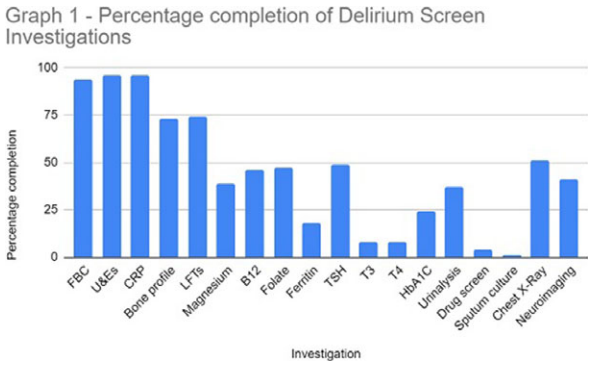
A formal cognitive assessment or delirium screening tool was completed in 32% of referrals. The AMTS and 4AT tools were documented for 65% and 24% respectively. A total of 19 referrals explicitly stated the patient was suspected to have dementia. A delirium screening tool was documented in 47% of these cases however, a formal cognitive assessment was documented in only 5% of these patients.
Following psychiatric assessment 47% of referrals were confirmed as delirium.
Image:



Conclusions: Our data highlights the low level completion of the NICE recommended delirium screen prior to referral to liaison psychiatry. The effective implementation of a delirium screen and cognitive assessment is paramount to reduce the number of inappropriate psychiatric referrals in hospital and helps to identify reversible organic causes of delirium. This in turn will ensure timely treatment of reversible causes of delirium and reduce the length of hospital admission.

Disclosure of Interest: None Declared

EPP0817

Psychiatric symptoms in people living with HIV: prevalences, interactions and consequences

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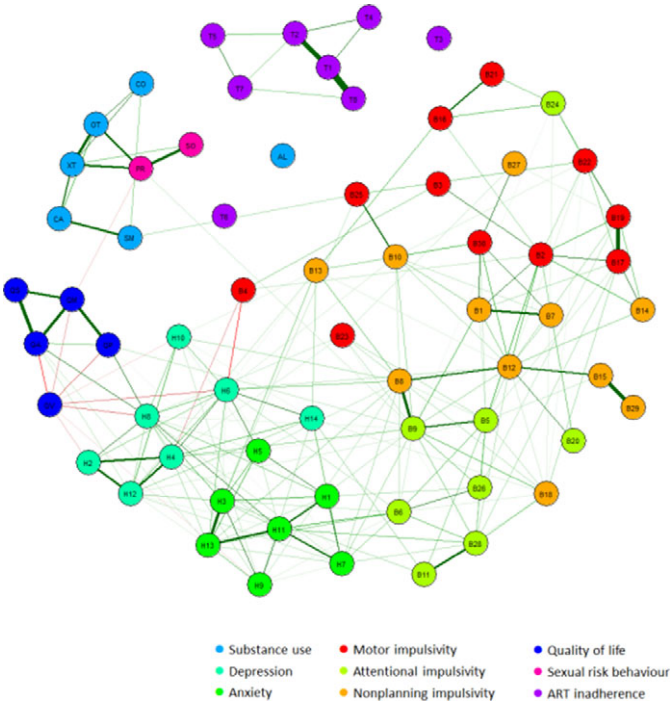
Introduction: People living with HIV (PLHIV) experience higher levels of mental health issues compared to the general population. Especially depression, anxiety, impulsivity and substance use occur frequently in PLHIV. This is thought to have important consequences for quality of life, sexual risk behaviour and antiretroviral treatment (ART) adherence. Both in PLHIV as well as in the general population, divergent psychiatric symptoms often co-occur, and influence one another.

Objectives: To assess the interrelatedness of psychiatric symptoms and their potential consequences in PLHIV.
Methods: Data from 1615 outpatient PLHIV using suppressive ART from the 2000HIV study (NCT03994835) were analysed. Participants reported on the severity of substance use (MATE-Q), depression and anxiety (HADS), impulsivity (BIS-11), quality of life (EQ-5D-5L), ART adherence (MASS-8) and sexual risk behaviour. For these variables, prevalence rates and mean scores were calculated. After binarizing the data, an Ising network model was constructed. Using this network, interrelations between psychiatric symptoms were assessed, the centrality of symptoms was estimated and connections with clinical consequences were explored.
Results: In our cohort of PLHIV, the increased prevalence of substance use was most pronounced, as shown by a prevalence rate of 28.7% for smoking, 13.6% for cannabis use, 11.1% for heavy alcohol drinking and 9.2% for ecstasy use in the past month. The network analysis revealed that symptoms of depression and anxiety were most strongly interrelated. The depressive symptom "feeling slowed down" was one of the most central symptoms, and was most strongly connected with quality of life. Substance use was associated with a higher occurrence of sexually transmitted diseases, and this relationship was mediated by a higher number of sexual partners. Notably, ART adherence did not display any connections with depression, anxiety, impulsivity or substance use.
Image:



Conclusions: The high occurrence of substance use and its link with sexual risk behaviour, emphasizes it's role as a potential target for prevention of HIV transmission. Contrary to general assumption, psychiatric symptoms are not associated with lower levels of ART adherence in our cohort. Treatment of depression in PLHIV might be improved by focussing on the symptom of feeling slowed down, since this symptom was most strongly connected with quality of life.

