Conference Brochure

Programme

Session #1 – Education, Training & Wellbeing Chair: Dr Manraj Bhamra	
09:00-9:10	**Welcome and Introductions** Dr Mohan Bhat, Academic Secretary and Dr Mani Krishnan, Faculty Chair Dr Manraj Bhamra and Dr Orima Kamalu, Trainee Reps
09:10–09.30	**Update from the Dean** Prof Subodh Dave, RCPsych Dean
09:30–09:50	**The Shape of Training: The Curricula Review Project** Dr Alex Bailey, RCPsych Old Age Psychiatry SAC Chair
9:50 -10:00	Education & Training Q&A
10:00 - 10:30	**Trainee Wellbeing & Support** Dr Sana Fatima, Future Leaders Programme Fellow
10:30 - 10:40	**RCPsych Psychiatric Trainees Committee and Other Trainee Support** Dr Sharon Holland, Psychiatric Trainees Committee
10:40 - 10:50	Wellbeing & Support Q&A
10:50-11:15	**Morning Break and Poster Viewing**
Session #2 – Trainee Presentations Chair: Dr Orima Kamalu	
11:15 - 11:30	**Have you seen the NEWS today?: A QI project** Dr Harleen Kaur Birgi, Core Trainee
11:30 - 11:45	**The Impact Of Dignity Therapy On Depression And Anxiety In The Patient-Caregiver Dyad, In The Context Of Mild Cognitive Impairment And Early-Stage Dementia** Dr Fabian Bonello, Higher Trainee
11:45 - 12:00	**The Delirium Clinic – Reducing antipsychotic prescribing amongst older adults** Dr Harry Quin, Foundation Doctor
12:00–1:00	**Lunch Break and Poster Viewing**

Session #3 – Subspecialties in Old Age Psychiatry Chair: Dr Manraj Bhamra	
1:00–1:30	**Neuropsychiatry of Covid-19** Dr Jonathan Rogers, University College London
13:30 - 14:00	**Hard capacity cases - a dispatch from the general hospital** Dr Nuala Kane, King's College London
14:00 - 14:30	**Alcohol/substance use disorders in older adults** Dr Tony Rao, South London and Maudsley NHS Foundation Trust
14:30 - 14:50	**Afternoon Break and Poster Viewing**
Session #4 – The Future of Old Age Psychiatry Chair: Dr Orima Kamalu	
14:50 - 15:20	**Discussion: Are we ready for disease modifying treatments?** Dr Bob Barber, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust Professor Rob Howard, University College London Dr Arjun Thampy , Leeds and York Partnership NHS Foundation Trust
15:20 - 15:50	**Reforming the Mental Health Act and implications for older adults** Dr Hugh Series, University of Oxford
15:50 - 16:20	**The opportunities arising from the Community mental health transformation** Dr Amanda Thompsell, National Specialty Advisor: Older People's Mental Health
16:20 - 16:30	**Closing comments, prize ceremony and election of new Trainee Reps** Dr Mohan Bhat, Academic Secretary and Dr Mani Krishnan, Faculty Chair Dr Manraj Bhamra and Dr Orima Kamalu, Trainee Reps

Speaker abstracts and biographies

Update from the Dean

Professor Subodh Dave

Professor Subodh Dave was elected as Dean in 2021. He holds this role until 2026. He has overall responsibility for setting standards for and facilitating the effective delivery of psychiatric education and training.

Subodh is an international medical graduate having done his MD and DNB (Psychiatry) from Grant Medical College, Mumbai, India. He moved to the UK in 1995 and obtained his CCT in General Adult Psychiatry with an endorsement in Liaison Psychiatry. He works as Consultant Liaison Psychiatrist in Derbyshire Healthcare Foundation Trust and is Professor of Psychiatry at the University of Bolton. He is Deputy Director of Undergraduate Medical Education and in that role has led innovations in introducing and embedding simulation and lived-experience involvement in the training of medical students at the University of Nottingham.

Subodh has held training roles at all levels spanning undergraduate, foundation and postgraduate training both in the UK and internationally.

He is passionate about ensuring that training, assessment structures and CPD (Continuing Professional Development) programmes lead to improvements in patient care and clinical outcomes.

To that effect, his key priorities are:

1. **Address health inequalities**: faced by patients with mental illness often compounded by other disadvantages for e.g. poverty, early-life trauma, race and gender-based discrimination.
    1. Integrate advances in neurosciences and social sciences to increase focus on public mental health and personalised care in our training and assessment.
    2. Patient-focused use of data/digital tools and embedding lived-experience to make our training and practice more rewarding for learners and patients.
2. **Improve well-being**: Happy doctors = Happy patients. Making learning personally fulfilling, meaningful, intellectually stimulating, emotionally engaging and fun.

Subodh enjoys running and has run several marathons to raise money for mental health charities. He recently ran the Berlin marathon in under three hours.

The Shape of Training: The Curricula Review Project

Dr Alex Bailey, RCPsych Old Age Psychiatry SAC Chair

In this brief session the format of the new curriculum will be explained as well as explanation of how the new curriculum is being implemented. We will also demonstrate the use of the new 'PDPs' being introduced as part of the new curriculum.

Dr Alex Bailey is a consultant old age psychiatrist in Leeds. He has been Chair of the Specialty Advisory Committee for old age psychiatry since 2016 and has been part of the Curriculum Revision Working Group as well as leading on the redesign of the higher curriculum in old age psychiatry. He is a former director of medical education and training programme director.

RCPsych Psychiatric Trainees Committee and Other Trainee Support

Dr Sharon Holland, Psychiatric Trainees Committee

A rapid introduction/refresher of how to get more involved with College efforts and where to find support when needed.

Dr Sharon Holland is an ST7 in Dual General Adult and Old Age Psychiatry, but much more wedded to the latter. Currently in an Acting Up Consultant post on a functional in-patient ward in the wilds of Northumberland. Vice Chair of the PTC and of the firm belief that we have the best jobs in Medicine.

Have you seen the NEWS today?: A QI project

Dr Harleen Kaur Birgi

Aims The main focus of this QIP was to improve the documentation of NEWS scores and subsequent escalation as appropriate in an Old Age Psychiatric Ward setting. This would in turn lead to improved Physical health outcomes, especially in the COVID-19 pandemic. Background The NEWS is based on a simple aggregate scoring system in which a score is allocated to physiological measurements, when patients present to, or are being monitored in hospital. This will ensure that patients who are deteriorating, or at risk of deteriorating, will have a timely initial assessment. This should supplement clinical judgement in assessing the patient's condition. Early detection and escalation of deteriorating NEWS leads to improved patient outcomes and referral to the appropriate specialties, for subsequent management. Methods The initial phase of the QIP comprised of retrospective data collection surrounding the recognition and documentation of NEWS on an 18-bedded Old age Psychiatric ward. This period spanned the 2nd wave of the pandemic, from November- December. Potential interventions were implemented in the form of raising NEWS awareness, educating nursing staff, displaying posters all over the ward and nursing station. NEWS of > 3 was defined as the threshold for escalation. Following change implementation, data was collected to capture the progress made over a month. Results

Analysis of data pre and post- interventions displayed a significant improvement in escalation of unwell patients from 26% to 60%. Conclusions Improved outcomes and early detection of potentially deteriorating patients, leading to early transfer of patients to an Acute Medical setting and better overall management. Raised awareness and understanding of physical health management in Mental Health nurses. The QIP was presented at the Trust QI Forum meeting and was met by and overwhelmingly positive response. In order to enhance NEWS recording an electronic format is now being adapted.

Dr Harleen Birgi is a Core Trainee.

The Impact Of Dignity Therapy On Depression And Anxiety In The Patient-Caregiver Dyad, In The Context Of Mild Cognitive Impairment And Early-Stage Dementia

Dr Fabian Bonello, Higher Trainee

Dr Fabian Bonello followed his undergraduate medical degree at the University of Malta. Upon completing his Foundation Programme, Dr Bonello embarked on his specialty training in London and completed his Core Training with the UCLP North Central Core Psychiatry Training Programme. Following this, he returned to Malta to continue his specialty training there and is currently in the final stages of his ST6 year. His main research interest is Dementia, recently completing a Master of Geriatrics and Gerontology with the University of Malta. He also holds a post as visiting lecturer with the Faculty of Social Wellbeing at the University of Malta.

The Delirium Clinic – Reducing antipsychotic prescribing amongst older adults (Quality Improvement)

Dr Harry Quin

AIMS AND HYPOTHESIS To describe the implementation of an outpatient Delirium clinic within an Older Adults Psychiatry Service BACKGROUND In the acute hospital setting, delirium has been estimated to effect over 50% of older in-patients. Current guidelines advise considering low-dose antipsychotics in delirium which has not improved with non-pharmacological measures. However, the evidence base of antipsychotic prescribing remains limited and there is clear clinical need for swift rationalisation and de-prescribing, with a quarter of antipsychotics initiated for older patients continuing after discharge. METHOD We described the implementation of an outpatient Delirium clinic set-up within a Later Life Liaison Psychiatry Service. Patients were eligible for referral to the clinic if they had an established diagnosis of delirium (on clinical review with positive score on screening tool), evidence of delirium persisting beyond management of precipitating factor or had recurrent episodes of delirium. The intervention was the development of structured clinical assessment covering current symptoms, psychotropic use, and social support. Outcomes included resolution of delirium, onward referrals (e.g. memory clinic), and antipsychotic

deprescribing. RESULTS In a three month window at our hospital 94 patients received a diagnosis of delirium and 114 patients were discharged on haloperidol. Among the initial cohort of 17 patients (Mean Age 74.8, S.D. 7.9), the proportion of first appointment attendance was 82.4% (n 14/27). Referrals had originated from the liaison psychiatry team in 58.8% of cases (n 10/17) and from geriatricians in 35.3% (n 6/17). 29.4% (n 5/17) of patients had been discharged on a newly started antipsychotic following a diagnosis of delirium and these were discontinued in 40% (n 2/5) of cases. CONCLUSIONS In this poster, we show it was feasible to develop an out-patient delirium clinic within a Later Life Liaison Psychiatry service.

Dr Harry Quin is a Foundation Year 2 Doctor, Severn Deanery.

Neuropsychiatry of Covid-19

Dr Jonathan Rogers, University College London

Coronaviruses have long been associated with disease in humans, but they have generally caused a mild respiratory illness. This changed with the advent of the severe acute respiratory syndrome (SARS) in 2002 and the Middle East respiratory syndrome (MERS) in 2012. These disorders were associated with a substantial neuropsychiatric burden in terms of delirium and subsequent depression, anxiety and fatigue, which had wide-ranging functional ramifications. We now have extensive evidence on the acute effects of COVID-19, although it is hard to separate its direct biological effects from the results of its wider psychosocial context. Acute distress is often present, sometimes to a severe extent. Delirium is frequent and may be a first or only manifestation. The evidence supporting dexamethasone use also raises the prospect of steroid-induced psychosis. In the post-acute phase of COVID-19, the literature is in a much earlier phase. However, there is already evidence for higher rates of stroke, dementia, sleep disorders, mood disorders, anxiety and psychosis in the months following disease, even compared to other similar infections. Psychiatrists have an essential role to play in managing delirium and psychosis acutely as well as supporting follow-up services for those with persistent physical and psychological symptoms.

