Aims. The older adult is more likely to be prescribed a lot of medications (polypharmacy) on account of multi-morbidity and being under the care of several specialists. Adverse drug events and reactions account for a significant number of acute hospital presentations in this population group with increased risks of delirium, lasting cognitive impairment, falls and death.

Medications are not routinely reviewed or rationalised in the elderly, often contributing to preventable harm.

We sought to estimate the prevalence of polypharmacy and potentially inappropriate medications, anticholinergics in particular, in patients (65 years and older) referred to the St Mary's Hospital Liaison Psychiatry Department over a 3-month period.
Method. Between 01/06/2019 and 31/08/2019 all referral forms (from in-patient wards and A&E) for patients aged 65+ years were screened for medications currently prescribed and administered. The medications were confirmed via the St. Mary's Hospital electronic records, pharmacists' completed Medicines Reconciliation and GP Summary Care Records. Polypharmacy was defined as patients prescribed 5 or more medications. Drugs with anticholinergic properties were considered as an example of Potentially Inappropriate Medication (PIMs) using the Anticholinergic Burden Scale. 77 patients were referred in the time period. 9 were excluded due to incomplete/unreconciled medication information.
Result. 77.94% (n = 53) were prescribed 5 or more medications.
38.24% (n = 26) were prescribed over 10 medications.
10.29% (n = 7) prescribed over 15 medications.
69% of (n = 47) prescribed an anticholinergic.
42.65% (n = 29) prescribed more than 1 anticholinergic.
Conclusion. Polypharmacy and potentially inappropriate prescribing remain widespread within the older adult population.

Increased anticholinergic burden further compounds risks of cognitive impairment, delirium and death.

Other categories of Potentially Inappropriate Medications, including those no longer needed, ought to be identified and reviewed. Over-the-counter medications also need to be screened for.

Elimination or reduction of anticholinergic burden may improve quality of life for patients, as well as cost burden on services.

Pharmacovigilance, collaborative working, regular and systematic medication reviews, and on-going training are needed across services providing care for the older adult.

Utilisation of mental health transfer checklist proforma from acute physical health hospitals (Liverpool University Hospitals NHS Foundation Trust) to mental health hospitals (Mersey Care NHS Foundation Trust)

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Aims. Testing the compliance and completion rate of a transfer checklist (proforma) created in accordance with local hospital policies.
Background. The proforma was developed following serious incidents where medically unstable patients were inappropriately discharged to mental health hospitals, requiring readmission to acute medical hospitals. Frequently these events reported an inadequate handover from medical to mental health teams and patients were often prematurely deemed medically fit with evidence to the contrary.

Although parity of esteem between mental and physical health has been a high profile political issue in the UK since 2011, evidence indicates that parity is far from being achieved. This first ever checklist was designed to improve safety of patient transfer from acute physical health hospitals to mental health hospitals by ensuring patients are medically fit and better communication between the two trusts.
Method. Data were collected retrospectively over a six-month period between August 2018 and January 2019 and retrieved from patient notes available at relevant trusts. Electronic notes were obtained from medical wards, accident and emergency and Mersey Care electronic systems. Notes were specifically scrutinised for presence of the proforma, quality of completion and, number and reasons for readmission from mental health hospitals to acute physical health hospitals following their medical optimization. Readmissions were considered as admissions to physical health hospitals up to one month following discharge with evidence of ongoing concerns.
Result. 6597 referrals were made to liaison services from Liverpool University Hospitals, of which 5–6 % were admitted to inpatient mental health units. 31% of admissions from Liverpool University Hospitals were readmitted to a physical health hospital within one month of discharge indicating inappropriate and unsafe discharges. Of all those readmitted, 10% had ongoing acute medical concerns prior to admission to a mental health hospital. The proforma was filled in 13% of admissions from Liverpool University Hospitals. None of the forms were fully complete.
Conclusion. 10% of patient admissions to mental health hospitals were identified as inappropriate due to ongoing acute medical concerns. The proforma served as structured guidance and evidence of medical fitness at time of transfer. However poor compliance was observed, which could be secondary to lack of awareness of the proforma and inadequate dissemination of the policy. Findings were shared and discussed with the appropriate teams both in acute physical health and mental health hospitals and steps will be taken to raise awareness of the proforma before completing a second audit.

The organization of a mental health phoneline in Buenos Aires City: its role to minimize the impact of mental health services disruption amidst COVID-19 pandemic

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Aims. The main concern of this research is to evaluate the performance of a new Mental Health Phoneline Programme, developed to facilitate access to Mental Health Services and to lower the impact of Mental Health Services disruption due to COVID-19 lockdown. Crisis resolution, new referrals, and patients' reconnection with their former Mental Health Teams were recorded.
Method. The data obtained from 11,406 calls made to the Mental Health Phone Line from April 14th, 2020 to March 1st, 2021 were analysed. Crisis resolutions, new referrals, and patients' reconnection with their former Mental Health Teams were calculated.
Result. Of the 11,406 calls registered, 72.2% of them were made by women. Mean age was 50.13 years, SD 18.51; median: 50.