

information about age, gender, education, therapy provision and drug prescription included generic name and dosing.

Results. A total of 129 patients were included in the study. 81.7% (n = 105) were females and 18.3% (n = 24) were males. 72 (76.4% female, 23.6% male) patients were started on medications. All patients were initiated on a monotherapy regime of antidepressants.

The most commonly prescribed antidepressant was Fluoxetine (58.3%), followed by Sertraline (18.1%), Fluvoxamine (12.5%), Escitalopram (6.9%), Mirtazapine (2.8%) and Amitriptyline (1.4%).

Conclusion. Our findings revealed that current psychopharmacology practice for depressive disorder in Singapore generally follows the published Singaporean treatment guidelines, which is generally kept up to date with wider international recommendations.

The factor of pricing may affect the lower prescription of certain medications, such as Escitalopram, as it is more expensive than the other prescribed medications in the list.

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Risk Factors, Symptomatology, and Predictors of Mortality Among COVID-19 Inpatients Presenting With Delirium Symptoms in a Tertiary Hospital in the Philippines

Dr Sedic John Factor*, Dr Josefina Ly-Uson,
Dr Katrina Joy Aligam and Dr Marie Angeliqe Gelvezon

University of the Philippines - Philippine General Hospital, Manila, Philippines

*Presenting author.

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Aims. The prevalence of delirium among confirmed COVID-19 patients is around 12–33%. Delirium in COVID-19 patients is associated with worse functional outcomes; and associated with length of hospital stay, admission to ICU, and ventilator utilization. COVID-19 patients with delirium have a significantly higher risk for mortality than those who did not develop delirium. This study aimed to describe the risk factors, symptomatology, and predictors of mortality of COVID-19 patients presenting with delirium symptoms admitted between January and October 2021 to the Philippine General Hospital, a public tertiary hospital in the Philippines.

Methods. Medical records of adult COVID-19 patients admitted to the Philippine General Hospital were analyzed. Descriptive statistics were used to summarize the demographic and clinical history. Univariate and multivariate logistic regression were done to determine the variables that predict mortality.

Results. One in five (20.01%) COVID-19 patients presented with delirium; of the 1,992 medical records reviewed, 400 patients had either presented with symptoms of delirium or were diagnosed with delirium.

Of the 400 patients, 36.5% were not diagnosed with delirium, only 7% were referred to Psychiatry, and 74% expired during admission. Patients referred to Psychiatry had lower mortality odds than those not referred (aOR = 0.069, p = 0.014). Before the COVID-19 pandemic, patients with psychiatric symptoms from organic causes are already less likely to be referred to psychiatrists. Furthermore, studies have shown that delirium is under-recognized among patients with COVID-19. Early referral

to a psychiatrist for assessment and management may possibly be protective against mortality.

Those who received midazolam had higher odds of mortality (aOR = 3.112, p = 0.001). Currently, no literature supports the association between midazolam use and mortality among COVID-19 patients with delirium; however, it is known that midazolam use puts patients at increased risk for delirium and mortality.

Patients with decreased sensorium (aOR = 7.438) and decreased psychomotor activity (aOR = 3.857) had higher odds of mortality (p < 0.001). Decreased sensorium and decreased psychomotor activity are typical in patients with hypoactive delirium; hypoactive delirium is a known prognosticator for patient mortality. The only available studies on specific delirium symptomatology show that decreased sensorium and decreased psychomotor activity are common among COVID-19 patients with delirium.

Conclusion. Timely assessment and appropriate management are critical for COVID-19 patients with delirium symptoms, especially those at an increased risk for mortality. Clinicians dealing with COVID-19 patients presenting with delirium must be reoriented to delirium symptomatology, initial interventions, and indications for referral to psychiatrists.

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Systematic Literature Review and Meta-Analysis of Anti-Psychotic Use in Parkinson's Disease Psychosis

Dr Christopher McKeown* and Dr Alberto Salmoiraghi

Betsi Cadwaladr University Health Board, Wrexham, United Kingdom

*Presenting author.

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Aims. Psychosis is a common neuropsychiatric symptom associated with Parkinson's disease (PD), with prevalence rates of up to 75%. Parkinson's disease psychosis (PDP) is associated with increased morbidity, caregiver burden, depression, poorer quality of life and progression of dementia. It has also been shown to be a strong predictive factor for long term care placement, and results in up to 71% increase in risk of mortality compared with PD patients free from psychotic symptoms. Use of antipsychotics for PDP is common, with up to 35% of PD patients prescribed at least one antipsychotic within 7 years of PD diagnosis. This systematic literature review aims to search, appraise and synthesise the best available and most up-to-date evidence for the use of antipsychotics in the treatment of PDP, and their effects on PD motor symptoms.

Methods. We carried out a comprehensive literature review and meta-analysis following the PRISMA statement for systematic reviews.

Results. Four studies investigated quetiapine, three investigated olanzapine, two investigated clozapine and a further two investigated pimavanserin. Both quetiapine and olanzapine showed no significant improvement for PDP over placebo, however meta-analysis of olanzapine groups showed significant motor worsening, UPDRS +2.89 (95% CI 1.22 to 4.56) compared with placebo. Clozapine showed a significant improvement in psychosis vs placebo in both studies, with a large effect size in their primary outcome measure; -0.82 (95% CI -1.37 to -0.26), -0.89 (95% CI -1.42 to -0.36). Pimavanserin showed significant improvement in psychosis vs placebo -0.48 (95% CI -0.77 to -0.18). Quetiapine,