Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

room on a detention warrant after making suicidal statements. She was found to have a blood alcohol level of 301, multiple electrolyte abnormalities and a BMI of 9.73. She was admitted to the medical floor and psychiatry was consulted for suicidal ideation and management of anorexia. At time of interview, the patient was floridly delusional. She believed that her enlarged bilateral salivary glands, lanugo, difficulty ambulating, and cognitive slowing were due to "witchcraft" rather than her severe malnutrition. She believed she could live without eating because "God" was protecting her. She did not believe she has anorexia or that her weight is too low. She refused all forms of food and nutrition that were offered while she was at the hospital and refused psychotropic medications. Using Grisso and Appelbaum criteria, she was determined to lack decision making capacity.

Palliative Care was consulted for advanced care planning. The patient was determined to lack capacity and total parenteral nutrition with use of restraints/sedation if necessary was recommended. The patient was transferred to the ICU for the insertion of an NG tube with trickle feeds and close monitoring for refeeding syndrome. After 2 days of feeding, the patient's psychosis symptoms resolved and she was able to regain capacity. On the day of discharge, the patient was able to recognize that she has anorexia and the risks of refusing treatment. She was not endorsing suicidal ideation and was able to reliably contract for safety. It was recommended that the patient remain in the hospital to increase nutrition, but she elected to leave AMA and follow up outpatient for treatment of anorexia.

Conclusions: The resolution of this patient's psychosis after refeeding suggests her psychosis was due to severe malnutrition. This case underscores the importance of recognizing psychosis secondary to medical causes and the need for capacity evaluation when determining treatment.

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(PO-003) Dupes, Delusions, and Dementia: Leveraging Technology, Community Resources, and Bedside Neurocognitive Assessment to Disentangle a Case of Probable Binswanger's Disease

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Background/Significance: Depressive, psychotic and behavioral syndromes can herald the onset of Major Neurocognitive Disorder (MND). Psychiatrists are increasingly called upon to evaluate patients with complex neuropsychiatric presentations via telemedicine and many smaller community hospitals lack immediate access to specialty neurological services. We present a patient with poorly differentiated mood, psychotic and behavioral symptoms where the consulted psychiatrists leveraged pragmatic use of technology, local community civil commitment processes, and bedside neurocognitive examination skills to secure a unifying diagnosis of probable Binswanger's disease.

Case: The patient was a 60-year-old single unemployed male with poorly controlled hypertension, previously high occupational functioning, and benign psychiatric history. Psychiatry was consulted by a community hospital to provide telehealth evaluation of psychotic symptoms initially thought to be due to hypertensive encephalopathy. Three months prior to presentation, he'd experienced progressively bizarre paranoid and erotomanic beliefs, disinhibited social interactions leading to financial exploitation, frequent falls, and visual hallucinations of bed-bug infestation. Initial evaluation revealed no frank cognitive deficits; however, we were able to obtain an abnormal clock-draw and attentional test via telemedicine. Neuroimaging was notable for multiple chronic white-matter and subcortical vascular infarcts in the pons, left thalamus, and left corpus callosum. Given concerns for further deterioration we obtained a brief civil commitment to our inpatient psychiatric hospital, where we conducted a neurologic exam and thorough neurocognitive bedside evaluation. Assessments confirmed significant executive dysfunction, deficits in complex attention and working memory, as well as unilateral fine motor bradykinesia and gait impairment. The patient was ultimately referred to geriatric psychiatry, connected with Adult Protective Services, and started on low-dose memantine to delay progression of his MND.

Discussion: Our bedside examination combined with neuroimaging clarified the diagnosis of subcortical vascular dementia, likely Binswanger's disease: a mixed neuropsychiatric syndrome with step-wise progression of cognitive and behavioral change, dysexecutive syndrome, past cerebrovascular insults, and focal neurologic deficits (Vacaras, 2020). While the absence of immediate access to subspeciality evaluation in the community setting could have been restrictive, we were able to leverage our systems resources to accurately diagnose and refer our patient to an evidence-based treatment (Ranz, 2012).

Conclusion/Implications: Psychiatrists should keep vascular MND on the differential when considering an atypical course of psychiatric symptoms later in life. Physicians working at the interface of medicine and psychiatry are encouraged to maintain proficiency of bedside neurocognitive evaluation skills and consider a systems-based perspective for patients with assessment needs beyond the reach of their environment of care.

