Introduction: Mindfulness techniques, which are currently widely used in psychosomatics and psychotherapy, pose challenges when treating people coming from Buddhist groups for several reasons.
Objectives: For their treatment, it is important to take into account decontextualized terms that underlie crucial group dynamics and the effects of damaging neologisms in international Buddhist organizations.
Methods: In the current research project, this topic is approached in combining quantitative with qualitative data. Whereas the data collection is still ongoing, the replies of twelve people are presented.
Results: As commitments to secrecy hinder people to ask for psychotherapy for long, they were asked on their thoughts about secrecy in Buddhist groups. Five of them agreed that acts against them were declared secret, which they then further specified. Six probands agreed having witnessed acts directed toward others being sworn to secrecy, four of which told this was about sexual abuse. Whereas nine agreed having experienced enemy images being built up, three agreed and specified how their own freedom was impaired and six witnessed and specified other group members' freedom having been constrained. While six persons agreed that it was assumed in their group one or more persons could 'purify' someone else in the sense of a 'karma purification' and specified their replies, two replied this concept was used to rationalize actions towards themselves and how it has affected.
Conclusions: As for psychotherapy, it is important to take into account rationalization of violence and abuse through neologisms, pseudotherapies and structural issues in context.

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Keywords: Buddhism; crazy wisdom; karma purification; abuse

EPP1114

Role of multimodal approach to curing anxiety disorders

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Introduction: On the basis of complex clinical anamnestic, clinical psychopatological, pathopsychological research, data were obtained about reasons and conditions of formation, abnormal clinical psychopathological structure, syndrome peculiarities of emotional disfunctions for patients with episodic paroxismal disorders, generalized anxiety disorders and mixed anxiously depressed disorders.To realize the aim and tasks of the research, 145 patients were examined with anxiety disorders, that passed the stationary course of treatment.
Objectives: The purpose of the research was to discover emotional disturbance peculiarities for anxiety disorder patients with different origins of pathological syndromes.
Methods: The basic method was a group psychotherapy with the elements of rational, positive, suggestive and family psychotherapy. In relation to disfunctions of emotional sphere, cognitive-behavioral therapy (CBT) was used for the phobic-depressive and anxious-depressed disorders.
Results: Decrease in general level of anxiety and internal anxiety was obtained for most patients. No spontaneous emergence of fear was practically observed. While active interviewing, patients stated that their former worries and fears have lost actuality and apparent emotional colouring, somatic-vegetative correlates of anxious states disappeared. Up to the end of the therapy course, a sense of calmness was attained as a base-line for the background emotional state. Considerable reduction of symptomatic of the depressed circle also took place. Patients' mood increased, their interests broadened, patients started to feel joy and optimism.
Conclusions: To correct emotional disfunction of patients with episodic paroxismal disorders, generalized anxiety disorders and mixed anxiously depressed disorders, psychotherapeutic correction system is optimal to use, which is built based on stepwise and multimodal principles.

Keywords: multimodal approach; episodic paroxismal disorders; anxiety disorders

Quality management

EPP1115

4Ds: Documenting delirium diagnosis in discharge summary

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Introduction: Hospital discharge is a significant transitional phase with varying levels of needs and risks to be managed as lapses in communication commonly happen between secondary/tertiary and primary care.
Objectives: Our aim was to look at inclusion of delirium diagnosis in discharge summaries based on standards set by: 1. Health Information and Quality Authority (HIQA) National Standard for Patient Discharge Summary Information 2. NICE Guidelines on Delirium: prevention, diagnosis and management (CG 103)
Methods: All inpatients referred to Liaison Psychiatry from 9thJuly 2019 till 5th January 2020 were included, n = 729. Compared discharge summaries diagnoses to the internal Liaison Psychiatry ICD 10 consensus diagnosis and also HIPE coded diagnosis specifically for delirium.
Results: Delirium diagnoses and inclusion of delirium-specific information on discharge summary

	n	Proportion (n=112*) (%)
Q1 Any F05 diagnosis coded by Liaison Psychiatry	117	100
Q2 F10.4 diagnosis coded by Liaison Psychiatry	0	0
Q3 F1x.4 diagnosis coded by Liaison Psychiatry	0	0
Q4 Any F05, F10.4 and F1x.4 diagnosis coded in discharge summary on patient centre	23	20.5
Q5 Was the word delirium or its synonym such as acute confusional state mentioned in the body of the discharge summary?	62	55.4
HIPE Code Diagnosis	66	58.9