

554 - Evaluation of CPR Decisions on an Older Adult Psychiatric Ward, A Quality Improvement Project

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Background

The National Confidential Enquiry into Patient Outcomes and Death (NCEPOD) stated that CPR status must be considered and recorded for all acute hospital admissions. Compliance with this recommendation and with Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form documentation in an inpatient psychiatric hospital was assessed. Multidisciplinary team (MDT) opinions surrounding DNACPR were also explored with an aim to educate staff, improving frequency and quality of future discussions.

Research Objective

Ensure patient suitability for CPR is discussed at admission, that discussions are documented and forms completed in line with Trust policy and national guidelines.

Method

Resuscitation Council UK guidelines were used as a standard, namely recommendations for clear and full documentation of CPR decisions triggered by a new admission to hospital. A retrospective study of admissions to the older adult psychiatric ward over a four-month period was carried out, identifying 25 patients fulfilling the inclusion criteria. Demographics and CPR consideration at the initial consultant ward round were documented. Completed DNACPR forms were audited for compliance with Trust guidance. Following data collection, 14 staff interviews using standardised questions were completed to gauge understanding of DNACPR. Answers were analysed and education was identified as key. Bite-sized teaching for MDT staff on DNACPR was carried out and response to the intervention assessed using these same standardised questions.

Preliminary Results of the Ongoing Study

1 patient out of 25 had a CPR discussion documented from their initial consultant review. 12% had documentation of DNACPR consideration throughout the entirety of admission. The 1 DNACPR form subsequently completed had 91% compliance with Trust policy. Qualitative results from staff interviews were insightful with 50% knowing where DNACPR forms were kept, 29% feeling confident discussing DNACPR and 93% feeling able to contribute to team decisions. Following a bite-sized education session these figures increased to 100% having awareness and confidence discussing CPR suitability.

Conclusion

DNACPR considerations are infrequent and staff interviews suggest this may be due to lack of confidence and knowledge surrounding CPR. Bite-sized education may play a significant role in informing the MDT and ensuring vital DNACPR considerations are not forgotten about in the psychiatric setting.

555 - Complex Visual and Haptic Hallucinations in an Elderly Patient... A diagnostic challenge

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Background:

Hallucinations are common in elderly. Understanding the diverse aetiologies and behavioural reactions to hallucinations is vital to provide the best level of care.

Case report:

An 85-year-old man, with several cerebrovascular risk factors (dyslipidaemia, atrial fibrillation, previous ischemic-stroke), developed cognitive impairment after an acute confusional state (two years before), characterized mainly by short-term memory deficit and executive dysfunction. In the meantime, he started recurrent periods of multimodal hallucinations, with predominant sundowning pattern, along several months, comprising complex visual hallucinations, with which he interacted, sometimes combined with haptic hallucinations, describing a plastic sensation in his hands, and manifesting carphologia and psychomotor agitation. Insight into the hallucinatory nature of the phenomenon recovered after a few hours. The neurologic examination revealed partial left oculomotor nerve palsy (left exotropia and diplopia on the right conjugate eye movement), postural instability, slight truncal bradykinesia, and symmetrical rigidity. The neuroimaging studies confirmed small vessel disease with leukoaraiosis and lacunar infarcts in the lentiform nuclei. No lesions were observed within the visual pathway nor the midbrain.

Discussion:

This case leads to an interesting discussion regarding the differential diagnosis of combined hallucinations in elderly.

The presence of the oculomotor nerve palsy selectively affecting somatic fibers, raised the suspicion of peduncular hallucinosis, in the framework of vascular disorder. Combination of visual and tactile may occur in peduncular hallucinosis. However, the neuroimaging studies did not reveal ischemic lesions in the midbrain. Therefore, the most plausible aetiology for hallucinations is a demential syndrome, namely a vascular dementia, considering the findings on neuroimaging. Additionally, a Lewy-body disease (LBD) cannot be ruled out by virtue of the clinical picture of recurrent well-formed visual hallucinations, symptom fluctuation and slight parkinsonism, or even a Lewy-body variant of Alzheimer disease, considering the presence of amnesic symptoms. Tactile hallucinations have been described in alfa-synucleinopathies. Contrarily to Parkinson disease, when the LBD patients touch their visual hallucinations, the perceived objects often do not disappear and may experience specific texture and thermic sensations.

Future research would benefit from a more detailed investigation of the profile of similarities and differences in hallucinations across clinical disorders to facilitate differential diagnosis.

Keywords: complex visual hallucinations; haptic hallucinations; Lewy-body dementia; Lewy-body variant of Alzheimer disease, peduncular hallucinations.

556 - THE IMPACT OF COVID-19 PANDEMIC ON ELDERLY'S MENTAL HEALTH

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Background: Since the disease caused by the SARS-Cov-2 virus was declared a pandemic by the World Health Organization, countries around the globe adopted measures of social distancing to limit the spread of the virus. Although social distancing measures are essential preventive mechanisms, they can promote feelings of loneliness and influence the onset or exacerbation of psychiatric disorders. Current knowledge about the impact of COVID-19 on mental health - and in particular on mental health of the geriatric population - is still scarce.

Research Objective: The present review aimed to analyze the COVID-19 pandemic impact on the elderly's mental health and to suggest measures that can mitigate this impact.

Method: A non-systematic review of the literature, through bibliographic research in Pubmed and Embase databases - using the keywords "COVID-19", "SARS-CoV-2", "Coronavirus", "Aging", "Older adults", "Elderly", "Quarantine" and "Mental health" - was performed.

Preliminary results of the ongoing study: The available literature points towards a likely increase in mental disorders as a result of the COVID-19 pandemic. This phenomena may be particularly relevant in the elderly population. Several measures – pharmacological and non-pharmacological – can help to maintain the physical and mental health of the elderly.