Dr Jonathan Rogers MRCP MRCPsych is a specialty registrar in General Adult and Old Age Psychiatry at South London and Maudsley NHS Foundation Trust and a Wellcome Trust Clinical Training Fellow currently conducting a PhD at UCL. He went to medical school at the University of Cambridge and completed an NIHR Academic Clinical Fellowship at the Institute of Psychiatry, Psychology and Neuroscience. His current research interests relate to catatonia, COVID-19 and psychopharmacology.

Hard capacity cases - a dispatch from the general hospital

Dr Nuala Kane, King's College London

Dr Nuala Kane is an ST6 Psychiatry at South London and Maudsley NHS Foundation Trust and a Mental Health Research UK MD(Res) Scholar at King's College London. Her research focuses on 'Complex and Contested Capacity Assessments' including a qualitative study of Court of Protection capacity determinations and interviews with psychiatrists on their most difficult capacity cases.

Alcohol/substance use disorders in older adults

Dr Tony Rao, South London and Maudsley NHS Foundation Trust

The use and misuse of substances has risen more sharply over the past decade on baby boomers. This population has different problems, needs and risks compared with younger people. This presentation will look the public health and clinical aspects of substance use disorders in older people and how the provision of integrated care can improve health and social outcomes

Dr Tony Rao worked as a consultant old age psychiatrist for 22 years in an inner-city area of London with a high rate of alcohol misuse in older people. After completing an MSc in the clinical and public health aspects of addiction in 2004, he has led a Trust strategy for alcohol misuse in older people at South London and Maudsley NHS Foundation Trust. Dr Rao has been Visiting Professor at London South Bank University and is currently Visiting Clinical Research Fellow at the Institute of Psychiatry. He has continued to develop an evidence base to develop training, research and clinical services to meet the needs of older people with substance misuse.

Discussion: Are we ready for disease modifying treatments?

Dr Bob Barber, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Professor Rob Howard, University College London

Dr Arjun Thampy , Leeds and York Partnership NHS Foundation Trust

Dr Bob Barber I work as an Old Age Psychiatrist in Newcastle. I have research interests in clinical trials for dementia and have been involved in a number of pharmaceutical and non-commercial clinical trials in various roles. I have received honorarium from Biogen and Roche in relation to advisory roles. I support the work of the Faculty as new therapy lead and have a industry lead role with DeNDRoN. Regionally I am TPD for Old Age Psychiatry

Professor Rob Howard

The FDA's approval of aducanumab in June 2021 is an important milestone in the development of treatments for Alzheimer's disease. While we wait for the MHRA and NICE to decide whether treatment should be made available on the NHS and a number of additional amyloid antibody treatments seek FDA approval, what should we be doing to prepare ourselves and our services?

Professor Robert Howard is Professor of Old Age Psychiatry at UCL and Consultant Old Age Psychiatrist at Camden and Islington NHS Trust. He's interested in psychosis, depression and

dementia, the conduct of independent clinical trials and trying to develop better understanding and treatments for our patients' symptoms.

Chair: Dr Arjun Thampy is a consultant in Old Age Psychiatry working in Leeds and York Partnership NHS Foundation Trust.

Reforming the Mental Health Act and implications for older adults

Dr Hugh Series, University of Oxford

This will be a brief review of recent changes and proposals in mental health legislation. Sir Simon Wessely's review was published in December 2018, and the Government published a White Paper in January 2021 on which a consultation was held, producing 1700 responses, including a detailed response from RCPsych. The Government has now published a response to the consultation, but as yet there is no timetable for legislation to be introduced. In parallel with this MHA reform, the MCA has been amended to replace DOLS with LPS (Liberty Protection Safeguards). These are supposed to be introduced in April 2022, but as it will require a new Code of Practice for MCA (in preparation) and training to take place first, it would seem likely that the implementation of LPS may be delayed.

Dr Hugh Series is a consultant old age psychiatrist in Oxford Health NHS FT and a member of the Law Faculty at the University of Oxford. His special interest is in mental health law. He also sits as a medical member of the Mental Health Tribunal (First Tier), and frequently prepares expert reports for the Court of Protection and other courts.

The opportunities arising from the Community mental health transformation

Dr Amanda Thompsell, National Specialty Advisor: Older People's Mental Health

This presentation will set the context for the community mental health transformation and explain the changes that are envisaged to the way we will meet the mental health needs of older adults .The presentation will then briefly discuss some of the potential opportunities these changes present to old age psychiatrists.

Dr Amanda Thompsell trained and originally practised as a GP before switching to working in old age hospital medicine, and then retraining to become a Consultant Old Age Psychiatrist. Dr Amanda Thompsell was the Chair of the Faculty of Old Age Psychiatry of the Royal College of Psychiatrists for 4 years up until June 2020 and is currently the National specialty advisor for older adult's mental health NHSE&I.

Chairs

Dr Manraj Bhamra is a Higher Trainee in General & Old Age Psychiatry at South London and Maudsley NHS Foundation Trust. He is fascinated by the interface between mental and physical health, and his clinical interests include neuropsychiatry and dementia. His academic work has focused on biomarker discovery in various dementias. As a former King's College London medical student, he is particularly enthusiastic about teaching and training, and has taken on a regular teaching role at the medical school. Through his involvement in the Royal College of Psychiatrists 'Choose Psychiatry' campaign, he hopes to inspire the next generation of doctors and psychiatrists.

Dr Mohan Bhat has been a consultant old age psychiatrist for over 20 years . His main passion is to see trainee doctors achieve their fullest potential and has created many opportunities for them in all his roles within and outside his trust . He is currently the academic secretary for the faculty of old age psychiatry and is also the chair of the London clinical group for community mental health transformation for older adult services."

Dr Nwaorima Kamalu is an Education Fellow and ST6 Registrar in Old Age and General Adult Psychiatry. She completed her core training in South London and the Maudsley and is currently working and training within Avon & Wiltshire Mental Health Partnership NHS Trust in Bristol, where she lives wither her partner and their three-year old cocker spaniel, Nero. Her special interests include Neuropsychiatry and Physical Health Care within Mental Health Services. She is one of the two current Higher Trainee Representatives for the RCPsych Faculty of Old Age Psychiatry and co-organiser of today's inaugural trainee event."

Dr Mani Santhana Krishnan DPM FRCPsych, Consultant in Old Age / Liaison Psychiatry, Senior Clinical Director, TEWV NHS Foundation Trust, Chair of the Faculty of Old Age psychiatrists, Associate Dean & Regional Delirium Lead Health Education England, Visiting Professor of Psychiatry, SRMC & RI (Deemed University) Chennai, India. Twitter handle @DeliriumKrish

Dr Krishnan has been on the journey of raising delirium awareness since 2014 in his region and globally he contributed in making a social movement using the powers of social media and networking. He is active in promoting delirium awareness in social media and started the hashtag #icanpreventDELIRIUM. His educational video on delirium on YouTube has had over 87000 views. https://youtu.be/BPfZgBmcQB8 https://youtu.be/2Hg1VP-Enw4

During the Pandemic Dr Krishnan has actively engaged in promoting wellbeing of staff within his organisation and through social media and radio. Dr Krishnan will talk about impact of the pandemic on mental health. How this has affected globally. What are the challenges and opportunities for future workforce to tackle the Post COVID era?

Dr Krishnan enjoys Cooking, Travel and Photography.

Poster Abstracts

1. The assessment and prevention of falls in older people within Derbyshire Healthcare Foundation Trust (DHCFT)

Dr N N Nazurah A Wahid, CT1-3, Dr Andrew Sissons Dr Mitra Raisi

Aims The primary objective of the audit was to assess whether national targets for the prevention of falls and assessment after a fall in older people have been achieved across DHCFT following an initial baseline audit conducted in 2019/20. Background Falls account for almost two-fifths of patient safety incidents reported to the National Patient Safety Agency (NPSA) resulting in significant human and financial cost. The NPSA estimates that a thousand patients sustain a fracture as a result of falls in hospitals in England and Wales each year, and some patients die as a result of falling. Falls are a major cause of disability and the leading cause of mortality due to injury in older people aged over 75 in the United Kingdom. Methods All admissions between June 2020 and July 2021 to older adult inpatient units across all 4 sites were identified from Information Management. Data was collected from electronic patient records (EPR), verified, validated and then analysed using Microsoft Excel. The National Institute for Health & Care Excellence (NICE) Quality Standard 86 – Falls in Older people was used as the gold standard as per the initial audit. Results Thirty-eight falls were identified. Of the seven statements reviewed, there was reduced compliance within the first four standards. 100% target compliance was achieved for two statements namely pertaining a medical review following fall. Standard relating manual handling following a fall remained unchanged at 66.7%. Conclusion There is a decline in compliance within the first four standards, however, the shortfall was marginal. Due to the national pandemic, there has been some limitations which include redeployment of staff who are not familiar with local practice as well as a delay in completing some action plans from the initial audit. In order to improve compliance, these actions plan will be reviewed and expedited.

2. To assess the confidence of Junior Doctors in dealing with the diagnosis of Dementia – A Qualitative Study

Dr Fiyinfoluwa Akinsiku, CT1-3, Dr Fiyinfoluwa Akinsiku (CT2 Older Adult Psychiatry, Herefordshire and Worcestershire Health and Care NHS Trust) Dr Lathika Preeni Weerasena (Consultant Older Adult Psychiatrist, Herefordshire and Worcestershire Health and Care NHS Trust)

Aim The study aims to know how unfazed junior doctors are in the face of breaking the news of dementia diagnosis to patients and families and to know how their confidence can be further boosted. Background In older adult psychiatry, dementia is a common diagnosis. Tact, empathy, and good communication skills are some of the qualities a good clinician must have in breaking

this diagnosis. There is also a push by the Government to improve dementia diagnosis rates especially in Primary care. This will enable GPs to diagnose dementia and shorten waiting times. Methods A short online questionnaire was prepared and distributed amongst all junior doctors working in the Trust. The participants were asked to indicate their level of training, if they have ever discussed the diagnosis of dementia before, if they are likely to do this in their career, rate how confident they are in the discussing this diagnosis, and the three things could help improve their confidence in discussing the diagnosis of Dementia with patients. Results A total of 50 trainees working within the Trust were identified. 22 responded to the survey. 68% have discussed the diagnosis of dementia before. 21 of the 22 respondents are likely to break a diagnosis of dementia in their career. 9 % rated themselves as very confident, 18% rated themselves as confident, 45% rated themselves as somewhat confident, 18% are not so confident, 9% said they were not confident at all. Summary/Conclusion Trainees would benefit from more teaching time on dementia and working with Older Adult Psychiatrists. Other suggestions that could help include the use of dementia leaflets and updated NICE guidelines for dementia diagnosis. In conclusion, Trainees acknowledge there is gap in their knowledge of dementia and would like more teaching sessions which could help bridge this gap.

