

## **P128: The Valladolid Multicentre Study: Delirium characteristics in patients attended in seven liaison psychiatry services in Spain.**

**Authors:** Maria Iglesias González (1), David Sanagustín (1), Mikel Etxandi (1), Paola Punsoda Puche (1), Cristina Pujol Riera (2), Eduardo Fuster Nácher (3), M<sup>a</sup> Desamparados Perez Lopez (4), Eduardo Delgado Parada (5), Leire Narvaiza Grau (6), Monica Prat Galbany (6), Andrea Santoro (7).

(1) Hospital Universitari Germans Trias i Pujol, Barcelona, Spain. (2) Corporació Sanitaria Parc Taulí, Barcelona, Spain. (3) Hospital Universitario del Sureste, Madrid, Spain. (4) Hospital Universitario Ramón y Cajal, Madrid, Spain. (5) Hospital Universitario de La Princesa, Madrid, Spain. (6) Consorci Sanitari Integral, Barcelona, Spain. (7) Hospital universitario Vall d'hebron, Barcelona, Spain.

**Introduction and objective:** Delirium is an acute and fluctuating disorder characterized by a disturbance in attention and cognition that is commonly observed in hospitalized older adults; being present in up to 23% of patients admitted to a general medical service and as many as 85% of patients in the intensive care unit. Delirium causes complications such as increased morbidity, persistent functional decline, mortality, increased frailty and increased length of hospital stay. Nonetheless, it is often underdiagnosed, especially when it occurs in its hypoactive form.

The objective of this study is to describe characteristics and factors associated with the presence of delirium in patients  $\geq 65$  years treated by the liaison psychiatric units in seven general hospitals.

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

**Results:** We obtained a sample of 165 patients (78 women, 88 men) with a mean age of 76,03 years old (42.10%  $< 75$  years, 57,83%  $\geq 75$  years). Most of them were married and they lived accompanied (67,27%). Delirium was diagnosed in 20% of the consultations. A multivariate analysis was developed with the presence of delirium as the independent variable. The nature of the underlying pathology, the presence of a previous mental disorder, functionality using the Barthel and Lawton Brody Indexes and the prescribed pharmacological treatments were used as dependent variables. Cohen's kappa statistics were used to estimate the agreement between delirium diagnose made by psychiatrists and the diagnoses considered by the referring doctors. Low agreement was found for the presence of delirium (Kappa= 0,2341). We also explored the relationship between the presence of delirium and the mean length of stay, as well as the discharge destination of these patients.

**Conclusions:** There are still many difficulties in the diagnosis and treatment of patients with delirium. Better knowledge of the factors associated with its appearance would improve the management of these patients.

## **P130: Suicide risk after dementia diagnosis - what do we know and what to expect?**

**Author:** Chemin Lin

**Objective:** The purpose of this research is to review the association between the dementia diagnosis and suicide risk, to debate what to expect on this topic in the future, and to identify some strategies to control suicide risk after dementia diagnosis.

**Methods:** Non-systematic review of the literature with selection of scientific articles published in the last 10 years, using PUBMED as database and the following keywords: «suicide», «dementia» and «dementia diagnosis». Nine studies were included.

**Results:** Nowadays, suicide account for one million deaths worldwide per year. Suicide rates are up to 8 times higher in the elderly than in general population, in relative numbers. Dementia is an incurable diagnosis and usually result in loss of mental competence. After being diagnosed with dementia, people face emotional challenges and use to feel loss, anger, and uncertainty.

Different studies found dementia as an independent risk factor for suicide. Also, some factors that increase the risk for suicide in dementia are described: the existence of psychiatric comorbidity, such as depression, anxiety, psychosis and substance use; The initial stages of dementia, often within three months of diagnosis, because the person perceive a higher threat to his life, with progressive physical and cognitive impairment, increasingly higher levels of dependence and concern on becoming a burden for their family, and, at the same time, preserving intellectual and volitive capacities to plan and carry out suicide; And younger age at dementia diagnosis, with higher difficulties in adjusting to the diagnosis.

We are moving towards pre-symptomatic and early dementia diagnosis utilizing biomarkers and genetic tests. This implies that the diagnosis is made in younger people, so concerns have been raised about a potential increase for suicidal behavior.

**Conclusion:** The findings of this research highlight the importance of providing support and paying attention to people with recent dementia diagnosis, particularly in the first year and for patients aged < 75 years. We suggest active management of pre-existing mental disorders, suicide risk evaluation, assessment of patient and caregiver needs and restricting access to lethal means.

## **P131: Co-creating good care in the care home: perceived roles and responsibilities**

**Authors:** Marleen D.W. Dohmen, Mandy Visser, Johanna M. Huijg, Barbara C. Groot, Tineke A. Abma

**Background:** An intersubjective understanding of mutual roles and responsibilities in the care process is needed to effectively co-create good care for residents of the care home.

**Objective:** This study offers insight into the perspectives of professionals, informal caregivers, and residents on their own role and responsibilities and that of others, and examines how this affects their co-creative relationships.

**Methods:** We conducted semi-structured interviews with professionals (n=9), informal caregivers (n=10), and residents (n=10) from two psychogeriatric wards. An inductive thematic analysis was then performed, using Margaret Urban Walker's expressive- collaborative model of morality (1998) as a sensitizing concept.

**Results:** Professionals and informal caregivers both view themselves as the main responsible for the resident's wellbeing. Whereas professionals see themselves as experts on care for residents with psychogeriatric issues, informal caregivers see themselves as experts on the resident as a person. From these roles, both profess to know what is best for the resident. Further, professionals see themselves as someone naturally deserving trust due to