stay and associated cost. Further research in FND in the elderly is needed. Better education would raise awareness of FND amongst geriatricians and thus its identification in clinical practice.

46 PREDICTORS OF DELIRIUM IN PATIENTS ADMITTED IN A GENERAL HOSPITAL

¹Mohammad Arbabi*, ²Elham Ziaee, ³Sana Eybpoosh. ¹Department of Psychiatry, Brain and Spinal Cord Injury research Center, Neuroscience Institute, Tehran University of Medical Sciences; ²Department of Psychiatry, Tehran University of Medical Sciences; ³Pasteur Institute of Iran, Tehran, Iran

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Background/Aims Delirium is associated with numerous complications such as physical problems, cognitive impairment, prolonged hospital stay and increased mortality rates. Therefore, the diagnosis and prevention of delirium is an essential issue in admitted patients care. The purpose of this study was to investigate the prevalence and risk factors of delirium in a general hospital.

Materials and methods This study has a descriptive method done on 220 samples between 2017 to 2018. Subjects were recruited among all adult patients admitted to the general hospital who had a Richmond Agitation Sedation Scale (RASS scale) of more than 3. Patients with decrease in the level of consciousness who were unable to answer questions and patients who were admitted to the Intensive care unit were excluded. After primary assessment, demographic data were obtained and secondly the rate of delirium was evaluated by using CAM (Confusion Assessment Method).

Results The prevalence of delirium was 10% in hospital admissions. The rate of delirium was in emergency ward (31.3%), hematology (22.2%), internal medicine (11.6%) and surgery (2.4%). The prevalence of delirium increased with age, visual deficits, sleep disorders, dementia, and neurological diseases, diabetes and malignancies. The use of antibiotics, analgesics and sedative agents was associated with an increase in delirium, but only there was a significant relation with the use of anticoagulants.

Conclusions Delirium almost has been detected in all general hospital wards and its prevalence was related to age, visual problems, sleep disturbances, existence of dementia and neurological diseases and the usage of anticoagulant agents.

47 UNDERGRADUATE TEACHING AND PERCEPTIONS OF FUNCTIONAL NEUROLOGICAL DISORDERS

¹AT Storrar, ²DJ Rayment, ²EA Mallam. ¹University of Bristol Medical School, Bristol, UK; ²Rosa Burden Centre, Southmead Hospital, Bristol, UK Funded the University of Bristol and North Bristol NHS Trust (Southmead Hospital)

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Objectives To explore the level of teaching given to medical students on functional neurological disorders (FND), and whether this was considered sufficient. In addition, to assess the understanding and perceptions of FND within the medical student population.

Methods Data were collected over 2 weeks from University of Bristol medical students through use of an online survey. This

comprised of 2 open questions exploring personal opinions on the extent of teaching and aetiology of FND, and a further 21 closed questions on student demographics, clinical experience and teaching.

Results The level of teaching was viewed by the majority (27/44) to be insufficient and most students would value more training. When provided, FND teaching was delivered during psychiatry rotations. 34% (15/44) of students had not encountered FND before. Of those that had, 58% (17/29) gained awareness of FND through medical school. Students estimated 63% of cases were associated with a recent stressful life event and additionally 75% (33/44) believed FND symptoms were not 'faked'.

Conclusions The level of teaching was viewed as being inadequate and in general the students would value more. Despite this, the majority held positive attitudes towards FND. This study recommends integration of evidence-based teaching on FND into the medical school curriculum.

48 UNDERSTANDING THE CURRENT CHALLENGES IN NEUROPSYCHIATRY: MODELLING CARE AND TREATMENT

Julie Moonga*. Kings College, London

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Background Neuropsychiatry is an emerging field of medicine which links neurology and psychiatry. The convergence of neuropsychiatry comes in the wake of the advancements in neuroscience, genomics and neuroimaging including analytic technology. Data Analytics and Artificial intelligence (AI) brought a paradigm shift in the treatment of many diseases. However, innovation in health care technology often outpaces innovation in disease management. Healthcare decision makers are considering economic modelling in an effort to optimise patient services, care and treatment. Recently, NHS England proposed a Five Year Forward View to set out a future vision for a new model of care for patients. We seek to employ data intelligence to explore some of the issues associated with neuropsychiatry for a better understanding of disease management and decision making.

Objective/Aims We aim to evaluate the whole neuropsychiatry pathways of care and treatment to optimise clinical outcomes across the NHS Trusts. We will assess the current status of primary care, secondary care and acute care to provide an economic model of neuropsychiatry. We will evaluate current methods of care to provide a better tool for neuropsychiatric disease management.

Methods We analyse econometrics data related to specific neuropsychiatric diseases. The data is gathered from NHS Digital, Office of National Statistics, and Public Health England. Pattern recognition, real time responsive solutions, optimisation, predictive models, whole system approaches and explanative models is used. Data is processed by cleaning, pulling, filtering, mining, and extraction to address the relevant questions.

Result Economic models in neuropsychiatry are important for providing optimum patient care and treatment. Limitations in quality management and pathway methodologies create gaps in the delivery of care. The implementation of new frameworks of care and service is an essential tool for disease management and clinical outcomes.