

Aims: Obsessive-compulsive disorder (OCD) is a condition characterised by remitting and relapsing symptoms that can be debilitating, significantly impacting a young person's daily life. Individuals with this condition experience distressing symptoms that include obsessions in the form of repetitive, intrusive thoughts and compulsions manifested as persistent rituals. All children and young people with OCD should be offered guided self-help, psychological support, and pharmacological treatment options tailored to the patient's developmental age. This audit aimed to evaluate the clinical management of OCD in children and adolescents at the Behavioural Science Institute, Al Ain Hospital, United Arab Emirates. We analysed compliance with the standards set forth in The National Institute for Health and Clinical Excellence (NICE) Guideline 31 regarding the diagnosis and management of OCD in children and young people.

Methods: This hospital-wide audit involved a retrospective review of electronic case notes. A questionnaire was developed to anonymously capture the necessary information. The audit sample consisted of 39 service users diagnosed with OCD who were treated in the child psychiatry clinic between January 2019 and December 2023. Data collection occurred between April and June 2024.

Results: Of the 39 patients, 20 (51%) were male, with 18 (46%) being Emirati citizens. The age range of the sample was between 7 and 15 years, with a mean age of 9.4 years. Among the 39 patients, only one received clear, guided self-help materials in the form of access to an interactive app for breathing exercises and relaxation strategies. Thirty-two (82%) of the patients received psychotherapy, with the number of sessions ranging from 1 to 28. Psychotropic medications were administered to 28 (72%) of the patients, all treated with a selective serotonin reuptake inhibitor (SSRI). Sertraline was the most commonly prescribed medication, followed by fluoxetine and fluvoxamine.

Conclusion: This audit has identified areas for improvement in the current practice of treating OCD among children and adolescents, including the need to develop local guidelines, increase access to self-help materials for patients, and enhance the services provided for psychotherapeutic interventions. We recommend improved staff training to enhance the quality of discussions with the young person and their family, which may help increase compliance with psychotherapy. A re-audit of the practice will be conducted one year after the implementation of the aforementioned action plan.

No financial sponsorship has been received for this evaluative exercise.

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.

Lithium Monitoring in Adult Community Mental Health Patients: Evaluating Current Practices in Al Ain, United Arab Emirates

Dr Mouza AlDhaheri¹, Dr Salma AlAzezi¹,
Dr Fatima AlShanqiti¹, Dr Taibah AlMadhaani^{1,2} and Dr Syed Fahad Javaid²

¹Behavioral Sciences Institute, Al Ain Hospital, Al Ain, UAE and

²Department of Psychiatry, College of Medicine and Health Sciences, United Arab Emirates University, Al Ain, UAE

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Aims: Lithium is a well-established mood stabiliser used for conditions such as bipolar disorder, mania, and depression. Given

its narrow therapeutic index, regular monitoring is essential to prevent toxicity, which can cause confusion, seizures, coma, or death. This audit evaluated long-term lithium monitoring compliance for adult community-based patients at the Behavioural Science Institute, Al Ain Hospital, United Arab Emirates. We assessed adherence to local hospital guidelines, which align with The National Institute for Health and Clinical Excellence (NICE) Guideline CG185, recommending six-monthly checks of serum lithium levels, thyroid function, renal function, calcium levels, and BMI, with some patient groups requiring more frequent testing notably older adults, those taking medications interacting with lithium, and patients at risk of kidney, thyroid, or electrolyte abnormalities.

Methods: This retrospective audit reviewed electronic case notes of 38 patients on long-term lithium therapy under community mental health services from January 2018 to January 2019. A questionnaire was developed to capture the necessary information anonymously. Data collection occurred between March and May 2024.

Results: Of the 38 patients, 20 (53%) were male, with an age range of 20–64 years and a mean age of 35.2 years. The most common diagnosis was bipolar disorder, which accounted for 44.7% of cases, followed by schizoaffective disorder at 18.4% and major depressive disorder at 10.5%. Regarding six-monthly monitoring, serum lithium levels were measured in 25 patients (65.8%), with documented reasons provided for only six of the 13 patients who did not undergo testing. BMI was monitored in 36 patients (94.7%), while thyroid function tests were conducted for 31 patients (81.5%). Renal function was assessed in 27 patients (71%), with urea and electrolytes checked in 32 patients (84.2%). Notably, serum calcium levels were measured in only three patients (7.8%), highlighting a significant gap in monitoring adherence.

Conclusion: The audit revealed considerable inconsistencies in lithium monitoring, particularly in the assessment of serum lithium and calcium levels. To address these gaps, we recommend enhancing staff training on lithium prescribing and monitoring protocols to ensure adherence to guidelines. Optimising electronic prescribing systems to generate automated reminders may improve compliance, while better documentation practices are needed to ensure that any deviations from standard monitoring are appropriately justified. A re-audit will be conducted one year after implementing these measures to evaluate their effectiveness.

No financial sponsorship has been received for this evaluative exercise.

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A Pilot Project to Evaluate the Acceptability of Serum Clozapine Level Monitoring by Finger-prick Method in an Adult Community Mental Health Team (CMHT)

Dr Sadia Tabassum Javaid, Dr Ravindra Belgamwar and
Dr George Horton

North Staffordshire Combined Healthcare NHS Trust, Stoke-on-Trent, United Kingdom

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Aims: Clozapine is a cornerstone in treating resistant schizophrenia, with evidence linking threshold plasma levels to positive clinical outcomes. The Maudsley Guidelines recommend levels of 250–420 µg/L for an adequate trial. Our trust requires trained staff to collect venous samples, with results taking several days. The updated clozapine pathway suggests checking levels at initiation