

EPP0340

Rapid review of decision-making for place of care and death in older people: Lessons for COVID-19

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Introduction: The coronavirus pandemic (COVID-19) has affected the functioning and capacity of healthcare systems worldwide. COVID-19 has also disproportionately affected older adults, including those living with dementia. In the context of COVID-19, decision-making surrounding place of care and place of death in this population involves significant new challenges.

Objectives: To explore key factors that influence place of care and place of death decisions in older adults. A secondary aim was to investigate key factors that influence the process and outcome of these decisions in older adults. To apply findings from current evidence to the context of COVID-19.

Methods: Rapid review of reviews, undertaken using WHO guidance for rapid reviews. Ten papers were included for full data extraction. These papers were published between 2005-2020. Data extracted was synthesised using narrative synthesis, with thematic analysis and tabulation.

Results: Papers included discussed actual place of death, as well as preferred. Results were divided into papers that explored the process of decision-making, and those that explored decision-making outcomes. Factors such as caregiver capacity, the availability of multidisciplinary teams, cultural appropriateness of care packages and advanced care planning were found to be key.

Conclusions: The process and outcomes of decision-making for older people are affected by many factors – all of which have the potential to influence both patients and caregivers experience of illness and dying. Within the context of COVID-19, such decisions may have to be made rapidly and be reflexive to changing needs of systems and of families and patients.

Keywords: Decision-making; COVID-19; Place of Care / Place of Death; Advance Care Planning

EPP0339

Impact of the COVID-19 pandemic on maternal mental health

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Introduction: As countries adopt strict quarantines and lockdowns, increasing attention has been given to the impact on mental

wellbeing. The influence of this on perinatal mental health and service provision is important to consider, as these women may be particularly vulnerable to the negative effects already seen in general and psychiatric populations.

Objectives: The impact on global mental health of Covid-19, and the isolation measures used to combat its spread, is increasingly acknowledged. We were interested in the effect the pandemic has had specifically on the mental health of women in the peripartum period. By reflecting on our experiences, we hope to generate ideas to improve services.

Methods: We considered the effects of the pandemic in this high-risk population during each stage of contact with services. This included pre-conception, antenatal and postnatal periods, as well as the potential longitudinal and service effects. Recent case examples were identified and described from our busy and diverse South London perinatal psychiatry service.

Results: Recent referrals to our service suggest the current crisis has been a key trigger for the deterioration of many women's mental health. This includes women who have been impacted by various factors related to the pandemic, at all stages of the perinatal period.

Conclusions: It is vital to maintain equality of access to perinatal services and to continue to consider how to deliver best care. This will involve adapting to the new working environment, and optimising care delivery using remote technologies where appropriate, in a way that is safe, accessible and acceptable to service users.

Keywords: Perinatal Psychiatry; Covid-19; Maternal Mental Health; Coronavirus

EPP0340

Delirium in COVID-19: psychopharmacology considerations

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Introduction: Delirium is characterized by fluctuating disturbance of consciousness, inattention, reduced awareness, hallucinations or delusions, occurring in 20% of hospital admissions. Central nervous system symptoms are the main form of neurologic injury in patients with COVID-19 and a significant portion of these patients presents with delirium. COVID-19 infection's course and symptoms, as well as patient comorbidities can facilitate its onset, which is exacerbated by the frequent need for higher doses of sedation to suppress severe cough.

Objectives: To summarize the most recent practices for management of delirium in COVID-19 infected patients, with emphasis on the psychopharmacology approach.

Methods: Selective literature review via PubMed search, using the terms "delirium, neurological disorders, psychopharmacology and COVID-19".

Results: COVID-19 associated delirium can be presented in its hyperactive type with exuberant agitation, but also with additional clinical features such as rigidity, akinetic mutism, abulia and alogia. Psychopharmacological approaches may be needed for patients with agitation when there's intractable stress or risk to self or others. In this group of patients, melatonin, alfa-2 agonists and low potency antipsychotics have been used as first line treatment. Trazodone, valproate, dopamine

agonists, amantadine can be used. Other approaches such as correction of vitamin deficiencies and remdesivir can also play a role.

