well as the presence of any cardiovascular comorbidities and, if so, what were they and how many were present.
**Result.** Of the 148 inpatients, 91 were male, 57 female. Patient age ranged from 19 to 71 years. The majority were of "white British" ethnicity. The most common mental disorder diagnosis was schizophrenia (35 inpatients), followed by schizoaffective disorder (22 inpatients). Twenty-one of the 148 patients had at least one weight-related comorbidity recorded. Only 2 of the 21 inpatients with a diagnosis of one or more weight-related comorbidity had a recorded BMI in the "healthy" range. The gender split for the presence of weight-related comorbidities was almost equal. The most common comorbidity recorded was type II diabetes mellitus. Most patients with a weight-related comorbidity had only one recorded, but three patients had two comorbidities recorded, and one patient had three recorded.
**Conclusion.** A significant proportion of patients admitted to the general adult inpatient wards in the trust have a weight-related comorbidity. Admission to hospital provides an ideal opportunity to review the management of any such comorbidity and optimise this as required. There is a need to ensure there is a strong focus on, not only the patient's mental health issues, but also his / her physical health status.

## An audit to assess physical health monitoring of patients following their admission to the general adult psychiatric inpatient wards in Mersey Care NHS Foundation Trust

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**Aims.** This audit aimed to establish whether patients undergo physical health monitoring within 24 hours of admission to one of the general adult inpatient wards in Mersey Care NHS Foundation Trust, as per Trust policy.
**Background.** Mean life expectancy in individuals with severe and enduring mental illness (SMI) is 15-20 years shorter than that of the general population. A significant proportion of excess mortality in patients with SMI is due to natural causes, e.g. cardiovascular disease and type II diabetes mellitus. Although SMI patients are at greater risk of developing chronic physical health problems, they often receive worse health care than the general population. Shared care of SMI patients between primary and secondary healthcare professionals causes uncertainty over who is responsible for monitoring the physical health of these patients.
**Method.** A list of all inpatients on the eight general adult wards in the Trust was obtained in September 2020, producing a sample of 135 inpatients.

An audit tool was designed, capturing demographic data – gender, age, ethnicity. The patient's psychiatric diagnosis was recorded. The tool captured whether each of the following were measured following admission – body mass index (BMI), blood pressure (B.P), serum cholesterol level, QRISK score and HbA1c level, and, if so, whether this was done within 24 hours of admission. For those patients who were smokers, being offered nicotine replacement therapy was documented.
**Result.** Of the 135 inpatients, 10 didn't have any physical health monitoring completed and were excluded from the sample, making the final sample 125 inpatients. 68 of the inpatients were male, 57 were female. 98 had a diagnosis of an SMI, 27 did not. Most inpatients were of "white British" ethnicity. 91% of the sample had a BMI measured within 24 hours of admission, but only 62% had a B.P done, 59% had a serum cholesterol level done and 58% had an HbA1c level done within 24 hours of admission. 78% of eligible patients had a QRISK score calculated. 97% of inpatients who were smokers were offered nicotine replacement therapy, but only 13% accepted it.
**Conclusion.** The majority of patients admitted to the general adult inpatient wards have an SMI. The audit findings show need for improvement in physical health monitoring following admission. Creation and implementation of a checklist of physical health parameters to be measured within 24 hours of admission could help improve performance. Use of motivational interviewing may help increase uptake of nicotine replacement therapy in smokers.

## An evaluation of the prevalence of physical health comorbidities in patients with severe and enduring mental illness following admission to the general adult psychiatric inpatient wards in Mersey Care NHS Foundation Trust

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**Aims.** This evaluation aimed to establish the prevalence of physical health comorbidities in SMI patients admitted to the general adult wards in Mersey Care NHS Foundation Trust.
**Background.** Mean life expectancy in individuals with severe and enduring mental illness (SMI) is 15-20 years shorter than that of the general population. A significant proportion of excess mortality in patients with SMI is due to natural causes, e.g. cardiovascular disease and type II diabetes mellitus. Although SMI patients are at greater risk of developing chronic physical health problems, they often receive worse health care than the general population. SMI patients more likely to engage in unhealthy lifestyle behaviours, such as poor dietary choices, smoking and physical inactivity; Antipsychotic medication prescribed to these patients can cause adverse metabolic side effects.
**Method.** A list of all inpatients on the eight general adult wards in the Trust was obtained in September 2020, producing a sample of 135 inpatients.

An audit tool was designed, capturing demographic data – gender, age, ethnicity, and also recording whether the patient had a diagnosis of an SMI (e.g. schizophrenia, bipolar affective disorder). The presence of any physical health comorbidities and whether the inpatient was a smoker was also recorded.
**Result.** Of the 135 inpatients, 10 didn't have any physical health monitoring completed and were excluded from the sample, making the final sample 125 inpatients. 68 of the inpatients were male, 57 were female. 98 had a diagnosis of an SMI, 27 did not. Most inpatients were of "white British" ethnicity. Of the 98 SMI patients, 14 had type II diabetes mellitus, 11 had essential hypertension, 12 had chronic obstructive pulmonary disease and 22 were obese (i.e. a BMI > 30 kg/m2). 70 of the 98 patients with an SMI were smokers.
**Conclusion.** As expected, a significant proportion of patients with SMI admitted to the general adult inpatient wards are smokers. Whilst admission to hospital may not be considered an ideal