

11.1% ($n = 2$). Furthermore, it was noted data recorded varied between clinicians.

The results of this audit were disseminated to OPMHS team. A proforma was introduced to encourage capture of all relevant information and to ensure consistency. Feedback was collected from clinicians using the proformas and relevant changes were made.

A second cycle of this audit was carried out after the proforma was introduced to the subsequent clinic ($N = 12$). This showed an improvement in record-keeping including lithium dose, lithium levels, psychotropics and side effects of 100% ($n = 12$). Renal function and mood were recorded in 91.7% ($n = 11$) of files and safety netting advice provision in 75% ($n = 9$) of files audited.

Conclusion. Introduction of a proforma is a simple and effective way to ensure relevant and important details are documented. This is not only for good clinical practice, but for medico-legal reasons also.

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.

Assessing Adherence to Antipsychotic Prescribing and Monitoring Guidelines in a Psychiatric Unit for Older Adult Females in Kent and Medway NHS and Social Care Partnership Trust (KMPT): A Retrospective Audit

Dr Maria Moisan*, Dr Bianca Dixon
and Dr Ayebatonye Ajiteru

Kent and Medway NHS and Social Care Partnership Trust, Dartford,
United Kingdom

*Presenting author.

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Aims. Antipsychotic medications are commonly used in the management of psychiatric disorders, including in older adults. However, the use of these medications in older adults can be associated with a higher risk of adverse effects such as cardiovascular event and extrapyramidal symptoms.

This retrospective audit aimed to evaluate adherence to antipsychotic prescribing and monitoring guidelines in a Psychiatric Unit for Older Adult Females in Kent and Medway NHS and Social Care Partnership Trust (KMPT).

Methods. The audit criteria encompassed various aspects of documentation and medication management, including diagnosis documentation, indication, age, comorbidities, consent, baseline assessments, monitoring, review, and follow-up care. Data from two months' records were analysed leading to an action plan with slight amendments to the user-friendly template for ward round and a physical health monitoring poster for junior doctors and ward staff. These initiatives aim to improve patient care, streamline documentation, while accommodating the rotation of junior doctors. A re-audit is planned post implementation.

This audit's limitations included the study's single-site nature, potential sample size constraints and reliance on accurate documentation.

Results. The audit achieved 100% compliance in documenting patient age and MHA status, meeting legal requirements. Weight, BMI, and baseline blood pressure exhibited full compliance. Baseline ECGs had an 86.66% compliance rate, while QTc interval documentation reached 100%. Antipsychotic indication and weekly reviews were documented at 100%, with an 83.33% rate for rationale documentation for medication changes.

Comorbidities were fully documented, but extrapyramidal symptom and sedation monitoring showed a 46.66% compliance rate. Baseline blood tests, including glucose, bA1c, lipid profile, electrolytes, renal and liver function, thyroid function, and prolactin levels, generally had high compliance, but lipid profile and liver function achieved 73.33%. Repeat blood tests varied, with electrolytes and renal function at 100%, while thyroid function and prolactin levels scored lower at 26.66% and 46.66%. Continued monitoring of weight, BMI, and blood pressure remained fully compliant. Compliance for repeating ECGs within recommended timeframes reached 53.33%, and recommendations to GPs for yearly ECGs and blood monitoring achieved 50%.

Conclusion. In summary, the audit identified areas of commendable high and medium compliance with antipsychotic prescribing guidelines in a Psychiatric Unit for Older Adult Females in KMPT. An action plan has been formulated to not only enhance patient care but also to refine the documentation process positively further, fostering continued progress in the provision of high-quality care.

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Audit of the Missed Seizure Rate and Management at Northamptonshire Healthcare NHS Foundation Trust (NHFT) Electroconvulsive Therapy Clinic

Dr Sanaa Moledina* and Dr Jaiker Jani

Northamptonshire Healthcare NHS Foundation Trust, Northampton,
United Kingdom

*Presenting author.

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Aims. The audit aimed to study missed seizure frequency, management, and restimulation rate at NHFT's ECT clinic.

Methods. We conducted a retrospective analysis of ECT treatments administered between October 1, 2021, and March 21, 2023, collecting data on stimulation frequency and doses, duration of motor seizures and EEG activity, and patients' demographics. The study compared current practice with the NHFT ECT protocol, which defines missed seizures as treatments failing to induce convulsions and EEG activity. Management entails restimulation at least once or twice according to the stimulus dosing protocol during the seizure-threshold (ST) determination phase or by increasing the dose by 10% (50 millicoulombs) during the treatment phase, alternatively recording reasons for not re-stimulating. The ratio of missed seizures to total stimulations was used to determine the missed seizure rate, and the ratio of total restimulations to missed seizures was used to calculate the restimulation rate.

