information gaps were identified prior to the preadmission meeting and timely requests made. There were reflections on the relational aspect of the information sharing process.

Management of Clozapine Induced Hypersalivation on Slow Stream Rehabilitation Ward

Dr Neeti Sud and Dr Yousra Ghandour

Cumbria Tyne and Wear NHS Foundation Trust, Morpeth, United Kingdom

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Aims: Sialorrhoea (hypersalivation), a common side effect of clozapine can impact the quality of life of patients. At present, no drugs are licensed to manage clozapine-induced hypersalivation, but there are various practical and pharmacological management options included in literature. These include chewing sugarless gums during the day. At night, covering the pillow with a towel, elevating the head and sleeping on the side may reduce aspiration risk. With regard to pharmacological treatment, the first step should be to review the clozapine dose and reduce it if possible. The second step is to consider adding anticholinergic, antihistaminergic and adrenergic drugs and substitute benzamides such as amisulpride. There is also consideration of injecting botulism toxin to salivary glands.

Methods: We retrospectively audited the case notes of all six patients on clozapine in our male inpatient slow-stream rehabilitation service to assess if we have actively attempted to manage clozapine-induced hypersalivation side effects. We searched keywords 'hypersalivation', 'drooling', 'pillow', 'saliva' to identify case note entries and collected data on strategies used to manage hypersalivation. We reviewed past and current prescriptions and doses.

Results: Age ranges of our patients varied from 26 to 65. All six patients reported hypersalivation as a side effect. All patients had clozapine within therapeutic range with no option to reduce further. One patient preferred not to be on any medication to manage this side effect. All other patients had tried hyoscine hydrobromide tablets first. The tablet has a half-life of 4 hours. One patient was due a dose review of hyoscine due to ongoing hypersalivation. Three patients had been asked to suck or chew the tablets. Prior to this they had been swallowing the tablets. Two patients had tried the hyoscine patch (which lasts approximately 72 hours) but had found it not helpful. One patient had tried trihexyphenidyl tablets but then requested to change back to hyoscine. One patient had tried atropine drops following a trial of hyoscine tablets and patch. He then tried amisulpride with no impact and subsequently found trihexyphenidyl beneficial. All patients were monitored for worsened constipation with addition of anticholinergics.

Conclusion: The audit identified the need to proactively and systematically manage hypersalivation. It was also noted that practical interventions like raising the pillow, chewing gum during day were not routinely tried. We plan to re-audit the service in a year's time to see if there is any improvement in use of management strategies and also measure hypersalivation using Nocturnal Hypersalivation Rating Scale and the Drooling Severity and Frequency Scale.

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.

Effectiveness of Zonal Observation in Reducing Restrictive Practices on a Male Psychiatric Intensive Care Unit (PICU) Over a One-Year Period

Dr Yetunde Arowora, Dr Faizaan Syed and Dr Shantala Satisha

Kent and Medway NHS Trust, Dartford, United Kingdom

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Aims: We aimed to reduce the use of seclusion, 1:1 and 2:1 observations in our PICU, without compromising safety, by introducing zonal observation levels which is considered less intrusive, allowing greater privacy for the patient and better engagement.

Hypothesis: We expect a reduction in number of enhanced observations with no change in levels of aggression with a further reduction in the second survey as staff become more confident in using zonal observations.

Background: PICUs often rely on enhanced observations, such as 1:1 or 2:1, to reduce violence and aggression. However, these practices have limited evidence of effectiveness and are frequently perceived negatively by staff and patients. At Willow Suite, a 12-bed male PICU, zonal observations were introduced in January 2024 as a less restrictive alternative. This approach involved designating staff to specific zones for proactive engagement with patients while maintaining safety and improving patient experience.

Methods: Data were collected from clinical records and incident reporting systems for three periods: pre-implementation (November–December 2023), immediate post-implementation (January–February 2024), and 10 months after implementation (November–December 2024). Key metrics included incidents of violence, seclusion episodes, and the duration of enhanced observations.

Results: The duration of enhanced observations reduced significantly, from a total of 51 days to 22 days in the first 2 months and maintained the same 10 months later. The average length of enhanced observations decreased by 58% immediately post-implementation, from 8.5 days per incident to 3.6, and further reduced to 3.1 days after 10 months. Seclusion episodes initially increased from 6 to 11 as staff were adapting to the new system, but the average length of seclusion dropped from 3.2 to 2.2 days with 55% of seclusions lasting a day or less. After 10 months, seclusion incidents had reduced further to 10 with average length of 2.5 days.

The length of all restrictions combined reduced from 70 days (average length 5.8 days) to 17 (average 2.7) in the first 2 months and to 11 (average 2.9) 10 months later.

There was no increase in incidents of violence and aggression in the initial 2 months and a reduction 10 months later.

Conclusion: The results suggest that zonal observations successfully maintained safety while reducing restrictive practices in our PICU