescents, aged 13 to 18, with depressive disorder. The data which were collected included

information about age, gender, education, therapy provision and drug prescription included generic name and dosing.

Results. A total of 129 patients were included in the study. 81.7% (n = 105) were females and 18.3% (n = 24) were males. 72 (76.4% female, 23.6% male) patients were started on medications. All patients were initiated on a monotherapy regime of antidepressants.

The most commonly prescribed antidepressant was Fluoxetine (58.3%), followed by Sertraline (18.1%), Fluvoxamine (12.5%), Escitalopram (6.9%), Mirtazapine (2.8%) and Amitriptyline (1.4%).

Conclusion. Our findings revealed that current psychopharmacology practice for depressive disorder in Singapore generally follows the published Singaporean treatment guidelines, which is generally kept up to date with wider international recommendations.

The factor of pricing may affect the lower prescription of certain medications, such as Escitalopram, as it is more expensive than the other prescribed medications in the list.

Risk Factors, Symptomatology, and Predictors of Mortality Among COVID-19 Inpatients Presenting With Delirium Symptoms in a Tertiary Hospital in the Philippines

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doi: 10.1192/bjo.2024.700

Aims. The prevalence of delirium among confirmed COVID-19 patients is around 12–33%. Delirium in COVID-19 patients is associated with worse functional outcomes; and associated with length of hospital stay, admission to ICU, and ventilator utilization. COVID-19 patients with delirium have a significantly higher risk for mortality than those who did not develop delirium. This study aimed to describe the risk factors, symptomatology, and predictors of mortality of COVID-19 patients presenting with delirium symptoms admitted between January and October 2021 to the Philippine General Hospital, a public tertiary hospital in the Philippines.

Methods. Medical records of adult COVID-19 patients admitted to the Philippine General Hospital were analyzed. Descriptive statistics were used to summarize the demographic and clinical history. Univariate and multivariate logistic regression were done to determine the variables that predict mortality.

Results. One in five (20.01%) COVID-19 patients presented with delirium; of the 1,992 medical records reviewed, 400 patients had either presented with symptoms of delirium or were diagnosed with delirium.

Of the 400 patients, 36.5% were not diagnosed with delirium, only 7% were referred to Psychiatry, and 74% expired during admission. Patients referred to Psychiatry had lower mortality odds than those not referred (aOR = 0.069, p = 0.014). Before the COVID-19 pandemic, patients with psychiatric symptoms from organic causes are already less likely to be referred to psychiatrists. Furthermore, studies have shown that delirium is under-recognized among patients with COVID-19. Early referral to a psychiatrist for assessment and management may possibly be protective against mortality.

Those who received midazolam had higher odds of mortality (aOR = 3.112, p = 0.001). Currently, no literature supports the association between midazolam use and mortality among COVID-19 patients with delirium; however, it is known that midazolam use puts patients at increased risk for delirium and mortality.

Patients with decreased sensorium (aOR = 7.438) and decreased psychomotor activity (aOR = 3.857) had higher odds of mortality ($p < 0.001$). Decreased sensorium and decreased psychomotor activity are typical in patients with hypoactive delirium; hypoactive delirium is a known prognosticator for patient mortality. The only available studies on specific delirium symptomatology show that decreased sensorium and decreased psychomotor activity are common among COVID-19 patients with delirium.

Conclusion. Timely assessment and appropriate management are critical for COVID-19 patients with delirium symptoms, especially those at an increased risk for mortality. Clinicians dealing with COVID-19 patients presenting with delirium must be reoriented to delirium symptomatology, initial interventions, and indications for referral to psychiatrists.

Systematic Literature Review and Meta-Analysis of Anti-Psychotic Use in Parkinson's Disease Psychosis

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doi: 10.1192/bjo.2024.701

Aims. Psychosis is a common neuropsychiatric symptom associated with Parkinson's disease (PD), with prevalence rates of up to 75%. Parkinson's disease psychosis (PDP) is associated with increased morbidity, caregiver burden, depression, poorer quality of life and progression of dementia. It has also been shown to be a strong predictive factor for long term care placement, and results in up to 71% increase in risk of mortality compared with PD patients free from psychotic symptoms. Use of antipsychotics for PDP is common, with up to 35% of PD patients prescribed at least one antipsychotic within 7 years of PD diagnosis. This systematic literature review aims to search, appraise and synthesise the best available and most up-to-date evidence for the use of antipsychotics in the treatment of PDP, and their effects on PD motor symptoms.

Methods. We carried out a comprehensive literature review and meta-analysis following the PRISMA statement for systematic reviews.

Results. Four studies investigated quetiapine, three investigated olanzapine, two investigated clozapine and a further two investigated pimavanserin. Both quetiapine and olanzapine showed no significant improvement for PDP over placebo, however meta-analysis of olanzapine groups showed significant motor worsening, UPDRS +2.89 (95% CI 1.22 to 4.56) compared with placebo. Clozapine showed a significant improvement in psychosis vs placebo in both studies, with a large effect size in their primary outcome measure; -0.82 (95% CI -1.37 to -0.26), -0.89 (95% CI -1.42 to - 0.36). Pimavanserin showed significant improvement in psychosis vs placebo -0.48 (95% CI -0.77 to -0.18). Quetiapine,

https://doi.org/10.1192/bjo.2024.699 Published online by Cambridge University Press