

Aims. To determine the prevalence of emotionally unstable personality disorder (EUPD) attending a community mental health team (CMHT) in a major Irish city

To describe the current psychiatric care afforded to this cohort of service user

Method. Clinical chart review of all 328 patients attending a CMHT outpatient in an urban setting was carried out. Patients diagnosed with EUPD or displayed features of EUPD were identified. Data on the various interventions offered to this cohort of service users were collected and compared against current guidelines.

Result. Out of the 328 patients actively attending the service, almost 17% ($n = 55$) were diagnosed with EUPD and further 6% ($n = 19$) were found to display features of EUPD such as emotional dysregulation, self-harming behaviour and cognitive distortions. Comorbid psychiatric disorder such as mood or anxiety spectrum disorder was diagnosed in 23% ($n = 17$) of this cohort. Meanwhile, 8% ($n = 6$) was diagnosed with addiction disorders and 5% ($n = 4$) was diagnosed with a comorbid personality disorder. A significant proportion of 77% ($n = 57$) were prescribed psychotropic medication with 51% ($n = 29$) being on more than one psychotropic medication. Antidepressants, antipsychotics and hypnotics were the three most common medications prescribed at the rate of 89% ($n = 51$), 30% ($n = 17$) and 28% ($n = 16$) respectively. A majority of 66% ($n = 49$) were offered intervention from a multi-disciplinary team (MDT) member with 47% ($n = 23$) being offered more than one type of intervention. Referrals to community mental health nurses and psychology service were the two most common interventions offered with a referral rate of 59% ($n = 29$) and 55% ($n = 27$) respectively. 28% ($n = 21$) of service users with EUPD or EUPD traits has had at least one hospital admission while attending the CMHT and 46% ($n = 34$) have been admitted to the day hospital at least once.

Conclusion. The prevalence of EUPD in our outpatient sample corresponds with findings in previous studies. Standard psychiatric care is the most common option available to the majority of general adult patients with EUPD in Ireland due to the lack of any national treatment programme and scarce availability of specialised therapeutic approaches such as dialectical behavioural therapy within community mental health teams. Our CMHT will attempt to integrate mentalization-based treatment into our outpatient management of EUPD patients taking into account current clinical guidelines for management of EUPD and resources needed for training and delivering the intervention.

Evaluating appropriate use of nicotine replacement therapy on acute adult psychiatric units and adverse events related to smoking bans on wards

Sabrina Hasnaoui* and Virupa Ramachandran

Birmingham and Solihull Mental Health NHS Foundation Trust

*Corresponding author.

doi: 10.1192/bjo.2021.855

Aims. To assess if patients are offered appropriate and adequate NRT (nicotine replacement therapy) upon admission to an acute adult inpatient ward.

To evaluate the number of adverse events occurring which are related to mandatory temporary abstinence from cigarette smoking on inpatient wards.

Background. Not all patients are able or willing to quit smoking when admitted to secondary care. In line with NICE Guidance, psychiatric inpatients should not be permitted to smoke inside the hospital building or outside on hospital grounds. NRT is

the most widely used smoking cessation aid. It aims to temporarily replace the nicotine from cigarettes to reduce motivation to smoke and nicotine withdrawal symptoms. NRT should be offered to patients who need support with nicotine withdrawal during an inpatient stay. Trust guidelines state nursing staff are able to administer NRT to patients on admission without prescription, reducing cravings and withdrawal symptoms such as agitation and anxiety which can lead to adverse events such as aggressive behaviour. Cravings may result in the patients self-discharging or absconding from the ward to smoke.

Method. A retrospective review of electronic records was conducted of all inpatients admitted to two acute adult units over a three month period (65 patients). Patients were identified as smokers or non-smokers. Search words used included: 'smoking', 'NRT', 'nicotine', 'cig' to search for relevant entries. Data collected included whether NRT was offered and given by nursing staff on admission and adverse events related to smoking.

Result. Data from 65 patient admissions were reviewed (31 males, 34 females, mean age 37 years). 37 (57%) patients were identified as smokers. NRT was offered and accepted by 17% of patients on admission and not recorded in 77% of admissions. NRT was declined when offered by 3% of patients.

Adverse events related to smoking occurred in 38% of 'smoking' patients. 40% of these adverse events occurred in first 72 hours of admission. Adverse events include verbal conflicts, physical aggression towards nursing staff and smoking in patient areas.

Conclusion. The majority of patients were not offered NRT on admission or this was not accurately documented in clinical notes. When offered NRT, a large proportion of patients accepted it demonstrating its acceptability amongst this patient group. There is a high rate of adverse events related to smoking on wards. More accurate documentation is required to ensure NRT is being sufficiently offered to patients to reduce possible withdrawal symptoms and adverse events.

Evaluation of paediatric liaison psychiatry services in England 2015-2019

Declan Hines^{1*}, William Lee², Tamsin Ford³ and Sophie Westwood⁴

¹School of Clinical Medicine, University of Cambridge; ²Hon Associate Professor, University of Exeter and NHS Liaison for PenCLAHRC; ³Department of Psychiatry, University of Cambridge and ⁴University of Plymouth

*Corresponding author.

doi: 10.1192/bjo.2021.856

Aims. Liaison psychiatry services (LPSs) provide psychiatric care to general medical patients. This paper aims to evaluate LPS provision for children and young people in England.

Method. The annual Liaison Psychiatry Surveys of England (LPSEs) included questions on paediatric services from 2015 (LPSE-2). Questions were developed in consultation with NHS England and the Liaison Faculty of the Royal College of Psychiatrists. We analysed data from LPSE-2 and three subsequent surveys.

LPSs were systematically identified by contacting all acute hospitals with Type 1 emergency departments listed by NHS England. All identified LPSs were emailed a copy of the questionnaire, with follow-up emails and telephone contact for non-responders. Responses by email, post or telephone were accepted.

Result. The number of acute hospitals with access to paediatric LPSs increased from 29 (16%) in 2015 to 46 (27%) in 2019; all of these hospitals had access to adult LPSs. The number of paediatric LPSs with at least 11 full time equivalent (FTE) mental