

P111: Responses of deferment of appointments during Circuit Breaker (CB) amongst psychogeriatric elderly patients

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Introduction: The coronavirus disease 2019 (COVID-19) outbreak was declared a public health emergency by the World Health Organization (WHO) on 30 January 2020. COVID-19 circuit breaker (CB) was implemented in our country from April 2020 to June 2020 to curb the outbreak. Healthcare Institutions were tasked to reduce 'non-essential' outpatient appointments. This research aimed to capture the responses of elderly patients and caregivers to the deferment of appointments. It also attempted to identify psychiatric symptoms which might be exacerbated during the pandemic.

Methods: This retrospective review captured patients' mental state and caregivers' responses and preferences for subsequent reviews; reasons for their decisions; as well as mental state findings post CB.

Results: Records of 323 patients with a mean age of 79.24 ± 8.02 were analyzed. 50% were diagnosed with dementia (18% severe, 38% moderate, 44% mild); 23% depression; 11% anxiety and 16% psychosis. 64% documented stable mental state before CB. There was no statistical difference in the diagnoses and stability of mental state or decisions to defer. 77% agreed to defer whereas 7% preferred to retain appointments. Those who brought forward appointments (1%) reported insomnia with increased mood and anxiety symptoms. Post-CB mental state showed 57% of patients remained stable; 15% had increased mood symptoms and 11% reported worsening cognition.

Discussions: Patients with stable mental state before CB were more agreeable to defer appointments regardless of psychiatric diagnoses. Amongst those with dementia, caregivers reported distress with patients' inability to comprehend need for safe-distancing measures and closure of day care programs. Some caregivers were concerned about increased food intake, lack of physical and social activity. 11% showed increase forgetfulness and 15% suffered increase in mood and anxiety symptoms post-CB.

Conclusions: Despite the cohort's advanced age, 57% remained stable during CB. The anticipation of challenges in abiding by the safe-distancing measures with supporting documents of patients with mental illness allowed us to improve our psychoeducation efforts of our community. Cognition, mood and anxiety symptoms were exacerbated as a result of the safe distancing and movement restrictions during the pandemic.

P112: Valladolid Multicenter Study: Diagnostic agreement between physicians and liaison psychiatry units in an elderly population in 7 hospitals in Spain

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Objective: The objective of this study is to describe the diagnostic agreement between physicians and liaison psychiatry units (LPU) in 7 general hospitals of Spain for elderly patients and to analyze possible factors related to it.

Methods: This is an observational, cross-sectional, multicenter study. We obtained data from a sample of 165 patients (≥ 65 years) admitted to 7 general hospitals in Spain referred from different departments to each liaison psychiatry unit. Data was collected for a month and a half period. Psychiatric evaluations were performed while the patients were on wards.

Results: We obtained a sample of 165 patients (78 women, 88 men) with a mean age of 76,03 years old (42.10% < 75 years, 57,83% ≥ 75 years). Most of them were married and they lived accompanied (67,27%). Only 5,45% lived in a nursing home.

In 55.15% the main reason to referral was anxiety/depression symptoms. 42,42% had no psychiatry medical background. After LPU visit a new diagnosis was done in 56.96%. Main diagnoses were adjustments disorders (26,66%), delirium (20,6%) and no psychiatric pathology (14,54%)

Cohen's kappa statistics were used to estimate the agreement between the diagnoses made by LPU and the diagnoses considered by the referring doctors. We obtained a moderate global agreement ($\kappa = 0,4971$) between observers (0,424 for < 75 years, 0,557 for ≥ 65 years) Moderate agreement was found for alcohol or substance abuse ($\kappa = 0,41$) and low agreement was found for affective disorders ($\kappa = 0,3278$) and delirium/ psychological and behavioral symptoms in dementia ($\kappa = 0,2341$).

We analyzed factors which might affect de agreement between physicians and LPU such is group of age, functional impairment, comorbidity by Charlson index and previous diagnosis of dementia.

Conclusions: Further longitudinal studies might help in the future to analyze the factors related to agreement between doctors and might help to establish educational programs

P120: Peer groups that support the mental health of older adults

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The City of Helsinki provides peer support groups for older adults with substance abuse or mental health issues:

- For older adults with substance abuse issues (14 meetings)
- For elderly relatives, friends and family members of people with substance abuse issues (12 meetings)
- For older adults with depression symptoms (12 meetings)
- For older adults who have lost a loved one (8 meetings)

Peer support groups meet once a week at senior centres and are led by social instructors. The maximum group size is limited to ten people. Group instructors have manuals to guide their work, and attendees follow group-specific assignment books. The first three groups listed above stem from cognitive methods, and the group for those who have lost a loved one stems from a meaning-centred approach.

Before the group's first get-together, instructors meet all potential group members in person to ensure that joining the activity is a suitable and beneficial option for them. Although the groups have different discussion topics and assignments, all are primarily based on openness and peer support. Two months after the group's last get-together, members will meet up again, and the instructors will assess whether someone needs extra support and refer them onward.