

Aims. This clinical audit aimed to assess if monitoring of side effect of antipsychotics is adhered to using the Trust and National Institute of Clinical Excellence (NICE) guidelines. One of the determinants of prognosis in schizophrenia is compliance to medications. Hence, the importance to monitor patient's tolerability of side effects when they are on antipsychotic medications. Several patients during episodes of relapse have reported that experience of side effects were their main reasons for defaulting on their medications. This underpins the importance to monitor patients' tolerability of side effects when prescribed antipsychotics. Recommended monitoring scales are Glasgow antipsychotic scale, Liverpool University neuroleptic side effect rating scale, and Side effects scale for antipsychotic medication.

Methods. The 1st cycle of the audit was conducted from March 30th to April 30th, 2021, and the 2nd cycle was done between 4th October and 28th October 2022. In both cycles random sampling was used to select 50 patients on the caseloads of two community mental health teams. The data were collected with a tool designed using NICE guidelines and the Trust policy on monitoring of psychotropic medications.

Results. For all selected patients in the 1st cycle, no rating scales were used to assess side effects at three months or after one year of commencement of antipsychotics. However, there were random documentation of side effects written as case notes in 96% of patients. Extrapyramidal side effects (EPSE) were the most documented of side effects in the 1st cycle. The re-audit saw an improvement of 24% in the use of an objective rating scale to monitor side effects. Similarly, as in the 1st cycle, EPSE were the most reported side effects in the 2nd cycle.

Conclusion. This audit showed a significant gap in the objective monitoring of side effects of patients on antipsychotics as none of the recommended rating scales were used on the selected patients in the 1st cycle. Although, there was an improvement in the use of rating scales of up to 24% in the re-audit as compared to 0% in the 1st cycle, the uptake was still far from the ideal. There is a need for the Trust and NICE guidelines to be adhered to in the monitoring of side effects of antipsychotics as this is likely to have a positive impact on compliance to medications by patients.

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.

Collateral History-Taking on Acute General Adult and Older Person Inpatient Wards: A Quality Improvement Project

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Aims. To investigate current practice of collateral history-taking on inpatient adult and older person wards in Leicestershire Partnership Trust. COVID-19 visiting restrictions raised concerns that the collateral history may be side-lined due to the physical absence of carers. Collateral history is important in developing a working diagnosis and assessing level of function, and is part of ongoing assessment and formulation.

Methods. An initial audit of 46 patient records from 3 inpatient wards (2 adult and 1 functional old age) was carried out in January 2021 when visiting restrictions were in place. In response, a questionnaire was distributed and 2 focus groups of junior doctors conducted later in 2021; the aim being to explore factors affecting collateral history taking. A re-audit was completed in October 2022 when visiting was reinstated. 48 patient records were audited. Old Age organic wards for dementia assessment were not included in data collection, as collateral history-taking is unavoidable for initial assessment of those presenting with significant cognitive impairment.

Results. In 2021 and 2022, 33% and 38% of sampled patients had a collateral history taken in the first 14 days of admission. Where a collateral history was omitted, only 10% and 13% were attempted and 46% and 27% planned. Associated themes were identified from the questionnaire and focus groups including consent; accessibility of contact details; lack of confidence and variability in history-taking; accountability/ clarity on whose role it is to complete the task; lack of time/space and poor consensus on how to document a collateral history.

Conclusion. The results of the re-audit continue to show poor collateral history completion early in admission for both old age and adult inpatient wards despite reinstatement of visiting after the COVID-19 pandemic. Numerous issues affect the completion and documentation of good quality of collateral histories within inpatient settings of Leicestershire Partnership Trust. These have been categorised into staff, system, environmental and other factors.

This audit forms part of a wider quality improvement project. The proposed actions are as follows:

1. To share findings locally via the Trust Audit and Quality Improvement department, Trust email and Consultant Medical Advisory Committee;
2. To improve education through Trust induction, regular bitesize teaching and development of a crib sheet to be placed on each ward;
3. To consider wider quality improvement projects in line with themes identified above;
4. To undertake a further re-audit in November 2023.

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Assessment of Antipsychotic Side-Effects Monitoring in Learning Disability Patients in a Medium Secure Hospital

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Aims. Learning Disability population has increased neuroleptic sensitivity which predisposes to development of side-effects at even lower doses of antipsychotics. STOMP practices (Stopping OverMedication of People with a learning disability, autism or both psychotropic medications) advocate regular review of psychotropic medications, providing information about non-pharmacological therapy and involvement of patients and families about medications. Our audit aimed to understand how the side-effects in the Learning Disability patients who are on antipsychotics in a Medium Secure Hospital were being monitored in a