3. Red2Green and Rapid Reviews: a Quality Improvement project to reduce length of stay on an older adult mental health ward

Dr Sophie Behrman, ST4-6, Sheila Mudarikiri Dr Daniel Maughan

Aims and Hypothesis - To reduce length of stay by using a red to green improvement technique; starting discharge preparations before the patient is “medically fit”. - Improve handover within the ward team and between ward and community teams to improve efficiency Background Amber Ward is a 20-bed mixed older adult ward at the Whiteleaf Centre, Aylesbury. Patients are discharged to a variety of settings and may use a number of funding streams; discharge planning involves close working between ward, community teams and social care. Patients often become “medically fit” before they are able to be discharged. Methods Measures included delays from “medically fit” date and discharge date, discharge location and funding stream for each patient. To improve communication within the ward team we designed a “red to green” handover system where jobs are listed as “red” and then turned “green” when complete. A further initiative of “rapid reviews” was started, this is a weekly meeting with seniors from the ward and community teams to discuss patient progress and outstanding tasks. Results - No significant change in length of stay of admissions - Number of delayed patients and number of “delayed days” on the ward has increased - Most delays can be attributed to patients awaiting a new care home placement and social care funding. - More accurate data collection Conclusions - The increase in delays seen is likely to be due to better data

collecting - Our initiatives thus far have not had any impact on length of stay for 2 reasons: o 1) the major reason for delays is limited social care resources and delayed social care assessments o 2) nursing and other ward staff jobs are likely not impacting on length of stay - Plans to implement a ward social work team will lead to further improvement.

4. The impact of the Covid-19 pandemic on Older Adults Home Treatment Teams

Dr Manraj Bhamra, ST4-6, Dr Gagan Preeti

Aims and objectives To evaluate the impact of the Covid-19 pandemic on the service provided by the Older Adults Home Treatment Teams. Background The Older Adults Home Treatment Teams at South London and Maudsley NHS Foundation Trust provide short-term crisis resolution and home-based care and treatment to people during a mental health crisis which would otherwise result in their admission to hospital. The teams are multidisciplinary services offering crisis assessment, home treatment and onward referral for residents of Lambeth, Southwark, Lewisham and Croydon who are aged 65 and over with severe mental illness or have a diagnosis of dementia. The teams work closely with patients, carers and other professionals to provide intensive input to monitor mental state, risk and medication management. Covid-19 has had a significant impact on mental health services, which have had to adapt in order to ensure safe, effective and consistent care to vulnerable service users. Methods Retrospective data collection was obtained via a survey circulated to staff within Home Treatment Teams within the Older Adults Directorate. The survey focused on the services provided by the Older Adults Home Treatment Teams during the Covid-19 pandemic (March 2020 to June 2021). Results There were 10 respondents to the survey. Feedback from respondents noted that: • 80% felt that vulnerable patients' mental health needs were sufficiently met during this time • 40% believed that patients had concerns about face to face visits •70% believed that wearing PPE negatively affected communication with patients, with examples of facemasks impairing communication on the telephone or with patients with sensory or cognitive impairment • 20% believed that wearing PPE negatively affected the quality of assessments/reviews • 90% felt that virtual handovers and MDTs ensured continuous patient care, service delivery and staff wellbeing • 80% felt that the introduction of remote working ensured continuous patient care, service delivery and staff wellbeing • 90% had sufficient access to technology to perform their role • 60% felt that staff shortages negatively impacted their workload • 30% believed that their training and supervision was negatively affected, with a specific example of face to face training being impacted due to reduced numbers of attendees allowed • 30% felt that medication prescribing and administration was negatively affected Conclusion Results from the staff survey reflect the significant impact of the covid-19 pandemic on the services provided by the Older Adults Home Treatment Teams and provide a number of valuable lessons. It is reassuring to note that despite this, most respondents felt that patients'

mental health needs were met sufficiently. Whilst most respondents believed that wearing PPE negatively affected communication, this did not appear to significantly affect the quality of assessments. Nearly all respondents had sufficient technology to perform their role, with most agreeing that remote working and virtual meetings ensured continuous patient care, service delivery and staff wellbeing. It is noted that staff shortages affected workloads, and in some cases training and supervision was affected, which may contribute to healthcare burnout. It would be helpful to correlate these findings with patient and carer feedback to evaluate the effect of the pandemic on older adults with severe mental illness or dementia and their carers.

5. Have you seen the NEWS today? : A QI project

Dr Harleen Kaur Birgi, CT1-3, Jeni Pillai

Aims The main focus of this QIP was to improve the documentation of NEWS scores and subsequent escalation as appropriate in an Old Age Psychiatric Ward setting. This would in turn lead to improved Physical health outcomes, especially in the COVID-19 pandemic. Background The NEWS is based on a simple aggregate scoring system in which a score is allocated to physiological measurements, when patients present to, or are being monitored in hospital. This will ensure that patients who are deteriorating, or at risk of deteriorating, will have a timely initial assessment. This should supplement clinical judgement in assessing the patient's condition. Early detection and escalation of deteriorating NEWS leads to improved patient outcomes and referral to the appropriate specialties, for subsequent management. Methods The initial phase of the QIP comprised of retrospective data collection surrounding the recognition and documentation of NEWS on an 18-bedded Old age Psychiatric ward. This period spanned the 2nd wave of the pandemic, from November- December. Potential interventions were implemented in the form of raising NEWS awareness, educating nursing staff, displaying posters all over the ward and nursing station. NEWS of > 3 was defined as the threshold for escalation. Following change implementation, data was collected to capture the progress made over a month. Results Analysis of data pre and post- interventions displayed a significant improvement in escalation of unwell patients from 26% to 60%. Conclusions Improved outcomes and early detection of potentially deteriorating patients, leading to early transfer of patients to an Acute Medical setting and better overall management. Raised awareness and understanding of physical health management in Mental Health nurses. The QIP was presented at the Trust QI Forum meeting and was met by and overwhelmingly positive response. In order to enhance NEWS recording an electronic format is now being adapted.

6. The Impact Of Dignity Therapy On Depression And Anxiety In The Patient-Caregiver Dyad, In The Context Of Mild Cognitive Impairment And Early-Stage Dementia

Dr Fabian Bonello, ST4-6, Patrick Barbara David Mamo

Aims and Hypotheses Aim 1: Improve anxiety/depression in persons with dementia (PWD) Aim 2: Improve anxiety/depression in caregivers Aim 3: Ascertain dyadic Dignity Therapy (DT) is feasible in this population H1: DT significantly improves anxiety/depression in PWD H0: DT does not significantly improve anxiety/depression in PWD H2: DT significantly improves anxiety/depression in caregivers H0: DT does not significantly improve anxiety/depression in caregivers H3: Dyadic DT is feasible in dementia H0: Dyadic DT is not feasible in dementia Background Important aspects of dementia care include addressing neuropsychiatric symptoms and caregiver burden. Non-pharmacological interventions are effective tools in this regard. DT, originally devised for cancer populations, was found to have potential in dementia. This study was the first to assess feasibility of dyadic DT in PWD and caregivers, focusing on anxiety and depression. Methods A single-group pretest-postest design was used. 6 dyads were recruited through the Geriatric Outpatients at Karin Grech Hospital, Malta. The Hospital Anxiety and Depression Scale was used at baseline and post-intervention. The Dignity Therapy Patient Feedback Questionnaire (DTPFQ) was used to assess feasibility. Results In PWD, DT caused non-significant reductions in depression (Pre M=3.67, SD=2.94; Post M=3.33, SD=2.94; t(5)=0.47, p=0.33) and anxiety (Pre M=6.00, SD=3.80; Post M=5.33, SD=3.724; t(5)=0.46, p=0.33). In caregivers, there were near-significant reductions in depression (Pre M=3.00, SD=2.10; Post M=1.67, SD=1.75; t(5)=2.00, p=0.051) and non-significant reductions in anxiety (Pre M=4.33, SD=2.66; Post M=3.50, SD=3.02; t(5)=1.19, p=0.15). Effect sizes were small in PWD (g=0.15; 95% CI [-0.57, 0.92]) and small-to-moderate in caregivers (g=0.42; 95% CI [-0.12, 1.09]). DTPFQ found DT to be tolerable/acceptable in all participants. Conclusions This study established that dyadic DT is feasible in this population. The quantitative findings show that whilst not significant, confidence intervals were weighted towards positive effect. This implies future research with larger samples may ascertain significant positive outcomes.

7. An Audit on Anticholinergic use in the Malvern/Wyre Forest, Worcestershire, Older Adults Community Mental Health Teams (CMHT)

Dr Amy Burlingham, ST4-6, Dr Gurbinder Maumi, Consultant Psychiatrist

Aims and hypothesis Local practice was compared to NICE guidance (NG97) with the aim to identify drugs which may be adversely affecting cognition. The Anticholinergic Cognitive Burden Scale (ACBS) was used to determine if a patient had a clinically relevant score of 3 or more. If so, we aimed to identify if this had been communicated to the GP and whether an alternative was explored. Background Polypharmacy is common in older adults and increases the risk of adverse medical outcomes. Medications with high anticholinergic burden are associated with adverse effects including memory impairment and confusion. NICE recommends being aware that some commonly prescribed medicines are associated with increased anticholinergic burden. In

suspected dementia referrals or during medical reviews of someone with a confirmed diagnosis, these drugs should be minimised and alternatives explored. Method Between the 1st August 2019 and the 1st February 2020 (pre Covid-19 pandemic), a retrospective review of electronic medical records was conducted. Patients included were those referred to the older adult community mental health teams (OACMHTs) for a memory assessment or management of a pre-existing dementia. Results 59 patient records were analysed. 30/59 (51%) were prescribed drugs with an anticholinergic effect and 12/59 (20%) had an ACBS score of greater than 3. Of these, alternatives were not discussed in any of the cases and the GP was also not informed. Conclusions A reduction in the ACBS score may have a role in improving cognition and quality of life. It is therefore good practice to review these medications as part of routine assessments. The results were shared with clinicians in the OACMHTs, teams were provided laminated copies of the ACBS and a link to https://medichec.com/ (a further information source assessing anticholinergic burden). Primary care colleagues were contacted and a section written for their intranet.

8. Audit of Memory Assessment Service (MAS) – Time to Initial Assessment and Diagnosis of Service Users (SUs)

Dr Dominique Calilung, CT1-3, Dr Katy Beckhurst, Dr Rachel Cortes, Dr Sajida Hashmi (Southern Health NHS Foundation Trust)

AIMS AND HYPOTHESIS This audit evaluated how MAS performs in guiding work transformation and reducing primary care burden. We measured if GP referrals accepted to MAS are meeting the standard recommendations by the Memory Services National Accreditation Programme (MSNAP) of a time scale that initially assesses, scans, and diagnoses mild cognitive impairment (MCI) or dementia within three separate blocks of 6 weeks or less. Scans refer to a computerised tomography head scan whilst under the service. BACKGROUND By 2025 there will be over 1 million people living in the UK with dementia. The Trust is commissioned to carry out initial assessments, refer relevant investigations, and provide post-diagnostic support for people with memory problems across North Hampshire. MAS in Basingstoke was established in 2020 and separated from the Mental Health Services for Older People to provide a dedicated pathway. METHODS Sample size (n=36) was determined by searching for discharged MAS SUs within 1st March to 30th April 2021 via the Trust's electronic patient record (EPR) platforms. Data was collated and analysed using Excel then converted into pie charts. RESULTS Only 36% of the group had an initial assessment and only 27% had a diagnostic appointment that met the audit standard. The mean waiting period for initial assessment and diagnosis was 9 weeks and 11 weeks, respectively. 47% (n=17) were eligible for a head scan referral where in this subset, 76% (n=13) completed the procedure within the allotted 6 weeks. CONCLUSION Majority of Basingstoke MAS SUs experienced a time scale longer than recommended by MSNAP in the initial assessment and

diagnosis for MCI or dementia. Objectives for improvement must be approached with an achievable action plan—such as widening staff capacity and redesigning an efficient booking system—to be implemented in the next 6 months, therefore enabling a second audit cycle.

