

unique challenge in inpatient psychiatry settings both in terms of diagnosis and treatment. This is perhaps greater still in forensic settings due to the increased risk of violence and aggression. This audit aimed to firstly assess the consistency of local practice to national guidance from Public Health England. Secondly, it aimed to describe the clinical management of suspected and confirmed cases of COVID-19 in this high security forensic hospital and how readily broad, national guidance can be implemented in this unique setting. We present an audit with three cycles, one from each wave of COVID-19 in England during 2020.

Method. This was a retrospective audit in a high security forensic psychiatry hospital in the United Kingdom, into the investigation and management of suspected and confirmed cases of COVID-19 compared to national guidelines from Public Health England. It includes three cycles, one undertaken in each national wave of COVID-19 in England in 2020.

Result. Ten patients have been included in cycle 1, 12 in cycle 2 and 21 in cycle 3 as those where COVID-19 was a considered diagnosis. SARS-CoV-2 was detected in one patient in cycle 1 and 12 patients in cycle 3. All patients recovered, most of whom remained on-site with supportive care in self-isolation on a dedicated ward for positive cases. Three patients required additional treated with oral antibiotics and dexamethasone, one of whom required admission to the local general medical hospital for continuous supplemental oxygen.

Conclusion. This is the first study to describe the management of the novel COVID-19 pandemic in a high security forensic psychiatry hospital and how readily national guidance can be implemented in this unique setting. Hospital practice at identifying suspected cases and the management of confirmed cases of COVID-19 was shown to be consistent with national guidance. It also allowed for clinicians to exercise their judgement about testing for atypical cases and for repeat testing where appropriate.

Audit examining memantine initiation in dementia patients in an older adult service in the north west

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Aims. Dementia is a progressive condition inflicting significant costs for health and social care services. In December 2017, there were 456,739 people on GP registers with a formal diagnosis of dementia. Making the right choice of anti-dementia medication with essential monitoring is one important aspect of care. Thus, the aim of this audit was to identify if current practice at Mossley Hill inpatients and outpatients service for older adults in Liverpool, was in accordance with the NICE Guideline NG97 (Dementia: assessment, management and support for people living with dementia and their carers). Additionally, we aimed to evaluate whether Memantine was commenced according to BNF/SPC recommendations about e-GFR and whether this was documented on patient records, as well as to highlight areas of improvement.

Method. An audit was carried out for all patients for whom Memantine was initiated, between June and August 2019. Sixty-nine patients were identified through trust Pharmacy

records. Data were collected retrospectively, reviewing local electronic records (ePEX, RIO) and GP referrals. This included age, sex, diagnosis, indication for starting Memantine, decision context, prescriber, documentation of renal function status and communication of decision to the GP. Findings were compared to NICE guidance NG97 and presented at the local audit meeting with a view to recommend strategies for improvement.

Result. Results indicated that most of the patients were female (64%) with the most common diagnosis being Alzheimer's disease (75%). Recurrent reasons for initiating Memantine were: contraindication for AChE treatment (25%); illness progression on AChE (22%); and severe dementia on initial presentation (23%). Usually, the decision to start Memantine treatment was made in MDT or after prescriber clinical review. In 68% of the reviewed cases, renal function status was documented. Patients' GP was informed of medication change in 86% of cases.

Conclusion. To conclude, in the majority of cases Memantine initiation was in line with NICE guidance. However, documentation can be improved, so as to facilitate future audit. We recommended creating a checklist for prescribing Memantine that could be integrated within the electronic records system.

Transition from Methylphenidate to Atomoxetine: reasons for switching and clinical outcome

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Aims. Attention Deficit Hyperactivity Disorder (ADHD) is a behavior disorder originating in childhood comprising of a constellation of features including inattention, impulsivity, and hyperactivity. The National Institute of Clinical Excellence (NICE) Guidelines 2018 recommends methylphenidate as a first line pharmacological agent for treatment of children aged 5 years and over with ADHD. Lisdexamfetamine, dexamfetamine and atomoxetine are recommended in this order if methylphenidate is not tolerated or if symptoms did not respond to separate 6-week trials. Our aim was to, assess the transition of methylphenidate to atomoxetine, the reasons for switching and its clinical outcome in order to make recommendations to current practice regarding treatment of ADHD.

Method. The study examined a total of 53 children between 0-16 years of age who were being treated for ADHD with atomoxetine at CYPS till September 2018. Data was collected from patients' files retrospectively by using a proforma based on the NICE guidelines 2018 ADHD: diagnosis and management.

Result. Out of 53 patients' on atomoxetine in September 2018, 49 were included in the study. Results recorded side-effects as the main reason for switching from methylphenidate to atomoxetine. Unwanted side-effects were documented in 71.7% of patients of which 57.9% exhibited more than 1 side-effect with the two commonest side-effects documented being weight loss and decreased appetite. The audit highlighted the fact that the correct dose of atomoxetine was only administered in 17.2% of children with 56.9% of patient's being given a higher dose than recommended. Initial weight was not documented in 19% and hence, ideal dose could not be calculated. Overall, atomoxetine was shown to be an effective treatment. Out of the 40 patients documented to have hyperactivity this symptom was decreased in 82.5% whilst 82.9% were shown to have increased concentration. 35 patients had documented impulsivity and this was decreased in 62.9% of