

Haematological Monitoring in Clozapine Use: Blood Best Sampled in the Afternoon?

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Aims. Clozapine is an atypical antipsychotic used in the management of Treatment-Resistant Schizophrenia (TRS). Despite its efficacy, Clozapine is associated with rare but clinically important haematological side effects of neutropenia and agranulocytosis, thus warranting regular monitoring of full blood count (FBC) white blood count (WBC) and neutrophil count (NC).

Clozaril Patient Monitoring service (CPMS) supervises the prescribing of Clozapine and haematological testing for patients. Amber and Red alerts are issued by the CPMS when WBC and NC values fall below specified levels, Clozapine treatment is either suspended or discontinued completely.

Methods. We present a case of 35-year-old Caucasian lady with a history of schizophrenia who was maintained on Clozapine treatment for 10 years and whose Clozapine was necessarily stopped because of red alerts. This led to a significant deterioration in her mental state and level of functioning necessitating a prolonged hospital admission.

Results.

- Detailed retrospective review of this patient's CPMS results over a 2-year period identified consistently higher levels of WBC and NC, when the blood tests were conducted in the afternoon compared to mornings.
- Literature review supported the phenomenon of a diurnal variation of WBC and NC levels in a proportion of patients prescribed Clozapine.
- With clear knowledge of this patient's diurnal trends in WBC and NC count, it was possible to liaise with CPMS and restart her Clozapine treatment, leading to a significant improvement in her mental state and level of functioning.

Conclusion.

- We recommend that clinicians consider this phenomenon of diurnal variation in blood parameters in patients with frequent amber and red alert results who are at risk of having their Clozapine medication discontinued.
- Close collaboration with CPMS and haematological advice may lead to a more nuanced approach to blood sampling, whereby afternoon samples are used in certain at-risk patients.

The Prevalence of OCD Like Symptoms Among UAE Residents During COVID-19 Pandemic

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Aims. Obsessive-compulsive disorder (OCD) is a psychiatric disorder characterised by repetitive, undesirable thoughts or acts. With the pandemic being on the rise, public health authorities have urged people to take proper health measures, specifically around hand washing and social distancing. It is hypothesised

that such sudden change would cause excessive hygiene habits in people predisposed to OCD. Our study aimed to measure how COVID-19 pandemic affected the prevalence of OCD-like symptoms among the UAE population. Furthermore, we explored the correlation between these symptoms and demographic factors.

Methods. This was a quantitative cross-sectional study that used an online survey platform to collect responses from male and female adult UAE residents (aged between 18 and 60 years). The self-administered questionnaire included Yale-Brown Obsessive compulsive scale (YBOCS) to test the severity of obsessions and compulsions, in addition to demographic questions. People with a previous diagnosis of obsessive-compulsive disorder were excluded. Data were analysed using SPSS 23. A bivariate analysis to examine the correlation between the severity of the reported symptoms and sociodemographic characteristics, age, and ethnicity was conducted. A p-value <0.05 was considered statistically significant.

Results. A total of 343 questionnaires were completed and used for analysis; 244 of which were females and 99 were males. 63.5% of females had no symptoms of OCD, 24.6% had mild symptoms, 9% had moderate symptoms, 2.5% had severe symptoms, and 0.4% had extreme OCD symptoms. In males, 75.8% had no OCD symptoms, 18.2% had mild OCD, 6.1% had moderate OCD, and 0% had severe or extreme OCD. A significant correlation was found between the Emirate of residence and the severity of OCD-like-symptoms ($P = 0.042$). The most significant scores of OCD symptoms were in Sharjah, with 10 people out of 108 displaying moderate to extreme symptoms, Abu Dhabi with 9 out of 115 and Fujairah with 7 out of 56. Level of education, occupation and age had no significant role in the exhibition of the symptoms.

Conclusion. To our knowledge this is the first study to investigate the prevalence of OCD-like symptoms within the UAE residents during COVID-19 pandemic. The symptoms of potential clinical significance of OCD are high, especially in females compared to the global prevalence studies prior to COVID-19, although a within-subject comparison is not possible. Further research is warranted to investigate the long-term effect of COVID-19 on OCD-like and other neuropsychiatric symptoms and elucidate possible mechanisms.

