

attendance. This emphasises the critical role of schools in facilitating access to mental health services.

Conclusion: This study highlights the significant impact of the COVID-19 pandemic on CAMHS service demand and the resilience of paediatric liaison teams in adapting to fluctuating caseloads. The findings underscore the critical role of schools in identifying and referring young people for mental health support and emphasise the importance of collaborative planning between healthcare and education sectors to prepare for future crises.

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Comparison of Medical Input on Older Adult Versus General Adult Psychiatric Wards – A Retrospective Study

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Aims: This study examines the level of medical input for physical conditions provided to older age psychiatry patients compared with general adult ward patients. The assessment focuses on the frequency of medical reviews, the reasons for these reviews (e.g. falls, infections, heart failure), and National Early Warning Score (NEWS) escalations. The aim was to identify disparities in medical involvement and determine whether increased staffing is necessary in older age psychiatry wards.

Methods: The study included patients from an old age psychiatry ward (aged 65 and above) and a general adult ward (aged 18–64) over a one-month period. Data were collected from medical continuation sheets, patient records, and NEWS score documentation. Key variables included the number of medical reviews, reasons for these reviews, and the frequency of NEWS score escalations (≥ 5). A total of 46 patients were included in this study. Comparative statistical analysis was conducted to quantify medical input disparities between the two wards.

Results: The analysis revealed significant differences in medical input between the two wards. The mean age of patients in the old age psychiatry ward was 73.2 years, compared with 35.1 years in the general adult ward. Older patients required substantially more medical reviews, with a mean of 5.05 per patient per month, whereas younger adults had a mean of 0.91 review per patient (a significant difference, $P < 0.0001$). The most common indications for medical reviews in older adults included falls, infections, heart failure, and respiratory distress. In contrast, younger adults primarily presented with milder complaints such as gastrointestinal issues and minor injuries. NEWS score escalations (≥ 5) occurred in 9% of older patients, compared with none in the younger cohort. Additionally, 21.7% of older patients required emergency department visits, significantly higher than the 4.3% observed in the general adult ward.

Conclusion: This study confirms a significantly higher requirement for medical input for older age psychiatry patients compared with general adult ward patients. It is recommended that additional medical staffing provision is considered in old age psychiatry wards.

Additionally, regular training on NEWS escalation management and interdisciplinary collaboration between psychiatry and medical teams may improve patient outcomes.

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Evaluating Inpatient Treatment Outcomes of Eating Disorders at Ty Llidiard General Adolescent Unit: Service Evaluation Project in South Wales

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Aims: Adolescents with eating disorders often require intensive inpatient care, and pharmacotherapy, including olanzapine, has been proposed as an adjunct to support weight restoration and reduce psychological symptoms such as food-related anxiety. However, evidence on olanzapine's effectiveness in real-world adolescent settings remains limited. Ty Llidiard is the only inpatient general adolescent unit covering the whole of South Wales. The aim of this project is to evaluate whether Ty Llidiard provides effective medical care for its patients with eating disorders. The primary aim is evaluating weight restoration achieved as well as overall improvement in functioning. The secondary aim is evaluating whether the use of olanzapine is effective in achieving the primary aim.

Methods: A retrospective evaluation was conducted on all adolescents admitted to Ty Llidiard unit between May 2018 and December 2023 with a primary diagnosis of an eating disorder. Data collected included demographic information, length of stay, changes in %mBMI, and functional outcomes as measured by the Children's Global Assessment Scale (CGAS). Comparisons were made between patients receiving olanzapine and those managed without pharmacotherapy. Data anonymization protocols ensured confidentiality. All patients admitted to the unit over the study period were included which eliminates selection bias.

Results: The cohort comprised 93 patients. The average length of stay was 105 days, during which patients achieved a mean weekly weight gain of 1% mBMI (approximately 0.5 kg per week) and an overall increase in %mBMI of 13.1%. Functional improvements were observed, with CGAS scores increasing from admission to discharge with an overall increase of 18.9 points. However, no significant differences in weight restoration or CGAS improvements were found between the olanzapine and non-pharmacotherapy groups. This result was no different when the analysis was limited to detained patients (marker of severity) or included those with any diagnosis of ED (not just as a primary diagnosis). There was more use of MHA in more unwell patients.

Conclusion: Ty Llidiard unit demonstrated effective treatment for weight restoration and functional improvement in adolescents with eating disorders. Evidence from RCTs and meta-analyses on olanzapine use in adolescents with eating disorders presents mixed findings. However, the findings from Ty Llidiard indicate that olanzapine does not provide additional benefits for these outcomes. These results challenge the routine use of pharmacotherapy in high-acuity inpatient settings and underscore the need for further research