

## Metabolic Screening in Psychiatric Patients: Impact of a Quality Improvement Initiative

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**Aims:** Metabolic syndrome is highly prevalent among psychiatric rehabilitation patients, with rates ranging from 40–60% globally. The condition significantly increases the risk of cardiovascular disease and type 2 diabetes, compounded by psychotropic medications, sedentary lifestyles, and poor dietary habits. Despite established guidelines from the National Institute for Health and Care Excellence (NICE), the International Diabetes Federation (IDF), and the World Health Organization (WHO), which recommend regular metabolic screening every 6 months for patients on long-term psychotropic medications, compliance with metabolic screening in psychiatric settings remains inconsistent. This audit aimed to evaluate and improve compliance with these metabolic screening practices in psychiatric rehabilitation units through targeted interventions.

**Methods:** A two-cycle audit was conducted involving 33 patients (26 males, 7 females) across five residential psychiatric units. The first cycle assessed baseline compliance with the 6-month metabolic screening guidelines, revealing significant gaps. Interventions included the implementation of a structured metabolic screening tool, GP coordination, and staff education. Screening was based on the guidelines for waist circumference, fasting glucose or HbA1c, blood pressure, triglycerides, and HDL cholesterol. The second cycle evaluated compliance with the 6-month screening interval.

**Results:** In the first cycle, only 15.15% of patients had complete metabolic screening conducted within the recommended six-month period, while 30.30% had incomplete screenings and 54.55% had missing data. Following the interventions, the second cycle showed improvements in screening compliance. In the second cycle, 66.67% of patients were screened within the recommended six-month period, while the remaining 33.33% were not screened within the recommended period of six months.

**Conclusion:** The structured metabolic screening tool and targeted interventions significantly improved compliance with metabolic screening guidelines as recommended by NICE, IDF, and the WHO. These findings emphasize the importance of regular metabolic screening and the need for continued efforts to improve adherence to established guidelines in psychiatric rehabilitation units.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

## Evaluation of Lithium Monitoring Practices for Patients in a Community Mental Health Team: An Audit Report.

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**Aims:** This audit aimed to assess the adherence of lithium monitoring practices within the Enhanced Teams of Folly Hall Community Mental Health Team (CMHT) to national and local guidelines. By identifying gaps and areas for improvement, the audit sought to enhance patient safety, optimize lithium therapy outcomes, and support service improvements.

**Methods:** A retrospective audit was conducted using data from 18 patients actively prescribed lithium. Information was collected from medical care plans, ICE (Integrated Clinical Environment) laboratory reports, and progress notes in SystmOne. The audit measured compliance with national (NICE NG181) and local monitoring standards, including:

Serum lithium levels (every 3 months).

Renal function tests (every 6 months).

Thyroid function tests (every 6 months).

Calcium levels (every 6 months).

Side effect monitoring (at every review or at least every 6 months).

Data collection was facilitated via a standardized Microsoft Form, and compliance was categorized as fully met (91–100%), partially met (81–90%), or not met (<81%).

**Results:** Lithium monitoring compliance was suboptimal: only 44.4% of patients had their lithium levels checked every 3 months.

Renal and thyroid function tests showed better adherence, with 94.4% and 88.9% compliance, respectively.

Calcium monitoring was inadequate, with only 61.1% compliance.

Side effect monitoring was well-documented (100% compliance), and prompt action was taken for all patients experiencing side effects (66% had dose reductions, and 33% had lithium discontinued due to severe adverse effects).

Action was not taken for one patient with out-of-range lithium levels, highlighting a significant safety concern.

**Conclusion:** The audit revealed significant deficiencies in lithium level and calcium monitoring, posing potential risks to patient safety. While renal and thyroid function monitoring showed high compliance, lithium level checks were insufficient, particularly for long-term users. The findings underscore the need for improved monitoring adherence to prevent toxicity and optimize treatment efficacy.

Recommendations:

1. Professional reminders in clinic rooms outlining lithium monitoring schedules.

2. Establishing a lithium monitoring registry for centralized tracking.

3. Regular discussion in business meetings to reinforce monitoring schedules.

4. Designation of a lithium monitoring champion to oversee compliance.

A re-audit is also being planned to evaluate the impact of these interventions.

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## Venous Thromboembolism Risk Assessment Audit

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