

challenges (lack of resources including clinic space, admin and dedicated electronic medical records (EMR) section).

Results. 67% of referrals were from Neurology services with Functional Neurological Disorder (FND) predominating. 74% of patients referred had more than one diagnosis/symptom cluster. Patients reported significant benefits and overall positive experiences from the service. One patient reported, “After 3 years I finally not only have answers to my symptoms but also an explanation as to why. Without this service, I believe I would be still struggling.” Similar positive feedback was obtained from referring clinicians.

Conclusion. Our results demonstrate that a successful tertiary Neuropsychiatry service can be established and run even under challenging circumstances including lack of resources. Our service now has a dedicated clinic running every week, a dedicated EMR section and we are currently in the process of submitting business plans towards sustainable commissioning. Furthermore, our service has been instrumental in reducing the length of inpatient stay, facilitating early discharges, diagnosing and treating reversible conditions that mimicked primary psychiatric issues, as well as improving the quality of life of a vulnerable cohort of people previously diagnosed with complex conditions such as FND and personality disorders.

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Harm-Reduction for Substance Misuse in Young People: A Service Evaluation of Southampton's Drug and Alcohol Support Hub (DASH)

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doi: 10.1192/bjo.2024.97

Aims. This project aims to evaluate Southampton's Drugs and Alcohol Support Hub Service (DASH) for young people (YP) provided by the charity, No Limits. It aims to produce insights and recommendations for No Limits to improve their service for YPs and positively influence local commissioning and governmental bodies. This project was part of the Wessex Public Health Fellowship for Junior Doctors, which aims to provide experience of working in public health and teach relevant research skills.

Methods. An adapted-Donabedian framework was implemented and a review of the literature informed a 'harm-reduction' lens for analysis. Mixed methods were used: Quantitative analysis reviewed data from 50 (anonymised) YPs. All data were routinely collected by No Limit's staff as Young People Outcome Records (YPORs) and Client Information Reviews (CIRs), as well as outcome measures collected quarterly for the National Drug Treatment Monitoring Service (NDTMS). Qualitative methods included a thematic analysis of five semi-structured interviews with service providers.

Results. Cannabis and alcohol were the most commonly reported problem drugs for YP (48% and 36%, respectively). In terms of smoking per weekdays, 67% of YPs were using cannabis for the

same number of days and 15% had decreased smoking days. For smoking in grams, 26% were smoking the same amount of cannabis compared with 41% smoking less. For alcohol, 41% consumed fewer units and 44% had increased alcohol-free days. Importantly, 63% of YPs reported increased quality of life and 59% increased happiness.

Thematic analysis generated seven themes: harm reduction, mental health, relationships and trust, inter-agency working, YP-led care, individual outcomes and differences between reported outcomes and care provided. Harm reduction for most meant helping the YP build healthier relationships with drugs vis-à-vis enforcing abstinence. Trust was necessary for service providers to support YP reach their goals and YP-led, individualised goals benefitted most. Next, service providers often supported YP with mental health and sometimes this created challenges beyond their professional capabilities, thus emphasising the importance of collaborative inter-agency working. Lastly, providers were frustrated with required NDTMS outcome measures given they failed to capture service benefits.

Conclusion. DASH service's 'harm reduction' approach to supporting YP with substance misuse is in-line with evidence-based best practice guidance. However, reported NDTMS outcomes remain driven by an abstinence-informed agenda. This policy is grounded in governmental policies that do not consider the nuance of substance misuse disorders and are reflective of Nancy Reagan's 1980s 'Just say No' campaign. To prioritise the health and mental health of young people, government must reframe their policy on substance misuse.

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5 Audit

Improving Acute Treatment of Alcohol Withdrawal at an Inpatient De-addiction Ward ('Vimukthi') at Kerala State, India: Full Cycle of a Clinical Audit

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doi: 10.1192/bjo.2024.100

Aims. Long-acting benzodiazepine is the treatment standard for alcohol withdrawal and three regimens are defined – fixed-dose (for outpatient and inpatient settings with untrained staff), symptom-triggered (inpatient setting with trained staff) and front-loading (when a severe withdrawal state is anticipated). Standards in this regard are published by ASAM, NICE and guidelines by Govt. of India. A clinical audit was performed to explore the treatment strategy used in a de-addiction centre in India.

Methods. Description of the initial audit cycle.

Setting: Dedicated 10-bed de-addiction ward, attached to a general hospital, with an average of 15 admissions/month of patients with disorders of alcohol use. The centre was established as a special project ('Vimukthi') in 2018 and is serviced by a team of three nurses, one doctor and one clinical psychologist, and visited by psychiatrists from the general hospital.