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(PO-004) Providers' Perspectives on the Use of Telehealth in an Outpatient Collaborative Care Clinic for Human Trafficking Survivors during the COVID-19 Pandemic

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Background: The University of Miami Trafficking Healthcare Resources and Intra-Disciplinary Victim Services and Education (THRIVE) clinic is a multi-disciplinary, trauma-informed, collaborative care clinic where human trafficking survivors can access psychiatric, gynecological, and primary care services (George, 2018). To minimize patient and physician exposure to COVID-19, the clinic transitioned to a hybrid telehealth care model. By surveying providers' perspectives on telehealth, we aimed to assess how telehealth may have affected our delivery of care to trafficking victims.

Method: We distributed an anonymous survey adapted from the Telehealth Usability Questionnaire (Hyung-Youl, 2020) to providers within our clinic. Participants rated their agreement on a 5-point likert scale for 13 items, which measured views on telehealth's ease of use, interaction quality, reliability, perception, safety, satisfaction, future use, and necessity.
Results: Fifty-five percent of clinic providers completed the survey. Sixty to eighty percent of participants agreed with telehealth's ease of use, interaction quality, and perception. However, 60% disagreed with telehealth's reliability. There were mixed results about safety, with staff expressing privacy and confidentiality concerns with telehealth due to patients' vulnerable conditions. While 80-100% expressed satisfaction with telehealth and endorsed its necessity during the COVID-19 pandemic, 80% did not find it more convenient than in-person visits and 73% did not agree with telehealth replacing in-person visits. Providers also identified that some patients faced challenges with internet availability, hindering access to telehealth.
Discussion: While prior studies have noted high patient satisfaction with telehealth, physician perspectives on telehealth have not been as favorable (Yu, 2021). In a prior project on patient satisfaction with telehealth within this clinic, participating patients expressed "excellent" satisfaction with telehealth and reported appreciation for continued access to services during the pandemic, citing telehealth's convenience and the elimination of travel barriers. However, there was only a limited patient response, which may reflect the disadvantages of telehealth use in this clinic. Clinic staff identified such disadvantages including interrupted follow-up due to lack of access and availability of technological resources and perceived limited privacy on telehealth platforms.
Conclusion: While telehealth has been convenient and necessary during the COVID-19 pandemic, it comes with challenges when caring for this vulnerable patient population. Implementing a hybrid telehealth model for trafficking survivors during the pandemic can promote patients' safety, ensure continuity of care, and increase providers' satisfaction in care delivery.

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(PO-005) Treatment Modalities of Chronic Pain In Elderly With Depression: A Systematic Review of Literature

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Background: Chronic pain is very common in elderly [1]. Chronic pain and depression occur simultaneously in 13% of elderly population [2]. Pain is an independent risk factor for suicidal behavior [3]. Although frequently encountered, treatment of chronic pain in elderly population with depression is a challenge for many clinicians. Few studies have reviewed management of chronic pain in elderly with depression. In this literature review we discuss the best pharmacologic and non-pharmacologic interventions in management of chronic pain in elderly with depression.
Methods: A systematic review of the literature was performed following the PRISMA guidelines and using PubMed. Search terms included (Major depressive disorder OR MDD OR unipolar depression) AND (chronic pain) AND (elderly). Papers published from 2010 to 2020 were included in this literature review.
Results: We found 540 papers on PubMed. Papers were reviewed for relevance and based on the agreed upon inclusion criterion, a total of 15 papers were finalized for full text review. Papers not meeting the age criteria (65 years and older) and/or not discussing any treatment modalities were excluded. Our review showed co-occurrence of chronic pain and depression in 13% of elderly population [4]. Common pain symptoms were related to cancer, back pain, arthritis.
Discussion: Depression impacts the adherence to treatment compliance and makes pain management even more challenging in elderly population. The findings from the review emphasize the importance of individualized assessment of chronic pain in elderly population that suffers from mood disorders such as depression. Since chronic pain and depression are independent risk factors for suicide [3], it is crucial to complete a thorough history and physical exam and apply relevant screening tools for both depression and pain.
Conclusion: Adequately treated pain can show improvement in both medical and behavioral health outcomes. Management of chronic pain in elderly with depression is quite challenging. Available screening tools, pharmacologic, and non-pharmacologic treatments should be tailored for every individual for a better outcome. More research is needed to introduce treatments with better efficacy and fewer side effects for elderly with comorbid chronic pain and depression.

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(PO-006) Psychosis in Huntington's Disease Responsive to Electroconvulsive Therapy (ECT): A Case Report

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Background: Huntington's disease (HD) is an autosomal dominant neurodegenerative disease that is characterized by motor disturbances, cognitive impairment, and psychiatric symptoms. Psychotic symptoms occur in 3%-11% of patients with HD (Van Duijn et al,