Conclusions: Delirium remains frequently unrecognized. In the pandemic context of COVID-19 it is important to consider this infection as a cause of delirium and mind the misdiagnosis as a psychiatric condition. One should look for atypical features and be more thoughtful about the psychopharmacological approach.

Keywords: delirium; Psychopharmacology; COVID-19; neurological disorders

EPP0341

Reduced activity in a liaison psychiatry service during the peak of the COVID-19 pandemic: Comparison with 2019 data and characterisation of the SARS-CoV-2 positive cohort

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Introduction: The COVID-19 pandemic led to changes in how healthcare was accessed and delivered. It was suggested that COVID-19 will lead to an increased delirium burden in its acute phase, with variable effect on mental health in the longer term. Despite this, there are limited data on the direct effects of the pandemic on psychiatric care.

Objectives: 1) describe the mental health presentations of a diverse acute inpatient population, 2) compare findings with the same period in 2019, 3) characterise the SARS-CoV-2 positive cohort of patients.

Methods: We present a descriptive summary of the referrals to a UK psychiatric liaison department during the exponential phase of the pandemic, and compare this to the same period in 2019.

Results: show a 40.3% reduction in the number of referrals in 2020, with an increase in the proportion of referrals for delirium and psychosis. One third (28%) of referred patients tested positive for COVID-19 during their admission, with 39.7% of these presenting with delirium as a consequence of their COVID-19 illness. Our data indicate decreased clinical activity for our service during the pandemic's peak. There was a marked increase in delirium, though in no other psychiatric presentations.

Conclusions: In preparation for further exponential rises in COVID-19 cases, we would expect seamless integration of liaison psychiatry teams in general hospital wards to optimise delirium management in patients with COVID-19. Further consideration should be given to adequate staffing of community and crisis mental health teams to safely manage the potentially increasing number of people reluctant to visit the emergency department.

Keywords: liaison psychiatry; Covid; pandemic

EPP0342

The impact of the COVID-19 pandemic on paramedics' mental health in Greece.

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Introduction: Converging evidence substantiates a negative impact of the COVID-19 pandemic on the mental health of frontline workers. Nonetheless, there is paucity of research on paramedics.

Objectives: To estimate the prevalence of stress, anxiety and depression in frontline paramedics in the Athens region, Greece, and to investigate the coping skills that are associated with less favourable mental health outcomes

Methods: A total of 100 ambulance paramedics participated in the study. The online questionnaire encompassed the DASS-21 for assessing mental health outcomes and the Brief-COPE for measuring coping skills. Information about socio-demographic characteristics and personal/relatives' vulnerability to COVID-19 was also gleaned.

Results: The prevalence for moderate to severe cases was found to be 7.2% for stress, 9.4% for anxiety and 11.3% for depression. Multiple linear regression analysis indicated that men demonstrated significantly higher stress [$B = -2.28$, 95%CI = $-3.88 - -0.68$] and depression compared to women [$B = -1.69$, 95%CI = $-3.19 - -0.19$]. Similarly, the use of denial was found to be associated with higher stress [$B = 0.69$, 95%CI = $0.11 - 1.37$] and anxiety [$B = 0.55$, 95%CI = $0.13 - 0.98$]. Moreover, emotional support was linked to heightened anxiety [$B = 0.71$, 95%CI = $0.36 - 1.06$] and self-distraction to depression [$B = 0.60$, 95%CI = $0.16 - 1.04$]. Personal or relatives' vulnerability to COVID-19 did not impinge on mental health outcomes.

Conclusions: Healthcare initiatives should be tailored at the mental health needs of frontline paramedics, especially men. Psychosocial interventions should target maladaptive coping, especially the use of denial.

Keywords: coronavirus; frontline workers; common mental disorders; coping skills

EPP0343

Children's mental health hospital throughout COVID-19

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