

**Aim:** Purpose of this study was to investigate patients perspective on service quality and their satisfaction with services. Also to ensure that the standards relating to patient assessment and treatment are adhered to and to ensure that all patients have the opportunity to comment on the services and that patient opinions are considered in future service planning.

**Method:** An 8 items patient satisfaction questionnaire was devised by the author and was distributed to residents on discharge from two rehabilitation wards. Fifteen questionnaires were completed in the 18 month period.

**Results:** Out of total of 15 cases, 53% were female and 47% male patient. Their mean age was 37.5 years and their mean length of stay in the rehab ward was 23 months. All patients were satisfied with admission process and environment of the wards. Significant majority satisfied with treatment received. To 87% this was their first admission to the rehab unit and the 93% reported that they would recommend the rehabilitation ward to a friend or relative and that they would use this unit again in the future.

**Conclusion:** Central issue emerged whether the patient was satisfied or dissatisfied with the care they received but they all suggested that the quality of care between the patients and individual member of staff were central to the quality of the care. The high quality therapeutic relationship and caring environment is the essence of satisfaction and it may determine the outcome of psychiatric treatment.

## P233

An audit of risperidone long acting injection in Lincolnshire, UK

A. Singh<sup>1</sup>, S. Lugg<sup>2</sup>. <sup>1</sup> *Lincolnshire Partnership Trust, Department of Psychiatry, Pilgrim Hospital, Lincoln, United Kingdom* <sup>2</sup> *Pilgrim Hospital, Lincoln, United Kingdom*

Risperidone long acting injection (RLAI) is the first injectable atypical antipsychotic to be licensed in the UK. This study reports the outcomes of patients prescribed RLAI in Lincolnshire Partnership Trust during two years period following its launch.

**Aim and methodology:** That RLAI are prescribed appropriately and patients are monitored on an ongoing basis. An audit tool was sent to each psychiatrist, data were collected retrospectively on 28 patients.

**Results:** Out of 28 patients 19 still taking RLAI. Data not available on one patient. All patients had received oral atypical prior to RLAI. 23 were exposed to oral Risperidone. 80% reported significant improvement only 5 experienced mild side effects. 21 suffered from Schizophrenia and 6 from Bipolar Affective Disorder. At the time of initiation, 25 in patients and 3 in community. Significant improvement noted 2 months and 7 months after initiation. All of them were monitored regularly.

**Conclusions:** RLAI appears well tolerated and markedly effective in vast majority of patients only 3 patients showed negative response. RLAI can offer considerable benefit to a significant number of patients suffering from Schizophrenia and Bipolar Affective Disorder with psychotic symptoms.

## P234

Ethnicity and detention in the UK: A systematic review and meta-analysis

S.P. Singh<sup>1</sup>, N. Greenwood<sup>2</sup>, S. White<sup>2</sup>, R. Churchill<sup>3</sup>. <sup>1</sup> *Health Sciences Research Institute, University of Warwick, Coventry,*

*United Kingdom* <sup>2</sup> *St George's University of London, London, United Kingdom* <sup>3</sup> *Institute of Psychiatry, London, United Kingdom*

**Background:** In the UK, Black and minority ethnic (BME) patients have been reported to be disproportionately detained under the Mental Health Act.

**Aims:** Systematic review of all UK literature on ethnicity and detention with meta-analysis of detention rates for BME patients, to determine range of explanatory hypotheses and examine the evidence for these hypotheses

**Methods:** Electronic data bases searched for all date-based studies (1984-2005). Meta-analyses performed where data available. Explanations offered for any excess categorised and evidence examined.

**Results:** 49 studies identified, 19 included in meta-analyses. Compared with White patients, Blacks were 3.83 times, BME patients 3.35 times and Asians 2.06 times more likely to be detained. Racial stereotyping and discrimination against BME patients was the most often cited explanation (53% studies); followed by alienation and mistrust of psychiatric services (28%); higher rates of psychosis (22%); delay in help seeking (18%); and misdiagnosis/ under recognition of illness (16%). There was no primary evidence provided by any study to confirm any of these explanations, while some papers presented data that contradicted these explanations.

**Conclusions:** BME patients experience higher rates of detention under the MHA than White patients. Available explanations offered for this excess are largely unsupported. Explanations such as 'institutional racism' in psychiatry neither accurately account for the excess, nor help find ways of reducing detention rates.

## P235

Review of the evidence for the long-term efficacy of atypical antipsychotic agents in the treatment of patients with schizophrenia and related psychoses

D.W. Stewart<sup>1</sup>, M.S. Turner<sup>2</sup>. <sup>1</sup> *Department of General Psychiatry, NHS/Ravenscraig Hospital, Greenock, Scotland* <sup>2</sup> *Department of General Psychiatry, NHS/The Larkfield Centre, Glasgow, Scotland*

In schizophrenia, the objectives of long-term maintenance therapy are to achieve continuous relief from psychotic symptoms, to prevent relapse, to optimize patient functioning and improve quality of life. It is now generally accepted that atypical antipsychotic agents are more effective than conventional agents in achieving these goals over the short term. In order to define the role of atypical antipsychotics as maintenance treatment for schizophrenia, studies published between January 1994 and September 2006 that evaluated the long-term efficacy (>1 year) of atypical antipsychotics were identified and reviewed from literature searches using MEDLINE and EMBASE. The primary research parameters were 'atypical', 'antipsychotic', 'schizophrenia', 'relapse', 'long-term', 'maintenance' and 'efficacy'. Aspects of safety were also considered for these agents. Results from these long-term studies consistently demonstrated that atypical antipsychotics have substantial advantages over oral conventional antipsychotics as proven by fewer relapses, more effective symptom control and a lower incidence of movement disorders, although some atypical agents were associated with a higher incidence of weight gain.

However, due to issues of compliance, the clinical advantage of oral atypical antipsychotics has often been limited. As such, the use of long-acting preparations of atypical antipsychotics, which provide consistent and sustained drug coverage, warrants further investigation for the successful long-term management of patients with schizophrenia.