

Aims. All patients who are prescribed antipsychotic medications require annual blood tests which must include Full Blood Count (FBC), Urea and Electrolytes (U&E), eGFR, Lipids (Cholesterol & Triglycerides), Liver Function Test (LFT), HbA1c/Plasma glucose. Some patients also require prolactin blood test depending on their prescribed antipsychotic medication.

NICE and Maudsley guidelines recommend an annual check of the blood tests mentioned above.

This audit ascertained compliance in terms of annual blood test monitoring for patients who take antipsychotic medications and provided recommendations to improve where necessary.

Methods. Half of the caseload from two General Adult psychiatry Community Mental Health Teams (CMHT) were recruited from a sample population of 228 patients. Odd number randomisation was applied to select our sample (e.g., 1, 3, 5...). Sample size was of 114 patients, 8 of whom were not prescribed antipsychotic medications and excluded. Hence, 106 patients were identified as representative for inclusion in this audit.

Retrospective data collection was from clinical entries, clinic letters and blood test results.

Data obtained from these patients was collated and analysed using MS Excel spreadsheet.

Results. The audit revealed that compliance was suboptimal for all required blood tests (Compliance 80% or above is recommended). The kidney function test of Urea & Electrolytes was the closest to recommended standards and best performance overall (77%), eGFR, was subpar at 60%. 74% of patients had the glucose monitoring tests (Plasma glucose/HbA1c) done while Full Blood Count and Liver Function Test were both completed in 76 patients (~72%). The worst performing category was Prolactin monitoring, of which only 9 of patients who required this had it done, recording a mere 31%.

Majority (66%) of the blood tests were done at General Practice (GP) surgeries, 25% by Mental Health Services, while the rest were contributed to by Accident & Emergency and Acute Hospital visits.

Conclusion. Following completion of this audit, recommendations were made to advise existing antipsychotic blood monitoring services (GP surgeries and private clinic affiliated with the Trust) of the recommended blood parameters for monitoring, and the need to update current systems. Also, Liaison with service managers and service leads to set up a dedicated physical health clinic for this purpose. The latter has been particularly successful as the Trust is now in the process of recruitment for the new physical health clinic team. A re-audit is planned in the near future.

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.

High Dose Antipsychotic Therapy Prescription Amongst Patients Admitted to the Psychiatric Intensive Care Unit (PICU), Mill View Hospital, Hove

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Aims. Acutely ill patients on PICU are likely to be on High dose antipsychotic treatment (HDAT), which poses a risk to their physical health. Current guidelines require that appropriate criteria be met before prescription, and close physical health

monitoring after prescription of HDAT. This audit aims to assess practices regarding prescription of HDAT to patients on PICU, Mill View Hospital, Hove according to standard guidelines.

Methods. Ten of the 38 patients admitted to PICU at Mill View Hospital between January and June 2023 were on HDAT and thus were eligible for this audit. The revised prescribing observatory for mental health topic 1h 3e audit tool was used to collect data regarding the patients. Data was collected from the clinical records including electronic, paper notes and uploaded drug charts and forms.

Results. The age range was between 21–56 with an average age of 35. Eight of the 10 patients were white British, 2 were of another ethnic group or ethnicity unknown. All the 10 patients had clinical reasons for HDAT prescription clearly documented at the start of the treatment which ranged from cross titration of antipsychotics to treatment resistance to standard treatments.

Of the 10 patients on HDAT, 6 of them had documented clinical review in the 3 months, 1 had documented clinical review in last 3 to 6 months, 3 had no clearly documented review of clinical response in the last year.

Only 7 out of 10 had their temperature, pulse, blood pressure, body mass index and electrocardiogram (ECG) clearly documented. Seven of the 10 patients had their full blood count, urea and electrolytes, liver function tests, blood glucose, plasma lipid tests done and clearly documented in last year. Eight of the 10 patients had their serum prolactin checked while none of the patients had their creatinine phosphokinase checked and clearly documented in the last year. Only 2 of the patients had clearly documented examination of extrapyramidal side effects (EPSE) in the last one year.

Conclusion. This audit demonstrates that although clinical reasons for HDAT prescription were documented for all patients, current standard guidelines for HDAT prescription regarding regular review and physical health monitoring were either not being met, or not clearly documented.

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Audit of Current Vitamin D Testing on Bridge House Detoxification Unit

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Aims. The National Institute for Health and Care Excellence (NICE) recommends routine testing and replacing vitamin D in adults considered high risk of deficiency. Evidence suggests high prevalence of vitamin D deficiency among those with alcohol dependence and those with chronic liver disease regardless of etiological factors. These findings are particularly important for Bridge House Detoxification Unit, where patients with complex substance use disorder (SUD), and multiple physical and mental health co-morbidities, undergo detoxification. The purpose of this audit project was to establish current levels of vitamin D testing on Bridge House Detoxification Unit in comparison to the standard set by NICE guideline PH56, and to improve it.

