

EPP0340

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

E. West^{1*}, K. Moore¹, N. Kupeli¹, E. Sampson¹, P. Nair², N. Aker² and N. Davies²

¹Division Of Psychiatry, University College London, Marie Curie Palliative Care Research Society, London, United Kingdom and

²Research Department Of Primary Care And Population Health, Centre for ageing population Studies, London, United Kingdom

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.732

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

E. Rose^{1*}, M. Manoharan² and J. Powell³

¹Psychiatric Intensive Care Unit, THE MAUDSLEY HOSPITAL, LONDON, United Kingdom; ²Perinatal Mental Health, SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST, LONDON, United Kingdom and ³Maudsley Simulation Team, SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST, LONDON, United Kingdom

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.733

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

M. Lemos*, J. Rema and T. Reynolds De Sousa

Psychiatry, Centro Hospitalar Lisboa Norte, Lisboa, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.734

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