

Aims. This audit assesses the adherence to and effectiveness of rapid tranquilization protocols in a tertiary care psychiatric facility in Pakistan, particularly focusing on the use of intramuscular (IM) haloperidol and promethazine. The evaluation also includes an analysis of how these practices align with the prescribed guidelines for managing psychiatric emergencies.

Methods. A comprehensive retrospective analysis of patient records from January to December 2023 was conducted. The focus was on assessing the sequence of interventions (de-escalation techniques, oral medication, IM administration), medication choices, adherence to protocol steps, and documentation of patient monitoring post-administration. Descriptive and inferential statistical methods were applied to analyze the data.

Results. Among 482 patient records:

The primary diagnoses included schizophrenia (44%), bipolar disorder (29%), and severe depression with psychotic features (27%). IM haloperidol and promethazine were predominantly used, with 68% of cases bypassing oral medication or de-escalation attempts. Only 60% of cases showed adherence to the recommended protocol steps, including assessment for medical causes and optimization of regular prescriptions. In 12% of cases, a second injection was necessary, with the interval between injections undocumented in 15% of these cases. Vital monitoring post-administration was not recorded in 30% of cases. Medication unavailability was an issue in 8% of aggressive cases. Protocol deviations included the omission of recommended pre-treatments, such as ECG for haloperidol and the lack of alternative options like buccal midazolam or inhaled lorazepam.

Conclusion. The audit reveals significant deviations from established guidelines in the rapid tranquilization process. The frequent omission of non-invasive interventions and the lack of consistent monitoring and documentation practices highlight areas needing immediate improvement. Training in de-escalation techniques, adherence to step-wise intervention protocols, and ensuring the availability of a range of medications are crucial. This study underscores the importance of aligning psychiatric emergency practices with established guidelines to ensure patient safety and effective treatment outcomes.

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.

Identifying Perimenopausal Symptoms in Women Diagnosed With Depression: A Focused Audit at a Tertiary Care Hospital

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doi: 10.1192/bjo.2024.572

Aims. This audit aimed to assess the recognition and management of perimenopausal symptoms in women diagnosed with depression at the Psychiatry Outpatient Department (OPD) of Benazir Bhutto Hospital, Pakistan. It focused on identifying gaps in screening for perimenopausal symptoms among these patients.

Methods. Conducted over a year, this retrospective audit included 250 women aged 45–55 years, previously diagnosed with depression. Post-diagnosis screening for perimenopausal symptoms was performed using the Menopause-Specific Quality of Life Questionnaire (MENQOL) and the Greene Climacteric Scale.

Data on initial diagnostic criteria, treatment modalities, and patient outcomes were reviewed. Follow-up interviews provided insights into ongoing symptom management and treatment satisfaction.

Results. The retrospective screening revealed that 78% of these women had significant perimenopausal symptoms per the Greene Climacteric Scale, which were initially overlooked. MENQOL results showed 65% experiencing a substantial impact on quality of life due to menopausal symptoms. Treatment primarily consisted of antidepressants (used by 82% of patients), while 8% received psychological counseling, and 10% were advised on lifestyle adjustments and non-hormonal therapies. Only 45% of the patients reported satisfactory symptom management, indicating a potential discrepancy between the treatments for depression and the underlying perimenopausal condition.

Conclusion. The audit at Benazir Bhutto Hospital demonstrates a high incidence of undiagnosed perimenopausal symptoms in women treated for depression, suggesting a critical need for improved screening protocols. The results indicate that integrating perimenopausal symptom assessment into the initial diagnostic process for depression could lead to more effective, individualized treatment strategies. This approach may enhance the overall treatment satisfaction and quality of life for perimenopausal women, underscoring the importance of holistic patient care in psychiatric settings.

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Monitoring Initiation and Administration of Covert Medication(s) for Service Users in Amber Ward of Millbrook Mental Health Unit, Nottinghamshire Healthcare NHS Foundation Trust: A Re-Audit of Compliance With Maudsley Prescribing Guidelines in Psychiatry

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doi: 10.1192/bjo.2024.573

Aims.

1. To evaluate standards of practice regarding initiation and administration of covert medication(s), with comparison to the previous audit completed in January 2021.
2. To highlight improvements and weaknesses requiring further recommendations for effective future practice.

Methods. This clinical audit assessed the current practice in Amber Ward (Old Age Ward for Dementia patients) against the same standards of practice used in the previous audit.

The Audit Checklist included 10 standards from Maudsley prescribing guidelines for Covert Medication Pathway.

A retrospective review of the paper and electronic records of 21 service users initiated on a covert medication plan between January 2021 and June 2022 was carried out.

A descriptive statistic on the data and presented results in tables comparing frequencies and percentages with the data from previous audit was then performed.

Results.

