Method. Multi-disciplinary case notes for all registered patients were studied. A database was created including sociodemographic details, chart diagnosis, and medication. The proportion of patients prescribed antipsychotic medication was identified. The dose of each medication was converted into a percentage of BNF maximum recommended dose for that drug. For combined antipsychotic prescription, the cumulative dose was obtained adding the single percentages together. Exceeding 100% was regarded as HDAT. All HDAT patients were assessed against identified audit criteria as outlined by the Humber NHS Foundation Trust.
Result. Of a total of 246 patients, 177 (72%) were prescribed antipsychotic medication. Of these, 14 (8%) were in receipt of HDAT. This compared to 68% prescribed antipsychotics and 9% in receipt of HDAT in the baseline audit. The average cumulative dose for every category (oral medication, depot and both) was calculated with a range from 1% to 168% (mean = 70%) for oral antipsychotic (single/combined), 1% to 193% (mean = 50%) for depots and 20% to 257% (mean = 95%) for combination of oral and depot. This compares with ranges of 1.6% to 215% (mean = 44.3%) for oral antipsychotic (single/combined), 0.04% to 100% (mean = 25.8%) for depots and 21% to 425% (mean = 119.6%) for combination of oral and depot in the baseline audit. Similar to the baseline survey no patient met all seven audit criteria but there was better adherence overall with best practice guidance. Blood and ECG monitoring were the most consistent parameters measured.
Conclusion. Lower HDAT was achieved post intervention. Results, whilst positive, indicate the need for ongoing audit to maintain best standards.

A review of required monitoring and management of physical health parameters in patients being treated with clozapine

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doi: 10.1192/bjo.2021.326

Aims. To review available standards for physical health monitoring in people taking clozapine To audit current practice against standards To identify changes in practice and facilitate a re-audit to assess impact of any changes
Method. Standard: CG178 Psychosis and Schizophrenia in Adults: Prevention and Management – NICE, February 2014

Target:100%

Exceptions: None

Sample: The original audit included all 58 patients from the Worcester clozapine clinic, as per October 2018. The re-audit reviewed a random sample of all patients attending the clozapine clinics in Worcester, Kidderminster and Redditch, as part of Worcestershire Health and Care NHS Trust, as per October 2019. A total of 66 patients were selected.

Data Source: Carenotes and ICE
Result. Areas of good practice:

Monitoring of HbA1c and FBC remains good

There has been an improvement in monitoring alcohol use, substance misuse and side effects

Areas requiring improvement:

There continues to be limited recording of respiratory rate

There has been a decline in recording temperature, BMI and concomitant therapies

Potential reasoning for missing data includes:

Staff not knowing the monitoring requirements, which is more likely to be an issue when staff members running the clinics change frequently

Monitoring being completed but not documented

Patients' refusal of monitoring

Data being recorded in alternative locations including general practice, without communication between services

Patients moving between teams or having inpatient stays may disrupt monitoring regime
Conclusion. LIMITATIONS

This audit assumes all patients involved to be on a stable dose of clozapine with routine monitoring

Some patients may have been transferred between teams or inpatients during the period of data collection

There is no scope to record when patients refuse monitoring

We may not have access to all notes such as those from general practice for data collection

RECOMMENDATIONS

Induction programme for junior doctors to include education on clozapine monitoring

Training for staff involved in clozapine clinics to ensure better understanding of monitoring requirements

Procurement of ECG machines for each site and relevant training for nursing and medical staff

Collaboration with GPs for shared data

Re-audit in 1 year

Service evaluation of weight gain in patients prescribed antipsychotics within the early intervention service

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doi: 10.1192/bjo.2021.327

Aims. To assess physical health in patients under the Early Intervention Service, whom are prescribed antipsychotics.

To consider whether further intervention needs to be provided or promoted to improve physical health in this group.
Method. Assessment of carenotes database for all 63 patients on EIS caseload prescribed antipsychotics.
Result. Out of 47 patients studied, 20 were non-smokers at baseline. 25% of them ended up becoming smokers by the end of the study time.

Out of 47 patients studied 28 were non-drinkers at baseline. 32% of them ended up engaging in alcohol by the end of the study time.

Out of 47 patients studied, 38 patients had data available to record weight changes per year. Out of the 38 patients, 27 of them had positive weight change; average weight change was + 6.38 kg per year. The highest weight gain was 38.4 kg, the highest weight lost was 47.3 kg.Out of 47 patients studied, 35 patients had data available to record BMI changes. Out of the 35 patients, 27 of them had positive BMI increases, average BMI change was + 2.68. The highest BMI increase was 12.84. The highest BMI decrease was 8.24.

Out of 47 patients studied, 11 patients had data available to record random glucose level changes. Out of the 11 patients, 7 of them had increased glucose levels, average glucose change were + 0.5mmol/l. The highest increase in glucose was 3.9mmol/l and the highest drop in glucose was 2.6mmol/l.

