validated through discussion and implemented by two independent researchers. The extracted data were subsequently analyzed descriptively.
Results: Thirty-three studies were included, documenting variations in findings across different geographical and temporal contexts. Most participants in these studies were healthcare professionals. Despite evidence of paternalistic tendencies, physicians generally showed a growing inclination toward a more collaborative decision-making model. Similarly, the views of other population groups leaned towards patient and family involvement, with nurses additionally supporting their own participation. Six categories of influencing factors were identified, with legal/regulatory considerations and participant demographics emerging as the most significant.
Conclusions: The overall representation of participants' perceptions highlights a broader tendency towards collaborative decision-making. This requires coordinated efforts from both clinical practitioners and policymakers to establish a decision-making framework that is inclusive, context-sensitive, and adaptable to the legal and cultural specifics of each region. To this end, emphasis should be placed on national-level interventions that address these issues directly, as opposed to broader, supranational approaches that may lack the necessary nuance.

Disclosure of Interest: None Declared

EPV0895

Clinical management of self-harming children and adolescents in the United Kingdom: a multicentre audit

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Introduction: The risk of self-harm is highest in younger age groups, with increasing numbers of under-18s being admitted to hospital due to self-harm in recent years in the UK1,2. The National Institute for Health and Care Excellence (NICE) guidelines for self-harm in adolescents over eight was updated in September 2022 and reinforces the need for the proper initial management of adolescent self-harm3. To our knowledge, our study is the first UK national audit on the management of self-harm in adolescents presenting to the emergency department using the updated NICE guidelines.
Objectives: To assess the clinical management of children and adolescents who present to the Emergency Department (ED) following self-harm, a cross-sectional, multicentre study was conducted within teaching hospitals affiliated with nine medical schools across England, Wales and Scotland.
Methods: Data was retrospectively collected from ED records using consecutive sampling of individuals aged 8 to 17 years who presented with self-harm from 7 Sep-7 Nov 2022.
Results: Records from 328 patients were included in the final analysis. Most patients were female (82.0%) and white (68.2%), with a mean age of presentation of 14.7 (σ = 1.58). The rate of positive responses to each question is available in Table 1. A 'positive' response is defined as a 'yes' response, rather than 'no' or 'not documented'.

Table 1. Rate of compliance with audit criteria

Guideline number	Criteria	Rate of positive response (%)
1.3.1	All staff who have contact with people who self-harm should ask about safeguarding concerns.	56.4
1.2.2	Recognise the need to seek consent from the person as early as possible.	73.5
1.5.2	Do not delay the psychosocial assessment until after medical treatment is completed. *Question:* Was psychosocial assessment delayed until after medical treatment is completed?	17.8
1.5.15	Together with the person who self-harms and their family and carers, develop or review a care plan using the key areas of needs and safety considerations identified in the psychosocial assessment	68.9
1.6.6	Undertake a risk formulation as part of every psychosocial assessment.	45.5
1.9.2	If a 16-/17-year-old is admitted to a general hospital, ensure that it is to a ward that can meet the needs of young people.	26.1
1.11.12	Discuss with the person harm minimisation strategies that could help to avoid, delay or reduce further episodes of self-harm and reduce complications.	43.2

Conclusions: This is the first study, to our knowledge, that investigates the management of self-harm in under 18s across the UK using the updated NICE guidelines. Some criteria may have been adhered to but not documented. The results from this study provide support for the further improvement of clinical practice in the management of self-harming children and adolescents.

