Audit of Admissions to Acute Psychiatric Inpatient Unit of Patients With Eating Disorders/Disordered Eating

Dr Roopa Sanglikar* and Dr Gabriela Martyn

Norfolk and Suffolk NHS Foundation Trust, Bury St Edmunds, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2024.626

Aims. The aim of this study was to understand current clinical practice, adherence to evidence-based guidelines, and the perceptions, knowledge and attitudes of the multidisciplinary team caring for inpatients with eating disorder/disordered eating on general adult psychiatric ward.
Methods. The audit was undertaken at inpatient general adult psychiatry ward between 1st July 2022 to 30th April 2023. A retrospective method was used to collect data on admissions of patients with eating disorder/disordered eating alongside qualitative data retrieved for perceptions, knowledge and attitudes of the multidisciplinary team (MDT) and use of and adherence to national guidelines. The data was collected from everyday bed state and MDT handover, admission summary, electronic notes which included physical health charts and discharge summaries. The MDT staff involved were nurses, doctors, health care assistants, dieticians, psychologist, and occupational therapist.

Patients were included if eating disorder management was indicated and undertaken at some stage during the admission, even if the eating disorder was not the primary reason for admission. The age group was above 18 years and included male and female patients. Eight discrete admissions (6 females, 1 male and 1 transgender patient) were included in the audit. Adverse events like refeeding syndrome, electrolyte derangement needing Intravenous/Nasogastric tube feeding, self-harm, level of cooperation between medical and community eating disorders team, community mental health teams and outcomes were recorded. Data analysis was done through Microsoft Excel. Percentages of patients who had met each of the standards were calculated. Documented practices were compared in line with standards of NICE (National Institute for Health and Care Excellence) guidelines and MEED (Medical Emergencies in Eating Disorders) guidelines.
Results. The audit concluded that gaps exist between evidence-based practice and patient care. Despite being admitted due to concern about eating difficulties, a substantial number of patients were not given an eating disorder diagnosis on discharge. And the patients who had eating disorder as primary diagnosis had limited inreach support from specialist team.
Conclusion. There is major challenge in management of disordered eating presentations within inpatient general adult psychiatry units and inreach specialist support for those admitted with eating disorders as primary diagnosis. These findings emphasize for targeted implementation strategies to improve patient care and uptake of research into practice.

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.

Equity on the Mother and Baby Unit: An Audit of Detention Rates and Length of Stay According to Ethnicity and English Language Ability

Dr Najla Eiman[1], Dr Morwenna Senior[2]* and Dr Sarah Jones[2]

[1]Cheshire and Wirral NHS Foundation Trust, Chester, United Kingdom and [2]Greater Manchester Mental Health NHS Foundation Trust, Manchester, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2024.627

Aims. A large body of evidence suggests that experiences of, and access to mental healthcare in England varies according to ethnicity. Inequitable use of restrictive interventions is of particular concern, including within perinatal services: a national-level study of inpatients on Mother and Baby Units (MBU) in 2017 found that 28% of white patients were detained under the mental health act (MHA), compared with 61.5% of Black African, and 66 – 77% of Asian mothers. We carried out an audit with the aim of examining detention rates, length of stay, and time to first section 17 leave on an MBU in South Manchester according to ethnicity and English language ability, to compare with national averages.
Methods. We identified all patients discharged from Andersen Ward (an MBU) between March 2022 and March 2023. Using electronic medical records we extracted information on: ethnicity, language spoken (English vs other), mental health act status (detained under Section 2/3 vs informal), duration of admission, date of detention, date of first Section 17 leave. We calculated the percentage of patients who were detained according to ethnicity (White British, Mixed/other, Asian, Black), and the odds of detention according to ethnicity. Statistical significance was assessed using chi-squared testing. We also compared average length of stay and time to first section 17 leave by ethnicity.
Results. 74 patients had been discharged from the MBU within the audit period. 88% of Black inpatients were admitted under the Mental Health act, compared with 72.7% of Asian mothers, 33.3% of Mixed ethnicity or other ethnicities and 28.3% of white mothers. Differences in detention rates according to ethnicity were statistically significant. Of 11 mothers documented as having a language other than English as their primary language, all had been detained. Length of admission and days to first section 17 leave were not significantly different between ethnicities.
Conclusion. Many factors may contribute to the observed higher detention rates among non-White patients: language barriers and a lack of intercultural competence could lead to risk-averse decision-making during MHA assessments, and different help-seeking patterns might mean White mothers seek help earlier, or for less severe mental health problems. Recommendations include expanding access to high-quality interpreters; investigating factors underlying MHA decision-making through qualitative research; and improving cultural competence among section 12 approved clinicians by incorporating feedback from ethnic minority patients into training and refresher courses.

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.

