

Conclusion. The audit showed poor adherence to the Trust guidelines both in terms of the frequency of the review and the vital aspects of the review as included in the seclusion review template. There seemed to be poor use of the seclusion template among medics, which is meant to serve as a prompt for the expected standards, hence more awareness is to be created.

The areas of improvement also identified include the education and training of staff about the stipulation of the policy and clear documentation, with emphasis on the frequency as well as the quality of the reviews done.

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An Audit Looking at the Monitoring for Long-Term Antipsychotic Use on an Adult Inpatient Psychiatry Ward

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Aims. Patients with psychiatric disorders have been well documented to have an increased risk of cardiovascular disease and consequently a higher incidence of premature mortality. Literature has shown that many psychiatric disorders, particularly major depressive disorder, bipolar affective disorder, attention deficit hyperactivity disorder, post-traumatic stress disorder, anxiety disorders, and schizophrenia have an increased risk of metabolic syndrome. This increased prevalence of metabolic syndrome, and as a result cardiovascular disease, has been linked to factors that clinicians are involved in, such as the prescription of antipsychotic medication. It is therefore important for clinicians to be able to appropriately monitor patients on antipsychotic medications.

Aim: To improve the physical health aspects of care for patients with psychiatric illnesses admitted as inpatients.

Objectives:

1. To ensure appropriate monitoring of the metabolic parameters of patients on admission.
2. To ensure appropriate ongoing monitoring of the metabolic parameters of patients during their hospital stay.

Methods. Data were collected independently by two people. The data were collected using PARIS, an online documentation program used by the Greater Manchester Mental Health (GMMH) trust, as well as the patients' paper prescribing charts. A total of 20 patients were audited. Standards were set according to NICE guidelines on patients on long-term antipsychotics admitted to adult inpatient wards. A total of 14 standards were set. The areas audited were measurements of BMI, ECG, blood pressure, lipids, prolactin and urea and electrolytes at baseline, at prescribed time points, and at dose changes as required by guidance.

Results. Overall, five of the standards were attained, seven of the standards were not attained, one standard could only be partially analysed, and one standard (monitoring at 12 months) could not be analysed due to inadequate patient length of stay.

Conclusion. Patients on long-term antipsychotics have an increased risk of cardiovascular disease and it is important that we are monitoring them frequently to avoid deterioration of their physical health and a further increase in their disease

burden. This audit suggests three recommendations to ensure adequate monitoring.

1. Consideration of a comprehensive admission proforma to help standardise the admissions process.
2. The development of a tool to remind clinicians to recheck metabolic parameters for ongoing monitoring at 3 months, 6 months, and 12 months.
3. Regular maintenance of the ECG machines to ensure no omissions in monitoring.

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Audit of Antimanic Agents Monitoring in a High Secure Hospital

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Aims. Antimanic agents are effective in the management of mood disorders and other neuropsychiatric conditions such as epilepsy and aggression. These medications may cause serious side-effects and affect vital organs; hence, specific checks are recommended before initiation and for continuous use of these medications. The aim of the audit was to check compliance with monitoring of antimanic agents (lithium, valproate, and carbamazepine) and to compare with the 2018 audit.

Methods. Preliminary data of all patients on the antimanic agents at Rampton Hospital from 01 December 2020 to 30 November 2021 were obtained from records.

Retrospective data were collected using a modified version of the 2018 audit tool. This includes patient hospital number, ward, medication initiation date, pre-initiation and monitoring tests. The tests were, depending on the medication; full blood count (FBC), thyroid function test (TFT), liver function test (LFT), electrolytes and urea (E&U), and electrocardiograph (ECG).

The audit criteria were based on the recommendation of the Maudsley Prescribing Guidelines (14th edition). A total of 16 standards were assessed overall.

Results. A total of 98 patients were prescribed antimanic medications through the review period with valproate-59, lithium -32 and carbamazepine -7. Three patients on valproate and 3 on lithium had incomplete data and were excluded. Therefore, a total of 92 patients were included in the final audit (valproate-56, lithium-29 and carbamazepine-7).

Pre-initiation compliance for LFT and FBC for valproate were 35.8% and 41.5% respectively, while the monitoring compliance within 6 months were 85.7% and 87.5% respectively.

For lithium, pre -initiation compliance for ECG was 73.1%; TFT and U&E had 88.5% and 96.2% pre-initiation compliance respectively. There was 100% compliance with monitoring of lithium level at 3 months, and both U&E and TFT within 6 months.

For carbamazepine, the pre-initiation and monitoring compliance was 50% and 100% respectively for three tests (LFT, FBC and U&E).

There was improvement in all the standards when compared with the 2018 audit compliance except FBC monitoring for valproate within 6 months which dropped from 92% to 87.5%.

