

Guidelines with better subjective ratings of clarity had more agreement between reviewers, but full agreement between reviewers was only present for 10 out of 52 guidelines. For 11 guidelines, consensual agreement between reviewers was not reached. Qualitative analysis of comments identified the inclusion of past medical history, drug history and flow charts as positive sub-themes. Redundant language, contradictions and the suggestion to seek senior intervention before trialling a second agent were viewed negatively. Many guidelines did not sufficiently emphasise the need for performing an ECG before administering therapeutic agents, such as haloperidol, which may lead to potentially fatal arrhythmias.

**Conclusion.** There is no national consensus on the most appropriate rapid tranquillisation agents, with the available evidence being interpreted variously by different trusts and organisations. Poor guideline comprehensibility impacts clinician adherence and allows for personal preference to influence choice of drug. Clear guidelines utilising flow charts to succinctly outline relevant doses and absolute contraindications were viewed favourably by reviewers. The findings of this project highlights to relevant stakeholders the attributes that should be implemented when improving guidelines for the future.

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## Effect of Cognitive Stimulation Therapy on Cognition and Social Independence in People With Dementia at the North Norfolk Memory Service

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**Aims.** Cognitive stimulation therapy (CST) is a psychosocial treatment for people with dementia. It is an evidence-based treatment which shows improvement in cognition, well-being and quality of life of people living with dementia. CST is recognised as one of the interventions which is cost-effective.

The National Institute of Health and Care Excellence (NICE) guideline recommends that people with mild to moderate dementia should be given opportunities to take part in CST. The CST sessions done in North Norfolk are weekly sessions which span 90 minutes. A group of between 8–10 people attend a 14-week CST treatment course.

The aim of this study is to evaluate the effectiveness of the CST on cognition and social independence of patients with dementia in North Norfolk.

**Methods.** Patients diagnosed with mild to moderate dementia at the memory service were referred for CST sessions. A trained professional assessed the patients to determine their eligibility for CST. The assessment included: assessing motivation to join a group therapy, administration of the short-version of the Addenbrooke Cognitive Examination questionnaire (MINI-ACE) to assess cognitive functions and the administration of Engagement and Independence in Dementia Questionnaire (EIDQ) which measures the social independence of the patients. A higher score on both questionnaires indicates better cognitive function and social independence, respectively.

The CST sessions spanned from February 2023 to May 2023. The patients were re-assessed after the 14-week sessions of CST for their MINI-ACE and EIDQ scores. A qualitative questionnaire was administered for feedback about the sessions.

Data were obtained from patients' clinical record following approval from the research and service evaluation team of the Trust.

**Results.** Nine patients completed the 14-week CST sessions. The mean age of the patients was  $82.9 \pm 4.8$ . 66.7% were male and 33.3% were female. 77.8% were on memory medication and 22.2% were not on memory medication. 44.4%, 33.3%, 11.1% and 11.1% were diagnosed with dementia in Alzheimer's Disease; Mixed Alzheimer's-Vascular Dementia, Lewy Body Dementia and Frontotemporal Dementia, respectively.

The same proportion of patients (44.5%) had both increased and decreased MINI-ACE score after CST while 11% had no changes in MINI-ACE score. Majority (66.7%) had increased EIDQ score after CST, 22.2% had decreased EIDQ score and 11.1% had no changes.

**Conclusion.** The CST sessions done in North Norfolk showed more positive effect on social independence than cognition in people with dementia.

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## Evaluation of Tertiary Neuropsychiatry Pilot Service: Pitfalls, Challenges, Outcomes and Success

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**Aims.** Neuropsychiatry, being at the interface between Neurology and Psychiatry, can fulfil the unmet needs of a cohort of people with complex presentations including psychiatry symptoms associated with neurological diseases and atypical psychiatry presentations with possible underlying aberrant brain processes. However, the development and provision of Neuropsychiatry services have lagged behind in the United Kingdom and some parts of the world, at the cost of ongoing symptom burden and reduced quality of life for vulnerable groups of patients. We set up a tertiary pilot service of Neuropsychiatry in Derbyshire from March 2022 and have been successfully operating both outpatient Neuropsychiatry clinics as well as inreach on to psychiatric wards. We set out to evaluate our service and explore the challenges and outcomes associated with our service development.

**Methods.** A mixed methods evaluation was completed, and the data were extracted from patient records and assessments. Feedback responses were obtained from referring clinicians and service users utilising structured feedback forms for each group. A thematic analysis approach was completed for qualitative responses. More than 140 patients have already been assessed by our Neuropsychiatry service to date, out of which we completed an initial analysis of records of 70 patients referred between March 2022 and February 2023. We further revisited the