

The Creation of a MEED Score Calculator to Aid MEED Score Completion in Patients With Eating Disorders

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Aims. The Medical Emergencies in Eating Disorders (MEED) guidelines include a scoring system, the MEED Score, which is an all-age risk assessment of the physical safety and risk to life of patients with eating disorders. Accurate MEED Scores are therefore fundamental for patient safety. However, MEED Scores can be timely and confusing for unfamiliar professionals. The MEED Score Calculator is a spreadsheet consisting of a colour-coded table with each MEED Score category. Red, Amber and Green are selected based on the described parameter and totals are automatically calculated. Additional "Background and Instructions" and "Medical Management" pages explain how to use the calculator and how to manage medical issues arising from MEED Scores. The aims of the MEED Score Calculator project are to: 1) Increase confidence amongst healthcare professionals completing MEED Scores 2) Increase efficiency of completing MEED Scores

Methods.

- A preliminary survey questioning MEED Score confidence and efficiency was sent to healthcare professionals who complete MEED scores
- The MEED Score Calculator was created using Microsoft Excel
- Upon completion of the survey, the MEED Score Calculator was distributed via email
- Three months later, the secondary survey was sent to users, focusing on calculator use and the impact on MEED Scoring efficiency and confidence

Results.

- 20 participants completed the preliminary survey
- 10 participants completed the secondary survey
- 60% of respondents now use the MEED Score Calculator when completing MEED Scores
- 0% prefer not using the calculator (40% haven't completed a MEED Score since having Calculator access)
- 60% of respondents report increased confidence completing MEED Scores
- 89% of respondents report reduced time spent completing MEED Scores
- *Result collection ongoing

Conclusion. The MEED Score Calculator increases confidence and efficiency of MEED scoring amongst healthcare professionals, achieving both aims.

Furthermore, due to positive feedback from eating disorder professionals, the MEED Score Calculator was included in the Kernow Local Medical Committee newsletter to raise awareness amongst Cornwall GPs. It is also due to be added to local clinical referral guidelines for GP referrals to eating disorder services. Additionally, we aim to make further improvements to the Calculator based on user feedback.

We hope for knowledge of this simple tool to spread throughout relevant primary and secondary care settings, making MEED Scoring more accessible and quicker for healthcare professionals. We anticipate that with this, we will see improvement in the

robustness of physical monitoring and the quality of referrals. Thus, reducing risk of adverse physical health outcomes in this vulnerable cohort.

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.

Improving the Quality of Valproate Prescribing in Adult Mental Health Services - POMH Topic 20b - Enhanced Community Rehabilitation Service (ECRS), Bognor Regis, West Sussex

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Aims/Background. The licensed indications for Sodium Valproate are narrow however the medication is commonly prescribed amongst mental health services in the UK. Such practice can be associated with ineffective and poorly tolerated treatment, especially given the limited evidence re efficacy of 'off label' use of Valproate.

Aims and auditable outcomes

- Annual review of risk benefit balance for those on continued Valproate treatment to include asking about adverse effects, medication adherence and therapeutic benefit Any 'off label' prescription of Valproate, should be explained to the patient and documented
- Clinician's reasons for initiating Valproate treatment should be documented in clinical records
- Plasma level monitoring of Valproate treatment should not be used unless there is evidence of concerns about medication adherence, dose related side effects and/or ineffectiveness
- Prior to initiating Valproate, the following should be documented in the clinical records: Full Blood Count (FBC), Liver Function Tests (LFTs) and Weight and/or BMI
- Review within first three months of Valproate treatment should include: Screening for common side effects and assessment of the response of treatment

Methods. Only 7 of 51 patients on the ECRS caseload were eligible for the study i.e. currently prescribed Valproate, irrespective of age.

Audit forms provided by POMH team. Clinical records used to complete included all electronic/paper notes, letters, and other patient information available to clinical team.

Due to nature of information required we involved doctors and nurses from the clinical team.

Results. 6/7 (86%) of patients had clinical reasoning for Valproate prescription documented in their clinical records - 5/7 (71%) were prescribed 'off-label' - mainly as adjunct for refractory Schizophrenia.

7/7 (100%) of patients had a documented review in the past year which included asking about adherence to their Valproate medication.

2/7 (29%) of patients had plasma monitoring of Valproate treatment in the past year as part of routine hospital admission blood tests. No evidence of concerns for the other patients documented otherwise.