

31st December 2023. Psychiatrist Review included Reviews/Appointments by Consultant Psychiatrists, Specialty registrars, Trainee doctors and GPST doctors in psychiatry posting.

Results. It was recorded that 28 patients on depot medication have been reviewed within the last one year which is approximately 60% of the patients currently on depot medication. 19 patients who are currently on depot medication have not been reviewed by a psychiatrist in the last one year, which is approximately 40% of the patients on depot medication. Out of the 19 patients who have not been reviewed in the last one year by a psychiatrist, only 8 of them were offered an appointment.

Conclusion. We can conclude only 60% of patients currently on depot medication were seen by a psychiatrist for a medication review in the last one year. This fell below the expected target of having 100% of these patients meeting with the standard that states all patients receiving long-term treatment with anti-psychotic medication should be seen by their responsible psychiatrist at least once a year. A significant proportion of patients might have been deprived of an adequate assessment of their progress and response to treatment and the review of the side effects of these depot medications. These findings have been discussed with the Community Team Manager who has agreed to facilitate that these patients are reviewed promptly.

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.

Child and Adolescent Mental Health Service (CAMHS) Black Country Healthcare Foundation Trust (BCHFT) Trust-Wide Audit on Adherence to NICE Guidelines in Prescribing Medications for Children With Autism Spectrum Disorder (ASD)

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Aims. This comprehensive study seeks to evaluate the adherence of (CAMHS) service, Black Country Healthcare National Health Service (NHS) Foundation Trust to National Institute for Health and Care Excellence (NICE) guidelines in prescribing medications for children diagnosed with Autism Spectrum Disorder (ASD). Our primary objectives include identifying variations in prescribing practices across different localities within the trust and identifying specific areas that may benefit from improvement.

Methods. A meticulous retrospective analysis was conducted on 142 randomly selected cases involving children diagnosed with ASD and prescribed psychotropic or sleep medications. A comprehensive analysis of patient records, encompassing progress notes and clinic letters, facilitated the gathering of extensive data. The evaluation centred around benchmarking adherence to NICE guidelines. Throughout the process, strict adherence to ethical standards was maintained.

Results. Within the cohort of 142 children diagnosed with ASD, 44% underwent alternative interventions before medication initiation. Notable variations were observed across localities, with 87% receiving psychological therapy as an alternative intervention. Documentation of consent for commencing medication was present in 62% of cases. Specialists consistently initiated psychotropic

medications at the minimum effective dose, and 70% of cases had a follow-up within 3–4 weeks. Sleep medications were prescribed to 77% of the cohort, with 55.5% of those undergoing alternative interventions before prescription.

Conclusion. The study's findings underscore significant variations in adherence to NICE guidelines, emphasizing the critical importance of exploring alternative treatment modalities before resorting to medication. Furthermore, collaboration with supporting agencies is highlighted as a crucial aspect of comprehensive care. The documentation of consent forms for all patients is deemed imperative, and adherence to specified intervals for reviewing medication side effects, as outlined in the guidelines, is considered crucial for optimal and safe patient care.

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Lithium Prescribing on an Older Adult Inpatient Ward and Trialling Improvements to Communication on Discharge

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Aims. Lithium is the recommended first-line pharmacological treatment for bipolar disorder and as an augmentation of the treatment for depression. Both NICE and local guidelines stipulate the need for patient counselling regarding side effects, interactions and toxicity, alongside strict monitoring requirements for initiation and maintenance.

We aimed to assess compliance with these guidelines for patients prescribed lithium on a functional older adult inpatient ward in Hertfordshire Partnership NHS Foundation Trust (HPFT). Additionally, following feedback from the local crisis and community colleagues, concerns were emphasised around inconsistent communication on discharge. We therefore also aimed to evaluate the introduction of a small-scale intervention to the method of discharge communication.

Methods. A retrospective analysis of electronic patient records was undertaken for the 43 patients within HPFT prescribed lithium during their inpatient stay on a functional older adult ward over a five-year period (2019–2023).

Lithium monitoring on drug initiation was assessed for compliance with the standards set by NICE guidelines for the management of bipolar disorder. For all patients prescribed lithium, we also noted demographics, diagnosis, rate of side effects and toxicity, discontinuation, and documentation of discharge communication to the community. A standardised template for communication with community and crisis colleagues was introduced, and its impact was assessed.