9. Audit: Presence of Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) and Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms in two Old Age psychiatric wards.

Dr Freya Elliott, Foundation Doctor,

Aims and hypothesis: To audit the extent to which either a ReSPECT form or a DNACPR form is in place for patients in Old Age Psychiatric wards, in a specialist mental health hospital. Hypothesis: Forms are not routinely in place amongst this vulnerable old age population. Background: Since 2016 ReSPECT forms have been recommended for patients with complex health needs or at risk of sudden deterioration, to record treatment options and end-of-life wishes. These have been brought in to replace the DNARCPR form, concerning the decision not to commence emergency resuscitation. Methods: On 15th September 2021 I conducted a census of all 34 inpatients in two Old Age Psychiatry wards in a specialist mental health hospital. I searched for the presence of either a ReSPECT or DNACPR form. A check was also made as to whether a digital copy of either of the two forms had been scanned into patient notes. Results: Of the 34 patients (21 women), 19 were in a general Old Age psychiatry ward (A.), and 15 in an Old Age dementia psychiatric ward (B). In ward A, four (21.1%) patients had a ReSPECT form, and three (15.8%) had a DNACPR form. In ward B, three (20.0%) patients had a DNACPR form, and one (6.7%) had a ReSPECT form in digital format only. Conclusions: In a Specialist Old Age Mental Health hospital setting, less than one third audited patients had either a ReSPECT or DNACPR form, despite these patients having complex health needs. A change of practice is recommended, whereby on admission the clinician has a prompt on their clerking proforma to check whether or not a ReSPECT or DNACPR form is in place, and if not, that it is flagged for the responsible clinical team, so that a ReSPECT form can be retrieved or initiated.

10. Quality improvement project to improve covid-19 vaccination uptake among patients on a general psychiatry ward between May and June 2021

Dr Emma Etherington, Foundation Doctor, Fariah Khan

Aims and hypothesis People with mental health issues have challenges accessing medical care and it is hypothesised that this may result in a significant number failing to receive Covid-19 vaccination. This study aimed to identify the number of inpatients on a psychiatric general ward (Meridian ward) between May and June 2021 who were fully vaccinated against Covid-19 so that unvaccinated patients could be offered vaccination during their admission. Background A

meta-analysis looking at the Covid-19 outcomes of people with mental health issues found that they were more likely to suffer increased morbidity and mortality from Covid-19 (Fond et al., 2021). Moreover, this group was listed as a priority group for vaccination by the Joint Committee on Vaccination and Immunisation. Methods Data was gathered on the Covid-19 vaccination status of patients on Meridian ward admitted between May and June 2021. This was a total of 10 patients. This information was gathered directly from the patients and from their summary care record. We also audited whether the patient's vaccination status was recorded in the notes. Results 50% of patients were fully vaccinated. 20% had received one vaccine and 30% of patients were unvaccinated. 20 % of the unvaccinated patients received their first dose during admission. Conclusions Patients with mental health issues face additional challenges in receiving a covid-19 vaccine. It is important that healthcare workers are aware of this and facilitate interventions that maximise vaccination in this population. To improve uptake among this group it is recommended: • Patients' vaccination status is assessed and recorded during inpatient admissions. • GP surgeries should identify patients on their database with mental health issues who are unvaccinated and providing these individuals with support around accessing information, transport or providing vaccinations at patient's homes. • There should be clear documentation of vaccination status on summary care record and ward notes.

11. Quality Improvement Project looking at Ward Cross Cover in a Mental Health Inpatient Unit

Dr Nathan Gregory, CT1-3, Dr Drew Goodchild Dr Mary Tadross

Aims: Doctors were frequently called away from their designated wards to cover areas of the unit without medical cover including the 18 bed Older Adult ward. This project aimed to identify the scale of the problem, evaluate staff opinion and clarify requested tasks. We hoped to introduce intervention to improve patient care and safety. Methods: Two questionnaires were created for Nurses and Doctors, respectively. 27 nurses and 11 doctors responded. A meeting was arranged with medical staffing, site tutor and consultants to discuss potential solutions. Results: Over one month, 92.6 % of nurses reported difficulties locating Doctors. Of those 100% felt "frustrated" and experienced "reluctance" from Doctors to assist. In the same period 81.8% of doctors reported being contacted by other wards, 45.5% were called over three times monthly. 66.6% of doctors reported feeling "frustrated" and 90.9% asked to complete non-urgent tasks. Interventions: Data highlighted issues within the unit when locating Doctors for potentially urgent or emergency tasks, a factor that presents a risk to patient safety and may also adversely affect relationships between medical and nursing staff. Following the results of the questionnaires and MDT meeting, a new daytime (9am -5pm) Doctor on-call rota was proposed, for which the trust agreed to supply phones rather than a bleep due to previous technical problems encountered out of hours. To inform staff of this change, a poster detailing this new service was created and distributed to all

wards and a verbal handover completed by the lead nurse in the unit to nursing staff, with emails and verbal handover by the doctors involved in the project. Initial feedback led to changes regarding rota length and a 'reserve' doctor in case of emergency leave. Feedback approximately 6 months later was positive from a new set of Doctors commenting that it worked very well.

12. Bad NEWS? A QI Project assessing the re-measurement of abnormal NEWS2 Scores

Dr Alexander Hannah, CT1-3, Dr Emily Gardner-Bougaard, CT1 Dr Michael Zervos, CT1 Dr Anita Kulatilake, Consultant Psychiatrist

Aims and Hypothesis This project aims to improve the recognition of acutely unwell patients on an older adults psychiatric inpatient unit. Patients with severe mental illnesses experience poorer physical health than the general population, and as such, careful inpatient physical health monitoring is vital. Our experience has been that abnormal NEWS2 scores were not being re-measured in an appropriate time frame, possibly compromising patient safety if deterioration went unnoticed. Background National Early Warning Score 2 (NEWS2) is an assessment tool used across the United Kingdom to monitor patient's physiological parameters, and facilitate the early recognition of acute illness. The expected standard on our ward is that abnormal NEWS2 scores are re-measured within 2 hours. Methods We analysed a random selection of the available NEWS2 charts on an older adults psychiatric inpatient unit from 01/07/2021 to 31/08/2021. We assessed whether the abnormal NEWS2 scores in this window had been re-measured within 2 hours. We will compare this data with the re-measurement rates post-implementation of the BRIGID NEWS2 Electronic chart. Results Of 509 data entries analysed, 68 (13.4%) scored 1 or more. Of these 68 incidences, 35 (51.5%) of them did not have their NEWS2 score repeated in an appropriate time frame. Following the introduction of electronic NEWS2 charts, early data indicates that a larger proportion of abnormal NEWS2 scores are being repeated within 2 hours. Conclusions Our findings highlight a significant patient safety concern, as deterioration of acute illnesses may not be recognised. We are currently introducing an electronic NEWS2 system, which includes a prompt to re-measure abnormal NEWS2 scores within 2 hours and we plan to implement teaching sessions for nursing staff about NEWS2 monitoring and the recognition of acutely unwell patients. Our data collection and analysis is ongoing at the time of submission.

13. The Prevalence of Frailty in Referrals to an Older Adults Community Team

Dr Sarah Henry, ST4-6, Dr Jenny Reid Dr Alex Pearson Dr Soumyajit Sanyal

Aims & Hypothesis: To identify the prevalence of frailty in a population of older adults referred to a Community Treatment Team in order to inform service development which will best meet the needs of this patient group. We hypothesise that the patients referred will be frailer than comparative populations and that increasing frailty would be associated with older age and

greater cognitive impairment. Background: Frailty is associated with cognitive impairment, dementia and depression, with associated effects on carer burden and resource utilisation. New models of primary and secondary community service delivery emphasise the need for a shared understanding of the concept, prevalence and implications of frailty in their patient populations. Method: All patients referred to the North Northumberland Older Adults Community Treatment Team and Northumberland Memory Service during November 2019. Analysis of referral letters and clinical documentation on RIO (electronic patient record) to identify patient demographics, diagnosis, frailty score using the Clinical Frailty Scale (CFS) and ACE III score. Results: 3% of patients had a pre-existing frailty score documented at the time of referral. 73% of patients were considered to be at least mildly frail (CFS score 5 or more). A further 19% were considered to be 'vulnerable' to frailty. Only 5% of patients were considered to be 'managing well', 'fit' or 'very fit'. (CFS 1-3) The average CFS score was 5.77, with those referred to Memory Assessment Services only slightly less frail than the CTT referrals. Increasing frailty was associated with poorer cognitive assessment scores and a diagnosis of dementia. Conclusions: The prevalence of frailty within this patient group is significantly higher than that found in UK community dwelling over-65s, indicating the importance of developing a shared understanding of frailty across the Community pathway in order to better anticipate patient needs and better collaborate with acute and primary care.

14. Assessing the effect of an admission proforma on the completeness of clerking documentation in Psychiatry of Old Age wards: A Quality Improvement Project

Dr Zain Hussain, Foundation Doctor, Owen Gribbell, Caroline Hope, Amir Khalil, Nupur Gandhi

Aims and hypothesis To assess the effect of an admission proforma on the completeness of clerking documentation. We hypothesised that completeness would improve post-intervention. Background: The standard of admission documentation in Psychiatry of Old Age (POA) wards in NHS Tayside had been observed to vary widely between patients. Both the quality of clerking and breadth of domain areas had been implicated in this observed variation. We sought to standardise the admission process in an attempt to improve quality and reduce variation in standards between patients by introducing a proforma. Methods Admission documentation in POA wards was assessed retrospectively over a 2-month period (18 admissions, 01/03/21-01/05/21), against 17 standardised domain areas (based on NHS Tayside and Royal College of Psychiatrists guidelines). An online admission proforma was then developed, and implemented. Completeness of documentation was re-assessed over a post-proforma 2-month period (17 admissions, 04/06/21-04/08/21). Results We found 53% of admissions used the proforma in the post-proforma period. Following introduction of the proforma, we identified an increase in completeness across 10/17 domain areas. Between the two periods, notable improvements were observed in the documentation of personal history (6% to 41%), differential diagnoses (28% to 65%) and DNACPR

(28% to 59%), with a small increase in the documentation of AWI status (44% to 59%). There was however a decline in frequency of documentation of treatment plans (94% to 65%) and admission bloods (78% to 65%). Conclusion Overall, the proforma improved thoroughness of admission clerking.. It has since been formally adopted by the department, and is now being adapted and implemented by other departments. Limitations include new locum staff and a lack of a formal induction and adjustment period. We recommend further audit cycles across the sites, to increase sample size and employing qualitative evaluation components (e.g. surveys, interviews) to assess user perceptions.

