Criteria included in patients with a diagnosis of ASD, taking antipsychotic medication, with records of clinical interventions and investigations. We conducted a search to electronic and paper files. Electronic records were available at MYPATH system as well as ward files with physical observations and health Action plans. Data were collected on spreadsheets and later analysed.
Results. A total of 17 patients were identified, we excluded 2 service users that were not taking antipsychotic medication, and 1 of these did not have a diagnosis of ASD. We collected data from 15 participants. All patients have Blood pressure, Body Mass Index and measure of HbA1C (100%), 86.6% had records of lipid profile, but only 60% have a waist circumference.

We analysed individually the risks factors for metabolic syndrome on the 15 selected patients; 79 % of the patients had excess central adiposity (large WC). 20% among males were diabetic type 2 and smokers. About 40 percent (40%) of sampled individuals were obese.
Conclusion. The findings of our study supports the notion that screening for metabolic side-effects needs to be prioritised for individuals. Clinicians need to be aware of the risk of metabolic syndrome. Periodical screening is required across all health services treating people with ASD, especially those taking regular medication. General measures of control such as losing weight, exercising regularly. Eating a healthy, balanced diet to keep blood pressure, cholesterol and blood sugar levels under control. Also, stopping smoking.

Lithium Monitoring in the Community; Mapping, Finding, Improving

Dr Micheline Tremblay MD, MSc, FRCPsych[1]*, Kate Megan Jones BSc[1], Damilola Adeyemi MPharm[1] and Sarah Robinson BSc, MSc, FRCPath[2]

[1]Cheshire and Wirral Partnership NHS Foundation Trust, Chester, United Kingdom and [2]Royal Stoke University Hospital, Stoke-on-Trent, United Kingdom
*Corresponding author.

doi: 10.1192/bjo.2023.480

Aims. Lithium is a well-recognised treatment in Affective Disorders. Careful monitoring is required due to its narrow therapeutic index. Adherence to monitoring standards has been generally poor with high levels of incidents reported to the National Patient Safety Agency leading to financial settlements and inclusion in patient safety alert potentially selected on inspection by the Care Quality Commission. This audit aimed at mapping the provision of lithium monitoring for patients stable on Lithium in Vale Royal to facilitate implementation of quality improvements in ongoing transformation of community services. There are twelve general practices in Primary Care (PC) for this area, one specialist mental health Trust Cheshire and Wirral Partnership NHS Trust (CWP) and one Hospital Trust MidCheshire Hospital Trust (MCHT).
Methods.
1. Systems inventory

No lithium central register was identified.

All lithium requests were processed by North Midlands and Cheshire Pathology services (NMCPS).

In specialist care lithium was managed by one Consultant Psychiatrist.

In primary care nine practices provided information, all supported by a software overseen by administrative staff working collaboratively with doctors.

b. Data collection.

Anonymised Lithium results for adult patients stable between November 2021–2022 were collected from NMCPS.

Plasma levels and frequency were compared to generally accepted standards of 0.4-1 mmol/L every 6 months for stable patients.
Results. Ninety patients were identified, eighty in PC and ten with CWP, median age 58, females (53%)/males (47%) gender ratio.

Frequency was mostly 3 monthly for 74% of patients in PC and 80% for CWP.

Levels below 0.4 mmol/L were found in 22.5% of levels measured in PC and 27% for CWP, and over 1 mmol/L in 5% in PC and 0% CWP.
Conclusion. This audit revealed that lithium monitoring for stable patients was primarily managed in PC.

Lithium level was measured more frequently than recommended which could be due to automated cues. Levels were often maintained at the lower end of the range. Those findings could be medically related.

Both computer and clinician led systems allowed for meeting, if not exceeding, targets.

Electronic systems are likely cost savings over a specialist clinic but could generate potentially unnecessary automatic checks, still require data reviews and medical oversight. This could be addressed by system amendments and an audit programme.

The absence of formally recognised central register could be remediated by shared agreement and managed by NMCPS.

Systemic approach to lithium monitoring can be collaboratively extrapolated to other localities, medications, or targets .

Naloxone Audit

Dr Paster Venan*

Essex Specialist Treatment and Recovery Services, Colchester, United Kingdom
*Corresponding author.

doi: 10.1192/bjo.2023.481

Aims. The aim of this audit was to look into the services' fidelity of Naloxone provision and training across the Essex wide area compared with local guidelines as well as national guidelines (UK guidelines on clinical management of drug misuse and dependence, 2017)
Methods. The electronic records database for substance misuse services (THESEUS) was used for extracting the data. A total of 1991 patient records were analysed out of these 885 patient records were excluded, as these patients had never injected heroin. The remaining 1106 patient records were treated as the QUALIFYING POPULATION. A time frame period of 3 years (2019 to 2021) was further applied to the qualifying population, which resulted in 700 patient records being analysed for Naloxone data.
Results. Naloxone provision was recorded under two different headings in the electronic database. The first heading, Naloxone episode – indicated the discussion held by the professional with the patient regarding the use of Naloxone. The second heading, Naloxone event – indicated the actual event of Naloxone being provided to the patient by a professional. There was a lack of clarity on both episode and events data capture regarding previously injected status.

Another important finding was that in the NON-QUALIFYING POPULATION i.e., patients who have