

the needs of patients with complex psychosis. This multidisciplinary service, comprising psychiatrists, pharmacists, occupational therapists, and administrators, commenced functioning in January 2023 and we examined the first year of operation. KCPS reviewed the detailed psychiatric/medication history, highlighting prior treatment and effectiveness, with a focus on doses, tolerability, duration, and adherence; we explored the social, occupational, and psychological functioning of each patient; liaised with referrers/carers, reviewed the relevant research literature and provided holistic recommendations to the referrers.

Results. From January to December 2023, there were 36 referrals from a mixture of services, 26.3% of these were from acute wards. The patient's mean age was 42.8 years; 75% were male; the most common diagnosis was schizophrenia (50%), and the commonest comorbidities were Autism spectrum disorder and diabetes (13.9% and 27.8% respectively). Feedback from referrers and carers reported a high level of satisfaction with the service.

Conclusion. Reasons for referral included diagnostic uncertainty, comorbidity, intolerable side effects of clozapine leading to its early discontinuation, and poor psychosocial functioning. The KCPS recommendations were deemed useful in changing the trajectory of illness in some individuals, leading to early discharge and avoiding an out-of-area placement for treatment. Professionals appreciated the opportunity to discuss complex cases in a supportive, friendly, and in-house environment.

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Time From Diagnosis of Lewy Body Dementia to Death: Retrospective Study Exploring Patients Within Humber Older People's Mental Health Services

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doi: 10.1192/bjo.2024.457

Aims. Lewy Body Dementia (LBD) is the second commonest dementia. It accounts for around 7% of dementia cases in secondary care. Studies have shown that LBD patients have an accelerated trajectory towards death when compared with other forms of dementia. Studies have suggested that LBD cases, as compared with Alzheimer dementia, have accelerated cognitive decline, more comorbid conditions, a higher mortality rate, greater service use and poorer quality of life. Most previous studies of LBD have been based on select research cohorts, so less is known about the naturalistic patterns, characteristics, and outcomes of the disease in routine clinical settings.

The aim of the study is to determine the average duration from the time of diagnosis to death among patients with Lewy body dementia in OPMH to understand the prognostic pattern of LBD in our locality.

Objectives

1. To determine the commonest age of diagnosis and death of patients diagnosed with LBD in OPMH.
2. To explore sociodemographic distribution of patients within the study population.
3. To determine the time from diagnosis to death of patients diagnosed with LBD in OPHM.
4. To determine the common psychotropics combinations used in management of LBD in our psychogeriatric unit.

Methods. This is a retrospective cross-sectional study of all the patients with diagnosis of LBD that presented to Humber Older People Mental Health Services in Hull. The sample consisted of electronic records of all 39 patients under the team but only 38 met the inclusion criteria. Patients' records were reviewed and information such as gender, ethnicity, age at diagnosis, age at death or age at recruitment if alive, and psychotropic medication they are/were on was retrieved from the records. The time from diagnosis to death was obtained by subtracting age at diagnosis from age at death and this is recorded in years.

Results. The result showed that majority of our patients were male and about 68.4% of our patients received their diagnosis between the age of 70 and 84 years and that 59.3% of them died within 5 years of receiving their diagnosis. The result also showed that the commonest psychotropic prescribed for LBD patients were single anticholinesterase inhibitor (donepezil or rivastigmine).

Conclusion. This study showed that majority of patients died within 5 years of receiving their diagnosis of Lewy body dementia. This underscores the fatality and mortality associated with Lewy body dementia. More needs to be done in developing strategies to ensure improved awareness of Lewy body dementia in our community.

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Reasons Why Patients Are Turned Down From Treatment at a Personality Disorder Service: Implications for Referrers and Personality Disorder Services

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doi: 10.1192/bjo.2024.458

Aims. Patients referred to a Personality Disorder (PD) Service are frequently not offered treatment. This has profound implications for patients (who feel dismissed or rejected), referrers (who are perplexed as they have clearly diagnosed a PD) and the PD services themselves (their *raison d'être* being to treat PD patients). A systematic search identified no literature on reasons for non-acceptance. This study aimed to describe reasons for not offering therapy in patients, after a specialist assessment.

Methods. We conducted a case series of 50 patients assessed in a specialist PD service. We collected data from routine service notes, using thematic analysis to identify categories of the reasons identified for treatment unsuitability.

Results. Reasons for assessing treatment unsuitability (in descending order) were:

1. (20%) – Lack of engagement (e.g. repeated non-attendance of appointments) and motivation to change (e.g. externalising all responsibility, or believing they completely lacked agency in their actions).
2. (18%) – Extremely harmful substance misuse or dependence.
3. (13%) – The underlying diagnosis (e.g. not meeting diagnostic criteria for a personality disorder or a severe psychopathy) and level of severity (e.g. too mild for a specialist service).