

lipid profiles, 71% of LFTs, and 43% of HbA1c tests were done by the GP/hospital.

**Conclusion.** The OACMHTs within our trust achieved 100% compliance with FBC and HbA1c monitoring in the past 1 year. 71% compliance was achieved with LFT monitoring, 57% was achieved with U&E monitoring and 43% compliance was achieved with the annual clozapine monitoring.

With regards to tests done by GP/hospitals, on one hand, repeated phlebotomy of patients would come with increased direct medical (equipment, facilities) and non-medical (time) cost to service and intangible costs (pain) to patients. It would also not be cost effective to repeat these tests if done recently. Hence one could use recent test results as part of their monitoring routine. However, if these patients do not happen to see their GPs or have a hospital admission for unrelated issues, would they have missed their ideal monitoring targets? This unpredictability of timely monitoring raises the question of whether there is a need for the creation/standardisation of clozapine clinics within the OACMHTs, especially if the clozapine patient caseloads continue to grow.

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.

## Delirium Audit Project of the Greenwich Older Adult Mental Health Liaison Service

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**Aims.** Delirium poses a significant risk in hospitals, with a prevalence of 20–30%. Queen Elizabeth Hospital conducted an audit focusing on delirium cases referred to the Greenwich Mental Health Liaison Team for Older Adults (GMHLT OA) between January and April 2023.

The audit aimed to assess immediate and medium-term outcomes, identify improvement areas, and propose strategies for optimizing delirium treatment within GMHLT OA.

**Methods.** Patient referrals received by OAMHLT are meticulously recorded in a logbook. Among the referrals, 39 patients from the target population were identified through a manual review of the documentation. To augment the data collection process, electronic databases were also reviewed to ensure comprehensive data retrieval.

### Results.

#### Key Findings:

39 cases audited, predominantly females (62%).

Most affected age group: 71–80 years.

Infective causes (49%) and low mood (30%) were common.

Antipsychotic treatment administered in 56% of cases.

36% required institutionalization post-discharge.

**Conclusion.** The audit underscores the complexity of delirium care, aligning with epidemiological data. It provides a foundation for targeted improvements to enhance patient outcomes within GMHLT OA. Based on the results the following recommendations and action plan were made:

Implement multifaceted interventions and non-pharmacological approaches.

Strengthen collaboration between departments for diverse referral sources.

Explore regional resource allocation and establishment of care pathways based on local implications.

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## Audit of Shared Care Guideline Compliance for ADHD Patients: Monitoring Physical Observations by General Practitioners

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**Aims.** To evaluate the adherence to shared care guidelines for ADHD patients by assessing if their Blood Pressure, Pulse Rate, and Weight have been monitored at least twice within the last year by their GP, as recommended by NICE guidelines.

Following initiation and stabilization on an ADHD medication, shared care with the GP is initiated whereby the GP is responsible for prescribing the medication, and monitoring physical observations every 6 months.

### Methods.

#### Data Collection:

- Collate the list of patients that were due for annual structured review in August and September 2023 from the team's shared drive.
- Randomly select 50 patients from this list.

#### Inclusion criteria:

- Patient must have been on ADHD medication in the past 12 months.

#### Data Assessment:

- Access the GP records (Patient Practice Management system) for the selected 50 patients.
- Review the patient records for each of these 50 patients to identify when Blood Pressure, Pulse Rate, and Weight measurements were recorded within the last 12 months.
- Record the date and results of the Blood Pressure, Pulse Rate, and Weight measurements for each patient.
- Determine if each patient had these measurements done at least twice within the last year as per NICE guidelines.
- Calculate the percentage of patients who met this guideline.

**Results.** Sample size: 22 patients patients met the inclusion criteria.

- Blood pressure checked within the last 6 months – 22/22 (100%)  
Blood pressure checked within the last 1 year – 19/22 (86%)
  - Pulse rate checked within the last 6 months – 20/22 (90%)  
Pulse rate checked within the last 1 year – 18/22 (81%)
  - Weight checked within the last 6 months – 21/22 (95%)  
Weight checked within the last 1 year – 20/22 (90%)
- 8 out of 22 had a “significant” change in their BP reading.

This significance is in keeping with NICE Guidelines that is, an increase of 2–4 mmHg for patients on ADHD medication, but this is generally not significant in terms of risk.

### How was the project outcome disseminated?

A letter was sent out to GP practices commending the positive outcome of the audit. Recommendations for further improvement were suggested flagging up a review if there is a reduction of 10% or more in body weight within 12 months of treatment.