1. An increase in percentage of documented evidence of covert medication plan being discussed with a relative with Lasting

Power of Attorney or in a Best Interest Meeting to 95% (n = 20) from 85% (n = 12) in the previous audit.

2. An increase in percentage of documented evidence of pharmacy input on covert medication administration plan to 100% (n = 21) from 47% (n = 7) in the previous audit.
3. An increase in percentage of documented evidence of covert medication administration in the drug charts to 100% (n = 21) from 53% (n = 8) in the previous audit.
4. An increase in percentage of documented evidence of covert medication review date on the covert medication initiation forms to 85% (n = 18) from 67% (n = 10) in previous audit.
5. A decrease in percentage of documented evidence of MDT discussion prior to starting covert medication plan to 90% (n = 19) from 100% (n = 15) in previous audit.

Conclusion. This re-audit showed some improvement with 100% compliance in 4 out of 10 standards, however, there's still room for improvement to get the compliance to 100% across all the standards.

We therefore recommended strict adherence to existing covert medication initiation plan form, with particular attention to be paid to the standard of proper documentation of the details of MDT discussions around covert medication plan initiation, as there was surprisingly a reduction noted in this standard.

Finally, we recommended that another re-audit be considered within 2 years of completion of this re-audit.

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Identification and Management of Hyperprolactinaemia in Patients With Intellectual Disabilities Who Are Prescribed Antipsychotic Medication: A Retrospective Audit

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doi: 10.1192/bjo.2024.574

Aims. Hyperprolactinaemia has long-term complications including reduced bone mineral density (BMD). People with an intellectual disability (ID) have a greater burden of disease and reduced life expectancy compared with the general population, including an increased risk of osteoporosis and fractures. There is a higher prevalence of antipsychotic prescriptions in people with ID which increases the risk of hyperprolactinaemia. Therefore, regular serum prolactin monitoring is important in this group. The aims of this audit were:

1. To identify how many patients with ID are prescribed antipsychotic medication and of these, how many have had prolactin levels measured in the last 12 months.
2. To identify how many patients had elevated prolactin levels (>530 mIU/L).
3. To identify if results had been managed as per current guidelines.

Methods. Data was reviewed from the Richmond and Kingston psychiatry caseloads using the electronic patient record, Care Notes. Each patient was reviewed against the inclusion criteria of diagnosis of ID and currently prescribed antipsychotic medication.

125 patient records were reviewed on Care Notes. 50 patients were excluded as they were not prescribed an antipsychotic medication. The remaining 75 patients met the inclusion criteria.

Results. 75 patients were prescribed an antipsychotic. Of the 10 different antipsychotics prescribed, the most common were risperidone (50.7%) and olanzapine (30.7%). Of those prescribed an antipsychotic, 39 (52.0%) had their prolactin levels measured in the last 12 months.

The prolactin levels measured ranged from 82 mIU/L to 4890 mIU/L. 16 (41.0%) patients had elevated prolactin levels. In those with elevated prolactin, 68.8% were prescribed risperidone.

Of the patients with elevated levels, 81.3% had their results discussed with them and treatment options considered. The majority of patients were monitored and screened for symptoms. In some cases, psychotropic medication was reduced with a view to stopping and others continued to be monitored. Two patients were prescribed aripiprazole 2.5mg as an adjunct.

Those who had not had their prolactin levels discussed were all awaiting appointments as the blood tests had been taken recently.

Conclusion. A key area identified is how to increase uptake of blood tests in this patient group. Closer liaison with GP surgeries and proactive discussions with patients about the importance of screening for hyperprolactinaemia may help to improve outcomes. Referral to our in-house needle desensitisation service may also be helpful.

There is also scope for future research regarding the management of hyperprolactinaemia in the ID population due to the increased risk of reduced BMD.

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Driving in Home Treatment Teams: Are We Talking About It Enough? An Audit Covering Kingston and Richmond Boroughs in South West London and St George's NHS Trust

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doi: 10.1192/bjo.2024.575

Aims. Legality of driving and serious mental illness is often poorly understood by service users and staff. The risk of rare but serious consequences indicate the value in including driving risk in initial assessments. The Driving and Vehicle Licensing Authority (DVLA) advises not to drive and notify them of changes in condition or concerns around an individual's ability to drive. Crisis periods can represent changes in condition for individuals with chronic mental health conditions including psychotic disorders, manic episodes, severe anxiety and depression, and personality disorders. It therefore is pertinent for home treatment team (HTT) clinicians to consider driving safety, in patients requiring crisis intervention. The aim of our audit was to identify what proportion of patients on the Kingston and Richmond HTT caseloads are asked about driving and implement changes to facilitate discussion thereby improving safety.

Methods. Retrospective data was collected from Rio clinical record software from the entire Richmond HTT and Kingston HTT caseloads at baseline, two and four months post-intervention. Clinical records were reviewed to establish if driving