

Guidelines/guidance

EPV0340

Practice guidelines for intramuscular injection in mental health: A delphi method

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doi: 10.1192/j.eurpsy.2021.1909

Introduction: Intramuscular injections (IMI) remain a frequent practice in mental health. The available guidelines for IMI in mental health only focus on the technical side of the practices. Moreover, no recent update has been performed to improve practice of IMI in mental health

Objectives: To assess a formalized consensus agreement regarding the best practice concerning IMI in mental health and to develop practice guidelines.

Methods: A two-round Delphi method was used. The scientific committee consisted in one psychiatrist, one orthopaedic surgeon, one infection control practitioner, one hospital pharmacist, one mental health nurse, one nurse exploring care relationship and one nurse educator. From literature review, each expert proposed specific recommendations. The panel experts were asked to rate the appropriateness and the applicability in current practice of each recommendation on a 9-point Likert scale. Panel members were recruited in five mental health institutions. The first round questionnaire was emailed to each respondent on February 2020 and the second one on June. Propositions were considered appropriate and applicable in current practice if the median was ≥ 7 . Agreement among experts were judged by the statistical measure of the Inter-percentile Range

Results: From the first round, 46 recommendations were retained by 49 nurses. 27 propositions were retained after this second round by 32 nurses. The scientific committee added 12 other recommendations because of their importance in the literature and clinical practice.

Conclusions: This study provides consensus-based recommendations on IMI in mental health. Nursing staff need to be educated about the new guidelines from both the theoretical and clinical perspectives

Disclosure: No significant relationships.

Keywords: Delphi method; Intramuscular injections; Nurse practices; Mental health nursing

Intellectual disability

EPV0342

Psychotropic medication for challenging behavior in people with learning disabilities in Qatar

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doi: 10.1192/j.eurpsy.2021.1910

Introduction: Challenging behavior is a common reason for referral to psychiatric service. Psychotropic medications widely used to modify behaviors, even when no evidence of diagnosable mental illness. However, literature show little evidence that benefits outweigh the risks in their prescription. Monitoring using International guidelines may help improving the outcomes. We audit current practice against known standards.

Objectives: - To assess adherence within the Qatar Mental Health Services to National guidelines on using medication to manage behavior problems in adults with a learning disability. - To identify strengths and weaknesses in current practice. - To Make recommendations to improve LD patient care

Methods: Patients with LD attending psychiatric clinic screened using selection and exclusion criteria and data collected and analyzed using format from the International standards.

Results: 102 patients screened, 85 selected and 17 cases excluded Age range 18 to 50 years. 27% mild, 29% moderate and 44% severe LD, Autism 40% Psychiatric Diagnosis 55% Challenging behavior 45% Antipsychotic prescribing: 79% Rationale documented in 74%, Capacity assessment in 81%, Review of side effects in 53% Safety of medication in 61%, Medication discontinuation in 66%, Reasons for discontinuation in 36%

Conclusions: Antipsychotics use (79%) is high with several combinations of IM and oral or more than 2 drugs. There is need for improvement across all standards. Rationalising the prescribing for LD patients to improve the outcomes for the safety of these patients. The audit indicate need for specialist service to monitor prescribing and apply standards of care in clinical service.

Disclosure: No significant relationships.

Keyword: Learning disabilities

EPV0343

The structure of the cognitive reserve in Alzheimer's disease

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doi: 10.1192/j.eurpsy.2021.1911

Introduction: Alzheimer's disease is common among the modern population. Emotional support for caregivers and a stable social role contribute to the maintenance of cognitive resources in Alzheimer's.