Out of 47 patients studied, 19 patients had data available to record HbA1c levels. Out of the 19 patients, 10 of them had increased HbA1c levels, with the average change being + 0.31 mmol/mol. The highest increase in HbA1c levels was 5 mmol/mol and the highest drop in HbA1c levels was 3 mmol/mol.

Out of 47 patients studied, 30 patients had data available to record cholesterol changes. Out of the 30 patients, 21 of them had increased cholesterol levels, with the average change being + 0.09mmol/l. The highest increase in cholesterol was 1.7mmol/l and the highest drop in cholesterol levels was 2.6.

Taken together, we show that anti-psychotic use has a negative effect on physical health parameters such as weight gain, BMI increase, HbA1c levels and cholesterol levels. This increases the patient's risk of developing diabetes/metabolic syndrome in the future.

Conclusion. Re-audit.

Delirium – are we doing enough prevention and basic management in acute settings?

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doi: 10.1192/bjo.2021.328

Aims. To identify the prevalence of delirium and/or dementia on complex medicine wards.

To assess the use non-pharmacological prevention and management options in these patients.

Background. Delirium, a common hospital syndrome, is often multi-factorial. So, the management needs not only treating a reversible cause but also minimising the factors that could increase the risk of developing delirium, or worsen its course.

The Scottish-Intercollegiate-Guidelines-Network (SIGN) and National-Institute-for-Health-and-Care-Excellence (NICE) guidelines outline non-pharmacological factors to reduce the risk of developing delirium, and for its management once established.

These factors include orientation, ensuring patients have their glasses and hearing aids, promoting sleep hygiene, maintaining optimal hydration and nutrition, early mobilisation, appropriate lighting and providing cognitively stimulating activities.

Method. SIGN, NICE and local guidelines were used to develop a checklist of core non-pharmacological factors that minimise the risk of developing delirium and help in its management. Adherence to recommendations from these guidelines was thus evaluated in 4 Complex Medical Units of The John-Radcliffe Hospital (Oxford University Hospitals NHS Foundation Trust), cross sectionally. The data were collected by interviewing nursing staff on the wards, assessing the ward environment, reviewing nursing charts and electronic patient records.

Result. There were 57 patients aged >65 years across all four wards, with average percentages of delirium and dementia patients being 46% and 34%, respectively. Nurses were unsure about their patients having hearing or visual aids in 41% and 29%, respectively. On all four wards there was no clear signage, no digital clock, no calendar, and earplugs were not offered. Overall, the use of non-pharmacological recommendations was sub-optimal across a number of items. After a month, when the notes were reviewed, it was found that 18 out of those 57 patients had passed away (32%) and the average length of stay for delirium/dementia patients was way more than the other patients during that admission.

Conclusion. We found high rates of delirium and dementia and a lack of consistent use of recommended non-pharmacological strategies for their management. Better adherence to these could help shorten length of stay and improve patient outcomes.

Recommendations for patients with/at risk of delirium:

- Bedside board for each patient with the name of the ward/hospital, picture of the named nurse.
- Ensuring visible clock/calendar.
- Non-pharmacological delirium management checklist to be added to the daily nursing notes.

Emphasis on visual/hearing aids and daily reorientation.

- Appropriate lighting in the bays.
- Offer earplugs if not sleeping at night.

COVID and early intervention: the impact of COVID-19 on referrals to an early intervention service

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doi: 10.1192/bjo.2021.329

Aims. COVID-19 has a demonstratable impact on the population's mental health and is associated with an increased incidence of psychiatric disorders, including patients experiencing psychotic presentations. The aim of this study was to explore whether referral rates within a county-wide Early Intervention (EI) service changed in response to the COVID-19 pandemic. The EI service provides NICE approved treatments and support for patients experiencing a First Episode Psychosis (FEP).

Method. Data were collected from all referrals to the EI service between March–December 2019 and March–December 2020. Clinical notes were reviewed to ascertain whether the referred patient was assessed and if they were subsequently accepted on to the team's caseload.

Result. During the March–December 2019 period 147 referrals were made to the EI service, with 66 patients being accepted for treatment by the service (44.9% of referrals). In March–December 2020, 127 referrals were made, a 13.6% reduction compared to the same period in 2019, however 70 referrals were accepted (55.1% of referrals).

Whilst the overall referrals declined during the COVID-19 period, there were notable increases in both April and August 2020, by 25.0% and 70.0% respectively.

Conclusion. Although overall referrals to the EI service reduced during the COVID-19 pandemic compared similarly to the previous year, there was a noteworthy increase in the proportion of patients accepted onto the team's caseload.

Potential explanations for this finding include the possibility of an increased incidence of first episode psychosis during this period, or that restrictions in accessing primary care and secondary mental health services during the COVID-19 pandemic reduced the number of patients being referred whose symptoms were not representative of First Episode Psychosis (FEP).

This study highlights that mental health services, such as EI teams, have experienced a persistent level of need over the past year and that ongoing investment in psychiatric services is warranted to meet this sustained requirement for support and interventions.

Old age liaison psychiatry: audit assessing adherence to referral pathway and referral characteristics including indications, interventions and outcomes

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doi: 10.1192/bjo.2021.330