

Introduction: Psychobehavioral symptoms are one of the main causes of institutionalization. After the first months of institutionalization, it could be a good opportunity to consider deprescribing psychotropics, at the same time person-centered non-pharmacological measures should be implemented. Also, if dementia stage is moderate or advanced, acetylcholinesterase-233olyph-inhibitor (AChEI) should be deprescribed.

Objectives: To evaluate the difference between the number of psychotropic drugs in institutionalized patients and those who are at home.

Materials and Methods: We selected all the patients admitted in the Acute Geriatric Unit of “Hospital Universitario de Navarra” during May and June of two consecutive years (2021 and 2022). We collected demographic, administrative, functional and pathological variables, as well as delirium predisposing factors, drugs on admission and discharge and Drug-Burden-Index (DBI). A descriptive study was carried out and our hypothesis was analyzed.

Results: 658 patients were recruited with a medium age of 87.8, 55.6% were females, 44.5% had dementia and 22% were Institutionalized. The mean hospital stay was 5.8 days and 11.7% died. Functionally, the mean Barthel was 56.5 and Lawton 1.49. Regarding comorbidities: arterial hypertension (81%), Osteoarthritis (55%), heart failure (51%), dislipemia (47%), chronic kidney disease (42%), auricular fibrillation (39%), osteoporosis (33%) and diabetes (31%). Regarding geriatric syndromes: polypharmacy (87,5%), sleep disturbances (48%), hearing loss (43%), chronic pain (41,5%), visual loss and constipation (38%) and depression (33%). The main delirium predisposing factors were: age more than 80 (93.5%), 233olypharmacy, neurological disease (47%), altered senses, chronic pain and depression.

Comparing psychotropic use between institutionalized and non institutionalized: psychotropics (78%vs69%), night psychotropics (72%vs63%), neuroleptics (37%vs18,5%), AChEI (13%vs6,5%), antiepileptics (21%14%). All of them $p < 0.05$. However, there were no statistically significant differences in the use of benzodiazepines, antidepressant or antiparkinsonian.

Conclusion: Nowadays, institutionalized patients have more psychotropic drugs than non-institutionalized ones, especially neuroleptics. Moreover, they are more frequent in patients with severe dementia.

Maybe, the explanation is DEPRESCRIPTION AVOIDANCE due to an acute fear of a behavioral decompensation.

We recommend educating in non-pharmacological measures and insisting on an adequacy of pharmacological prescriptions periodically.

P8: Risk of Delirium According to Demintia and the Use of Psychotropics

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Introduction: Psychotropics are often used among dementia in order to reduce behavior problems. In patients with dementia, hospital admission is a stressful event, for hospitalization cause as well as for environment change. Consequently, delirium risk is high and this is proportional to dementia stage. In addition, it's known psychotropics promote delirium.

Objectives: To evaluate if the patients admitted to an acute geriatric unit develop more delirium depending on dementia diagnosis and dementia stage and depending on the use of psychotropics. To analyze if dementia and psychotropics are two independent risk factors for the development of delirium.

Material and Methods: We selected all the patients admitted in the Acute Geriatric Unit of HUN during May and June of two consecutive years (2021 and 2022).

We collected demographic, administrative, functional and pathological variables, as well as the onset of delirium: delirium signs on admission (DSA) and delirium diagnosis on discharge (DDD) and psychotropics use.

A descriptive study was carried out to analyze the relationship between dementia and its stage (GDS), psychotropics use and delirium.

Results: 658 patients were recruited with a medium age of 87.8, 55.6% were females, 44.5% had dementia. The mean hospital stay was 5.8 days and 11.7% died. Functionally, the mean Barthel was 56.5 and Lawton 1.49. Regarding comorbidities, the most frequent ones were arterial hypertension(81%), Osteoarthritis(55%) and heart failure(51%). The main delirium predisposing factors were: age more than 80(93.5%), polypharmacy(87.5%), and neurological disease(47%).

Comparing:

-Dementia and non-dementia-patients: DSA(55.7%vs23.7;p0,000), DDD (43.7%vs17.5%;p0.000) -GDS 4-5 and GDS 6-7: DSA(52.7%vs57.2;p0.435), DDD (50.4%vs37.9%;p0.031). -Psychotropics-users and non-psychotropics-users: DSA(42.3%vs27.4%), DDD(31.6%vs22,5%). Night psychotropics DSA(41.8%vs31%), DDD(31.7%vs24%); neuroleptics DSA(53.1%vs33.6), DDD(45.2%vs24.3%); anticholinesterase DSA(51%vs36.9%), DDD(45.1%vs27.7%). All of them p<0.05.

Conclusions: Dementia and psychotropics are predisposing factors for delirium. Its effect is additive. Neuroleptics have the clearest relationship with delirium.

We observed, as dementia was more severe, the risk of delirium was greater but the use of neuroleptics decreased. This could be due to the presence of more hypoactive phases in final stages.

P12: Living Lab as academic practice partnership to improve care for people with dementia

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