Conclusion. KardiaMobile devices are faster to use and as/more tolerable in a dementia ward setting than 12-lead ECGs. The ECG trace is fed back instantly to the mobile device, however, automatic interpretation is limited and QTc calculation relies on the operator. Visual inspection of QTc can be difficult, and unreliable. However, the combination of two different raters led to more reliable results. The device has potential for use in this setting, however, an increase in automatic interpretation, or interpretation by a third party such as with Broomwell Health Watch, would increase its usability.

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Prevalence of Depression Amongst Adult Hemophilia Patients Registered With Hemophilia Foundation of Zambia

Dr Dhruv Darji*

University of Oxford, Oxford, United Kingdom. University of Lusaka, Lusaka, Zambia
*Presenting author.

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Aims.

Main Objective
To assess the prevalence of depression (major depression) amongst adult hemophilia patients in Zambia.

Specific Objectives
1. To assess the prevalence of depression amongst adult hemophilia patients in Zambia using the Patient Health Questionnaire 9 (PHQ9) tool to screen for/diagnose depression.
2. To determine risk factors, amongst hemophilia patients, to developing depression.
3. To ascertain factors that significantly associate with depression amongst adult patients with hemophilia in Zambia.

Methods. This was a quantitative cross-sectional study, conducted by administering the study questionnaire to collect data on demographic characteristics, clinical characteristics and the Patient Health Questionnaire – 9. A total of 59 adult patients with Hemophilia in Zambia, registered under the Hemophilia Foundation of Zambia were interviewed through the questionnaire. The data were analyzed using STATA 14. Descriptive analyses were done on the data, responses on PHQ-9 were totaled to assess for the prevalence of depression. Depression was defined as PHQ-9 $\geq$ 5; Major Depression as PHQ-9 $\geq$ 10. Pearson Chi-2 test was done to assess for associations and a logistic regression model was created to show the relationship between significant risk factors (independent variables) and depression.
Results. 59 participants were interviewed in this study. They were all male with an average age of 24.77 years from various parts of Zambia. 91.53% of the patients reported to have Hemophilia A, while 8.47% had Hemophilia B, there were no patients with Hemophilia C. The average PHQ-9 score was 8.66. 83.04% of participants had depressive symptoms (PHQ > 5); 44.06% having major depression and only 16.96% of the participants reported no depression. Number of painful bleeding episodes (OR = 2.063; P = 0.048) and difficulty in performing daily activity (OR = 4.311; P = 0.008) were significantly associated with a higher risk for major depression.
Conclusion. There was a high prevalence of major depression (44.06%) amongst adult patients with hemophilia registered under the Hemophilia Foundation of Zambia. Hence there is need for addition of mental health care to the multidisciplinary management of adults with hemophilia for improved health outcomes due to the high prevalence of depression amongst this group. Additionally, patients who suffer many painful bleeding episodes must be prioritized candidates for mental health care.

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Knowledge of Psychogenic Polydipsia Within Mental Health Services

Ms Ewelina De Leon[1,2]*, Dr Louise Dunford[2] and Prof Graeme Yorston[1]

[1]St Matthews Healthcare, Northampton, United Kingdom and [2]University of Warwick, Coventry, United Kingdom
*Presenting author.

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Aims. Psychogenic polydipsia (PP) is a term used to describe a repetitive behaviour that characterises compulsivity in psychiatric patients resulting in excessive fluid consumption. It is a common clinical problem in patients with severe mental illness, learning disability, autism and acquired brain injury. Up to 20% of patients with schizophrenia have polydipsia, and many develop hyponatraemia and water intoxication, which can lead to irreversible brain damage or death.

Psychogenic polydipsia may not be obvious to staff in a busy care setting, leading to delayed identification and appropriate care.

The objective of this study is to assess the existing knowledge of psychogenic polydipsia among mental health staff and promote greater awareness of the condition.
Methods. To investigate the understanding of psychogenic polydipsia among healthcare staff, an online survey has been chosen as the research method. This survey will help identify any knowledge deficiencies in this area. It consists of both closed and open-ended questions, allowing for quantitative and qualitative analysis. The open-ended questions are designed to provide an opportunity for participants to share their individual experiences. Additionally, the survey will collect information on participants' age groups, years of experience in mental health services, and level of expertise. The survey was created using Qualtrics online survey software. Participant recruitment will be conducted at St Matthews Healthcare, with an estimated sample size of n = 101. The collected data will be analysed using statistical software such as SPSS, NVivo, or other appropriate tools.
Results. The results of this study will be presented. Data are being collected and analysis will be completed in March. The abstract will be updated. These findings will serve as the basis for future recommendations and suggestions.
Conclusion. Comprehending patients' illnesses is a crucial aspect of providing quality healthcare. However, identifying psychogenic polydipsia has proven to be challenging within mental health

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settings. Failure to recognize excessive fluid intake can result in ineffective treatment, exacerbation of psychiatric symptoms, and in severe cases, coma or even death. The findings of this study have the potential to contribute to the creation of a training program for healthcare providers. Such a program would enable the development of improved care plans for patients who engage in excessive fluid consumption and are at risk of developing hyponatremia and water intoxication.