Lipid Profile and Cardiovascular Risk Monitoring in Patients on Clozapine – an Audit at a Community Mental Health Resource Centre in Scotland

Dr Aamir Shahzad*

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

doi: 10.1192/bjo.2024.628

Aims. Individuals with severe mental illnesses are at an increased risk of morbidity and mortality from cardiovascular diseases

https://doi.org/10.1192/bjo.2024.628 Published online by Cambridge University Press

compared with the general population. Dyslipidaemia is a well-established contributor to CVD risk, alongside factors such as obesity, hypertension, smoking, diabetes, and a sedentary lifestyle. Many patients with severe mental illnesses often exhibit a combination of these risk factors. Notably, second-generation antipsychotics, particularly clozapine, are associated with a significant risk to elevate lipid levels. However, dyslipidaemia is a treatable condition, and various interventions are available to decrease the risk, ultimately reducing the associated morbidity and mortality. Therefore, NICE guidelines recommend monitoring of lipid profile initially at baseline, 3 months and then annually and cardiovascular risk assessment by validated tools like QRISK3 or Assign Score (validated tool used in Scotland).

The first aim of this audit was to see if a lipid profile had been done within the past 12 months in patients on clozapine treatments and second aim was to see if cardiovascular risk had been assessed using a validated tool i.e. Assign Score and lastly to check if lipid results and Assign Score had been communicated to the General Practitioner.

Methods. The audit included 40 patients receiving clozapine treatment under the care of this local CMHT. We excluded 13 patients who were already on statin medication, those newly initiated on clozapine within the last three months or those who were aged below 30 years or above 74 years. The data collection spans from October 2022 to October 2023. Our analysis focused on bloods results in the last 12 months. After that, we searched for the cardiovascular risk assessment in last 12 months of patients' electronic notes. Additionally, a comprehensive review of all communication records with General Practitioners was undertaken.

Results. Lipid profile testing was done in 22 of 27 (81.1%) of the audited patients, revealing that a significant proportion, 59.9% (13 of 22), exhibited elevated total cholesterol levels exceeding 5mmol/L. However, the assessment of cardiovascular risk within the specified timeframe was notably low, with only 1 of 27 (3.70%) of the audited patients undergoing this evaluation. Furthermore, communication with General Practitioners (GPs) regarding lipid profiles was observed in a mere 4 of 22 (18.18%) of cases where such testing was conducted.

Conclusion. The clinical audit showed a good level of compliance with lipid profile monitoring; however, notable deficiencies were noted in the assessment of cardiovascular risk and communication with GPs. These findings emphasized the need to enhance our compliance with protocols for a more comprehensive approach to safeguard the cardiovascular health of patients receiving clozapine. As a result, we have proposed improvement strategy at our local CMHT meeting involving the implementation of a structured process, wherein the clozapine clinic nurse initiates an electronic task for the relevant medic to review the results. The medic is then tasked with calculating the cardiovascular risk and communicating both lipid results and the risk assessment to the GP, ensuring their inclusion in the annual review correspondence and subsequent management. A repeat audit will be done after 12 months.

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 Improvement in Prescription Writing Quality in Adult Male and Female Wards of Psychiatry Department, Lahore, Pakistan: Three Cycles of Clinical Audit

Dr Aazeen Khan, Dr Umaira Arif, Dr Aamir Shahzad*, Consultant Sania Mumtaz Tahir and Consultant Roop Kiran Khan

King Edward Medical University, Lahore, Pakistan
*Presenting author.

doi: 10.1192/bjo.2024.629

Aims.

1. To measure the extent to which medication orders in inpatient prescription charts conform to the section in BNF (British National Formulary) on prescription writing.
2. To implement changes with the intention of improving prescriptions and administration records.

Methods. Prescription charts of patients admitted in adult male and female psychiatry ward were analysed in three cycles, (1 September to 20 October 2022, then 1st December to 31st 2022 and then: 1st January 2023 to 28th February 2023) which added up to a total of 431, 170 and 490 prescriptions in respective cycles.

Each drug prescription was examined to see if it met the standards outlined in BNF.

Percentage of prescriptions meeting each standard was calculated in each cycle.

First Cycle was followed by presentation of BNF guidelines of prescription writing on 7th December 2022 and copies of those BNF guidelines were placed at both male and female nursing counters. After 1 month, a short re-audit was done to assess the improvement which was satisfactory but this audit's results were not presented. Lastly, after one year of presentation of BNF guidelines in the department, two months of prescription charts were re-audited in cycle 3.

Results.

- Cycle 1: Initial evaluation revealed significant discrepancies in prescription accuracy and adherence to administration protocols. Key areas for improvement were identified and discussed with the postgraduate residents.
- Cycle 2: Following the implementation of targeted interventions, a re-evaluation showed measurable improvements in prescription accuracy and compliance with administration protocols. However, areas for further improvement were still identified, particularly in the documentation of prescription changes.
- Cycle 3: The final cycle demonstrated further improvements in prescription practices, with a significant reduction in discrepancies and errors.
- Legibility remained high across all cycles, with a slight improvement in Cycle 3.
- The use of generic drug names saw a remarkable increase from 40.6% in Cycle 1 to 84.69% in Cycle 3, indicating a strong adherence to best practices.
- Block letters usage improved significantly from 17% in Cycle 1 to 71.42% in Cycle 3, enhancing the clarity of prescriptions.
- The practice of providing a start date saw near-perfect compliance by Cycle 3, increasing from 82.8% in Cycle 1 to 99.18%.

Other findings were similar as well.

Conclusion. The audit successfully demonstrated the effectiveness of clinical audits in improving prescription quality in male and female adult wards. It highlighted the effectiveness of the interventions and the importance of continuous monitoring and feedback.

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.

https://doi.org/10.1192/bjo.2024.628 Published online by Cambridge University Press