

patients discontinuing antipsychotic medication by 34% of total numbers in comparison to the 2022 audit.

Antipsychotic review status was up to date for 68 patients, overdue for 12 patients and not stated for 4 patients. This shows a significant decrease in number of patients with overdue reviews for antipsychotic medication currently at 19% of total reviews in comparison to last audit's results of 61% of reviews.

**Conclusion:** It is good practice to review initiation of antipsychotics regularly once in 6 weeks–3 months in accordance with NICE Guidelines.

It is good practice to monitor antipsychotics in care homes once in 6 months to follow NICE Guidelines and ensure regular reviews.

It is recommended to audit prescribing of antipsychotic medication once in 6 months to maintain good medical practice.

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## STAMP/STOMP Audit: Psychotropic Medication Prescribing and Physical Health Monitoring, for Children and Young People in the Leeds Community Healthcare (LCH) Learning Disability Clinic

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**Aims:** This audit explores adherence of the Leeds Community Healthcare (LCH) Learning Disability Clinic to the STAMP/STOMP guidelines. This is to ensure that children with moderate to severe learning disability or autism are not overmedicated with psychotropic medications and are aware of their right to an annual health check.

**Methods:** This audit took place in 2 cycles: JA in November 2023 and EM in July 2024. On both occasions, 30 clinic patients were randomly selected. Data was collected from SystmOne and Leeds Care Record, to ascertain:

The number of children who had their Annual Health checks in the previous year.

Whether the drug names and dosages had been identified in case notes.

Whether indications for psychotropic treatment were documented.

If the drug was within British National Formulary limits.

Whether there was a discussion of side-effects at initiation and follow-up.

In cycle 2, EM set criteria for “enquiry for side-effects at follow-up”. This was interpreted as a relevant medical appointment in the past 6 months or since a change in dose. In addition, the age of the child was accounted for in the second cycle, as only children >14 years were advised to have an annual physical health review.

**Results:** Children receiving an annual health check: 70% (cycle 1)/80% (cycle 2).

Drug names and dosages have been documented: 100% (cycles 1 and 2).

Indication for psychotropic medications has been documented: 85% (cycle 1)/93% (cycle 2).

Discussion of side-effects at initiation has been documented: 73% (cycle 1)/38% (cycle 2).

Enquiry for side-effects at follow-up: 77% (cycle 1)/54% (cycle 2).

**Conclusion:** Medications and dosage were consistently documented across both Audits. In cases where only melatonin or ADHD medication is prescribed, it was more common to find that discussion of adverse effects, and specific impacts on sleep duration and latency were not documented. On an ongoing basis, team members must ensure that patients over the age of 14 (and their families) are aware of their right to an annual physical health check.

One limitation of this study is that ‘discussion of side-effects’ does not clarify the extent and frequency to which these should be discussed. This may account for the large difference between audit cycles. In addition, the spread of information between systems may have increased the possibility of information being lost or overlooked.

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## Re-Audit of the Physical Health Monitoring of Patients Receiving Antipsychotic Treatment in Ty Llywelyn Medium Secure Unit

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**Aims:** The aim of conducting this audit is to know whether the physical health monitoring of our clients are done appropriately in accordance with the BCUHB guidelines for physical health monitoring for adults prescribed antipsychotic therapy and also to reduce the risk of adverse side effects of antipsychotics on the physical health of our patients.

**Methods:** The sample in this audit consists of 18 patients (n=18) in Ty Llywelyn. To collect the data, we utilised the patients’ paper files, Paragon (computerised) clinical entries, drug charts and observation charts. The participants also had their waist circumference measured using tape measurement. Data collection was undertaken in June and July 2024 using the audit proforma. Completed GASS questionnaires were filed in the patients’ notes and the prescriptions initiated because of the questionnaires were accompanied by a Paragon entry to explain the rationale.

**Results:** In this re audit, it was noticed that most of the patients had their waist circumference measured. Whereas in the previous audit, waist circumference was not done on the patients. Out of the 18 people who participated in the audit only 17 people had their waist circumference measured. Out of the 17 people, 13 patients were shown to have obesity according to their waist circumference and 3 patients fall within the overweight range of waist circumference. Only one patient’s waist circumference falls within the range of normal. In addition, in this audit, we identified that 12 out of the 18 patients who participated in this audit have normal HBA1C meaning that they are not diabetic, while 6 out of the 18 patients are diabetic. Of the 18 participants in this audit, a total of 2 patients had normal weight. A total of 11 participants are obese. A total of 1 patient is overweight. A total of 4 patients are severely obese.

**Conclusion:** The results highlight the importance of regular monitoring and the need for targeted interventions to manage obesity, reduce and eliminate diabetes and also to reduce the risk of adverse side effects of antipsychotics on the physical health of our patients. Overall, the physical health of the patients in Ty Llywelyn

medium secure unit is taken seriously, hence the higher percentage of people who have their physical health checked in this study.