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EPP0818

Moria or Mania? Manic symptoms as the clinical manifestation of glioblastoma recurrence: a case report

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Introduction: Up to 50% of patients with brain tumors experience psychiatric symptoms, and rates up to 80% have been reported in malignant neoplasms such as glioblastoma multiforme (GBM). Still, clinical presentation as mania-like syndromes is a rare phenomenon, mainly occurring when frontal structures are compromised.
We present the case of a 42-year-old woman who was admitted to our hospital due to manic symptoms coinciding with a recurrence of a bifrontal GBM, for which she underwent surgery 5 months prior.
Objectives: 1) To describe the clinical particularities of this case, focusing on the differential diagnosis.
2) To review the association between manic symptoms and frontal dysfunction caused by brain tumors, with special interest on GBM.
Methods: A review of the patient's clinical history and complementary tests performed was carried out. Likewise, we reviewed the available literature in relation to manic symptoms related to brain tumors.
Results: The patient's GBM recurrence presented with late onset symptoms of mania, including euphoric mood, increased spending, ideas of grandiosity and hyper-religiosity. She had no previous psychiatric history but, interestingly, she had an extensive affective burden in her family, with 4 consummated suicides. However, she also presented other clinical signs, such as disorientation, perseveration, mild memory impairment and stereotyped motor behaviors, that pointed to relevant frontal lobe dysfunction, suggesting Moria as a possible contribution for the symptoms described.
Manic symptoms in the context of brain tumors appear in 7-15% of patients with psychiatric symptoms, usually associated with right frontal dysfunction (75% of cases). Bifrontal affectation, such as this patient, is only described in 6% of cases. Although fast growing, malignant tumors have been associated with higher rates of psychiatric symptoms, no correlation has been described between these and brain tumor histology.
Conclusions: - The presence of atypical manic symptoms, such as those presented in this case, should raise clinical concern for secondary mania.
- Moria shares similarities with mania, including mood elevation, tendency to hilarity or hyper-sexuality, that may hinder diagnosis of patients with frontal dysfunction.
- This case outlines the difficulties in making a differential diagnosis in patient with both manic and neurological signs, and highlights the implication of frontal structures in the development of manic symptoms.

Disclosure of Interest: None Declared

EPP0819

Treating Trauma- Evaluation of a multi-disciplinary psychiatry service for patients post major trauma

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Introduction: Research has shown 30-40 % of people who have experienced traumatic injury are at risk of developing mental illness. Some injuries may be the result of mental ill-health, including self-inflicted injury. Furthermore, the development of psychopathology after injury appears to be a major determinant of long term disability. Early intervention can reduce symptom severity and prevent development of mental illness.
Ireland's National Trauma System Implementation Programme, announced in April 2021, highlights the need for screening for mental disorders.
The Mater Misericordiae University Hospital (MMUH) is designated as one of two national Major Trauma Centres in Ireland. Its trauma service will expand with an expectation of an additional 450- 500 major trauma patients over the next three years.
The Consultation Liaison Psychiatry Service (CLP) currently provides expert mental health input to medical and surgical teams, in managing a range of patients with mental illnesses or psychological difficulties, including those with experience of major trauma.
Objectives: To examine the current mental health service provision for trauma patients over a six-month period. We aimed to identify areas of need to inform future development of a psychiatry-led MDT service for trauma patients.
Methods: A review of all patients admitted on the MMUH trauma pathway between January 2021 and June 2021 was performed. The following data were recorded: demographics, mechanism of injury and information on referrals to the liaison psychiatry service.
Results: There were 105 trauma cases over the six-month period; 46 females and 59 males. The mean age was 58.4 years (SD 22.16). Twelve individuals were recorded as 'No Fixed Abode' or living in homeless accommodation(11.4%).
In terms of mechanism of injury; 20 were assaulted of which 8 were stabbing/ knife injuries. There were 65 falls and 12 road traffic accidents. In 3 cases (2.8%), the mechanism of injury was self-inflicted. Twenty patients were admitted to critical care (19%).
Of the 105 trauma patients, 19 (18%) were referred to CLP service; 2 (10.5%) were seen in the outpatient setting, the rest as inpatients