Results. 58% (n = 25) of patients were initiated on lithium, with 80% (n = 20) of them having documentation of counselling. Baseline blood tests were consistently recorded for all newly prescribed lithium patients (n = 25), and regular serum monitoring was present in all patients. Common side effects included tremors (26%; n = 11) and polyuria (7%; n = 3), while in 63% of patients (n = 27), no side effects were noted. Toxicity occurred in four cases, leading to discontinuation in 50% of them.

Prior to concerns being highlighted around handovers to community colleagues, there was specific documentation of a

handover in 19% (n = 6) of cases. Following consultation with stakeholders and consensus regarding the trial of a template for communication to the patient's community consultant, documentation improved to 75% (n = 6).

Conclusion. All patients in this study who were initiated or maintained on lithium received serum monitoring as inpatients in accordance with NICE guidelines. The introduction of small-scale improvements with a standardised template has been effective, significantly improving discharge communication with community colleagues for patients on lithium. Further research is necessary to elucidate the impact of these changes on patient care in the community by gathering feedback from a diverse group of community colleagues.

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An Audit of Antidepressant Prescribing in a Single-Centre Child and Adolescent Mental Health Service (CAMHS)

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Aims. The audit aims to check compliance of prescribers to the following National Institute of Clinical Excellence (NICE) guidelines:

- NG134, CG31: Antidepressants are prescribed in conjunction with psychological therapy.
- NG134: A risk-benefit discussion took place.
- NG134 Written information was given.
- NG134, CG31: First-line medication was prescribed in the first instance.
- NG134: An off-licence medication is only prescribed after a review.
- NG134: A consent form is signed if an off-licence is prescribed.

Methods. All patients under CAMHS and receiving antidepressant therapy was considered. People on the caseload currently an inpatient were excluded. The audit was performed in October 2023. 86 eligible patients were randomised; 30 were selected for case review. Clinic letters and internal case notes were reviewed to check compliance.

Results. Areas of good compliance: antidepressants prescribed with psychological therapy, risk-benefit discussions took place, first-line medications prescribed in the first instance, off-licence medications prescribed only after review.

Areas of moderate compliance: written information given with prescriptions.

Areas of no compliance: consent form does not form part of standard practice or local guidelines.

Conclusion. The local CAMHS service showed good compliance to NICE guidelines around antidepressant prescribing. Presentation to the local team is required to remind clinicians of the need to document parts of the consultation such as giving written information. A discussion with the regional consultant body yielded the outcome that the service will adhere to local Trust guidelines of internal case notes documenting consent rather than a signed form. The standards for the re-audit in 6 months will reflect this.

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Audit on Decisions Relating to Cardiopulmonary Resuscitation (CPR) in 2 Older Adult Inpatient Wards

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Aims. This audit aimed to understand the practice of advance care planning with regard to cardiopulmonary resuscitation (CPR) in an older adult inpatient setting and to ultimately improve practices to conform to nationally set standards.

The aims of the audit were:

- (1) To determine the prevalence of advance care planning decisions relating to CPR in patients admitted to two older adult psychiatric wards at Thurrock Community Hospital.
- (2) To confirm that the practice of discussion and documentation of 'Do Not Attempt Cardiopulmonary Resuscitation' (DNA-CPR) decisions is consistent with current national standards.

Methods. First, we scrutinized whether the patient's preferences for CPR as a life-sustaining treatment were documented or known to the primary care physician at the time of admission, and whether there was a DNA-CPR order in place at the time of admission.

Next, we looked at whether a discussion about CPR was facilitated with the patient (or those close to the patient) during the admission, whether the patient was involved in the discussion surrounding CPR and the reasons for their exclusion (if excluded), and at what point in time during the admission this discussion was carried out and whether it was properly documented.

Finally, we assessed the level of completion of the DNA-CPR form itself.

Total sample: 38 patients.

Results. 13 out of 38 patients (34.21%) had a DNA-CPR form in place.

10 out of 13 DNA-CPR forms (76.92%) were complete in all aspects.

Discussion relating to DNA-CPR was not carried out in 29 out of 38 patients (76.32%) during their current admission.

Mental Capacity Assessments and Best Interest meetings were not documented as having been carried out as was necessary in the 4 patients (0%) who did not have a designated Lasting Power of Attorney.

Conclusion. Discussions about advance care planning and DNA-CPR were not being carried out in a timely manner as per the national guidelines.

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An Audit to Assess Compliance With DVLA Guidelines on a Mental Health Rehabilitation Unit

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