

proforma to collect information on who the clinic letter was written to (patient or GP), whether the patient had been copied into the letter, and if not, if there was a recorded reason for why the patient had not been copied in. We also calculated the Flesch Readability score of each of the clinic letters to determine their reading ease using the Microsoft Word add-on tool. Following the initial audit, we carried out a survey to gain insight into clinician attitudes towards writing clinic letters directed to patients. The survey was sent out to all clinicians in the two community mental health teams where the audit was carried out.

Results. The audit revealed that 53% of clinicians wrote their clinic letters addressed to the patient and 47% wrote them addressed to the GP. 69% of letters were classified as, according to the Flesch Readability Score: fairly difficult to read, difficult to read or very difficult to read. The reading ease varied amongst different clinician types. The clinician survey had 16 respondents and revealed various reasons that clinicians did not write to the patient – including the clinician's own opinion that letters should be addressed to the GP, current practice in their team to write to the GP, long-standing style of writing addressed to the GP and lack of training in writing to the patient.

Conclusion. There has been variable practice amongst clinicians for whom their clinic letters are directed to. The majority of letters in our sample were not easy to read and this could be considered suboptimal for the target population. Training in clinic letter writing directed to the patient and the development of purposefully designed clinic letter templates are ways that we could help facilitate improvement in this practice.

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Transition of Care in Young People With Attention-Deficit/Hyperactivity Disorder (ADHD) From Child to Adult Services

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Aims. This retrospective cohort study using routinely collected administrative clinical data from the Cambridgeshire and Peterborough Foundation Trust (CPFT) Research Database, aims to understand how many children and young people (CYP) with attention-deficit/hyperactivity disorder (ADHD) undergo successful transition from child and adolescent mental health services (CAMHS) and community paediatric services, to adult mental health services and investigate the factors that are associated with the successful transition of care in young people with ADHD to adult services.

Many young people with ADHD, in need of service transition from child to adult services, experience serious barriers in receiving the care they need, constrained by scarce resources, low capacity in specialist services and variable awareness or training across various levels of care.

Methods. We explored the numbers and clinical and socio-demographic characteristics of CYP with ADHD who undergo successful transition from CAMHS and paediatric services, to adult mental health services. We will explore whether children

with certain sociodemographic factors/treatment/service attended are more likely than others to successfully transition using multi-variable logistic regression.

Results. Note results are rounded for statistical disclosure control. We identified 24,240 unique CYP for whom a referral (age < 18) exists to CPFT between 1 Sep 2007 and 31 Aug 2019 (with follow up until 2020). Of this cohort, 2300 were referred at any time to any ADHD service, 1760 CYP had a record of ADHD medication in their clinical notes at any time of whom 1590 CYP had a record of ADHD medication under the age of 18. Of these 1590 CYP, 330 had at least 1 year follow up in the database before and after their 18th birthday and a record of ADHD prescribing during the year before they turn 18. This is a cohort of CYP who should have transitioned from child to adult services. Of these 330, 160 (48%) had been referred to any ADHD service between their 17th and 19th birthday and 190 (58%) had any record of ADHD medication in the year after they turn 18. Further analyses will explore the characteristics of CYP who successfully transition, and we will carry out a series of sensitivity analyses.

Conclusion. With an increase in the number of children with ADHD who are prescribed medication, we can expect an increasing cohort of emerging adults who need continued care. This study will provide evidence on the current state of care to help identify areas for improvement.

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Evaluating Current Practice of Prescribing as Required Medications for Psychiatric Inpatients

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Aims. *Pro re nata* (PRN) medications are commonly prescribed for psychiatric patients on admission, often at maximum daily dose (MaxD). We intended to evaluate prescribing patterns for PRN medications, their MaxD, and rationale, specifically in the first seven days in the hospital, along with any concerns of associated physical illnesses.

Methods. All the inpatients on a specific date, admitted to adult and old age wards of a general psychiatric hospital, for at least 7 days, were recruited for this service evaluation. Data regarding the prescribing of promethazine, lorazepam, zopiclone as PRN, patient demographics, and psychiatric and physical diagnoses were collected using inpatient drug cards and electronic patient notes.

Results. Out of 52 inpatients, 14 were excluded (4 admitted for < 7 days, and 10 had missing data), leading to a sample size of 38 patients. On admission, a considerable proportion of patients were prescribed promethazine (82%), lorazepam (76%), and zopiclone (50%). More than half (63%) of patients on promethazine were started on 100 mg MaxD, of which 13% had reasons for prescription, and 33% had reasons for the MaxD were noted. None of the old-age patients was prescribed 100 mg of promethazine. During first 7 days, patients used on average 15%, 14% and 29% of the total prescribed dose of PRN promethazine, lorazepam and zopiclone; and 35%, 45% and 47% of patients did not use any PRN drugs. Only one patient used 100% of the available PRN lorazepam and zopiclone. Patients with current illicit substance

misuse, used PRN slightly more frequently; promethazine (16% v 12%), lorazepam (20% v 14%) and zopiclone (46% v 24%) compared with those with no misuse. With a current risk of aggression or agitation, all female patients were prescribed PRN promethazine or lorazepam, compared with 86% of male patients.

