

Objectives: This study was conducted to investigate the levels of depression and interdependence in caregivers of patients with chronic heart failure and to examine the relationship of the patient's depression level with caregiver depression and co-dependence scores.

Methods: The sample of the research, which is descriptive and relationship seeking, consists of 219 volunteer patients with chronic heart failure and caregivers who meet the research criteria. The data were collected using Personal Information Form, Beck Depression Scale and Co-Dependency Assessment Tool, and were evaluated with descriptive statistical analyzes, Kolmogorow-Smirnov, student-t, one-way ANOVA, Pearson correlation analysis and Mann Whitney U Test.

Results: The average age of caregivers was 47.36 ± 12.46 and 60.3% were women. The average age of the patients is 60.70 ± 16.30 and 57.1% are male. Depression was found in 85.8% of patients according to the Beck depression scale score. The presence of depression in the patient and the total depression score of the caregiver ($p < 0.001$), total co-dependency score ($p < 0.001$), self-value ($p = 0.001$), medical problem ($p < 0.001$) and self neglect ($p = 0.005$) subscale scores were higher than those who did not have depression. Co-dependence and depression scores are related in caregivers ($r=0.367$).

Conclusions: There was a positive and significant correlation between the depression levels of the patients and caregivers and the codependence levels of the caregivers, and according to the presence of depression, the mean scores of co-dependence in the caregiver differ.

Disclosure of Interest: None Declared

EPP0815

Psychological meanings of access to guidance on family relationships in prenatal consultations of a public primary health care service in the context of the COVID-19 pandemic: a clinical-qualitative study on reports of pregnant adolescents in Brazil

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Introduction: In prenatal clinical consultations, what do adolescents talk about, in addition to physical and affective conditions and acquiring information about the general state of the evolution of pregnancy? The symbolic psychological elements that emerge during consultations are important for the handling of family guidelines with the clinical team.

Objectives: To interpret emotional meanings attributed by pregnant adolescents, with the possibility of accessing public health care service in a Brazilian metropolitan city, about talking and listening about Family relationships with the clinical team in prenatal consultations.

Methods: Clinical-qualitative design by Turato. Semi-directed interviews with open-ended questions in-depth conducted online during the pandemic. Sample closed by theoretical information saturation according to Fontanella. Interview material, fully transcribed, was treated by Clinical-Qualitative Content Analysis of Faria-Schützer, with Balintian psychodynamic concepts from Medical Psychology to generate categories of discussion after free-floating readings. Findings were validated by peers from the Laboratory of Clinical-Qualitative Research, at the State University of Campinas.

Results: The sample was closed with 10 pregnant adolescents. Three categories emerged from the analysis: (1) emotional meanings of the non-use of the access to health service as a listening space; affective obstacles and social shame; (2) the relationship of complicity with the maternal figure in "competition" with a possible broad psychological relationship with the clinical team; (3) recurrence of teenage pregnancy in the family as a possible obstacle.

Conclusions: The finding so far that the adolescent's personal reference is reported as the mother figure is also accentuated because the affective relationship with the doctor figure is more fragile. The bond of adolescents is established with the health institution and not with the reference health team.

There is a mismatch between the psychic maturation, still evolving, to the adult identity and the demands of social roles of the pregnant teenager already demanded as an adult. The teenager captures it, and the medical consultation becomes an act that occurs by inertial force. There is a perception of access to the health service and not access to the doctor as someone qualified for the adolescent to talk about relevant personal matters.

Disclosure of Interest: None Declared

EPP0816

Are We Adequately Assessing Delirium? An Analysis Of Liaison Psychiatry Referrals

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Introduction: Delirium is characterised by an acute, fluctuating change in cognition, attention and awareness (Wilson et al. Nature Reviews 2020; 6). This presentation can make the diagnosis of delirium extremely challenging to clinicians (Gofton., Canadian Journal of neurological sciences. 2011; 38 673-680). It is commonly reported in hospitalised patients, particularly in those over the age of sixty five (NICE. Delirium: prevention, diagnosis and management. 2010).

Objectives: Our aim is to identify which investigations and cognitive assessments are completed prior to a referral to the liaison psychiatry services in patients with symptoms of delirium.

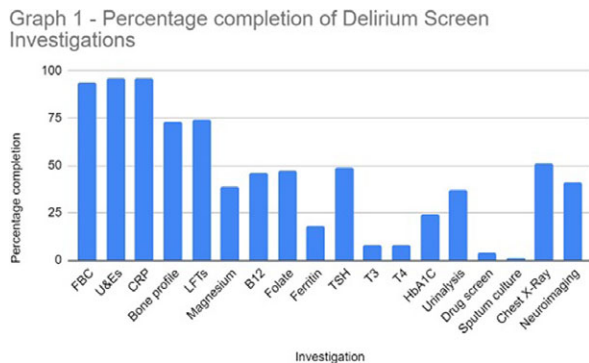
Methods: Referrals (N = 6012) to the liaison psychiatry team at Croydon University Hospital made between April and September 2022 were screened. Search parameters used to identify referrals related to a potential diagnosis of delirium were selected by the authors. The terms used were confusion; delirium; agitation; aggression; cognitive decline or impairment; disorientation; challenging behaviour. Data was collected on the completion rates of investigations for delirium as advised by the NICE clinical knowledge summaries. Further data was gathered on neuroimaging (CT or MRI), cognitive assessment tools (MOCA/MMSE) and delirium screening tools (4AT/AMTS).

