inconclusive – but case series analysis shows examples of admission avoidance.
Conclusion: We believe the development of this service shows that close working between psychiatrists and physicians enhances patient care in Parkinson's disease. Our integrated service is acceptable and beneficial for patients. It is valued by professionals and appears to be cost-effective through medication rationalisation and admission avoidance. In terms of future direction, we have applied for additional funded psychiatrist hours from the Trust to ensure sustainability of the clinic and are in the process of developing linked psychological therapy and clozapine prescribing services as a result of the success of the pilot clinic.

A Retrospective Case Series of Older Adults Requiring Electroconvulsive Therapy (ECT) in Surgical Theatres

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doi: 10.1192/bjo.2025.10518

Aims: This observational case series describes 11 patients who underwent emergency ECT under the care of the later life liaison psychiatry team at the Bristol Royal Infirmary over a 12-month period between February 2024 and January 2025. This represents a 5-fold increase in ECT delivery from previous years. We describe patients who required ECT treatment for their psychiatric illness but were deemed to be too medically unwell or too high risk for a general anaesthetic outside of surgical theatres in an acute hospital setting. The aim of this case series was to evaluate the volume of patients requiring emergency ECT and to understand the various clinical rationales for this.

ECT is an evidence-based intervention which is recommended for the treatment of severe depression, psychosis, catatonia and other conditions. Typically, ECT is delivered by psychiatrists in dedicated ECT suites located apart from acute hospitals – as is the case in Bristol. General anaesthesia is required to safely deliver ECT.
Methods: Case notes of the patients who underwent ECT in acute hospital surgical theatres were retrospectively reviewed and data was extracted on demographic features, medical and psychiatric history and details of ECT treatment. Clinical outcomes were measured using the Clinical Global Impressions (CGI) scale.
Results: 9 out of 11 patients who required emergency ECT in theatres were older adults (>65 years) with a skew towards advanced old age (>80). The most common reason for this treatment was severe depression and/or catatonia with associated need for enteral feeding due to not eating and drinking which required acute medical admission and increased anaesthetic risk. Other medical and surgical concerns included severe heart failure and uncontrolled Parkinson's disease. Overall clinical improvement was seen across 9/11 of patients. 2 patients died within one month of undergoing ECT due to physical morbidity.
Conclusion: This case series which was conducted to evaluate a service being offered by the liaison psychiatry team illustrates the challenge of treating severely mentally unwell patients due to their associated poor physical health. We contend that ECT can (and sometimes should) be offered in the acute hospital when patients are too severely unwell or high risk to receive ECT in peripheral settings, which will particularly benefit those multimorbid older adults who stand to gain the most from ECT.

Given the volume of ECT being delivered and the apparent clinical necessity for this service, next steps will include additional training and service considerations including training liaison nurses in ECT skills.

Understanding the Care Home Psychiatric Service in North Kent

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doi: 10.1192/bjo.2025.10519

Aims: Over 300,000 people in England and Wales reside in care home settings, with a large proportion of these people thought to have memory difficulties. Within North Kent (Dartford, Gravesham and Swanley) there are 31 care homes, with around 1,540 residents over 65 years old. The North Kent community psychiatric service therefore aims to meet their clinical needs through an in-built care home service, comprised of medical, nursing and support staff. The service facilitates medical reviews and memory assessments, liaises with social care and psychological services, offers care home-based training for staff and supports family carers. The aim of this review was to better understand the patients being supported by this service and interventions being utilised.
Methods: A review was completed of the service caseload, documenting patients' demographics, diagnoses and current medications as of November 2024. Clinical notes were also reviewed to better understand when and why patients had been referred, and what prior contact they may have had with services.
Results: Fifty-two caseload patients were identified (around 3% of North Kent older adults in care homes), residing across 20 care homes. All were aged above 60, with the majority in their 80s (44%). Referral was mainly from GP practices (73%), most frequently for support with behavioural or psychological symptoms of Dementia. This can include verbal or physical aggression, agitation, psychotic symptoms and mood disturbance. Referrals were also received for memory assessments, medication advice and support with functional symptoms. Most patients (81%) had never been under the service previously. At the point of caseload review, the majority of patients had formal diagnoses of Dementia (81%). Ongoing intervention was predominantly for medication adjustment and response monitoring (56%). Patients were also receiving behavioural and psychology interventions, and support with depot administration.

Across the caseload, 52% of patients were on antidepressants or mood stabilisers, 42% on benzodiazepines or promethazine and 38% on antipsychotics. NICE guidance advises that for people with Dementia, antipsychotics should only be used if they are severely distressed and at risk of harming themselves or others. We therefore also analysed this for patients with diagnoses of Dementia, of which 33% were on antipsychotics, including risperidone, olanzapine and quetiapine.
Conclusion: Through identifying where patients reside, why they were referred and their ongoing needs, we can better understand the