



improvements in emotional regulation, reduced anxiety, enhanced social interactions, and increased engagement in learning activities. Some studies also reported positive effects on attendance and independence. Parents and educators perceived NBL as beneficial, although concerns were noted regarding disruption or routines and challenges with implementation.

Conclusion: Nature-based learning appears to offer significant benefits for children with ASD, particularly in supporting emotional well-being and social development. However, variations in study methodologies and small sample sizes highlight the need for further large-scale research. Future studies should explore standardized outcome measures, long-term impacts, and strategies for integrating NBL into educational provisions, ensuring tailored support for children with diverse needs.

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Evaluating the Impact of a Digital Detox Intervention Among Medics in Coventry and Warwickshire Partnership NHS Trust

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Aims: The excessive use of digital devices and social media has been associated with stress, poor focus, and a decline in overall well-being. Healthcare professionals, often working in high-pressure environments, are particularly susceptible to these effects due to their reliance on digital tools for work and personal purposes. This study aimed to assess the feasibility, adherence, and outcomes of a two-week digital detox intervention among medical professionals, focusing on its impact on digital device usage, stress levels, productivity, and overall well-being.

Methods: Thirty medics were invited to participate in a structured digital detox programme. Participants were given the option to either completely abstain from using digital devices or reduce their overall usage, with a particular focus on limiting social media engagement. Surveys were conducted at three stages: before the intervention to capture baseline device usage and social media habits, during the intervention to assess adherence, and after the detox to evaluate outcomes. Participants were encouraged to document their experiences through diaries or video reflections. The collected data included quantitative measures (e.g., screen time, adherence rates) and qualitative feedback on participants' challenges and perceived benefits.

Results: Of the 30 invited participants, 24 (80%) agreed to participate in the digital detox, with 20 (83%) completing the two-week intervention. Pre-detox surveys revealed that participants spent an average of 5.5 hours daily on digital devices, with 40–50% of that time dedicated to social media. Post-intervention findings highlighted significant improvements, with 60% of participants reporting enhanced focus and productivity, 50% experiencing reduced stress levels, 40% noting improved sleep quality, and 30% engaging more in offline activities, such as hobbies and personal relationships.

However, challenges were reported, particularly during the initial stages, with 50% of participants experiencing restlessness or boredom. Furthermore, 20% found it difficult to balance the detox with work-related demands on digital tools, which limited their adherence. Despite these challenges, participants expressed

increased mindfulness and a reduced dependency on devices by the end of the detox.

Conclusion: This study highlights the feasibility and potential benefits of a digital detox intervention among medics. The findings suggest that reducing device usage can significantly improve focus, stress levels, and work-life balance. Future studies should explore personalised and sustainable detox strategies that account for the unique demands of professional and personal digital use.

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MIND-OUT: Medications in Intensive Care, Delirium and OUTcomes

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Aims: To investigate how anticholinergic burden of medications changes during hospital stay for Intensive Care Unit (ICU) patients and to review whether anticholinergic burden predicts delirium and mortality.

Delirium is a common cause of morbidity and mortality within ICU. Anticholinergic Burden (ACB) and Anticholinergic Effect on Cognition (AEC) tools are validated to assess anticholinergic effects from medication. Scores of ≥ 3 are associated with increased delirium and mortality. This study investigates anticholinergic burden from ICU admission through to hospital discharge.

Methods: Retrospective, ethically approved study of adults (N=6,305) admitted to ICU in University Hospitals Birmingham over 3 years (2021–2023). Subjects were excluded if <48 hours spent in ICU or readmissions (within a year). Both ACB and AEC tools were used to assess anticholinergic burden (AEC is more sensitive to the cognitive effects of medications). Timepoints assessed: ICU admission, ICU discharge, hospital discharge, and maximum score. We explored secondary outcomes including delirium and mortality. Research performed in collaboration with PIONEER (Health Data Research Hub for Acute Care).

Results: Median age 60.0 years, 61.9% male, and 71.6% of white ethnicity. Median time from hospital to ICU admission 17.1 hours, 86.3% emergency admissions. Median length of stay in ICU 5.2 days (19.2 days in hospital).

Difference in mean score from ICU admission to ICU discharge was +0.38 ($p<0.001$) for ACB, and +0.29 ($p<0.001$) for AEC; from ICU discharge to hospital discharge was −0.12 for ACB ($p<0.001$) and +0.36 ($p=0.005$) for AEC.

There was a significant rise in patients with high-risk scores (ACB or AEC ≥ 3): admission to ICU 9.9% had ACB ≥ 3 , and at discharge from ICU 19.9% ($p<0.001$), with no significant fall back at hospital discharge (18.9%, $p=0.229$). The AEC tool showed similar **Results:** admission to ICU, 4.9% of patients had AEC ≥ 3 and at discharge from ICU 10.5% ($p<0.001$). However, this tool showed a further rise by hospital discharge 12.3% ($p<0.003$). Delirium was inadequately recorded.

Results showed anticholinergic burden significantly increases following ICU admission. The proportion of patients with high-risk