**Conclusion.** The positive outcome of the audit shows the effectiveness of current practices. However, it's important to maintain a commitment to ongoing improvement. Regular evaluations and audits

remain essential to adapt to evolving guidelines, address emerging challenges, and sustain a culture of excellence in healthcare delivery.

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## Re-Audit of The Anticholinergic Burden on A later Life Psychiatry Inpatient Ward

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**Aims.** To reassess and compare whether changes to medications are being made based on the anticholinergic effect on cognition (AEC) score. To understand the impact and implementation of recommendations from the first audit and whether these have led to change.

**Methods.** Data on AEC scores were collected from one later life ward in Greater Manchester. The audit considered patients admitted September 2022 to January 2023 and the re-audit those admitted March 2023 to September 2023. The data was collected retrospectively by the auditors by going into the electronic notes of the initial ward round, the four week ward round and the patients' electronic prescription charts, information was then inputted into and analysed in Excel.

**Results.** 21 patients were included in the audit and 23 in the re-audit. Roughly 50% of patients in the initial audit scored 0 at 4 weeks, only 13% re-audit patients scored a 0. Eight more patients saw an increase in their AEC score within the re-audit than the audit. 5 patients had a lower anticholinergic burden during the audit, only 3 patients saw this decrease during the re-audit.

**Conclusion.** Unfortunately it appears the first audit's recommendations were not adequately implemented as no improvement was seen between audits. We must therefore try to increase awareness of the adverse effects of anticholinergic medications through posters, teaching sessions by pharmacists and information posters on the ward; the effectiveness of these interventions can be analysed through a future quality improvement project.

The second recommendation is that the AEC score is to be calculated routinely for all patients admitted to an old age ward within the GMMH trust. This information to be included in the junior doctor induction pack and as a subcategory in the ward round documentation proforma.

A final recommendation is for the electronic prescribing system to include a built-in AEC calculator and prompt at admission and 4 weeks with the AEC score.

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## Use of Atypical Antipsychotics as an Adjunct to the Treatment of Eating Disorders in Young People. Clinical Audit of Prescribing in the Children and Young People Eating Disorder Service Covering York, Scarborough, Harrogate and Northallerton, 2023

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**Aims.** The prevalence of anorexia nervosa (AN) in young people is increasing and it is the psychiatric condition with the highest morbidity and mortality. Atypical antipsychotics are unlicensed for use for AN but research has demonstrated they can improve weight restoration and decrease anxiety and rumination around food and body image. However, prescription of antipsychotics comes with risks such as arrhythmias, hyperprolactinaemia or EPSEs.

As a result, NICE (National Institute of Clinical Excellence) and TEWV (Tees, Esk and Wear Valleys) Trust have developed standards to ensure the safety and efficacy of antipsychotic prescribing in young people with anorexia nervosa. This audit aims to measure local compliance with these standards by reviewing antipsychotic prescribing and monitoring in the Children and Young People (CAMHS) Eating Disorder Service covering North Yorkshire.

**Methods.** Clinicians identified all patients under the team currently prescribed an antipsychotic for AN; 8 patients in total. Electronic patient records were hand searched for relevant information.

Standards were derived from RCPsych May 2022: Medical Emergencies In Eating Disorders and local TEWV Guidelines.

Initial data collection was June 2023. Recommendations included a spreadsheet to monitor antipsychotic prescription and advice on documentation of unlicensed indications and provision of medication information. Re-audit was December 2023. Patients included in the initial audit were excluded to avoid duplication of results; 3 patients were in the re-audit.

**Results.** All patients received full eating disorder assessment and non-pharmacological interventions such as dietetic or psychological input. All patients were prescribed olanzapine. The indication of antipsychotic prescription for all patients was distress/rumination. Compliance with physical health monitoring was 100% in both audits. Compliance with blood-test monitoring was initially 17%, rising to 100% in re-audit. 50% of patients were given medication information, increasing to 67% in re-audit. Compliance with local protocol for unlicensed indications was 13% and 0% in re-audit. Psychiatric follow up and medication review was regular and consistent in both initial and re-audits.

**Conclusion.** Physical health monitoring was very good, likely due to routine AN monitoring regardless of antipsychotic prescription. Psychiatric review was frequent, reflecting the intensity of CAMHS practice. Initial poor compliance with blood-test monitoring was due to antipsychotic-specific blood tests being omitted from standard tests. Overall compliance improved after implementation of recommendations, particularly blood-test monitoring. Ongoing areas for improvement are following the protocol for unlicensed medication indications and provision of additional medication information. Most patients had psychiatric comorbidities and co-prescribed psychotropic medication, reflecting the complexity and severity of this cohort.

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## Audit of Sub-Therapeutic Dosing of Methadone as Opioid Substitution Therapy

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