Conclusion. Only 6 standards had 100% compliance with the guidelines. Lithium monitoring was generally higher than for

other mood stabilizers; pre-initiation monitoring was poor for both carbamazepine and valproate. There was general improvement in the standards compared with the 2018 audit.

The guidelines for monitoring mood stabilizers apart from lithium needs to be made popular especially pre-initiation monitoring for valproate and carbamazepine.

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An Audit on the Prescribing of Antipsychotics Among People With Recorded Emotionally Unstable Personality Disorder (EUPD) Within a Community Mental Health Service in Stroud, Gloucestershire

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Aims. (1) To quantify the prevalence and duration of the prescribing of antipsychotics among people with a record of EUPD, particularly those without a mental health comorbidity that licenses an antipsychotic prescription; (2) To determine whether gender, age, and mental health comorbidities affect the likelihood of being prescribed antipsychotics; (3) To determine whether off-license use of antipsychotics among those with EUPD have ever been reviewed, with the aim of having these prescriptions stopped or reduced.

Methods. Study design: Retrospective cohort study.

Setting: Data sourced from Stroud Recovery's electronic patient record of 287 people. Cohort entry was defined as the date of referral to Stroud Recovery. End of follow-up was the date of audit (20/11/2022).

Primary outcome measures: Prevalence and duration of antipsychotic prescription among people with a record of EUPD within the Stroud Recovery caseload.

Results. Of the 287 people registered with Stroud Recovery, 37 (13%) had a recorded diagnosis of EUPD. 30 (81%) were ever prescribed antipsychotics. Only 6 of these 30 people (20%) have a mental health comorbidity that licenses an antipsychotic prescription (3 with bipolar affective disorder; 2 with severe depression requiring antipsychotic augmentation; 1 with schizoaffective disorder).

The rest belonged to a subgroup of 24 people (80%) with recorded EUPD who were prescribed antipsychotics but with no history of co-morbid illness that licenses their use. This subgroup was predominantly female (75%) and aged 20–29 years (46%). Quetiapine was used in this subgroup the most, followed by olanzapine and aripiprazole. 12 (50%) have had more than one antipsychotic prescribed. None were prescribed for less than 1 week (defined by NICE as short-term use). In fact, the mean duration of antipsychotic prescription in this subgroup was 36.79 months. Only 10 (42%) had these prescriptions reviewed with the aim of having them stopped or reduced. None were offered a routine physical review.

Conclusion. According to NICE guidelines, antipsychotics are not recommended in the treatment of EUPD, not recommended in the treatment of medium to long-term impulsivity and other symptoms of EUPD, and antipsychotics should be reviewed for people with the aim of reducing and stopping unnecessary drug

treatment. Contrary to NICE guidelines, in this community mental health service, antipsychotics are frequently prescribed for extended periods to people with recorded EUPD but with no history of a co-morbid illness that licenses their use. An urgent review of clinical practice is warranted, including the effectiveness of such prescribing and the need to monitor for adverse effects, including metabolic complications.

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Physical Health Monitoring in the Memory Service

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Aims. Local guidelines state that pulse rate, weight, ECG if indicated, and bloods (U&E, LFT) are monitored in patients prescribed an acetylcholinesterase inhibitor or memantine. This can affect management as the above parameters can affect medication selection and titration. Aberrant measurements can indicate drug related adverse events. Compliance to standards will optimise patient safety. This audit aims to assess compliance to these guidelines in one Memory Service in the Trust.

Methods. This is a single-centre, baseline, retrospective audit performed on 19/10/2022.

An internal database was used to identify all patients seen for a diagnostic assessment between September 2021 and October 2022. Patients who were prescribed an acetylcholinesterase inhibitor or memantine were eligible for selection. These were randomised to identify 30 cases.

Information was gathered through electronic patient notes, clinician diagnostic letters, referral forms, and pathology specimen result reporting software.

Results. Compliance were as follows:

- Pulse rate recorded: 97%
- Weight recorded: 0%
- ECG requested when indicated: 20%
- Blood samples taken and the results recorded: 100%

Pulse rate is part of the assessment proforma and blood sampling is a requirement prior to referral. This suggests that having guidelines incorporated to local protocols enhances compliance.

Weight was not routinely monitored: the rationale behind this being part of the guidelines is that rivastigmine can cause weight loss as per the BNF due to loss of appetite. However, on speaking to the Memory Team, this was not routinely done in the service as staff appear to rely on reports of appetite loss.

ECG was not routinely done when patients fall under the criteria for indications. Clinicians appear to judge the requesting on ECGs pragmatically based on their clinical judgment rather than guidelines alone.

Blood pressure is not a requirement in the guidelines for monitoring so cannot be audited. However, this is essential for decision making of treatment commencement, titration, switching, or titration.

Findings suggest that local guidelines may need to be reviewed. **Conclusion.** This audit suggests some general learning points as well as service-specific ones.