15. Dementia awareness among general public and clinicians from non-mental health background: A Qualitative Study.

Dr Qutub Jamali, Specialty Doctor, Old Age Psychiatry, Dr. Deborah Foster Dr. Imogen Davies Dr. Doaa Sadek

Objective: To understand the level of awareness of dementia among general public and clinicians from non-mental health background in Lancashire, England. Background: - Early diagnosis of dementia is beneficial for the patient and their family as it enables better understanding of the illness, managing symptoms early, accessing community support and planning for future decisions and care. Despite this, patients diagnosed with dementia and their families are not provided with adequate information, leaving them unsure about the prognosis and where to turn for support and when to consider home care (Stokes, Combes & Stokes, 2015). They are left in need of overall information regarding support, treatment options, resources and possible legal or financial issues and as a result, they depend on their beliefs and experience (Stokes, Combes & Stokes, 2015). A qualitative study was therefore conducted to understand the level of dementia awareness in Lancashire, United Kingdom. Method: Inclusion criteria: - 1- People of all age groups living in Lancashire, England. 2- Friends and family of people diagnosed with dementia. 3- Health professionals working in Lancashire & South Cumbria NHS Foundation Trust (LSCFT). Exclusion criteria: - 1- People diagnosed with dementia. 2- Mental health professionals working in LSCFT. The online questionnaire comprised of four questions as follows: - 1- What does dementia meant to you? 2- Would you consider going for a memory assessment if you were worried about your memory? 3- What according to you would be the benefits if dementia was diagnosed early? 4- What do you think would be the potential negative outcomes for a person after being diagnosed with dementia? Questionnaire was circulated on Facebook and Trust Newsletter. Thereafter, content analysis was done of the responses obtained from the questionnaire. Results: There were 67 responses from the general public and 77 completions from non-mental health professionals working in LSCFT. There was equal awareness among the general public and non-mental health professionals regarding

dementia. However, the most significant finding of this study was that some participants, irrespective of the background were of the opinion that people diagnosed with dementia are stigmatised and labelled. Conclusion: This study illustrates that more effort is needed to raise the awareness of dementia. Health education sessions could be conducted before the diagnosis of dementia is established at the memory assessment services.

16. Do intergenerational programmes improve the wellbeing of older adults? A systematic review

Emily Jones, Medical Student, Rebecca Lovell, Ruth Garside

Aims and hypothesis This review aimed to explore whether intergenerational programmes (IGPs) could have a role as a social prescribing initiative to promote the wellbeing of older adults. Background Older people are at an increased risk of loneliness and social isolation due to loss of family, friends and mobility, which can in turn have devastating impacts on their health and quality of life. These impacts have cost implications for health and social care services, especially as the UK population continues to age. Social prescribing allows medical professionals to refer individuals to non-clinical sources of support in the community in order to improve their health and wellbeing. IGPs involve activities that promote interaction between any two generations. Methods An electronic literature search was performed using the PubMed online database. The search terms used were ['intergenerational' OR 'intergenerational programmes'] AND ['elderly' OR 'older adults']. The first 100 results from this search were screened. We included studies that focused on IGPs for older adults regardless of the setting and activities, and those whose outcome of interest was the impact of IGPs on wellbeing. Studies that were not in English and published more than 10 years ago were excluded. Results This search returned four papers which were reviewed by narrative synthesis. These papers showed that IGPs were enjoyed by older people and improved their wellbeing, emotional health, and feelings of usefulness and accomplishment. Conclusions This review showed promising evidence that IGPs have a positive impact on the wellbeing of older adults. The studies were of varying quality and design, and the results showed poor generalisability. Large-scale UK-based studies are needed to assess whether such programmes would be suitable to refer to via social prescribing. This review was limited as I was a lone reviewer and had to narrow my search due to time constraints.

17. Looking at current practices regarding implementation of covert medication administration policy guidance.

Dr Rehana Kauser, ST4-6, Dr Edward Marson, Dr Georgina Knowles, Dr Amoune Mohamed

Aims Looking at current practices regarding implementation of covert medication administration policy guidance. Background The Covert Medication Administration policy was

introduced during the past 18 months, but due to ongoing pandemic, awareness of it was low. Guidelines for when making a decision to administer medication covertly were clear in the policy. Covert medication administration is a very restrictive practice, albeit clearly in a patient's best interests. Instances were found when medication for physical health was administered covertly and there isn't authority to do so under the Mental Health Act as noted in Care Quality Commissioning inspections. Method The sample selection was obtained by Incident Reporting forms for covert medication prescription from which 10 patients were identified from a four month retrospective sample of geriatric psychiatric inpatient admissions at the Juniper Centre at Moseley Hall Hospital, Birmingham from April to August 2021. Results Covert medications administered were used to treat physical and mental health conditions. The physical health medication given was not for side-effects of mental health medication. Of the 22 medications and 10 patients there were no instances where the covert medication checklist had been completed. 9 of 22 medications (41%) (across 7 patients (70%)) had neither a best interest meeting nor a separate discussion held with the patient's family, friend, carer or advocate documented on the electronic record. Of the 22 medications, 7 medications (32%) belonging to 3 different patients had documentation of pharmacist involvement in the decision of covert medication administration whereas 15 medications belonging to 8 different patients did not. Conclusions Our findings conclude inadequate following of the standards protocol of the covert medication administration policy. Despite 77% of medications being prescribed with a completed multi-disciplinary covert care plan and 95% of medications having had completed Incident Reporting forms, the rest of the standards were notably missed.

18. Audit to evaluate time from referral to initial contact within Bexley Memory Service

Dr Prathamesh Kulkarni, ST4-6, Dr Israel Adebekun (Consultant Old Age Psychiatrist, Oxleas NHS foundation trust) Ms Sophie Smith (Assistant Psychologist, Oxleas NHS foundation trust)

Aim: Audit to evaluate impact of COVID-19 on the time taken from new referral reception to initial contact in Bexley Memory Service during pre-COVID period (April to September 2019) and COVID period (April to September 2020). Hypothesis: COVID-19 had a negative impact on the time taken from new referral reception to initial contact. Background: Royal College of Psychiatrists' Memory Services National Accreditation Programme (MSNAP) standards stipulate that initial contact is made with all people who are newly referred to Memory Service within two weeks of referral. Methods: We reviewed all the new referrals to Bexley Memory Service from April to September 2019 and compared with the new referrals from April to September 2020. We reviewed: - Date of referral receipt - Date of initial contact made - Method of initial contact (face to face, telephone, post, email, other) Results: April -September 2019, Number of referrals – 427, Males – 42.86% and females – 57.14%. Initial contact within 2 weeks – 54% of referrals and most

common method of contact – letter offering appointment. April to September 2020, Number of referrals – 285, Males – 40.70%. Initial contact within 2 weeks – 22% of referrals and most common method of contact – telephone call by health care professional. Conclusion: COVID-19 appeared to have negative impact on number of referrals to Bexley Memory Service and time taken for initial contact. This finding could have been due to multiple factors directly related to COVID like sickness, shielding and isolating, staff leaving, etc; partial shut-down of the service in the initial period of COVID-19. We acknowledge that there is scope for improvement to the service going forward. We recommend that an acknowledgement letter is sent to the service user as soon as a referral is received prior to screening. We will undertake re-audit after 12 months to evaluate the impact.

19. 'The lady who ran out in front of a lorry'

Dr afef Mahmoud, ST4-6, Dr Annabel Price Dr Pranathi Ramachandra Dr Fiona Thompson
Aims and hypothesis It is challenging to make a risk assessment, formulation and management plan when the patient provides very little information. Sometimes, we must rely primarily on information provided by a third party. Background A 68-year-old lady who was witnessed attempting suicide by running into the path of a lorry. Her husband had been very concerned about her mental state for the preceding 6 months. This episode seems to have been triggered at least in part by the death of her mother in the US and the potential financial implications of this. A longitudinal assessment revealed a likely psychotic disorder, with at least two previous similar episodes in the past reported by her husband. The first psychotic episode occurred after the birth of her daughter, theme paranoid thoughts. In 2018- she was diagnosed with delusional disorder, theme financial fraud. Both resolved without treatment. She was originally from the US but moved to Cambridge 40 years ago for literature postgrad studies and met her husband. There is possible family history of mental illness- her father died by suicide. Assessment was complicated initially by post traumatic amnesia and dysphasia due to TBI. These both resolved over 5-6 weeks but she continued to deny any recollection of the suicide attempt or any of the psychiatric symptoms reported by her husband, though she continued to express paranoid ideas privately to him. Based mainly on the history and collateral she was detained under the MHA and treated with an antipsychotic. Methods Case report. Review of the medical notes. Results She is still under the crisis team care. She remains paranoid about the American authorities coming to take her despite compliance with Quetiapine 100mg. Conclusions It was a very challenging situation to safely provide care for a patient while they remain pervasively guarded.

20. Polygenic risk scores and neuroimaging features of neurodegenerative dementias.

Dr Anna McKeever, Foundation Doctor, Anna McKeever, Peter Swann, Leonidas Chouliaras, John O'Brien.

Aims and hypothesis: Studies exploring the relationship between genetic risk factors for neurodegenerative dementias and neuroimaging changes may provide new mechanistic insights into disease and improve risk stratification in clinical trials. This review summarises these studies and identifies future directions. Background: Neurodegenerative dementias such as Alzheimer's disease (AD) are heritable (60-80% for AD), polygenic disorders. Although the mechanism of many risk variants is unknown, genetic risk modifies clinical trajectories. Polygenic risk scores (PRSs) are used to quantify genome-wide genetic risk. Methods: We conducted a systematic literature search for studies exploring the relationship between PRSs for neurodegenerative dementias (including AD, Parkinson's disease, Lewy body and Frontotemporal dementia) and neuroimaging changes (structural, functional, and molecular imaging) in the last five years. Results: Amyloid-β deposition was associated with APOEε4 above the combined effect of other AD risk loci. In middle-aged, asymptomatic, Caucasian populations, APOEε4 may predict amyloid deposition and medial temporal lobe atrophy equally or more accurately than current genome-wide AD PRSs. In older populations (where there is higher amyloid-β burden and/or lower prevalence of APOEε4), aggregate genetic risk scores were more strongly associated with neuroimaging phenotypes. Most studies in children and young adults found genetic risk for neurodegenerative disease was not associated with differences in brain structure but there was some evidence of functional differences. Among thirty-nine included studies, only two studies included a non-AD PRS though none included participants with non-AD dementia. Conclusions: The prediction accuracy of APOEε4 compared to composite genetic risk scores depends on population factors such as age. Genetic risk for AD may confer functional changes in early life while structural differences occur later. Genome-wide association studies in diverse ethnic groups are needed to identify undiscovered risk variants. There is a need for studies exploring markers of tau and non-AD PRSs.