Methods. Data was collected retrospectively from a total of 76 patients, through 3 rounds of data collection. In each round all the patients discharged within a 2 months period were included.

The Audit tool looked at whether vitamin D was tested on admission. Vitamin D level ranges were defined according to the Royal Osteoporosis Society: <25nmol/L is deficient, 25–50nmol/L inadequate, >50nmol/L is sufficient. After the first round, an intervention in the form of pre-populated blood form including vit D testing was introduced. This was to be used on the first day of admission. The second round measured improvement while the third round measured maintenance. Microsoft Excel was used to analyse data.

Results. During the first round of data collection, no patient had their vitamin D tested. Following our intervention, 86.67% of our patients had their vitamin D tested suggesting significant improvement to compliance in the second round. In the third round, we were able to maintain compliance at 90%. Of the 44 patients that had their vitamin D tested after our intervention, 30 (68.18%) patients were within the deficient and inadequate thresholds, requiring vitamin D replacement.

Conclusion. This audit project examined international literature and local data identifying that vitamin D is indeed low among our patient group, therefore should be regarded as a high-risk group for vitamin D deficiency. There is sufficient evidence among the international literature that people with SUD suffer through significant physical and mental health effects of low vitamin D. A simple intervention of a prepopulated blood form was able to increase our compliance and maintained this.

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A Review of the Quality of Physical Health Care Provided to Adult Patients Admitted to Mental Health Inpatient Settings Across East and Central North Wales in Line With the National Confidential Enquiry Into Patient Outcome and Death (NCEPOD) Recommendations

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Aims.

1. Measure compliance with NCEPOD Recommendations in the quality of physical healthcare provided to adult patients admitted to a mental health inpatient setting across the East and Central areas of North Wales.
2. Guide further service development and improvement in the quality of physical health care provided in mental health inpatient settings in North Wales.

Methods.

1. A retrospective case notes audit of 10 patients each who were inpatient for at least one week duration on the adult mental health wards was conducted in April 2023 across the East and Central areas of North Wales.
2. The audit was conducted using the NCEPOD audit Toolkit for "Physical Health in Mental hospitals".

Results.

1. Inpatients percentage (%) compliance against NCEPOD recommendation 1, 5, 6, 7, 9 and 11 was 0% for both East and Central areas of North Wales respectively.
2. Recommendation 2 had 65% compliance for Central vs 61% for East.
3. Recommendation 3 had 62% compliance for Central vs 25% for East.
4. Recommendation 4 had 88% compliance for Central vs 40% for East.
5. Recommendation 8 had 3% compliance for Central vs 20% for East.
6. Recommendation 10 had 100% compliance for Central vs 94 % for East.
7. Recommendation 12 had 72% compliance for Central vs 71% for East.

Conclusion.

1. Improve compliance with the NCEPOD recommendations in the quality of physical healthcare provided to adult patients in mental health inpatient settings.
2. Develop a Trust wide policy document for physical health care in mental health inpatient settings in North Wales as per NCEPOD recommendations.
3. Develop a new physical health assessment booklet for Betsi Cadwaladr University Health Board Mental Health and Learning Disabilities Division to be used by all inpatient staff for the provision of physical healthcare of mental health inpatients in line with the NCEPOD recommendations.

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Compliance With a Biopsychosocial Assessment Template When Assessing Presentations of Self-Harm or Suicidal Ideation by Liaison Psychiatry Practitioners in Dorset Healthcare: A Clinical Audit

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Aims. To evaluate whether a comprehensive biopsychosocial assessment is performed for patients presenting with self-harm or suicidal ideation in clinical practice, following National Institute for Health and Clinical Excellence guidelines 225 (NG225). We assessed Dorset Healthcare Liaison Psychiatry practitioners' compliance with a standardized biopsychosocial assessment template.

Methods. A standardized biopsychosocial assessment template, aligned with NG225, is utilised in all Dorset Healthcare Liaison Psychiatry services for conducting initial assessments. Included data were the initial assessments of adult patients presenting from 01/08/2023 to 30/09/2023 for the following indications: 1) a suicide attempt, 2) a self-harm incident, or 3) suicidal ideation. Any initial assessment that did not use the standardised template was excluded. Retrospective analysis of Rio records assessed compliance with each heading on the biopsychosocial assessment template.