

Methods: The neuropsychiatry service receives referrals through the Patient Information Profile Explorer system which is accessed through the Beaumont Hospital online portal. In the event of an urgent referral, neurology or neurosurgery teams can contact the neuropsychiatry service directly by phone. Referrals are logged on the team referral log book, and details of the referral are recorded along with diagnosis and management. Data was collected retrospectively from the PIPE and log book to measure the rates and reasons for referrals over a one year period. Rates and details of referrals were initially recorded between July-December 2022. An educational intervention was provided where psychoeducation was provided to junior hospital doctors during protected teaching times and further education was provided over the phone when referrals were discussed between team members. Rates and details of referrals were then recorded between January-July 2023.

Results: There was a reduction in referrals when comparing the two six month periods. There were 115 neuropsychiatry referrals from July to December 2022 and 78 referrals from January to July 2023. Rates of delirium referrals also reduced from 31% to 25% after psychoeducation was provided to junior doctors.

Conclusions: This audit highlights the importance of communication and education for medical and surgical trainees in the management of delirium. There is a high rate of turnover of junior doctors throughout the year in Beaumont Hospital. For this reason, it is imperative that continued education is provided to allow them to follow the delirium protocol independently before seeking tertiary service assistance. Ultimately, early and rapid intervention of delirium can have a positive impact on patient care and prognosis

Disclosure of Interest: None Declared

O0119

The risk of antidepressant-induced hyponatremia: A meta-analysis of antidepressant classes and compounds

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Introduction: Hyponatremia (hypoNa) is a potentially serious adverse event of treatment with antidepressants. Previous research suggests that risk of drug-induced hyponatremia differs between antidepressants.

Objectives: This meta-analysis sought to determine the risk of antidepressant-induced hypoNa, stratified by different compounds and classes.

Methods: PubMed and Web of Science were searched for studies reporting on incidence or risk of hypoNa in adults using antidepressants (PROSPERO, CRD42021269801). We modelled random-effects meta-analyses to compute overall incidence and risk of any and clinically relevant hypoNa for each compound and class, and ran head-to-head comparisons based on hypoNa incidences. We conducted subgroup analyses for geriatric populations, study context and sodium cut-off value.

Results: Thirty-nine studies (n = 8,459,033) revealed that exposure to antidepressants was associated with significantly increased odds of hypoNa (OR = 2.82 (1.79 – 4.45)). The highest event rates were

found for SNRIs (7.17%), SSRIs (5.20%), and TCAs (2.26%); the lowest for mirtazapine (1.02%) and trazodone (0.89%). The highest odds ratios were found for MAOIs (4.12 (1.92 – 8.86)), SNRIs (3.16 (1.77 – 5.67)), and SSRIs (2.78 (1.57 – 4.91)); the lowest for mirtazapine (2.82 (1.87 – 4.21)) and TCAs (1.85 (1.28 – 2.69)). Compared to SSRIs, SNRIs were significantly more likely (OR = 1.27 (1.13 – 1.42), p < 0.001) and mirtazapine significantly less likely (OR = 0.61 (0.39 – 0.96), p = 0.032) associated with hypoNa.

Conclusions: Our meta-analysis demonstrated that, while no antidepressant can be considered completely risk-free, for hypoNa-prone patients mirtazapine should be considered the treatment of choice and SNRIs should be prescribed more cautiously than SSRIs and TCAs.

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O0120

Impact of Antidepressant Treatment on Fibronectin Levels in Patients with Depression and Chronic Heart Failure

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Introduction: Inflammation has emerged as a critical factor in the pathophysiology of both depression and chronic heart failure (HF). Chronic heart failure, a complex clinical syndrome, is often accompanied by a state of heightened inflammation, with elevated levels of proinflammatory markers. Likewise, depression, a prevalent comorbidity in HF patients, has been intricately linked to inflammation, with evidence suggesting a bidirectional relationship.

Objectives: This study aimed to evaluate the effect of antidepressant treatment on plasma fibronectin levels in patients with comorbid depression and chronic heart failure.

Methods: We enrolled a total of 113 patients with HF, all of whom had comorbid depression. The patients were divided into two groups based on the antidepressant treatment they received: Group 1 (n = 78) received vortioxetine, and Group 2 (n = 35) received sertraline. Before initiating treatment and after 6 months, we measured fibronectin levels in the patients' plasma.

Results: The study revealed a significant difference in the effects of the two antidepressants on fibronectin levels. Patients treated with vortioxetine demonstrated a substantial reduction in fibronectin levels post-treatment, with an approximate threefold decrease compared to the pre-treatment levels (pre-treatment value ± standard deviation) µg/ml to (post-treatment value ± standard deviation) µg/ml, (p < 0.05). Conversely, patients treated with sertraline experienced a comparatively lesser reduction in fibronectin levels, with a change from (pre-treatment value ± standard deviation) µg/ml to (post-treatment value ± standard deviation) µg/ml (p < 0.05).

