

lipid profiles, 71% of LFTs, and 43% of HbA1c tests were done by the GP/hospital.

**Conclusion.** The OACMHTs within our trust achieved 100% compliance with FBC and HbA1c monitoring in the past 1 year. 71% compliance was achieved with LFT monitoring, 57% was achieved with U&E monitoring and 43% compliance was achieved with the annual clozapine monitoring.

With regards to tests done by GP/hospitals, on one hand, repeated phlebotomy of patients would come with increased direct medical (equipment, facilities) and non-medical (time) cost to service and intangible costs (pain) to patients. It would also not be cost effective to repeat these tests if done recently. Hence one could use recent test results as part of their monitoring routine. However, if these patients do not happen to see their GPs or have a hospital admission for unrelated issues, would they have missed their ideal monitoring targets? This unpredictability of timely monitoring raises the question of whether there is a need for the creation/standardisation of clozapine clinics within the OACMHTs, especially if the clozapine patient caseloads continue to grow.

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.

## Delirium Audit Project of the Greenwich Older Adult Mental Health Liaison Service

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**Aims.** Delirium poses a significant risk in hospitals, with a prevalence of 20–30%. Queen Elizabeth Hospital conducted an audit focusing on delirium cases referred to the Greenwich Mental Health Liaison Team for Older Adults (GMHLT OA) between January and April 2023.

The audit aimed to assess immediate and medium-term outcomes, identify improvement areas, and propose strategies for optimizing delirium treatment within GMHLT OA.

**Methods.** Patient referrals received by OAMHLT are meticulously recorded in a logbook. Among the referrals, 39 patients from the target population were identified through a manual review of the documentation. To augment the data collection process, electronic databases were also reviewed to ensure comprehensive data retrieval.

### Results.

#### Key Findings:

39 cases audited, predominantly females (62%).

Most affected age group: 71–80 years.

Infective causes (49%) and low mood (30%) were common.

Antipsychotic treatment administered in 56% of cases.

36% required institutionalization post-discharge.

**Conclusion.** The audit underscores the complexity of delirium care, aligning with epidemiological data. It provides a foundation for targeted improvements to enhance patient outcomes within GMHLT OA. Based on the results the following recommendations and action plan were made:

Implement multifaceted interventions and non-pharmacological approaches.

Strengthen collaboration between departments for diverse referral sources.

Explore regional resource allocation and establishment of care pathways based on local implications.

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## Audit of Shared Care Guideline Compliance for ADHD Patients: Monitoring Physical Observations by General Practitioners

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**Aims.** To evaluate the adherence to shared care guidelines for ADHD patients by assessing if their Blood Pressure, Pulse Rate, and Weight have been monitored at least twice within the last year by their GP, as recommended by NICE guidelines.

Following initiation and stabilization on an ADHD medication, shared care with the GP is initiated whereby the GP is responsible for prescribing the medication, and monitoring physical observations every 6 months.

### Methods.

#### Data Collection:

- Collate the list of patients that were due for annual structured review in August and September 2023 from the team's shared drive.
- Randomly select 50 patients from this list.

#### Inclusion criteria:

- Patient must have been on ADHD medication in the past 12 months.

#### Data Assessment:

- Access the GP records (Patient Practice Management system) for the selected 50 patients.
- Review the patient records for each of these 50 patients to identify when Blood Pressure, Pulse Rate, and Weight measurements were recorded within the last 12 months.
- Record the date and results of the Blood Pressure, Pulse Rate, and Weight measurements for each patient.
- Determine if each patient had these measurements done at least twice within the last year as per NICE guidelines.
- Calculate the percentage of patients who met this guideline.

**Results.** Sample size: 22 patients patients met the inclusion criteria.

- Blood pressure checked within the last 6 months – 22/22 (100%)  
Blood pressure checked within the last 1 year – 19/22 (86%)
  - Pulse rate checked within the last 6 months – 20/22 (90%)  
Pulse rate checked within the last 1 year – 18/22 (81%)
  - Weight checked within the last 6 months – 21/22 (95%)  
Weight checked within the last 1 year – 20/22 (90%)
- 8 out of 22 had a “significant” change in their BP reading.

This significance is in keeping with NICE Guidelines that is, an increase of 2–4 mmHg for patients on ADHD medication, but this is generally not significant in terms of risk.

### How was the project outcome disseminated?

A letter was sent out to GP practices commending the positive outcome of the audit. Recommendations for further improvement were suggested flagging up a review if there is a reduction of 10% or more in body weight within 12 months of treatment.

**Conclusion.** The positive outcome of the audit shows the effectiveness of current practices. However, it's important to maintain a commitment to ongoing improvement. Regular evaluations and audits