

misuse, used PRN slightly more frequently; promethazine (16% v 12%), lorazepam (20% v 14%) and zopiclone (46% v 24%) compared with those with no misuse. With a current risk of aggression or agitation, all female patients were prescribed PRN promethazine or lorazepam, compared with 86% of male patients.

In regards to British National Formulary (BNF) cautions of associated physical illness, one patient with glaucoma, and one epilepsy was prescribed promethazine; three patients with respiratory condition were prescribed PRN lorazepam; and six patients with depression and four with current drug user were prescribed PRN zopiclone.

Considering diagnoses, promethazine, lorazepam and zopiclone were used by varying proportions of the patients: schizophrenia (10%, 3%, 0%), bipolar affective disorder (0%, 14%, 57%), depression (27%, 11%, 38%), personality disorder (15%, 28%, 48%) respectively.

Conclusion. Psychiatric inpatients were prescribed MaxD of PRN medications more than what is being administered. Documentation of rationale for prescribing PRN medications and dose is needed.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Relationship Between Use of Dementia-Specific Nursing Institutions and Psychotropic Drugs, Mortality, and Morbidity

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Aims. In South Korea, to care for patients with dementia, a new dementia-specific nursing institution has been established that, unlike general nursing institutions, uses shared living rooms and provides customized programs for dementia. This study aims to investigate the effectiveness of dementia-specific nursing institutions. For this purpose, whether psychotropic drugs (antipsychotics, antidepressants, sedatives, mood stabilizers) used to treat behavioral and psychological symptoms of dementia (BPSD) are prescribed, and the mortality and morbidity rates mentioned as side effects of psychotropic drugs (cerebrovascular disease, fall-related fractures, pneumonia, pressure ulcers) varied depending on the use of a dementia-specific nursing institution.

Methods. Using the National Health Insurance Service's customized and Long-Term Care Insurance databases for older people, we collected data over the four years since the introduction of dementia-specific nursing institutions. Among patients with dementia aged 65 years or older, those who used dementia-specific nursing institutions and those who used general nursing institutions were matched for gender, age, history of cerebrovascular disease, disability, comorbidities, and history of taking psychotropic drugs. Thus, 835 users of dementia-specific nursing institutions and 2,505 users of general nursing institutions were analyzed. During the study period, the subjects' use of psychotropic drugs, mortality, and morbidity (cerebrovascular disease, fall-related fractures, pneumonia, and pressure ulcers) were determined. After controlling for variables such as Activities of Daily Living (ADL) scores, the effect of using a dementia-specific nursing institution on mortality and morbidity was analyzed using a logistic regression model.

Results. Users of dementia-specific nursing institutions were more likely to be prescribed antipsychotics, antidepressants, and sedatives during the study period compared with users of general nursing institutions. Also, users of dementia-specific nursing institutions had a lower mortality rate and lower morbidity rates of pneumonia and pressure ulcers than users of general nursing institutions.

Conclusion. Users of dementia-specific nursing institutions had significantly lower mortality rates and morbidity rates of pneumonia and pressure ulcers. This is attributed to dementia-specific nursing institutions encouraging social interaction and physical activity by providing shared living rooms and specialized programs catered towards patients with dementia. However, since the influence of other confounding variables cannot be ruled out, more precisely designed research is needed in the future.

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Outcomes Used for the Evaluation of Mental Health Helplines: A Systematic Review

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Aims. Helplines and crisis lines are a standard component of a public health approach which appear to be intuitively supportive and useful to a population in acute distress and prevent severely adverse outcomes i.e., suicide. These services exist in different formats throughout the world. They have the advantage of being widely accessible, approachable, and bypass the waiting times and bureaucracies of referral systems for accessing secondary mental health services. The authors set out to study the range of outcomes used to evaluate mental health helplines and crisis lines. The focus was not simply to explore whether mental health helplines were effective or not. Rather the authors wanted to investigate what outcomes were being considered as evidence.

The authors aimed to conduct a systematic review of evidence for mental health outcomes of service users of helplines and crisis lines.

The research question was, 'What outcomes are evidenced in published literature for mental health helplines and/or crisis lines in terms of efficacy, effectiveness or efficiency?'

Methods. This was a systematic review of literature using the PRISMA-2020 statement. Literature searches of Web of Science, Ovid (PsycINFO, Medline, EMBASE), PubMed and Scopus were conducted in December 2022. Relevant information from eligible studies was extracted by using a structured data extraction form. Mixed Methods Appraisal Tool (MMAT) was used to assess quality of the included studies. While the heterogeneity of studies prevented a meta-analysis, it provided a rich landscape for exploring the topic through a thematic analysis.

Results. Eighteen studies finally met the inclusion and exclusion criteria. The projects studied used both trained professionals and volunteers trained to offer crisis intervention. Both qualitative and quantitative outcomes were evaluated across the studies. Outcomes were frequently subjective assessments of service users and/or the personnel delivering the intervention. Studies