21. Anticholinergic prescribing in the elderly and Mild Cognitive Impairment- A QI project

Dr Niranjana Mohan, CT1-3,

Aims and hypothesis To reduce prescription of anticholinergic medications by 30% at time of referral to memory team; thereby reducing referrals as MCI to services Background At time of referral triage and medication review to services- high percentage of patients are prescribed medications with a high anticholinergic burden. This results in contacting GP practices individually by letter/phone-call to advice discontinuation of certain medications and re referral to services if required. On review of certain patients- many did not require re referral to services. Methods An audit was initially completed for all referrals to memory services in the Southern trust from Jan 2020 until Jan 2021. Medications were identified from the referrals and their anticholinergic burden

was calculated according to the ACB Burden scale. The most commonly prescribed medications were identified. Quality Improvement: aim reduction in prescription of medications with a high anticholinergic burden. The first cycle has been completed. A letter was drafted and posted to all GP practices in the Southern Trust locality to advice about current NICE guidelines with regards to anticholinergic prescribing and associated affects on cognition. This was then re-audited during July 2021 and all referrals sent in this timeframe were used. Results The results were compared between the initial audit and the re-aduit after the first cycle of the Quality Improvement. There was a reduction in the prexription of certain medications such as Amitriptyline (14%) and Fesoterodine (3%). However, there was also an increase in prescription of certain medications such as Quetiapine (25%) and Solifenacin (19%). Conclusion • The first cycle of the project did not meet target of 30% reduction in medication prescribing with high ACB score. The 2nd cycle is now underway- I am making a checklist prompt to check for medications with a high anticholinergic burden at time of referral to services.

22. Dementia Friendly Project

Dr Aparna Mordekar, Consultant Old Age Liaison Psychiatry - Sheffield, 1.Dr Madalina Cosmulescu-Speciality Registrar ST6 Old age Psychiatry - Sheffield Health Social Care Foundation Trust 2.Leanne Boyden RMN Liaison Psychiatry - Sheffield Health Social Care Foundation Trust Foundation Trust 3.Sally Byers - Dementia Practi

Aims Understanding the reality and complexity of Emergency Department (ED) environment by adapting dementia-friendly ED framework. We propose different aspects of care to enhance communication between those living with dementia who receive ED services and those providing the service. Background ED are chaotic, noisy and often fail to meet the needs of people living with dementia and their caregivers. The impact of the hospital environment prove to be a frightening, distressing, and disorientating place. Method We have designed and conducted 25 questionnaires/structured interviews with patients and their carers in a collaborative approach between Emergency Department and Older Adult Liaison Psychiatry department in Sheffield. Results • The physical layout of the ED is often confusing, the continual noise and lighting is disorientating, leading to distress, whereas a quieter space within the department would be more suitable; where tasks can be completed at a reduced pace • Poor experience of care, including increased likelihood of restraint or administration of rapid tranquilisation medication • Training gaps about dementia and geriatric assessment, limiting staff's confidence • Service users and caregivers had more positive experiences when staff understood dementia; lack of respect, failure to preserve dignity • Failure to encourage independence were frustrations for caregivers • Higher risk of a safety incidents in those who are mobile but fail to understand or retain information Conclusion • The physical environment has a

significant impact and strongly influences experiences of care provided • Adapting the physical environment so that staff can care for patients and caregivers while reducing the factors that cause most distress • Improve staff training to increase confidence and support earlier identification of the patients who are at risk • Stimulation resources, leaflets for the Carers Centre /Dementia Advice service, a local history photo box and age appropriate colouring sheets.

23. An audit of patients on antidepressant medication in a primary care setting without a medication review in the last 12 months.

Eleanor Naccarato, Medical Student, Flora Johnson (Medical Student)

Aim: To investigate whether guidance advising frequent/yearly review of patients on antidepressants is adhered to in the primary care setting in the West Midlands. Hypothesis: Patients on antidepressants become lost to follow-up and this may be worse due to COVID-19 pressures. Background: Long-term antidepressant use for relapse prevention is becoming increasingly common, yet prolonged treatment duration (>3 years) leads to increased side-effect severity, and complications. CG90 dictates that patients with depression on long-term maintenance treatment should be regularly re-evaluated. Elderly patients (>75 years) need their medications reviewed at least annually, which is recommended as an ideal for all patients, reducing drug burden and optimising care. Methods: Randomised samples were collected from 2 primary care practices in the West Midlands for audit, with a combined total of ~47,000 patients, and ~2,800 on a repeat prescription of antidepressants. Data was collected from health records on EMIS and SystemOne and then coded and analysed on Microsoft Excel. Results: At Westgate Practice, 10.9% of the patients on antidepressants had not been reviewed for >1 year, whilst at Laurie Pike, this was 60.5%. This came to a total of 603 patients, from which a sample of 22%, ~130 patients, was taken, to identify reasons for lack of review. Generally, no reason was found, there were coding errors, or patients did not attend. 13% of these patients were >75 years old, with 33% of these not having been reviewed for over 5 years, despite the clearest guidance being for this age group. Conclusions: The results suggest that adherence to guidance in patients on antidepressants was suboptimal at both practices. This may be due to issues with noting rather than poor patient follow-up. Repeat prescriptions should be checked, removing medications no longer taken/not needed, particularly in older patients, to reduce polypharmacy, drug burden and side-effect rate.

24. A Snapshot Audit of Anticholinergic Burden and Polypharmacy in Brent Memory Service

Dr Chan Nyein, ST4-6, Dr Abhishek Shastri

Aims and hypothesis: Our aim was to ascertain the percentage of older adults being prescribed medications that have significantly high anticholinergic burden and polypharmacy out of the

patients assessed by our memory service. Background: Older adults can present with confusion, falls, physical health problems and difficulties with cognition which can be associated with the medications that they are prescribed. This is important in a memory service setting as the patients undergo comprehensive examination with a potential to receive a diagnosis of dementia. It is vital to review medications that can adversely impact on cognition and physical health. Methods: Retrospective case note review was made from GP referral information to collect audit data and to ascertain number of medications prescribed. Polypharmacy was defined as the use of five or more regular medications. We used Anticholinergic Cognitive Burden Scale to measure total anticholinergic burden (ACB) score. Total ACB scores were calculated using freely available internet resources. The score of three or more was considered to be significant. Results: Out of 131 patients assessed in our service over the past 3 months, 101 patients were at the age of 65 or above and thus included in this audit. Eighteen percent of patients had a score of three or more on the ACB score and 70% of patients were found to have been prescribed five or more medications. The most commonly prescribed medications with high ACB were antipsychotic, antidepressant and urological medications. Conclusions: Our results are consistent with other findings which have found similar groups of frequently prescribed medications with high ACB burden and polypharmacy in the older adult community population. This highlights the need to rationalise medications at the earliest available opportunity to avoid unnecessary physical and mental health adverse effects. This also calls for closer liaison between psychiatrists, pharmacists and general practitioners.

25. Icebergs and Tsunamis: Covid-19 and the Impact on Referrals to Psychiatry in those 65 years and Older in a Large Academic Hospital's Emergency Department

Dr David O'Donovan, Senior Registrar Psychiatry (HST CPsychI), 2) Michelle O'Donohoe. Clinical Nurse Manager 2. Liaison Psychiatry. St. Vincent's University Hospital, Elm Park, Dublin 4. 3) Leonard Douglas. Consultant Psychiatrist. Old Age Psychiatry, Carew House, St. Vincent's University Hospital, Elm Park, Dublin

Aims and Hypothesis: This study aimed to explore the impact of Covid-19 on the mental health of those 65years and older during the initial pandemic in 2020. Trends in referrals to psychiatry in this Emergency Department (ED) were examined following restrictions. This was likely the 'tip of the iceberg' in psychiatric difficulties in this cohort and may predict patterns in a future 'tsunami' of cases. Background: There is growing concern about the impact of the pandemic on the mental health of the population. In older persons, not only is the risk of mortality higher, they are disproportionally affected by restrictions on their movements and contacts. Methods: A retrospective review of referrals from ED to our service in those ≥ 65years was conducted, from April to September in 2019 (pre-pandemic) and 2020. 96 referrals were examined in 2019 and 57 in

2020. Emphasis was given to the number of presentations, referral reason (exploring suicidal ideation, self-harm and psychosis), alcohol issues, presentation method, length of stay and assessment outcome. Results: As restrictions eased from May 2020, there was increased referrals to psychiatry in all ages, except those aged 65 and older. Only 6.7% of referrals were ≥ 65years in 2020 (11% in 2019), with proportionally more referred for anxiety, suicidality and overdose, with no BPSD referrals recorded. There was an increased proportion presenting with psychosis secondary to mental illness, alcohol dependence/misuse and brought by emergency services, with a decrease in those linked with psychiatric services. Conclusions: There was a probable unmet burden of psychiatric needs in this age-group during this period. The authors potentially identified increased distress and reduced supports, in a smaller cohort of individuals. The difficulties providing services during this period and lack of presentations such as BPSD, raises concerns for older patients and a 'tsunami' of presentations moving forward. Financial Sponsorship Statement: There was no financial support given for this study.

26. Deliberate Self-harm in people aged 60 years and over: A Major Trauma Centre Experience.

Dr Tomisin Omogbehin, CT1-3, Akinkunmi Odutola Mr Darren Lui Prof Caroline Hing Dr Rhonda Sturley Olivia Harnby

AIM To describe the demographics, patient characteristics, pattern of injuries and the management outcome of patients aged 60 and over, presenting as trauma call/code red following a deliberate self-harm (DSH). BACKGROUND Despite current high rate of death in older patient following a trauma, there is still a paucity in papers researching extensively into the characteristics of trauma patients presenting to trauma centres, with a focus on DSH METHODS This is a single centre retrospective study at a level one London major trauma centre in the UK. For inclusion, the trauma database was reviewed over 3 years (2018-2020), identifying Patients aged 60 and above presenting as trauma following a DSH. RESULTS DSH in patients aged 60 and over accounted for 12% of total DSH related trauma calls reported, with a male dominance of 73%. Majority of DSH in this group was following self-inflicted stab injury (46.7%) with 1 in 4 patients reported to have had a prior DSH. A trigger could not be identified in 53% of reported cases, Bereavement (13.3) and financial stress (10%) were the commonly identified ones. 66.7% had existing mental health illness and Depression was the most common illness (36.7%). The median length of inpatient stay was 8 days with 40% of these admissions requiring Intensive care for 4 days average. 44% of patient sustained injuries requiring some surgical interventions. Mortality for the period was 16.7% with 80% of mortalities surviving the first 48 hours of admission. CONCLUSION Our study revealed a high rate in mortality from DSH related trauma in older adult. Their contribution to hospital admission and ICU transfers cannot be neglected. Measures are needed to improve access to optimal mental health services among older adults.