Measurement of performance and comparison with standards: Measurement was done in May 2023 after the authors took charge of the ward. The centre used a fixed-dose regimen of short-acting

lorazepam for all patients to manage withdrawal symptoms. There was no documentation of risk profiling. We therefore recommended that tailored treatment based on patient profile be introduced. Risk profiling based on symptoms, signs and history and a symptom-triggered regimen for withdrawal management using nurse-administered CIWA-AR rating could be incorporated into a standard operating procedure (SOP). An SOP was developed and after team discussion and training it was introduced in October 2023.

Results. Re-audit of the implementation phase of SOP over three months (Oct 2023 to Dec 2023) was conducted. Case files were noted to document risk stratification as 34% low risk, 52% intermediate risk and 14% high risk. Symptom-triggered regimen was administered to all patients with added front-loading for all high-risk and some moderate-risk patients. Staff and patients expressed satisfaction with the new protocol. We noticed a significant reduction in the use of oral lorazepam (from 3324 mg for 63 patients during the comparative period of Oct 2022–Dec 2022 to 10 mg for 39 patients), while the use of injectable lorazepam increased by 25% (0.8 mg/patient to 1 mg/patient). Use of oral diazepam increased from nil to 170 mg with one patient receiving injectable diazepam.

Conclusion. Introducing an SOP that incorporated risk profiling, use of long-acting benzodiazepines, symptom-triggered and front-loading regimens and nurse-administered CIWA-AR monitoring led to the reduced use of short-acting and uptake of long-acting oral benzodiazepines in inpatient alcohol withdrawal management. Decisions based on risk profiling led to an increase in the use of injectable benzodiazepines. We report that conducting this audit cycle led to the improvement of treatment standards in a specialized inpatient de-addiction centre in India.

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7 Psychopharmacology

Association Between Prior Antipsychotic Adherence and Adherence Three Years After Clozapine Initiation: A Real-World Observational Study

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doi: 10.1192/bjo.2024.101

Aims. Our previous findings challenged the widely held view among a large proportion of psychiatrists (41% to 82%) that previous non-adherence to antipsychotics is a major barrier to the introduction of clozapine (Brodeur et al. 2022 *BJPsych*). Indeed, our previous work showed that most patients, even those with the poorest adherence profiles, remained on their treatment after clozapine initiation (>68% for clozapine and >84% for all antipsychotics combined) after one year of follow-up. Because

of this, the study extended the follow-up period to three years to assess whether patterns of adherence were sustained over time. Therefore, this study aimed to determine whether poor adherence prior to initiating clozapine predicted poor adherence to clozapine or any other antipsychotic (including clozapine) three years after initiation.

Methods. This cohort study included 2,258 patients living in Quebec (Canada) with a diagnosis of SCZ who initiated oral clozapine between 2009 and 2016 (index date). Adherence to AP was measured by the medication possession ratio (MPR) over a 1-year period before and a 3-year period after the index date. Five groups of patients were formed based on their prior MPR level (independent variable), and two dependent variables were defined after clozapine initiation (good adherence (MPR $\geq$ 0.8) to any APs and to clozapine only). In addition to multiple logistic regression, state sequence analysis was used to visualise the trajectories of AP use over time, before and after clozapine initiation, for each group.

Results. The graphical representation of the SSA immediately showed that AP adherence was significantly improved in all groups, regardless of the level of previous adherence to AP treatment. On the other hand, logistic regression showed that poorer adherence to APs before the index date was significantly associated with an increased risk of poor adherence to any AP treatment 3 years after the index date (adjusted ORs ranging from 2.2 to 3.0). However, the majority of patients (ranging from 80.8% to 92.4%) had good adherence to any APs and to oral clozapine (ranging from 57.7% to 73.8%), regardless of previous adherence level.

Conclusion. These results add to previous findings and demonstrate that initiation of clozapine leads to improved adherence over a 3-year period. Although widely recognised by clinicians as a barrier to clozapine use, previous poor adherence does not appear to justify avoiding clozapine treatment in patients who would otherwise be considered eligible.

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Accepted posters

Arranged by the presentation category selected by the submitter and by order of presenting author surname.

1 Research

Pilot Study Examining the Potential Efficacy of Music-Based Activities for People Living With Dementia in a Hospital Setting

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doi: 10.1192/bjo.2024.102

Aims. Pharmacological treatment of Behavioural and Psychological Symptoms of Dementia (BPSD) is of limited