Results: The study sample identified 114 referrals (61 males and 53 females), with 82% over 65 years at the time of referral. In 96% of referrals, U&E and CRP were performed. Sputum culture (1%), urine toxin screen (4%) and free T3/4 (8%) were the tests utilised the least. Neuroimaging was completed in 41% of referrals (see Graph 1 for a full breakdown of results).

A formal cognitive assessment or delirium screening tool was completed in 32% of referrals. The AMTS and 4AT tools were documented for 65% and 24% respectively. A total of 19 referrals explicitly stated the patient was suspected to have dementia. A delirium screening tool was documented in 47% of these cases however, a formal cognitive assessment was documented in only 5% of these patients.

Following psychiatric assessment 47% of referrals were confirmed as delirium.

Image:



Conclusions: Our data highlights the low level completion of the NICE recommended delirium screen prior to referral to liaison psychiatry. The effective implementation of a delirium screen and cognitive assessment is paramount to reduce the number of inappropriate psychiatric referrals in hospital and helps to identify reversible organic causes of delirium. This in turn will ensure timely treatment of reversible causes of delirium and reduce the length of hospital admission.

Disclosure of Interest: None Declared

EPP0817

Psychiatric symptoms in people living with HIV: prevalences, interactions and consequences

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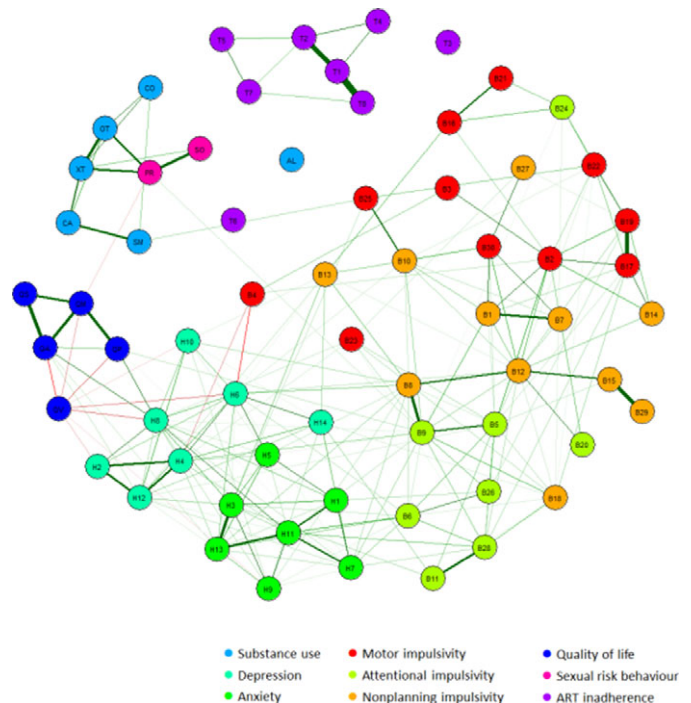
Introduction: People living with HIV (PLHIV) experience higher levels of mental health issues compared to the general population. Especially depression, anxiety, impulsivity and substance use occur frequently in PLHIV. This is thought to have important consequences for quality of life, sexual risk behaviour and antiretroviral treatment (ART) adherence. Both in PLHIV as well as in the general population, divergent psychiatric symptoms often co-occur, and influence one another.

Objectives: To assess the interrelatedness of psychiatric symptoms and their potential consequences in PLHIV.

Methods: Data from 1615 outpatient PLHIV using suppressive ART from the 2000HIV study (NCT03994835) were analysed. Participants reported on the severity of substance use (MATE-Q), depression and anxiety (HADS), impulsivity (BIS-11), quality of life (EQ-5D-5L), ART adherence (MASS-8) and sexual risk behaviour. For these variables, prevalence rates and mean scores were calculated. After binarizing the data, an Ising network model was constructed. Using this network, interrelations between psychiatric symptoms were assessed, the centrality of symptoms was estimated and connections with clinical consequences were explored.

Results: In our cohort of PLHIV, the increased prevalence of substance use was most pronounced, as shown by a prevalence rate of 28.7% for smoking, 13.6% for cannabis use, 11.1% for heavy alcohol drinking and 9.2% for ecstasy use in the past month. The network analysis revealed that symptoms of depression and anxiety were most strongly interrelated. The depressive symptom “feeling slowed down” was one of the most central symptoms, and was most strongly connected with quality of life. Substance use was associated with a higher occurrence of sexually transmitted diseases, and this relationship was mediated by a higher number of sexual partners. Notably, ART adherence did not display any connections with depression, anxiety, impulsivity or substance use.

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Conclusions: The high occurrence of substance use and its link with sexual risk behaviour, emphasizes its role as a potential target for prevention of HIV transmission. Contrary to general assumption, psychiatric symptoms are not associated with lower levels of ART adherence in our cohort. Treatment of depression in PLHIV might be improved by focussing on the symptom of feeling slowed down, since this symptom was most strongly connected with quality of life.