27. Studying the Unfolded Protein Response in Dementia using the Electronic Patient record (SUPERDEEP)

Mc Stephen Padilla, Medical Student, Dr Emad Sidhom Dr Ben Underwood

Aims and Hypothesis The aim of this study is to explore the safety of trazodone in the elderly. Background Previous studies have indicated that the Unfolded Protein Response (UPR) is involved with the early stages of Alzheimer's Disease (AD) pathology, as such a medication that represses the UPR is thought to be a good candidate for a disease-modifying drug for patients with AD. Trazodone was found to inhibit the repression of protein translation. As trazodone is often used in the elderly with dementia who also have sleep problems. Data on the safety of trazodone in the elderly is limited, and as such gaining information on such, would be essential in providing the data necessary to design and run future clinical trials of trazodone, if proposed to be an effective disease-modifying drug for dementia. Methods This was a retrospective cohort study, reviewing patient notes and extracting data such as patient date of birth, date of diagnosis of dementia, trazodone dosage, and ICD-10 codes. Matching control patient data, who also had dementia and similar age profiles, were collected and compared to those with mentions of trazodone or were prescribed trazodone. Results Patients prescribed trazodone (157 patients): 2.493 years from date of diagnosis to death (69 dead, SD: 1.958), 4.297 years from date of diagnosis to death/present (SD: 2.707) Control group (176 patients): 2.354 years from date of diagnosis to death (66 dead, SD: 1.796), 4.197 years from date of diagnosis to death/present (SD: 2.608) Conclusions Due to the study methods, it is difficult to conclude the safety of trazodone as the patient population was retrospectively analysed rather than their treatments controlled. As such, it is difficult to determine the duration of the prescription and when dose increases occurred. Further higher dose trials with prescription in more early stages of dementia are recommended.

28. Improving the detection of patients with delirium using the 4AT assessment tool

Dr Poon Jun Shang, Clinical fellow, Queen Elizabeth Hospital, King's Lynn, Gbajie Nnamdi Peter, Asif Mahmood; Katie Honney

Aims: Our aims were to measure current uptake of delirium screening and introduce interventions to improve practice. Background: Delirium is a common severe neuropsychiatric condition that affects 10% to 40% of older hospitalised patients [1]. However, it remains under-diagnosed and undertreated, leading to poor patient outcomes. Simple, quick and effective bedside tools such as the 4 A's Test (4AT) can help to improve the detection of delirium, leading to timely management and improved patient outcomes. Methods: A trust wide quality improvement project was commenced to improve detection of delirium using the 4AT at Queen Elizabeth Hospital King's Lynn (QEHKL). Baseline data (n=26) was collected prospectively from medical records of patients

on five medical wards. Several PDSA (Plan Do Study Act) cycles are planned with the first cycle completed. Cycle 1 involved delirium education in weekly departmental meetings, implementing delirium concise care bundles and putting up 4AT posters and flowcharts on all medical wards. Cycle 2 is currently ongoing with the introduction of 4AT assessment stickers and education to the multidisciplinary team. Results: Initial data from QEHKL demonstrated that 0% of patients over the age of 65 with acute or new confusion were being assessed for delirium with 4AT. Results following Cycle 1 interventions showed a significant rise in use of the 4AT screening tool from 0% to 58.6% (N=29). Conclusion: Targeted education, display of posters and introduction of delirium care bundles have improved the uptake of delirium screening among the patients who are at risk. In the next cycle, we are hoping to target a wider range of healthcare professionals and, in time, consider the impact on patient experience, deprescribing, inpatient falls risk and length of stay when delirium is identified and managed early in a patient's hospital stay. References: 1) Brown TM, Boyle MF. Delirium. BMJ. 2002 Sep 21;325(7365):644-7

29. A patient account of their battle with autoimmune encephalitis

Dr Emma Pope, ST4-6, Dr Vinesh Narayan, Mrs Eloise Finay*, Mr Simon Finay* *pseudonyms for patient and patient's wife as co-authors at their request

Mr Finay initially went to his GP with complaints of abnormal movements in his left arm, clawing of his hand, facial spasms and short term memory loss. This was the start of over a year of seeing multiple specialists, both NHS and private. All the while, his symptoms worsened and multiplied until the point where he was incorrectly diagnosed with both new onset dementia and epilepsy and treated for both. This poster is intended as a discussion of his (and his wife's) experience of the journey to an eventual diagnosis of autoimmune encephalitis and its ultimately mostly successful treatment. Their experience is put into the context of his symptoms as well as more generalised information about this relatively recently recognised condition. It is intended to highlight how difficult this diagnosis can be to make, even for experienced clinicians, as well as to describe the impact that these difficulties can have on an individual and his family.

30. The Delirium Clinic – Reducing antipsychotic prescribing amongst older adults (Theme - Quality Improvement)

Dr Harry Quin, Foundation Doctor, Dr Jonathan Gibb ST1, Dr Seona Duroux Later Life Liaison Consultant Psychiatrist Bristol Royal Infirmary.

AIMS AND HYPOTHESIS To describe the implementation of an outpatient Delirium clinic within an Older Adults Psychiatry Service BACKGROUND In the acute hospital setting, delirium has been estimated to effect over 50% of older in-patients. Current guidelines advise considering low-dose antipsychotics in delirium which has not improved with non-pharmacological measures. However,

the evidence base of antipsychotic prescribing remains limited and there is clear clinical need for swift rationalisation and de-prescribing, with a quarter of antipsychotics initiated for older patients continuing after discharge. METHOD We described the implementation of an outpatient Delirium clinic set-up within a Later Life Liaison Psychiatry Service. Patients were eligible for referral to the clinic if they had an established diagnosis of delirium (on clinical review with positive score on screening tool), evidence of delirium persisting beyond management of precipitating factor or had recurrent episodes of delirium. The intervention was the development of structured clinical assessment covering current symptoms, psychotropic use, and social support. Outcomes included resolution of delirium, onward referrals (e.g. memory clinic), and antipsychotic deprescribing. RESULTS In a three month window at our hospital 94 patients received a diagnosis of delirium and 114 patients were discharged on haloperidol. Among the initial cohort of 17 patients (Mean Age 74.8, S.D. 7.9), the proportion of first appointment attendance was 82.4% (n 14/27). Referrals had originated from the liaison psychiatry team in 58.8% of cases (n 10/17) and from geriatricians in 35.3% (n 6/17). 29.4% (n 5/17) of patients had been discharged on a newly started antipsychotic following a diagnosis of delirium and these were discontinued in 40% (n 2/5) of cases. CONCLUSIONS In this poster, we show it was feasible to develop an out-patient delirium clinic within a Later Life Liaison Psychiatry service.

31. The New Status Flo?

Dr Kate Robinson, GPST2, Dr Oluwafemi Coker, Dr Natalie McDonald, Dr Rajdeep Routh

The Covid 19 pandemic continues to disrupt much of the routine practice within the NHS. Lockdown restricted routine home visits and face to face review for drug monitoring. Without monitoring, the choice of cognitive enhancing medication for those who were newly diagnosed with dementia was limited. Florence technology allows contact via text message between health care workers and patients/carers. Patients were given blood pressure machines to obtain their own observations and would then be asked to text the result to their Community Mental Health Team (CMHT). They would then be followed up with advice via telephone call or a Near Me consultation. This project aimed to determine if blood pressure and pulse monitoring via Florence technology was feasible for continued and wider spread use within Old Age Psychiatry. Over a 3 month period within the Airdrie CMHT, patients who were diagnosed with dementia, suitable for treatment with a cognitive enhancer, and who were felt able/had a competent carer were asked to participate in blood pressure and pulse monitoring via the Florence system. 6 patients were included in the project. The effects of this were evaluated via a focus group including the staff members involved, and a patient satisfaction questionnaire (PSQ). The results of the PSQ are awaited, however feedback from the focus group was were overall very positive, everyone seemed to find the system easy to use, with positive feedback from patients, reduced face to face contact

and potential pathogen transmission, reduced travel and hence more time for patient care. The team is looking into further application of this system.

32. Prescribing of Anti-Dementia Medications in Primary Care

Dr Amr Romeh, CT1-3, Dr Priya Gowda (Consultant Psychiatrist)

Aims and hypothesis: To lessen number of daily prescriptions of anti-dementia medications provided directly from CMHT. Instead, prescriptions to be managed by GPs. Current practice involves prescriptions coming from CMHT and this means that sometimes patients run out of medications, have difficulty having the prescription incorporated into blister packs and sometimes obtained medications both from CMHT and GP as well. Prescribing in primary care creates safer system for patients, there will be less issues such as people running out of tablets and also improves safety when patients are admitted to the general hospital as it will be clear who is receiving these medications as they will be on their GP records. Background: The Welsh Government Dementia Action Plan (2018-2022) estimates that only 53% of people in Wales with Dementia have been diagnosed and this drives an increase in diagnosis by at least 3% annually. Prescription of anti-dementia medications will increase so it is vital to address this issue sooner. NICE guidelines have moved away from initiation and prescription of cognitive enhancers by consultants and towards management within primary care. It is now possible for GPs to prescribe anti-dementia medications when these have been initiated by a specialist. However, old age mental health services have continued to provide a large number of prescriptions for these medications. Methods: Letters were sent to all GPs in our sector explaining our proposal. Follow-up letters and calls were made after 4 weeks. There is no intention to change follow-up practices so patients that have these medications have the same follow-up with mental health services regardless of prescription source. Results: 7 out of 9 GP surgeries were happy to accommodate our request. Conclusions: Clear impact on daily number of prescription request has been seen in recent days following involvement of GPs.

33. Access to the Older People's Community Mental Health Team

Dr Arabella Ross-Michaelides, CT1-3,

Access to the Older People’s CMHT A Service Evaluation Audit Dr Arabella Ross-Michaelides, CT1 Aims and Hypothesis: • Does Haringey Older People’s Community Mental Health Team comply with Standard 5 of the RCPsych’s Accreditation Standards? • 1. Outcomes of referrals are fed back to the referrer, patient and carer • 2. If a referral is not accepted, alternative options are given Background: • Older People’s CMHT Services should meet RCPsych’s Accreditation Standards (ACOMHS) • Standards cover several topics including access • Type 1 category relates to: 1. Safety 2. Rights 3. Dignity • At Haringey OP CMHT, Duty Nurse and

Administrative staff screen referrals, and feed back to patient, carer and referrer Methods: • Case note audit • Electronic records • 13 months May 2020-May 2021 • Referrals log and how they were managed Results: • 127 referrals over 13 months not accepted, mean=9.8 referrals per month • 65% outcomes fed back to patient, 64% outcomes fed back to carer, 70% outcomes fed back to referrer • Alternative options given in 76% of referrals that were not accepted • Majority not accepted =under age (<65), or redirected to another borough Conclusions: •When redirected, often not fed back to patient or carer as patient will be seen by another provider • Accreditation Standards fed back to Admin staff and Duty Nurse • Recommendations to copy in GP when referral redirected • Document communication with GPs on Rio (electronic record system) • Document when advice given on alternative options • Create Proforma for alternative options for feedback to referrer • Re audit to close loop in 12 months

34. Role of Neuroimaging in Dementia Diagnosis

Dr Daniel Saad, Foundation Doctor, Dr Faria Zafar

Aims: To identify areas for improvement in patient care by investigating the use of neuroimaging in assessment and diagnosis of dementia. Background: Although the diagnosis of dementia is primarily based on clinical criteria, magnetic resonance imaging (MRI) remains at the core of differential diagnosis and subtype differentiation. Medial temporal atrophy (MTA) scores, which are very sensitive for the diagnosis of Alzheimer's disease (AD), can be calculated from MRI. A Fazekas scale can also be obtained, giving an impression of small vessel disease severity. Computed tomography (CT) can also be useful when MRI is contraindicated (CI) or when urgent imaging is required. Methods: A randomised sample was obtained of 25 patients who had undergone structural brain imaging between February and August 2021. For each patient, we analysed the radiology referral by looking at: • Indications for referral • Type of imaging performed • Time lag between referral and receiving the scan report •Report findings • Correlation of scan findings with clinical impression and diagnosis Results: More than 50% of the scans were requested when the clinical picture did not fit with a dementia diagnosis. 12% of the referrals were purely made at the request of service users or their families. Only 36% of the reports correlated with the pre-scan impression of the referring clinician. The average time from radiology referral to receiving the scan reports was 48.4 days. MTA scores and the Fazekas scale were not reported. Conclusions: • Only occasionally the scan report had an impact on patient outcome. • The time from radiology referral to reporting of the scan was satisfactory. • We recommend more specific radiological reporting with comments on MTA and Fazekas scores. This could improve the usefulness of neuroimaging in dementia diagnosis. •

Policies relating to neuroimaging in dementia diagnosis are covered in depth by NICE Guideline NG97.