Evaluation of a Drama-Based Experiential Learning Group Programme for Multidisciplinary Staff and People With Lived Experience in Psychiatry

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Aims. Experiential learning, such as simulation-based training, is widely used in health education. Dramatic self-expression adds another layer through enacted perspective taking, and embodied self-exploration of interaction with others, to foster situated learning. We describe the evaluation of an innovative drama-based experiential learning project involving collaboration between multidisciplinary mental healthcare staff and people with lived experience of mental illness. The programme was facilitated at East London NHS Foundation Trust by a theatre company

experienced in delivering workshops with service users. A weekly group programme took place online over 8 weeks during the COVID-19 pandemic and included activities of improvisation, embodied enactments and debriefing. The programme led to co-production of a drama piece that was filmed and distributed online. It was hypothesised that the experiential learning might result in individual benefits for all participants, such as improved well-being and increased mutual understanding of each other's experience of mental health care. The project aimed to improve relationships between healthcare disciplines, and between staff and service users. Additionally, aims were to empower service users, and support staff to practice core interpersonal skills. Objectives of the evaluation were to study the impact of the experiential learning, understand participants' experience, and explore challenges and benefits.

Methods. A mixed methods approach was taken to evaluate the programme. Following completion of the project, participants were invited to complete a questionnaire utilising a Likert scale rating of overall satisfaction with the project, perceived benefit and impact on specific domains such as working with others. One-to-one semi-structured interviews were conducted according to a topic-guide, and qualitative data were analysed using open & axial coding for thematic analysis.

Results. 11 participants, including Psychiatrists, Occupational Therapists and current service users, completed the experiential learning and filming. Questionnaire data suggested participants were highly satisfied with the learning and felt it would be valuable to others. Themes include the positive experience of creativity, dismantling of hierarchy, improved empathy, confidence and connection. Potential challenges were digital inequality and lack of dedicated time for professional development.

Conclusion. A drama-based experiential learning group programme for healthcare staff and service users is a highly beneficial learning experience. Participants describe changes on a personal level as well as improved understanding of others' perspectives. This form of experiential learning features collaborative working that aligns with principles of co-production and supports the development of interpersonal skills; the findings suggest that drama-based experiential learning is a useful method in health education to complement knowledge acquisition.

Evaluation of Fife Forensic CMHT Liaison Services Over 10 Years

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Aims. Fife FCMHT offer two forms of liaison; a court liaison service and a consultation service open to any professional requiring guidance on managing a person with mental disorder and offending behaviour. Our aims are to evaluate these services by analysing the number of referrals, reason for referral and outcomes in order to assess how our services are being used and help identify any areas for improvement.

Methods. Details about each referral made to the court liaison and consultation services and outcomes were recorded from January 2011 to December 2021. Data were analysed in excel.

Results.

Court Liaison Service

1044 referrals were made; 778 of these were assessed. 98.7% were seen on day of referral. 76 required inpatient admission, 9 of whom had to be remanded in custody to await appropriate bed.

Age ranged 15–78 years. Of those deemed fit to continue through court, 33% were felt to require further mental health input.

Consultation Service

280 referrals were made. Age ranged 15–83 years. The majority of referrals to this service came from criminal justice social work and NHS fife services. The majority of referrals were for specific advice or help with risk assessment and management. The average time between referral and consultation was 9.4 days.

Conclusion. Reassuringly, our team responds promptly to referrals.

25.5% of referrals made to the court service did not require assessment after triage. Only 7.3% of referrals required diversion away from the court system. Whilst 33% of those deemed fit to continue were identified as requiring further mental health input, this was often in the form of signposting to local services. As referrals are usually seen by health care in custody, this suggests mental health training for these teams would be of benefit to prevent delays in court proceedings and prevent unnecessary referrals.

Of concern are those patients remanded in custody to await a psychiatric bed. Whilst numbers are small, it is an unacceptable outcome for these patients. This occurs due to no bed being available or a requirement for assessment by the admitting unit. This mirrors findings from the Barron Report.

Our consultation service sees requests from a vast array of professionals. We believe this to be an efficient way for services to access the expertise within our team, avoiding unnecessary referrals causing delays to patient care. The majority of these referrals were for advice over a specific matter which can be dealt with succinctly by the team.

Brain Development in Children With Early Onset Liver Disease

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Aims. Biliary Atresia (BA) is a progressive inflammatory liver disease and the most frequent indication for pediatric liver transplant. There is a strong association between BA in adulthood and reduced cognitive abilities, however, data on neurodevelopmental outcomes at an early age are scarce, with small participant numbers. Hence, the neurodevelopmental difficulties in BA are poorly understood in childhood even though the brain development and maturation occur in parallel with the time-course of BA. This study aimed to characterize the cognitive and behavioral phenotype within BA infants from the age of 14 months to 4 years and investigate the extent to which this group deviates from children of typical development.

Methods. 42 infants with BA that were diagnosed and treated at Kings College Hospital were recruited into this study. These infants ranged from 14 months to 4 years (mean age = 3 Years, 1 month). Out of the 42 infants, 19 had received a liver transplant, 22 were stable on their native liver, and 1 was on the transplant waiting list. 36 Mullens Scale of Early Learning assessments and 42 Vineland Adaptive Behavior Scale Interviews were collected. 42 typically developing infants (TD) were also recruited into the study, matched for age and gender to the BA population. First,