Conclusion.
- The children's ages were commonly recorded compared with their date of birth.
- Gestational ages of the pregnant mothers were commonly recorded compared with their due dates.
- Date of birth is needed for a quick check on a child for safeguarding reasons and this is useful during the admission of mothers onto a mother and baby unit.
- The re-audit showed a significant improvement in the documentation of this information in the patients' records.

Improving the Assessment and Management of Sleep Problems in a Specialist NHS Gambling Treatment Service

Dr Harry Fagan[1,2*], Dr Holly Austin[3,2], Dr Mat King[1], Professor Samuel Chamberlain[1,2] and Dr Konstantinos Ioannidis[1,2]

[1]Southern Gambling Service, Southern Health NHS Foundation Trust, Southampton, United Kingdom; [2]Clinical and Experimental Sciences (CNS and Psychiatry), Faculty of Medicine, University of Southampton, Southampton, United Kingdom and [3]Dorset HealthCare University NHS Foundation Trust, Poole, United Kingdom
*Presenting author.

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Aims. Sleep disorders, such as insomnia, are common in the general population and in patients with psychiatric conditions including the behavioural addiction Gambling Disorder (GD). The NHS Southern Gambling Service (SGS) is a tertiary centre providing evidence-based assessment and treatment for people affected by GD across the South-East of England. We aimed to assess the prevalence of sleep problems in help-seeking adults with gambling difficulties, including the association with gambling severity and other measures of psychopathology, and determine if 1) sleep is appropriately assessed and 2) whether sleep disorders are appropriately diagnosed and managed, in line with NICE guidelines, in this particular cohort.

Methods. All patients referred from September 2022–October 2023 who completed an initial clinician assessment were included. Gathered data included age, gender, pre-existing physical health conditions, and scores from the following questionnaires: Gambling Symptoms Assessment Scale (GSAS), Pathological Gambling Yale-Brown Obsessive Compulsive Scale (PG-YBOCS), Brief Pittsburgh Sleep Quality Index (B-PSQI), Patient Health Questionnaire (PHQ-9) and Generalised Anxiety Disorder 7 (GAD-7). Data analysis was performed under ethical approval (23/HRA/0279). Relationships between gambling severity and sleep quality, and depressive/anxiety symptoms were explored (using Pearson correlation coefficient). In patients with a B-PSQI score > 5 (suggestive of underlying sleep disorder), we determined whether sleep problems were appropriately assessed and managed.

Results. 83 patients completed an initial clinician assessment (81% male, average age 38 years). Baseline B-PSQI scores were weekly positively correlated with gambling severity on the GSAS (r = 0.18) and the PG-YBOCS (r = 0.10) and anxiety symptoms severity on the GAD-7 (r = 0.26). Baseline B-PSQI scores were moderately positively correlated with depressive symptom severity on the PHQ-9 (r = 0.39) and higher B-PSQI scores were noted in patients reporting suicidality.

54/83 (65%) patients had a baseline B-PSQI score > 5, of these, seven (13%) had a clearly documented management plan for insomnia in line with NICE guidelines.

Conclusion. Most patients referred to SGS had baseline B-PSQI scores suggestive of current sleep problems. B-PSQI scores were positively correlated with gambling severity and severity of anxiety and depression. Findings highlight that sleep problems are common in people presenting to the NHS gambling service, but also that there is scope to improve and extend signposting for affected individuals to receive sleep-specific support. The audit findings have been presented to the SGS team; resources for the assessment and management of sleep problems have been shared and a re-audit is planned for Summer 2024.

Additional authors: Dr. Jodi Pitt, Esther Gladstone, Dr. Peter Hellyer.

Benzodiazepine Prescribing Within a Community Mental Health Team Setting

Dr Azra Farooq*

Pennine Care NHS Foundation Trust, Manchester, United Kingdom
*Presenting author.

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Aims. Current guidelines provide for short-term relief of symptoms using benzodiazepines, but patients, including those with complex emotional disorders often seek these medicines for longer. The current audit aims to review clinical practice in respect of benzodiazepine prescribing against national and local guidelines.

Methods. Retrospective analysis of all benzodiazepines prescriptions during the study period (March–December 2021 and January–December 2023). Data was assessed against National Institute for Health and Care Excellence, British National Formulary and local Trust guidelines using a proforma and spreadsheet. The study authors separately reviewed prescribing for separate years of the study.

Results. In the 2021 subsample, (9/15) 60% of patients received a benzodiazepine for less than one month. All of these patients had a psychotic disorder diagnosis. 6/15 (40%) received a benzodiazepine for more than 4 weeks, with an average duration of 5 months. Of these, only one patient had a diagnosis of a Personality Disorder. 7 patients in total (46%) were offered psychological interventions. Patients receiving benzodiazepines for more than 4 weeks were offered a tailored management plan to address their use.

In the 2023 re-audit, 10/51 (20%) patients received a benzodiazepine for greater than one month. The common indications were agitation, anxiety and crisis management. The commonest diagnoses were Personality Disorder, Post-Traumatic Stress Disorder and Schizoaffective Disorder. 4/10 (40%) patients with a Personality Disorder were prescribed a benzodiazepine for more than 4 weeks. The average duration of benzodiazepine prescribing was 11 weeks.

Conclusion. Although benzodiazepines continued to be commonly used for a range of conditions, the proportion of patients not compliant with the one month, recommended duration for prescribing was reduced by half. There was a general reduction in the overall duration of prescribing but patients with a