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Identifying Effective Psychotherapies for Older Adults in an Inpatient Setting: A Narrative Review and Synthesis

Miss Inês Sequeira[1] and Dr Stephen De Souza[2]*

[1]Bristol Medical School, Bristol, United Kingdom and [2]Somerset NHS Foundation Trust, Taunton, United Kingdom
*Presenting author.

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Aims. We sought to review the evidence available to answer the question: Which psychological therapies are effective in the treatment of depression in older adults in an inpatient setting?

Methods. An advanced literature search and systematic review was conducted using Web of Science and PubMed. A set of keywords were identified around depression, older age and the inpatient setting. These were combined with a wide range of keywords around psychological therapies.

Non-English language articles were translated using Google translate.

Articles were reviewed for the relevance to the study question by reviewing the title and abstract. Full text articles were retrieved for those felt to be relevant to the study question.

Results. Of 709 articles identified from both databases, 20 articles were retrieved for full text review. Five studies were identified that appeared to offer insight into the study question. These papers focused on interpersonal therapy, cognitive behavioural therapy, or behavioural group therapy.

Brand and Clingempeel (1992) investigated the incremental implementation of group behavioural therapy in a randomized control trial. The study did not show statistically significant differences between treatment groups, but clinical significance differences supported this intervention's efficacy.

A case study by Soller (1997) followed the journey of a 69-year-old man through inpatient CBT sessions over three and a half months. This was followed with outpatient follow up. There was improvement but this was primarily subjective reporting.

A randomized controlled trial by Snarski et al. (2011) looked at the efficacy of behavioural therapy. The authors' overall conclusion was that patients benefit from this intervention and that further investigations should be done to strengthen their findings further.

A pilot study by Cabanel et al. (2017) focused on determining the feasibility of a multi-professional adaptation of group behavioural therapy sessions. This paper provides a signal towards the effectiveness of multi-professional approach to treatment.

Bollmann et al. (2020) focused on the implementation of interpersonal skills groups. It showed good feasibility as well as good patient adherence. Self-reported and observer-reported depression ratings saw improvement throughout the study.

Conclusion. Although the studies showed a signal towards improvement for a range of therapies, the evidence from these studies is not convincing.

There is a lack of high quality research in this area. More studies are needed to determine the most appropriate psychological therapy to use and how this might be adapted to the transient nature of the inpatient setting.

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A Systematic Review of the Use of Portable Ultra-Low-Field Magnetic Resonance Imaging in Non-Acute Brain Imaging and Its Potential Use in Dementia Assessment

Mr James Dobrzanski[1]*, Ms Amelia Townsend[1], Professor Sukhi Shergill[1,2,3] and Dr Joanne Rodda[1,2]

[1]Kent and Medway Medical School, Canterbury, United Kingdom; [2]Kent and Medway NHS and Social Care Partnership Trust, Canterbury, United Kingdom and [3]Kings College London, London, United Kingdom
*Presenting author.

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Aims. The aims of this study were to evaluate the literature regarding the use of ultra-low-field magnetic resonance imaging (ULF-MRI) and its potential use in dementia diagnosis.

Access to neuroimaging causes bottlenecks in dementia diagnostic pathways and limits overall capacity; there is wide variation across the UK. At present, dementia diagnosis rates in the UK remain below 65% and significant improvements in efficiency and accessibility of assessment services are needed to meet growing demand.

Modern MRI scanners use high strength magnetic fields (typically 1.5–3T), are expensive to install and operate, and usually require patients to travel to a general hospital. ULF-MRI systems (typically < 0.1T) are portable, relatively inexpensive, and do not require specialist staff to operate. They do not require shielding and are powered via a standard electrical socket. The use of ULF-MRI has historically been limited by multiple factors including poor image quality. Advances in software and hardware now mean that there is realistic potential to use ULF-MRI across a range of clinical applications.

Methods. The study followed the PRISMA 2020 guidelines and was registered on PROSPERO. Five electronic databases were searched for studies related to ULF-MRI using predeveloped terms. Studies comparing high field and ULF-MRI neuroimaging in adults were included. Studies of acute presentations (e.g. traumatic brain injury or acute cerebrovascular accident) were excluded. A data extraction template was used to synthesise study characteristics and outcomes. Two reviewers completed the selection process and data extraction independently.

Results. 2357 citations were identified, from which 101 studies were selected for further review based on title and abstract, of which eight met criteria for inclusion. Further studies were identified by forward and backward citation searching and through

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