Objectives: To investigate the protective mechanisms that protect the brain from premature aging

Methods: Clinical, sociological

Results: Violations of the higher cerebral functions of speech, gnosis, praxis are the neuropsychological basis for the development of psychological symptoms of dementia. Speech disorders, gnosis disorders contribute to the formation of painful ideas, perception disorders, eating disorders and affective symptoms. The level of functional activity is low and does not depend on the state of severe microsocial dementia, total aphasia and apraxia. The social, work, family and marital status of caregivers for patients with moderate to severe dementia is declining. An increase in the degree of dementia can reduce the functional activity of the caregiver. Caregivers often suffer from neurotic, affective and other mental disorders. A person with dementia plays a subordinate role in the family. Changing roles in the family occurs when the patient has delusion, agitation / aggression, anxiety, unstable mood / irritability. In these cases, the interpersonal distance in the "care-patient" pair increases. Caregivers have a high level of emotional involvement in the care process. A change in the role of the family, a change in place of residence, and a high level of "expressive" emotions of the guardian negatively affect the formation of psychosis, anxiety and aberrant behavior in patients with dementia. Microsocial factors influence cognitive retention in dementia

Conclusions: Protective psychosocial factors strengthen the cognitive reserve

Disclosure: No significant relationships.

Keywords: Alzheimer's disease; cognitive reserve; Pathological brain aging; cognitive functions during aging

EPV0344

Study of changes in neuropsychological indicators in adults

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doi: 10.1192/j.eurpsy.2021.1912

Introduction: Currently, the number of cases of pathological aging of the CNS, represented by a violation of cognitive functions, is increasing. But there is a social request to prolong the physical and mental activity of older people

Objectives: The study of the dynamics of cognitive aging is timely and relevant. The article contains a report on a cohort non-repeating study of higher brain functions at various age periods

Methods: The average age was 45.1 ± 5.7 years. Inclusion criteria: 1. Dextral. Non-inclusion criteria: 1. Clinically significant somatic diseases in their medical history. 2. Mental disorders in their medical history. •Applied neuropsychological, statistical research methods. The research tool was the neuropsychological rapid method including the subtests: •"Memorizing 9 words in three presentations (1st, 2nd, 3rd attempts)", •"Sequential subtraction", •"Test of Benton's visual memory", •"Solving an arithmetic problem", •"Overlaid images", •"Specified flow of associations in 1 minute", •"Figure of 3 geometric figures", •"Blind hours", •"Graph-motor test", "Delay word reproduction"

Results: The first cohort 27–40 years old. The second cohort 41–50 years old. Third cohort 51 years old and older. A significant

difference in the performance of the graphomotor test between the subjects of the age subgroup of 27–40 years and the subgroup of 41–50 years was statistically confirmed. In older people revealed a much greater number of errors, interruptions of the test than the representatives of the more "young" subgroup

Conclusions: The deterioration in the performance of the graphomotor test was the most age-specific

Disclosure: No significant relationships.

Keywords: Pathological brain aging; cognitive functions during aging

EPV0346

How to reduce the number of children awaiting the diagnosis of intellectual disability in Brazil?

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doi: 10.1192/j.eurpsy.2021.1913

Introduction: In Brazil there is high number of children with Intellectual Disability (ID) who begin basic education but did not receive a diagnosis. The basic education teachers can be important agents in identifying signs of ID in the student so that they can be referred to health services.

Objectives: To develop and implement a decision-making model for basic education teachers to identify students with predictive signs of ID.

Methods: The sample was composed by 51 teachers from 20 public schools and their 1758 students eligible for the study enrolled in a educational network in São Paulo state, Brazil. A standardized model was developed for the evaluation process using an open-source software named BONITA. For the screening of students with ID signs the teachers answered a checklist based on the diagnostic criteria of the DSM-5 and the students were evaluated with neuropsychological test WASI (Wechsler Abbreviated Scale of Intelligence) and neuropsychiatric assessment. A Classification Based on Association Rules (CBA) generated the predictive models of sensitivity for confirming ID from the items in the checklists.

Results: 35 children had suspected ID. The CBA showed an accuracy of 82%, identifying only 1 false-negative case and 3 false-positive cases for ID. According to the teachers, the most accurate signs were deficits in abstract thinking skills, deficits in communication and conversation and difficulties in emotional regulation in social interactions.

Conclusions: The decision-making model by elementary school teachers to identify students with ID showed high levels of sensitivity and can help the waiting for diagnosis.

Disclosure: No significant relationships.

Keywords: Decision-making Process; intellectual disability; Business Process Management System; Data Analytics