

with impaired decision-making capacity included: lower scores on the Mini-Cog ($p < 0.001$); a duration of serious mental illness of 30-39 years ($p = 0.0025$); having a diagnosis of schizophrenia spectrum disorders ($p = 0.0007$); and being admitted involuntarily ($p < 0.0001$).

Conclusions:

Two thirds of older people with serious mental illness had decision-making capacity and were able to engage in end-of-life care discussions. Healthcare providers have a duty to initiate advance care discussions, optimize decision-making capacity, and protect autonomous decision-making. Chronological age or diagnostic categories should never be used as reasons for discrimination, and older people with serious mental illness should receive end-of-life care in keeping with their preferences and values.

Keywords: End-of-life, decision-making capacity, values, elderly, serious mental illness

215 – ECN Awards: Anticholinergic Burden: A Study in a Psychiatry of Later Life Cohort

Liam C. Kennedy, Chinyere Nwogbunyama

Background

Medications with anticholinergic activity are widely prescribed for a variety of medical, surgical, and psychiatric illnesses. There is strong evidence that the cumulative anticholinergic properties of such medications (i.e., the anticholinergic burden) contributes to significant longer-term adverse effects, including dementia, impaired mobility, and increased mortality. Despite this, the anticholinergic burden is often not given due consideration when clinicians prescribe or review medications in routine clinical practice. This is of particular relevance in services working with elderly patient populations, who are both more likely to experience polypharmacy and more vulnerable to medication adverse effects. Greater awareness of the risks of anticholinergic prescribing may lead to improvements in longer-term cognitive and physical functioning, and subsequently decreased disease burden on individuals and society as a whole.

Objectives/Aims

To identify and quantify anticholinergic burden among all patients currently attending a rural Psychiatry of Later Life service.

Methods

This was a cross-sectional observational study. Chart reviews were carried out on all patients open to the service at the time of the study in November 2020. Each patient's medication regime was analysed to calculate its overall score on the Anticholinergic Effect on Cognition Scale (AEC), using an online tool developed by South London and Maudsley NHS Foundation Trust. Other variables such as each patient's age, sex, and cognitive status (categorized as no cognitive impairment; mild cognitive impairment (MCI); or dementia) were also documented. Data was anonymised on collection. AEC scores of 2 or more were deemed to be at threshold for 'review and withdraw or switch' of medications.

Results

A total of 80 patients were included in the study (48 female; mean age 77 [SD = 6.5] years). 45% of patients had a documented diagnosis of dementia, 11% had a documented diagnosis of MCI and 44% had no documented cognitive impairment. Overall, the majority of patients (53.75%) were found to have an AEC score of 2 or greater (AEC range

0-6, mean 2.5 [SD = 1.5]). Of patients with a diagnosis of dementia, 58% were found to have an AEC of 2 or greater.

Conclusions

The possible detrimental effects of prescribed medication on cognition and physical health are likely under-recognised in routine clinical practice. Greater awareness of the anticholinergic properties of a wide variety of commonly prescribed medication may lead to more selective and informed prescribing.

Abstract has been accepted for a poster presentation at the British Association for Psychopharmacology Summer Meeting (July 2021), and at the European College of Neuropsychopharmacology Annual Congress (October 2021).

216 – ECN Award: ‘The Meaning of Companion-Animal Support in Community-Dwelling Older Adults: An Integrative Review’

Author List: Reniers, P.W.A., Declercq, I., Gerritsen, D., Hediger, K., Enders-Slegers, M-J., & Leontjevas, R.

Background: Western countries face an aging population and increasing number of people with chronic illnesses. Many countries have shifted from a focus on institutional care to home-based care due to growing healthcare costs and pressure on long-term care. Despite, the increasing difficulty for contemporary family structures to support community-dwelling older adults (CDOA) who need care. However, about 50% of households own pets which may provide some social support for CDOA. A dearth of studies investigated the support pets provide to CDOA that receive long-term care but a better understanding of pets’ support in CDOA is needed to help develop healthcare protocols and interventions that account for pets in CDOA’s lives.

Research Objective: To add insight into pets’ roles in support systems and the meaning this has for CDOA.

Method: This integrative review was based on qualitative studies on CDOA with pets (average age 65+). Due to few studies on CDOA with pets with chronic illnesses, this review also includes CDOA without a chronic disease. PubMed and PsycINFO, were searched with (MeSH) variations on terms of older adults, pets, and qualitative study-designs. Additionally, reference lists of systematic reviews and HABRI Central were searched. The included articles were inductively analysed in ATLAS.ti.

Results: A total of 15 articles were included in the review. 28 subthemes were categorised in 7 bidirectional factors: social, care, physical health, emotional, cognitive, bonding, and behavioural. CDOA indicate that pets are very important in their lives and have a positive influence on their social environment, mental, and physical health. However, also negative aspects of pet ownership were discussed. Limitations of the review were the varying research questions and diversity of participants in the included studies. Furthermore, we identified a need in some CDOA to keep their pets as long as possible.

Conclusion: This review adds a more comprehensive view on the meaning and role of pets in providing support to CDOA. However, more research is needed into the effects of the revealed factors on the wellbeing of CDOA and healthcare organisations should consider the development of guidelines accounting for the pets of long-term care clients.