

tool, which can quantitatively predict both the heart age and 10-year CVD Risk percentage of patients aged ≥ 30 years. The clozapine to norclozapine ratio was compared with triglyceride levels, body weight, BMI, and fasting blood glucose in patients after treatment with clozapine. Southlake Regional Health Center's practice was compared with the national standards set by Diabetes Canada 2018 guidelines by conducting a clinical audit.

68 non-diabetic, patients aged ≥ 30 years with all the risk factor records for FRS assessment were selected from a cohort of 183 patients registered in the schizophrenia clinic of Southlake Regional Health Centre. The data were collected from patient records from the 75 patients registered with Assertive Community Treatment Team in Georgina, Ontario.

The sample size of the study on inpatients was 49 participants from the acute psychiatry ward consisting of 28 females and 21 males during the month of November 2021.

Results. Males, on average, were found to have an intermediate 10-year CVD risk ($\sim 11.2\%$; FRS total points: 11.27) in comparison to females who, on average, had a low 10-year CVD risk ($\sim 7.3\%$; FRS total points: 11.19). 26% of the patients using FRS were calculated to be at high risk and 28% with intermediate risk of developing a CVD. The average heart age of the sample patients was 60 years, which was 9 years higher than the total average age (51 years). The investigated biomarkers of Hemoglobin A1C, triglycerides, and glucose serum concentration were examined graphically, separated into categories of the ratio measurements of 0–2, 2–3, and 3+. For all biomarkers, lower values were more desirable. Triglycerides were the lowest in the 3+ ratio category. Hemoglobin A1C and glucose serum concentration were lowest in the 0–2 ratio category. 100% of patients with diabetes had their blood sugar levels measured and 66.67% were referred to an endocrinologist. In patients without diabetes, 91.30% had their blood sugar levels measured, 39.13% had their HbA1C levels measured, and 6.52% had neither their HbA1C, nor their blood sugar levels measured.

Conclusion. Cardiovascular complication can be one of the leading causes of death in the next 10 years among schizophrenia patients due to age, poor lifestyle choices, and current estimations via the FRS assessment tool. Further studies need to be conducted with a larger sample size and more recent data to examine any adverse lifestyle changes in schizophrenia patients during the pandemic, which could have negatively influenced their cardiovascular health. It is recommended that doctors weigh the risks vs benefits of prescribing clozapine to patients with high triglyceride levels.

Audit of Prolactin Levels Monitoring for Inpatients on Antipsychotics in SABP

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Aims. To establish whether our practice is meeting NICE and Maudsley guidelines in establishing baseline prolactin levels in an inpatient set-up before starting treatment with antipsychotic medications with a medium or high-risk of causing hyperprolactinaemia.

Methods. Data were collected retrospectively from case notes of 127 patients from 9 wards at Surrey and Borders Partnership NHS Foundation Trust (SABP).

We reviewed if the baseline prolactin was measured for inpatients before commencing on antipsychotics with medium or high risk of hyperprolactinemia.

We reviewed if patients with elevated prolactin levels were assessed and managed appropriately.

Results. SABP is currently achieving 43% in recording serum prolactin levels for inpatients who are on antipsychotics with medium or high-risk of hyperprolactinemia respectively.

Inpatient ward 76 patients out of total 127 were on antipsychotics with medium to high-risk of developing hyperprolactinemia. 33 patients had their serum prolactin checked bringing the compliance to 43%, 2 patients were excluded due to incomplete data bringing the sample size to 31.

3 had elevated prolactin. Out of 3 patients, 1 patient was managed appropriately with MRI brain, followed by change of antipsychotic medication and repeat prolactin levels. For 1 patient, prolactin

level was rechecked. Unfortunately, no documentation of assessment of symptoms of hyperprolactinemia was found in all three patients case notes.

Conclusion. The trust is falling short of meeting NICE and Maudsley guidelines of monitoring prolactin level. It is possible to introduce a robust system within the Trust so that we are compliant with a NICE and Maudsley prolactin monitoring guidelines.

We need to local Trust guidelines for management of hyperprolactinaemia in line with NICE and Maudsley guideline of monitoring prolactin levels.

Safety netting advice and leaflets explaining symptoms of hyperprolactinaemia should be provided to all the patients on antipsychotics with medium to high risk of developing hyperprolactinemia.

Improving Capacity and Consent to Treatment Recording, Park House Hospital

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Aims. Re-audit for adherence of all inpatient wards at Park House Hospital to Trust Consent to Treatment policy. Improve hospital compliance to Trust Consent to Treatment policy. Reduce prescribing errors. Improve trainee confidence and knowledge of Consent to Treatment

Methods.

- Cross sectional audit.
- Data collected between 8th and 12th November 2021
- All wards in Park House Hospital
- 5 patient records and medication charts reviewed per ward.
- Proforma used.
- Data analysed using Excel.
- Interactive teaching on Consent to Treatment delivered by Dr McKnight to Core Psychiatry Trainees on 3rd July 2020.
- Dr McKnight presented the original audit data and consulted the Pharmacists and Consultants to assess and improve ward systems for recording Consent to Treatment. (26th May and 30th April 2021).
- Dr McKnight presented to Greater Manchester Mental Health, Mental Health Act and Mental Capacity Act Quality Improvement Group (30th June 2020).

Results.

- No wards had 100% capacity forms documented, kept in medication charts and uploaded to Paris.
- 7/9 wards had 100% compliance for completing T2/3/S62 forms.