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## Improving Valproate Prescribing Practices in Women of Childbearing Age: An Audit Cycle in a Psychiatric Inpatient Setting in Qatar

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**Aims:** Prescribing valproate to women of childbearing age in psychiatric settings requires a nuanced approach due to its teratogenicity. The Medicines and Healthcare Products Regulatory Agency (MHRA) and the National Institute for Health and Care Excellence (NICE) guidelines emphasize the importance of avoiding valproate in this population, considering alternative medications, discussing benefits, side effects, and teratogenicity, conducting pregnancy testing before initiation, and ensuring the use of highly effective contraception. This study aimed to evaluate current prescribing practices against MHRA and NICE guidelines within Hamad Medical Corporation (HMC) psychiatric inpatient units.

**Methods:** An initial audit was conducted between 25/10/2022 and 25/10/2023, followed by a re-audit between 10/11/2023 and 10/11/2024. The audit involved a retrospective review of electronic health records of all female patients of childbearing age (16–49) admitted to the psychiatry hospital and prescribed valproate for a psychiatric indication. Data were collected using a proforma, and the audit was approved by the HMC Audit Committee.

**Results:** During the first audit period, 32 patients were prescribed valproate. Of these, only 1 patient (3%) had documented discussion about teratogenicity, 7 patients (21%) about benefits, and 3 patients (9%) about side effects. 21 patients (65.6%) underwent pregnancy testing before prescription. However, none of the patients received documented education about highly effective contraception.

In response to these findings, results were widely disseminated within the department, and educational sessions were conducted for doctors and pharmacists. Additionally, the need to develop national guidelines was emphasized to ensure safer prescribing practices. Noteworthy, during the re-audit phase, there was an expansion in bed capacity for female patients.

The re-audit showed a reduction in valproate prescribing to 21 patients. Documented discussions on teratogenicity increased to 10 patients (47.6%), while 5 patients (23.8%) had discussions about benefits and 14 patients (66.7%) about side effects. Pregnancy testing before prescribing improved to 19 patients (90%). Additionally, 8 patients (38.1%) received documented education on effective contraception.

**Conclusion:** The re-audit demonstrated significant improvement in pregnancy testing, and noticeable progress in other aspects, though further work is required. This study underscores the importance of educational sessions and interdisciplinary collaboration among doctors and pharmacists to enhance prescribing practices. Towards sustained improvement, systematic changes are needed, including

shifting clinicians' perceptions of valproate prescribing, developing local guidelines, and introducing strict governance measures. This audit has served as a catalyst for the development and implementation of national guidelines and has led to the initiation of a quality improvement project.

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## Dementia and Driving (2nd Cycle Audit)

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**Aims:** This is round 2 of audit focusing on assessing the compliance of health professionals with the UK law by informing the drivers with dementia about their legal requirement to report their condition to the DVLA and their insurance companies. The aim of this audit is to ensure public safety by adhering to the General Medical Council (GMC) guidance; “Confidentiality: patients’ fitness to drive and reporting concerns to the DVLA or DVA”, as well as the Driving with Dementia or Mild Cognitive Impairment Consensus Guidelines for Clinicians; endorsed by RCPsych and Alzheimer’s Society. This will help ensure public safety and prevent potential accidents or incidents caused by impaired driving.

**Methods:** This is the second cycle of the audit, including patients diagnosed in 2024. First cycle was completed last year for patients diagnosed in 2022. Retrospective data was collected from SystmOne. 40 patients were selected randomly from 807 patients referred to the memory clinic of Watermill resource centre in Berrywood Hospital.

**Inclusion Criteria:** Patient referred to the service between 1 January–31 December 2024 who were diagnosed with Dementia.

**Results:** The results showed that Compliance with informing patients to report to the DVLA following their diagnosis has improved from 73% to 80%. The compliance with informing patients to report to their insurance companies fell from 45% to 0% in the second cycle. Out of the 40 patients diagnosed with dementia, 34 had a recorded risk assessment. 5 patients were driving at the time of assessment. 3 patients were referred to occupational therapy for a driving assessment. 4 out of 5 driving patients were informed they must report to the DVLA (compliance 80%), and 1 out of 5 driving patients were informed they must contact their insurance company (compliance 20%). No documented evidence was found about informing the patients about consequence of not reporting to the DVLA and insurance companies. There was no record of medics having to contact the DVLA.

**Conclusion:** Overall, the audit revealed a need for improvement in compliance and documentation. It is recommended that health professionals strictly adhere to their responsibilities in risk assessment and informing drivers with dementia about their legal requirements regarding informing DVLA and insurance companies. Clear documentation should be made using a standard template available.

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