

the national prescribing practices as identified in the POMH-UK Quality Improvement Project (QIP) 12b.

**Methods.** The medical secretaries were contacted and asked to provide a list of patients seen as outpatients between March–September 2021 who have a diagnosis of personality disorder.

As there were multiple psychiatrists working in a team the cases to include were taken evenly from each caseload.

**Results.** The frequency of diagnosis of personality disorder was more likely in females (31/40). Most common personality disorder diagnosed was EUPD (88.5%) followed by mixed Personality disorder (11.5%).

Among sample of patients selected, around 75% were prescribed some psychotropic medication including 52.5% (21/40) who were prescribed an antipsychotic medication.

Around 47.6 % (10/21) of the antipsychotic prescriptions were a new recommendation. Out of all the antipsychotic medications prescribed, quetiapine was by far the most common antipsychotic prescribed followed by aripiprazole.

In 38% of cases where antipsychotics were prescribed specifically for the management of Personality Disorder a rationale was given. Predominantly they were prescribed to reduce mood instability and impulsivity, and to aid sleep. Furthermore, none of the rationales given was in line with NICE recommendation.

Only 3.8% (5/21) of those prescribed antipsychotics were given a written information about antipsychotic effectiveness in PD and a plan to reduce antipsychotic medication was documented in only 28.57% (6/21).

A comorbid diagnosis was present in 62.5% (25/40) of the patients and the most common one was complex PTSD. The frequency of antipsychotic prescription was higher in those with a comorbid diagnosis (57.1%) and 42.8% in those without a comorbid diagnosis. However, there were differences in comorbidities present for patients prescribed antipsychotics as compared with those not prescribed antipsychotics. Those on antipsychotics tended to have comorbid diagnoses on the psychosis, bipolar spectrum disorders and PTSD whereas those not on an antipsychotic tended to be on the depressive or anxiety spectrum.

The other psychotropic medications used were antidepressants and benzodiazepines.

**Conclusion.** In general, the frequency of prescribing antipsychotic medication to patients with personality disorder in the community mental health teams across Cumbria (52.5%) appears to be lower than the national average (57%). However, the prescriptions did not meet the requirements set out by the NICE guidelines. A significant gap between the recommendations and practice was identified.

In 38% of cases, in which antipsychotics had been prescribed specifically for personality disorder there was a rationale given. Even when a rationale was given it was to treat intrinsic features of Personality disorder which is contrary to what NICE recommends. Only 3.8% of prescriptions were supported with written information on the efficacy of antipsychotics in personality disorder.

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.

**Audit of Compliance With Stopping the Overprescribing of People With Autism Spectrum Condition (ASC) and Intellectual Disability (STOMP) Within the Child and Adolescent Mental Health Services (CAMHS) in Warrington, Mersey Care NHS**

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**Aims.** To assess compliance with the standards set in the Royal College of Psychiatrists (2021) Position Statement PS05/21: Stopping the overprescribing of people with ASC and Intellectual disability (STOMP) within the Child and Adolescent Mental Health Services (CAMHS) in Warrington, and Mersey Care Consent to Examination and Treatment Policy SD06

**Methods.** A retrospective analysis of the electronic record of children and young persons (CYPs) having a diagnosis of either ASC, attention-deficit/hyperactivity disorder (ADHD), or both, and taking psychotropic medication while actively receiving care at Alders Warrington CAMHS between 1st May 2023 and 31st May 2023, was performed. The audit sample included 18 CYPs meeting the criteria, and we conducted the audit against 14 Compliance standards.

**Results.** 18 CYPs were included in the audit. 10 (55%) had a comorbid diagnosis of anxiety disorder, depression, or both, while eight (45%) had OCD, OCD Traits or Tic disorder. Four CYPs (22%) had challenging behaviour, including self-injurious behaviour in one of them. Although 17 (95%) of the CYPs had a mental disorder, the clinical indication for the psychotropic medication, which was documented for all patients, was also for behavioural problems viz challenging behaviour, and self-injurious behaviour, for 3 (17%) CYPs. For one patient (6%), there was no behavioural support plan (BSP), before the commencement of psychotropic medication. Three patients were prescribed psychotropic medication for behavioural problems. Two of the three patients with challenging behaviour had already commenced psychotropic medication before referral to the locality. All eligible patients had an initial multi-disciplinary team (MDT) meeting before prescription and routine 3-monthly reviews for efficacy and side effects. In all the cases, a specialist prescriber prescribed medication, and mental capacity was assessed and documented. Where necessary, a decision was taken in the patient's best interest. The service met all other requirements for compliance with standards set in the RCPsych position statement except for three criteria.

**Conclusion.** Overall compliance with STOMP guidelines at the Alders Warrington CAMHS was 98%, with Significant Assurance. Dissemination of good practices and an early re-audit is strongly recommended.

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**Audit of Electroconvulsive Therapy Service Provision in Lincolnshire Partnership Foundation Trust: Current Standards and Adherence to National Guidance**

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