

## EPP0859

### Portuguese ABE's BPSD score (ABS): exploring agreement between ABS items and neuropsychiatric inventory domains

A.R. Ferreira<sup>1\*</sup>, C.C. Dias<sup>1,2</sup>, M.R. Simões<sup>3</sup>, K. Abe<sup>4</sup> and L. Fernandes<sup>1,5,6</sup>

<sup>1</sup>Cintesis – Center For Health Technology And Services Research, Faculty of Medicine, University of Porto, Porto, Portugal; <sup>2</sup>Department Of Community Medicine, Information And Health Decision Sciences, Faculty of Medicine, University of Porto, Porto, Portugal; <sup>3</sup>Cineicc, Psyassessmentlab, Faculty of Psychology and Educational Sciences, University of Coimbra, Coimbra, Portugal; <sup>4</sup>Department Of Neurology, Graduate School of Medicine, Dentistry and Pharmaceutical Science, Okayama University, Okayama, Japan; <sup>5</sup>Department Of Clinical Neurosciences And Mental Health Department, Faculty of Medicine, University of Porto, Porto, Portugal and <sup>6</sup>Psychiatry Service, Centro Hospitalar Universitário de São João, Porto, Portugal

\*Corresponding author.

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**Introduction:** Neuropsychiatric symptoms (NPS) are common, disabling and burdensome core-features of dementia, with important diagnostic and prognostic value. However, their measurement remains challenging. The Neuropsychiatric Inventory (NPI) is the most widely used NPS measure. Nevertheless, it is also time-consuming and impractical in most clinical settings. Therefore, the Abe's BPSD score (ABS) has been proposed as a brief score to facilitate the NPS assessment.

**Objectives:** To explore the concurrent validity of the Portuguese ABS by comparing the 10 ABS items with the relevant NPI-12 domains.

**Methods:** A cross-sectional study was conducted with outpatients attending a gerontopsychiatric consultation. Patients were included if they were  $\geq 65$  years and had a reliable caregiver. NPS frequency rates (number of patients with a symptom) were estimated with ABS and NPI-12, and an agreement analysis was undertaken by calculating kappa-coefficients ( $k$ ) and the respective 95% confidence interval [95%CI] between ABS items and relevant NPI-12 domains.

**Results:** Overall, 107 patients were included. Kappa-values ranged from 0.277 to 1.000. Higher agreement was recorded for the ABS items eating/toilet problems ( $k=1.000$ ), day-night reversal ( $k=0.976[0.925-1.000]$ ) and depressive/gloomy mood ( $k=0.957[0.899-1.000]$ ), with the NPI-12 appetite/eating abnormalities, night-time behavioural disturbances and dysphoria domains, respectively. The ABS item violent force recorded the lowest agreement ( $k=0.277[0.104-0.45]$ ) with the NPI-12 agitation/aggression domain.

**Conclusions:** This exploratory analysis demonstrates good levels of agreement between most ABS items and relevant NPI-12 domains. Data add to the evidence that both measures capture a comparable broad spectrum of psychopathology, supporting the ABS use in clinical routine. Support: FCT(PD/BD/114555/2016), and National Funds through FCT-within CINTESIS, R&D Unit (ref. UIDB/4255/2020).

**Keywords:** Neuropsychiatric symptoms; dementia; Psychiatric Status Rating Scales; Validation study

## EPP0858

### Benzodiazepines prescribing in elderly patients: A study about the prescribing behaviour of tunisian psychiatrists

M. Lagha\*, U. Ouali and F. Nacef

Department Of Psychiatry A, Razi hospital, Manouba, Tunisia

\*Corresponding author.

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**Introduction:** Prescribing benzodiazepines (BZD) in patients over 65 years old requires special precautions in view of the frequency and the severity of their side effects, especially in this age group.

**Objectives:** The objectives of our work were to evaluate the modalities of BZDs prescribing in elderly patients in psychiatry and to assess their compliance with international recommendations.

**Methods:** This is a descriptive cross-sectional study conducted through a Google-forms self-administered questionnaire, intended for psychiatrists and psychiatric residents, over a period of two months, from April 1 to May 31, 2019.

**Results:** One hundred physicians practicing in psychiatry answered our questionnaire. The response rate was 28%. Special precautions were taken in elderly patients by 96.5% of the participants. In elderly patients, long half-life BZDs were prescribed in 15% of cases. The majority of the participants indicated that the risk of falls (98.1%) and memory impairments (75.2%) were the main risks to which they were particularly vigilant during the prescribing of BZDs in elderly patients. In the elderly, 20% of the participants said they did not take special precautions when stopping BZDs.

**Conclusions:** The frequency and severity of side effects associated with BZDs in the elderly are the cause of strict prescribing rules in this age group. According to the results of our study and to the literature data, the prescribing practices of these molecules in the elderly remain insufficiently in accordance with the guidelines.

**Keywords:** Benzodiazepines; Prescribing; psychiatry; elderly

## EPP0859

### Psychogeriatrics and case-mix in residential and home services

A. Riolo<sup>1\*</sup> and U. Albert<sup>2</sup>

<sup>1</sup>Department Of Mental Health, ASUGI, Trieste, Italy and

<sup>2</sup>Department Of Mental Health, University of Trieste, Trieste, Italy

\*Corresponding author.

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**Introduction:** The frail elderly with multimorbidity and polytherapy may need both residential and home services. The psychogeriatric patient can make both of these contexts very demanding and painful, so that the care burden increases. Psycho-behavioral events lead to an unexpected and particularly complex workload, requiring specific and integrated skills in the fields of health, social assistance and education.

