

- Power of Attorney or in a Best Interest Meeting to 95% (n = 20) from 85% (n = 12) in the previous audit.
- An increase in percentage of documented evidence of pharmacy input on covert medication administration plan to 100% (n = 21) from 47% (n = 7) in the previous audit.
  - An increase in percentage of documented evidence of covert medication administration in the drug charts to 100% (n = 21) from 53% (n = 8) in the previous audit.
  - An increase in percentage of documented evidence of covert medication review date on the covert medication initiation forms to 85% (n = 18) from 67% (n = 10) in previous audit.
  - A decrease in percentage of documented evidence of MDT discussion prior to starting covert medication plan to 90% (n = 19) from 100% (n = 15) in previous audit.

**Conclusion.** This re-audit showed some improvement with 100% compliance in 4 out of 10 standards, however, there's still room for improvement to get the compliance to 100% across all the standards.

We therefore recommended strict adherence to existing covert medication initiation plan form, with particular attention to be paid to the standard of proper documentation of the details of MDT discussions around covert medication plan initiation, as there was surprisingly a reduction noted in this standard.

Finally, we recommended that another re-audit be considered within 2 years of completion of this re-audit.

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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.

## Identification and Management of Hyperprolactinaemia in Patients With Intellectual Disabilities Who Are Prescribed Antipsychotic Medication: A Retrospective Audit

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**Aims.** Hyperprolactinaemia has long-term complications including reduced bone mineral density (BMD). People with an intellectual disability (ID) have a greater burden of disease and reduced life expectancy compared with the general population, including an increased risk of osteoporosis and fractures. There is a higher prevalence of antipsychotic prescriptions in people with ID which increases the risk of hyperprolactinaemia. Therefore, regular serum prolactin monitoring is important in this group. The aims of this audit were:

- To identify how many patients with ID are prescribed antipsychotic medication and of these, how many have had prolactin levels measured in the last 12 months.
- To identify how many patients had elevated prolactin levels (>530 mIU/L).
- To identify if results had been managed as per current guidelines.

**Methods.** Data was reviewed from the Richmond and Kingston psychiatry caseloads using the electronic patient record, Care Notes. Each patient was reviewed against the inclusion criteria of diagnosis of ID and currently prescribed antipsychotic medication.

125 patient records were reviewed on Care Notes. 50 patients were excluded as they were not prescribed an antipsychotic medication. The remaining 75 patients met the inclusion criteria.

**Results.** 75 patients were prescribed an antipsychotic. Of the 10 different antipsychotics prescribed, the most common were risperidone (50.7%) and olanzapine (30.7%). Of those prescribed an antipsychotic, 39 (52.0%) had their prolactin levels measured in the last 12 months.

The prolactin levels measured ranged from 82 mIU/L to 4890 mIU/L. 16 (41.0%) patients had elevated prolactin levels. In those with elevated prolactin, 68.8% were prescribed risperidone.

Of the patients with elevated levels, 81.3% had their results discussed with them and treatment options considered. The majority of patients were monitored and screened for symptoms. In some cases, psychotropic medication was reduced with a view to stopping and others continued to be monitored. Two patients were prescribed aripiprazole 2.5mg as an adjunct.

Those who had not had their prolactin levels discussed were all awaiting appointments as the blood tests had been taken recently.

**Conclusion.** A key area identified is how to increase uptake of blood tests in this patient group. Closer liaison with GP surgeries and proactive discussions with patients about the importance of screening for hyperprolactinaemia may help to improve outcomes. Referral to our in-house needle desensitisation service may also be helpful.

There is also scope for future research regarding the management of hyperprolactinaemia in the ID population due to the increased risk of reduced BMD.

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## Driving in Home Treatment Teams: Are We Talking About It Enough? An Audit Covering Kingston and Richmond Boroughs in South West London and St George's NHS Trust

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**Aims.** Legality of driving and serious mental illness is often poorly understood by service users and staff. The risk of rare but serious consequences indicate the value in including driving risk in initial assessments. The Driving and Vehicle Licensing Authority (DVLA) advises not to drive and notify them of changes in condition or concerns around an individual's ability to drive. Crisis periods can represent changes in condition for individuals with chronic mental health conditions including psychotic disorders, manic episodes, severe anxiety and depression, and personality disorders. It therefore is pertinent for home treatment team (HTT) clinicians to consider driving safety, in patients requiring crisis intervention. The aim of our audit was to identify what proportion of patients on the Kingston and Richmond HTT caseloads are asked about driving and implement changes to facilitate discussion thereby improving safety.

**Methods.** Retrospective data was collected from Rio clinical record software from the entire Richmond HTT and Kingston HTT caseloads at baseline, two and four months post-intervention. Clinical records were reviewed to establish if driving