In regards to British National Formulary (BNF) cautions of associated physical illness, one patient with glaucoma, and one epilepsy was prescribed promethazine; three patients with respiratory condition were prescribed PRN lorazepam; and six patients with depression and four with current drug user were prescribed PRN zopiclone.

Considering diagnoses, promethazine, lorazepam and zopiclone were used by varying proportions of the patients: schizophrenia (10%, 3%, 0%), bipolar affective disorder (0%, 14%, 57%), depression (27%, 11%, 38%), personality disorder (15%, 28%, 48%) respectively.

Conclusion. Psychiatric inpatients were prescribed MaxD of PRN medications more than what is being administered. Documentation of rationale for prescribing PRN medications and dose is needed.

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Relationship Between Use of Dementia-Specific Nursing Institutions and Psychotropic Drugs, Mortality, and Morbidity

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Aims. In South Korea, to care for patients with dementia, a new dementia-specific nursing institution has been established that, unlike general nursing institutions, uses shared living rooms and provides customized programs for dementia. This study aims to investigate the effectiveness of dementia-specific nursing institutions. For this purpose, whether psychotropic drugs (antipsychotics, antidepressants, sedatives, mood stabilizers) used to treat behavioral and psychological symptoms of dementia (BPSD) are prescribed, and the mortality and morbidity rates mentioned as side effects of psychotropic drugs (cerebrovascular disease, fall-related fractures, pneumonia, pressure ulcers) varied depending on the use of a dementia-specific nursing institution.

Methods. Using the National Health Insurance Service's customized and Long-Term Care Insurance databases for older people, we collected data over the four years since the introduction of dementia-specific nursing institutions. Among patients with dementia aged 65 years or older, those who used dementia-specific nursing institutions and those who used general nursing institutions were matched for gender, age, history of cerebrovascular disease, disability, comorbidities, and history of taking psychotropic drugs. Thus, 835 users of dementia-specific nursing institutions and 2,505 users of general nursing institutions were analyzed. During the study period, the subjects' use of psychotropic drugs, mortality, and morbidity (cerebrovascular disease, fall-related fractures, pneumonia, and pressure ulcers) were determined. After controlling for variables such as Activities of Daily Living (ADL) scores, the effect of using a dementia-specific nursing institution on mortality and morbidity was analyzed using a logistic regression model.

Results. Users of dementia-specific nursing institutions were more likely to be prescribed antipsychotics, antidepressants, and sedatives during the study period compared with users of general nursing institutions. Also, users of dementia-specific nursing institutions had a lower mortality rate and lower morbidity rates of pneumonia and pressure ulcers than users of general nursing institutions.

Conclusion. Users of dementia-specific nursing institutions had significantly lower mortality rates and morbidity rates of pneumonia and pressure ulcers. This is attributed to dementia-specific nursing institutions encouraging social interaction and physical activity by providing shared living rooms and specialized programs catered towards patients with dementia. However, since the influence of other confounding variables cannot be ruled out, more precisely designed research is needed in the future.

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Outcomes Used for the Evaluation of Mental Health Helplines: A Systematic Review

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Aims. Helplines and crisis lines are a standard component of a public health approach which appear to be intuitively supportive and useful to a population in acute distress and prevent severely adverse outcomes i.e., suicide. These services exist in different formats throughout the world. They have the advantage of being widely accessible, approachable, and bypass the waiting times and bureaucracies of referral systems for accessing secondary mental health services. The authors set out to study the range of outcomes used to evaluate mental health helplines and crisis lines. The focus was not simply to explore whether mental health helplines were effective or not. Rather the authors wanted to investigate what outcomes were being considered as evidence.

The authors aimed to conduct a systematic review of evidence for mental health outcomes of service users of helplines and crisis lines.

The research question was, 'What outcomes are evidenced in published literature for mental health helplines and/or crisis lines in terms of efficacy, effectiveness or efficiency?'

Methods. This was a systematic review of literature using the PRISMA-2020 statement. Literature searches of Web of Science, Ovid (PsycINFO, Medline, EMBASE), PubMed and Scopus were conducted in December 2022. Relevant information from eligible studies was extracted by using a structured data extraction form. Mixed Methods Appraisal Tool (MMAT) was used to assess quality of the included studies. While the heterogeneity of studies prevented a meta-analysis, it provided a rich landscape for exploring the topic through a thematic analysis.

Results. Eighteen studies finally met the inclusion and exclusion criteria. The projects studied used both trained professionals and volunteers trained to offer crisis intervention. Both qualitative and quantitative outcomes were evaluated across the studies. Outcomes were frequently subjective assessments of service users and/or the personnel delivering the intervention. Studies