

practitioners can be used to learn about the effects of environmental stimuli on challenging behavior in specific resident groups during the pandemic.

From the perspective of practitioners, this study aimed to learn from successful initiatives and observed effects of decreased environmental stimuli on challenging behavior in residents during anti-pandemic measures.

An online survey among 199 Dutch nursing home practitioners was conducted from November 2020 to January 2021. Practitioners were asked about alleged effects of diminished environmental stimuli in residents with different types of challenging behavior (i.e., psychotic, depressed, anxious, agitated, apathetic) and with mild vs. advanced or without dementia. Also, their opinion about strategies to limit environmental stimuli was explored.

Residents with advanced dementia and those with psychotic and agitated behavior seemed to benefit from diminished environmental stimuli. In contrast, residents without dementia and those with depressive and apathetic behavior seemed to be negatively affected by decreased environmental stimuli. Practitioners indicated that they would like to preserve various strategies to limit environmental stimuli in the future such as reducing the use of corridors adjacent to residents' rooms. Also, they planned to use adjustments and new initiatives regarding organized activities such as an increased use of small-scale and person-oriented activities. Opinions were divided on receiving visitors in the living room and on imposing visiting hours. In open-ended questions, other initiatives were mentioned that can be useful in nursing home care.

Various strategies and initiatives in nursing homes during the pandemic seem promising to meet individual needs. While many residents may be negatively affected by restrictions during the pandemic, specific resident groups may benefit from a decrease in environmental stimuli. These findings underline the importance of a good balance between stimuli and rest in the nursing home, tailored to an individual resident.

401 – Cannabis and Older Adults

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The National Cannabis Survey results indicates that cannabis consumption among older adults has been accelerating at a much faster pace than other age groups in Canada. Internationally, an increasing number of countries and U.S. states have also legalized medical and non-medical cannabis.

More than 1500 physicians, nurse practitioners, other healthcare providers, healthcare students, older adults and caregivers of older adults responded to a needs assessment survey on Cannabis and Older Adults distributed by the Canadian Coalition for Seniors' Mental Health (CCSMH) in the fall of 2020. Responses showed that 89% of physicians and nurse practitioners and 76% of other healthcare providers are aware of older patients in their practice using cannabis. Despite this fact, only 39% of physicians and nurse practitioners and 26% of other healthcare providers feel strongly or very strongly that they have sufficient knowledge and expertise to address older patients' and their caregivers' questions about cannabis.

Older adults who responded to the survey indicated that their most common reasons for using cannabis were pain, sleep and anxiety. Fifty-one percent responded that they had talked to their doctor or healthcare provider about cannabis but 41% of those older adults stated that their doctor or healthcare provider were unable to answer their questions. Older adults reported they access information on cannabis from the internet (45%), physicians (40%), friends and family (34%), cannabis stores and clinics

(28%), the media (24%), and other healthcare providers (16%). Fifty-four percent of older adult respondents who use cannabis do so with a prescription or medical authorization from their physician / nurse practitioner for medical / therapeutic reasons. One quarter of respondents indicated they use cannabis for non-medical reasons (for recreational use).

Although there is a reported gap in knowledge regarding cannabis and older adults, physicians, nurse practitioners, other healthcare providers and healthcare students all reported they are eager to learn more about how to talk with patients, how to authorize and prescribe cannabis appropriately, how to mitigate risks and assess for cannabis use disorder in older adults. CCSMH will be launching a physician-accredited e-learning course on Cannabis and Older Adults in January 2022.

402 - An audit of Lithium Prescribing Practices in an Old Age Psychiatry Service highlighting renal impairment in this cohort.

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Abstract

Aims:

To compare Lithium prescribing practices in a Psychiatry of Old Age (POA) Service in the North-West of Ireland among adults aged 65 years and over with best practice guidelines.

Methods:

Review of the literature informed development of audit standards for Lithium prescribing. These included National Institute for Clinical Excellence (NICE) 2014 guidelines, The British National Formulary (2019) and Maudsley Prescribing Guidelines (2018). Data was collected retrospectively, using an audit-specific data collection tool, from clinical files of POA team caseload, aged 65 years or more and prescribed Lithium over the past year.

Results:

At the time of audit in February 2020, 18 patients were prescribed lithium, 67% female, average age 74.6 years. Of those prescribed Lithium; 50% (n=9) had depression, 44% (n=8) had bipolar affective disorder (BPAD) and 6% (n=1) schizoaffective disorder.

78% (n= 14) of patients met the NICE standard of 3-monthly lithium level. Lithium levels were checked on average 4.5 times in past year, average lithium level was 0.61mmol/L across the group and 39% (n

=7) had lithium level within recommended therapeutic range (0.6-0.8mmol/L).

83% of patients (n=15) met the NICE standards of 3 monthly renal tests. Taking into consideration most recent blood test results, 100% (n=18) had abnormal renal function.

Half (n=9) were initiated on lithium by POA service and of these, 56% (n=5) had documented renal impairment prior to initiation. Of patients on long term lithium at time of referral (n=9), almost half (n=4) had a documented history of lithium toxicity.