risk to others. Moreover, the appropriateness of an acute bed should be considered, and whether psychiatric intensive care or forensic services may be more appropriate for the patient. In line with this, the Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) admissions policy details standards of the assessment prior to referral to acute inpatient services. Pre-referral assessment should be carried out by a multidisciplinary team including a senior doctor. It should include rationale and plan of care for admission, risk assessment and section status on admission alongside type of bed being requested. Referrals are accepted from multiple teams including Home Treatment, the Place of Safety and Liaison Psychiatry. Aim: To audit adherence to the pre-referral policy for acute inpatient admissions to a male and female ward in BSMHFT, including comprehensive assessment, plan of care and consideration of appropriate bed type.

Methods. A retrospective audit of pre-referral documentation for all admissions from April to September 2019 to a male and separate female acute inpatient unit at the Zinnia Centre, Birmingham was carried out. This included 83 male admissions and 82 female admissions. Documentation was reviewed on the clinical system Rio. Parameters reviewed included assessing clinician, assessment summary, capacity assessment, consideration of bed type, plan of care and section details.

Results. Overall, almost half of admissions (49%) were assessed by a full Mental Health Act team, 34% by a senior psychiatric doctor and the remainder by psychiatric nurses in the referring department. An up-to-date assessment summary was completed in the majority of cases (67%) prior to referral. Risk assessments were completed in 82% of cases. 35% of cases included a detailed plan of care which met audit standards. Capacity assessment alongside outcome was documented in 13% of cases. The type of bed was only considered in 13% of cases.

Conclusion. Whilst assessment and risk documentation was completed in the majority of cases, few cases had a clear plan of care and appropriateness of bed type was rarely considered in assessment. Greater adherence to the pre-referral process could facilitate treatment decisions during admission and seek to ensure a safer inpatient environment.

Monitoring of ADHD Medication: Are We in Line With NICE Guidelines? a Closed Loop Audit

Dr Clare Langan*

NHS Greater Glasgow and Clyde, Glasgow, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.459

Aims. Attention Deficit Hyperactivity Disorder (ADHD) in adults is a growing clinical problem and its prevalence among patients being referred to the General Adult Psychiatry clinic is rapidly increasing. The treatment of ADHD involves the use of medications such as methylphenidate, atomoxetine and lisdexamfetamine. These medications can cause significant adverse effects including arrhythmias, hypertension and appetite suppression. NICE guidelines stipulate that individuals on such medications should have weight, blood pressure and heart rate monitored every 6 months. The aim of this closed-loop audit was to assess if weight, heart rate and blood pressure are being monitored in line with current NICE guidelines in those who are on medication to treat ADHD in a Community Mental Health Team in Glasgow.

Methods. Patients with an ADHD diagnosis were identified through a search of electronic case records. Electronic records were reviewed for each patient identified to assess if weight, heart rate and blood pressure had been recorded in the last 6 months. The results of the first cycle of this audit was presented at a local meeting in May 2021 with relevant clinicians present. The patient cohort identified was subsequently re-audited in December 2021 to assess if there had been an improvement in the monitoring of these medications.

Results. 30 patients were identified who had an ADHD diagnosis. 15 male and 15 female patients were identified. Patient age ranged from 18–50. 10 patients did not engage with services and were so subsequently excluded from our analyses. There was a substantial improvement in the monitoring of weight, heart rate and blood pressure in the second cycle compared with the first cycle of this audit. 45% of patients had their weight recorded (previously 15%), 40% had their heart rate recorded (previously 8%) and 50% had their blood pressure monitored (previously 19%).

Conclusion. There has been a significant improvement in monitoring heart rate, blood pressure and weight every 6 months in line with NICE guidelines in the second cycle compared with the first cycle of this audit. However, we are still not currently meeting NICE guidelines. This is of particular clinical significance given the increasing prevalence of patients with an ADHD diagnosis and subsequent increase in the use of these medications. The COVID-19 pandemic and the reduction in face-to-face reviews has likely had an impact on our ability to monitor these medications.

Assessing the Anticholinergic Burden in the West Memory Assessment Service (MAS)

Dr Rebecca Lees* and Dr John Alderson

Leeds and York Partnership NHS Foundation Trust, Leeds, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.460

Aims. Aim: Evaluate the recording of the Anti-Cholinergic Burden (ACB) score for patients referred to the West Leeds Memory Assessment Service (MAS). Objectives: 1) Calculate the Anti cholinergic Burden score of all patients referred to the West MAS in June 2021 where this has not already been done. 2) Determine if there is a need to review the process for assessing this component of the cognitive assessment in MAS.

Methods. All patients who were referred to the West MAS in June 2021 were included in this project. Data were collected from GP referral letters, the referral meeting documentation and patients' GP prescriptions.

These records were checked for a documented ACB score. If ACB scores were not found, they were calculated based on a patient's GP prescription. Several ACB calculators were used to do this, as NICE does not recommend a specific scoring system.

Results. There were 60 referrals in June 2021. Within this data set, there were no documented ACB scores found at the point of referral.

The different scoring systems used led to considerably different ACB scores, with the lowest figure suggesting 20.4% of patients had a raised ACB score (n = 10).

In all three scoring systems used, the medication most frequently leading to a larger anticholinergic burden is Amitriptyline.

Conclusion. Within the service, during the referral process we are not routinely documenting anticholinergic burden. We are in the process of agreeing a standardised ACB tool to review all new referrals to the service and determine how we can communicate these findings with referrers. We are looking to improve local awareness of ACB scoring across the memory pathway and will undertake a re-audit of practice in 3 months to establish if the proposed changes improve our results