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EPV0896

The Impact of a Digital Guideline Version on Schizophrenia Guideline Knowledge: Results from a Multicenter Cluster-Randomized Controlled Trial

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Introduction: While clincial practice guidelines are an effective means of improving healthcare, they are not always adequately implemented. A recent study of the German S3 guideline for schizophrenia (version 2019) revealed low rates of adherence among medical professionals (Khorikian-Ghazari *et al.* Eur Arch Psychiatry Clin Neurosci 2023, 1-12). The factors impeding adherence are numerous and encompass individual, contextual, and guideline-related elements. The present study (Halms *et al.* 2024 BMC Medicine 2024, 22(1) 311) examines the efficacy of a digital guideline version in comparison to print/PDF formats with respect to guideline knowledge.
Objectives: The primary aim of this study was to assess whether healthcare professionals using a digital version of the schizophrenia guideline achieved greater knowledge gains than those using traditional print or PDF formats. Secondary objectives included examining the usability of the formats, shared decision-making capabilities, and confidence in clinical decision-making.
Methods: A multicenter, cluster-randomized study was conducted in psychiatric hospitals in South Bavaria, Germany. Medical and psychological staff were divided into two groups: Implementation of the guideline via the digital MAGICapp platform or the conventional print/PDF version. The study comprised a baseline assessment (T0) and a post-intervention assessment (T1) after a six-month implementation phase. The primary outcome measure was guideline knowledge, measured by knowledge questions about the contents of the German S3 guideline for schizophrenia.
Results: A total of 217 subjects participated at the initial assessment (T0), while 120 subjects completed the follow-up assessment (T1). Both groups demonstrated notable gains in knowledge, yet no significant differences were observed between the two groups. At T0, 43.6% of the control group and 52.5% of the intervention group met the specified criterion. With regard to the primary outcome (≥ 30 of 46 knowledge questions and all five cardinal questions answered correctly), no significant difference was found at either T0 or T1 (T0: $Chi^2_{(1)} = 1.65$, $p = 0.199$, T1: $Chi^2_{(1)} = 0.34$, $p = 0.561$). Following the intervention, 58.2% of the control group and 63.5% of the intervention group met the primary outcome.
Conclusions: Overall, a significant improvement in guideline knowledge was demonstrated throughout the implementation process. The digital guideline version did not demonstrate superiority in knowledge gain, but it did show potential advantages in shared decision-making. The results may have been influenced by familiarity with conventional formats and barriers to implementing digital applications. The study highlights the importance of needs-based, structured implementation strategies, particularly for younger practitioners with less professional experience.

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EPV0898

Comparative Effectiveness of Olanzapine Versus Haloperidol in Treating Delirium: A Systematic Literature Review and Meta-Analysis of Randomized Trials

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Introduction: Delirium, as described in the DSM-V, is a disruption in attention and consciousness that develops over a brief period, representing an acute change from baseline awareness. First-generation antipsychotics, such as haloperidol, are often advised as the first line of pharmacological treatment. In comparison to haloperidol, olanzapine appears to be more beneficial in terms of efficacy and safety, according to a 2016 systematic review and meta-analysis of randomized clinical studies. However, most of the research included were single-center investigations with tiny sample numbers, diverse study demographics, and bias potential.
Objectives: The aim of this systematic review was to identify the current best evidence on the effectiveness of olanzapine versus haloperidol in various clinical settings to guide best practices for healthcare professionals. Also, this literature review seeks to provide a up-to-date synthesis of the current evidence on this subject.
Methods: We conducted a systematic search of four databases (PubMed, PsycINFO, CINAHL, and Cochrane Central) from inception through January 31st, 2024, using keywords related to delirium (acute confusion, confusion state, confusional state), olanzapine, and haloperidol. The search was limited to randomized controlled trials comparing olanzapine with haloperidol, without restrictions on dose, route of administration, or drug exposures. When analyzing outcomes with a robust number of studies, we applied a random-effects model. For outcomes with fewer studies, we used a fixed-effects model. Additionally, we conducted sensivity and subgroup analyses. All statistical evaluations were performed using the RevMan software.
Results: Seven studies met our inclusion criteria. Haloperidol was associated with a significantly lower severity of delirium after 2-3 days of treatment compared to olanzapine, with a small effect size (g = 0.40, 95% CI [0.02; 0.78], p = 0.04) based on three studies (n = 110). However, no significant difference was observed after 4-7 days