Conclusions: This study highlights the considerable impact of vortioxetine on fibronectin levels in patients with comorbid depression and chronic heart failure, resulting in a significant reduction. In contrast, sertraline's effect on fibronectin levels, while present, is notably less pronounced. The study emphasizes the potential

therapeutic benefit of vortioxetine in cardiac remodeling associated with depression in patients with chronic heart failure, underscoring the need for further research and exploration.

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O0121

The psychosocial assessment of heart transplant candidates in Ireland

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Introduction: We aim to describe the psychosocial features, including Stanford Integrated Psychosocial Assessment for transplantation (SIPAT) scores of individuals undergoing assessment for heart transplantation in Ireland.

Objectives: All potential heart transplant candidates undergo assessment of psychosocial criteria to enhance selection and improve transplant outcomes. The Mater Hospital Consultation Liaison Psychiatry (CLP) department provides this national service in Ireland. All potential heart transplant candidates should receive a biopsychosocial assessment and screening via SIPAT tool as per international best practice. The SIPAT is a psychosocial evaluation and risk assessment tool which can help to determine suitability for organ transplant and identify modifiable risk factors to optimise a patient for transplant. Lower scores represent higher rates of suitability with a score < 21 representing an *acceptable* candidate and ≥21 *minimally acceptable*.

Methods: We retrospectively examined the clinical files of all individuals referred to the national centre for heart transplant assessment over a five-year study period between January 2014 and December 2019.

Results: One-hundred and fifty four individuals were referred for heart transplant assessment with 79% (n=122/154) listed for a heart transplant. The most common indication for heart transplant assessment was non-ischaemic cardiomyopathy (48%, n=74/154). Of those listed for transplant, 74% (n=90/122) went on to receive a heart transplant. Of those undergoing assessment for heart transplant, 92% (142/154) were assessed by CLP and 94% (144/154) received social work assessment.

SIPAT scores were available for 64/154 individuals with 22% (14/64) deemed *excellent* candidates for transplant, 59% (38/64) deemed *good* candidates, 14% (9/64) *minimally acceptable* candidate and 5% (3/64) deemed *high risk*. The SIPAT domain breakdown was as follows: patient readiness (mean 3.9, SD 3.4); social support system (mean 2.9, SD 4.2); psychological stability (mean 5.1, SD 4.9); and substance use (mean 3.8, SD 2.4), with an average total score of 16 (SD 12.4).

Post-transplant, 26% (23/90) were referred and seen by CLP, 53% (48/90) were referred to social work and 32% (29/90) required psychology services. Seventeen individuals (19%, 17/90) received

a psychiatric diagnosis and 27% (24/90) were prescribed psychotropic medication in the post-transplant period.

Conclusions: This study describes for the first time the psychosocial factors and SIPAT scores of a national cohort of individuals referred for heart transplant. Psychiatric morbidity is high and this has implication for transplant suitability and post-operative course. This highlights the need for services to proactively identify and treat psychosocial factors in potential transplant recipients.

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Cultural Psychiatry

O0122

Involve fathers in family dynamics and in early interactions with children, in the face of cultural factors

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Introduction: In the first years of life, parents and a secure family environment are essential to the survival and development of young children.

Attention is focused on the undeniable importance of mothers' role in childcare. But it's also important to involve fathers, who are often sidelined from the responsibilities of this role, not least because of cultural factors linked to the separation of roles. In some situations, this is compounded by the psychological suffering that men may feel, without being able to admit it or express it, as a result of representations linked to masculinity.

Objectives: The aim of the intervention was to strengthen the psychosocial and parenting skills of men, while taking into account their distress. The objective was to reduce intra-family violence, to involve men more in family life and in the care of young children, and to work on cultural representations of the role and cultural dynamics within the family and the community.

Methods: Men, fathers and future fathers were recruited in the Mweso region in the Democratic Republic of Congo, following community psychoeducation. The group protocol took the form of five weekly sessions covering various themes linked to psychological distress, emotion management, psychosocial skills as well as gender roles and child development.

Results: Between 2021 and 2023, 727 men participated in the program. They showed an improvement in well-being (reduction in anger, symptoms of anxiety, depression and PTSD), better management of emotions and the acquisition of strategies to address cultural factors linked to fatherhood within the family unit and the community.

Conclusions: The use of this protocol allowed men to become more aware of the issues of psychological suffering and fatherhood linked to cultural factors by allowing them better inclusion in the family dynamic.

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