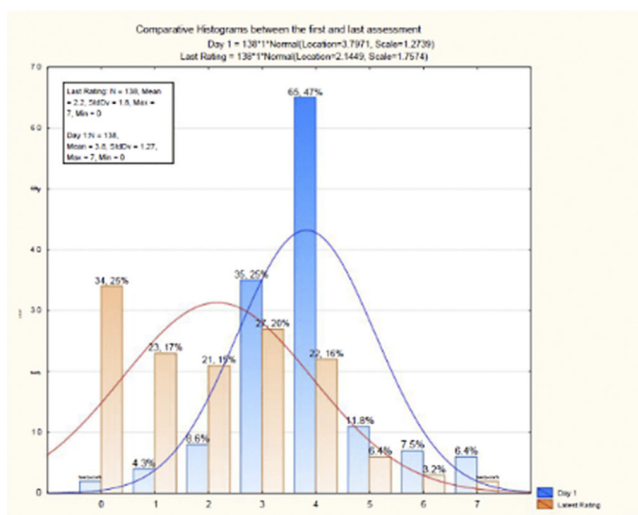


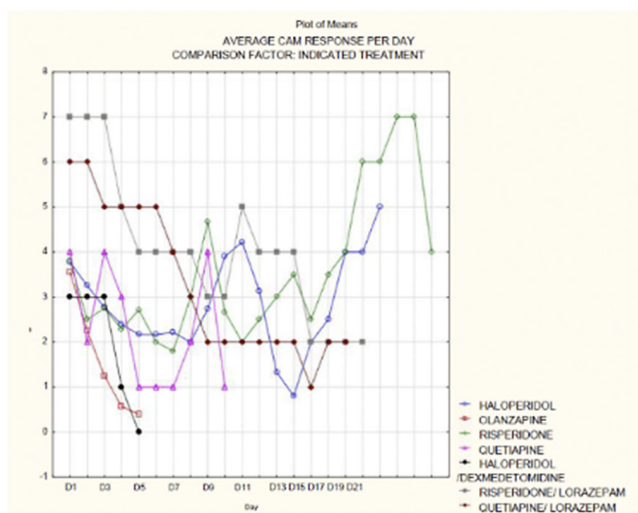
seen in the psychiatry department for the diagnosis of any type of delirium, using the CAM scale for classification. The database includes records and data of hospitalized patients, encompassing all specialties at this medical center

**Results:** A total of 139 patients were included in the study, of which 39% were female and 61% were male, with a mean age of 67 and a median age of 68 years. It was observed that the average duration of delirium symptoms, from receiving the consultation to remission, was approximately 6 days ( $p < 0.005$ ) (OR 5.12-6.62), and the average length of hospital stay was approximately 20 days (OR 17.3-22.09). Among the patients, 50.39% were overweight, 63% had hypertension (HTA), 29% had chronic kidney injury, 24% had a history of delirium, and 73% had recent surgical interventions. Patients with diabetes mellitus had a 3.1 times higher risk, those with HTA had a 2.8 times higher risk, and those with kidney injury had a 3.8 times higher risk of having a positive CAM result. It was observed that haloperidol, used in 84% of the patients, showed the highest percentage reduction in CAM scores

**Image:**



**Image 2:**



**Conclusions:** The results of this study emphasize the importance of identifying risk factors associated with delirium and implementing effective treatment for this condition. It was observed that the average duration of delirium symptoms was approximately 6 days, which is relevant for understanding the course and management of this illness. Furthermore, it was found that the average hospital stay was 20 days, underscoring the burden that delirium can place on healthcare systems.

In conclusion, this study highlights the importance of identifying risk factors and providing appropriate treatment, such as the use of haloperidol, to improve outcomes in patients with delirium.

**Disclosure of Interest:** None Declared

EPP0663

**Characteristics and Management of Patients with Substance Use Disorders Referred to a Consultation-Liaison Psychiatry Service in Lebanon**

S. El Hayek<sup>1\*</sup>, G. Kassir<sup>2</sup>, H. Zalzali<sup>3</sup>, K. Al Hasanieh<sup>2</sup>, M. Cherro<sup>2</sup>, N. Ibrahim<sup>2</sup> and M. Bizri<sup>2</sup>

<sup>1</sup>Erada Center for Treatment and Rehabilitation in Dubai, Dubai, United Arab Emirates; <sup>2</sup>American University of Beirut, Beirut, Lebanon and <sup>3</sup>King's College London, London, United Kingdom

\*Corresponding author.

doi: 10.1192/j.eurpsy.2024.758

**Introduction:** Substance use disorders (SUDs) are a growing public health concern in the Arab world. To our knowledge, no previous study in Lebanon assessed the characteristics, management, and outcomes of patients with SUDs seen and managed by a consultation-liaison psychiatry (CLP) service.

**Objectives:** This study explores the characteristics and management of individuals with SUDs who were referred to the CLP service in a tertiary care center in Lebanon.

**Methods:** As part of the Consultation-Liaison at the American University of Beirut (CLAUB) analysis, we conducted a retrospective record review of patients referred to our CLP service between February 2019 and May 2020. We assessed differences between SUD and non-SUD consults using Chi-square analysis, Fisher's exact test, or Mann-Whitney U test, as appropriate.

**Results:** Of 1475 patients, 278 (18.8%) received a diagnosis of SUD. They were mostly males (73.7%) with an average age of 38.8 years. The most used substances were alcohol (60%) and cannabis (28.4%). Compared to non-SUD consults, patients with SUDs were more likely to be males (odds ratio OR=3.18,  $p < 0.001$ ) and to get intubated during admission (OR=1.81,  $p = 0.048$ ). Predictors of intensive care unit admission in patients with alcohol use disorder included pulmonary or endocrinological disease, benzodiazepine use disorder, and days until CLP referral.

**Conclusions:** The results of this study highlight the high prevalence of alcohol use among individuals with SUD referred to the CLP service. Additionally, they underscore the limited treatment avenues available in this part of the world. The institution of a comprehensive CLP service is crucial to address the unmet needs of patients with SUDs who present to a general hospital setting.

**Disclosure of Interest:** None Declared