Results. The clinic provided 268 treatment sessions and 26 courses of bilateral ECT to 23 patients aged 17–84 years, primarily female (60%) and Caucasian (74%), with a 12.6% missed fit rate and a 67.5% restimulation rate. Thirty missed seizures occurred during the initial ST determination phase, with twenty-two restimulated. Four of these could not be restimulated due to the maximum limit of three stimulations per ECT session. Seven missed seizures occurred later in the treatment phase, with three restimulated. For restimulations during the seizure-threshold determination phase, only eight of the twenty-two restimulation doses matched the stimulus dosing chart, and over half of these patients were stimulated at a lower-than-recommended dose. Once a seizure was generated and the threshold was identified, suboptimal

maintenance doses were chosen, with 47% of patients stimulated on the same dose and 37% on doses only marginally over the ST in consecutive sessions. During the treatment phase, two out of three restimulations were performed with a dose lower than the specified 10% increase. The reasons for deviating from the guidelines were not documented.

Conclusion. National audits of ECT clinics in 1981 and 1992 showed 50% and 25% missed seizure rates, respectively. Bridgend ECT Clinic maintained a missed fit rate of $\leq 5\%$ over a 6-year period, which is half that of NHFT. Missed seizures have been associated with treatment failure and post-ECT adverse effects; hence, to effectively manage them, we propose that all ECT administration personnel be familiar with the NHFT ECT protocol, including the stimulus-dosing protocol, and document any clinical grounds for deviations.

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Interactions Between Lamotrigine and Contraceptives – Communication Practises

Dr Samina Monir*, Dr Cissy Atwine, Dr Helen Hutchings and Dr Michael Harris

Sussex Partnership NHS Foundation Trust, Worthing, United Kingdom

*Presenting author.

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Aims. This audit assesses communication practices regarding interactions between lamotrigine and oral contraceptives in North West Sussex (NWS) Specialist Perinatal Mental Health Services (SPMHS).

The predicted outcome includes increasing awareness about potential interaction between lamotrigine and contraceptives with resulting impact on patient safety.

Background. Lamotrigine is used for epilepsy and mental health disorders but can interact with contraceptives, affecting efficacy and safety. NICE recommends it for bipolar depression, relapse prevention and recurrent depression. Interactions with hormonal contraceptives can influence effectiveness of either drug and increase the risk of side effects. Patients on lamotrigine should be counselled so they can make an informed decision about taking the medication.

Methods. Reviewed records of all patient on the caseload on 21st June 2023. Collected data for lamotrigine prescription, indication, contraceptive method, and documented counselling. Calculated percentage of patients counselled on lamotrigine-contraceptive interaction.

Results. In 261 patient records, 11.9% were previously or currently on lamotrigine or had a discussion about starting lamotrigine. 6.1% currently and 3.1% previously on lamotrigine. Counselling on lamotrigine's interaction with oral contraceptives was documented with 3.1%, while 74.2% received none. Indications for lamotrigine use were epilepsy 9.7% and mood stabiliser 90.3%. Of 27 patients who weren't currently pregnant, 9 of them were informed of the interaction risk while 18 were not. Contraception methods were documented for 10 individuals.

Conclusion. Findings showed the need for increased awareness about the interaction and documentation of appropriate discussions to inform their choice.

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Audit Regarding the Physical Health Workload for Doctors at an Older Adult Psychiatry Unit in Leeds

Dr Eleanor Morris*

Leeds and York Partnership NHS Foundation Trust, Leeds, United Kingdom

*Presenting author.

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Aims. The Royal College of Psychiatrists provides guidance regarding the experience of Foundation Doctors and Core Trainees, during their Psychiatry rotations. At The Mount, an Older Adult Mental Health unit in Leeds, it was observed by trainees that management of physical health conditions was occupying a large portion of their time.

Aims:

1. Measure how much time is spent on physical health activities, between Foundation Doctors and Core Trainees at The Mount.
2. Consider the impact of physical health workload on the doctors' experience of Psychiatry.
3. Explore the mental health experience of doctors during this rotation.

Methods. This Audit was conducted in three stages:

1. Anonymous collection of quantitative data regarding the proportion of time spent on physical health work. This data was collected for current doctors across all wards, for a two-week period in October 2023.
2. A focus group of junior and senior doctors, to consider onward actions.
3. An anonymous qualitative survey regarding mental health experiences and suggestions for improvement. This was circulated to any Foundation Doctor or Core Trainee who worked at The Mount in the past 12-months, via an online survey.

Results. The quantitative survey showed that Foundation Doctors and Core Trainees at The Mount were spending at least half their time on physical health jobs, such as: clinical reviews, skills such as blood tests and ECGs, and referrals to other clinicians or specialties. This was considered unsurprising by doctors at all levels during the focus group.

The qualitative survey explored this further, with observations that doctors were sometimes unable to attend MDT meetings, tribunals or CPAs due to the high physical health workload. It was felt that senior staff were proactive in offering support, however trainees still felt that opportunities for mental health experience were limited.

Suggestions for improvement were made during the survey, including:

1. Increased input by senior medical staff, such as GPs or Geriatric Trainees.
2. Additional staff to support with upkeep of equipment, or skills such as phlebotomy.
3. Increased use of technology rather than paper charts.
4. Greater clarity regarding minimum staffing and whether locum doctors can be arranged to cover gaps.

Conclusion. In summary, the physical health workload for Foundation Doctors and Core Trainees was noted to be significant and impacting their mental health experience. Following this Audit, consultants at The Mount will be meeting with