35. Assessing the use of anti-cholinergic burden scores (ACB Scores) in the treatment of inpatients on Old Age Psychiatry wards

Dr Mark Sanders, Foundation Doctor, Dr Christopher Davison (Consultant Old Age Psychiatrist)

Aims and hypothesis We aimed to ascertain if discussing patients ACB scores at weekly ward rounds leads to a change in their ACB score on discharge. Background Anticholinergic drugs cause several side-effects including cognitive impairment. They are prescribed in 8%-17.6% of the middle to older aged population and are prevelant among old age psychiatry patients. Scoring systems exist to quantify the cumulative effect of a patients "anticholinergic burden". Higher anticholinergic burden can increase the risk of falls, cognitive decline and death. NICE recommends minimising the use of medicines associated with increased anticholinergic burden. Methods Twenty-five old age psychiatry inpatients medication charts from two wards (Ward A and B) were reviewed over 10 weeks with our e-prescribing system producing an ACB Score for each patient weekly. The ACB Score for each patient was reviewed and documented weekly at ward rounds guiding medication rationalisation and review. Results Ward A had 100% compliance with documenting weekly ACB Scores. Ward A noted a reduction in the average ACB Score increase whilst patients were admitted from an increase of 1.2 to an increase of 0.2. Whereas Ward B had 47.25% compliance with documenting weekly ACB Scores. Ward B noted an increase in the average ACB Score increase whilst patients were admitted from an increase of 1 to an increase of 1.4. Conclusions Good compliance with weekly reviews of patients ACB Scores has been shown to potentially reduce any increases in their total ACB Score during admissions. This leads to less harmful anticholinergic side effects such as worsened cognition for elderly patients. ACB Scoring prompts reviews of medications that may not have previously been reviewed on a psychiatric ward such as antihypertensives. ACB Scoring is a form of quantifying potentially unsafe polypharmacy, this gives confidence to junior doctors, who may feel uncomfortable stopping certain medications by giving them an easily understandable basis for deprescribing potentially inappropriate drugs.

36. A cross-sectional study investigating the role of cortisol and modifiable lifestyle factors in development of Alzheimer's disease

Dr Oishi Sikdar, Medical Student, Chi Udeh-Momoh, Catherine Robb

Aims and Hypotheses: The burden of Alzheimer's disease (AD) will increase as global populations age, therefore establishing effective prevention strategies is crucial. We aim to define cross-sectional associations between cortisol, modifiable lifestyle factors and cognition in a cohort of

cognitively healthy older adults. Available literature informed the following hypotheses: high cortisol is associated with poorer cognition; this association may be mitigated by physical activity (PA) and Mediterranean diet (MeDi). Background: Current pharmacological therapies are unable to substantially alter disease progression in AD, hence, focus has shifted to disease prevention. Hypothalamic-pituitary-adrenal-axis (HPAA) dysregulation resulting in hypercortisolaemia may contribute to development of AD, or occur as a consequence of early AD-related brain changes. Modifiable lifestyle factors, including PA and MeDi, have been shown to improve cognition and HPAA regulation independently. Methods: Hypotheses were tested on CHARIOT-PRO prospective cohort sub-study data (n=183). Multiple regression models, adjusted for confounders, were used to determine cross-sectional associations between cortisol and multi-domain cognition. Interaction terms were used to investigate if the relationship between cortisol and cognition was dependent on lifestyle factors. Results: High cortisol was significantly associated with poorer global cognition, language and attention in non-adjusted models. However, associations did not reach significance after adjusting for confounders. Interaction of PA and cortisol was significantly associated with executive function and interaction of MeDi and cortisol was significantly associated with language. High PA and high MeDi strengthened these associations. Three-way interaction between cortisol, PA and MeDi was not significantly associated with global cognition nor any subdomain. Conclusion: High cortisol is insignificantly associated with poorer cognition in cognitively healthy older adults. High PA and MeDi adherence do not moderate the association. Interaction of modifiable lifestyle factors and cortisol is significantly associated with distinct cognitive domains, providing a promising first step into establishing the role of these interactions in AD risk.

37. Assessing the Impact of Pre-existing Mental Health and Neurocognitive Disorders on the Mortality and Severity of COVID-19 in Those Aged Over 18: A Systematic Review and Meta-Analysis.

Dr Catrin Thomas, ST4-6, Dr Laura Williams. Dr Asha Dhandapani. Dr Sarmishtha Bhattacharyya.
Aims To assess the impact of COVID-19 infection on people with pre-existing mental health or neurocognitive disorder including COVID-19 related mortality and severity. Background Since the COVID-19 pandemic began, emerging evidence suggest that people with underlying mental health disorders have worse outcomes from COVID-19 infection. Methods We conducted systematic searches of PubMed, EMBASE, and Cochrane library for articles published between 01.12.2019 and 15.03.2021. Language was restricted to English. We included case control, cohort and cross sectional studies. Three independent reviewers extracted data according to PRISMA and MOOSE guidelines. We used random effects model to calculate the overall pooled risk estimates. COVID-19 related mortality was the primary outcome measure. Secondary outcome measure was

COVID-19 related severity, defined as intensive care unit admission or use of mechanical ventilation. Results Fifteen studies were included in the meta-analysis comprising of 8,021,164 participants. There was a statistically significant increased risk of mortality for participants with a pre-existing mental health or neurocognitive disorder compared to those without (OR=2.18, 95% CI=1.63-2.90, P<.00001). Increased mortality risk was found on subgroup analysis for participants with pre-existing schizophrenia (OR=2.55, 95% CI=1.38-4.71, P=.003) and dementia (OR=3.83, 95% CI=2.42-6.06, P<.00001). There was no statistically significant increase in severity of illness when comparing the two groups. There was a statistically significant increase in the number of participants with comorbid diabetes and chronic lung disease in those with a pre-existing mental health or neurocognitive disorder compared to those without. Conclusion The results show that people aged over 18 years with a pre-existing mental health or neurocognitive disorder have an increased risk of mortality from COVID-19 and are more likely to have comorbid diabetes and chronic lung disease. These results highlight the need for better physical health monitoring and management for this group of people and consideration for prioritisation in the COVID-19 vaccination schedules.

38. A quality improvement project: an audit and re-audit of vitamin D insufficiency/deficiency and treatment data for psychiatric admissions to an older adult inpatient ward

Dr Zara Tyson, ST4-6, Dr Daniel Pooley (ST6 Old Age Psychiatry), Matthew Brown (GP trainee), Sarah El- Badawy (GP trainee), Dr Laura Hill (Consultant Old Age Psychiatrist).

Aim: To determine if patients admitted to an Older Persons Mental Health ward had a serum vitamin D level taken upon admission and if identified deficiencies were treated with supplementation according to trust guidelines. Background: Vitamin D is an essential component for musculoskeletal health and evidence has demonstrated that lower levels of vitamin D are associated with poorer outcomes from COVID-19. Those aged over 65 and patients with psychosis are also more likely to be vitamin D deficient. Method: Each patient record was examined to identify if the patients' vitamin D level had been taken during their inpatient stay. In addition, the records were analysed to see if vitamin D supplementation had been prescribed. Results: The data showed 23/28 of admissions to the ward had a vitamin D level taken. 10 of these were identified as having a vitamin D insufficiency or deficiency. Of these patients, 5 were commenced on 800 units of colecalciferol and 3 patients were given a loading dose of colecalciferol prior to maintenance therapy. 2 patients identified as having deficient levels of vitamin D did not receive treatment. The data from the re-audit showed 34/39 of admissions had a vitamin D level taken. 20 of these were identified as having a vitamin D insufficiency or deficiency. Of these patients, 13 were commenced on 800 units of colecalciferol and 2 patients were given a loading dose of colecalciferol prior to maintenance therapy. 4 patients identified as having insufficient levels of vitamin D did not receive

treatment. Conclusion: Data from both audits highlighted that there are patients who are not receiving Vitamin D supplementation. Clarity of information regarding which groups are categorised as 'high risk' could help support clinicians to make decisions on who should have their vitamin D levels tested and if treatment is required.

39. Knowing driving status and giving driving advice as part of risk assessment and management: An audit and re-audit on a South London older adult mental health inpatient ward

Dr Stephanie Vincent, CT1-3, Dr Margaret Ogbeide-Ihama

Aims and hypothesis 1. To audit compliance with asking about driving status and giving relevant advice if applicable. 2. To re-audit to establish if the action plan from the first audit led to improvements in practice. Background Doctors have a responsibility to ask patients about their driving status and to inform them of relevant driving advice. 100% compliance would be expected. Previous audits in other trusts suggest this is poorly done, education and sharing results to the team alone did not change practice. Methods A retrospective case notes audit was carried out in June 2020 of 23 patients discharged from an older adult inpatient ward in from January-March 2020. Data from the electronic patient record was collected on: if driving status was known, who assessed this and whether relevant advice was given. A multi-step action plan was then implemented including: an education session, an accessible printed copy of the guidance, a doctor's discharge checklist and new ward round template both with driving sections and including a driving question on the occupational therapist's screening assessment. A re-audit was carried out in January 2021 of 24 patients discharged from the ward from August-November 2020. Additional data was collected on whether the new ward round template was used/completed. Results In the initial audit, 4/23 patient's driving status was known, 2/4 patients drove and 0/2 were given appropriate driving advice. The re-audit showed improvements in knowing patient's driving status (15/24 patients) but missed opportunities (6/15 patients) to give appropriate driving advice. The new ward round template was used for 15/24 patients, but the driving section was completed in 5/15. Conclusions The re-audit showed there was an improvement in asking about driving status of patients but several missed opportunities to give appropriate advice. The new ward template was not always used. No conflicts/financial sponsorship.