**Objectives:** Evaluate whether the integrated team, operating in the health district, is able to intercept multimorbidity in the presence of psychogeriatric disorders. A possible index of the ability to take charge of psychogeriatric multimorbidity is to measure admission rates to acute psychiatric services or to nursing homes.

**Methods:** Metodi. This is an observational study on a cohort of thirty elderly patients over-65, consecutively assessed in the health district with multimorbidity and psycho-behavioral, followed for six months.

**Results:** One third of psychogeriatric patients with multimorbidity, despite being intercepted by health services of community, are admitted to acute psychiatric services for brief observation or hospitalization. Psychogeriatric patients have high clinical instability, reducing ability to make adequate choices, lower levels of consistent actions.

**Conclusions:** Organizational models, in response to the growing multimorbidity, and the allocation of resources cannot be oriented to the single pathology but to groups of patients in the perspective of long term care. The case-mix is an index of the complexity of the cases treated; when we refer to the psychogeriatric population, this index is high, due to emergence of social and medical problems in both residential and home services.

**Keywords:** Psychogeriatrics; Case-mix; multimorbidity; Long Term Care

## EPP0860

### The use of artificial intelligence and machine learning in the care of people with dementia: A literature review

G. Belam<sup>1\*</sup> and R. Nilforooshan<sup>2</sup>

<sup>1</sup>Old Age Psychiatry, Unither House, Surrey and Borders NHS Foundation Trust, Chertsey, United Kingdom and <sup>2</sup>Abraham Cowley Unit, Surrey and Borders NHS Foundation Trust, Chertsey, United Kingdom

\*Corresponding author.

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**Introduction:** Artificial intelligence and machine learning are increasingly being researched within the field of psychiatry to find out what use it might be. With this review, therefore, we would like to assess what literature, if any, exists that answers the question of whether this technology can be useful for providing dementia care. We also wanted to consider the ethical questions of autonomy, consent and privacy when working with this vulnerable group of patients.

**Objectives:** To identify and appraise the literature to assess the existing research landscape of the area of machine learning and AI, relating to the care of people with dementia.

**Methods:** A literature search was conducted, searching the PsychInfo, Medline, PubMed and Embase databases. We assessed the quality of the research and considered what overall findings there were in the existing literature.

**Results:** 619 papers were identified, of which 28 related to the use of AI in the care of people with dementia. The papers were divided into categories to show the utility and effectiveness these technologies may have: 1: to alert caregivers to problems 2: to facilitate activities for people with dementia 3: to help plan care for people with dementia 4: to consider the ethical implications of the use of artificial intelligence and machine learning

**Conclusions:** Despite a paucity of literature in the area, existing studies show potential, if used well, for technologies to be a useful addition to care of people with dementia. The experience of patients and their carers must be integral to their development and use.

**Keywords:** Artificial Intelligence; machine learning; dementia; old age psychiatry

## EPP0861

### Patient and staff satisfaction with remote psychiatry assessments using mobile tablets in long-stay facilities in rural north-west Ireland.

S. Patel<sup>1\*</sup>, E. Maye<sup>2</sup>, A. Gannon<sup>1</sup>, M. Cryan<sup>1</sup>, C. Dolan<sup>1</sup> and G. Mccarthy<sup>1,3</sup>

<sup>1</sup>Psychiatry Of Old Age, Sligo/Leitrim Mental Health Services, Sligo, Ireland; <sup>2</sup>School Of Medicine, Cardiff University, Cardiff, United Kingdom and <sup>3</sup>Sligo Medical Academy, NUIG, Sligo, Ireland

\*Corresponding author.

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**Introduction:** The COVID-19 pandemic has required services to evolve quickly to continue routine care and telemedicine has been rapidly implemented to facilitate this. Older persons are at high risk of serious complications of COVID-19 and it is essential that their exposure to COVID-19 is minimized.

**Objectives:** Our aim was to assess staff and patient satisfaction with remote psychiatric assessments using mobile tablets in long-stay facilities.

**Methods:** Remote clinics using Skype video on mobile tablets were conducted with patients in long-stay facilities attending psychiatry in rural North-West Ireland between April and July 2020. At each review, a satisfaction survey was administered to the patient, their keyworker and the clinician. The patient/keyworker survey instrument had four yes/no statements and the clinician survey had four statements with 5-point likert scale responses (1=very low to 5=very high). Open feedback was also obtained for thematic analysis. Descriptive analyses were completed using SPSS software.

**Results:** 23 patients (mean age 80.9yrs) were assessed in 10 long-stay facilities. All patients were agreeable to participating in video consultation although only 13 patients were able to respond to survey due to cognitive impairment. There was a 92.3% positive patient response (12/13) and 95.7% positive keyworker response (N=22/23) for all statements. The mean score on the assessor response ranged from 3.43 to 4.04 with the lowest rate for quality of transmission. The main themes identified were related to the quality of connection and sensory difficulties.

**Conclusions:** Video consultations using mobile tablets offer an acceptable form of remote psychiatry assessment for older persons in long-stay facilities.

**Keywords:** older persons; mobile tablet; psychiatry; nursing homes

## EPP0864

### Vascular depression – regarding a case report

P. Felgueiras\*, A. Martins, A. Miguel and N. Almeida

Psychiatry, Vila Nova de Gaia Hospital Center, Vila Nova de Gaia, Portugal

\*Corresponding author.

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**Introduction:** Age-related vascular changes have long been documented as an etiopathogenic factor of some geriatric depressive syndromes. More recently, it has emerged the concept of “Vascular Depression” recognizing that cardiovascular disease may predispose, precipitate or perpetuate late life depression. This condition was defined by an episode of major depressive disorder within the